

STATE AGENCY ACTION REPORT
ON APPLICATION FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Abode Hospice of Florida, LLC d/b/a Haven Hospice/CON application #10811

1422 Scott Street
Little Rock, Arkansas 72202

Authorized Representative: Karey Gardner
(501) 850-8484

AccentCare Hospice & Palliative Care of North Central Florida, LLC/CON application #10812

17855 North Dallas Parkway, Suite 200
Dallas, Texas 75287

Authorized Representative: Andy Johnson
(903) 399-4104

ARC Hospice of Florida, LLC/CON application #10813

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

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

Bristol Hospice – Marion County, LLC/CON application #10814

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

Authorized Representative: Troy Backus
(801) 652-8626

Community Hospice of Northeast Florida, Inc./CON application #10815

4266 Sunbeam Road
Jacksonville, Florida 32257

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

VITAS Healthcare Corporation of Florida/CON application #10816
4450 W. Eau Gallie Boulevard, Suite 250
Melbourne, Florida 32934

Authorized Representative: Jennifer Nygaard
(321) 751-6671

2. Service District/Subdistrict

Service Area 3B (Marion County)

B. PUBLIC HEARING

No public hearing was requested or held.

Letters of Support

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) states that letters of support from current Haven staff, Haven Advisory Board Members and current Haven Healthcare partners were included but could not be located.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) includes 28 letters of support (and 23 testimonials from outside the service area) and provides excerpts of these throughout the application. Six of AccentCare's letters were from Marion County residents (five from Ocklawaha, an unincorporated community and census designed place in Marion County). Three nursing home representatives express interest in discussing a GIP agreement with AccentCare. These include

- Michael Walker, NHA, Executive Director at Palm Garden Health and Rehabilitation
- Christian Webber, NHA, Administrator at The Lodge Health and Rehabilitation Center; and
- Robert Barberan, Director of Social Services, Aspire at Arbor Springs

Additional letters in support of the project include:

- Elizabeth Torres, RN RRT, CM, Case Management, Kindred Hospital, Ocala
- Zachary Grey, Executive Director, Bridgewater Park ALF
- Danielle LaRue, Community Director, Hampton Manor ALF

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- Sandy Glidden, Interim Community Director, Hampton Manor Assisted Living – Administrator at Hampton 24th Road ALF, LLC and Hampton Belleview ALF, LLC
- Nayara Singh, Administrator, Marion Oaks Assisted Living
- Jhulien Gasmena, Owner/Administrator, Molly Care ALF (Molly's Care Home LLC)
- Daphne Federico, LPN, Health and Wellness Director, Superior Residences of Cala Hills
- Cynthia J. O'Brien, Owner/Administrator, Change of Pace Retirement
- Melissa Gonzalez, National Clinical Specialist, Brentwood at Fore Ranch
- Hanimi Challa, MD, and Jane Poole office Manager with VIPcare
- Erin A. Jones, Director of Healthcare Development, Ocala Metro Chamber & Economic Partnership
- Leslie Henriquez, Community Care Director, Marion Senior Services
- Jill Carel, President, PFLAG Ocala
- Dennis Grundy, Director, Open Arms Village
- Rev. Dr. Walk Jones, Transitional Pastor, First Presbyterian Church
- Bob Scott, Transitional Minister/Interim Pastor of Fort King Presbyterian Church
- Jessica Vega, Director of Ministries, Interfaith Emergency Services
- Karla Greenway, Chief Executive Officer, Interfaith Emergency Services

ARC Hospice of Florida, LLC (CON application #10813): Exhibit 3 includes 33 letters of support, excerpts of which are cited throughout the application. These include:

Elected Officials and Community Leaders:

- Keith Perry, State Senator (2016-2024), District 9
- Matt McClain, Marion County Commissioner, District 3
- Ben Marciano, Mayor, City of Ocala

Hospitals and Physicians/Physician Groups:

- Alan Keesee, Chief Executive Officer, HCA Florida Ocala Hospital
- Sidney E. Clevinger, MD, Board of Trustees, HCA Florida Ocala Hospital
- Lauren Cohn, President/CEO, Meridian Healthcare (Marion County Clinic – Behavioral Health)
- Dr. Samuel Myrick & Dr. Rama Balaraman, Ocala Oncology

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- Stefan Mann, MD, Board Certified in Family Medicine, Synergy Medical Group
- Joseph Robbins, Board Certified in Internal Medicine, Synergy Medical Group
- David Strossner, MD, Absolute Elder Care
- Marcus Williams, Health Liaison & Community Activist, On Behalf of Island Doctors

Skilled Nursing Facilities and Assisted Living Facilities:

- Amanda Wimes, NHA, The Club Health and Rehabilitation Center
- Christian Webber, Executive Director, The Lodge Health and Rehabilitation Center (Ms. Wimes and Mr. Webber express interest in partnering with ARC)
- Satyendra Raghaw, MD, Co-Medical Director, The Lodge Health and Rehabilitation Center
- Ruth Bermudez, Assistant Executive Director, Prestige Manor Assisted Living
- Pablo Suazo, LPN, Director of Residential Services, Bridgewater Park Assisted Living
- Carissa Meadows, Sales and Marketing Director, Hampton Manor Senior Living
- Cara Fitzgerald, Campus Admissions, Hawthorne Assisted Living

Clergy and Religious Organizations:

- Reverend E.R. Cummings, Pastor, New Zion Missionary Baptist Church
- Pastor Charlie C. Little, Marion Oaks Community COGIC
- Apostle Dr. George McCray, Sr., Pastor, "Light of the World" Church Ministries
- Erick J. Lightsey, Senior Pastor, Draw All Men Ministries Church
- Tanya M. Hanks, Pastor, Greater New Bethel Missionary Baptist Church
- Judy T. Little, Supervisor Mother, State Supervisor of Women's Department Church of God in Christ
- Danny Nunn, Jr., Pastor
- Reverend Winston Dawson, Pastor
- John Heflin, Pastor (unsigned)

Business Leaders:

- Ms. Joy Lemon, Senior Admissions-Rasmussen University Online
- Felisa A. Davis-Holmes, Owner/United Angels Insurance Agent

ARC also includes three letters from Marion County residents.

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Bristol Hospice – Marion County, LLC (CON application #10814)

includes 21 letters of support and provides excerpts of some of these in its application. Only the first two letters listed below were current (dated October 1, 2024) the rest had September and October 2021 dates. The application's Exhibit 2 includes 16 letters from the service area. These were from:

- Michael Walker, Administrator, Palm Garden of Ocala
- Nayarm Singh, Administrator, Marion Oaks Assisted Living
- Sydney Barry, Social Services Director, Chatham Glen Healthcare & Rehabilitation
- Jhuelian Kyle Gasmena, Owner, Molly's Care Home, LLC
- Kathy Earnest, Executive Director, Harmony House of Ocala
- Ometa James, Administrator, Canterfield of Ocala
- Sarah Fallon, Administrator, Hampton Manor Assisted Living
- Kathy Lolly, Assistant Administrator, Camelot Chateau Assisted Living LLC
- Lavern Battieste, LPN, Assisted Living Manager, Hawthorne Inn of Ocala
- Fipe Mohammed, Administrator, Harbor House Assisted Living
- Dr. Eric Schuck, Chief Medical Officer, Ocala Regional Medical Center and West Marion Community Hospital (unsigned)
- Catherine DiMento, Director of Clinical Education, Trilogy Home Healthcare
- Nichole Kypriotes, RN
- Janeka Fisher, LPN
- Melissa Dagenais, Office Manager, Bethel Blood and Cancer Center
- Hank Whittier, Executive Director, Veterans Helping Veterans

Community Hospice of Northeast Florida, Inc. (CON application

#10815) includes 34 letters of support in the application's Tab B (and approximately 100 letters from outside the service area in the application's Tab C) and provides excerpts of several of these in the application. These letters include:

- HCA Florida Ocala Hospital representatives
 - Alan Keese, FACHE, Chief Executive Officer (indicates willingness to contract for general inpatient care)
 - Lisa Tzanakis, Chief Operating Officer
 - Dave Macintyre, DO, FACOS, Chief Medical Officer
 - Sonna Harding, DNP, RN, Chief Nursing Officer
 - Ryan LaMura, Vice President of Operations
 - Beth Ganem, Assistant Chief Financial Officer
 - Stefan Mann, MD, Hospitalist, HCA Florida Ocala Hospital
- Frank Fraunfelter, MD, FACEP, Marion County EMS Medical Director, HCA Florida Ocala Hospital EMS Director (cites Community's "key role in educating our paramedicine program")

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- Sara Lohbauer, DO, MHSA, Core Faculty at UCF/HCA Family Medicine Residency
- Tessa Wigger, MD, Primary Care Provider, Ocala/NW Florida Medical Director of Value Based Care for Millennium Physician Group
- Ann Burnett, Executive Director, FreeD.O.M. Clinic, Ocala, Florida
- Rymon Reyes, BSN, RN, Director of Business Development, Pinnacle Cardiovascular Solutions
- Robert L. Stoneberger, Clinical Care Coordinator, Florida Wound & Healing
- Shelley Grimes, Branch Director, Nursecore of Ocala
- Tamika Rhem, LPN, Director of Marketing, Hawthorne Centers for Rehabilitation
- Tonya Johns, Executive Director, Advinia Care Paddock Ridge
- Jeremy Powell, Chief Executive Officer, Acclivity Health Solutions
- Christopher Richter, Pharm.D., C.Ph., BCPS, Owner, Clinical Pharmacist, PTXS, LLC
- Arthur Osberg, MD, Joint Commission Physician Surveyor, Marion County

Government, Organizations, and Business Leaders:

- Kat Cammack, United States Congress Florida's 3rd District
- Jim Towey, Founder & CEO, Aging with Dignity
- Erin A. Jones, Director of Healthcare Development, Ocala Metro Chamber and Economic Development
- Kent Guinn, Director of Government Affairs, Douglas Law Firm
- Logan Andrews, MSN, APRN, FNP-BC, Andrews Healthcare Consulting
- Phylis Cauthen, Optimization Specialist, Schooley Mitchell
- Charlotte Odette, Director of Financial Aid, Marion Technical College
- Ivonne Fuentes, Insurance Specialist, Florida Blue Licensed Agent
- Bruce Sessler, Cluster Manager, Hiers-Baxley Funeral Services & Highland Memorial Park
- Stephanie Jolley, Villages Insurance, Marion County
- Jarrod Perrin, Owner, Perrin Professional Handyman Services

Clergy and/or Religious Organizations:

- Arthur Gray, Pastor, Greater Holy Temple in Ocala
- James Rodgers, Pastor Elder, Greater Macedonia Church of God by Faith in Ocala
- Tiffany Witt, Pastor, New Beginning Community Church, Marion County

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- Pastor, Elder Jeremiah Ware, Liberty COGBF in Leesburg as a resident of Marion County

The applicant's Tab C includes approximately 100 letters of support from outside the service area. The applicant provides general quotes of its quality of care from the following:

- Joan McGauley, Senior Director of Payer Strategy and Contracting with Florida Cancer Specialists & Research Institute
- Katrina Mustipher, Chief Executive Officer, Elder Options
- Robert L. Gleuckauf, Ph.D., Professor Dept. of Behavioral Sciences & Social Medicine, Florida State University College of Medicine
- Perry Clawson, veteran community advocate
- Pete Long-Innes, Chief Operating Officer, HCA Florida Orange Park

VITAS Healthcare Corporation of Florida (CON application #10816)

includes 132 letters of support and provides excerpts of several of these in the application. These include:

Hospitals, Nursing Homes, Assisted Living Facilities, Home Health Agencies:

- Alan Keesee, Chief Executive Officer, HCA Florida Ocala Hospital (willing to enter into an appropriate contract for inpatient care)
- Sonna Harding, DNP, RN, Chief Nursing Officer, HCA Florida Ocala Hospital
- David M. McFaddin, MD, MBA, FACS, Director, Breast Surgery Program, AdventHealth Ocala
- Anand Raj Mahadevan, M.D., North Florida Inpatient Medicine
- Frank Fraunfelter, MD, Emergency Medicine Physician, Ocala Regional Medical Center
- Gloria Lamorey, Marketing Liaison, Encompass Rehabilitation Hospital Ocala
- Marc Lange, Vice President of Strategy and Continuum Services, Palm Garden Healthcare (operates/owns Palm Garden of Ocala)
- Robert Barberan, Director of Social Services, Aspire at Arbor Springs (Ready to explore a GIP agreement)
- Wendy Smith, MSN, RN, Director of Nursing, Aspire at Arbor Springs
- Tiffany Harris, Director of Admissions, Chatham Glen Healthcare & Rehabilitation Center
- Jilda Lewis, Activity Director, Chatham Glen Healthcare & Rehabilitation Center
- Vanessa Jaques, RN, Founder and Administrator, Viceroy Home Health LLC
- Joelle Watkins, Executive Director II, Brookdale Paddock Hills

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- Melinda Rogers, APRN, Administrator, Always Home Assisted Living
- Ashley Cericola, Director of Social Services, Freedom Pointe Rehab. at the Villages & Marion County resident
- Ronika Williams, Director of Social Services, The Club Health & Rehab at the Villages
- Veronica Tourgeman, Visiting Angels Assisted Living Services
- Amanda Davis, Discharger Planner, Villages Rehab
- Dr. Nkume Sobe Jr., DPT, CEO, Sobe Rehab ALF

Organizations

- Mark S. Lander, Administrator, Florida Department of Health - Marion County
- Curt Bromund, Chief Executive Officer, Marion County Hospital District
- Jennifer Martinez, Executive Director, Marion Senior Services
- Sharon Nisbet, RN, BSN, CPHQ, Chief Nursing Officer, IMA Medical Group
- Jennifer Martin, Vice President of Patient Services, IMA Medical Group
- Satyendra Raghaw, MD, Focus Healthcare, PA
- Matt Robinson, President of American In-Home Care North
- Dawn Dust, APRN, Clinical Manager, Mobile Medical
- S. Lisa Conway, RN, CCM, VP Clinical Services, Senior Partner Care Services
- Donoffa Nelson, DO, DipABLM, and seven other Florida Wound and Healing of Ocala staff
- Paul Franck, R. Ph, Owner, Pathway Pharmacy
- Michael Karban, Owner, Prime Healthcare Consulting, LLC
- Matthew Clay, CEO, Heart of Florida Health Center
- Teresa Harbour, RN, MBA, MHA, Chief Operating Officer, CHAP
- Janice Martin, Owner/Senior Advocate, Senior Liaison of Central Florida
- Peg S. Pickett, Owner/Managing Director and Vicki Kerley, Senior VP of Marketing and Business development, Visiting Angels
- Tom Campbell, President and CEO, Tom Campbell & Associates
- ToniLynn Holt, Care Coordinator, Comfort Keepers
- Patty Torres, Director of Relationship Development/Senior Advocate, Senior Liaison of Central Florida
- Jeremy Caldwell, Peer Mentor – Volunteer, Wounded Warrior Project
- Jokisha King McTier, RN, President of Black Nurses Rock of Ocala
- Mike Crimi, CEO and President, Express Care of Belleview
- Joe Reichel, Director, Belleview CEP

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- Jason Mott, PhD, RN, President, American Association for Men in Nursing
- Ann Burnett, Executive Director, FreeD.O.M Clinic
- Tony Bonacci, Corporate Director of Business Development, EducationEvolve, LLC
- Ivan Cosimi, CEO, SMA Healthcare Inc. (Behavioral Health - Ocala)
- Beverly Morgan, President, Lambda Psi Nu Nursing Sorority, Inc.
- Lynnette Santana, MD, Family Medicine and Caterina Ciccone, APRN, VIPCare Ocala – On Top of the World
- James Peterzell, DO, MPH
- Mikki Taylor, Clinical Services Marketer, Human Potential Healthcare
- Tiffani Solgot, Community Liaison, Cypress Care Center
- Lyvonne Fuentes, Insurance Specialist, FWH & Associates

Government and Organizations:

- Kat Cammack, United States Congress Florida's 3rd District
- Yvonne Hayes Hinson, Representative, Florida House of Representatives, District 21
- Ryan Chamberlin, Florida House of Representatives, District 24
- John P. Temple, Representative, Florida House of Representatives, District 52, (Sumter and Hernando Counties)
- Mark S. Lander, Administrator, Florida Department of Health in Marion County
- Bill Gladson, State Attorney, Fifth Judicial Circuit
- Matt McClain, Marion County Commissioner, District 3
- Carl Zalak, III, Commissioner, Marion County District 4
- Sheriff Billy Woods, Marion County
- Allison B. Campbell, DSC, Marion County School Board, District 1
- Ben Marciano, Mayor, City of Ocala
- Christine Dobkowski, Mayor, City of Belleview
- Walter L. Green, Mayor, City of Dunnellon
- Marshall Roddy, Mayor, Town of McIntosh
- Levonda Goodson, CEO, Estella Byrd Whitman Community Health Center
- Chavette Williams, Community Services Specialist, Volunteers of America of Florida
- David Reed, Executive Director, YMCA
- Stephen Petty, President, Marion County Memorial Honor Guard, Inc.
- Hank Whittier, Executive Director, Veterans Helping Veterans
- Jeffrey Askew, Director, Marion County Veterans Services Department

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- Elaine Middleton, Deputy Director of Government Affairs, Douglas Law Firm

Former Elected Officials – terms ending with the 2024 session

- Dennis Baxley, President Pro Tempore, The Florida Senate, 13th District (Lake and part of Orange)
- Keith Perry, Florida Senate 9th District (Levy, Marion & part of Alachua)
- Charles “Chuck” Clemons, Speaker Pro Tempore, Florida House of Representatives, District 22 (Gilchrist, Levy & part of Alachua)
- Bobby Payne, Florida House of Representatives, District 20 (Putnam, Parts of Clay, Marion & St. Johns)
- Ralph Massullo, MD, Florida House of Representatives, District 23 (Citrus, part of Marion)
- Stan McClain, Florida House of Representatives, District 27 (Parts of Lake, Marion & Volusia)

Clergy and/or Religious Organizations:

- Junior Diaz, Spanish Ministries Pastor, Wing of Faith Fellowship
- Kara Grimsley Greenway, CEO, Interfaith Emergency Services
- Bishop Edwin Quintana, World Equestrian Center

VITAS also includes seven letters from VITAS personnel several whom are Marion County residents, 11 letters from Marion County business representatives and 15 letters from Marion County residents.

C. PROJECT SUMMARY

The applicants are responding to the service area’s fixed need pool (FNP=832) published August 2, 2024 for the January 2026 planning horizon.

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) also referenced as Adobe Hospice, Haven or the applicant, is a for-profit, development stage Florida Limited Liability Company established on May 14, 2024. Abode recently acquired Haven Hospice which serves Service Areas 3A, 4A and 4B with a total of 18 Florida counties including four counties bordering Marion County on the East (Levy), North (Alachua and Putnam) and West (Volusia). Abode was issued a change of ownership license on October 10, 2024 which is effective September 1, 2024. The applicant indicates it will utilize Haven’s established infrastructure to serve Marion County.

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Abode Hospice expects issuance of license on January 1, 2025, and initiation of service on February 1, 2025. However, the appeal period for the batch decisions will not end until January 13, 2025 and the earliest an licensure application could be filed is January 14, 2025.

The applicant states the total project cost is \$105,375 but does not provide a Schedule 1 showing the cost breakout.

Abode Hospice does not offer any Schedule C conditions.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) also referenced as AccentCare or the applicant, is a for-profit, development stage Florida Limited Liability Company established on February 16, 2024. AccentCare, Inc. (its parent), employs over 31,000 home health professionals in over 260 locations in 32 states, serving over 260,000 individuals each year. AccentCare Florida affiliates provide hospice services in Service Areas 5A, 5B, 6A, 10, and 11.

AccentCare expects issuance of license in December 2025 and initiation of service in January 2026.

Total project cost is \$559,802 and includes building, equipment, project development, and start-up costs.

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

Special Programs:

CLINICAL CARE PROGRAMS SUPPORTING PATIENTS HAVING LEADING CAUSES OF DEATH:

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

The number of Area 3B patients with cardiac disease diagnoses will be included in the annual required monitoring report

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

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

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

PROGRAMS SUPPORTING LOW INCOME AND INDIGENT POPULATIONS:

7. Homeless/ALICE Program aids efforts for shelter and comfort for homeless hospice patients in their final days and benefits those who are at risk of homelessness, experiencing food insecurity, or are Asset Limited, Income Constrained, Employed (ALICE). AccentCare of North Central Florida commits to initial funding of \$50,000 during the first three years (\$10,000 in year 1, \$20,000 in year 2, and \$20,000 in year 3), to the Ocala/Marion Continuum of Care organization and/or partner agencies serving Marion County to provide assistance based on individual needs and resources for those experiencing financial

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

CONDITIONS TO INCREASE HOSPICE SERVICES WITHIN HOSPICE SERVICE AREA 3B:

8. Establish a Social Worker to focus on Community Education. This Social Worker will visit community organizations including, for example, Community Health Departments, Health Care Clinics, and Senior Centers to increase public awareness and improve access to hospice and palliative care for residents in low-income and rural areas, initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care. AccentCare of North Central Florida will host workshops to address these topics. The annual required monitoring report identifies the number of workshops held throughout the year and location.

9. AccentCare of North Central Florida dedicates \$100,000 towards supporting the creation of a Palliative Care Program within Service Area 3B by the second year. Palliative Care programming ensures staffing that works closely with local oncologists to identify those in need of palliative care, thereby increasing hospice admissions and length of stay to improve quality end of life care. The monitoring report includes a notarized statement firming a minimum of \$100,000 is spent on supporting the creation of the Palliative Care Program.

10. AccentCare of North Central Florida will offer a Referral Website or App or other similar technology to physicians and referral sources throughout Service Area 3B, offering the ability to begin the hospice evaluation and enrollment process within minutes. The annual required monitoring report will identify the number of referrals received through the website, mobile application, or other similar technology.

11. AccentCare of North Central Florida offers Telehealth options by providing tablets/devices to terminally ill patients in Hospice Service Area 3B to help gain access to on call staff to supplement the 24/7 Call Center. The program budgets \$10,000 for this effort. The annual required monitoring report will identify the number of devices distributed to Service Area 3B patients.

12. Implement AccentCare's No One Dies Alone policy in Hospice Service Area 3B, educating staff and volunteers to identify when the patient is approaching the final weeks of life, providing additional support. Continuous Care is available when the patient meets the eligibility requirements. Otherwise, the Volunteer Vigil program provides specially trained volunteers to stay with the patient throughout the dying process. When volunteers are unavailable, AccentCare staff hold vigil to ensure No One Dies Alone. AccentCare's 24-Hour Call Center

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operations provide another level of assurance to deal with any emergencies, concerns, or fears that may arise. The annual required monitoring report will identify the number of deaths accompanied by an AccentCare volunteer or staff member, and the percent of total deaths.

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

CONDITIONS TO INCREASE SERVICE TO MINORITY POPULATIONS:

14. AccentCare of North Central Florida ensures minority representation by having a minimum of one African American and one Hispanic board member on the hospice program's governing board within the first year, identifying those members in the annual required monitoring report.

15. AccentCare of North Central Florida commits to forming an African American Advisory Board, a Haitian Advisory Board, and a Hispanic Advisory Board in Hospice Service Area 3B to serve during the initial three years of operation. AccentCare facilitates advisory boards to support local minority leaders promoting diversity within their communities. Community leaders ensure cultural competence and evaluate the delivery of hospice care. Hospice leaders provide education and resources to help minority leaders increase public awareness and improve access to hospice and palliative care. Each Board meets at least twice per year during the first three years of operation to strengthen minority relationships, facilitate diversity training, and promote minority enrollment. The annual required monitoring report will include the board members, number of meetings, and location.

16. AccentCare of North Central Florida commits to having a Chaplain with expertise in the African American community. In addition to serving the spiritual needs of African Americans in hospice care, a minimum of six workshops will be held in African American churches or other community locations within Service Area 3B each year to increase awareness and expand access to hospice and palliative care through public education by initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care. These "Church Chats" will help inform the community of hospice care and increase access to services. AccentCare of North Central Florida ensures staff

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receive cultural competence training to improve the delivery of hospice care. The annual required monitoring report will identify the number of workshops held throughout the year and location.

17. AccentCare of North Central Florida commits to bilingual staff, having a minimum of 1.0 FTE who is Spanish speaking to provide outreach in the Hispanic community. The monitoring report will confirm AccentCare employs at least 1.0 FTE employee who speaks Spanish.

18. Florida will initiate a Low Literacy Outreach Campaign to provide information on the "5 Wishes" advanced directives to residents with low literacy. Low health literacy is found among the elderly, those with limited English and the poor. The annual required monitoring report will identify the number of Low Literacy Care Choices booklets ordered for distribution.

19. AccentCare of North Central Florida will achieve Services and Advocacy for Gay Elders (SAGE) Platinum Certification by the end of the first year. Proof of certification will be provided with the annual required monitoring report.

20. AccentCare of North Central Florida commits to participate in the We Honor Veterans program. The monitoring report will include a copy of the We Honor Veterans certificate identifying the Level of achievement.

CONDITIONS THAT FOSTER QUALITY:

21. AccentCare of North Central Florida will apply for Accreditation with the Community Health Accreditation Partner (CHAP) or similar accrediting organization during the first year. The monitoring report will verify application for accreditation has been made.

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

Offerings may include:

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

CONDITIONS TO INCREASE THE NUMBER OF HOSPICE PROFESSIONALS:

23. AccentCare of North Central Florida commits to continuing its DEI Leadership Training Program to develop future diverse leaders within the organization. The monitoring report will identify the number of employees participating in the program.

24. Florida recognizes the national nursing shortage and will take proactive steps to ensure there are well-qualified nurses in its program. AccentCare of North Central Florida conditions this application on implementing an employee referral campaign which will leverage the networks of existing AccentCare employees nationwide and offer sign-on bonus to employees who refer a successful new hire to AccentCare of North Central Florida. The annual required monitoring report will include the number of employees recruited to AccentCare of North Central Florida through this program.

25. AccentCare of North Central Florida offers internship experiences within the active workforce for social workers, music therapists, art therapists, bereavement counselors, chaplains, and medical assistants. AccentCare of North Central Florida will seek local contracts with area universities and schools and will leverage existing national contracts. The annual required monitoring report will provide the numbers and types of interns, their associated schools, and the length of service.

26. AccentCare of North Central Florida conditions this application on its parent company attending the National Hispanic Nurses Conference for the first two years of operations. This conference will allow AccentCare to recruit bilingual Spanish-speaking nurses and nurses that reflect the areas AccentCare serves in Florida. The required monitoring report will reflect the conference date and number of AccentCare attendees

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

- O'Grady Peyton International
- MedPro International

SERVICES BEYOND THE HOSPICE BENEFIT:

28. AccentCare of North Central Florida commits to collaborating with the AccentCare Hospice Foundation or Seasons Hospice Foundation in holding a Camp Kangaroo children's bereavement camp at least annually for Hospice Service Area 3B. The monitoring report will identify the time and place of the camp.

29. AccentCare Bereavement Center allows family members a virtual option for accessing grief support. The monitoring report will identify the number of Service Area 3B families or individuals that utilized this program.

30. Leaving a Legacy program focuses on helping patients find tangible ways to share their history with their families. The monitoring report will identify the number of Service Area 3B patients that utilized this program.

31. AccentCare of North Central Florida will provide one Full Time Equivalent (FTE) Music Therapist-Board Certified per 100 patients. The annual required monitoring report will identify the number of patients and the FTEs.

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

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

ARC Hospice of Florida, LLC (CON application #10813) also referenced as ARC or the applicant, is a for-profit, Florida Limited Liability Company established on February 21, 2023. Arc Hospice states that its parent company, American Hospice Systems (AHS) owns and operates Arcturus Hospice and Palliative Care in Norcross, Georgia and has over 75 years of health care management experience, primarily in hospice care. Arc Hospice of Florida, LLC has recently initiated services in Service Area 3E (Lake and Sumter Counties) which was licensed October 30, 2024.

Arc has CONs approved hospice programs pending licensure in Service Area 10 - Broward County (CON #10787) and in Service Area 3A - Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties (CON #10769).

Arc Hospice anticipates issuance of license and initiation of service in July 2025.

CON Application Numbers: 10811-10816

Total project cost is \$612,910 and includes equipment, project development, and start-up costs.

Pursuant to project approval, ARC offers the following 11 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 \$10,000 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 support unfunded and undocumented community members by providing an array of medical services.

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 \$10,000 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.

CON Application Numbers: 10811-10816

- 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 \$10,000 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 \$10,000 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 \$10,000 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.

CON Application Numbers: 10811-10816

- 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 \$10,000 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 \$10,000 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 – Marion County, LLC (CON application #10814)

also referenced as Bristol Hospice or the applicant, is a newly formed for-profit, development stage Florida Limited Liability Company established on August 12, 2024 that 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. – a hospice provider in 20 states, including Arizona, California, Colorado, Florida, Georgia, Hawaii, Illinois, Louisiana, Maine, Massachusetts, Mississippi, Missouri, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Virginia, Washington, and Wisconsin. Bristol Hospice – South Florida, LLC (Service Area 11-Miami-Dade and Monroe Counties) is Bristol’s one licensed Florida affiliate.

The applicant expects issuance of license on June 13, 2025, and initiation of service on July 1, 2025.

Total project cost is \$308,871 and includes equipment, project development and start-up costs.

Pursuant to project approval, Bristol Hospice offers the following 24 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 Foundation upon licensure of the program. This includes education, community outreach, and financial assistance for Marion families, as well as aid and support for events and community organizations in Marion 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: Communication to the Bereaved and Annual Memorial Gatherings.

For families of patients who have passed, over the first year of grieving, Bristol sends Bereavement Letters every 3 months. Understanding that coping with loss is unique for everyone, these letters provide information on materials and resources available, such as informative booklets, printed materials, regular check-in phone calls or visits, access to grief counseling, and participation in support groups. These letters are intended to offer encouragement and guidance and invite grieving family members to collaborate on a support plan tailored to their needs.

In addition, Bristol will host annual memorial gatherings for bereaved families, friends, and caregivers to provide ongoing support and offer a fixed event for persons working through grief. These gatherings are intended for families to honor the life of the deceased and share memories and support with others who are grieving.

Proposed measure: This will be measured by a signed declaratory statement submitted to AHCA upon operational start-up.

Condition 4: Senior Care Provider Outreach and Education. Bristol will provide outreach and education to Senior Care Providers in Marion County. This includes meeting with representatives from Assisted Living Facilities ("ALFs"), Skilled Nursing Facilities ("SNFs") and Adult Family Homes to understand patient needs and where and how hospice services are required, as well as education for patients about the importance and availability of hospice services.

Proposed measure: This will be measured by annual reporting to AHCA of senior care facilities where Bristol has provided outreach and education.

Condition 5: Dedicated Community Liaison. Bristol will staff a dedicated Community Liaison position which will provide outreach to underserved communities in Marion 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 6: 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 vehicle will be equipped with All Wheel Drive and capable of accessing Marion's rural communities. This will be operated through Bristol's palliative care program, Advanced Illness Management ("AIM"). This 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, palliative care awareness, and community education.
- **Services Offered:** the unit will focus on education about hospice care options, advance care planning, and telehealth consultations. It aims to increase awareness and understanding of hospice care, facilitate early identification of hospice-eligible patients, and support for caregivers.
- **Partnerships:** Bristol will establish partnerships with local health centers, community organizations, and social services to integrate the mobile unit's outreach efforts with existing health care infrastructure.
- **Outreach and Education:** through regular visits to underserved areas, the mobile unit will provide education on the benefits and availability of hospice care, engage with the community to address cultural barriers, and offer bereavement counseling support.

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

Condition 7: Bilingual Staff and Volunteers. Bristol commits to recruiting bilingual staff and volunteers for the proposed agency. Bristol is committed to improving accessibility for non-English-speaking patients and their families by actively recruiting and retaining bilingual staff and volunteers, with a primary focus on Spanish-speaking individuals to address the needs of the local community. Additionally, Bristol will monitor and assess the need for other language resources based on patient demographics, expanding its recruitment and training efforts to include staff and volunteers proficient in other languages as needed. Bristol will also provide language training resources and cultural competency workshops for staff and volunteers to enhance communication and support for non-English-speaking patients.

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the number of bilingual staff and volunteers, the languages spoken, and the language training sessions conducted.

Condition 8: 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 9: 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% or less compared to 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 10: 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 5 Partnership Certification within the first two years following licensure.

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

Condition 11: Denomination Specific Services. Bristol will contract with local religious leaders to provide denomination-specific services consistent with hospice patients' religious identities. This includes contracting with the Rabbi, Priest, Mullah, Pastor, or Hindu, Buddhist, or other faith's spiritual leaders. Bristol also commits to recruitment of volunteers from local religious bodies to serve as "cultural companions" and better provide culturally responsive care.

Proposed measure: This will be measured by a signed declaratory statement submitted to AHCA upon operational start-up.

Condition 12: National Institute for Jewish Hospice Accreditation. Bristol will seek accreditation from the National Institute for Jewish Hospice ("NIJH") to ensure cultural competency of hospice care for the Jewish population in Marion County. NIJH Accreditation includes annual training of staff members covering all aspects of Jewish Heritage & Holidays, Jewish Medical Ethics and The Final Journey to enhance understanding of Jewish culture and religion, and how it relates to death and dying.

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

Condition 13: 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 annual reports presented to AHCA detailing the progress of the program development through its completion.

Condition 14: Cancer Patient Outreach. Bristol will retain the services of oncology specialized ARNPs or physicians to conduct education and outreach to oncology officers and physicians in the service area. Additionally, Service area oncology offices will receive direct outreach and education.

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

Condition 15: 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 o 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 Marion patients served by Bright Moments.

Condition 16: Specialized Cardiovascular Program with Patient Outreach. Bristol will implement a Cardiovascular program, including use of its Cardiac Protocol, specialized yearly training for its nurses, social workers, chaplains and HHAs. Bristol will retain the services of cardiovascular and neurological specialists to conduct education and outreach to health care professionals, heart disease and stroke support groups, and senior care facilities about how hospice care can help circulatory disease patients and their families cope with end of life.

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

Condition 17: 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 health care 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 Marion patients served by AIM.

Condition 18: Sweet Dreams Program for Better Hospice Patient Outcomes. Bristol's Sweet Dreams Program will be included as 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 Marion patients served by Sweet Dreams.

Condition 19: Equine Therapy. Recognizing the unique therapeutic benefits of animal-assisted therapy, Bristol is committed to establishing an equine therapy program to support the emotional and psychological well-being of hospice patients and their families. Taking advantage of the region's equestrian resources, Bristol will partner with local horse farms and certified equine therapy providers to offer sessions that focus on comfort, relaxation, and emotional support. Participation will be tailored to meet the specific needs and preferences of each patient and may include opportunities for family involvement.

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the number of equine therapy sessions conducted and the number of patients and family members served.

Condition 20: CHAP Accreditation. Bristol Hospice will become accredited by CHAP upon licensure of the program.

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

Condition 21: Proximity of Marion County Office to Provide Access to Underserved Populations. Bristol will establish a physical presence in Ocala within Marion County to best serve county residents we have identified as underserved to improve access and efficiency of its hospice caregivers in serving these populations. This includes the minority population in Ocala while still providing access to care for rural populations in Eastern Marion and The Villages in Southern Marion.

CON Application Numbers: 10811-10816

Proposed measure: This will be measured by a statement to AHCA confirming Bristol's office in Marion County following licensure.

Condition 22: Forgoing of Donations. Bristol commits to not undertaking any fundraising activities or events within Marion County for the first two years.

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

Condition 23: Education Assistance and Tuition Reimbursement. Bristol commits to the provision of educational assistance and tuition reimbursement for its full-time employees. Full-time employees, continuing their education in a job-related field, can be reimbursed up to \$1,500 per rolling calendar year (rolling year starts the date of first reimbursement). The reimbursement must be applied to registration fees, tuition costs, and the cost of books in an approved educational or certification program.

Employees will also be encouraged to participate in seminars and Continuing Education courses that add to their skills in their chosen position. Approval for seminars that are reimbursed by Bristol will be based on its available budget.

Proposed measure: This will be measured by a signed declaratory statement submitted to AHCA upon operational start-up.

Condition 24: Virtual Reality Program. Bristol commits to purchasing Virtual Reality equipment and developing 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.

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

Community Hospice of Northeast Florida, Inc. (CON application #10815), also referred to as Community Hospice or the applicant, is a not-for-profit hospice provider licensed in Service Areas 3A and 4A. Three Service Area 3A counties (Alachua, Levy and Putnam Counties) are geographically contiguous to Marion County.

Community Hospice expects issuance of license on June 20, 2025 and initiation of service on July 1, 2025.

CON Application Numbers: 10811-10816

Total project cost is \$967,044 and includes building, equipment, project development, and start-up costs.

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

1. Community Hospice & Palliative Care will 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 Marion 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.

2. Community Hospice & Palliative Care will establish a 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.

3. Community Hospice & Palliative Care will 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. Community Hospice will also provide the initial sponsorship for the work of the Collaborative with a financial commitment of \$10,000 in addition to funding its own direct services.

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.

4. Community Hospice & Palliative Care will establish a Camp Healing Powers pediatric grief camp to provide support for children and teens suffering from grief and loss

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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.

5. Community Hospice & Palliative Care will establish 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.

6. Community Hospice & Palliative Care will 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.

7. Community Hospice & Palliative Care will 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.

8. Community Hospice & Palliative Care will provide specialized services and support to Military Veterans and establish Community Hospice Veterans Partnership in Marion 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.

CON Application Numbers: 10811-10816

9. Community Hospice & Palliative Care will establish an Advanced Cardiac Care Program in Service Area 3B 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.

10. Community Hospice & Palliative Care will establish an Advanced Lung Care Program in Service Area 3B 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.

11. Community Hospice & Palliative Care will implement a Sepsis Enrollment Program for hospice patients in Service Area 3B by increasing access to end of life care for patients with sepsis diagnoses and increasing health care provider awareness of available, high-quality hospice care for patients with sepsis diagnoses.

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

12. Community Hospice & Palliative Care will introduce a 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.

13. Community Hospice & Palliative Care will establish a 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.

CON Application Numbers: 10811-10816

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. Community Hospice & Palliative Care will provide a minimum of 3 percent of patient service revenue, projected \$619,768 over the first 2 years, for charity care, unfunded programs, and community benefit initiatives to provide services to Service Area 3B 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.

15. Community Hospice & Palliative Care will perform a community assessment to evaluate the need and partnership opportunities to expand Community PedsCare pediatric palliative care and apply to be PIC provider in Marion County.

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. Community Hospice & Palliative Care will expand Quality Assurance and Performance Improvement (QAPI) program to ensure historically high-quality services of Community Hospice are extended to Service Area 3B.

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. Community Hospice & Palliative Care will 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.

18. Community Hospice & Palliative Care will 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.

CON Application Numbers: 10811-10816

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.

19. Community Hospice & Palliative Care will extend programs of The Neviaser 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.

20. Community Hospice & Palliative Care will ensure specialized training for all employees and volunteers using our "Caring for the Jewish Hospice Patient" program, consistent with its National Institute for Jewish Hospice (NIJH) certification, in Service Area 3B to enhance our cultural competency in caring for the Marion County Jewish population.

Compliance with this condition will be confirmed by the Program Director in the first two annual Certificate of Need condition compliance reports.

VITAS Healthcare Corporation of Florida (CON application #10816) also referenced as VITAS or the applicant, is an existing for-profit Florida hospice provider, parented by CHEMMED Corporation, a publicly traded company. VITAS provides hospice services in 1, 2A, 2B, 3A, 3C, 3E, 4A, 4B, 5A (licensed October 1, 2024), 6B, 7A, 7B, 7C, 8B, 8C, 9B, 9C, 10, and 11.

VITAS expects issuance of license on March 5, 2025 and initiation of service on April 4, 2025.

Total project cost is \$1,504,115 and includes project development, start-up and equipment costs.

Pursuant to project approval, VITAS offers the following (60) Schedule C conditions:

Special Programs:

VITAS Cardiac Care Program

Heart disease is the leading cause of death for residents of Marion County. Additionally, at least one hospital in Service Area 3B has a hospice utilization rate for cardiac patients that is less than the

statewide average. Two hospitals in Service Area 3B 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 provide this program to hospice patients in Service Area 3B. 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 an attestation from the General Manager that the meetings were offered.
- **Healthcare Provider Education:** VITAS will offer semi-annual cardiac-related continuing education to area health care providers, for the first three years of operation. The education will focus on end-of-life care for patients with cardiac diagnoses. 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 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. 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 events were offered.

- **American Heart Association Certification:** VITAS will obtain certification within two years of the start of operations in Service Area 3B 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

One hospital in Service Area 3B utilized hospice for respiratory patients at a rate less than the statewide average. This can be an indicator of late referrals and a need for patient and staff education. VITAS proposes to improve these metrics in Service Area 3B 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 health care 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 [COPD]; 2) Education on End Stage Pulmonary Disease, and 3) Training on removal from mechanical ventilation. Compliance with this condition will be shown in a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.
- **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 health care 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 for at least the first three years of operation. The two programs will be "Palliative Care for End Stage COPD Patients" and "COPD: The Disease." 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 continuing education was offered.
- **Community Education:** VITAS will publicize and offer annual "Ask the Doctor and/or Clinician" events open to the public, for at least 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. 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.
- **Respiratory Therapist:** VITAS will include a respiratory therapist in its staffing plan for Service Area 3B. 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 Alzheimer's and Dementia Care Program

In Marion County, in 2023, the percentage of probable Alzheimer's cases in residents aged 65 years and older was 11.1, approximately equal to the statewide average of 11.2 percent. The 2023 — 2026 Marion County Community Health Improvement Plan (revised 5/15/2024) identifies services for persons with Alzheimer's Disease and dementia as a strategic priority area. 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

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inappropriate psychotropic use and enhance other nonpharmacological interventions; 2) educating hospice staff, caregivers, and area health care 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:** VITAS will offer annual Alzheimer's and dementia disease-related continuing education to area health care providers for at least the first three years of operation. 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 an attestation from the General Manager that continuing education was offered.
- **Music Therapy:** It has been 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 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 for 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.

- **Certified Dementia Practitioner:** A Certified Dementia Practitioner is a practitioner who undergoes extensive education in the field of dementia care and is dedicated to ongoing professional development through the National Council of Certified Dementia Practitioners (NCCDP). The benefits of this certification include enhanced skills to better equip caregivers to provide better care and an improved quality of life for dementia patients by adopting person-centered care approaches. VITAS will provide a Certified Dementia Practitioner to provide education to its patients' caregivers and the community at large. As part of the annual condition compliance reports, compliance with this condition will be supported by an attestation from the General Manager.

VITAS Diabetes Care Program

The diabetes death rate in Marion County is higher than the state's death rate, 3.8 percent versus 3.2 percent, respectively. Hospitalization rates for diabetes in Marion County slightly declined from 2021 to 2022 but remain higher than the statewide rates, even though the statewide rates have increased. This indicates that Marion County lacks adequate resources to help diabetes patients get the treatment they need or lacks a source of education about the disease. Marion County's Community Health Needs Assessment survey results show that community members, as well as the health care community, rated diabetes among the top ten issues that need to be addressed. VITAS proposes to improve these metrics in Service Area 3B with targeted, diagnosis-specific outreach to area practitioners, improved care for diabetes patients, and community education through its Diabetes Care program.

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

- **Staff Training:** All nurses, physicians, social workers, and chaplains will complete training regarding care for patients with diabetes diagnoses and their families within the first 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.

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- **Provider Input:** VITAS will publicize and offer annual meetings open to area physicians and their support staff for at least the first three years of operation. These meetings will be a forum to discuss VITAS' Diabetes 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 the attestation from the General Manager that the meetings were offered.

- **Healthcare Provider Education:** VITAS will offer diabetes continuing education to area health care providers, for at least the first three years of operation. The education will focus on control of Hyperglycemia and its symptoms, evaluation and treatment of diabetes complications, assessment of conditions in which diabetes treatment approach may have a significant impact and avoiding hypoglycemia. 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 continuing education was offered.

- **Community Education:** VITAS will publicize and offer annual "Ask the Doctor and/or Clinician" events open to the public, for at least 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 diabetes, and caregiving and support for individuals with diabetes. 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.

- **Community Support:** VITAS will donate a total of \$60,000 to Marion County community health clinics (or similar organizations that provide Diabetes education and care) within the first two years of operations, earmarked for Diabetes education and support:
 - Estella Byrd Whitman Community Health Center: \$20,000
 - FreeD.O.M Clinic: \$20,000
 - Heart of Florida Health Center: \$20,000

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

VITAS End-Stage Renal Disease Care Program

End-Stage Renal Disease is a leading cause of death in Marion County and the age-adjusted death rate for ESRD is higher than the statewide average. VITAS proposes to establish a new clinical program for Marion County focused on addressing the end-of-life needs of ESRD patients and providing education about the disease.

- **Staff Training, Healthcare Provider Education, Community Education:** Within the first two years of operation, VITAS will develop training and educational programs for its staff, area health care providers, and community members related to ESRD. Compliance with this condition will be documented by providing AHCA with copies of the educational materials as part of the second annual conditions compliance report.
- **Provider Input:** VITAS will publicize and offer annual meetings open to area physicians, nephrologists, and their support staff for at least the first three years of operation. These meetings will be a forum to discuss VITAS' ESRD 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 the attestation from the General Manager that the meetings were 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. 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 3B patients who would benefit from palliative care receive the services they need, VITAS conditions this application on:

- **Engaging area residents with serious illness in advance care planning and goals of care conversations:** VITAS conditions this application on providing easy-to-understand documents and aides to facilitate patient decisions on care for serious illness. Additionally, VITAS will use the Five Wishes document, and a wishes and values guide during advance care planning and goals of care conversations.

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 that these services were offered and/or provided to patients in the service area.

Veterans Program

Veterans have unique end-of-life care needs and benefit from specialized programming and care. There is a significant veteran population in Service Area 3B. 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 3B program entering the We Honor Veteran program and achieving Level 5 commitment to the program within the first

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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 5 status.

- **Veteran Representative:** VITAS will provide a veteran representative to the Service Area 3B 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 offering 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 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 Agency:** To further support the veteran population in Service Area 3B, VITAS conditions this application on providing support totaling \$70,000, within the first two years of operation, to organizations supporting veterans.
 - Veterans Last Patrol (or a similar organization that provides support to veterans in the community): \$20,000
 - Volunteers of America of FL — The Ocala Ritz Village (or similar organization that provides support to veterans in the community): \$20,000
 - Veterans Helping Veterans — Ocala (or similar organization that provides support to veterans in the community): \$30,000

Compliance with this condition will be supported by providing copies of the checks and the name(s) of the grantee(s) as part of the first two annual compliance reports.

Community Outreach Programs for Minority Populations

Service Area 3B is growing more diverse every year. There are several minority populations that are historically underserved regarding 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 3B, 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 3B by implementing the following community initiatives:

- **Hispanic Population:** In Service Area 3B, the Hispanic population has increased yearly since 2011. In 2022, the Hispanic population made up 15.47%. Given this rapid growth, it is increasingly important to provide targeted outreach programs and services to meet the unique need of the expanding Hispanic population, ensuring equitable access to hospice care. To increase access to hospice care for the Hispanic population in Marion County, VITAS will implement the following:
 - VITAS will donate \$30,000 to Heart of Florida (or a similar organization that provides outreach to this community), within the first two years of operations, earmarked for its outreach to the Hispanic population and the migrant workers employed by the equine and agricultural industry in the county. 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 also provide hospice-related educational materials, in Spanish, to the community, for at least 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 \$30,000 to the Estella Byrd Whitman Community Health Center (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.

Bridging the Gap Training/Discussion/Toolkit: VITAS has created a Bridging the Gap training and panel discussion for health care professionals and spiritual leaders on the needs of the Hispanic and African American communities (and other minority 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 an attestation from the General Manager in the first three annual conditions compliance reports.

- **Multicultural Advisory Committee:** VITAS will establish a multicultural advisory committee in Service Area 3B to explore the hospice needs of the minority community, meeting semiannually, during the first three years of operation. The committee will advise on activities that can reduce disparity in hospice access to minority populations in Marion County. The committee will include faith-based leaders, community leaders, and people from diverse backgrounds. Compliance with this condition will be supported by attestation from the General Manager in the first three annual conditions compliance reports.

Community Outreach Programs for Caregivers and Seniors

According to the Marion County Community Health Improvement Plan, 2023 — 2026, loneliness and isolation are among the top behaviors with the greatest negative impact on seniors. VITAS also learned, in its meetings with Marion Senior Services, that the community's caregivers need support. To help support caregivers and combat loneliness and isolation, VITAS conditions this application on providing funding in the amount of \$50,000, within two years of operation, to Marion Senior Services (or similar organization), earmarked for caregiver support and senior activities. 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.

To further support the community, VITAS conditions this application on collaborating with Marion Senior Services to provide caregiver education and volunteer opportunities for seniors. Compliance with this condition will be supported by attestation from the General Manager in the first three annual conditions compliance reports.

Support for Mental Health Services

Behavioral health was another strategic priority identified in the Marion County Community Health Improvement Plan, 2023 — 2026. The goals of this strategic priority are to reduce high utilization calls for mental health services and to educate providers and the community on the availability of behavioral health services in the county. To help improve access to mental health resources and reduce the number of high utilization calls for mental health services, VITAS conditions this application on granting \$30,000, within two years of operation, to SMA Healthcare - Marion County (or similar organization), earmarked for its Mobile Response Team. 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.

To further support the community, VITAS conditions this application on providing educational resources and training on suicide awareness. Compliance with this condition will be supported by attestation from the General Manager in the first three annual conditions compliance reports.

Community Paramedicine Program

Through its outreach to health care providers in the community and in reviewing the Marion County Community Health Improvement Plan, VITAS learned that high utilization of emergency services is a serious

problem in the community. To help alleviate this issue, VITAS conditions this application on supporting Marion County's Community Paramedicine Program by providing training programs specifically for first responders and providing its Goals of Care Preceptorship Training and Certification Program, during 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.

Bereavement

VITAS conditions this application on providing a Community Healthcare Worker to help facilitate grief support for the community and will offer support groups and caregiver support groups available to the public. Compliance with this condition will be supported by attestation from the General Manager in the first three annual conditions compliance reports.

Community Outreach to Improve Access to Care

In the Marion County Community Health Improvement Plan 2023 — 2026, improving access to care was identified as a goal. The plan identified ten locations that were designated as Health Professional Shortage areas. A Health Professional Shortage Area may refer to geographic areas, populations, or facilities where there is a shortage. Often, the health care providers in health professional shortage areas are overworked and have fewer resources to care for patients. The residents living in these areas often have a much lower socioeconomic status and face financial barriers to health care. To help Marion County residents, VITAS conditions this application on the following:

- **VITAS Mobile Hospice Education Vehicle:** VITAS will provide a Mobile Hospice Education Vehicle for outreach to the community and to offer end-of-life education, for at least the first three years of operation. Compliance with this condition will be supported by attestation by the General Manager in the first three annual conditions compliance reports.
- **Community Support:** To further improve access to health care to residents with limited resources, VITAS conditions this application on providing support totaling \$90,000, within the first two years of operation, to organizations providing health care to those with financial barriers.
 - Estella Byrd Whitman Community Health Center (or similar organization): \$30,000
 - FreeD.O.M Clinic (or similar organization): \$30,000

- Heart of Florida Health Center (or similar organization):
\$30,000

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

Increase Healthcare Staffing in the Community

A strategic priority identified in the Marion County Community Health Improvement Plan, 2023 - 2026 is Wellness and Primary Prevention. The goal is to broaden the availability of life skills and technical training for Marion County residents. To help Marion County attain this goal, and to help alleviate the health professional shortage in the area, VITAS conditions this application on donating a total of \$100,000, within the first two years of operation, to Marion County Technical School (\$25,000), College of Central Florida (\$25,000), Taylor College (\$25,000), and Rasmussen College-Ocala Campus (\$25,000) (or similar organizations), to support their nursing and/or nurse aide training programs. VITAS will also offer nursing students community-based clinical experiences (that are neither invasive nor complex). Compliance with this condition will be supported by attestation from the General Manager in the first three annual condition compliance reports.

Solo Agers Outreach Program

It is estimated that 100,091 Marion County residents were aged 65 to 84 and 11,356 were aged 85+. Of this 65+ population, it is estimated that 24.7% 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 3B, particularly the elderly that lack caregiver support, VITAS conditions the following:

- **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 in the first three annual conditions compliance reports.

- **Grants to Qualified Agencies:** VITAS conditions this application on providing support in the amount of \$50,000 to Marion Senior Services (or similar organization), specifically its In-Home Support Program and Nutrition Program, within the first three years of operation. Compliance with this condition will be documented by providing copies of the check(s) and the name(s) of the grantee(s) as part of the first three annual condition compliance reports.

Outreach Programs for Marion 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 3B. Specifically, VITAS conditions this application on providing financial support to the following organizations, within the first two years of operation:
 - **United Way of Marion County:** A grant of up to \$40,000 to United Way of Marion County, earmarked for the Strong Families Program, (or similar organization that assists ALICE¹ individuals), within the first three years of operation. 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.

¹ The term "ALICE" refers to Asset Limited, Income Constrained, Employed.

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- **Interfaith Emergency Services:** A grant of up to \$50,000 to the Interfaith Emergency Services (or similar organization), within the first three years of operation, to assist 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 least 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.
- **Second Harvest Food Bank of Central Florida, Marion County Branch:** A grant of up to \$50,000 to Second Harvest Food Bank of Central Florida, Marion County Branch (or similar organization), within the first three years of operation, to aid the food-insecure 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.

Deed-Restricted Community Support

There are several large deed age-restricted communities (DARC) in Marion County, including a portion of The Villages. These communities are home to residents aged 55 and older. To ensure the hospice needs of the residents of these communities are met, VITAS conditions this application on having a Community Liaison to provide outreach and education to DARC residents and their families. In The Villages, VITAS will utilize a VITAS Hospice Education golf cart to reach out to the residents of this community. Compliance with this condition will be supported by attestation by the General Manager in the first three annual conditions compliance reports.

Provider Education and Training Programs

VITAS has met with several health care 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

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provide health care 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 within the first two years of operation. Compliance with this condition will be supported by attestation from the General Manager in the first two annual 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 an attestation from the General Manager in the first three annual 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 at 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. 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 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 its staff, including staff in Service Area 3B, are well-trained to provide the best possible care. Accordingly, VITAS conditions this application on:

- The Medical Director covering Service Area 3B 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.

Hospice Office Locations

The hospice office locations are important because they can facilitate hospice visibility, community awareness, and focused interaction with the community. VITAS is committed to increasing hospice awareness and utilization in Service Area 3B.

VITAS conditions this application on having two hospice offices in Service Area 3B within the first two years of operation. The first office will be in Ocala and the second office in Summerfield. 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 by other hospice providers. 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
- 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 3B 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."

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. 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 assessing the responses provided in the application and independent information gathered by the reviewer.

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

Section 59C-1.010(3)(b), Florida Administrative Code, allows no application amendment information subsequent to the application being 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, the consultant, Gregory Keeter, analyzed the application 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 criteria and application content requirements found in Florida Statutes, Sections 408.035 and 408.037; applicable rules of the State of Florida, Chapters 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 151 of the Florida Administrative Register dated August 2, 2024, the Agency published need for a new hospice provider in Service Area 3B (Marion County) for the January 2026 hospice planning horizon. The applicants are applying to establish a hospice program in response to published numeric need.

Service Area 3B admissions by hospice for the five-year periods ending June 30, 2019 – June 30, 2024, are shown in the table below.

**Service Area 3B Hospice Admissions
As of June 30 of each year**

Hospice	2024	2023	2022	2021	*2020
Hospice of Marion County, Inc.	3,090	3,086	3,347	3,418	3,041
Gentiva f/k/a Kindred Hospice	544	560	604	522	534
Cornerstone Hospice & Palliative Care (Lic. 3/3/22)	414	302	47	n/a	n/a
Total	4,048	3,948	3,998	3,940	3,575

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

Note: *includes the SA’s admissions for January – June 2020 published February 5, 2021 and 1,763 admissions - 1,506 Hospice of Marion County, Inc. and 257 Gentiva July-December 2019 admissions which were not published due to the cancellation of the July 2020 batching cycle.

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) cites the service area need, notes the existing providers and contends that granting its application would address the demand. The applicant notes the current hospice penetration rates for the relevant diagnosis/age categories include:

- Cancer under age 65: 0.057
- Cancer age 65 and older: 0.213
- Non-cancer under age 65: 0.055
- Non-cancer age 65 and older: 0.673

Haven concludes that these rates, together with projected resident deaths, form the basis for AHCA's forecast of hospice admissions. For Service Area 3B, projected hospice admissions total 4,880, with 26.8

percent attributed to cancer. The reported base year admissions for the service area amount to 4,048, indicating a shortfall of 832 compared to the projection for the following horizon year.

Haven cites several statistics from the Census Bureau in support of the application including Marion County's growth of 19.6 percent from 2010 to 2022 compared to Florida's 18 percent. Marion County's population increased 12 out of 12 years during the same period. In 2022, Marion County was more diverse than it was in 2010. In 2022, the white group made up 67.1 percent of the population compared with 74.1 percent in 2010. Of six age groups, the 65+ group was the fastest growing between 2010 and 2022 with its population increasing 34.1 percent.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) cites the FNP for hospice services in the current batching cycle indicating a demand for an additional hospice Service Area 3B program with a net need of 832 identified, based on the service area's 4,880 projected admissions minus the 4,048 admissions for the most recent 12-month period ending June 30, 2024. AccentCare included the FNP results in its Table 1-1 on the application's page 1-2.

AccentCare anticipates that there will be 5,512 deaths among individuals aged 65 and older, constituting 78 percent of the overall expected deaths. Additionally, there are 1,550 projected deaths within Hospice Service Area 3B for individuals under the age of 65, which represents approximately 22 percent of the total deaths in the area. Notably, 89.4 percent of the hospice admissions forecasted for 2026 are expected to involve patients aged 65 and older primarily due to the increased prevalence of deaths resulting from illnesses that are more frequently associated with the elderly population. The data also predicts 1,388 cancer deaths for Service Area 3B, or 19.7 percent of the total deaths during the same timeframe. It is expected that hospice admissions for cancer patients will account for 26.8 percent of all admissions, with admissions for other diagnoses making up the remaining 73.2 percent.

AccentCare undertook a comprehensive community-based needs assessment to assess the Service Area 3B need. This assessment aimed to identify specific unmet needs within the area by analyzing hospice utilization data and demographic information. AccentCare also engaged with local residents, health care providers, and community leaders to gain insights into their concerns, needs, and expectations regarding hospice care.

CON Application Numbers: 10811-10816

For each identified issue, AccentCare provides a comprehensive solution that serves as an alternative to the norm with AccentCare concluding the following programs and initiatives are needed to improve access and increase the availability of Service Area 3B hospice care.

Problem: Widespread hospice need throughout the service area

Solution:

- Open Access Program
- Community Education
- Streamline referrals using website or app
- Telehealth
- 24-hour Call Center
- Volunteer Vigil Program
- AccentCare and Seasons Hospice Foundations
 - Wish fulfillment
- Emergency Relief

Problem: Greatest needs among the elderly (65+) including those with Alzheimer's Disease

Solution:

- Partner with community based senior care organizations
- Partners in care with Assisted Living and Nursing Home staff
- Namaste Care for dementia patients

Problem: Underserved minorities:

- African Americans
- Hispanic/Latinx
- Veterans
- LGBTQ+

Solution:

- Minority Advisory Board
- Minority representation on governing board
- Chaplain with expertise in African American community
- Bilingual staff
- Low literacy outreach campaign
- We Honor Veterans program
- SAGE Platinum Certification (Services & Advocacy for Gay Elders)

Problem: Low income, homeless, near homeless, and food insecure populations

Solution:

- Homeless/ALICA program (Asset Limited, Income Constrained, Employed), partnering with local homeless coalitions
- No One Dies Alone policy

Problem: Unmet needs among terminally ill populations with leading causes of death due to heart disease and pulmonary disease

Solution:

- Cardiac Care/AICD Deactivation Program
- Pulmonary Care Pathway
- Stroke/CVA (cerebrovascular accident) Pathway

AccentCare states that improvement that can be addressed in the normal course of business by focusing on the patient and utilizing innovative services and technologies to enhance end-of-life care. AccentCare prioritizes investment in its workforce, emphasizing the importance of education and training. Further, educational initiatives will be extended to the community, providing health care practitioners and the general public with information and resources to make informed decisions and achieve better outcomes. The applicant contends that its analysis substantiates the issues identified and highlights additional areas of need and demonstrate that AccentCare is the best applicant equipped to serve the area and address unmet needs, complementing existing providers rather than competing with them.

Service Area 3B has a significant concentration of seniors, with strong population growth particularly among this demographic. The data presented in Table 1-2 on page 1-5, for July 1, 2024, aligns with the most recent hospice utilization statistics and offers a five-year projection through July 1, 2029. Notably, Marion County has a higher percentage of residents aged 65 and over compared to the state average, with approximately 31 percent of the population falling into this age group. Marion County is projected to experience a 13.81 percent growth rate for those aged 65 and older and a 14.4 percent growth rate for those aged 75 and older over the next five years (2024 – 2029). Residents aged 85 and over are projected to grow by 12.5 percent from approximately 14,000 in 2024 to almost 16,000 by 2029. AccentCare concludes that the significant growth in the elderly population underscores the need for expanding hospice services to effectively meet the service area's elderly population growth.

AccentCare contends that Marion County's diverse retirement communities designed for residents aged 55 and older range from simple mobile home parks with basic amenities to large, comprehensive

residential developments featuring clubhouses and health care facilities, such as On Top of the World highlight the necessity for tailored hospice services to adequately support the increasing senior population. The application's Table 1-3 on page 1-7 provides a detailed overview of the Zip Codes located within Service Area 3B, highlighting the projected populations of individuals aged 65 and over for the year 2029, along with their corresponding five-year growth rates. Ocala, situated at the core of Marion County, houses the majority of these Zip Codes and accounts for approximately 67 percent of the total population in the service area. Notably, seniors constitute an average of 30 percent of the population within Ocala.

In several specific Zip Codes, the proportion of seniors is even more significant, with some approaching or exceeding 40 percent. For instance, in the Ocala Zip Code 34476, seniors are projected to represent 45 percent of the population by 2029, while in Zip Code 34481, this figure is remarkably high at 75 percent. Other areas within the service region, such as Fort McCoy, Micanopy, Dunnellon, and Summerfield, also exhibit high concentrations of seniors, particularly where communities and long-term care facilities are situated.

Tables 1-4A and 1-4B present data from the Florida Estimates of Population for the years 2020 and 2023, are cited to support Marion County's notable influx of elderly residents over the years. From 2010 to 2020, the county witnessed significant growth, with a total of 58,714 new residents added. Remarkably, this entire growth was attributable to net migration, as the number of deaths exceeded births during this period. In contrast, the overall State of Florida experienced a mix of population growth, with 10.5 percent resulting from natural increase and 89.5 percent from net migration. Marion County from 2020 and 2023, Marion County welcomed an additional 36,989 residents, further solidifying net migration as the primary driver of population growth.

Table 1-5 on page 1-10 shows hospice utilization trends in Marion County over the past three years:

- Hospice of Marion County has seen a decline in admissions, falling from 3,347 to 3,086, and slightly increasing to 3,090.
- Kindred Hospice (Gentiva) has consistently decreased from 604 to 560 and then to 544, indicating a lack of growth.
- Cornerstone Hospice has grown from 47 to 302 and then to 414 admissions, but this growth is short of meeting the rising demand.

CON Application Numbers: 10811-10816

Overall, Service Area 3B's admissions fluctuated slightly, from 3,998 to 3,948 and then up to 4,048. The applicant's Table 1-6 on page 1-10, shows Service Area 3B's has lower hospice penetration rates during CYs 2021-2023 compared to the state averages. AccentCare plans to condition its CON award on the establishment of a dedicated Social Worker position for Community Education efforts to promote collaboration among the medical community, non-profit organizations, faith-based groups, and government entities to enhance access to hospice and palliative care.

AccentCare will also conduct workshops to facilitate discussions around the benefits of hospice care, particularly for residents in low-income and rural areas. The aim is to improve access and inform the community about available resources.

Another strategy to enhance overall hospice utilization is to expand access to palliative care, which serves as a bridge to hospice services. AccentCare plans to establish a Palliative Care Program in Service Area 3B by the second year stating that a condition of the CON award will ensure a minimum funding level to support staffing for the program. AccentCare will collaborate with local oncologists to identify patients who could benefit from palliative care, thereby increasing hospice admissions and length of stay, ultimately improving the quality of end-of-life care.

AccentCare breaks down the current Service Area 3B hospice admissions by age and diagnostic category and notes that by applying statewide percentages, an estimate of hospice patients aged 65 and over, as well as those under 65—both with and without cancer—can be established. The results indicate that the greatest need lies among residents aged 65 and older. According to the applicant's Table 1-7 on page 1-11, projected Service Area 3B hospice admissions for various age groups and causes of death reveals:

- Cancer under 65: 323 projected deaths with a corresponding need of 269 admissions
- Cancer 65 and older: 1,065 projected deaths with 1,039 admissions, showing a need for 869 admissions
- Other under 65: 1,227 projected deaths with 248 admissions, resulting in a need for 207 admissions
- Other 65 and older: 4,447 projected deaths with 3,324 admissions, indicating a need for 573 admissions

The total estimates from the analysis show a potential under-service of 743 admissions for those aged 65 and older and 89 for those under 65, totaling a net need of 832 admissions.

AccentCare has established a strong record of effectively reaching and serving the elderly population with a variety of illnesses. This ability is underscored by a robust outreach campaign that has garnered extensive support from SNFs and physicians who are committed to referring patients. AccentCare's programs, such as the Namaste Care dementia program and open access services, are specifically designed to cater to the needs of the elderly. Additionally, the Partners in Care program facilitates streamlined hospice services within hospitals, SNFs, and ALFs. By collaborating closely with these facilities and health care providers, AccentCare ensures that there is a clear understanding of hospice care benefits, allowing for timely referrals and maximizing patient access to necessary services.

The significance of hospice services for seniors is heightened by the fact that residents aged 65 and over represent 31 percent of the population in Service Area 3B, with projections indicating a 14 percent increase in this demographic over the next five years. Marion County has 32 assisted living facilities with a total capacity of 2,107 beds, as well as 12 nursing homes with a capacity of 1,620 beds. AccentCare's Table 1-8 shows the beds per thousand population age 65 and over for ALFs (17 vs. Florida's 23) and SNFs (13 vs. Florida's 17), demonstrating Marion County has fewer assisted living and nursing home beds available per 1,000 residents aged 65 and older compared to the state averages.

AccentCare's Table 1-8 does not include Marion County's 125 CON approved nursing home beds pending licensure and the October 2024 FNP for 38 additional beds as AccentCare contends the senior population growth underscores the need for enhanced hospice service availability. The reviewer notes that adding Marion County's 125 CON approved nursing home beds pending licensure, results in approximately 14 beds per thousand which is still below the state's approximately 17 beds per thousand population age 65 and over.

AccentCare contends that the need for an additional hospice provider in Marion County is further emphasized by disparities in service availability among minority populations, particularly Black/African American and Hispanic groups. In 2024, Marion County has 48,322 persons identifying as Black or African American (approximately 12 percent of the total population) and 71,167 Hispanic persons (approximately 18 percent). Marion County's population is projected to grow by 7.2 percent over the next five years, adding approximately 28,968 residents. While the White population is projected to grow by 2.27 percent it will decrease from 69.1 to 65.9 percent of the total as minority populations grow at faster rates. The Hispanic population is projected to increase by 20,663 (29.03 percent) and the Black/African American population by 4,102 (approximately 8.5 percent).

Medicare CMS Hospice 2022-23 data and FloridaHealthCharts.com data for 2022-2023 deaths is next used to document the disparities in hospice penetration rates for Black/African Americans and whites in Marion County. Hospice penetration rates for the White/Caucasian population exceeded 63 percent in 2022 and 66 percent in 2023, while Black/African American rates were 48.2 percent in 2022 and 49.42 percent in 2023. The applicant indicates CMS categorizes Hispanics as a race and not ethnicity, which skews the data downward and it did not include Hispanics in this analysis.

AccentCare states it will ensure minority populations receive the culturally sensitive care they need and proposes several initiatives to address the disparity in hospice service including:

1. **Minority Representation:** Ensuring minority representation on the hospice program's governing board.
2. **Minority Advisory Board:** Establishing a board to promote culturally competent care tailored to the needs of diverse populations.
3. **Culturally Competent Chaplain:** Hiring a chaplain with expertise in the African American community to address spiritual needs in hospice care.
4. **Community Engagement:** Conducting a minimum of six workshops annually within African American churches and community locations to raise awareness and expand access to hospice and palliative care. These "Church Chats" will focus on discussions around Advanced Directives and other topics highlighting the benefits of hospice care.
5. **Cultural Competence Training:** Providing cultural competence training for staff to enhance the delivery of hospice care.

AccentCare cites numerous studies highlighting significant racial differences in end-of-life care, reveal that African Americans historically have lower rates of advance directives and hospice utilization compared to Whites. Mistrust in the medical community serves as a major barrier for many African Americans, deterring them from accessing hospice services. Overcoming this mistrust is crucial for addressing racial disparities in comfort care at the end-of-life.

A prevalent reason for the hesitancy among African Americans to choose hospice is a lack of knowledge about the service and its benefits. Furthermore, disparities in staffing and the cultural competence of health care providers can exacerbate these issues, as providers from different cultural backgrounds may not fully understand the specific needs of African American patients. Outreach efforts involving

community ministries and places of worship are vital in bridging this knowledge gap, particularly given that approximately 70 percent of African Americans identify as religious. Without established trust in local hospice providers, many minorities opt for more aggressive and costly hospital-based treatments when confronting terminal illnesses. Research indicates African Americans were found to be more than twice as likely (10.5 percent) to opt for aggressive care than their Caucasian counterparts (4.1 percent).

Language barriers also present significant challenges in accessing timely health care and hospice services. According to the U.S. Department of Education's National Center for Education Statistics, low health literacy is often linked to older patients, those with limited education, lower income, chronic conditions, and non-native English speakers. AccentCare is developing resources specifically designed to assist individuals with low health literacy. These materials include information on advance directives presented in simple language and visual aids and are available in multiple languages to accommodate non-English speakers. Furthermore, AccentCare has implemented strong diversity, equity, and inclusion (DEI) initiatives aimed at promoting services that cater to a diverse population. The application's Exhibit 5 included AccentCare low literacy handouts and other educational brochures.

An important minority population in Florida with unique health care needs is the Jewish community. While Marion County has a smaller Jewish population compared to the counties in South Florida, AccentCare remains committed to understanding and addressing the needs of the Jewish community offering programs that provide spiritual support specifically designed for those of the Jewish faith. The application's Exhibit 3 contains information about the United States Jewish population.

The demographic characteristics of Marion County, reveal several important socio-economic trends that are crucial for understanding the health care needs of the community. As outlined in Table 1-11 on the application's page 1-16, the Florida Legislature Office of Economic and Demographic Research's 2024 County Profile publication shows Marion County exhibits distinct characteristics when compared to the broader state averages. Marion County's population is notably more rural, with a density of 254.3 persons per square mile, contrasted to Florida's 421.9 persons per square mile. The applicant contends this lower density suggests a more dispersed population and may present unique challenges for health care delivery, including hospice services.

Marion County faces significant economic challenges, with a poverty rate of 15.6 percent compared to Florida's 12.7 percent. This elevated poverty level may hinder residents' access to essential health care services, including those related to end-of-life care. The median household income in Marion County stands at \$55,265, which is notably lower than Florida's average of \$67,917. These financial constraints can impact the quality and accessibility of health care services for the community.

Despite the economic challenges, Marion County maintains a relatively high level of educational attainment, with 89.2 percent of residents having graduated high school, closely aligning with the state average of 89.3 percent. This level of education may play a role in residents' health literacy and ability to navigate health care systems. Marion County also county has a significant veteran population, comprising 11.5 percent of residents, in comparison to 7.9 percent statewide. This highlights the need for targeted health care programs that address the unique circumstances and health issues faced by veterans, especially in hospice care settings.

Marion County's demographic profile indicates a community that is more rural, faces higher poverty rates, and has lower median household incomes compared to the state and a significant veteran population. These factors are critical in shaping the health care needs of the community, especially regarding hospice services. Addressing these unique challenges will be essential to improving health care outcomes and ensuring that all residents have access to the care and support they require, particularly at the end-of-life.

United for ALICE serves as a vital center of innovation focused on the often-overlooked demographic of hardworking households that earn above the Federal Poverty Level (FPL) but lack sufficient income to afford basic necessities. The challenges faced by these households are vividly depicted in the graph presented in Figure 1 on page 3 of the 2024 ALICE Essentials Index Annual Report, which illustrates the disconnect between income levels and the rising costs of living. As inflation drives prices higher than wage increases, households experience a decline in purchasing power, creating an acute burden for families living in poverty and those classified as ALICE. In 2022, 42 percent of U.S. households struggled to make ends meet; among these, 13 percent earned below the FPL, while 29 percent were identified as ALICE.

Figure 1-3 on page 1-17 of the application features two critical lines: the blue line represents the Consumer Price Index (CPI), which measures inflation across retail prices for goods and services consumed by individuals from various income levels in 75 urban areas. While the CPI provides essential insight for formulating policies aimed at supporting

low-income households, it does not adequately reflect the actual price changes of essential goods and services needed for survival by families living below the ALICE threshold. In contrast, the yellow line on the graph depicts the ALICE Essentials Index, which strives to bridge this gap by illustrating the realistic costs faced by ALICE households. This index brings to light the financial struggles families encounter in covering their fundamental needs.

Among the necessities that families find increasingly difficult to afford are housing, childcare, food, transportation, health care, and technology. Health care costs are particularly burdensome, encompassing employee contributions to employer-sponsored health care, out-of-pocket expenses such as copayments and medical services, and prescription drugs. Medical supplies not covered by Medicare Part A and B, along with associated copayments and deductibles, further exacerbate financial stress within these households. The prevalence of chronic diseases compounds these challenges, as associated medical care, prescriptions, and supplies can escalate costs significantly.

When catastrophic or terminal illnesses arise, the financial burden often becomes overwhelming, leading to skyrocketing costs that many families find insurmountable. This financial strain on ALICE households underscores the urgent need for targeted policies and support mechanisms aimed at enhancing both the affordability and accessibility of essential services, particularly health care, to ensure that all families can meet their basic needs. A comprehensive review of the challenges and potential solutions related to homelessness and ALICE households is available in Exhibit 6, which includes the referenced materials.

The situation faced by individuals living at or below 200 percent of the Federal Poverty Level (FPL) and within the ALICE threshold becomes even more pressing during a health crisis, particularly when an income-producing family member is affected. AccentCare recognizes the significant challenges that low-income families encounter and is committed to ensuring that those experiencing health crises or terminal illnesses receive comprehensive support. This support includes not only assistance with basic needs but also access to hospice and palliative care services, which can provide critical relief during difficult times.

AccentCare notes that the homeless population represents another highly vulnerable group that struggles with inadequate access to health care services. Environmental exposure and the conditions associated with homelessness contribute to a myriad of health problems, further exacerbating their precarious situation. A substantial proportion of homeless individuals contend with mental health issues and addiction, which can severely impact their overall health and reduce life

expectancy. Statistics indicate that, across all age groups, homeless individuals are three times more likely to die than those in the general population. This stark reality underscores the critical need for targeted interventions and support systems to address the health care challenges faced by both low-income families and the homeless, ensuring that all individuals can access the necessary care and resources they require for a healthier and more stable life.

According to the National Health Care for the Homeless, individuals experiencing homelessness suffer from the same illnesses as the housed population, but at alarmingly higher rates—up to six times more frequently. The average life expectancy for homeless persons is only around 50 years, highlighting the severe health disparities this vulnerable population faces.

Marion County's homeless population has been reported as declining over the past five years, with a decrease from 523 individuals in 2020 to 378 individuals in 2023, representing a decline of 27.7 percent and Florida's reported homelessness rate has growth by 15.5 percent per AccentCare's table 1-12 on the application's page 1-20. However, the applicant contends it is critical to interpret these figures with caution, as underreporting of homeless individuals is an ongoing challenge, meaning the actual number of people experiencing homelessness may be higher than reported. AccentCare contends that the states' increase in homelessness is a trend that underscores this ongoing issue not only in Marion County but across the state, emphasizing the persistent and evolving nature of this public health concern.

AccentCare will work with the Ocala/Marion Continuum of Care and partner agencies to connect with the homeless population in Marion County, identifying terminally ill individuals who require hospice care. If approved, AccentCare will provide funding for housing assistance and care to ensure these individuals are not left to die on the streets. Providing resources for financial hardship and housing for the homeless, including those with terminal illnesses will help fulfill the hopes of those in hospice care and support AccentCare's No One Dies Alone policy.

As part of the CON award, AccentCare will implement a Homeless/ALICE program to facilitate collaboration with local organizations to identify those in need and provide financial assistance, including housing vouchers and support for rent or assisted living costs.

Marion County is home to over 33,000 veterans, with 60 percent aged 65 or older, exceeding the statewide rate of 50 percent. Veterans represent 8.2 percent of the county's total population, and veterans aged 65 and older account for 15.9 percent of the senior population. In contrast,

veterans in Florida comprise 6.1 percent of the total population and 13.6 percent of seniors. Table 1-13 on the application's page 1-22 includes U.S. Department of Veterans Affairs and Florida Population Estimates and Projections by AHCA District, January 2024 data to support the statements above. AccentCare states the area's significant senior veteran population has resulted in Marion County being chosen as the central site for a new Florida Department of Veterans Affairs nursing home to serve this growing demographic.

AccentCare's Florida hospices actively participate in the We Honor Veterans Program, which ensures veterans receive compassionate and respectful care tailored to their needs. Sponsored by the National Hospice and Palliative Care Organization and the Department of Veterans Affairs, this program provides essential training for hospice organizations.

AccentCare is well-equipped to support veterans with Post Traumatic Stress Disorder (PTSD) at the end of life and offers Continuing Education Units on relevant topics, including Trauma Informed Care. Most older adults have experienced at least one traumatic event, with approximately seven percent suffering from PTSD and one-third of Vietnam Veterans may experience PTSD in their lifetimes - caring for PTSD patients and details about the We Honor Veterans program were included in the applicant's Exhibit 7.

AccentCare notes that there are currently three million LGBTQ Americans aged 50 and older and over 1.1 million being 65 years or older. This demographic has faced systemic discrimination throughout their lives, leading to poorer health outcomes and heightened vulnerability, especially as they age. Many older LGBTQ individuals are less likely to seek health care services due to historical mistreatment, creating unique challenges in accessing necessary care. While the LGBTQ community is expanding across the U.S. and Florida, there are significant gaps in acceptance within the general population and among some health care providers, which can deter LGBTQ persons from pursuing health services, particularly end-of-life care. A Human Rights Campaign Foundation survey found 60 percent of LGBTQ respondents expressed concerns about encountering discrimination in health care settings, and 40 percent felt uncomfortable being open about their identities with health care providers. Organizations like SAGE (Services and Advocacy for LGBT Seniors) and the National Resource Center on LGBT Aging report that older LGBTQ individuals are twice as likely to be single and live alone, four times less likely to have children, and face challenges such as poverty and homelessness. Many also have reported delaying or avoiding necessary medical care due to fears of discrimination.

Health disparities within the LGBTQ community, including access issues and the prevalence of HIV/AIDS, mental health challenges, and chronic physical conditions, further complicate their health care landscape. Delays in seeking care often stem from fear of discrimination, which is particularly concerning given that HIV diagnoses are on the rise among those over 50, in stark contrast to younger populations. Older adults living with HIV/AIDS frequently deal with the long-term effects of treatment, increasing their risk for chronic conditions such as kidney failure, severe depression, cancer, and osteoporosis. Additionally, chronic conditions can complicate the management of HIV.

To address these disparities, all AccentCare hospice programs aim to achieve platinum-level distinction in serving LGBTQ seniors through SAGE Care certification. AccentCare cites holding SAGE platinum certification (as detailed in Exhibit 8, featuring Seasons Hospice & Palliative Care). AccentCare commits (proposes as a condition) to maintaining this SAGE certification in Service Area 3B.

The applicant's Table 1-14 on page 1-25 uses provisional CY 2023 data to document the leading causes of death in Florida and Marion County were heart disease and cancer. Respiratory diseases and nervous system diseases (including Alzheimer's) are the third and fourth leading causes of death in Marion County and Florida. Nutritional and metabolic diseases (such as diabetes) and infectious diseases were the fifth and sixth leading causes of death. While the leading causes of death may be similar between Marion County and Florida, Marion County exhibits much higher death rates relative to its population for the top eight leading causes of death, which include cardiovascular disease, cancers, respiratory diseases, infectious diseases, nervous system diseases, nutritional diseases, metabolic diseases, and digestive diseases.

Marion County's elevated death rates signify a heightened burden of disease and a critical need for increased access to hospice and palliative care services and the combination of higher prevalence rates and systemic barriers to health care access makes it imperative to enhance hospice resources and support for individuals facing terminal conditions in this area, ensuring they receive the compassionate care they deserve during the end-of-life stage. Efforts to address these disparities should prioritize improving health care accessibility, raising awareness about hospice services, and providing training for health care providers to ensure culturally competent care for vulnerable populations. The reviewer reproduced AccentCare's Table 1-15 below.

**2022 Age Adjusted Death Rates by Cause of Death
Marion County and Florida**

Cause of Death	Florida	SA 3B
Cardiovascular Diseases 100-199	211.1	276.8
Maligant Neoplasm Cancer COO-C97	138.8	172.7
External Causes 01-U02, V01-Y89	92.4	156.2
Respiratory Diseases	52.8	64.3
Infectious Diseases A00-B99, U07.1	51.4	65.3
Nervous System Diseases GOO-G99	27.4	45.1
Nutritional and Metabolic Diseases E00-E99	25.6	38.4
Digestive Diseases KOO-K99	15.2	20.3
Urinary Tract Diseases NOO-N99	11.6	11.4
Symptoms, Signs, Abnormal Findings ROO-R99	11.5	9.2
Perinatal Period Conditions POO-P99	4.4	3.1
Benign Neoplasms DOO-D48	3.7	3.4
Congenital and Chromosomal Abnormalities QOO-Q99	3.1	2.7
Anemias D50-D64	1.6	3.1
Pregnancy, Childbirth and the Puerperium 000-099	0.2	0.4
Other Causes (Residual)	87.3	69.5

Source: CON application # 10812, Table 1-15, Page 1-26, www.FLHealthCharts.com, Resident AADR by 113 Causes of Death by Category by Year by Residence County. 2022 Data accessed October 1, 2024.

AccentCare states it offers specialized programs leveraging best practices for managing common conditions like cardiac care, respiratory diseases, and Alzheimer's. One is the Cardiac Care Pathway, aimed at aiding terminally ill heart disease patients, which employs an advanced registered nurse practitioner (ARNP) cardiac specialist to identify treatment options for hospice patients, particularly those who may not have sought hospice care earlier. By providing guideline-based therapies and education for in-home care, the program reduces unnecessary hospital visits and enhances access to hospice care, ultimately improving the quality of life for patients and their families.

AccentCare restates the Agency's FNP of 832 hospice admissions when compared to the current number of hospice patients and provides table 1-16 on the application's page 1-27. This table indicates AccentCare will have a 4.5 percent of the service area's projected year one (CY 2026) 4,880 admissions and 7.5 percent market share in year two's 4,943 admissions. AccentCare is projected to have 220 year one admissions with a 54-day ALOS and 371 year two (CY 2027) admissions with an ALOS of 73 days. The applicant contends these align with the new programs' expected average lengths of stay of 54 days in the first year and 73 days in the second year, which are also considered reasonable.

AccentCare states that in determining a reasonable and attainable market share for Service Area 3B, it analyzed the recent trends and performance of hospice programs in Florida and its projections reflect a realistic outlook based on their extensive experience in competitive

Florida markets, including Broward, Miami-Dade, Hillsborough, Pinellas, and Pasco Counties. Historically, AccentCare has consistently exceeded initial projections, demonstrating their potential for success in new areas.

According to Table 1-17 on page 1-28 of the application, first-year admissions for AccentCare's hospice programs in Florida have varied from 182 to 284, with an average of 236 and a median of 239. For the second year, admissions range significantly from 256 to 833, averaging 595 and with a median of 645. It is important to note that the Pasco hospice program was impacted by the COVID-19 pandemic, which affected year two admissions. Given the variability in lengths of stay—largely due to the high rates of hospital referrals in Broward County, resulting in shorter average lengths of stay (ALOS)—and the longer ALOS experienced in Pasco, the use of median values is deemed most reliable for forecasting.

AccentCare contends that its history of growth in Florida also support its projections. Following the acquisition of Douglas Gardens Hospice on September 20, 2010, which had recorded 209 admissions the previous year, AccentCare (previously known as Seasons) successfully more than doubled admissions within just nine months, achieving 460 admissions by June 30, 2011. By 2016, the program had established itself as the second-largest provider in the service area, with 2,629 admissions reported for the most recent calendar year, 2023. Additionally, AccentCare Hospice & Palliative Care of Broward County is recognized as the third-largest provider in Service Area 10, consistently achieving over 1,000 admissions annually in both Pinellas and Hillsborough Counties. AccentCare concludes that its strong track record demonstrates its capability to effectively penetrate new markets and suggests that the proposed admissions for Service Area 3B are not only attainable but also realistic.

AccentCare also reviewed the startup experiences of the other Maion County hospice programs concluding that the data indicates new hospice programs entering the market achieved average market shares of 6.5 percent in their first year, increasing to 8.5 percent in the second year. The average number of admissions for these programs is 223 in the first year and 296 in the second year. AccentCare's anticipated first-year admissions of 220 and second-year admissions of 371 align well with these benchmarks. AccentCare states it has performed strongly in Florida, consistently exceeding 200 admissions in year one and reaching upwards of 400 in year two for similar programs. Therefore, the projections for Service Area 3B are reasonable and fall within a credible range based on this comparative analysis.

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The applicant contends AccentCare's entry into Service Area 3B is strengthened by the relationships developed during its initial needs assessment. The backing from local providers, community representatives, and residents—evidenced by letters of support—further solidifies the potential for successful integration and growth in this market. In summary, the combination of historical performance data, alignment with industry averages, and community support positions AccentCare favorably for achieving the projected admissions in Service Area 3B.

AccentCare contends that the initiation of new hospice programs typically fosters healthy competition, prompting existing providers to enhance their service offerings, increase admissions, and elevate the quality of care to capture additional market share. This dynamic is particularly relevant as hospice admissions have not kept pace with statewide penetration rates, thereby underscoring the necessity for an additional hospice program like AccentCare's in Service Area 3B.

Moreover, AccentCare's model of care is designed to provide alternatives rather than directly compete for the same patient population. Given the expected continued growth in hospice services demand in forthcoming years, AccentCare concludes that it is well-positioned to enhance the overall service landscape for residents of Service Area 3B, ultimately benefiting both the community and the current providers.

Arc Hospice of Florida, LLC (CON application #10813) states it aims to be the preferred hospice provider in the communities it serves by delivering high-quality, patient-centered care and a wide range of services. The organization is dedicated to creating a comfortable and supportive environment for individuals and their families during this significant stage of life.

Arc Hospice operates under the umbrella of American Hospice Systems (AHS), which also manages Arcturus Hospice and Palliative Care in Norcross, Georgia. The AHS corporate team boasts over 75 years of expertise in health care management, especially within the hospice sector. Their experience includes the successful establishment of over 50 hospice programs and compliance with rigorous hospice surveys.

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The AHS team is committed to actively engaging in all facets of daily operations, which includes:

- Crafting and promoting the organization's mission.
- Recruiting, onboarding, and training skilled staff.
- Conducting daily operational reviews to ensure adherence to policies and standards, with a strong emphasis on quality, performance improvement, and on-call care.
- Implementing specialized programs and educational initiatives aimed at addressing the needs of underserved minority populations.

Existing services through Arcturus Hospice highlight a compassionate approach and include established practices and policies that focus on delivering exemplary care. The organization offers a comprehensive range of hospice services in outpatient settings, catering to patients in private homes, SNFs, and ALFs across the Metro-Atlanta area.

Figure 5 (CON application #10813, page 43) includes a map of Florida hospice service areas with 3B circled. The applicant notes that Marion County is Florida's fifth-largest county and encompasses the Ocala Metropolitan Statistical Area, which includes part of the Ocala National Forest. Recent assessments have recognized Ocala as the #1 city to move to in the United States, highlighting its appeal as a desirable destination.

Renowned as the "Horse Capital of the World," Marion County boasts vast rolling farmland and a rich equestrian heritage, making it a prime location for horse enthusiasts. Additionally, the county is strategically located near The Villages, a popular retirement community that spans parts of Lake, Sumter, and Marion Counties. It also offers proximity to the University of Florida in neighboring Alachua County, providing access to educational resources and cultural opportunities.

Figure 6 (CON application #10813, page 44) depicts the service area's total population growth by county from 2024 to 2029. Service Area 3B's population increases by 25,762 residents, 6.3 percent compared to the state's 6.1 percent. Figure 7 (CON application #10813, page 44) depicts the service area's 65 and over population to support its 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 Hospice notes that the elderly resident population will increase by approximately 13.8 percent annually to approximately 144,120 in 2029 and is consistent with the statewide average. The applicant assures that with such a large and growing population of residents that is both under and over the ages of

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65, 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 #10813, page 45) shows Service Area 3B hospice admissions for the 12-month period ending June 30, 2024, by provider in the FNP categories, total and percentage of admissions. The applicant provides Figure 9 (CON application #10813, page 45) showing the FNP projections for the January 2026 planning horizon.

Arc Hospice contends that Service Area 3B has a low penetration rate for patients discharged to hospice compared to Florida and other hospice service areas in the state, indicating a disparity. The applicant notes that Marion County has a particularly low penetration rate (Figure 10 - CON application #10813, page 46) with a penetration rate that is 11 percent lower in comparison to Florida's and approximately 27 percent when compared to the highest penetration rate, demonstrating room for growth.

The applicant uses the Agency's CY 2023 Hospital Discharge Database and Florida Department of Health, Bureau of Vital Statistics to compare acute care discharges referred to hospice and resident deaths for all hospice service areas and Florida averages in Figure 11 on page 65 of the application and below.

**Florida Patients by Hospice Service Area
Hospice Penetration Rates for Hospital
Discharges Referred to Hospice**

Service Area	Discharges Referred	Resident Deaths*	P-Rate
7B	5,565	12,501	0.45
7C	1,668	3,819	0.44
11	9,022	21,911	0.41
10	6,578	16,098	0.41
9B	2,794	7,000	0.4
6B	4,135	10,458	0.4
3D	1,218	3,086	0.39
3E	2,942	7,740	0.38
4B	3,681	9,806	0.38
5A	2,746	7,403	0.37
9C	5,914	16,011	0.37
Florida	84,007	229,045	0.37
8A	1,279	3,539	0.36
6A	4,394	12,211	0.36
8B	1,463	4,215	0.35
4A	5,385	15,808	0.34
9A	848	2,497	0.34
3B	2,029	6,245	0.32
1	2,868	8,841	0.32
6C	1,585	4,938	0.32
3C	973	3,100	0.31
5B	3,892	12,510	0.31
8D	1,958	6,377	0.31
3A	2,184	7,289	0.30
8C	2,671	9,032	0.30
2A	764	3,762	0.20
7A	1,639	8,288	0.20
2B	585	4,264	0.14
Other	3,227	296	

Source: CON application #10813, page 47 from the Agency 's hospital discharge database and Florida Department of Health, Bureau of Vital Statistics.

*Note: CY 2023 Deaths based on Florida Department of Health provisional data.

Arc Hospice contends that it will enhance penetration rates through its experience and use of specialized strategies to overcome the cultural, logistical, and accessibility challenges. The applicant will employ care coordinators to 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.

The applicant notes that its staff will have specialized training that includes the following:

- Cultural Competency emphasizes cultural sensitivity and awareness which includes understanding and respecting local customs, traditions, and communication styles

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- Telehealth and Remote Care enabling hospice team members to provide support via phone, video calls, and other remote communication methods when necessary
- Collaboration with Local Healthcare Providers with strategies for effective communication with local partners
- Transportation and Logistics - coordinating medical supplies, patient transportation, and home visits
- Emergency Preparedness and Response - emergency preparedness and response, including basic life support and crisis management
- Mental Health and Social Support strategies for providing support specific to those unique stressors as well as connecting patients with available resources

Arc Hospice adds that it has expertise in response times, communication plans, disaster plans, and follow-ups with policies in place to best serve all patients noting that these best practices and policies are summarized below:

- 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

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- A team of on-call nurses for backup support to respond to patient and family needs outside of regular business hours. Each on-call shift will have a minimum of two nurses assigned: one as primary and one as backup so that one nurse can address a patient or family need and the other address any additional calls. A team of management staff team to serve as administrator on call available to assist the on-call nursing team with any nonclinical issues or concerns.
- Continuous quality improvement
- Flexible staffing model that focuses on adaptability, new technologies, professional development, and work-life balance to create a sustainable workforce
- Community-based volunteer programs
- Tailored care plans
- Interdisciplinary teams developed to accommodate various cohorts, cultural needs, and provide quality services
- All admissions to be accomplished typically within two hours of receipt of a referral and aims to serve patients that have physician orders and meet admissions criteria to provide service within six hours of receipt
- Arc coordinates and pays patient transport, which is arranged by Arc Hospice Social Workers for non-emergent transport to the setting of care. Communication with hospital or facility case managers starts at the discharge planning process
- Arc Hospice's technology with Palliative Pharmacy Solutions (PPS), a web-based mobile pharmacy solution- 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 will supply a comfort pack containing necessary medications in a secure lock box upon the patient's admission to ensure patients and their caregivers have immediate access to prescribed medications. Arc Hospice will establish contracts with both a Pharmacy Benefit Manager and local pharmacies that offer 24/7 on-call service
- 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 Hospice offers how it will address the barriers of care in Service Area 3B:

- Arc Hospice will deploy efforts to improve communications between providers and patients, and between facilities and hospice providers and health care facilities. Health care providers can participate in specialized training to improve their communication skills and approach to discussing end-of-life care and Arc will offer resources

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to support providers in having these difficult conversations and promoting hospice care as a valuable option for patients and their families

- Arc Hospice will provide culturally sensitive care by ensuring its staff are adequately trained in diversity and multicultural awareness
- Arc Hospice 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 Hospice will collaborate with primary care providers and work to establish clear lines of communication to ensure that patients receive the appropriate care they need

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

1. Increasing knowledge and awareness of hospice care and its benefits are the first step in expanding outreach. Strategies to increase awareness include:
 - Educational campaigns: Arc Hospice 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 Hospice will participate in community events, health fairs, and religious gatherings to build relationships and promote services
 - Provider knowledge: Arc Hospice will educate area health care providers, including primary care physicians, about the benefits of hospice care and how Arc Hospice 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 Hospice 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. Strategies include Arc hosting and participating in job fairs, offering flexible scheduling and travel differential incentives and advertising open positions with local organizations including churches, nursing schools, and other health training programs that will identify quality staff.
3. Partnering with Community Stakeholders - Arc Hospice 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. By meeting with these organizations in developing this application, Arc Hospice states that it is ready to quickly mobilize to improve access by leveraging its partnerships with:
 - Faith-based organizations: Churches, temples, mosques, and other religious institutions play a vital role in the lives of many individuals. Arc Hospice will collaborate with faith-based organizations to provide education, support, and hospice care
 - Community organizations: Arc Hospice 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. Culturally Sensitive Care - Arc Hospice confirms that it will provide culturally sensitive care by addressing the unique needs of the groups within the community, such as Hispanic and African American populations and 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, Jewish, African Americans, and Hispanics)

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- 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 Hospice 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.
- Provide culturally relevant information and education to patients and families about end-of-life care and advance planning
- Arc Hospice 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 \$10,000 annual funding commitment for, at a minimum, the first five years of operation

Arc Hospice provides excerpts from its Exhibit C, letters of support on the application's pages 51 - 56 from:

- Alan Keese, Chief Executive Officer, HCA Florida Ocala Hospital
- Keith Perry, State Senator, District 9
- Joy Lemon, Senior Admissions, Rasmussen University Online
- Joseph Robbins, DO, Board Certified in Internal Medicine, Synergy Medical Group
- Stefan Mann, MD, Board Certified in Family Medicine, Synergy Medical Group
- Cara Fitzgerald, Campus Admissions, Hawthorne Assisted Living
- Sidney E. Clevinger, MD, Board of Trustees, HCA Florida Ocala Hospital

Arc Hospice uses various data from the Agency's Hospital Discharge Database; Florida Department of Health, Bureau of Vital Statistics (Figures 12 - 16, pages 56 - 62) and a study "Expect the Best: How to Get the Most Out of Your Hospice Care" and a survey by the Kaiser Family Foundation (Exhibit D) to support its argument that Service Area 3B has large, underserved number of deaths specifically within the elderly non-cancer cohort and proposes several targeted programs to meet these residents' needs.

Arc Hospice states that Service Area 3B has approximately 21 percent of resident deaths discharged to inpatient hospice versus approximately 12 percent to home hospice and that the difference of approximately 10 percent, inpatient hospice was the preferred option. With a difference of approximately 72 percent, inpatient hospice was the preferred option, which would indicate an under-usage of the hospice benefit.

Pages 59 – 61 contain excerpts from the applicant with the original letters submitted located in the application’s Exhibit C to describe the challenges faced with patients receiving home hospice care, demonstrating the need for a hospice such as Arc Hospice to serve these patients. The contributors of the excerpts include:

- Pablo Suazo, Director of Residential Services, Bridgewater Park Assisted Living
- Dr. Samuel Myrick, Ocala Oncology
- Alan Keese, Chief Executive Officer, HCA Florida Ocala Hospital
- Christian Webber, Executive Director, The Lodge Health and Rehabilitation Center
- Matt McClain, Commissioner, District 3, Marion County Board of County Commissioners
- Sidney E. Clevinger, MD, Board of Trustees, HCA Florida Ocala Hospital, Family Medicine Physician

Arc Hospice describes in detail (pages 61 – 62) ten key steps it will implement to provide appropriate levels of in-home hospice care, which include:

1. Comprehensive assessments
2. Coordination of care
3. Training and support for family caregivers
4. Utilize technology
5. Occupational and Physical Therapy
6. Specialized equipment and supplies
7. 24/7 Availability
8. Community partnerships
9. Continuous quality improvement
10. Emphasis on hiring throughout the area

Five tables on pages 63 – 65 of the application use data from the Agency’s Florida Hospice Need Projections for Hospice Programs and the Florida Department of Health, Bureau of Vital Statistics to support Arc Hospice’s argument that there is a foreseeable need for the need for non-cancer, disease specific programming in Service Area 3B and addresses in detail the underserved population groups including those with heart

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disease, cancer, cerebrovascular disease, chronic lower respiratory disease, and Alzheimer's disease, all of which are in the top leading causes of death in the area.

Arc Hospice notes heart disease was the leading cause of death in Service Area 3B in 2023 (provisional) which is approximately 31 percent higher in comparison to Florida. Florida Department of Health, Bureau of Vital Statistics data are used in Arc Hospice’s Figures 21 and 22. Figures show that heart disease accounted for 28.9 percent (1,743 of 6,245) of Service Area 3B, in 2023 (provisional) compared to Florida’s 21 percent (48,961 of 229,045).

**Service Area 3B
2023 Top 10 Leading Causes of Death (Provisional)**

Rank	Cause of Death	Deaths	Percent of Total
1	Heart Diseases	1,743	27.9%
2	Malignant Neoplasm (Cancer)	1,296	20.8%
3	Other Causes of Death	736	11.8%
4	Unintentional Injury	534	8.6%
5	Chronic Lower Respiratory Diseases	340	5.4%
6	Alzheimer's Disease	231	3.7%
7	Diabetes Mellitus	220	3.5%
8	Essential Hypertension and Hypertensive Renal Disease	168	2.7%
9	Cerebrovascular Diseases	165	2.6%
10	Chronic Liver Disease and Cirrhosis	109	1.7%
Total, Top 10 Causes of Death		5,542	88.7%
Other		703	
Total		6,245	

Source: CON application #10813, Figure 21, page 66, from Florida Department of Health, Bureau of Vital Statistics.

*Note: 2023 is a provisional year.

**Service Area 3B
2023 (Provisional) Total Deaths and Deaths for Heart Disease**

Area	Deaths from All Causes	Heart Disease Deaths	Deaths as Percentage of
Service Area 3B	6,245	1,743	28%
Florida	229,045	49,961	21%

Source: CON application #10813, Figure 22, page 66, from Florida Department of Health, Bureau of Vital Statistics.

*Note: 2023 is a provisional year.

Arc Hospice’s Figures 23 and 24 are based on the Agency’s hospital discharge database. Arc Hospice’s Figure 23 shows that for Service Area 3B cardiovascular diseases discharged to hospice grew by approximately 8.1 percent (235 in 2021 to 254 in 2023) and end stage heart disease to hospice decreased by approximately 5.1 percent (98 in 2021 to 93 in 2023). Figure 23 shows 254 cardiovascular disease discharges; 8.1 percent of Service Area 3B’s total of 2,029 discharges to hospice in CY 2023. Figure 24 shows 1 percent of patients with end stage heart

disease defined as the MS DRGs involving heart failure and shock) were discharged to hospice and the volume of patients with end stage heart disease decreased by 5.1 percent from 2021 to 2023.

Arc Hospice contends it has identified the gap in end-of-life care for residents suffering from cardiac disease through community needs assessments and statistical data. Arc Hospice discusses cancer, Chronic lower respiratory, cerebrovascular, and dementia/Alzheimer's Disease and its programs on pages 67 - 71 of the application. The need for disease-specific care of other diseases is addressed with Arc Hospice stating that cancer (1,296 deaths) was the second cause of death in Service Area 3B in 2023 (provisional) and over time hospice has evolved to include non-traditional diagnosis such as chronic lower respiratory disease, and cerebrovascular disease.

Arc Hospice notes that 249 patients with pulmonary disease were 12.3 percent of the 2,029 Service Area 3B patients discharged to hospice in 2023. Further, the percent growth for Service Area 3B pulmonary disease patients discharged to hospice has decreased since 2021, and approximately 250 patients or approximately 12 percent of the 2,029 patients discharged were discharged to hospice. Cerebrovascular deaths reveal that 23 patients with ischemic stroke and nonspecific cerebrovascular disorders were discharged to hospice, or approximately less than one percent of the 2,029 patients discharged to hospice in 2023. Chronic liver disease and cirrhosis similarly had 37 patients discharged to hospice in 2023, representing approximately two percent of all patients discharged to hospice.

Arc Hospice's CY 2023 (Figures 21 and 25) show Alzheimer's disease is the sixth leading cause of death for Service Area 3B residents. The applicant states Florida "was in the highest percentage prevalence category among adults aged 65 and older in 2020 (Figure 30), and in comparison, to other states ranked fourth."

Pages 74 - 78 contain excerpts from the applicant with the original letters submitted located in the application's Exhibit C for its disease-specific care from:

- David Strassner, MD, Absolute Elder Care
- Pablo Suazo, Director of Residential Services, Bridgewater Park Assisted Living
- Cara Fitzgerald, Director, Timberidge Center for Rehabilitation and Healing
- Amanda Wimes, NHA, Assistant Healthcare Administrator, The Club Health and Rehabilitation Center

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- Christian Webber, Executive Director, The Lodge Health and Rehabilitation Center
- Satyendra Raghaw, MD, Co-Medical Director, The Lodge Health and Rehabilitation Center

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

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

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

Additionally, Arc Hospice cites the conditions that support this effort:

- 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 and will be supplemented with a \$10,000 annual funding commitment for, at a minimum, the first five years of operation
- commits \$10,000 annually for a period of five years for hosting quarterly community educational programs specifically for the Hispanic and African American communities

With respect to the specific care for the Hispanic community, Arc Hospice discusses the barriers often met with this population and uses data (Figure 31 on page 84) from the Office of Economic & Demographic Research, Florida Legislature for CYs 2025 and 2030. As of 2025, Service Area 3B has 414,315 Hispanic residents, 124,926 of whom are aged 65 and over. Hispanics are projected to have a growth of

approximately 5.6 percent by 2030, including a projected growth of approximately 28.9 percent for the elderly age cohort. Arc Hospice states that Hispanics accounted for approximately six percent of the acute care discharges to hospice, yet only 111 Hispanic patients were discharged to hospice, or approximately six percent of the acute care discharges of the total 2,029 in 2023. Further, Hispanic patients discharged to hospice accounted for less than two percent of all Hispanic patient discharges.

Arc Hospice next uses Office of Economic & Demographic Research, Florida Legislature projections for CY 2025 to show that 59,273 residents of Service Area 3B are Black/African American with 9,293 falling in the age 65 and over population. Figure 34 shows that 153, approximately eight percent, Black or African American patients were discharged to hospice of the total 2,029 patients in 2023. The applicant argues that despite accounting for approximately 12 percent of all discharges in 2023, fewer Black or African American patients were discharged to hospice compared to the White cohort which accounted for approximately 79 percent of all discharges and approximately 86 percent of patients discharged to hospice.

Pages 87 - 90 contain excerpts of its letters (in Exhibit C) supporting the need for Arc Hospice to develop hospice programs for diverse patient populations with varying cultural beliefs from

- Keith Perry, State Senator, District 9
- Ben Marciano, Mayor, City of Ocala
- Marcus Williams, Health Liaison & Community Activist, On Behalf of Island Doctors
- Christian Webber, Executive Director, The Lodge Health and Rehabilitation Center
- Joseph Robbins, DO, Board Certified in Internal Medicine, Synergy Medical Group

Arc Hospice concludes that the identified gap in access to care, including hospice care for the Hispanic and African American residents of Service Area 3B is apparent and that it is prepared to bridge the gap and have a positive impact on hospice care for these underserved patient population.

Arc Hospice addresses Service Area 3B's homeless and low income populations noting that Marion County has a high rate of homelessness and states that it will meet with organizations Marion County that provide outreach and shelter to the homeless population in the area, including organizations that provide meal support and other support services for the homeless population in the area, in order to develop a targeted hospice program that will enable its care teams to provide hospice services to patients where they reside, whether in an emergency

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shelter, safe haven, or transitional housing. Specifically, it will allocate \$10,000 annually for five years to organizations in Marion County which support unfunded and undocumented community members by providing an array of medical services. These collaborations will not only benefit the low-income population, but also many of the other specific populations Arc has identified as having gaps in end-of-life care in Service Area 3B.

Arc Hospice adds that it will develop a collaborative program with health care organizations in Service Area 3B that will assist the Department of Health patients and that its experienced staff members will assist patients that are often low income and homeless with advanced illness to help navigate the health care system, link them to the right level of care at the right time, and identify patients who are medically eligible for hospice earlier in their disease process.

The applicant states that its experienced staff members with expertise in community resources, end-of-life and grief care, and advance directives as well as skills in caregiving and education will serve as in assistance to this Department of Health collaboration on DOH main campus and satellite clinics throughout Service Area 3B. Further Arc Hospice will develop a targeted hospice program that will enable its care teams to provide hospice services to patients where they reside, whether in an emergency shelter, safe haven, or transitional housing.

Service Area 3B's veteran population is discussed, and Arc Hospice states it will develop a specialized veteran's program in Service Area 3B and collaborate with area veterans' organizations. The applicant contends there is an inherent need for many palliative care and hospice resources to be able to provide care and support for Service Area 3B veterans and their families/caregivers and that 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 35,948, or about three percent of Service Area 3B total residents who are veterans. Approximately 21,943 are 65 years or older, which is approximately three percent of the state's total. Arc Hospice shares that Service Area 3B's veteran population is projected to decline from 2024 and 2028, likely due to a variety of factors, including the aging veteran population ultimately increasing deaths.

The applicant produces Figure 37 (U.S. Department of Veterans Affairs) on page 93 noting that the 2020 United States Department of Veterans Affairs Veteran Population Projection Model shows that in 2024, veterans aged 65 and older in Service Area 3B account for approximately 61

percent of the total veteran population. Arc Hospice concludes that Service Area 3B's increasingly aging veteran population will result in increased need for hospice.

The applicant continues its discussion of its patient centered care approach which includes four primary areas – physical, emotional, social, and spiritual needs. Excerpts of its support letters are included on the application's pages 95 - 96 in support of Arc Hospice's commitment to patient-centered care. These were from Joseph Robbins, DO, Board Certified in Internal Medicine, Synergy Medical Group, Sidney E. Clevinger, MD, Family Medicine Physician, Board of Trustees, HCA Florida Ocala Hospital and a Marion County resident.

Arc Hospice's Figure 39, page 96 lists Service Area 3B's 12 nursing homes with 1,620 licensed beds. A discussion of hospice and nursing home collaboration is provided, with Arc Hospice 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. The applicant'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 Hospice states that it has "established working relationship with area nursing homes in the service area and will continue to develop these relationships as well as others to improve access for high acuity patients." The applicant adds that the operator of The Club Health and Rehabilitation Center, a 68-bed community nursing home has expressed a willingness to provide general inpatient beds. (Exhibit G)

Excerpts from Arc's original letters (in the application's Exhibit C) are included on pages 98 – 103 of the application from:

- Amanda Wimes, NHA, Assistant Healthcare Administrator, The Club Health and Rehabilitation Center
- Cara Fitzgerald, Campus Admissions, Hawthorne Assisted Living
- Pablo Suazo, Director of Residential Services, Bridgewater Park Assisted Living
- Satyendra Raghaw, MD, Co-Medical Director, The Lodge Health and Rehabilitation Center
- Cara Fitzgerald, Director, Timberidge Center for Rehabilitation and Healing
- Carissa Meadows, Sales and Marketing Director, Hampton Manor Senior Living

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- Ruth Bermudez, Assistant Executive Director, Prestidge Manor Assisted Living
- Christian Webber, Executive Director, The Lodge Health and Rehabilitation Center

Arc Hospice states that it will develop relationships with local hospitals and lists Service Area 3B's seven hospitals with 1,149 licensed beds in Marion County. The applicant contends that "through its relationships with health care providers including area hospitals", it "will bring the potential for a powerful integration of high acuity palliative and hospice care" to Service Area 3B.

Arc Hospice 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 41, "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's hospital discharge data is addressed earlier in this response.

Arc Hospice states that through it developing relationships with area hospitals and nursing homes and integrating hospice into the continuum of care that it will provide numerous benefits such as:

- Improved understanding about the resources available for physicians, staff, patients, and families
- Facilitate and improve access to quality hospice services, including high acuity patients
- Readily available resources for palliative care
- Enhance patient satisfaction throughout the continuum of care
- Decrease overall patient costs

Arc Hospice cites several studies and data² to support that many patients eligible for hospice care are either never referred or referrals are not made on a timely basis. The applicant confirms that Arc staff will work to educate patients, families, physicians, and others about hospice as a compassionate alternative to care in a hospital or nursing home and indicates the results will be:

² 2007 Duke University Study published in Social Sciences & Medicine study, a 2020 study by Trella Health, and a Hospice Use, Hospitalization, and Medicare Spending at the End-of-Life study published in 2016 and 2018 in The Journals of Gerontology along with data from the 2023 National Association for Home Care & Hospice (NAHC) and the National Hospice and Palliative Care Organization (NHPCO).

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- Increase access to professional community-based bereavement services -maximizing use of health care resources in a cost-effective manner that is beneficial to the patient. Arc Hospice will serve to raise awareness of hospice as a patient and family option in Service Area 3B.
- Promoting Education - Arc plans to initiate a comprehensive and ongoing education program that is targeted to providing information and ease of access to physicians, nurses, and other patient referral sources. Staff are encouraged to maintain ongoing memberships in hospice organizations (not identified) and to participate in continuing education courses including but not limited to its online education program. Arc Hospice will use Relias Learning as a key component of its staff training plan for orientation, annual education, ad hoc education, state education requirements, in-house education, workshops, and seminars, coaching and mentoring, certification programs and other ongoing education. Arc Hospice adds that it has conditioned this response. Arc Hospice adds that its staff training plan consists of orientation courses and annual mandatory training selected based on job description to comply with state and accreditation standards, Medicare guidelines, and company policy
- Integration of Information Systems - Arc Hospice will provide in addition to previously mentioned technologies, resources that are related to information systems, including electronic medical records (EMRs) which will enable it to:
 - Decrease expenditures through cost avoidance, such as reduction in hospital admission reductions due to better care management and increased quality and efficiency in care documentation
 - Improve program oversight through more complete and uniform care documentation, which will be immediately available in real time and accessible remotely
 - Identify and monitor best practices throughout the program

Additional benefits Arc Hospice state that its management and staff receive from this EMR system will be:

- Immediate access to the patients' records
- Improved administrative oversight through more efficient monitoring of patients' changing condition and a proactive response to patients' problems
- Improved quality, consistency, and accuracy of documentation

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- Improved staff satisfaction and retention
- Easier work processes
- Ability to track and trend quality data and complete quality audits in a timely manner

Arc Hospice shares that its mission is to provide compassionate, high-quality end-of-life care to those who are facing life limiting illnesses and to support their families with dignity, respect and understanding and that its vision statement is to create a supportive and dignified environment where both patients and families can find comfort and peace in the face of life's greatest challenges.

The applicant states this will be achieved by accomplishing the following goals:

1. To provide comprehensive, best in class end-of-life care that meets the physical, emotional, and spiritual needs of patients and their families.
2. Increase access to culturally competent care for Black/African American, Hispanic, and Jewish communities.
3. To create an environment of respect and caring that honors the wishes of the patient and their family.
4. To provide education and resources to families on the physical and emotional aspects of end-of-life care.
5. To collaborate with other health care providers to ensure the best possible care for our patients, families, and community.
6. To offer support and advocacy for those who are facing life-limiting illnesses.
7. To operate in a compliant environment, adhering to all applicable laws, statutes, and regulatory requirements.

Arc Hospice provides that to be able to deliver the highest level of quality care to those patients at the end of their life and their loved ones, it cultivates the following core values:

- **Quality Care:** Arc Hospice believes in total commitment towards quality of care for all constituencies: patients, families, community, and each other
- **Compassion:** Compassionate Care is at the very heart of what Arc Hospice does and why Arc Hospice exists. Compassionate Care values human dignity. It is doing the right thing for the right reason and differentiates Arc Hospice from all other providers

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- **Competence:** Competent Care is the first essential step to providing Compassionate Care. It is Arc Hospice's leading edge and is cost competitive with any other credible provider
- **Community:** Community support is Arc Hospice's ultimate edge in providing Compassionate Care. It enables Arc Hospice to constructively enlist the collaborative support of volunteers and other community entities, creating the capacity to meet community needs
- **Creativity:** Creativity is tapping the brilliance within individuals and the community to generate ideas that will continually improve Compassionate Care in the face of all that might challenge it

Arc Hospice confirms that it will offer palliative care services which are described in detail beginning on page 112 and include education and awareness, partnerships, volunteer engagement, and community outreach. Arc Hospice will allocate \$10,000 per year for three years to facilitate reliable and cost-effective transportation options where it is a barrier to service.

The applicant will collaborate with area mental health providers to ensure that mental health patients in need of hospice and palliative care.

Bereavement services are an integral part of hospice and Arc hospice intends to provide 100 percent of its patients the option for bereavement care and states that it has already begun cultivating relationships with the community. Arc Hospice's bereavement services may include individual counseling, family counseling, grief counseling, spiritual counseling through internal chaplains and partnership with local pastors and community leaders.

Additionally, Arc Hospice provides a range of palliative arts programs including

- Music therapy
- Pet therapy
- Massage therapy
- Storytelling
- Air Aromatherapy
- Relaxation techniques
- Art therapy
- Reiki and energy healing
- Mindfulness and meditation
- Gentle exercise and stretching

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Arc Hospice details other specialized programs including but not limited to:

- Vigil program
- Skilled Nursing Facility/Assisted Living Facility Care Collaboration Program
- We Honor Veterans
- Hospice for Veterans, Homeless and Indigent
- Arc Bridge: Early Intervention Program
- Medical Equipment
- Specialized Program for the Jewish Population
- Cultural Connections and Cultural Liaison (Outreach to Hispanic and African American Communities)
- Volunteers

Excerpts from the original letters submitted located in the application's Exhibit C of its letters of support expressing the need for a hospice provider such as Arc Hospice to provide hospice education to Service Area 3B are located on pages 126-143. These excerpts are repeats introduced earlier in the application.

Arc Hospice responded to Health Care Access Criteria on the application's pages 143 and 144.

The applicant presents Figure 42, page 145, using Agency Population Estimates and Projections by AHCA District, 2020-2030, January 2024. to display how need for Service Area 3B was determined and provides:

- To project deaths for 2025 - 2026, the death rate for the January 2026 planning horizon was applied to population estimates
- To calculate the projected deaths by cause and age, the distribution of resident deaths for 2022 was applied to the total projected resident deaths each year
- To project volume, the statewide use rates (penetration rates) by cause and age used in the January 2026 planning horizon were applied

Figure 42, page 145, uses Agency data showing the projected annual market volume of hospice admissions generated by Service Area 3B residents in 2025 - 2026 is 4,799 and 4,881, respectively.

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**Service Area 3B
Projected Hospice Market Volume
2025 - 2026**

	2020	2021	2022		
Service Area 3B Resident Deaths	6,129	7,068	6,304		
Service Area 3B Total Population	371,284	383,495	394,480		
Service Area 3B Death Rate	0.016508	0.018430	0.015981		
Service Area 3B Rate, 3-Year Average			0.016968		
	2025	2026			
Service Area 3B Total Population	409,030	416,187			
Service Area 3B Projected Deaths	6,940	7,062			
	<u>Cancer</u>		<u>Non-Cancer</u>		
	<u>Under 65</u>	<u>65+</u>	<u>Under 65</u>	<u>65+</u>	<u>Total</u>
Service Area 3B Resident Deaths 2022	288	951	1,095	3,970	6,304
Service Area 3B Projected Deaths					
2025	317	1,047	1,206	4,371	6,941
2026	323	1,065	1,227	4,447	7,062
Statewide Use Rate	0.834	0.975	0.202	0.748	
Projected Need/Volume of Hospice Patients Generated by Service Area 3B					
2025	264	1,021	244	3,270	4,799
2026	269	1,038	248	3,326	4,881

Source: CON application #10813, Figure 42, page 214, Agency Population Estimates and Projections by AHCA District, 2020-2030, January 2024 Release. Data for January 1.

Arc Hospice contends there will be minimal impact on existing providers, projecting it will achieve 216 and 317 admissions and market shares of 4.5 and 6.5 percent in 2025 and 2026, respectively. See the tables below.

**Service Area 3B — Arc Hospice
Projected Utilization
Project Years One - Two (2025 - 2026)**

Projected 3B Hospice Admissions	4,799	4,881
Arc Hospice 3B Projected Market Share	4.5%	6.5%
Arc Hospice 3B Projected Hospice Admissions	216	317

Source: CON application #10813, Figure 43, page 146.

The applicant states that Figure 44 shows historical market share of the three existing providers, adjusted market shares after Arc Hospice's implementation, and projected volumes for all Service Area 3B providers in Project Years One and Two of operation of its Service Area 3B program.

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**Service Area 3B
Projected Utilization by Provider
2025 - 2026**

Hospice Market Share (12-Mos Ended June 2024)	Admissions	Share
Cornerstone Hospice & Palliative Care Inc*	414	10.2%
Gentiva*	544	13.4%
Hospice of Marion County Inc	3,090	76.3%
Service Area 3B Hospice Admissions	4,048	
Projected Market Share	2025	2026
Cornerstone Hospice & Palliative Care Inc*	9.8%	9.6%
Gentiva*	12.8%	12.6%
Hospice of Marion County Inc	72.9%	71.4%
Arc Hospice	4.5%	6.5%
Service Area 3B Market Share	100.0%	100.0%
Projected Admissions	2025	2026
Cornerstone Hospice & Palliative Care Inc*	469	467
Gentiva*	616	613
Hospice of Marion County Inc	3,498	3,484
Arc Hospice	216	317
Service Area 3B Hospice Admissions	4,799	4,881

Source: CON application #10813, Figure 44, page 146, from Agency data.

*Note: Three of the hospice providers in Service Area 3B serve patients in other service areas. As such, admissions for Service Area 3B as a percent of total admissions for each hospice were calculated to estimate the distribution of cases by provider.

Arc Hospice reiterates that its project responds to a fixed need pool for an additional hospice program in Service Area 3B in which the demographic has a strong population base and a growing 65-plus population adding that it is “the best applicant to meet the established need, and adding the proposed hospice to the continuum of health care offerings is a natural progression for the applicant.”

Bristol Hospice – Marion County, LLC (CON application #10814) cites data to substantiate the need for its proposed hospice program in Marion County.

- **FNP:** The Agency’s statewide hospice utilization rates to project hospice admissions - This projection (4,880 admissions) exceeds the current service area capacity (4,048 admissions) by 832 admissions during the January 2026 to December 2026 planning period. Additionally, there haven't been any new hospice agencies approved in Marion County in the past two years. Both factors surpass the AHCA's benchmark for additional hospice need (net need exceeding 350 admissions).
- **Marion County's Demographics:** Marion County's growing elderly population will further increase the demand for hospice services and potentially change the types of services needed.

- **Addressing Additional Needs:** Bristol has identified specific needs within the community that its program aims to address. A comprehensive community needs assessment (detailed elsewhere in the application) explores these gaps in greater detail. Here's a summary of those needs:
 - Growing elderly population
 - Facility-based patients requiring hospice care
 - Patients with specific needs (Alzheimer's, Parkinson's, other neurological diseases, cancer, stroke)
 - Racial and ethnic minorities with lower hospice utilization rates
 - Low-income residents with lower hospice utilization rates
 - Large veteran population
 - Significant numbers of residents with specific religious identities

Marion County's demographics make it clear: a rapidly growing population with a significant shift towards an older age bracket. This section of the application by Bristol explores how these trends translate into a growing need for hospice care.

Marion County Profile: Marion County, situated in North-Central Florida, is bordered by Sumter, Lake, Putnam, Alachua, Levy, and Citrus counties. It ranks as the fifth largest county by land area; however, according to data from 2020, it is the 18th largest in terms of population, with a total of 375,908 residents. Ocala serves as both the county seat and the primary population center, housing approximately 65,000 individuals. Belleview is the next most populous city in Marion, with just over 5,000 residents. Notably, over 80 percent of the population resides in unincorporated areas, contributing to a relatively low population density of around 237 persons per square mile. Consequently, Marion is characterized as a rural county, with a significant portion covered by Ocala National Forest. The applicant includes Figure 1, a map of Marion County on page 26 of the application.

Shifting Age Demographics: The demographic landscape of Marion County is evolving, particularly with shifts in the age structure of its population, which may lead to an increased demand for hospice services. Population estimates and projections for Marion County residents, categorized by age, are detailed in Table 5 on page 27.

As illustrated in Table 5, the estimated population of Marion County is expected to experience an annual growth rate of approximately 1.5 percent between 2022 and 2025. The forecast suggests a continued growth rate of around 1.3 percent annually from 2025 to 2030, followed by a decline to about one percent per year from 2030 to 2035.

Significantly, individuals aged 65 and older comprise over 30 percent of Marion's total population. Table 5 indicates that the number of residents within these older age groups is projected to expand at a faster rate over time through 2035. Specifically, there is anticipated to be more than a 25 percent increase in the population of Marion residents aged 75 and older from 2022 to 2030, suggesting a demographic shift towards older age groups within the county.

Marion County's demographic trends indicate a significant shift toward an older population, with projections suggesting that the proportion of residents aged 65 and over will rise from approximately 30 percent to 35 percent over time. This change, which reflects an aging population base, aligns with findings from Figure 2 on page 27 and has implications for the demand for hospice services in the region. While the Agency's need methodology accounts for age distribution changes only through 2023, it does not incorporate the anticipated shifts over the next decade. Moreover, within the 65+ age group, a larger share is expected to fall into the oldest age categories, compounding the demand for hospice services.

Table 6 on page 28 illustrates U.S. hospice use rates by age as of 2015-2016, revealing that hospice utilization increases significantly with age. For instance, only 5.5 percent of those under 65 utilized hospice services compared to nearly 48 percent of individuals over 85. As Marion County's population continues to age, a greater proportion of residents will likely seek hospice care, reflecting the aging trends noted in Table 5.

Forecasts for hospice patient age distribution in Marion County are presented in Table 7 (also on page 28), which highlights the expected demographic changes in the hospice patient population through 2025, 2030, and 2035. The results show that:

- The percentage of hospice patients under 65 is projected to decline from 2.09 percent in 2025 to 1.64 percent in 2035.
- For those aged 65 to 74, the proportion is expected to decrease slightly over the years, from 15.62 percent in 2025 to 12.93 percent in 2035.
- Conversely, the share of patients in the 75 to 84 age group will remain relatively stable, projected at around 35 percent for 2025 and 2030, increasing marginally to 33.57 percent by 2035.
- Notably, the percentage of hospice patients aged 85 and older is anticipated to rise significantly, from 46.79 percent in 2025 to 51.86 percent in 2035.

These projections underscore the growing need for hospice services among older populations in Marion County, emphasizing the importance of accommodating the specific needs of an aging demographic. As hospice usage rates are directly correlated to age, an increase in older residents is expected to translate into a heightened demand for such services.

From Table 7, the number of hospice patients over the age of 85 is expected to represent about 47 percent of all hospice patients in 2025, growing to over half of the total hospice population by 2035. This shift in the age distribution of hospice patients has critical implications for the types of patients a hospice agency will serve and their specific care needs.

These trends align with the findings of the 2022 Marion County Community Health Needs Assessment, which, given the size of Marion's elderly population, identified Healthy Aging as one of its four "strategic priority issues." This focus emphasizes addressing supportive and care-related issues for the aging population, including services for individuals with Alzheimer's Disease and Dementia, as well as housing and temporary sheltering for senior citizens in need.

Considering the age structure of Marion's resident population, it will be essential for hospice services to be tailored specifically for elderly individuals to enhance hospice access for residents. Bristol will implement targeted services and programs aimed at elderly individuals, including specialized care for Alzheimer's and Dementia. The organization plans to apply its palliative care programs to close existing gaps in service delivery while coordinating with ALFs, SNFs, and other senior care providers to ensure that residents of these facilities have adequate access to hospice services.

Many elderly individuals do not reside in their own homes but rather in facilities such as ALFs and SNFs. According to CMS statistics, approximately 40 to 50 percent of hospice patients in Marion County receive care in these types of settings. Individuals in ALFs and SNFs often encounter various barriers to accessing hospice services, including the lack of immediate family support, cognitive and physical deficits, and insufficient caregiver education. Consequently, ensuring access to hospice care in these SNFs is critically important for Bristol and will be a major focus area for its Marion agency.

In line with this focus, Bristol has already established relationships with multiple facilities in Marion County, and many organizations have expressed their support for Bristol's programs and unique services.

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Letters from these facilities and individuals are included in Exhibit 2. Selected highlights from these endorsements are as follows:

"I believe Bristol Hospice would provide excellent end-of-life services with additional support that isn't currently available, responding to referrals within an hour and admitting clients within four hours."

— Michael Walker, Executive Director, Palm Garden of Ocala SNF

"Bristol Hospice offers specialized services, including dementia and nighttime programs that exceed what is available in our community."

— Nayarm Singh, Administrator, Marion Oaks Assisted Living

"After speaking with Bristol's team and learning about their high standards of care, we are eager for the services they can bring to our community."

— Brian Rest, General Manager, Holiday Retirement Senior Living Community

"Our aging population needs better hospice care, and Bristol's unique programs like Bright Moments and Sweet Dreams offer essential assistance and support to help residents maintain their independence."

— Fipe Mohammed, Administrator, Harbor House of Ocala ALF

"I chose Bristol Hospice for my father and grandmother due to the excellent care they provide. I have only received compliments about their services from residents and families."

— Joel Bradley, ALF Manager for Beehive Homes

"Bristol Hospice has a well-known reputation for quality, and their presence in Ocala would greatly benefit our residents."

— Kathy Earnest, Harmony House of Ocala

Bristol will collaborate with SNFs, ALFs, Adult Family Care Homes, and other facilities to enhance hospice access for residents. For individuals living at home, we will provide in-home hospice care, allowing them to remain in their residences as long as they choose.

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Bristol is committed to several actions to ensure high-quality care for Service Area 3B's elderly patients in the home and facility-based settings, including:

- High level of care provided by nurses & hospice aides (Condition 1)
- Outreach and education for ALFs, SNFs, and other senior care providers (Condition 4)
- Mobile Outreach Unit for Marion's rural communities (Condition 6)
- Funding transportation for hospice patients, particularly in rural areas (Condition 8)
- Palliative Care via Bristol's Advanced Illness Management Program ("AIM") (Condition 17)
- Sweet Dreams program for improved hospice patient outcomes (Condition 18)
- Equine Therapy (Condition 19)
- Virtual Reality Program (Condition 24)

The 2022 Community Health Needs Assessment (CHNA) for Marion County reveals significant health challenges faced by residents, characterized by a high prevalence of chronic conditions such as arthritis, cancer, cardiovascular disease, COPD, and depression. Marion County's mortality data indicates that heart disease and cancer are the leading causes of death, accounting for 26.4 percent and 20.4 percent of fatalities, respectively and the county has higher proportions of deaths related to heart disease, unintentional injuries, chronic lower respiratory disease, Alzheimer's disease, and diabetes than the state.

Particularly noteworthy are the statistics regarding residents aged 65 and older. Within this demographic, heart disease accounts for 32.5 percent of deaths, followed by cancer at 19.8 percent. Other significant causes of death in this age group include respiratory diseases (8.5 percent), Alzheimer's and other nervous system disorders (8.3 percent), COVID-19 (6.5 percent), endocrine disorders (5.6 percent), and strokes and cerebrovascular accidents (3.2 percent). Bristol concludes this demonstrates the pressing need for targeted health care interventions and community resources in Service Area 3B to address these prevalent health issues.

The applicant recognizes that the demographic composition of the population, combined with the primary causes of mortality, suggests an increasing percentage of hospice patients suffering from specific diagnoses. Consequently, the applicant acknowledges the necessity for its agency to place greater emphasis on these areas. Bristol's analyzes of the current distribution of Marion County hospice patient diagnoses shows the predominant diagnoses are circulatory/heart diseases

(approximately 28 percent), cancer patients (23 percent), Alzheimer's and other nervous system diseases (17 percent), respiratory diseases (11 percent) and stroke/cerebrovascular accidents (seven percent) of hospice admissions, respectively.

Bristol Hospice notes that discrepancies may exist between a patient's diagnosis at the time of hospice admission and the stated cause of death. As a result, it is generally challenging to establish reliable rates of penetration or treatment for most diagnoses. However, cancer represents an exception, as relevant data is directly gathered from Florida hospice agencies by the Agency for Health Care Administration. The applicant's Table 9 on page 33 illustrates that in 2022, Marion County hospice admissions for cancer patients accounted for less than 80 percent of cancer-related deaths, compared to Florida's approximately 90 percent. The applicant acknowledges that factors such as multiple admissions for the same patient and deaths of individuals admitted in the previous year may influence the estimated penetration ratio. Despite these factors, the data indicate that a comparatively lower percentage of cancer patients in Marion County utilized hospice services in 2022.

In addition, non-cancer patients exhibited even lower penetration rates, both in comparison to cancer admissions and in relation to the overall state figures, where the penetration rate for non-cancer diagnoses was about 60 percent. Bristol forecasts that cancer will be a significant area of need for hospice services between in 2026, with an expected 219 cancer patients requiring hospice care. This figure represents approximately 25 percent of the total unmet need for hospice services during that period. To further refine the unmet need by diagnosis, the applicant applies the distribution of hospice admissions to the unmet need estimates. The projected unmet need (832 admissions) by primary diagnosis for 2026 are detailed on the application's page 34 Table 11 summarized below.

- Circulatory/Heart: 27.9 percent with 232 admissions
- Cancer: 22.6 percent with 188 admissions
- Alzheimer's, Parkinson's & Other Nervous System Diseases: 17.2 percent with 143 admissions
- Respiratory: 11.1 percent with 92 admissions
- Stroke/CVA: 7.4 percent with 61 admissions
- Other: 14.0 percent with 116 admissions

Based on these estimates, the applicant anticipates that most patients will fall within the diagnoses of circulatory/heart disease, cancer, and Alzheimer's and other nervous system diseases. Alzheimer's, Parkinson's, and other nervous system diseases represent a smaller proportion of overall deaths (eight percent of deaths compared to 17

percent of patients aged 65 and older), this discrepancy can be attributed to a combination of patient comorbidities and a tendency for these patients to have longer hospice stays. The findings in the applicant's Table 12 are summarized below.

- Cancer: ALOS of 51 days; Median LOS of 16 days
- Neurological: ALOS of 155 days; Median LOS of 38 days
- Heart/Circulatory: ALOS of 104 days; 18 days Median LOS
- Chronic Obstructive Pulmonary Disease (COPD): 140 days ALOS and median LOS of 32 days
- Other: ALOS of 51 days; Median LOS of 7 days

The data in Table 12 reveal significant differences in hospice use based on diagnosis. Notably, cancer patients experience the shortest hospice average length of stay with a median 16-day LOS, suggesting that they tend to transition into hospice care at a later stage. In contrast, patients with heart/circulatory diseases exhibit a slightly longer median LOS of 18 days, but neurological patients have the longest median stay at 38 days, highlighting their need for more extended hospice support.

Bristol Hospice notes that while the ALOS for hospice patients varies significantly by diagnosis, many patients overall tend to have shorter stays. However, some individuals, particularly those with neurological conditions like Alzheimer's, require extended hospice care and the applicant anticipates the prominence of age-related diseases, especially neurological disorders characterized by brain degeneration will have a six percent increase in hospice patients with this diagnosis from 2025 to 2035, based on age-specific prevalence data from the Alzheimer's Association. This trend underscores the pressing need for hospice services tailored to the unique requirements of patients with Alzheimer's and similar conditions.

Given the anticipated significant unmet hospice needs for cancer patients in Marion County, the applicant emphasizes the critical importance of timely access to hospice services. To address these needs, Bristol plans to implement a comprehensive Cancer Care program. This initiative will include specialized training for nurses, social workers, chaplains, and aides, enhancing their expertise in oncology care. Additionally, Bristol will engage oncology specialists, such as ARNPs or physicians, to lead education and outreach efforts directed at oncology offices and treatment providers. This outreach aims to facilitate prompt access to hospice services for cancer patients.

Similarly, Bristol is attentive to the needs of patients with circulatory and heart diseases, which are also expected to demonstrate significant unmet hospice needs in the area. To support this patient population, Bristol

states it will roll out a cardiovascular program that incorporates a unique cardiac protocol. This program will feature annual training for hospice staff and involve collaboration with cardiovascular specialists to educate health care professionals, support groups, and senior care facilities. The goal is to ensure that caregivers and the larger health care community are informed about the benefits of hospice care for families and patients coping with heart disease and related conditions.

Finally, recognizing the anticipated need for hospice services among patients with neurological conditions, Bristol plans to support these individuals through its Bright Moments program. Given the extended LOS often associated with neurological diagnoses, this program will ensure that patients receive the appropriate care and resources throughout their hospice experience, maintaining quality of life and dignity at the end-of-life.

Bristol's partnership with Purple Flag aligns with its mission to enhance the quality of care for patients with dementia and Alzheimer's disease. The Bright Moments program is tailored specifically for patients experiencing end-stage dementia, reflecting a commitment to improving support for these individuals and their families. The program emphasizes innovative strategies and tools that aim to foster a better quality of life for patients while also equipping staff and caregivers with essential knowledge and skills.

Purple Flag serves as an accreditation program designed to elevate the standards of care for providers serving individuals with Alzheimer's and other dementias. Through this collaboration, Bristol seeks to ensure that its staff receives comprehensive education in dementia care, which, in turn, helps to guarantee that patients achieve the highest possible quality of life within hospice settings.

Bristol's commitment to address disease-specific needs in Marion County involves a series of targeted initiatives:

- 1. Specialized Cancer Care Program:** This program includes specialized yearly training for nurses, social workers, chaplains, and home health aides, ensuring that the staff is well-equipped to meet the unique demands of cancer patients.
- 2. Cancer Patient Outreach:** The program will involve outreach efforts led by oncology specialized Advanced Registered Nurse Practitioners or physicians to facilitate timely access to hospice services for cancer patients.

3. Bright Moments for Dementia and Neurological Conditions:

Through this program, Bristol provides dedicated support for patients with Alzheimer's, dementia, and other neurological conditions, enabling them to receive personalized care tailored to their specific needs.

4. Specialized Cardiovascular Program with Patient Outreach:

This initiative includes a comprehensive program focused on cardiovascular diseases, which will also incorporate outreach efforts directed at health care professionals and community members to raise awareness of hospice care options for patients suffering from heart conditions.

Through these strategic actions, Bristol demonstrates its dedication to delivering high-quality, specialized care for vulnerable patient populations in Marion County. By focusing on training, outreach, and partnerships, Bristol aims to enhance the overall hospice experience for patients and their families, ensuring that individuals facing serious illnesses receive compassionate and informed support tailored to their unique circumstances.

Hospice access is significantly influenced by social determinants of health, which refer to the conditions where individuals live and age that ultimately affect their health outcomes. A person's circumstances are largely shaped by the distribution of resources, and poverty can severely limit access to essential health services, transportation, education, safe neighborhoods, and other critical resources. These social determinants often vary by race and ethnicity, leading to disparities in access to and utilization of hospice services across different demographic groups. Consequently, the diversity of minority and low-income populations is a crucial consideration in expanding hospice access for residents of Marion County. Additionally, the intersection of poverty and race means that poorer neighborhoods frequently comprise non-White populations.

In examining the demographics of Marion County, Bristol Hospice finds that it is less diverse compared to the overall population of Florida. According to recent census data, 81.4 percent of Marion County residents identify as White, while only 76.8 percent of Florida's population falls into this category. The minority populations in Marion are predominantly Black (13.7 percent) and Hispanic (17.6 percent). The Hispanic population is more evenly distributed throughout Central Marion County, while the Black population is predominantly located in Northern Marion County.

For further insight, Table 13 on page 36 presents a summary of the Marion County's 2024 population by race, ethnicity, and gender. Findings include:

- **Gender Distribution:** Males account for 48.3 percent of the population, while females make up 51.7 percent.
- **Race and Ethnicity:** The breakdown reveals that 81.4 percent of residents are White alone, 13.7 percent are Black or African American alone, and smaller percentages identify as American Indian and Alaska Native (0.6 percent), Asian (1.9 percent), or Native Hawaiian and other Pacific Islander (0.1 percent). Individuals identifying with two or more races comprise 2.3 percent.
- **Hispanic or Latino Population:** In terms of ethnicity, 17.6 percent of residents are Hispanic or Latino, with a significant portion (87.5 percent) identifying as White alone within this demographic. Non-White Hispanics account for 12.5 percent.
- **White Alone, not Hispanic or Latino:** This group represents 66.0 percent of the Marion population compared to 52.3 percent statewide.

The environmental and social conditions vary significantly for minority communities in Marion County. According to a Community Health Needs Survey conducted in August 2022, Black, Hispanic, and low-income communities have faced substantial challenges in accessing primary care, dental care, and mental health services. Moreover, poverty rates are notably elevated among the Black and Hispanic populations in Marion, creating a compounding effect on their overall health outcomes. Bristol Hospice provides Table 14 on page 37 that provides 2023 poverty statistics by age and race/ethnicity for Marion County and Florida. Findings include:

- In Marion County, approximately 15.2 percent of the population lives below the poverty level, compared to 12.3 percent statewide in Florida.
- 36.6 percent of Marion County's population fall below 200 percent of the poverty level - significantly higher than the state's 29.6 percent.
- Percentage Below Poverty Level by Age:
 - For individuals aged 18 to 64 years, 13.8 percent in Marion County live below the poverty level, compared to 11.3 percent statewide.
 - Among those aged 65 years and older, the proportion is 10.4 percent for Marion County, slightly lower than the 12.1 percent rate in Florida.
- Percentage Below Poverty Level by Race and Ethnicity:
 - For individuals identifying as White, 13.1 percent in Marion County are below the poverty level compared to 9.7 percent in Florida overall.

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- Among Black or African American individuals, the poverty rate in Marion is 19.8 percent, compared to 18.0 percent statewide.
- The Hispanic or Latino population experiences a poverty level of 21.3 percent in Marion County, significantly higher than the 15.0 percent recorded for Florida overall.

From the data in Table 14, it is evident that approximately 15.2 percent of Marion County's population lives below the poverty line, and around 36.6 percent fall below 200 percent of the poverty level. These figures are roughly 25 percent higher than the corresponding rates for the state of Florida. Consistent with the findings documented in the Marion Community Health Assessment, poverty rates are disproportionately higher among minority populations. Nearly 20 percent of Black residents and 21 percent of Hispanic residents in Marion are estimated to live below the poverty level, with these rates being about 1.5 times that of White residents. Geographically, the most impoverished areas within Marion County are predominantly located in the Northeastern rural regions, highlighting the urgent need for targeted interventions in these communities.

Bristol Hospice presents findings from the University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps program reveal the effects of high poverty rates in Marion County. According to the 2024 data, residents experience a lower life expectancy of 74.4 years compared to 78.5 years in Florida, with Non-Hispanic Black individuals having the lowest at 72.8 years. Furthermore, the rate of preventable hospitalizations among Medicare enrollees is 163 percent of the county average for the Black population and 133 percent for the Hispanic population, indicating significant barriers to accessing necessary health services.

According to the Census Bureau's American Community Survey (ACS) Public Use Microdata Sample (PUMS) for 2018-2022, 12.0 percent of Hispanic and 13.0 percent of Black Medicare beneficiaries aged 65 and older in Marion County live at or below the poverty level, exceeding the county average of 8.71 percent. Additionally, 31.0 percent of Black Medicare beneficiaries in this age group live alone, compared to a county average of 25.2 percent. Regarding vehicle access, 5.5 percent of Hispanic and 10.2 percent of Black Medicare beneficiaries aged 65 and older lack access to a vehicle, while the county average is only 3.6 percent.

Socioeconomic determinants of health vary by race and ethnicity in Marion County, indicating that access to and use of hospice services is likely to differ among demographic groups. We present data from 2022 regarding overall deaths and deaths in hospice, categorized by dual eligibility and race and ethnicity for Medicare beneficiaries residing in

Marion County, as outlined in Table 15. While Medicare beneficiaries are predominantly aged 65 and older, the data may also include younger individuals.

Dual-eligible individuals are those who are dually enrolled in both Medicare and Medicaid programs. For the purposes of this analysis, this reflects individuals with incomes that do not exceed 200 percent of the Federal Poverty Level. In 2023, the Federal Poverty Level for a two-person household was \$19,720, while the median household income in Marion County was approximately \$55,265.

From Table 15 on page 39, the data shows that in 2022, there were 3,634 deaths of Medicare beneficiaries in Marion County who identified as White and were not dually eligible for Medicare and Medicaid. Among these, 2,200, or approximately 60 percent, died while receiving hospice care. In comparison, lower proportions of deaths in other demographic groups occurred while in hospice care. Among Dual-Eligible White individuals, about 59 percent died while receiving hospice services. For Black individuals, this rate was around 48 percent, which was even lower for dual-eligible Black individuals. The rate of hospice use for Hispanic individuals was around 50 percent.

The applicant states that if it creates a counterfactual scenario where all groups utilized hospice services at the same rate as White non-dual eligible individuals, it expects to see an additional 19 hospice patients among White dual eligible individuals, an additional 50 among Black individuals, an additional nine among Hispanic individuals, and an additional seven across other racial categories. The applicant concludes that Marion County would have had 94 additional hospice admissions if dual-eligible non-White individuals used hospice services at the same rate as non-dual eligible White individuals, which highlights a significant measure of lack of access to hospice services among these groups.

The outreach initiative set forth by Bristol aims to actively engage with the rural, low-income, and minority demographics in Marion County to enhance access to hospice services. Understanding the distribution of communities in the region is crucial for tailoring our efforts. Persons identifying as Hispanic are primarily concentrated in central Marion, Ocala, and the rural areas in the south, while Black or African American individuals predominantly reside in northern Ocala and north Marion

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County. Furthermore, the poorest areas tend to be in the north and rural northeastern parts of the county, where there is a significant overlap with the populations of both Black individuals and rural White residents.

To address the disparities in hospice service access, Bristol is committed to focusing its efforts on these underserved groups. Our outreach plan is built on the foundation of leveraging established relationships with SNFs, ALFs, and various senior care providers throughout Ocala and Marion County. By collaborating with these entities, we aim to disseminate vital information about hospice services, ensuring this information reaches those who would benefit the most.

Central to Bristol Hospice's strategy is the hiring of a dedicated Hospice community liaison. This individual will play a pivotal role in engaging with community partners to increase culturally competent care for minority and low-income populations. The liaison will coordinate outreach efforts and create a direct line of communication with patients and caregivers who may be interested in making referrals to hospice services. This outreach will extend to populations currently receiving home health services, personal care, and family care support, providing these individuals with the necessary information and encouragement to consider hospice care as an option. The community liaison will also focus on removing additional barriers related to income and sexual orientation. Providing culturally competent and compassionate support will help ease the burden of this difficult choice, ensuring that families feel respected and understood throughout the process.

Further enhancing the applicant's outreach efforts will be the development of a Mobile Outreach Unit to reach out to rural, low-income, and ethnically diverse groups in Marion County. This initiative aims to bring educational resources and support directly to underserved communities. By conducting onsite presentations, workshops, and informational sessions, the Mobile Outreach Unit will empower families and caregivers to make informed decisions regarding hospice services. This hands-on approach will foster trust and understanding, vital in cultivating relationships within these communities.

The applicant proposes to condition the project approval on investing \$400,000 to acquire, equip, and operate the mobile outreach unit, which will include at least one bilingual nurse and one bilingual social worker, ensuring effective communication with various populations. Staff will undergo training in cultural competency, awareness of hospice and palliative care, and community education. The primary focus of the unit will be to educate individuals about hospice and palliative care options,

alongside advance care planning. Its objective is to enhance awareness and understanding of these care options, facilitate the timely identification of hospice-eligible patients, and support caregivers.

Indigent individuals represent a considerable population in need within Marion, including both their own demographic and traditionally underserved minority groups. The applicant intends to provide free or discounted hospice care for those who require assistance but lack financial resources, thereby ensuring access to essential services for indigent patients in Marion County. Bristol's Charity Care policy is included in the application's Exhibit 4. Bristol also plans to allocate up to \$25,000 annually for bus vouchers and other transportation support for patient and family travel to medical appointments, support groups, and related hospice activities.

Bristol Hospice has made a commitment to various initiatives to ensure that residents of Marion County have access to hospice services. These initiatives include:

- Support from The Bristol Foundation to strengthen community ties.
- Staffing a dedicated Community Liaison to conduct outreach efforts specifically aimed at underserved communities.
- The creation and operation of a specialized mobile outreach unit designed to connect with rural, low-income, and ethnically diverse populations within the service area.
- The employment of bilingual staff and volunteers to facilitate communication.
- Funding to address patient and family transportation needs, particularly benefiting those in rural areas with limited access to public transportation.
- The provision of free or discounted hospice care for patients who are in need and lack financial resources.
- The strategic location of Bristol's Marion County Office, which is in proximity to underserved populations.
- The acquisition of Virtual Reality equipment and the development of patient-specific platforms that honor cultural backgrounds and provide unique cultural experiences otherwise unavailable.

Bristol Hospice has initiated outreach efforts and discussions with Marion County's community providers to gather support and feedback on the proposed hospice services project. This engagement aims to strengthen partnerships with various stakeholders in anticipation of becoming a recognized provider of hospice services in the area.

The applicant's Exhibit 2 includes letters from numerous community providers expressing strong support for Bristol's initiatives. For instance, Nayarm Singh underscores Bristol's commitment to delivering comprehensive services to all residents of Marion County, regardless of their financial circumstances. Moreover, the outreach specifically emphasizes specialized attention to Hispanic, Black, Cuban, and Asian populations, demonstrating Bristol's dedication to inclusivity and equity in health care service delivery.

Marion County is home to approximately 54,000 military veterans, with around 20,000 of them aged 65 and older, which accounts for about 14 percent of the county's population. This veteran population is expected to decline slightly over the coming years, primarily due to mortality rates, with estimates suggesting an annual net loss of approximately 480 to 560 veterans aged 65 and older. This represents about 10 percent of deaths in that age group, indicating that an increasing number of veterans will age into a higher care category. Bristol Hospice is planning to implement a specialized veteran care program, which will include honors ceremonies, life review projects, special events, and visits from veteran volunteers to provide camaraderie and companionship. Individual care plans will incorporate each patient's military history and preferences, ensuring that their unique backgrounds are acknowledged and respected. Staff and volunteers will receive ongoing education to ensure that care is veteran centric.

Bristol states it has Level 4 Partnership Certification with the We Honor Veterans program in its existing hospice operations and aims to achieve Level 5 Partnership Certification for its Marion County program within the first two years following licensure. According to Hank Whittier, Executive Director of Veterans Helping Veterans, Bristol Hospice stands out as a hospice provider that has successfully reached 4- and 5-Star partnership levels with the We Honor Veterans organization. He emphasized that having Bristol Hospice in the Ocala community would enhance the support available to veterans, highlighting the hospice's specialized programs that promote independence and allow veterans to stay in their homes as their care needs increase.

Marion County's diverse religious landscape, as documented in the decadal U.S. Religion Census conducted by the Association of Statisticians of American Religious Bodies, informs the development of denomination-specific hospice services in the area. This census involves collaboration with various religious groups across the United States, gathering data on congregational counts, attendance, and membership by county. Marion County's census reveals a rich array of religious traditions with the largest segment being Evangelical Protestant, with approximately 68,796 adherents across 236 congregations. Black

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Protestant communities also have a significant presence, with 9,113 members spread across 44 congregations. The Catholic community follows, with around 38,372 adherents and 12 congregations. Other religious groups represented include Mainline Protestants, Orthodox Christians, and Latter-day Saints, along with smaller populations of Hindus, Jehovah's Witnesses, Muslims, and Jews. The census indicates a total of 397 congregations in Marion County, serving about 144,220 adherents from various faith backgrounds.

Given this diversity, the design of hospice services in Marion County must take these varied religious traditions into account. Bristol Hospice states it is dedicated to offering culturally appropriate hospice care that aligns with patients' beliefs and religious identities. This commitment includes collaborating with local religious leaders to engage in education and outreach about hospice services. In some communities, particularly those with strong Judeo-Christian values, hospice care may be misunderstood as an indication of "giving up," which can lead to the dismissal of palliative care options. The applicant is planning to contract with local religious leaders—such as Rabbis, Priests, Mullahs, Pastors, and spiritual leaders from Hindu, Buddhist, and other faiths—to provide denomination-specific services that honor the religious identities of hospice patients and will seek to recruit volunteers from local religious communities to act as "cultural companions," enhancing culturally responsive care.

Although there is only one Jewish congregation in the county, comprising around 250 adherents, the customs and practices of Judaism hold significant meaning for its practitioners. To ensure sensitivity towards Jewish concerns in hospice care, Bristol Hospice is committed to obtaining certification from the National Institute for Jewish Hospice.

In summary, Bristol Hospice has outlined specific actions to ensure that residents of Marion County receive care that respects their religious beliefs and identities. These actions include providing denomination-specific services, pursuing certification from the National Institute for Jewish Hospice, and implementing a virtual reality program aimed at enhancing patient experiences. By doing so, it aims to uphold the cultural and spiritual needs of its patient population effectively.

Community Hospice of Northeast Florida, Inc. (CON application #10815) indicates that the need projections for Hospice Programs in Florida, specifically for the August 2024 Batching Cycle, support one new hospice program in Marion County, which is Hospice Service Area 3B.

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The associated data highlights that for CY 2026, the projected number of hospice patients is 4,880. In comparison, the current number of hospice patients from July 2023 to June 2024 is 4,048. This results in a difference of 832 patients, establishing a confirmed net need for hospice services in the area.

Population projections for Marion County spanning from 2025 to 2030 indicate notable growth trends. For the year 2025, the total population is expected to reach 411,258, with 281,460 individuals aged 64 and under and 129,798 aged 65 and over. Among those aged 75 and older, the population is projected to be 62,783. It is also anticipated that there will be 72,951 residents aged 17 and under, while the population aged 18 and over is expected to total 338,307. By 2030, the total population is projected to increase to 432,633, with the age 64 and under population rising to 288,513 and those aged 65 and over growing to 144,120. The population aged 75 and over is expected to reach 69,857, while the age 17 and under population will rise to 75,767. The population age 18 and over is projected to increase to 356,866.

Accompanying these population figures, the projected growth rates for various age groups within Service Area 3B reflect dynamic shifts. The overall population is anticipated to grow by 5.2 percent, while the subgroup aged 64 and under is expected to see a growth rate of 2.5 percent. Notably, the growth rates for the two elderly subgroups are significantly higher, with the population aged 65 and over projected to grow by 11.0 percent, and those aged 75 and over by 10.8 percent. The younger population segments are also expected to experience growth, with those aged 17 and under increasing by 3.9 percent, and the population aged 18 and over anticipated to grow by 5.5 percent.

Additionally, the needs of various subgroups—such as minority populations, veterans, nursing home residents, rural residents, and individuals affected by specific diseases—have been thoroughly examined in the project summary and additional sections of this application. These analyses have been included to provide comprehensive context and support for the inquiries regarding hospice services in the area.

The provisions set forth in Rule 59C-1.0355(4)(d) allow for the approval of additional hospice programs, even in the absence of a favorable fixed need pool calculation as indicated in Rule 59C-1.0355(4)(a). This rule recognizes the necessity of targeting specific terminally ill populations or counties within service areas that may not be adequately served.

Considering this, Community Hospice seeks approval by illustrating several special circumstances that highlight the pressing needs within Service Area 3B. African American residents in this area who qualify for

hospice care are notably underserved. Patients with specific diseases, including those suffering from cardiac, pulmonary, and sepsis-related conditions are underserved.

Moreover, rural communities within Marion County are facing challenges in accessing hospice services, further underscoring the need for additional support. Patients eligible for hospice care who reside in long-term care facilities within Marion County also remain underserved. Collectively, these factors underscore the urgent need for the proposed hospice program to address the significant gaps in care for vulnerable populations in the area.

VITAS Healthcare Corporation of Florida (CON application #10816)

contends that need for an additional Service Area 3B hospice is supported not just by the Agency's FNP but also by unmet needs. VITAS identified key unmet needs for Hospice Service Area 3B through a comprehensive analysis and direct input from community stakeholders and health care professionals. This process involved in-person interviews with health care and social service providers, the organization of a Provider Advisory Committee (PAC) to gather insights, and the hosting of a "Healthcare Professionals Night Out" for informal discussions and networking. VITAS also engaged in direct conversations through phone, video calls, and email to obtain broader feedback.

To deepen its understanding of the community's needs, VITAS reviewed a wide range of data sources, including Medicare claims data, reports from the Agency for Health Care Administration, Florida CHARTS statistics, Marion County Community Health Needs Assessment, Marion County Community Health Improvement Plan, Marion County Legislative Priorities, Marion County State of the County Presentation, United for ALICE Reports, U.S. Census data, and various demographic and socioeconomic data. This multifaceted approach allowed VITAS to gain a thorough understanding of the health care challenges faced by the community. Issues VITAS identified include:

- Diagnosis-specific education and hospice eligibility training for local clinicians is needed to improve awareness and utilization of hospice services for patients with end-stage diseases.
- There is a recognized necessity for provider community education about the hospice benefit to combat existing stigma. This lack of understanding may result in hospice-eligible patients not receiving care or experiencing short hospice stays.
- Coordination, collaboration, and communication between current hospices and physicians concerning patient wellbeing is inadequate.

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- Health care providers report long response times and insufficient after-hours support from existing hospice providers.
- The service area has high utilization rates of emergency services, indicating a need for first responder education on goals of care and hospice eligibility.
- The service area is becoming increasingly diverse, with growing Hispanic and African American populations, highlighting the requirement for culturally sensitive outreach and care.
- The applicant notes a significant veteran population in the service area, coupled with the approval of a veterans nursing home in Marion County by the Florida Legislature, necessitating specialized programming and support to address their unique needs.

As a result of shortcomings in education, outreach, and care coordination, several critical issues have emerged within the hospice services in the area. First, two of the three existing hospices have an average length of stay (ALOS) that falls below the state average. This shorter ALOS limits the range of benefits available to patients and diminishes the cost savings typically associated with hospice care.

VITAS contends that the existing hospices provide minimal continuous care, which is essential for ensuring that hospice patients can remain in their homes. This lack of sufficient care hinders the ability of patients to receive the support they need in familiar surroundings. Furthermore, the current providers are unable to accommodate high-acuity patients with complex medical needs, preventing those individuals from aging in place and receiving appropriate end-of-life care.

Moreover, the ALOS for cardiac, cancer, and respiratory patients in two of the three existing hospices is also below the state average, highlighting an urgent need for improvement in both care coordination and service delivery within the hospice sector.

There is a pressing need for diagnosis-specific education, hospice eligibility education, and other programming directed at area clinicians to enhance their awareness and utilization of hospice services for patients with end-stage diseases. Additionally, educating the provider community about the hospice benefit is essential, as the current lack of understanding may contribute to the stigma associated with hospice care. This stigma can lead to hospice-eligible patients either not accessing hospice services or experiencing shorter stays than necessary.

Furthermore, there is a significant lack of coordination, collaboration, and communication between the existing hospices and physicians concerning the wellbeing of their patients. Health care providers have

reported long response times from current hospice providers and noted a deficiency in after-hours support, which undermines the quality of care and service that patients and their families receive during critical times. Addressing these issues is vital to improving access to and the quality of hospice care in the community.

Beyond hospice care, VITAS has identified several significant community needs that it can support to enhance overall health and well-being:

- 1. Support for Vulnerable Populations:** Impoverished, food-insecure, and homeless communities require increased support, education, and access to hospice services. Ensuring that these vulnerable populations are aware of and can access hospice care is crucial for improving end-of-life care and ensuring dignity in their final days.
- 2. Addressing Health Professional Shortage Areas:** Certain regions in Marion County are designated as Health Professional Shortage Areas. Residents in these areas, particularly those facing financial barriers, may experience limited access to essential health care services. VITAS can help bridge this gap by advocating for improved access and collaboration with local health care providers to enhance service availability.
- 3. Mental Health Awareness and Education:** Mental health issues present a significant concern within the community, necessitating education regarding the availability and accessibility of behavioral health programs and services. Increasing awareness of mental health resources, particularly among vulnerable populations and those in need of hospice care, is essential for holistic support.

In Service Area 3B, there are currently three licensed hospice providers: Hospice of Marion County, Inc., Gentiva, and Cornerstone Hospice & Palliative Care. Hospice of Marion County operates multiple freestanding inpatient units, including a 16-bed unit in Summerfield, a 24-bed unit in Ocala, and an eight-bed unit also in Ocala. These providers collectively offer a range of hospice services to meet the needs of patients facing end-stage diseases within the community.

The Average Length of Stay (ALOS) is a critical metric for assessing the effectiveness of hospice programs in educating health care providers and the community about hospice eligibility and benefits. A longer ALOS may indicate that patients are being admitted to hospice care in a more timely manner, ensuring they receive the full range of services available during their end-of-life journey. Conversely, a shorter ALOS may suggest potential barriers to access or a lack of awareness among health care providers and patients regarding when to initiate hospice care.

VITAS’ Exhibit 22 (below) provides a comparative analysis of the average length of stay by hospice provider in Service Area 3B, including VITAS’ average length of stay.

**Service Area 3B Hospice Average Length of Stay
Medicare FFS Claims Data**

Hospice Agency	ALOS (Days)
Hospice of Marion County	37
Gentiva	98
Cornerstone Hospice and Palliative Care	51
VITAS Healthcare — Brevard*	82
VITAS Healthcare — Miami Dade*	68
VITAS Healthcare — Palm Beach*	69
State ALOS	59

*Each VITAS designation includes an aggregate from multiple Florida counties and VITAS programs. Source: CON application #10816, Page 111, Exhibit 22, Trella Health Medicare FFS Data, QI 2023 - Q4 2023

Hospice of Marion County and Cornerstone Hospice and Palliative Care ALOS’ are shorter than the statewide average. This suggests that patient and provider education may not be taking place early enough in the patient’s episode of care, preventing patients from receiving the full benefits of hospice services. A shorter ALOS could also indicate that the existing hospice providers may not be effectively managing patients’ pain in the earlier stages of their care, which could contribute to unnecessary hospital readmissions.

In contrast, VITAS demonstrates a longer average length of stay, which underscores its commitment to outreach and education within the community and among health care providers. This approach ensures that patients, caregivers, and family members are well-informed about the resources available to them, allowing them to make the most of the hospice services offered. By prioritizing education and outreach, VITAS facilitates a more efficient and effective hospice experience for patients and their families. A quote from Dr. James Peterzell of VIPCare – West Ocala lauds VITAS’ education efforts that he believes will, “significantly enhance the end-of-life care options available to Marion County’s hospice-eligible patents and residents.”

Continuous care, referred to as "Intensive Comfort Care" by VITAS, is one of the four types of care defined under the Medicare hospice benefit. All hospices that receive Medicare funding are required to offer this level of care when it is medically appropriate. Continuous care involves providing around-the-clock hospice support at home, with hospice team members available for shifts of up to 24 hours a day for a limited period. This level

of care aims to help patients stay at home during challenging times, avoiding the need for hospital admission, particularly when they experience acute symptoms that their primary caregiver cannot manage.

The primary goals of Continuous Care are to prevent or alleviate suffering as much as possible and to enhance the quality of life for patients while adhering to their end-of-life wishes. Exhibit 19 compares the percentages of Continuous Care provided by licensed hospices in Service Area 3B and VITAS, based on Medicare Fee-For-Service Claims Data collected by Trella Health. The data reveal that two licensed providers offer very little in terms of Continuous Care. See the applicant’s Exhibit 19 reproduced below for details.

VITAS is committed to ensuring that continuous care is readily accessible to patients in the service area. To facilitate this, the organization plans to provide educational materials and resources to patients, their families, and physicians to promote the appropriate utilization of this essential level of care.

**Percentage of Continuous Care
Existing 3B Providers and VITAS**

Hospice Name	% of Continuous Care
Empath (Hospice of Marion County)	0.29%
Gentiva (Kindred Hospice)	0.57%
Cornerstone Hospice and Palliative Care (Chapters Health)	0.23%
VITAS Healthcare - Brevard	0.53%
VITAS Healthcare — Miami-Dade	1.92%
VITAS Healthcare — Palm Beach	2.05%

Note: Each VITAS designation includes an aggregation from multiple Florida Counties and VITAS programs. Source: CON application #10816, pages 85 and 1123, Exhibit 19, Trella Health Medicare FFS Claims Data, Q1 2032 - Q4 2023.

VITAS is committed to reducing gaps in care by optimizing the settings and locations of its hospice services. By leveraging its resources and expertise, VITAS aims to educate the community, enhance access to hospice services, and ensure that patients and their families receive high-quality care during critical times. Tab 29 includes more details on these VITAS initiatives.

Understanding the focus areas of current licensed hospice providers helps identify community needs. VITAS analyzed the percentage of days spent in different care settings for Service Area 3B using the 2023 Medicare Claims Data from Hospice Analytics, Report 16 (see Exhibit 23 on page 113). Within this area, two providers, Hospice of Marion County and Gentiva, offered a lower percentage of in-home patient care compared to the statewide average. Notably, Gentiva's in-home care was significantly below this average, while it served 51.2 percent of its

patients in various facilities, well above the statewide average of 40.5 percent. This overreliance on institutional settings can be detrimental to patients who prefer to age in place.

Another indicator of hospice need in Marion County is the outmigration of patients. VITAS analyzed the percentage of days by provider for Service Area 3B using the 2023 Medicare Claims Data from Hospice Analytics, Report 10. In 2023, 13 percent (83 out of 630) of the average daily census (ADC) of hospice patients in Marion County received care from providers outside the area (see Exhibit 24 on page 114). VITAS served an ADC of 38 patients in 2023, while no other outside hospice provider served more than four patients from Marion County.

This data indicates that Marion County residents are not adequately served by the existing hospice providers, as evidenced by the significant percentage of outmigration. Moreover, it suggests that there is a discernible preference among those residents seeking care outside the area for VITAS, highlighting a potential opportunity for growth and improved service delivery by VITAS in Marion County.

VITAS provides hospice care to residents throughout Florida and, through its parent organization, across the country. With extensive experience in delivering hospice care, VITAS is committed to offering outstanding and comprehensive services that exceed state regulatory requirements. Recognizing that a one-size-fits-all approach to hospice care is ineffective, VITAS tailors its services to meet the distinctive needs of each community it serves. This is particularly evident in its strategy of forging partnerships with community organizations and local health care facilities to identify gaps in care when entering new markets.

VITAS conducts thorough research on the demographics and socioeconomic factors within Service Area 3B, as these elements significantly influence hospice care needs and patients' awareness and access to such services. Through this analysis, VITAS has identified several underserved populations within the area, revealing critical needs that existing hospice providers have not adequately addressed. Consequently, there is a compelling need for an additional hospice care provider in Marion County.

Key Findings from VITAS' Analysis of Service Area 3B

1. Marion County has a high percentage of elderly residents, with this demographic projected to increase significantly in the coming years.

2. The concentration of senior residents is reflected in the numerous deed age-restricted communities (DARCs) within Marion County, where many elderly individuals reside.
3. There is a notable presence of military veterans in Marion County, including many senior-age veterans who require specialized outreach and care tailored to their unique experiences and needs.
4. The county's racial and ethnic minority populations are rapidly increasing, partly due to the growth of the equine industry and the hospitality sector that employs a significant number of itinerant, seasonal, low-skilled workers.
5. Specific outreach efforts are essential to address the needs of vulnerable groups, including the homeless, food insecure, ALICE (Asset Limited, Income Constrained, Employed) populations, and residents living in poverty.

Overall, VITAS' analysis underscores the diversity of Marion County's population and highlights the urgent need for customized hospice care services that cater to the unique challenges faced by its residents. By addressing these needs, VITAS aims to fill the gaps in care and ensure that all individuals in the community have access to quality hospice services.

Exhibit 25 on page 115 of the application provides insights into the population statistics of Service Area 3B, specifically focusing on age groups from 2023 to 2030. As of January 2023, Marion County's population was estimated at 398,672 residents. By 2030, the population is projected to increase to 435,293, reflecting a growth rate of 9.19 percent.

Marion County is characterized by a significantly older demographic compared to the state average. In 2023, residents aged 65 and older made-up 30.5 percent of the total population. This proportion is expected to rise to 33.5 percent by 2030. In contrast, only 21.8 percent of Florida's total population falls into the 65 and older category. The number of seniors in Marion County is projected to grow from 121,397 in January 2023 to 145,888 by January 2030, representing a noteworthy increase of 20.2 percent over the period.

The growth of the elderly population in Marion County is particularly significant as older adults tend to utilize health care resources, including hospice services, at a higher rate than other age groups. As the

population of Service Area 3B continues to expand and age, there will be a pressing need for increased access to hospice services to accommodate this demographic shift.

Marion County is home to several significant deed age-restricted communities that cater primarily to retirees, offering various amenities and health care facilities suited to an older demographic.

The Villages stands out as the largest retirement community in Florida, encompassing over 33,000 acres. This expansive community includes its own hospital and a Veterans Administration outpatient clinic, along with multiple skilled nursing and assisted living facilities. In 2014, The Villages was classified as a metropolitan statistical area (MSA) by the US Census Bureau, and it gained recognition as the nation's fastest-growing MSA. As of 2022, The Villages had an estimated population of 79,108 residents, including the largest population of veterans in the United States without an associated military base.

Another prominent age-restricted community in Marion County is On Top of the World, located in southwest Ocala. This community spans 13,000 acres and has been operational since the early 1980s. It features 15 neighborhoods within several gated communities, offering over 10,000 homes. While primarily age-restricted, Marion County also has various other communities that, while not formally age-restricted, are tailored to the 55+ population.

VITAS currently provides hospice services in Lake and Sumter counties, including portions of The Villages that extend beyond Marion County. The organization has established relationships with health care facilities and providers serving residents in The Villages. These existing connections enable VITAS to effectively coordinate with referral sources, allowing for swift responses to the needs of patients in southwest Marion County, including those residing in The Villages.

Given the growing and aging population in Marion County, particularly within these retirement communities, the demand for hospice services is likely to intensify. VITAS is well-positioned to meet these needs, leveraging its existing health care relationships to deliver high-quality hospice care in the region.

The applicant includes two quotes, one from Amanda Davis and another from Florida Representative John Temple who each speak to VITAS' efficacy in delivering Hospice services in the Villages community.

Given the presence of numerous deed age-restricted communities (DARC) in Service Area 3B, particularly within The Villages, VITAS has proposed targeted outreach initiatives to address the unique health care needs of these residents. To achieve this, VITAS will appoint a Community Liaison dedicated to connecting with residents and their families, facilitating communication, and raising awareness of hospice services. Outreach activities in The Villages will include VITAS utilizing a VITAS Hospice Education golf cart, allowing staff to directly engage with residents in an accessible and friendly manner. VITAS also plans to establish two hospice offices in Marion County: one in Ocala near On Top of the World and another in Summerfield, close to The Villages. These conditions aim to ensure comprehensive hospice care and effectively meet the growing needs of this aging population.

Access to hospice services often varies by race, ethnicity, and socioeconomic status, leaving minority populations underserved. This issue is particularly evident among elderly minorities. A study in **Gerontology and Geriatric Medicine** found that Medicare spends about 20 percent more in the last year of life for Black and Hispanic patients compared to White patients, largely due to lower hospice utilization rates. Consequently, these groups miss out on essential benefits like symptom relief and bereavement support.

To address these disparities, hospice providers should prioritize outreach and relationship-building within minority communities. Understanding the demographics of the service area is vital for creating targeted programs that reduce patient suffering and ease caregiver burdens. Barriers to accessing palliative care may differ among groups but commonly include language, socioeconomic factors, health literacy, and cultural beliefs. These differences can hinder awareness and comfort with hospice options, resulting in misconceptions and underutilization of services.

In 2001, Ocala/Marion County was designated the "Horse Capital of the World," reflecting its significant role in the equestrian industry and its record of producing top champions. With 600 thoroughbred farms, the area ranks among the world's four major thoroughbred centers, boasting 45 national champions, 6 Kentucky Derby winners, 20 Breeders' Cup champions, and six Horses of the Year. A 2023 American Horse Council study revealed the local equine industry contributes \$4.3 billion annually to the economy.

The equine sector supports around 28,500 jobs, accounting for one-fifth of all employment in Marion County, with opportunities for both permanent and seasonal workers. These jobs range from care for horses to services in hospitality, catering to the many visitors drawn to the area, including international tourists.

The workforce supporting the equine industry includes many racial and ethnic minorities, alongside migrant farmworkers in the region. However, these minority populations often face underemployment due to a lack of education, outreach, and tailored services aimed at connecting them with available resources.

Exhibit 26 on page 119 presents the projected populations by race in Marion County and Florida for 2024 and 2029. In 2024, Marion County is 69.1 percent White, compared to the statewide average of 56.3 percent. The remainder of the population consists of American Indian/Alaskan Native (0.4 percent), Asian (1.6 percent), Black/African American (11.9 percent), Some Other Race (5.5 percent), and Two or More Races (11.4 percent).

Marion County's minority populations are experiencing significant growth. From 2024 to 2029, projections indicate that the American Indian/Alaskan Native population will grow by 16.0 percent, Asian by 9.0 percent, Black/African American by 8.5 percent, Native Hawaiian/Pacific Islander by 12.6 percent, Some Other Race by 26.8 percent, and Two or More Races by 25.2 percent. These growth rates exceed the statewide averages for their respective groups.

As shown in Exhibit 27 on page 120, the minority population percentage in Marion County is smaller than the States'. However, the minority population in Marion County is projected to grow at a faster rate of 18.0 percent, compared to Florida's rate of 10.2 percent. This increase in diversity in Marion County highlights the importance of hospice providers intentionally focusing on the growing non-white population. To ensure equitable care, hospice providers must address the individual needs of these minority groups and work to improve access to hospice services for each community.

VITAS further analyzed the neighborhoods within Service Area 3B to identify where minority populations reside and to determine optimal locations for resources to meet the needs of these traditionally underserved communities. The analysis indicates that minority populations in Service Area 3B are concentrated in several neighborhoods in Ocala, with percent minority populations ranging from 44 percent to over 59 percent in specific zip codes.

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To better serve the needs of these minority communities, VITAS has conditioned this application to establish two hospice offices, with one specifically located in Ocala. This initiative aims to enhance community awareness regarding hospice benefits. Furthermore, VITAS is committed to collaborating with the Estella Byrd Whitman Community Health Center (or a similar community partner) to disseminate educational materials, including the Bridging the Gap information and toolkit, which will provide valuable information about hospice care and eligibility. VITAS Exhibits 28 and 29 on page 121 details for more information.

In addition to these efforts, VITAS has pledged to donate \$30,000 to the Estella Byrd Whitman Community Health Center (or a similar organization) to support its mission of delivering health care services to minority populations in Marion County, particularly in the neighborhoods. This multifaceted approach is designed to ensure that underserved communities receive the resources and education necessary for improved access to hospice services.

The applicant's Exhibit 30 on page 122 includes significant details about the population dynamics in Marion County, specifically focusing on the Hispanic population in relation to the overall State of Florida. Marion County has a smaller Hispanic population than the statewide average in Florida. However, the growth projection for the Hispanic population in Marion County over the five-year period from 2024 to 2029 is notably higher at 29.0 percent, compared to Florida's overall growth for the Hispanic population, which is projected at only 13.2 percent. This rapid growth in the Hispanic population underscores the need for expanded access to hospice services, as this demographic is often underserved.

The projections indicate that in 2024, the Hispanic population in Marion County is expected to make up 17.6 percent of the total population, while by 2029, this percentage is anticipated to rise to 21.2 percent. This data not only highlights the changing demographics but also emphasizes the critical need for health care providers, such as VITAS, to focus on enhancing service access for this growing and underserved community.

These trends are essential for understanding the population's needs and planning effective health care services that reach those who may be lacking adequate resources and support in hospice care.

Exhibit 32 on page 123 presents Claritas Spotlight, Environics Analytics demographic data showing the distribution by ethnicity within specific zip codes and neighborhoods in Service Area 3B, highlighting the percentage of the Hispanic population in Marion Oaks (40.5 percent), Crescent City (32.9 percent), Ocala (27.2 percent), Silver Springs Shores (24.0 percent), and Ocala (20.9 percent). To enhance access to and

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awareness of hospice care for the Hispanic population in Service Area 3B, VITAS proposes to assign a VITAS representative who is fluent in Spanish. This representative will collaborate with Heart of Florida Health Center or a similar entity to deliver Spanish-language education and resources pertaining to hospice care and eligibility criteria. VITAS also commits to contribute \$30,000 to Heart of Florida Health Center or a comparable organization to assist in outreach efforts directed at the Hispanic community. This initiative will focus on migrant workers in Marion County, who are employed in the local agricultural and equine industries and often lack access to health care services.

The applicant states it has a well-established history of providing services to all patients, irrespective of their race or ethnicity. It attributes its effectiveness in engaging minority populations to a diverse array of outreach initiatives aimed at overcoming the obstacles to access experienced by underserved communities. Recognizing the unique needs of different minority groups, the applicant customizes its programs to include cultural considerations in hospice care, thereby alleviating potential misconceptions and fears among these populations. Upon approval, the applicant intends to implement these culturally adaptable programs in Service Area 3B, which are designed to foster genuine relationships and educate minority communities about the advantages of hospice care. This approach aims to promote awareness and enhance access to hospice services for Marion County's underserved groups.

As demonstrated in Exhibit 33 on page 124, U.S. Census Bureau data indicates that veterans represent approximately 7.8 percent of the total population in Marion County, surpassing the statewide average of 6.2 percent. The Census data illustrates that in Marion County, out of a total population of 609,141, there are 47,455 veterans, while the entire state of Florida has 1,369,719 veterans within a population of 22,245,521. The County's significant veteran population will be the primary focus of VITAS' Veteran program as historically, utilization of hospice care by veterans has been lower compared to non-veterans. However, the launch of the VA's Comprehensive End-of-Life Initiative in 2009 initiated a shift, and recent years have seen an increase in hospice care usage among veterans. Since then, the rates of hospice use among veterans have risen by approximately eight percent through 2016, with many veterans expressing a preference for receiving care at home rather than in inpatient hospice settings or similar institutions.

To ensure improved access to hospice services for veterans in the area, it is essential to implement tailored outreach and provide care in the appropriate setting. VITAS offers several outreach programs that honor the sacrifices made by veterans, which includes the engagement of a Veterans Liaison, participation in the We Honor Veterans program,

virtual reality “Flightless” Honor Flight visits to Washington D.C. war memorials, the establishment of Veterans Walls in area assisted living facilities and nursing homes, and a VITAS Veterans Benefit Assistance program.

VITAS conditions this application on the implementation of these specialized veteran programs in Service Area 3B, if approved, to guarantee that veterans have sufficient access to hospice services while ensuring that they and their families feel honored, comfortable, and secure during their end-of-life care. Additionally, VITAS plans to contribute \$20,000 to Veterans Last Patrol, \$20,000 to Volunteers of America of Florida — The Ocala Ritz Village, and \$30,000 to Veterans Helping Veterans-Ocala or similar organizations. Most importantly, VITAS will ensure that veterans requiring hospice care are supported in their preferred setting. With extensive experience in providing hospice care in areas like Service Area 3B, VITAS is committed to expanding access to all care settings for veterans in need of hospice services in Marion County, contingent upon approval of this application.

Race and ethnicity play a significant role in the utilization of hospice services, but socioeconomic status is also a critical factor. Individuals from low-income backgrounds often face a higher likelihood of being uninsured, which restricts their access to essential palliative and end-of-life care. The lack of health care services in low-resource settings leads to significant financial burdens on individuals, families, local communities, and hospitals. Frequently, those in poverty are forced to make difficult choices between paying for housing or food and obtaining necessary medications, often opting for basic survival needs over health care access.

To effectively support these vulnerable populations, hospice providers must be equipped with the resources to engage with impoverished and underserved communities while recognizing the limitations and challenges they experience. VITAS actively considers the socioeconomic indicators impacting hospice care in the areas it serves and seeks out methods to improve the factors that restrict access to care. Key areas of focus include ensuring access to stable housing and nutritious food, as these are essential components in facilitating improved health care access for individuals in need.

Exhibit 34 on page 126 presents data on the homeless population within Service Area 3B from 2022 to 2024. While the rate of homelessness in Marion County is lower than the state average, it still represents a particularly vulnerable segment of the population that faces significant barriers to accessing health care services, including hospice care. VITAS

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has experience addressing the needs of homeless individuals and has successfully provided hospice services in other Florida counties with similar demographic and geographic characteristics.

According to the data, the number of homeless persons in Marion County was 455 in 2022, slightly decreasing to 454 in 2023, and further declining to 378 in 2024. This corresponds to rates of 1.15, 1.14, and 0.93 per 1,000, respectively. In contrast, the statewide homeless population increased from 25,959 in 2022 to 31,462 in 2024, with corresponding rates rising from 1.17 to 1.38 per 1,000.

Recognizing that hospice care can be provided in any setting where a patient calls home, VITAS is committed to ensuring that all individuals in Service Area 3B, including those experiencing homelessness, have access to hospice services. If approved, VITAS plans to collaborate with homeless shelters and their staff to facilitate end-of-life planning and care for shelter residents. The organization offers a full spectrum of hospice services tailored to the unique needs of these patients, which includes:

- Visits from VITAS Community Health Workers who will assist patients in understanding their available benefits and help connect them with financial support and local resources.
- Grief support provided by VITAS chaplains and social workers for other residents and staff within the shelters.
- Education for shelter staff regarding the appropriate contacts for hospice-enrolled residents in case of exacerbations or urgent needs.
- Coordination with shelter staff to ensure the safe and secure storage of patients' medications.

VITAS is committed to facilitating appropriate access to hospice care for homeless individuals in Service Area 3B. To strengthen this initiative, VITAS conditions this application on providing up to \$50,000 in funding to the Interfaith Emergency Services Fund (or a similar organization) to support the homeless population in this area. Through these efforts, VITAS aims to enhance the quality of end-of-life care available to some of the most vulnerable members of the community.

According to Claritas Spotlight data from Exhibit 35 on page 127, Marion County has 45,744 households with an income below \$35,000, representing 26.9 percent of all households. This figure is higher than the statewide average of 24.7 percent. In comparison, statewide data shows 2,231,089 households with income under \$35,000 out of a total of 9,019,295 households.

Additionally, Exhibit 36, also on page 127 presents a map indicating the concentration of low-income households by ZIP code. Areas with higher concentrations of households earning less than \$35,000 are critical for outreach and education to ensure access to hospice care, as residents in these communities may face significant barriers to health care services.

Certain ZIP codes in Marion County exhibit a high percentage of low-income households, as shown in Exhibit 37 on page 128. The data highlights these areas:

- 32112 (Crescent City): 46.4 percent below \$35K income
- 34475 (Ocala): 44.6 percent below \$35K income
- 32617 (Anthony): 36.2 percent below \$35K income
- 34431 (Dunnellon): 35.8 percent below \$35K income
- 32134 (Palatka, Salt Springs): 35.5 percent below \$35K income

Notably, many of these ZIP codes also correspond to areas with high percentages of ethnic and minority populations.

Additionally, ALICE (Asset Limited, Income-Constrained, Employed) households in Marion County represent 37 percent of the total 163,513 households, surpassing the statewide average of 33 percent. Furthermore, 14 percent of households live in poverty, compared to 13 percent statewide.

Exhibit 38, also on page 128, reports a food insecurity rate of 11 percent in Marion County, higher than Florida's average of 10.6 percent. Food insecurity, characterized by unreliable access to enough nutritious food, disproportionately affects impoverished populations, exacerbated by health conditions requiring costly medications. The link between food insecurity and public health necessitates improved access to nutritious food for residents.

A survey by the Pew Research Center revealed that since COVID-19, one in four adults has struggled with bills, and many have drawn from savings or borrowed from family and friends. Lower-income adults have faced greater challenges in returning to work following layoffs compared to their higher-income counterparts.

Poverty and low-income status correlate with adverse health outcomes, highlighting the need for enhanced education around preventive health and hospice care. In response, VITAS plans to support the community by providing a Community Health Worker for outreach and education. This

initiative includes donations of \$40,000 to the United Way of Marion County for the Strong Families Program and \$50,000 to Second Harvest Food Bank of Central Florida to assist those facing food insecurity.

The Marion County Community Health Improvement Plan 2023 — 2026 has identified strategic priorities and goals aimed at enhancing the quality of life for residents in Marion County. One of the key goals outlined in the plan is improving access to care.

As indicated in the Marion County Community Health Improvement Plan, "Marion County has a total of 10 locations (three dental, five primary care, two mental health) that are designated as Health Professional Shortage Areas." The plan also highlights health literacy as a significant issue affecting access to care.

A Health Professional Shortage Area refers to geographic regions, populations, or facilities that suffer from a shortage of health care providers. Often, those practicing in these areas face high workloads and limited resources, impacting their ability to adequately care for patients. Residents in these areas frequently experience lower socioeconomic status, which creates financial barriers to health care access. The socioeconomic data for Marion County, along with the Health Professional Shortage Area designation, underscores the urgent need to improve access to health care for community residents.

To assist Marion County residents, VITAS conditions this application on providing a VITAS Mobile Hospice Education Vehicle dedicated to outreach and end-of-life education. Additionally, VITAS proposes to provide grants of \$30,000 each to the Heart of Florida Health Center, FreeD.O.M Clinic, and Estella Byrd Whitman Health Center (or similar organizations) to enhance health care services for individuals with limited resources. If VITAS is awarded the certificate of need, a Community Health Worker will collaborate directly with these clinics to offer essential education on hospice services and various disease states.

Another strategic priority identified in the Marion County Community Health Improvement Plan 2023 — 2026 is Wellness and Primary Prevention. The overarching goal of this priority is to enhance life skills and increase the availability of technical training for residents of Marion County. To achieve this goal, the plan emphasizes the importance of promoting technical and professional education, training, and certification through local colleges and universities.

To support Marion County in reaching this goal, VITAS has conditioned its application on a commitment to donate \$100,000 to local educational institutions, including Marion County Technical School, College of

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Central Florida, Taylor College, and Rasmussen College-Ocala Campus. Furthermore, VITAS will facilitate community-based clinical experiences for students, providing them with practical learning opportunities that enhance their education and prepare them for careers in health care and related fields. This initiative aims to empower residents with the skills and qualifications necessary to pursue meaningful employment while contributing to the overall wellness of the community.

Behavioral health has been identified as a strategic priority in the Marion County Community Health Improvement Plan for 2023-2026. The goals of this initiative include reducing the high volume of calls for mental health services from adults and educating both providers and the community about the availability and accessibility of behavioral health programs within the county. Alarming, the age-adjusted death rate from suicide in Marion County was 20.0 in 2022, significantly exceeding the statewide rate of 14. Historically, Marion County has maintained a higher age-adjusted death rate from suicide compared to the state average.

Particularly concerning is the trend observed in older adults. For individuals aged 65 to 74, suicide death rates experienced fluctuations but showed an overall increase since 2020. The rates for those aged 75 and older have continued to rise since 2019, reaching nearly 44 per 100,000 population in 2022. This upward trend highlights the urgent need for improved mental health resources and targeted support for senior citizens in the community.

To enhance access to mental health resources within Marion County, VITAS conditions its application on providing educational resources and training focused on suicide awareness. Additionally, VITAS plans to allocate \$30,000 to SMA Healthcare, Marion County, specifically designated for its Mobile Response Team. This team provides essential care for children, adolescents, and adults experiencing feelings of depression, isolation, suicidal ideation, or bullying. Through these efforts, VITAS aims to improve the mental health landscape in Marion County and support individuals in crisis, addressing the pressing needs highlighted by the rising suicide rates in these vulnerable populations.

The applicant emphasizes the importance of understanding the demographics and socioeconomic status of residents within the service area to identify underserved populations and formulate effective community outreach programs. Additionally, the applicant asserts that comprehending how eligible patients are referred to hospice services is equally crucial. Typically, health care providers refer patients to hospice care when the patient's condition deteriorates to a stage where

traditional curative treatments are no longer beneficial. Referrals may originate from various clinical sources, including hospitals, nursing homes, and assisted living facilities.

The applicant recognizes that while physicians play a significant role in referring patients to hospice care, facility-specific data is more readily available than physician-level data for identifying underserved communities across different care settings. Consequently, the analysis presented below offers detailed insights into hospice utilization based on referral sources and clinical environments in Marion County. This analysis is critical in uncovering referral gaps that may contribute to the underutilization of hospice services among certain patient demographics.

The applicant discusses the role of hospital discharges in contributing to the referral volume for local hospice providers in Marion County, where two acute care hospitals operate: HCA Florida Ocala and Advent Health Ocala. Exhibit 41 on page 132 presents data on hospital discharges to hospice for Medicare Fee-For-Service (FFS) patients in Marion County, using CMS claims data from Q1 2023 to Q4 2024. The analysis reveals that the ALOS for hospice care from both hospitals is lower than the state average.

The data shows the following metrics for hospice utilization: HCA Florida Ocala has a hospice utilization of 8.4 percent, compared to the state average of 7.6 percent. The hospice ALOS is 32 days, while the state average is 37 days. The 30-day readmission rate stands at 16.6 percent, against a state average of 16.9 percent.

Advent Health Ocala has a hospice utilization of 7.9 percent, also compared to the state average of 7.6 percent. Its hospice ALOS is 29 days, whereas the state average is 37 days. The 30-day readmission rate is 16.1 percent, compared to the state average of 16.9 percent.

VITAS highlights that the overall discharge rate of residents from hospitals to hospice services in Service Area 3B could be improved through enhanced education and support programs for patients and their families. A significant barrier to improving discharge rates to hospice is the need for further physician education concerning the benefits and services offered through hospice care, particularly in home settings. VITAS has engaged with hospitals in the area to promote the advantages and cost savings associated with hospice referrals. To address disparities, VITAS plans to focus specific outreach efforts on hospitals with lower discharge rates to hospice, especially pertaining to home hospice services.

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The applicant includes a quote from David M. McFaddin, MD, citing the need for health-related education proposed by VITAS.

Additionally, VITAS offers monthly education webinars for health care professionals that feature live presentations focused on disease education and awareness. Physician Advisory Councils have proven effective in educating physicians within the community and provide VITAS valuable input on patient needs. Each month, VITAS provides physicians with educational opportunities on various end-of-life topics, with different subject matter experts presenting on a range of subjects including hospice basics, end-of-life care, pain management, hospice for specific diagnoses, and hospice eligibility.

VITAS is committed to having dedicated representatives with expertise tailored to the market type to improve hospice access within Service Area 3B. These representatives undergo extensive training and certification through the Evolution Training Program, equipping them to be the best possible resources for clinicians assisting their hospice-eligible patients. VITAS representatives can also provide updated Partnership of Care information regarding mutual patients, helping providers better understand how their hospice patients are cared for.

ALFs and SNFs serve as essential referral sources for hospice care, particularly for residents aged 65 and older.

Recent analysis of hospitalization rates in Service Area 3B reveals that all but one (Bridgewater Park Health & Rehab at 14.9 percent) of the largest SNFs have hospitalization rates that exceed the state average of 17.2 percent. This trend is a cause for concern, as it suggests potential issues in patient care and may indicate that residents are facing unnecessary admissions to hospitals. See Exhibit 42 on page 134 for Service Area 3B SNF provider hospitalization data.

In response, VITAS collaborates closely with nursing home staff, patients, and their families to ensure that hospice patients can receive care in their preferred settings. VITAS provides educational programs tailored to enhance the quality of care within these facilities. While home hospice care is often preferred, there are circumstances where inpatient hospice care is necessary for managing acute crises. To address this need, VITAS seeks contractual partnerships with local health care providers, improving access to inpatient hospice services and fostering stronger referral pathways.

By establishing hospice inpatient units in hospitals or nursing homes, VITAS facilitates daily interactions among health care providers, patients, and families, promoting education about hospice and end-of-life care.

VITAS is actively engaging with health care providers in Marion County to ensure residents can access these vital services. For further details, please refer to TAB 42, which includes a letter of support from Aspire at Arbor Springs Rehab, indicating their willingness to partner with VITAS for hospice inpatient care.

Trella Health categorizes patients who were admitted to a hospital within six months of death as "late hospice" if they entered hospice care in the final 30 days of life. Patients who were hospitalized during this period but did not receive hospice care are identified as "no hospice." Data indicates that a striking 90.0 percent of patients from the two acute care hospitals in Marion County fall within the "Late Hospice + No Hospice" categories, with HCA Florida Ocala reporting 89.2 percent and Advent Health Ocala at 91.9 percent. See Exhibit 43 on page 135 for more details.

In conversations with local health care providers, VITAS has recognized a critical need for enhanced education on hospice benefits and effective prognostication. To address this need, VITAS plans to implement its established educational outreach initiatives, which include continuing education presentations for area clinicians and the innovative Goals of Care Preceptorship Training program.

In Service Area 3B, patients who were admitted to a skilled nursing facility up to six months before death are categorized as "late hospice" if they entered hospice care in the last 30 days of life. Those who did not receive hospice care are identified as "no hospice." Data indicates that in eight of the largest SNFs in Marion County, more than 85.5 percent of the patients were classified as "Late Hospice + No Hospice." This underscores a significant need to enhance awareness of hospice care among patients and staff in these institutions. See Exhibit 44 on page 135 for more details.

Conversations with health care providers in Marion County have highlighted a necessity for improved collaboration and communication between hospices in Service Area 3B and local health care providers. Furthermore, there is a pressing need for education around hospice benefits, prognosis, and care goals. If granted the certificate of need in Marion County, VITAS plans to implement its established educational materials and outreach initiatives aimed at local health care providers.

According to the information presented in Exhibit 45 on page 136, the two acute care hospitals located in Marion County recorded at least 2,268 patients who were discharged to a post-acute care setting distinct from hospice and subsequently readmitted to the hospital within a 30-day timeframe. Additionally, there were at least 513 patients discharged

to non-hospice settings who passed away within 30 days of initiating care in these new environments. This evidence suggests a deficiency in the understanding of the hospice benefit.

VITAS' hospice care programs focus on the needs of patients, aiming to relieve the physical, mental, and emotional challenges associated with end-of-life care. Moreover, VITAS is dedicated to serving all eligible patients for hospice services, including those with intricate requirements and individuals needing the highest level of continuous care. This approach not only provides essential support but also contributes to cost efficiency within the health care system by decreasing hospital readmission rates and minimizing the duration of acute care stays.

Physicians located in Service Area 3B are also discharging patients to hospice at a delayed stage. Exhibit 46 on page 137 indicates that approximately 50 percent of the physicians in Marion County, totaling 139, have an average hospice length of stay of fewer than 30 days. To address this issue, VITAS provides disease-specific education, introduces the Goals of Care Preceptorship Program, and offers resources such as the VITAS app. These initiatives aim to enhance the confidence and comfort of Marion County physicians when discussing patient prognosis.

VITAS provides a wide range of disease-specific resources focused on cardiac, cancer, sepsis, and respiratory conditions to enhance hospice access, prognostication, and symptom management for patients who require these services in Service Area 3B. Detailed information about these programs is available throughout this application.

In addition to its patient-focused initiatives, VITAS offers educational programs tailored to help clinicians gain confidence and comfort in discussing crucial topics such as prognosis and facilitating "the conversation" with patients and their families. VITAS representatives and clinical staff are highly trained and work diligently to enhance hospice access and improve end-of-life care.

As previously mentioned, VITAS is well-equipped to serve patients facing specific diagnoses for which hospice services are currently insufficiently provided by existing providers. VITAS offers comprehensive care to patients, particularly those suffering from cardiac disease, pulmonary disease, and cancer.

At VITAS, the priority is always on patients and their families. This commitment is demonstrated through VITAS's 24/7 availability, high visit frequency, and readiness to care for high-acuity patients. If granted approval, VITAS is prepared to implement its extensive hospice care and support programs in Service Area 3B, with the goal of improving clinical

education and enhancing patient access to disease-specific hospice care, specifically targeting unmet needs and promoting earlier access to hospice services for patients.

In 2022, Marion County reported an age-adjusted death rate for all causes of 941.7 per 100,000 population, which is significantly higher than Florida's overall rate of 738.1, representing 127.6 percent of the state rate. The death rates in Marion County exceed those in Florida across all reported racial and ethnic groups. For instance, Black individuals had a rate of 973.6, corresponding to 118.2 percent of Florida's rate. American Indian and Alaska Native individuals experienced even higher mortality, with a rate of 844.5, translating to 286.8 percent of the state rate. Asian individuals reported a rate of 478.6, at 122.4 percent of Florida's, while those classified as "Other" had a death rate of 1,055.5, or 102.2 percent of the state rate. Hispanic or Latino individuals had a rate of 740.4, equating to 127.1 percent of Florida's rate, and White individuals in Marion County had a rate of 942.2, which is 129.1 percent of the state's rate. See Exhibit 47 on page 138 for more details.

The observed disparities in mortality rates are closely linked to socioeconomic factors, including income, education, wealth, occupation, and food insecurity and quality. Research consistently shows that mortality rates tend to rise as individuals move down the socioeconomic ladder. In Marion County, these socioeconomic conditions contribute significantly to the overall elevated mortality rates.

In response to these public health challenges, VITAS has tailored its application to focus on specific programs and community outreach initiatives designed to address the unique health needs of the residents of Marion County. These efforts are aimed at mitigating the effects of socioeconomic disparities on health outcomes and improving access to essential hospice services within the community.

Mortality rates are only one aspect of identifying unmet needs within a service area. Understanding the chronic conditions that contribute to high mortality rates is essential for both improving community health and providing hospice services tailored for patients beyond curative treatment. Low socioeconomic status often leads to malnutrition, increasing vulnerability to diseases and creating a cycle known as the health-poverty trap.

Exhibit 12 on page 140 details the age-adjusted leading causes of death for Service Area 3B in 2022. Patients with chronic diseases need hospice services aligned with their specific conditions. Often, those discharged with high acuity needs are unable to receive adequate care at home and are transferred to inpatient facilities, separating them from loved ones.

Notably, the percentage of deaths from heart disease in Marion County is significantly higher at 26.7 percent than Florida's average of 20.9 percent, while COVID-19 deaths are lower.

Providers in Service Area 3B report a lack of education on hospice care and that existing providers often do not offer continuous care for complex patients, particularly cardiac patients. VITAS has shown the ability to provide care at home for these patients, offering services like IV inotropes, subcutaneous diuretics, LVADs, ventilation support, and home vent withdrawals. VITAS is dedicated to delivering specialized services that meet the community's unique needs.

In addition to analyzing mortality rates, examining the prevalence of chronic and often terminal diseases can help identify patients who may benefit from end-of-life care. Equally important is the analysis of hospice utilization rates among hospitals for chronic diseases that commonly result in death. This data provides valuable insight into the frequency with which patients with chronic conditions are referred to hospice services.

In Service Area 3B, heart disease continues to be the leading cause of death. According to Exhibit 48 on page 141, one hospital in Marion County, HCA Florida Ocala, has a hospice utilization rate for cardiac patients of seven percent, while AdventHealth Ocala reports a utilization rate of five percent. Both hospitals have lower hospice usage compared to the state average of 28 percent for similar patients.

Furthermore, the average length of hospice stay for HCA Florida Ocala is 22 days, significantly shorter than the state average of 37 days, as shown in the chart. AdventHealth Ocala's average stay is also shorter at 20 days. Additionally, the 30-day readmission rates are 16 percent for HCA Florida Ocala and 15 percent for AdventHealth Ocala, both of which are slightly lower than the state average of 19 percent.

To address these issues, enhanced referral source education could help improve hospice access and utilization. As referenced in the chart, VITAS is proposing a Cardiac Care Program focused on improving access and management for these patients. If awarded the certificate of need, VITAS

plans to implement these resources in Service Area 3B and seek certification from the American Heart Association for palliative and hospice care specific to heart failure patients.

Cancer was the second leading cause of death in Service Area 3B in 2022, as shown in Exhibit 12. Exhibit 49 on page 141 provides data from Medicare Fee-for-Service claims for patients with cancer in this area, indicating that both acute care hospitals in Marion County had an average hospice length of stay shorter than the state average. A shorter length of stay suggests that patients may not have access to hospice care earlier in their disease progression. Improved education for hospital referral sources is needed to enhance this experience.

Additionally, one of the hospitals reported a readmission rate higher than the statewide average. According to Exhibit 49, HCA Florida Ocala had a hospice utilization rate of 28 percent, with an average length of stay of 19 days and a 30-day readmission rate of 24 percent, while AdventHealth Ocala had a hospice utilization rate of 23 percent, an average length of stay of 18 days, and a readmission rate of 18 percent.

VITAS plans to provide a robust selection of cancer-specific resources to enhance hospice access, prognostication, and symptom management. Many cancer patients can only access hospice services if hospice programs can provide or arrange for palliative services, such as chemotherapy and radiation, to manage pain effectively. However, not all hospice programs offer these services, even when they are medically necessary. VITAS conditions this application on the provision of palliative chemotherapy and radiation to address patients' pain and symptoms as appropriate.

Respiratory disease represents a primary cause of mortality in Service Area 3B. Exhibit 50 on page 142 includes data from Medicare Fee-for-Service Claims concerning hospitals in the service area that cater to patients with respiratory diseases. The findings indicate that one acute care hospital located in Marion County has hospice utilization rates that are below the state average. Furthermore, another acute care hospital recorded an average length of stay in hospice that is also shorter than the state average. This shorter duration suggests that patients are lacking timely access to hospice services during the progression of their illness. The applicant asserts that enhancing educational initiatives directed at hospital referral sources could improve this situation.

According to Exhibit 50, which details hospital discharges to hospice for respiratory patients receiving Medicare, the data reveals:

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- HCA Florida Ocala has seven percent of its Medicare patient population utilizing hospice services at a rate of 11 percent, with an average hospice stay of 21 days and a readmission rate of 19 percent.
- AdventHealth Ocala has a nine percent hospice utilization rate among its Medicare patients, with an average length of stay of 38 days and a readmission rate of 17 percent.

The source of this data is Trella Health, Medicare Claims data, Q1 2023 — Q4 2023.

The applicant emphasizes the significant benefits of hospice care for patients with respiratory conditions, noting that it can alleviate the burden of Chronic Obstructive Pulmonary Disease (COPD) symptoms. The symptom burden experienced by these patients is found to be comparable to or even worse than that of other severe chronic diseases, including heart failure, HIV, and metastatic cancer. It is reported that mental health issues, particularly anxiety, reach as high as 75 percent among COPD patients with severe airflow limitations, while depression affects up to 62 percent of COPD patients on domiciliary oxygen.

Evidence indicates that hospice care not only enhances patient longevity but also mitigates symptoms associated with COPD, thereby leading to reduced costs for Medicare. In alignment with this understanding, the applicant, VITAS, has made the provision of its Pulmonary Care program in Service Area 3B a condition of this application, in addition to offering the services of a respiratory therapist.

Exhibit 51 on page 143 presents data derived from Medicare Fee-for-Service Claims concerning hospitalizations in the service area for patients diagnosed with sepsis. The findings illustrate that both acute care hospitals have reported an average hospice length of stay that is shorter than the state average for sepsis patients. This reduced length of stay suggests that patients may not have timely access to hospice services as their condition advances. The applicant notes that enhanced educational efforts targeted at hospital referral sources could contribute to improving this scenario.

According to Exhibit 51, which addresses CMS hospital discharges to hospice for sepsis patients under Medicare Fee-for-Service, the data indicates:

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- HCA Florida Ocala has nine percent of its Medicare patient population with 877 patients utilizing hospice services at a rate of 18 percent, with an average hospice length of stay of 24 days compared to the state average of 26 days.
- AdventHealth Ocala has an 11 percent patient population, which includes 418 utilizing hospice services at a utilization rate of 21 percent and an average length of stay of 21 days, also below the state average of 26 days.

The source for this data is Trella Health, Medicare FFS Claims data, Q1 2023 - Q4 2023.

As previously articulated in this application, sepsis represents a condition where hospice care can provide substantial benefits to patients. It is critical to increase awareness regarding the advantages of hospice care for individuals diagnosed with sepsis to ensure that patients receive appropriate care throughout the various stages of their illness.

Summary of Hospice Needs in Service Area 3B

The Agency has projected that there is a need for hospice services for 832 patients in Service Area 3B, as outlined in the August 2024 Florida Need Projection for Hospice Programs publication. In response to this identified need, VITAS has recognized the necessity for an additional hospice program to serve underserved patients and communities within the area. Through comprehensive discussions with community leaders, local organizations, health care providers, and an analysis of existing data, VITAS has highlighted several critical issues impacting hospice services in Service Area 3B:

- 1. Shorter Length of Stay:** Two of the three existing hospices have average hospice lengths of stay (ALOS) that fall below the state average. This limits patients' access to the full range of hospice benefits and the cost savings associated with hospice care.
- 2. Minimal Continuous Care:** Existing hospices offer limited continuous care, which is vital for enabling hospice patients to remain in their homes.
- 3. Inadequate Support for High-Acuity Patients:** The current providers are not equipped to deliver hospice care for high-acuity patients requiring complex medical modalities, hindering their ability to age in place.

- 4. Subpar ALOS for Key Conditions:** The average length of stay for cardiac, cancer, and respiratory patients at two of the three existing hospices is below the state average.
- 5. Need for Education:** There is a need for diagnosis-specific education, hospice eligibility training, and other programming for area clinicians to raise awareness and improve the uptake of hospice services for patients facing end-stage diseases.
- 6. Communication Gaps:** A lack of education about hospice benefits among providers may perpetuate stigma, resulting in eligible patients either not receiving hospice services or experiencing shortened stays.
- 7. Coordination Issues:** Significant deficiencies in coordination, collaboration, and communication exist between current hospices and physicians concerning patient well-being.
- 8. Response Times and After-Hours Support:** Health care providers have reported long response times from current hospice providers and insufficient after-hours support.
- 9. Community Demographics:** The service area is experiencing increased diversity, particularly within Hispanic and African American populations, highlighting the need for culturally sensitive outreach and care.
- 10. Veteran Population Needs:** As a large veteran population exists in the area, with the Florida Legislature approving a veterans nursing home in Marion County, specialized programming and support are essential to cater to their unique needs.
- 11. Support for Vulnerable Populations:** Vulnerable communities, such as the impoverished, food insecure, and homeless individuals, require increased education and access to hospice services. Additionally, migrant and seasonal workers also need similar support.
- 12. Healthcare Access Issues:** Several areas in Marion County are designated as Health Professional Shortage Areas, limiting access to health care services, particularly for residents facing financial barriers.

13. Mental Health Concerns: There is a pressing need for education on the availability and accessibility of behavioral health programs and services, considering the mental health issues prevalent in the community.

14. Emergency Services Utilization: High utilization of emergency services in the county underscores the need for first responders to receive education regarding goals of care and hospice eligibility to help mitigate this issue.

In response to these identified needs, VITAS has developed an array of comprehensive outreach, educational, and staff training programs tailored to address gaps in care and the unique requirements of patients in Service Area 3B. The organization possesses the experience and expertise necessary to effectively serve a diverse range of patient types, communities, and clinical environments. Further details on these programs and resources are elaborated on elsewhere within the application.

VITAS offers a range of programs designed to address the specific needs identified in Service Area 3B. These programs, which have been previously outlined in this report, include comprehensive outreach and educational initiatives, as well as staff training resources aimed at improving hospice service delivery and patient care. They are tailored to bridge the existing gaps in care, enhance awareness about hospice services, and ensure culturally competent support for diverse communities in the area.

These programs and resources focus on addressing the unique challenges faced by various patient populations, including high-acuity patients, veterans, and underserved communities. By leveraging its experience and expertise, VITAS aims to improve access to hospice services, foster collaboration among health care providers, and provide the necessary education to reduce stigma and enhance understanding of hospice care benefits.

For detailed descriptions and specifics of these programs, please refer to the earlier sections of the application.

Projected utilization for VITAS in Service Area 3B has been forecasted based on its experience in Florida during the calendar year 2023. The anticipated patient counts for the first two years of operation are detailed in Exhibits 52 and 53 both on page 146.

- Year 1: 589 patients
- Year 2: 640 patients

This growth reflects VITAS' strategic approach to capturing market share by addressing the needs identified in the service area, as well as leveraging its expertise in providing hospice care. These projections aim to demonstrate VITAS' commitment to meeting the needs of the community and providing quality hospice services to those in need.

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.**

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) contends that its providing hospice services across 18 Florida counties, including four that border Marion County, give it a strong understanding of the area's demographics and needs. The demand for hospice services in Marion County is evident, especially as research indicates a population increase, particularly among the Hispanic community and individuals aged 65 and older. This demographic shift suggests that the need for hospice services will continue to rise.

Haven states it is dedicated to serving indigent and low-income populations, regardless of race, ethnicity, religious affiliation, or ability to pay. The organization is committed to reaching out to all segments of the population in the service area to ensure that those in need of care receive the support they require.

According to FLHealthCHARTS' Mortality Dashboard, cancer and heart disease are the leading causes of death in Florida and Marion County. Additionally, CDC data indicates that heart disease and cancer are also the top causes of death among Hispanics. Haven currently serves patients with end-stage heart disease and has a specialized team experienced in managing this condition. The clinical team creates customized care plans that prioritize patients' preferences and support their right to self-determination during

terminal illness. Haven plans to extend its services to address the needs of residents in Service Area 3B suffering from end-stage heart disease.

Haven projects admissions of 155 in the first year and 284 in the second year and notes that with the 2026 projection of a need for 4,880 hospice patients, its first-year projection represents only 18 percent of the additional patients needed, allowing for growth among all providers in the area. This planned market share ensures the financial viability of Haven's proposed project. In alignment with the identified need for additional hospice services in Service Area 3B, Haven's assessment of population dynamics, mortality rates, and community needs indicates that a new provider committed to serving a diverse patient base—including those with cancer, end-stage heart disease, patients aged 65 and older, and Hispanic communities—is essential to improving access to hospice care for residents.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) asserts that it qualifies for the specified preference. As highlighted in Section 1, Need Analysis, there exists a significant need among populations in Service Area 3B. The analysis identifies various groups within this area experiencing unmet needs, as detailed below:

- Seniors aged 65 and older, including those residing in nursing homes and assisted living facilities
- Minority groups, including African Americans and Hispanic/Latinx individuals
- Veterans
- Members of the Lesbian, Gay, Bisexual, and/or Transgender (LGBT) community
- Low-income and homeless individuals
- Residents suffering from cardiovascular and pulmonary diseases

The applicant notes that perceptions surrounding hospice care, and the health care delivery system can impact admissions to hospice services. Additionally, the lack of available resources poses another barrier to access. AccentCare of North Central Florida intends to address these challenges and proposes solutions aimed at increasing hospice enrollment among these underserved populations (see Schedule C Conditions).

Arc Hospice of Florida, LLC (CON application #10813)

summarizes its Service Area 3B need argument noting that further detail is included throughout this application. Topics covered in its response include:

1. Demographic Trends and Expected Growth
2. Access and Availability of Hospice Services
3. Enhance Access to Disease-Specific Care
4. Enhance Access to Ethnic Community-Specific Care
5. Enhance Access to the Homeless and Low-Income Populations
6. Enhance Access for the Veteran Population
7. Other Specialized Experience
 - a. Ability to Enhance the Continuum of Care and Build Effective Relationships
 - b. Provider with Extensive Programming
 - c. Ability to Extend Its Cultural Connections Outreach and Education Program to Bridge Cultural Differences

Bristol Hospice – Marion County, LLC (CON application

#10814) states projections from the Fixed Need Pool indicate that residents of Marion County are anticipated to require approximately 4,880 hospice admissions between January and December 2026. This expected demand exceeds the current service area admissions, which are projected to be 4,048. Additionally, this figure surpasses the net need benchmark of 350, underscoring a general need for an additional hospice program to adequately serve the community.

Bristol Hospice is fully committed to addressing this identified gap in hospice care and aims to provide services to all Marion County residents who are appropriate candidates for hospice, particularly focusing on traditionally underserved populations. This includes individuals who are low-income, racial and ethnic minorities, women, persons with disabilities, and other groups that may face barriers to accessing health care services.

In response to the community's needs, the applicant conducted a comprehensive community health needs assessment that highlighted several vulnerable groups expected to be underserved if a new hospice program is not approved. The critical findings include:

- 1. An older and aging population:** With an increasing number of older adults in the community, there is expected to be a greater demand for hospice services. This demographic shift will influence not only the rate of hospice utilization but also the types and locations of services needed to best support this population.
- 2. Facility-based patients:** A notable population in skilled nursing or assisted living facilities may require hospice services, highlighting the need for hospice programs that can effectively serve patients in these settings.
- 3. Specific health conditions:** There is a significant number of patients with complex medical needs related to cancer, heart disease, and neurological conditions such as Alzheimer's and Parkinson's disease. Tailored support for these conditions is necessary to enhance the quality of care provided.
- 4. Low utilization among low-income groups:** Many residents at or near the poverty level exhibit low rates of hospice service utilization, which indicates barriers to accessing necessary health care services. Bristol aims to implement outreach and support initiatives to improve access for these populations.
- 5. Racial and ethnic minorities:** Black, Hispanic, and other minority communities generally have lower access to hospice services compared to White populations. Targeted efforts will be essential to address these disparities and ensure equitable access to care.
- 6. Veteran population:** The county has a large veteran demographic that may require specialized hospice services. Bristol plans to develop programs specifically tailored to meet the unique needs of veterans.
- 7. Residents with specific religious identities:** The diverse religious population in Marion County also necessitates consideration in hospice care planning to ensure cultural and spiritual needs are met.

The insights derived from the community health needs assessment are pivotal for developing effective operational and clinical programming commitments, as detailed in the Project Summary section of the application. This information not only guides Bristol

Hospice's strategy for addressing the unmet needs of the community but also informs the specific actions outlined in Schedule C of the application.

Community Hospice of Northeast Florida, Inc (CON application #10815) states it is committed to addressing the unmet needs of Marion County through a comprehensive, multichannel strategy that emphasizes education and outreach. A dedicated team comprised of Healthcare Relations Representatives, Clinical Educators, Community Palliative Care specialists, and Community Outreach Coordinators will work directly within Service Area 3B to enhance hospice utilization.

To broaden its reach and effectiveness, Community Hospice will leverage both digital and physical channels for public relations, advertising, and advocacy. This includes traditional methods such as billboards, bus wraps, newspapers, and radio, as well as engagement through social media platforms. Each of these channels will serve as a vital conduit for distributing resources, guides, and tools designed for patients and caregivers.

The objective of these initiatives is to raise awareness of the unique benefits of hospice care at the end-of-life, with a particular focus on reaching individuals earlier in their disease progression. By doing so, Community Hospice aims to better prepare all parties involved to recognize the value of hospice care and the support it can provide to patients and their families. These efforts are centered around creating a more informed community where hospice services can be utilized to their fullest potential.

The data analysis conducted by Community Hospice reveals a significant and pressing need for improved hospice services in Marion County. Engaging with various stakeholders in the community during the needs assessment phase has further confirmed these unmet needs. This assessment highlighted a prevalent perception of a lack of responsiveness, as well as concerns regarding the quality of available hospice services in the region. In response to these findings, the efforts outlined are specifically designed to elevate awareness and enhance the overall perception of hospice care, ultimately aiming to increase its utilization within the community.

In addition to targeted outreach and education initiatives, Community Hospice plans to introduce a diverse array of programs and services aimed at engaging patients and families earlier in the disease progression. This proactive approach seeks to mitigate the

tendency to introduce hospice care only during medical emergencies, fostering a more supportive environment for patients and caregivers. Unlike other programs that may concentrate primarily on hospital settings, Community Hospice will prioritize community outreach and address pre-acute needs for services, ensuring that individuals and families have access to the resources and support they need when they need it most.

These multifaceted strategies aim to transform the community's approach to hospice care, making it a more accessible and understood option for those facing terminal illnesses. By establishing a strong foundation of education, outreach, and early engagement, Community Hospice is committed to reshaping the perception and utilization of hospice services in Marion County.

Community Hospice states it is set to launch a comprehensive palliative care initiative that incorporates an innovative approach to Advance Care Planning through the Honoring Choices Florida program, which was developed specifically by Community Hospice in North Florida. Additionally, we will offer a collaborative bereavement support system that extends beyond individuals who have utilized hospice services. This robust community campaign, combining outreach, education, palliative care, advance care planning, and bereavement support, resonated well with the stakeholders we consulted. The organizations involved will become vital partners in our efforts to meet these identified unmet needs.

The aggregate need consists of several segments that were clearly delineated through our data analysis and stakeholder interviews. A significant population in Marion County comprises Military Veterans, and the experience Community Hospice has gained in North Florida equips us to partner effectively with educational institutions, outreach initiatives, and specialty care services to address their unique requirements. The Community Hospice states its Veterans Partnership represents a novel approach to collaboration with military leaders and organizations, and it is proud of the support and partners.

Equitable access to hospice care presents a challenge not only nationwide but also in our local communities, particularly for Black residents in Marion County. The disparity in the percentage of Black Medicare patients with terminal illnesses receiving hospice care underscores the urgency of addressing this need.

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Community Hospice cites its longstanding commitment to serving Black residents, particularly in Duval County, that it is dedicated to outreach, education, partnerships, and collaborative efforts, as outlined earlier in this application. This includes establishing an advisory council and partnering with ACTS2 to host Caregiver Conferences through faith-based organizations. The applicant aims to implement the Centers for Medicare and Medicaid Innovation (CMMI) GUIDE Model, which targets inequities by enhancing support for dementia patients and their caregivers.

These initiatives are designed to improve equitable access to hospice care among the Black community in Marion County, addressing a significant unmet need and ensuring that all individuals receive the compassionate end-of-life care they deserve. The applicant's assessment has identified a significant prevalence of heart and lung diseases as leading causes of death in Marion County, accompanied by high rates of emergency room visits and hospitalizations. These trends signal an urgent need for a more effective health care approach. In response, Community Hospice is committed to introducing specialty care programs in collaboration with the National Partnership for Healthcare and Hospice Innovation (NPHI) to enhance outcomes and improve access to hospice services. Notably, the Advanced Cardiac Care Program, developed in conjunction with the American Heart Association, and the Advanced Lung Care Program, created with the American Lung Association, will provide specialized care and resources for caregivers in Marion County to address these critical health issues.

Community Hospice operates as part of a broader continuum of innovative care solutions under the umbrella of its parent organization, Alivia Care. This relationship will bring a myriad of resources to Marion County, including the previously mentioned GUIDE Model. This disease-specific model, developed by the Centers for Medicare and Medicaid Innovation (CMMI), aims to enhance the experience for dementia patients and their caregivers. Alivia Care Solutions, through its Alivia Supportive Care line, is poised to offer this groundbreaking care program, extending its benefits to Marion County and bolstering Community Hospice's efforts.

Community Hospice's data analysis and consultations during the needs assessment have recognized long-term care facilities as a vital area for partnership and support. The findings revealed a notable gap in the percentage of terminally ill patients in nursing homes accessing hospice care compared to the state average, as well as concerning figures from the recent Batching Cycle Report

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(January 2026). Community Hospice cites its strong track record of success in partnering with long-term care facilities through dedicated interdisciplinary teams, educational sessions, and innovative programs like Comfort Care, which ensures that no patient dies alone.

A convergence of various initiatives will take place within the long-term care setting, including outreach and education campaigns, bereavement services for families and facility staff, specialized educational programs for long-term care personnel, the provision of volunteers for activities and visitation to alleviate social isolation, the implementation of Honoring Choices, disease-specific care programs, veterans' initiatives for residents, and the overall commitment to high-quality care. Together, these efforts are designed to enhance the perception of hospice services and increase access to care, addressing the significant unmet needs within Marion County.

VITAS Healthcare Corporation of Florida (CON application #10816) is dedicated to addressing the unmet needs of various underserved populations in Service Area 3B. Through extensive outreach and specialized programs, VITAS aims to bridge the gaps in hospice care, particularly for the following groups:

- 1. Elderly Patients (Age 65+):** This group includes individuals suffering from terminal illnesses such as heart disease, cancer, pulmonary disease, diabetes, end-stage renal disease (ESRD), and Alzheimer's disease and dementia.
- 2. Veterans:** Recognizing the unique needs of veterans, VITAS has developed specialized programming to ensure they receive the care they need in a supportive, respectful environment. This includes partnerships with veteran-focused organizations in Marion County to enhance accessibility to hospice services.
- 3. Minority Populations:** The Hispanic and African American communities in Marion County are identified as underserved, with historically low hospice utilization rates. VITAS is committed to increasing awareness among these populations through multilingual educational resources and targeted outreach efforts.
- 4. Impoverished, Food Insecure, and Homeless Populations:** VITAS acknowledges the challenges faced by individuals in these circumstances and aims to provide support and resources that cater specifically to their needs.

5. Patients Requiring Continuous Care and High Acuity

Services: VITAS recognizes the necessity for enhanced care options to enable patients to age in place comfortably.

6. Patients Who Would Benefit from Earlier Admission to Hospice:

Timely access to hospice services is crucial for improving the quality of end-of-life care; VITAS is focused on educating providers and families about the advantages of early hospice enrollment.

To further enhance its services, VITAS leverages its extensive experience in managing complex cases associated with chronic and terminal conditions. The organization provides disease-specific training for staff on conditions such as cardiac diseases, respiratory illnesses, Alzheimer's, diabetes, and ESRD.

To overcome the stigma associated with hospice care, VITAS plans to implement educational outreach in collaboration with local health care providers and community organizations. Initiatives include distributing educational materials and running its Goals of Care Preceptorship and Certification Program aimed at health care professionals and emergency responders, ensuring they are equipped to discuss hospice benefits with patients and families effectively.

Overall, VITAS is focused on raising awareness about hospice care and facilitating access for those with the most significant unmet needs, working collaboratively with community stakeholders to achieve these objectives.

- (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.**

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) states it has significant experience in providing inpatient care through its own inpatient units and through contractual partnerships with nursing homes and hospitals in its current 18-county service area. Although Haven operates five hospice care centers in Chiefland, Gainesville, Lake City, Orange Park, and Palatka, the organization prioritizes ensuring that inpatient stays occur as close to home as possible, it partners with local facilities to offer General Inpatient (GIP) and

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respite services in their facilities. In Service Area 3B, Haven plans to execute agreements with various hospitals and SNFs to ensure that inpatient services are accessible and convenient for its hospice patients.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) intends to establish contracts with current hospitals and SNFs to deliver inpatient care, actively pursuing collaborations across the area. The application's Exhibit 1 contains letters from representatives of three service area nursing homes (Aspire at Arbor Springs, The Lodge Health and Rehabilitation Center and Palm Gardens Health and Rehabilitation) indicating interest in GIP contracts.

Arc Hospice of Florida, LLC (CON application #10813) states it has already established working relationships with area nursing homes to improve access for high acuity patients along with offering home-based hospice services. Arc quotes The Club Health and Rehabilitation Center's Assistant Administrator – Amanda Wimes - "Once licensed we would be eager to discuss an agreement for general inpatient services." The reviewer notes the nursing homes' license is in review as of December 4, 2024 but it can be assumed she is discussing Arc's being licensed in Service Area 3B. ARC also quotes the Campus Admissions director for Hawthorne Assisted Living interest in GIP contracting at their long-term care facilities (Hawthorne has a 36-bed ALF and a 120-bed community nursing home in the service area), so can may be assumed she is authorized to speak for the nursing home portion of the operation.

Bristol Hospice – Marion County, LLC (CON application #10814) does not propose constructing a freestanding hospice facility and states it will contract with existing Medicare and/or Medicaid certified hospitals and SNFs to provide inpatient services.

Community Hospice of Northeast Florida, Inc. (CON application #10815) plans to deliver the inpatient care component of its program through contractual arrangements with existing Marion County health care facilities. The applicant indicates these facilities will provide 24-hour nursing care, family and visitor spaces that meet regulatory requirements, and will collaborate with Community to establish staff privileges for hospice practitioners. Community cites its contracts with Service Area 3A and Service Area 4A providers listing 20 hospitals as examples and HCA Florida Ocala Hospital letters expressing a commitment to support a general inpatient contract should the application be approved.

VITAS Healthcare Corporation of Florida (CON application #10816) will provide the inpatient care component of its proposed hospice program through contracts with local health care facilities. When patients require a higher level of care beyond what routine or Continuous Home Care can offer, VITAS will partner with hospitals and nursing homes for inpatient or respite care. Letters of support from hospitals and nursing homes are included in the application's TAB 42. Aspire at Arbor Springs Director of Nursing Wendy Smith MSN, RN stated her facility "would be eager to explore a GIP agreement" with VITAS. Alan Keese CEO, HCA Florida Ocala Hospital indicates his facility "would be willing to enter into an appropriate contractual agreement with (VITAS)...inpatient level of care". VITAS includes sample GIP contracts in the application's Tab 37.

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

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

- *Section 400.6095 (1) Florida Statutes requires hospice programs to make its services available to all terminally ill persons and their families without regard to... diagnosis, cost of therapy, ability to pay or life circumstances*
- *Section 400.6095 (5) (a) Florida Statutes requires the hospice to identify the patient's primary care giver, or an alternative plan of care in the absence of the primary care giver, to ensure the patient's needs will be met*
- *Section 400.6095(5) (c) Florida Statutes requires the hospice to assess patient and family needs, identify the services required to meet those needs, and plans for providing those services through the hospice care team, volunteers, contractual providers, and community resources*

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) states it is deeply committed to providing inclusive services to patients, irrespective of their caregiver status, diagnosis, or housing situation, including those who are homeless. This dedication is encapsulated in Haven's Non-Discrimination in Services Policy, which ensures that staff and volunteers do not discriminate against individuals based on various factors such as social status, race, religion, sexual orientation, age, or disability, among others. The policy guarantees equitable access to hospice care for all individuals seeking support.

Strategies are applied to support homeless patients involve conducting careful analyses of available local resources and explores options for homeless patients to find suitable housing. The organization recognizes that resources previously deemed unacceptable to homeless individuals may become viable options considering their health needs. For instance, Haven collaborates with local initiatives such as VA housing, emergency shelters, and faith-based resources to facilitate transitions to more stable living situations.

The applicant states Haven provides hospice care to individuals with HIV or AIDS with the same respect and attention afforded to all patients. Haven social workers and chaplains are specifically trained to offer support and counseling to patients and their loved ones, addressing the unique challenges and biases these individuals often face. The applicant also cites Haven's open access model for hospice and palliative care which is designed to prevent barriers to admission that could arise from restrictive criteria, including caregiver status, diagnosis, complexity of care, and financial considerations.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) states AccentCare provides services to individuals without a primary caregiver or stable housing. In addition to its commitment to the homeless, AccentCare upholds the mandate "No One Dies Alone," which includes provisions for those without designated caregivers. The applicant details AccentCare's four step process to address the lack of a primary caregiver to reflect its commitment to serving patients without primary caregivers.

In reference to HIV/AIDS, AccentCare notes advancements in drug development, early diagnosis, and maintenance therapy have significantly reduced the number of young deaths due to HIV/AIDS. These improvements have prolonged the lives of individuals living with the disease, resulting in lower mortality rates compared to the past. Further, Florida Department of Health's Florida Health Charts, shows 46 new HIV cases reported in Marion County in 2022, 12 new AIDS diagnoses, ten HIV-related deaths and three AIDS-related deaths.

AccentCare concludes the data underscores both the ongoing challenges associated with HIV/AIDS and the positive impact that medical advancements are having on treatment and survival rates in Marion County.

Arc Hospice of Florida, LLC (CON application #10813) 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 Hospice 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. The applicant confirms it is committed to providing support for patients 24 hours a day.

Bristol Hospice–Marion County, LLC (CON application #10814) states it is committed to serving all patients who qualify for hospice care within the service area, including homeless individuals, persons without primary caregivers, and those living with HIV/AIDS. Further, it has established a comprehensive procedure aimed at proactively identifying and addressing the needs of these patients without caregivers. During the initial visit, Bristol Hospice staff conduct a thorough assessment of the patient's functional capabilities. If the assessment indicates that the patient lacks an adequate caregiver or the ability to manage their care independently, the case manager will review any existing care plans and clarify the hospice's limitations concerning 24-hour care responsibilities. Should additional assistance be necessary, a Bristol Hospice social worker will provide support by addressing care planning issues, offering information and solutions for potential problems, and helping to arrange any needed supplementary support. Bristol includes its Availability of Family/Caregiver policy in the application's Exhibit 4.

Bristol Hospice staff follows a similar strategy for homeless patients. Social workers and staff begin with a comprehensive assessment to fully understand each patient's unique health and social circumstances. Following this assessment, the team coordinates with local shelters, social services, and other community resources to facilitate appropriate care settings for these individuals.

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For persons living with HIV/AIDS, an interdisciplinary group will perform a comprehensive patient assessment to evaluate their specific needs. This group, along with other Bristol Hospice staff, will collaborate to develop a tailored care plan that ensures compassionate and effective support for patients with HIV/AIDS. Bristol states its commitment to these vulnerable populations reflects a broader dedication to accessibility and equity in hospice care, ensuring that all patients, regardless of their circumstances, receive the care and support they require.

Community Hospice of Northeast Florida, Inc (CON application #10815) states its history of care to the homeless includes a patient living under a bridge, patients in homeless shelters and temporary housing and utilizing its inpatient centers. It has also prevented homelessness by assisting with rent and mortgage payments through its Emergency Fund and is dedicated to removing barriers to care for homeless individuals, accommodating patients regardless of their housing status. For those without primary caregivers, care planning includes interdisciplinary team visits, volunteer assignments for regular support, and continuous home care “if criteria is met” and references its Comfort Care program which ensures that no one dies alone.

VITAS Healthcare Corporation of Florida (CON application #10816) states it is committed to providing a safe and comfortable hospice environment for all residents by utilizing community and VITAS resources with the main goal to allow patients to remain in the least restrictive and most emotionally supportive settings. Terminally ill patients without at-home support will receive special attention from hospice staff. VITAS will create a caregiver network involving neighbors, relatives, friends, faith community members, and hospice volunteers to offer guidance and companionship. For patients living alone without nearby family or friends, VITAS will help them build a caregiver network or recommend qualified adult sitter services, provided it is financially feasible. VITAS will also implement its Solo Agers program in Service Area 3B to assist older adults lacking family support in their end-of-life care. VITAS will extend its services to residents experiencing homelessness in Marion County, partnering with shelter staff to provide end-of-life care.

Hospice services that will be available to shelter residents and their caregivers, include social worker visits, grief support, educating shelter staff on its protocols to assist hospice enrolled residents, secure medication storage and advanced care planning.

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VITAS cites National Health Care for the Homeless Council (NHCHC), data indicating homeless individuals have an average life expectancy of only 50 years, compared to 78 years for those who are not homeless. This population frequently faces high rates of disease, making outreach and education on end-of-life care essential for hospice programs.

VITAS states it has a longstanding commitment to providing high-quality care to hospice patients with HIV/AIDS. As many individuals with an HIV-positive diagnosis now live for decades, they increasingly face traditional causes of death, prompting VITAS to expand its range of services. All clinical staff and patient/family volunteers receive specialized training on the unique needs of those with HIV/AIDS. If approved, VITAS will offer educational programs to health care professionals in Service Area 3B, focusing on HIV/AIDS, its symptoms, and treatment medications. A sample educational presentation is available in Tab 35.

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

This is not applicable, Service Area 3B consists of one county.

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

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) cites a variety of enhanced services that exceed standard requirements, such as pet visitors, special recognition services for veterans and their families through the We Honor Veterans Program, special recognition services for first responders, inpatient care in its inpatient facilities providing a comfortable environment for patients, advance care planning workshops and education, Camp Safe Haven (children's grief support), No One Dies Alone program, after-hours support and nurse triage, Home Medical Equipment service and bereavement counselors and volunteers. The applicant contends these additional services differentiate Haven from other hospices and demonstrate its commitment to the communities it serves, including an expansion into Marion County.

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The applicant concludes that Haven consistently achieves high scores in quarterly quality ratings published by the Centers for Medicare and Medicaid Services. These ratings reflect Haven's dedication to training and supporting its clinical staff, ultimately benefiting patients and their families. Haven is also an affiliate of BrightSpring Health Services, a leading provider of comprehensive home and community-based health services for complex populations in need of specialized care.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) states it is committed to delivering a comprehensive range of core hospice services, as well as additional offerings that go beyond what is typically covered by Medicare, Medicaid, and private insurance.

To enhance access to hospice care and improve the overall quality of services for patients and their families, AccentCare provides a variety of additional services, including:

- Bereavement Program
- Leaving a Legacy Program
- Cardiac Care and AICD Deactivation Program
- Compassionate Ventilator Removals and Education
- Kangaroo Kids Pediatric Hospice & Palliative Care Program
- Camp Kangaroo Children's Bereavement Camp
- Music Therapy
- Namaste Care
- No One Dies Alone Program
- Open Access for patients on ventilators or receiving palliative radiation and chemotherapy
- Palliative Care Program
- Patient & Family Resources Hub
- Pharmacy Consultation
- Pulmonary Care Pathway Program
- Stroke/CVA Pathway Program
- Virtual Reality experiences
- We Honor Veterans initiative

These additional services reflect AccentCare's dedication to supporting patients and their families through all stages of the hospice journey, ensuring compassionate and comprehensive care.

Arc Hospice of Florida, LLC (CON application #10813) discusses in detail that it will offer Service Area 3B a wide range of programs/services for patients who are unable to pay or whose payor source does not cover certain services. Some examples

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offered include community-based bereavement services, spiritual counseling, palliative arts programs (i.e., Music, pet massage therapy, etc.), vigil program, SNF/ALF Care Collaboration Program, We Honor Veterans, hospice for veterans, homeless, and indigent, Arc Bridge: Early Integration Program and its Service Intensity Add-On Program.

Further, Arc Hospice notes that it proposes to provide annual funding of \$10,000 annually for a period of five years for programming specifically for the Jewish community and will seek accreditation with the National Institute for Jewish Hospice within 18 months of initial licensure and \$10,000 towards the Arc of Life program designated for 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 of operation. The applicant notes that the proposed program projects a total of approximately \$15,640 and \$32,195 annually in Years One and Two, respectively, of patient revenues associated with charity patients.

Bristol Hospice – Marion County, LLC (CON application #10814) proposes to offer a range of complementary services not typically covered by private insurance, Medicaid, or Medicare, aimed at enhancing patients' quality of life. Key programs include:

- **Sweet Dreams Program:** Focuses on nurturing nighttime environments, offering gentle touch techniques, aromatherapy, sound and music therapy, taste therapy, and personal care activities like face washing and foot soaking. More details in Condition 18 and Exhibit 10.
- **Bright Moments:** Designed for end-stage dementia patients, providing tools like weighted blankets, therapeutic companion bears, memory-stimulating music devices, and memory-enhancing aromatherapies. Further details are in Condition 15 and Exhibit 10.
- **Advanced Illness Management Program (AIM):** Aimed at patients with palliative care diagnoses, featuring a team of Nurse Practitioners, Palliative Care Coordinators for timely scheduling, and additional support from Social Workers and Chaplains. More information in Condition 17 and Exhibit 12.

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- **We Honor Veterans Program:** Empowers hospice professionals to meet the unique needs of veterans, focusing on respectful inquiry, compassionate listening, and acknowledgment of their service. Details in Condition 10 and Exhibit 11.
- **Virtual Reality Program:** Provides patient-specific virtual platforms honoring cultural backgrounds and offering unique cultural experiences, such as virtual trips for veterans who cannot access the Veteran Honor Flight. More details in Condition 24.

Through these services, Bristol aims to address the holistic needs of patients and enhance their hospice experience.

Community Hospice of Northeast Florida, Inc (CON application #10815) states it will offer a wide range of programs and services not covered by private insurance, Medicaid, or Medicare, enhancing the hospice experience for patients and families in Marion County. These include music therapy, comfort touch therapy, child life specialists, Pet Peace of Mind, pet therapy, community grief support, caregiver conferences, community education, specialized veterans care, an emergency services fund, and pediatric palliative care.

VITAS Healthcare Corporation of Florida (CON application #10816) indicates its distinctive care model addresses the complex needs of the communities it serves. It offers programming and interventions that many hospices do not provide and that may not be covered by private insurance, Medicaid, or Medicare. VITAS will provide a wide variety of these “non-core services.” As previously discussed, VITAS provides the following services:

- Diagnostic Specific Programs
- Life Bio
- Palliative Radiation and Chemotherapy
- We Honor Veterans
- Aromatherapy Program (Lavender Touch Experience)
- Musical Memories
- Paw Pals
- Music Therapy
- Massage Therapy
- Children's Bereavement Services

- b. **Rule 59C-1.0355(5) Consistency with Plans. An applicant for a new Hospice program shall provide evidence in the application that the proposal is consistent with the needs of the community and other criteria contained in local health council plans and the State Health Plan. The application for a new Hospice program shall include letters from health organizations, social services organizations, and other entities within the proposed service area that endorse the applicant's development of a Hospice program.**

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) notes that the Community Health Planning and Statistics for Marion County, outlines strategic priorities for the years 2020-2024 (see Tab 12). One of the key priorities identified within this Plan is improving access to health care services. While this access might not necessarily be focused on preventative care, it highlights the importance of early intervention and long-term management of health resources, which are critical in maintaining quality of life and reducing the risks of premature death and disability.

Community partners involved in the assessment have recognized various trends, factors, and events that could impact health and quality of life not only within Marion County but also in the broader regional, state, and national context. Among the most pressing trends are an increasing population diversity, an aging demographic, and a growing number of individuals living in poverty. These factors illustrate a pressing need for additional hospice providers in Marion County to meet the diverse and evolving needs of the community.

The need for enhanced hospice services in the area is further corroborated by analysis of the Fixed Need Pool, which indicates that there is a justified demand for such services. Haven Hospice has validated this need through further reference to the Plan, as well as data presented in the Hospice County Profile and Market Share analysis included in Tab 9.

By addressing these identified trends and leveraging community partnerships, the establishment of additional hospice services can play a vital role in ensuring that all segments of the population in Marion County have access to the compassionate care and support they need. This concerted effort not only emphasizes the importance of hospice care but also reflects a commitment to enhancing the overall health and quality of life for residents in the region.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) has integrated the findings from local health needs assessments into its comprehensive hospice program designed to

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serve the communities in Service Area 3B. This initiative includes insights from the latest WellFlorida Council Community Health Assessments for Service Area 3B, which are summarized in Exhibit 10.

The assessments highlight causes of death that align closely with those identified in the needs analysis for this application. AccentCare's clinical model incorporates both health and social needs, ensuring that these factors are considered in the proposed application. This holistic approach enables AccentCare to provide tailored support that addresses the unique challenges faced by the community.

Arc Hospice of Florida, LLC (CON application #10813) reiterates that it has received tremendous support for the project and provides numerous excerpts of its support letters throughout the application. Pages 160 - 176 contain excerpts from the applicant with the original letters submitted located in the application's Exhibit C.

Bristol Hospice – Marion County, LLC (CON application #10814) provides letters from a diverse array of supporters within the Marion community and the broader health system, endorsing Bristol's new hospice program. Supporters include various ALFs, SNFs, home health agencies, and hospitals, alongside community members and organizations such as Veterans Helping Veterans and the Bethel Blood and Cancer Center. Notable endorsements come from Bristol affiliates, including medical professionals and experts in advanced illness management and hospice regulation. This collective support highlights the community's strong commitment to the proposed hospice program.

Community Hospice of Northeast Florida, Inc (CON application #10815) notes it has secured several letters of support from stakeholders in the Marion County service area, which are included in Appendix B.

VITAS Healthcare Corporation of Florida (CON application #10816) has expressed its commitment to expanding hospice services in Marion County, supported by endorsements from various residents, health care providers, and institutions. Although there are no longer local or state health plans, VITAS has gathered letters of support from these parties that attest to this backing. The organization recognizes the specific needs within Service Area 3B and plans to collaborate with residents and health professionals to enhance its programs according to community needs.

The populations that VITAS aims to address include:

- Rapidly growing minority populations
- Veterans
- Residents experiencing poverty, homelessness, and food insecurity
- Solo Agers
- Patients who could benefit from earlier admission and a longer overall length of stay
- Patients suitable for Continuous Care who prefer to age in place rather than in a hospice house or returning to a hospital for symptom management

For elderly, disabled, and low-income individuals, hospice care primarily relies on Medicare and Medicaid reimbursements. With most terminally ill patients being over 65, Medicare covers hospice costs, while Medicaid covers low-income individuals. VITAS has demonstrated its commitment to serving all patients who meet hospice service criteria, regardless of their ability to pay.

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

Required Program Description: An applicant for a new hospice program shall provide a detailed program description in its certificate of need application, including:

- (a) Proposed staffing, including use of volunteers.**

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) would serve the Marion County area with a Hospice Care Team that includes a Nurse Case Manager: Medical Team of physicians and nurse practitioners, social workers, chaplains, home health aides and trained volunteers. Abode's Schedule 6 states, "NONE – NOT PROPOSING INPATIENT FACILITY".

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812): Schedule 6A projects 20.95 FTEs in year one and 36.29 FTEs in year two.

The applicant's volunteer services/programs include:

- Direct Patient Care
- Spiritual Presence
- Volunteer Vigil

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- Circle of Care Volunteers
- Loyal Friends Pet Team
- Indirect Patient Care

Accent Care notes Federal participation standards stipulate that a hospice must engage volunteers in administrative or direct patient care roles for at least five percent of the total patient care hours provided by paid hospice employees and states AccentCare fulfills this requirement.

AccentCare is committed to actively recruiting and training volunteers to become integral members of the care teams. Each volunteer will be equipped with the necessary knowledge, skills, and resources to meet or exceed established standards for patient care and management. This involvement not only enhances the quality of care but also fosters a supportive environment that enriches the overall hospice experience for both patients and their families.

Arc Hospice of Florida, LLC (CON application #10813):

Schedule 6A shows 17.80 FTEs in year one and 28.80 FTEs in year two. Arc Hospice states that its administrative director will oversee the proposed hospice Service Area 3B program and all administrative operations involved in running the program. Staffing will include a medical director and 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 Service Area 3B program will benefit from its existing hospice program in Georgia as well as affiliate programs which includes the recently operational and licensed program in Service Area 3E. The applicant's Exhibit F includes samples of policies and procedures the Service Area 3B program will use.

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

Bristol Hospice – Marion County, LLC (CON application #10814):

Schedule 6A projects 19.17 FTEs in year one and 33.95 FTEs in year two. Schedule 6A includes detailed assumptions and salary information categorized by full-time equivalents (FTEs). Bristol's Exhibit 6 provides a comprehensive set of job descriptions for key

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positions within the program, including those for the executive director, social worker, director of patient care, registered nurse (RN), certified nursing assistant (CNA), hospice liaison, bereavement coordinator, spiritual coordinator, and volunteer coordinator.

Bristol Hospice anticipates that the number of volunteers will grow from 10 at the end of the first year to 20 by the end of the second year. The primary aim of hospice volunteers is to offer empathy and companionship to patients and their families during challenging moments. Their responsibilities can vary based on the specific needs of those they assist. Volunteers may engage in activities such as providing companionship, playing games, reading, going on outings, preparing light meals, running errands, offering transportation, and giving primary caregivers a chance to take a break and recharge.

Community Hospice of Northeast Florida, Inc (CON application #10815): Schedule 6A projects 26.3 FTEs in year one and 47.4 FTEs in year two. Community Hospice plans to grow its volunteer support by recruiting 12 to 15 volunteers annually. Volunteers will engage in various activities, including creating memory-making pillows from loved ones' clothing, offering supplementary spatial support, assisting with Pet Therapy and Pet Peace of Mind, making weekly tuck-in calls to check on patients, and providing bereavement support by informing families about available services.

Additional roles include responding to same-day emergency requests, tutoring a minor patient, donating hand-crocheted lap blankets through the Rocking Chair Ministry, mentoring new volunteers through shadowing, and fulfilling final wishes, as demonstrated by the community's effort to complete quilts for a patient by Christmas.

Community Hospice anticipates that volunteers will contribute around 1,000 hours of care in the first year, with a goal of over 2,000 hours in the second year. Overall, volunteers are expected to provide eight percent of patient support services.

VITAS Healthcare Corporation of Florida (CON application #10816): Schedule 6A projects 48.8 FTEs in year one and 79.5 FTEs in year two. Staffing will include a medical director and a

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general manager, who will oversee the Service Area 3B hospice program. VITAS 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.

Additional staffing positions and support functions represent an overhead allocation from existing VITAS operations. These encompass bookkeeping, accounts payable, financial reporting, education and training, quality assurance, information technology, and human resources, which includes payroll and benefits administration. Furthermore, volunteer staff hours are anticipated to equal or exceed five percent of total direct care staff hours.

In addition to core services offered by the hospice interdisciplinary team, VITAS will provide pet visits and music therapy, contingent on availability, patient volume, and care needs. If needed, supplemental staff may be used for these services, including massage therapy. Volunteers will also be engaged for pet and musical memories. These roles are detailed under Schedule 6 Staffing Patterns in the Ancillary section and within Schedule 8 for Patient Service "Homecare." For more information on VITAS' supplemental service offerings, please refer to TAB 36.

VITAS notes it employs hospice care providers nationwide, including throughout Florida and contends that it effectively recruits staff to meet its needs while ensuring that it does not draw personnel away from existing market service providers.

(b) Expected sources of patient referrals.

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) has established valuable referral relationships in its 18-county service area with health care providers, especially physicians, hospitals, long-term care facilities, and families of former patients. Specific staff members will act as liaisons with responsibilities that include:

- Building and maintaining relationships with referral sources such as hospitals, nursing homes, and assisted living facilities.
- Educating the community and providers about the benefits of home care.
- Interacting daily with health care professionals.

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- Promoting programs and services to medical professionals and community organizations.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) states that based on AccentCare's "extensive experience in other hospices throughout Florida", referrals are expected to originate from a variety of sources, including physicians, other health care providers, as well as patients and caregivers. To facilitate this process, AccentCare plans to engage in proactive outreach and educational initiatives aimed at enhancing access to hospice care.

AccentCare's multifaceted approach to education, promotion, and outreach will involve collaboration with numerous stakeholders, such as facilities, advocacy groups, religious institutions, service providers, and various professionals including physicians, social workers, funeral directors, and insurers, including Health Maintenance Organizations (HMOs). Other referral sources include nursing homes, hospitals, ALFs, HHAs, dialysis centers, social services organizations, families and individuals.

AccentCare's application includes letters of support that specify these sources, highlighting the strong network of connections it will leverage to facilitate access to hospice care for the community.

Arc Hospice of Florida, LLC (CON application #10813) expects patient referrals from physicians, nursing homes, ALFs, hospitals, home health agencies, families and friends, patient self-referral, insurers, faith communities and community-social services organizations, and other services/program affiliates.

Bristol Hospice – Marion County, LLC (CON application #10814) anticipates patient referrals will come from various sources, based on its experience operating hospice programs in Florida and across the nation. During the "New Start" phase, most referrals are expected to originate from assisted living facilities (38 percent) and physicians (29 percent). As the program matures, it is projected that the percentage of referrals from physicians will increase significantly to 41 percent, reflecting an increased reliance on medical professionals as a source of patient intake.

In contrast, referrals from ALFs are expected to decrease to 29 percent as the program becomes more established. Family referrals will also see a marked decline, dropping from 30 percent during the initial phase to just three percent as the program matures.

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Other sources, such as hospitals and nursing homes, will contribute smaller percentages of referrals—13 percent and 12 percent initially, respectively, with only slight changes expected as maturity is reached.

Community Hospice of Northeast Florida, Inc (CON application #10815) projects that it will receive referrals from a variety of sources, including physicians, hospitals, nursing homes, and ALFs. Referrals are also expected to come from social workers, family members, clergy, and other social service organizations and professionals, thereby establishing a comprehensive network to ensure patients access the hospice services they need.

VITAS Healthcare Corporation of Florida (CON application #10816) cites its successfully established new hospice programs and states it recently engaged with various referral sources and community organizations to improve access to quality hospice care for Service Area 3B residents. Referrals are expected from physicians, hospitals, social service agencies, and more, with strong support evidenced in letters from community stakeholders in the application's Tab 42. VITAS anticipates that its positive reputation will aid in connecting with these groups.

VITAS offers a free app that includes a prognostication tool, enables quick referrals, and provides information on hospice criteria (details available in the applicant's Tab 20). VITAS' representatives will focus on collaboration with referral sources, while existing liaisons from nearby offices will support the expanded services in Marion 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.**

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**Service Area 3B Applicants
Admissions by Payer Source
Years One and Two**

Year One	Abode	AccentCare	Arc	Bristol	Community	VITAS
Medicare	120	207	201	212	287	546
Medicaid	11	7	8	5	3	12
Charity					9	6
Self-Pay	3	3	2	15	3	25
Com Ins	11	3	5	12	9	
Total	145	220	180	*243	*312	589
Year Two						
Medicare	298	349	295	444	624	593
Medicaid	28	11	11	10	7	13
Charity					20	
Self-Pay	7	6	3	10	6	7
Com Ins	28	6	8	24	20	27
Total	361	*371	365	488	678	640

Sources: CON application #10811, page 12. CON application #10812, page 2-45, table 2-2, CON application #10813, page 178, figure 46, CON application #10814, page 51, CON application #10815, page 90, CON application #10816, exhibit 55, page 157.

Note: * These number are off by 1, most likely due to rounding.

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

**Service Area 3B Applicants
Admissions by Terminal Illness
Years One and Two**

Year One	Abode	AccentCare	Arc	Bristol	Community	VITAS
Cancer	45	59	58	55	83	145
Non-Cancer	100	161	158	189	229	444
Total	145	220	216	*243	312	589
Year Two						
Cancer	112	99	84	110	181	157
Non-Cancer	249	273	232	378	497	483
Total	361	*371	*317	*489	678	640

Sources: CON application #10811, unnumbered, CON application #10812, page 211, table 2-3, CON application #10813, page 178, figure 47, CON application #10814, page 52, CON application #10815, page 91, table 19, CON application #10816, page 157, exhibit 56.

Note: * These number are off by 1, most likely due to rounding.

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

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**SA 3B Applicants
Projected Admissions by Age Cohort
Years One and Two**

Year One	Abode	AccentCare	Arc	Bristol	Community	VITAS
Under 65	17	23	23	28	44	61
Over 65	128	196	193	215	268	528
Total	145	220	216	243	312	589
Year Two						
Under 65	43	39	34	56	181	67
Over 65	318	332	283	432	497	573
Total	361	371	317	488	678	640

Sources: CON application #10811, unnumbered, CON application #10812, page 2-46, table 2-4, CON application #10813, page 178, figure 48, CON application #10814, page 52, CON application #10815, page 91, table 19, CON application #10816, page 146 & 158, exhibit 53.

(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*

Abode Hospice of Florida, LLC (d/b/a Haven Hospice (CON application #10811)) states it provides all its core services directly through its staff and volunteers, including nursing, social work, pastoral and counseling services, dietary counseling, bereavement counseling, home health aides, pharmacy services, supplies and durable medical equipment, homemaker and chore services, and

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physician services. Routine Home Medical Equipment (HME) and Durable Medical Equipment (DME) are provided by Haven's licensed DME company.

Services provided through contractual arrangements include physical, occupational, and speech therapy; massage therapy; wound care consultation; patient transportation services; infusion therapy; respiratory therapy; and liquid oxygen and specialty HME/DME equipment.

Non-core services are delivered based on patient needs and in accordance with applicable laws and regulations. While these services are arranged through external providers, Haven Hospice maintains responsibility for care management.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) states its services are primarily delivered by its dedicated employees, with substantial assistance from trained volunteers. AccentCare contracted therapy-related services include physical, respiratory, speech, massage, art, and occupational therapies. Acupuncture and palliative care services are also contracted services. The applicant notes specific services provided by both employees and volunteers and further details regarding the integration and utilization of volunteers within the hospice care model have been outlined in previous sections.

Arc Hospice of Florida, LLC (CON application #10813) indicates that its staff will directly deliver, care/case management, home care, bereavement, respite, after hours triage, nursing, social services, dietary counseling, spiritual counseling/Chaplains, infusion, pharmacy, DME/medical supplies, patient and family education/support, volunteer services, quality measurement and reporting, infection control, integrative therapies, professional/community outreach and education, and palliative care (non-Certificate of Need service) and others.

Arc Hospice cites AHS's "extensive array of administrative functions, all provided in-house," and lists 22 of these including, billing and collections, finance, human resources, policies and procedures, etc. The application's program summary pages 11-21 include detailed descriptions of its hospice services with volunteer services detailed on page 16.

Bristol Hospice – Marion County, LLC (CON application #10814)

provides comprehensive hospice care, such as registered nurses, nurse practitioners, and certified nursing assistants. A licensed clinical social worker and a spiritual coordinator (chaplain) are direct staff to ensure that emotional and spiritual needs are met.

Contractually specialized services include medical directors, physical, occupational, and speech therapists, dietary counselors, and complementary therapies. Bristol Hospice will employ dedicated volunteer coordinators and bereavement coordinators on our team to ensure that not only do patients receive care, but their families are supported throughout the process. For a detailed description of volunteer services, please refer to the "Use of Volunteer" section above.

Community Hospice of Northeast Florida, Inc (CON application #10815) states

it will primarily provide its services through employed staff and volunteers, while certain specialized services will be procured through contract labor. These services include physical, occupational, and speech therapy, laboratory and radiology services, inpatient care, and durable medical equipment.

VITAS Healthcare Corporation of Florida (CON application #10816)

core services include physician, nursing, social work, pastoral counseling, and dietary counseling, through its staff. In addition, VITAS will provide Respiratory Therapy, pet visits, and music therapy, with services delivered by a licensed music therapist. The availability of these services will depend on patient volume and care needs, and supplemental staff may be employed for functions like massage therapy. Volunteers will assist with pet visits and music therapy as well.

(g) Proposed arrangements for providing inpatient care.

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811)

plans to offer inpatient hospice services in the first two years of operation, drawing on its experience from existing service areas. The organization is skilled in providing inpatient care through its own units, leased spaces, and contracts with nursing homes and hospitals in its 18-county service area. Prior to starting services in Service Area 3B, Haven Hospice will secure all necessary agreements with local hospitals and nursing homes and anticipates providing nearly all inpatient hospice care in Marion County through these arrangements. The applicant is confident in its ability to establish appropriate agreements in a timely manner to meet the needs of its patients.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) proposes to establish contracts with one or more hospitals or SNFs to provide general inpatient care prior to receiving its licensing. The care team at AccentCare will ensure clear communication with patients and their representatives about the availability of short-term inpatient care options that focus on pain control, symptom management, and respite care. They will also provide information regarding the specific facilities with which the hospice has contractual agreements.

AccentCare holds the responsibility for the overall care of the patient, and it is committed to maintaining high standards of training for personnel who will deliver care in the inpatient setting. This includes ensuring that documentation of training, as well as the names of the trainers, is thoroughly maintained.

In respecting the rights of patients, AccentCare acknowledges that patients have the right to refuse communication with individuals not directly associated with their care. This includes visitors, vendors, accreditation surveyors, or representatives from community organizations. The policies of the inpatient providers must align with AccentCare's practices, committing to adhere to patient care protocols established by the hospice. Inpatient providers are required to notify AccentCare of any significant changes in the patient's condition, treatment orders, and other relevant care events.

The contractual agreements with inpatient providers will address specific spatial requirements to create a supportive environment for patients and their families. These include:

- Private spaces for family visitors, allowing for visits at any time, including accommodating young children.
- Overnight accommodations for family members wishing to stay with the patient.
- Space for personal items to promote a sense of home for patients.
- Facilities for food preparation to enable families to care for their loved ones.
- Privacy accommodations for families after a patient's death.
- A homelike design and function of the inpatient space to foster comfort and familiarity.

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To ensure comprehensive patient care, the general inpatient care arrangement mandates that the clinical record for the hospice patient includes all services delivered and relevant care events that took place at the facility. A copy of the inpatient medical record, along with discharge documents, must be supplied to AccentCare to facilitate the continuation of care once the patient resumes services at home.

While there is demonstrated interest from hospital and nursing home staff to collaborate with AccentCare for general inpatient support, corporate ownerships have not yet endorsed these partnerships. If the CON is approved, AccentCare plans to actively seek contracts with service area nursing homes to ensure that residents have adequate access to inpatient care within their communities, minimizing the need for transfers to hospitals outside their county of residence. AccentCare's prior experience in securing contracts across the state provides confidence in its ability to establish reliable service coverage.

Arc Hospice of Florida, LLC (CON application #10813) indicates it will have contractual arrangements with Service Area 3B hospitals and nursing homes for inpatient and respite needs. Further, it has established working relationships in Service Area 3B, citing The Club Health and Rehabilitation Center, which has 68 beds and Hawthorne Assisted Living's Campus Admissions Director (a 36-bed ALF), having expressed willingness to provide general inpatient beds (Exhibit G). It is not certain that the ALF admissions director speaks for Hawthorne's 120-bed nursing home.

Bristol Hospice – Marion County, LLC (CON application #10814) states it is committed to establishing comprehensive inpatient care services for its patients by contracting with local Medicare and/or Medicaid-certified hospitals and SNFs that align with its dedication to quality and compassionate care. In selecting prospective partnerships, Bristol indicates that facilities must demonstrate the capability to provide 24-hour nursing services, ensuring the availability of a registered nurse on each shift to deliver direct patient care. Potential partners must show a firm commitment to following each patient's specific plan of care, which encompasses treatments, medications, and dietary requirements, ensuring patient comfort and safety.

Bristol will assess the implementation of comprehensive disaster preparedness plans and adherence to all applicable health and safety regulations, guaranteeing a safe environment for our

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patients. Facilities must have established protocols for access, documentation, and disposal. Secure storage and strict accountability for emergency medications, including controlled substances, are also essential criteria; facilities must have.

The applicant's strategy for inpatient care arrangements comprises developing written agreements with each facility that clearly outline the roles, responsibilities, and care delivery protocols to ensure seamless integration of services while adhering to established patient care standards. Furthermore, it plans to provide appropriate training for inpatient care personnel to ensure alignment with our hospice care protocols, particularly regarding procedures for post-mortem care.

A key responsibility of the Bristol Hospice team will be the coordination of admissions to and discharges from inpatient care. This will involve ensuring an efficient transition for the patient and their family, obtaining necessary orders for care level changes from physicians or authorized practitioners, and facilitating communication among all interdisciplinary team members involved in the patient's care.

For additional details, Bristol Hospice's Inpatient Services Policy can be found in Exhibit 4, Policy No. 9-029, and sample inpatient contracts are available in Exhibit 5.

Community Hospice of Northeast Florida, Inc (CON application #10815) states that it will contract with area hospitals and SNFs.

VITAS Healthcare Corporation of Florida (CON application #10816) will create inpatient agreements in the service area. Patients' inpatient and respite needs will be addressed by existing hospitals and nursing home facilities. Sample agreements are in the application's in Tab 37.

VITAS states it has 352 inpatient agreements with Florida facilities and is adept at identifying facilities for effective hospice service delivery. Several letters of support in Tab 42 indicate interest in contracting with VITAS for inpatient care. Contracts will be developed with local Service Area 3B hospitals and nursing homes to enhance the support VITAS has already acquired.

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

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) states it does not intend to construct a freestanding inpatient facility in Service Area 3B now or in the future. Consequently, it does not expect to allocate any beds specifically for inpatient care and given the anticipated low daily census of inpatient days, it plans to operate without a fixed number of designated inpatient beds.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) has no plans to construct or operate a freestanding inpatient hospice facility during the first two years of operation. The applicant recognizes that establishing such a facility requires obtaining a certificate of need, which can only be submitted once an operational program is in place.

In the early stages, AccentCare intends to contract for "scatter beds" within nursing homes and hospitals throughout the service area. Currently, there are no contracts in place to establish dedicated inpatient units with a specified number of beds.

Arc Hospice of Florida, LLC (CON application #10813) states this is not applicable and will contract with existing health care facilities for inpatient beds when needed.

Bristol Hospice – Marion County, LLC (CON application #10814) states this question is not applicable as it does not propose constructing a freestanding hospice facility. Bristol will contract with existing Medicare and/or Medicaid certified hospitals and SNFs to provide inpatient services.

Community Hospice of Northeast Florida, Inc (CON application #10815) forecasts approximately 809 GIP patient days in Year One and 1,820 GIP patient days in Year Two, which it projects will need for three to five GIP beds, which will be made available in contracted facilities.

VITAS Healthcare Corporation of Florida (CON application #10816) will pursue inpatient agreements within the service area upon receiving CON approval. HCA Florida Ocala Hospital has expressed support and confirmed their willingness to contract with VITAS for inpatient level care. In Year Two, VITAS projects a total of 882 inpatient days for the proposed hospice program.

To ensure convenient access for patients and to effectively manage fluctuations in census, VITAS plans to contract for additional beds as necessary, although the exact number of beds required has not yet been determined. Importantly, VITAS will only pay for the bed-days utilized, meaning the expense budget will remain stable regardless of the number of beds under contract.

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

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) states criteria for inpatient care are based on two distinct levels: General Inpatient Care (GIP) and Respite Care, both of which require an order from the patient's attending physician. The organization adheres to the Conditions of Participation for Medicare and Medicaid, as well as the accreditation standards set by the Accreditation Commission for Health Care, in establishing the criteria for admitting patients to the inpatient level of care.

General Inpatient Care (GIP) is initiated when managing a patient's pain or symptoms at their place of residence proves unsuccessful. This level of care is intended to be a short-term intervention, with the expectation that the patient will return to their previous care setting once their needs are stabilized.

GIP may be warranted in several situations: for instance, when a patient is experiencing a significant pain crisis that cannot be effectively managed at home, or when they face severe nausea and vomiting requiring immediate medical intervention. It is also appropriate for patients with advanced wounds that necessitate frequent changes in treatment and close monitoring. Additionally, GIP is crucial in cases of respiratory distress, where significant difficulties in breathing require skilled nursing care.

Moreover, patients presenting with agitation, severe anxiety, or delirium may need GIP, particularly when these mental health crises cannot be adequately managed in a home setting. The criteria also apply to patients experiencing a rapid decline in health that demands frequent nursing interventions and those in situations where imminent death is anticipated and skilled nursing needs arise.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) is committed to providing inpatient hospice care focused on pain control, symptom management, and respite services through contracted facilities that participate in Medicare or Medicaid. Below are the key assurances regarding this care:

1. Information Provision: Patients will be informed about the options for short-term inpatient care and the names of collaborating facilities.
2. Inpatient Care Standards: Care will be delivered under a written agreement with facilities providing 24-hour nursing services, including a registered nurse on each shift.
3. Respite Care Guidelines: Respite care may be offered for up to five days to relieve family caregivers, with required 24-hour nursing support to meet each patient's individualized care plan.
4. Regulatory Compliance: Compliance with all relevant hospice, skilled care, intermediate care, and hospital regulations will be maintained.
5. Facility Policies: Inpatient providers must accommodate family needs, including space for visits, overnight stays, personal items, food preparation, and homelike décor.
6. Patient Privacy: Patients have the right to refuse communication with anyone not directly involved in their care.
7. Written Agreements: Agreements with facilities will cover:
 - AccentCare's responsibility for patient care.
 - Provision of the patient's care plan and timely updates.
 - Immediate communication of any changes in patient condition by the facility.
 - Adherence to AccentCare's care protocols by the facility.
 - Documentation of inpatient services and discharge summaries shared with AccentCare.
 - Criminal background checks for staff with patient contact.
 - Designation of an individual responsible for the agreement's implementation.
 - Assurance of staff training and compliance verification.

These guidelines ensure AccentCare provides quality, compassionate inpatient hospice care to meet patient and family needs.

Arc Hospice of Florida, LLC (CON application #10813) 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 Hospice interdisciplinary team will evaluate patients to determine continued need for inpatient care.

Bristol Hospice – Marion County, LLC (CON application #10814) states general inpatient care will be provided in accordance with the standards set forth by Medicare, Medicaid, and private insurance hospice benefits. For a patient to be deemed suitable for admission to general inpatient care, one or more specific clinical criteria must be met. Admission decisions are determined on a case-by-case basis, following evaluation by the hospice interdisciplinary group in collaboration with the patient's attending physician. The admission criteria encompass:

- Pain control that cannot be effectively managed in a home care setting.
- Other symptoms:
 - Rapid decline due to various factors, such as bleeding, which cannot be managed at home.
 - Fluctuating or deteriorating mental states, including psychosis, severe confusion, or combativeness, that necessitate medication adjustment, environmental changes, or psychological intervention.
 - Severe shortness of breath or respiratory distress that presents significant challenges for the patient and family or caregiver in the home environment.
 - Persistent nausea or vomiting.
 - Open lesions that require frequent professional care, such as decubitus ulcers, malignant ulcerations, burns, severe abrasions, or fistulas needing dressing changes at least twice a day.
 - Complex medical care demands, such as frequent nasotracheal suctioning, gastrointestinal suctioning, or parenteral injections, and management of draining fistulas.
 - Ongoing close monitoring of unstable recurring medical conditions, such as hemorrhage, severe anemia, severe hypertension, unstable diabetes, recurrent significant electrolyte disturbances, recurrent seizures, rapidly reaccumulating ascites or pleural effusions requiring multiple taps, or recurrent aspiration.

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- Additional issues will be assessed and evaluated individually.
- Psychosocial pathology includes:
 - Assessment of disturbed mental status, including hallucinations, delusions, paranoia, intense agitation, or combativeness, which require intensive monitoring.
 - Severe depression or anxiety, especially with suicidal thoughts, discussions of euthanasia or assisted suicide, or extreme withdrawal leading to insufficient oral intake.

For a patient to qualify for continued general inpatient care, at least one of the clinical criteria must persist. The determination of continued inpatient care will be made individually, based on assessments by the interdisciplinary group, including the hospice medical director, in consultation with the patient's attending physician. Discharge will not be routine if the patient requires ongoing inpatient care.

Community Hospice of Northeast Florida, Inc (CON application #10815) states that Medicare regulations outline the conditions for admitting hospice patients to an inpatient unit, and these have been integrated into Community Hospice's inpatient admission criteria found in Appendix I of this application.

VITAS Healthcare Corporation of Florida (CON application #10816) states decisions regarding inpatient admissions will be guided by the patient's physical condition, the capacity of family caregivers, and the patient's wishes. Inpatient admissions are typically for respite care or short stays, lasting up to five days. Hospice patients may be admitted when their pain or symptoms cannot be adequately managed at home, often as part of a temporary solution. This inpatient care is primarily aimed at adjusting the patient's medications and reassessing their care needs. Once the patient is stabilized, they can usually be discharged back to their home.

Respite care episodes are particularly beneficial as they provide caregivers and family members a much-needed break from their caregiving responsibilities. VITAS is also equipped to deliver Intensive Comfort Care services to patients in their homes, with shifts available of up to 24 hours a day. This capability often

allows medically appropriate patients to avoid admission to inpatient units, enabling them to spend their final days in the familiar and comforting environment of their own home rather than in a hospital setting.

VITAS has established written guidelines that define eligibility criteria for facility-based care. All facilities contracted by VITAS for hospice care must adhere to licensing, regulatory, and certification requirements. Additionally, these facilities are required to provide an environment that ensures patient comfort and safety, accommodates personalized patient-directed treatment plans, and promotes family involvement in the caregiving process. Samples of inpatient agreements between VITAS and various types of providers were included in the application's Tab 37.

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

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) states this issue has been addressed in response to preference 3 above. For patients without a suitable primary caregiver at home, Haven Hospice will seek an appropriate caregiver network from among neighbors, nearby relatives, and friends who can provide the necessary supervision and assistance within the patient's or caregiver's home. If there are insufficient qualified caregivers available to ensure the patient's safety, or if 24-hour caregiving is required, the organization may recommend qualified sitter services to the patient and their family. This approach helps keep the patient in their home, where they can remain most comfortable in familiar surroundings.

In cases where home care is not feasible, placement in an ALF or nursing home may be considered appropriate. Haven Hospice can arrange this through its partnerships with local ALFs and nursing homes, ensuring that the process aligns with the patient and/or family's agreement. When a patient is placed in such a facility, Haven Hospice is able to provide residential care services, treating these settings as extensions of routine in-home care for hospice patients.

For homeless individuals who qualify for and seek hospice care, Haven Hospice will also strive to secure a temporary residential placement at one of the local shelters, an ALF, or a nursing home, as appropriate. Alternatively, they may arrange for accommodation

in one of their contracted freestanding care centers. This comprehensive approach ensures that all patients, regardless of their living situation, can access the care and support they need.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) states hospice services rely on designated caregivers in the home, but some patients may lack a primary caregiver. In such cases, hospice care is arranged to meet their physical needs, with the hospice team leader overseeing safe and effective care based on the patient's choices. The process for assessing a patient's caregiver needs involve:

1. A social worker conducts a comprehensive assessment of the patient and family. This may reveal that the patient can initially manage independently but lacks a caregiver for ongoing support. The assessment also estimates how long the patient can remain independent before needing reassessment.
2. If the assessment shows the patient cannot manage self-care and symptom control, "lack of primary caregiver" is noted, leading to:
 - A plan for regular reassessments of care needs.
 - Evaluation of the patient's ability and willingness to hire caregivers independently.
 - Discussion of prospective care needs and collaboration to develop a plan.

As the patient's condition progresses and their functional capacity declines, the care team will work with the patient and family to explore options, including:

- Utilizing a support network of friends, neighbors, and community members, with hospice team support and emergency intervention.
- Accessing AccentCare's Caregiver Relief Program for custodial care.
- Increasing volunteer visits through the Compassionate Companions Program.
- Providing medical alert devices and services through the Seasons Hospice Foundation for eligible patients.
- Potential placement in group homes, public housing, or shelters.
- Transitioning to SNFs.
- Arranging continuous care if support at home is insufficient for pain and symptom management.
- Considering placement in a general inpatient bed for unmanageable symptoms at home.

The applicant concludes that the final decision regarding care options rests with the patient.

Arc Hospice of Florida, LLC (CON application #10813) 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, the applicant 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 Hospice will work to establish relationships with various area nursing homes, assisted living facilities, and hospitals.

Bristol Hospice – Marion County, LLC (CON application #10814) recognizes the unique challenges faced by individuals without primary caregivers at home. To address the needs of these patients proactively, Bristol has established a detailed procedure designed to assess each patient's situation thoroughly and ensure that they receive the support and care they need. This procedure reflects Bristol Hospice's commitment to accessibility and equity in hospice care, ensuring that all patients, regardless of their circumstances, have access to necessary care and support.

Bristol Hospice's Availability of Family/Caregiver policy is in the applicant's Exhibit 4. The procedure for patients who do not have a primary family or caregiver member is outlined below:

1. The Hospice Case Manager (or admitting registered nurse) will identify the patient's functional capabilities during the initial assessment visit.
2. If the patient is unable to manage independently and does not have an adequate family or caregiver, the Hospice Case Manager will determine what plans the patient has for care, if any. The Hospice Case Manager will explain that hospice does not provide 24-hour family or caregiver support and does not assume 24-hour responsibility for the patient.
3. If the patient needs assistance in planning for caregiver support, a Hospice Social Worker will visit the patient to address this issue.

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4. If a problem or potential problem is identified, the Hospice Social Worker will present the patient and any available family or caregiver with information regarding possible solutions.
5. The Hospice Social Worker will assist the patient and family or caregiver in planning and arranging for additional assistance.
6. If a patient and family or caregiver refuse or are unable (e.g., due to financial considerations) to accept the plan for necessary caregiving assistance, the situation will be discussed with them.

Community Hospice of Northeast Florida, Inc (CON application #10815) understands that having a primary caregiver is not a prerequisite for receiving hospice care. Many patients desire to remain at home and maintain their independence for as long as possible. When patients do not have a live-in caregiver due to living alone or because family members have work commitments that limit their availability during the day, Community Hospice endeavors to provide the highest quality of care, regardless of the patient's living situation.

The Community Hospice care team coordinates regular visits from various disciplines—Registered Nurse (RN), Licensed Practical Nurse (LPN), Social Worker (SW), Certified Hospice Provider (CHP), Certified Nursing Assistant (CNA), and volunteers (VOL)—to ensure comprehensive support throughout the week. If needed, we may also arrange for weekend visits. During these visits, while patients are still capable of managing their own care and making decisions, Community works collaboratively with them to develop a proactive care plan. This might include identifying family members or friends who can offer additional support, accessing paid assistance at home, or initiating paperwork for Medicaid in anticipation of potential nursing home placement. General Inpatient (GIP) level of care is also advised if they meet the necessary criteria.

For those whose families are unable to provide care during the day, the focus is on supporting family members with resources and training, ensuring they are kept informed about the patient's condition and needs. The applicant's team also engages in discussions about advance care planning, assessing the patient's preferences regarding life-sustaining measures, hospitalizations, and treatment options. The goal is to provide support to help patients remain independent as long as possible while also assisting them in navigating the decisions associated with increased care needs.

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Community Hospice's Table 20 on the application's page 93, shows that in 2019, 81 patients were admitted without caregivers. This number rose significantly in subsequent years: 1,188 in 2020, 969 in 2021, 1,112 in 2022, and 1,026 in 2023. As of year-to-date 2024, there have been 492 admissions without caregivers.

VITAS Healthcare Corporation of Florida (CON application #10816) states that when a patient is living alone and is capable of self-care but lacks nearby family or friends for support, VITAS will take an active role in helping the patient establish a network of caregivers. This could involve recommending qualified adult sitter services, if this does not create a financial burden for the patient to allow patients to stay in their familiar surroundings while receiving the necessary support.

To specifically address the needs of elderly patients who live alone or have limited family or caregiver support, VITAS will introduce its Solo Agers program in Service Area 3B. The Solo Agers program is designed to ensure that elderly patients receive the assistance and resources they need, enhancing their ability to remain in a comfortable and familiar environment while receiving appropriate care. VITAS aims to provide tailored support that meets their individual needs.

(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*

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) has established extensive policies and procedures for providing bereavement services, and it intends to conduct similar programs under the proposed Marion County initiative. Haven Hospice bereavement support services begin at the time of patient admission. Through a comprehensive assessment process involving collaboration between the RN case manager, social worker, and, when appropriate, the Chaplain,

patients and their families are evaluated for complicated grief—grief made more complex by additional losses, previous conflicts, or coping challenges.

These experiences and challenges are addressed throughout the patient's time with Haven, aiming to strengthen coping mechanisms, enhance the quality of life for the patient and their family, and identify support resources that can also assist with post-death needs. This bereavement work may involve the social worker or Chaplain guiding patients in reconnecting with friends or relatives from whom they have become distant due to conflicts. In these situations, patients may need to redefine hope for themselves, utilizing rites and rituals to 'let go of the past' to better navigate the present.

Following the patient's death, Haven supports family members and caregivers through a comprehensive range of services for up to 13 months. At the time of death, Haven offers visitations to provide comfort and a supportive presence, as welcomed by the family. They also issue a booklet to the surviving family members detailing available services through Haven's Healing Hearts Department.

The bereaved receive a supportive condolence call from the team Chaplain shortly after the death, during which any questions regarding funeral services can be addressed. Additionally, familiar nurses, aides, and social workers who have worked closely with the patient and family often reach out during the first week after the death. After two weeks, the Social Worker checks in to offer further services and gently assess how the griever is coping, determining if an in-person visit may be beneficial.

Within seven days of the death, Haven sends a letter outlining the bereavement services available to the griever, along with an explanation of the subsequent mailers known as the Journey Towards Healing, which are dispatched at 30-, 90-, 180-, and 360-days post-death. Furthermore, the griever will receive follow-up phone calls from trained staff at 60, 120, 210, and 270 days following the death. Throughout this 13-month period, Haven provides opportunities for individual counseling, support groups, and access to peer support groups that gather for coffee or lunch.

The focus of Haven's bereavement support program is to reduce physical and psychological stress for the grievers, increase their ability to engage in self-care, provide ongoing support from the Haven community, and ultimately enhance their capacity to cope with the death. Haven Hospice's bereavement program also

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addresses community needs for those who may not have received Haven's services but need bereavement support. This initiative includes support groups, counseling programs in local schools following the death of a classmate, assistance to businesses affected by the loss of a coworker, and responses to community tragedies. Training on bereavement coping and care is offered to local churches, synagogues, and mosques, while individual counseling remains available for community members who find other resources insufficient.

Haven further engages the community by hosting a day-long Kids Camp and, when appropriate, an overnight teen camp, catering to both Haven grievers and community members. These camps employ professional social work and counseling staff, alongside trained volunteers, to create a safe space for children and teens to express their grief and learn coping strategies.

The initial Haven Hospice office in Service Area 3B will feature designated spaces for counseling and bereavement activities and Haven will arrange for suitable locations in other community spaces such as churches and libraries to meet specific access needs and program requirements as they evolve. Haven Hospice initiatives seek to provide holistic and responsive bereavement support for individuals and families navigating the challenges of grief.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) states AccentCare bereavement services address a range of spiritual, emotional, religious, and interpersonal needs to help ease grief, share empathy, and assist the bereaved with coping skills. Services typically continue for up to one year and may involve clergy, trained volunteers, and staff who provide counseling and comfort.

AccentCare provides several options for bereavement support:

- Group meetings allow individuals experiencing grief to discuss their loss and associated emotions, such as loneliness, isolation, and the absence of friends who may have stopped visiting.
- One-on-one interactions offer personalized support either through trained volunteers or professionals, depending on the specific needs and issues faced by individuals.

An important program is Camp Kangaroo, designed specifically for children, helping them cope with the death of loved ones through engaging and healing activities. AccentCare also facilitates access to additional programs that provide comfort and support to grieving children.

For individuals who have recently lost a loved one, bereavement programs like the Friendly Visitor Bereavement Program offer support to low-risk clients who are coping well but feel lonely or socially isolated. AccentCare also provides virtual and online bereavement support, which includes both group and individual counseling sessions, making it easier for individuals to access support they might not have sought in person.

Arc Hospice of Florida, LLC (CON application #10813) states that it offers a range of counseling services to support patients and their families as well as clergy throughout the end-of-life process including holding an annual bereavement symposium to provide local clergy and other professionals with resources to support those in grief. Arc Hospice's provides a detailed description of its bereavement counselling services on pages 186 and 188 noting these may include:

- individual counseling
- family counseling
- grief counseling which education and support, spiritual care, memorial services and events and follow-up care which provides ongoing support through follow-up phone calls or visits for 13 months after the patient passes
- spiritual counseling - Arc Hospice employs trained chaplains or spiritual care providers (team) will develop individualized plans based on assessment of the patients' religious, spirituality and existential concerns. This plan offers:
 - religious services
 - spiritual reading materials
 - music therapy
 - memorial services
 - bereavement support
 - outreach
 - Supporting patients and families as they work through experiences and feelings such as life review; sadness, anxiety, depression, fear or loss; and family conflicts

Arc Hospice confirms that it provides a range of palliative arts programs to patients and their families. Complementary therapies to provide comfort, encourage relaxation, and offer

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nonpharmacological interventions for pain management support to patients are delivered by trained, skilled team members and/or volunteers and include:

- music therapy
- pet therapy
- massage
- storytelling
- air aromatherapy
- relaxation techniques
- art therapy
- Reiki and energy healing
- mindfulness and meditation
- gentle exercise - such as tai chi, yoga, or simple stretching

Bristol Hospice – Marion County, LLC (CON application #10814)

will provide a structured bereavement program supervised by a qualified bereavement coordinator for up to one year following the death of a patient. This program will be staffed by personnel trained and experienced in addressing grief. Bereavement services will cater to the families and caregivers of hospice patients both before and after the patient's passing, in alignment with the plan of care. The objective of these services is to facilitate a normal grieving process, as well as to identify individuals who may be experiencing pathological grief reactions that could hinder the resolution and integration of their losses. The services also aim to prepare individuals to function independently of hospice and to identify a support system.

At the time of admission to hospice, a bereavement risk assessment will be conducted by the hospice social worker. Bristol's bereavement plan of care will be formulated based on this initial assessment, considering the patient and family caregiver needs throughout the course of care and at the time of the patient's death as part of a comprehensive assessment. Bereavement services will be coordinated, whenever possible, with the individual's clergy, if applicable, as well as with other community resources deemed useful and beneficial for the family or caregiver. Bristol's Bereavement Services (Policy No. 9-023) and its Bereavement Assessment policies (Policy No. 1-021) are included in the application's Exhibit 4.

Community Hospice of Northeast Florida, Inc (CON application #10815)

states it is committed to providing bereavement services for the families of its patients for at least one year following the patient's death and will develop and implement appropriate

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policies and procedures to govern the delivery of these bereavement services. Bereavement support will also be extended to community members whose family members were not hospice patients. Community's bereavement support includes both personal and group sessions, available virtually and in person. This program also addresses community trauma resulting from mass casualty events, offering essential support to those affected.

A significant component of the applicant's community bereavement program is the annual Tree of Life ceremonies (examples provided in this response). In Service Area 3A, for example, Community Hospice hosts bereavement support groups that meet at the Alachua County Senior Recreation Center at 11 AM on the first and third Friday of each month. Community Hospice also provides educational presentations throughout the year, such as the "Understanding Grief" session. The "Hope for the Holidays" program begins in November and continues through December, inviting community members to participate in and benefit from these valuable resources. These ceremonies provide a meaningful space for families to honor their loved ones, fostering healing and connection within the community during difficult times. Similar programs are also available in Service Area 4A communities and will be introduced in Marion County.

VITAS Healthcare Corporation of Florida (CON application #10816) offers comprehensive grief support and bereavement services to survivors, available upon request as needed. These services begin at the time of the patient's admission and continue until the primary tasks of mourning are addressed, allowing survivors to emotionally reinvest in their lives and relationships. The bereavement services available include a variety of resources and support mechanisms, with examples outlined in TAB 30.

Support is accessible 24 hours a day, seven days a week, ensuring that families and survivors receive assistance whenever they need it. A trained staff member specializing in bereavement support is included in the on-call schedule and can be contacted through a dedicated toll-free number. For further details, the extensive range of bereavement services provided by VITAS is elaborated upon in the Project Summary section. This commitment to supporting individuals through their grief reflects VITAS' dedication to holistic care that extends beyond the physical needs of patients to address the emotional well-being of their families and loved ones.

(1) Proposed community education activities concerning hospice programs.

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) states that in addition to the liaison staff previously mentioned, it operates a highly effective community outreach and education program, which falls under the Transitions program and spans an 18-county service area. Haven anticipates quickly and efficiently extending its outreach efforts to Service Area 3B.

Haven Hospice actively distributes a variety of informational materials, including brochures, flyers, handouts, and other documents, to aid health care personnel in identifying patients and families who may benefit from hospice care, as well as facilitating their referrals to Haven. These materials are disseminated by Haven's Community Relations representatives and other staff members, as appropriate, through diverse organizations, churches, civic groups, and community organizations. Haven offers a range of presentations, seminars, and educational units tailored to various audiences. These events take place in multiple locations throughout the service areas and include sessions designed for the general public, as well as specialized offerings aimed at health care professionals and specific groups. Haven seeks to raise awareness about hospice care, its benefits, and the referral process, ultimately ensuring that those in need have access to its services.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) is committed to collaborating with local community-based organizations to effectively reach seniors and disadvantaged populations throughout its service area. AccentCare that emphasizes education and outreach programs will be provided in Service Area 3B to ensure a diverse range of educational activities for all residents in the area.

To enhance public awareness and improve access to hospice and palliative care, a Social Worker will visit various locations, including Agency of Aging Centers, Senior Centers, Community Health Departments, and Health Care Clinics. These visits will initiate discussions on important topics such as Advanced Directives and the benefits of hospice care, particularly in low-income areas. AccentCare will engage religious organizations and community groups to host "Church Chats," aiming to increase access to hospice and palliative care through public education.

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A wide array of community education activities will be carried out through multiple venues, ensuring comprehensive outreach to every municipality. These efforts will include printed materials, commercial spots on television and radio, articles in newspapers and magazines, and testimonials presented at service clubs, women's clubs, churches, synagogues, and educational institutions. Such initiatives will not only provide crucial information but also increase volunteer opportunities and serve as outreach to those who may need hospice care.

AccentCare will use various platforms to promote its hospice website and toll-free telephone number, making it easy for the public to access resources. The website will include answers to frequently asked questions about hospice services, serving as a self-directed educational tool for visitors. The toll-free number will be available 24/7, reinforcing that hospice support is accessible whenever needed. AccentCare, Inc. will publish educational guides and brochures free of charge, and many of these will be available for download or online review.

In addition to general community outreach and education events, AccentCare will provide free educational presentations tailored to health care providers and social workers in the area. These presentations will cover hospice and end-of-life considerations relevant to their patients, further enhancing the knowledge and resources available to those in the health care system. AccentCare also offers a variety of virtual educational sessions on hospice and end-of-life issues. Sample educational events are listed on the application's page 2-53 and Table 2-5 on page 2-55 outlines various continuing education topics.

Arc Hospice of Florida, LLC (CON application #10813) cites the importance of educating other patient referral sources such as social workers, hospital discharge planners, ALF staff, and nursing home staff regarding the benefits of hospice care, as it relates to both cancer and non-cancer hospice care. Arc states it has already begun to develop the relationships in Service Area 3B, which will allow it to rapidly provide increased access to community education.

The applicant's pages 188 and 189 includes a detailed discussion about hospice topics such as death, dying, and bereavement, Hospice 101, hospice eligibility requirements, advance care planning pain management, symptom management, and caregiver support. Excerpts of Arc's letters of support are cited on the application's pages 190-191 (Exhibit C contains the original letters).

Bristol Hospice – Marion County, LLC (CON application #10814)

states it is dedicated to advocating for the Medicare Hospice benefit and educating both the health care community and potential patients about the comprehensive services offered. Central to this mission is the development of positive relationships with the communities served and the existing network of health care providers in the area. This approach is essential for enhancing awareness about hospice care and ensuring that services are well understood and accessible.

Community relationship development involves a commitment to building and maintaining strong relationships within the community. By actively engaging with health care providers, patient advocacy groups, and local organizations, Bristol fosters a broad understanding of the benefits of hospice care and the specific services provided. Education on Medicare Hospice Conditions and Services represents a significant aspect of outreach efforts. This includes educating the community about the Medicare Hospice Conditions of Participation, clarifying the requirements for accessing hospice care, and highlighting the extensive range of services available, thereby ensuring patients and their families are well-informed about their options.

Providing presentations is another key component of educational outreach. Regular presentations to diverse health care and community audiences focus on the hospice philosophy, program requirements, and guidance on navigating the process of receiving hospice care. Streamlining the referral process is prioritized through the development, facilitation, and coordination of a process that is seamless and timely. This support and guidance help ensure that referring providers, patients, and their families experience a smooth transition to hospice care.

Responsive support to community needs is essential for effective outreach efforts. Rapid and effective responses to inquiries and needs from both the customer base and the broader community allow for the addressing of concerns, providing detailed information, and supporting individuals and families in making informed decisions about hospice care. Bristol's focused efforts in these areas underscore a commitment to educating the community about hospice care and ensuring that patients and their families have access to the necessary support and information they need.

Community Hospice of Northeast Florida, Inc (CON application #10815) states that community education activities are essential for raising awareness and understanding of hospice. Hospice care is a vital component of the health care system, dedicated to providing comfort and support to individuals facing terminal illnesses, as well as their caregivers. By engaging in educational initiatives within the community, it believes it can significantly improve public knowledge about hospice services, dispel misconceptions, enhance access to end-of-life care, and ultimately improve the overall experience for both patients and caregivers.

VITAS Healthcare Corporation of Florida (CON application #10816) states it recognizes the critical importance of building and maintaining strong relationships with community members, organizations, and health care providers. VITAS actively participates in community education events and states it has already begun collaborative efforts with various local hospitals, nursing homes, ALFs, physicians, and community organizations, as previously detailed in this application.

As a vital resource for inquiries related to end-of-life care, VITAS is committed to allocating the necessary staff and resources to provide education about hospice services in Service Area 3B. This community education will encompass a range of initiatives, including:

- A Spanish-speaking VITAS representative dedicated to hospice outreach and education.
- Advanced care planning programs specifically aimed at residents of homeless shelters.
- "Ask the Doctor" and/or clinician events addressing conditions like cardiac issues, pulmonary diseases, diabetes, Alzheimer's/dementia, and end-stage renal disease.
- Bridging the Gap discussions that include panel discussions and toolkits to educate the community on end-of-life care.
- Goals of Care Preceptorship, a certification program to train health care providers in aligning care with patient goals.

Upon receiving authorization to serve Service Area 3B, VITAS plans to implement outreach and education initiatives like those described earlier in the application in Service Areas 8C and 2A. VITAS aims to establish itself as a collaborative and effective member of the health care and supportive services community through active community outreach and engagement.

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VITAS' community affairs programs focus on volunteer involvement and financial support for local enrichment and improvement efforts. Initiatives are designed to identify community challenges and opportunities, developing programs to address these issues. VITAS notes its strong track record of participation in a variety of cause areas, including education, health, civic engagement, and culture/arts. Notable initiatives include Broward Homeless Partnership, Florida Breast Cancer Coalition, Project Yes, Make-A-Wish Foundation, Children's Bereavement Center, Adopt-A-Classroom, Coast Guard Foundation, United Way and the American Heart Association.

Through the years, VITAS has developed a wide range of informational materials about hospice care. These resources will continue to be utilized to reach potential patients via community organizations, health care providers, and referral sources. VITAS provides materials that clearly define hospice care, explain how to access services, and enhance public understanding of the range of support provided by hospice.

Understanding the complex decisions families and caregivers face regarding health care and finances, VITAS offers support services that include caregiver education, nursing support, emotional assistance, and bereavement services. The overarching goals of hospice care at VITAS are to provide comfort to both patients and their families. To address common questions regarding hospice care, VITAS has developed educational materials that elucidate various choices and considerations for ongoing care which it includes in the application's Tab 38.

Furthermore, VITAS creates tailored programs and educational materials specifically for cancer patients and is equipped to offer palliative chemotherapy and radiation services when clinically appropriate. All educational resources provided by VITAS are available free of charge to community organizations, private citizens, insurers, managed care companies, and health care providers upon request. VITAS staff are also regularly invited to serve as guest speakers at colleges and universities, furthering the mission of education and community engagement.

(m) Fundraising activities.

Abode Hospice of Florida, d/b/a Haven Hospice (CON application #10811) states it has established itself as an effective fundraising organization and is well-prepared to extend its expertise into the proposed Service Area 3B program. Haven's

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fundraising efforts may include a variety of strategies, such as community events, grant writing, seeking donations from individuals and businesses, and forming partnerships with local organizations. By engaging the community and fostering relationships, Haven aims to build a robust support network that can provide essential financial resources for hospice services.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) offers several specialized programs and services that extend beyond what is typically covered by Medicare, Medicaid, or insurance. Funding for these services comes from operational efficiencies and the generous volunteer hours donated by individuals in the community. AccentCare does not participate in fundraising activities; instead, any donations received are directed to the Seasons Hospice Foundation and the AccentCare Hospice Foundation. The applicant maintains a commitment to not engage in large-scale fundraising events that could disrupt the fundraising efforts of other nonprofit Service Area 3A hospices, indicating this will ensure a collaborative environment to foster provide vital support for hospice patients in need.

Arc Hospice of Florida, LLC (CON application #10813) states Service Area 3B fundraising activities will be coordinated by Arc Hospice and its parent company staff adding that 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 – Marion County, LLC (CON application #10814) states that The Bristol Foundation is a 501(c)(3) nonprofit organization dedicated to providing education and aid for communities, hospice patients, and their families. Its mission focuses on advancing the cause of hospice care for the terminally ill through education, engaging activities, and financial assistance. Utilizing the acronym CARE, the Foundation aims to improve the quality and availability of hospice. The applicant also cites the foundation's key established educational programs, community support, burial benefits and financial assistance. During the last two years, the Bristol Hospice Foundation contributed over \$300,000 in support to 371 families for burial and cremation, travel expenses, and other items associated with last wishes.

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Bristol will forgo donations during the first two years of operations. During this phase, prospective donors will be directed to a list of other nonprofit organizations for their contributions.

Community Hospice of Northeast Florida, Inc (CON application #10815) states that as a not-for-profit hospice, it depends on charitable contributions to support many of its community activities and services that are not covered by government programs or other third-party reimbursements. In fiscal year 2024, Community Hospice successfully raised \$6,550,464.14 in direct gifts. The applicant anticipates receiving additional gifts and bequests from its Marion County program but does not include these in its financial projections as the project can achieve financial feasibility without the reliance on these additional funds.

VITAS Healthcare Corporation of Florida (CON application #10816) states that it will not solicit charitable contributions from patients, family, or friends in relation to its services in Service Area 3B, nor will it engage in fundraising events for its program. Any unsolicited donations received will be directed to VITAS Community Connections, a non-profit organization dedicated to allocating funds for donations and grants to local organizations and families. This approach ensures that all contributions are reinvested in the local community. Compliance with this policy will be demonstrated in the annual Certificate of Need (CON) reporting through an attestation confirming that any unsolicited amounts received are provided to VITAS Community Connections.

- d. Rule 59-1.0355(8) Florida Administrative Code: Semi-Annual Utilization Reports. Each hospice program shall report utilization information to the Agency or its designee on or before July 20th of each year and January 20th of the following year.**

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) does not address this requirement. However, the applicant did complete the D-1 Certification by the Applicant form which does address reporting requirements in item H of the form. The **other co-batch** applicants directly respond that they will comply with reporting requirements.

3. Statutory Review Criteria

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

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) references its response labeled "Need for Program" and "Quality Focus," and contends it is evident that there is a pressing requirement for an additional hospice service provider in Service Area 3B, as substantiated by the need formula outlined in 59C-1.0355(4) of the Florida Administrative Code. Specifically, the analysis indicates a significant gap of 832 between projected and current admissions in this service area. This gap underscores not only the necessity for additional hospice services but also reflects the important issues of availability, accessibility, and utilization, which further validate the proposed project in Marion County. Importantly, the addition of Haven Hospice is not expected to have any substantive adverse impact on existing providers, thereby supporting the argument for its approval.

Currently, only three hospice programs operate within Service Area 3B, and Haven aims to become the fourth licensed hospice provider in this area, consistent with the evident demand for increased hospice services. The establishment of Haven Hospice is poised to enhance the availability and accessibility of hospice care for residents, ultimately increasing overall utilization of these critical services.

Beyond the reliance on the established fixed need pool determination, Haven has conducted its own thorough needs assessment tailored to the specific circumstances in Service Area 3B. This involves a detailed analysis of hospice utilization that considers various demographic factors, including race/ethnicity, age, diagnosis, and trends in county and age-specific mortality rates. From this comprehensive research, Haven has identified distinct populations within the service area whose hospice needs are not being adequately met.

Of note is the emerging necessity for a hospice program focused on patients with end-stage heart disease, especially considering the growing Hispanic community within the area. While existing providers may already cater to this demographic, the Hispanic population size and growth necessitate that new providers, such as Haven, proactively address their unique needs in a culturally sensitive manner.

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Haven is committed to serving indigent and low-income populations, irrespective of their race, ethnicity, religious affiliation, or ability to pay. To this end, Haven plans to implement targeted outreach initiatives aimed at engaging all segments of the service area's population that require hospice care. This inclusive approach underscores Haven's dedication to ensuring that high-quality hospice services are accessible to everyone in the community, particularly those who are historically underserved.

Through its clear understanding of community needs and its determination to serve diverse populations equitably, Haven Hospice is well-positioned to provide valuable hospice services that will enhance the overall health and well-being of residents in Service Area 3B.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) aims to enhance the service area's accessibility to hospice care through targeted outreach and education directed at key gatekeepers, while also fostering the development of a robust workforce. By implementing these strategies, the organization seeks to address the pressing need for hospice services within the community.

To facilitate these improvements, the proposal includes specific conditions outlined by the CON, such as the establishment of the African American and Hispanic Advisory Board, increased representation of minorities on the Governing Board, and the inclusion of dedicated Chaplain and Social Worker roles. These initiatives are designed to enhance communication between the medical community and the general population, ultimately leading to greater availability of hospice care throughout the service area.

AccentCare is committed to providing a variety of valuable programs and services as a part of this CON, including:

- Continuing Education Units (CEUs): Free CEU opportunities for registered nurses and licensed social workers through nationally accredited programs, promoting ongoing professional development.
- Internship Experiences: Hands-on training for social workers, music therapists, art therapists, bereavement counselors, chaplains, and medical assistants, contributing to the cultivation of a skilled hospice workforce.
- Partners in Care Program: This initiative emphasizes the importance of collaboration between hospice staff and long-term care facility staff in managing the care of hospice patients. AccentCare offers education through e-learning modules and in-person team-building sessions, and actively participates in care plan meetings. This collaborative

approach aims to enhance the continuity of care by uniting facility staff, hospice staff, patients, and their families in discussions about the hospice care plan.

The lack of hospice availability in Service Area 3B is underscored by several critical issues outlined in the Need Analysis section of the proposal:

- Low hospice penetration among the Hispanic and Black/African American populations.
- A lack of hospice services certified by Services and Advocacy for Gay Seniors (SAGE) tailored to support the needs of the Lesbian, Gay, Bisexual, and Transgender (LGBT) community.
- A lack of outreach initiatives aimed at low-income and homeless populations who may also require hospice services.

The conditions set forth in this CON, alongside the diverse specialty programs, focus on minority representation and support, and collaboration with community-based organizations, are designed to improve communication and awareness within the medical community and the general population. These efforts will ultimately lead to an increase in the availability and accessibility of hospice care for all residents in Service Area 3B.

AccentCare intends to improve access to hospice care by establishing partnerships throughout Service Area 3B that are built through a community-based needs assessment to provide a solid framework for developing targeted programs and services. Collaborations with area physicians, hospitals, nursing homes, assisted living facilities, community organizations, and other key stakeholders—often acting as gatekeepers to hospice care—demonstrate a willingness to work with AccentCare, as evidenced by numerous letters of support received from the community.

Historically, AccentCare has demonstrated effectiveness in enhancing access across various markets, including urban, suburban, and rural areas, as well as among diverse demographics. This experience suggests a strong capability to improve access to hospice services in Service Area 3B.

Currently, hospice programs within Service Area 3B have not kept pace with population growth. Admissions have remained relatively stagnant over the past three years, indicating a significant issue. For example, in a market dominated by Hospice of Marion County, the total number of admissions in the service area decreased from 3,998 for the period from July 2021 to June 2022 to 3,948 for the subsequent year (July 2022 to

June 2023). Although there was a slight increase to 4,048 admissions during the most recent twelve-month period, this growth is insufficient given the rising demographic needs.

The analysis of the fixed need pool reveals a gap of 832 admissions, which exceeds the standard threshold of 350 as outlined in the regulations. This shortfall signals a clear need for the establishment of another hospice program to adequately serve the community and meet the increasing demand for hospice services in the area.

The applicant also responds to the Health Care Access Criteria on the application's pages 3-11 through 3-15.

Arc Hospice of Florida, LLC (CON application #10813) reiterates its E.1.a., Fixed Need response summarizing the following as "additional points to be considered":

- Arc Hospice is an experienced provider with existing resources
- Arc Hospice emphasizes the importance of the continuum of care, has existing relationships with certain nursing homes in the area, and is currently developing relationships with local health care providers throughout the service area, including additional nursing homes and hospitals, for hospice patients
- Arc Hospice is prepared to extend its extensive complement of services and specialty programs to Service Area 3B
- Arc Hospice has developed disease-specific programs to meet the unique needs of patients, including those with advanced heart disease, cancer, pulmonary disease, and dementia/Alzheimer's disease
- Arc Hospice will extend its Cultural Connections outreach and education program to Service Area 3B which includes Cultural Liaisons who are responsible for helping identify, develop, and implement strategies and plans to bridge cultural differences
- Arc Hospice will implement a specialized program that supports the diverse challenges within the Jewish community, including the Jewish ritual and cultural norms around death and dying. Arc Hospice commits \$10,000 annually for a period of five years for programming specifically for the Jewish community and will seek accreditation with the National Institute for Jewish Hospice within 18 months of initial licensure
- Arc Hospice will seek accreditation with the Community Health Accreditation Partner (CHAP) group within 18 months of initial licensure, demonstrating its commitment to delivering the highest standards of care to patients and their families
- Arc Hospice will respond to all referrals within one hour and expedite admission to hospice within two hours

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- Arc Hospice will provide triage coverage 24 hours a day, seven days a week and physical visits to assess hospice eligibility of patients and admissions regardless of ability to pay
- Arc Hospice will focus on continuing to build community relationships through local hiring, education and communication utilizing partnerships with community leaders and pastors, and the Arc of Life Program (a program to create memorable moments for patients and their families)

Bristol Hospice – Marion County, LLC (CON application #10814)

notes the Agency's FNP identified the need for one additional hospice agency in Service Area 3B (Marion County) and its application is a direct response to the published need estimates, justifying the proposed project based solely on the numeric need identified. Bristol also indicates that Marion County has several underserved populations that highlight the necessity for additional hospice services. These include:

- An older and aging population, which impacts both the rate of hospice service utilization, and the types and locations of services required.
- Facility-based patients who are in need of hospice care services.
- A significant number of hospice patients requiring support for conditions such as cancer, heart disease, Alzheimer's, Parkinson's, and other neurological diseases.
- Low utilization rates of hospice services among individuals at or near the poverty level.
- Black, Hispanic, and other minority populations who experience lower access to hospice services compared to their White counterparts.
- A large veteran population that requires specialized hospice services.
- Significant numbers of residents with specific religious identities, which may influence their end-of-life care preferences.

The applicant concludes numerous individuals and organizations (senior care providers, SNFs and hospitals) have provided letters of support for Bristol Hospice as a service provider in Marion County.

Community Hospice of Northeast Florida, Inc (CON application

#10815) cites the need for hospice services in Service Area 3B, specifically in Marion County, as highlighted by the findings from the Rule methodology, which projected a "Projected Minus Current" value of 832 hospice patients in this area. Community Hospice states it is

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committed to delivering a high quality of hospice care in Service Area 3B, surpassing the quality of care provided by the co-batched applicants as well as the existing service area providers.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey, developed by the Centers for Medicare and Medicaid Services (CMS), serves as a vital tool for evaluating patient and caregiver experiences during hospice care. Currently, the dominant hospice provider in Service Area 3B holds approximately 75 percent of the market share and received only a three-star rating in the most recent available CMS Hospice Compare quality ratings. Other existing providers in this area have also received ratings of two or three stars.

In contrast, Community Hospice has consistently demonstrated a commitment to high-quality care, earning a CMS Compare Quality rating of four stars. Notably, there are only six other hospice providers in Florida with this rating, none of which operate in Service Area 3B. Furthermore, Community Hospice is the only CON applicant for Service Area 3B with a four-star quality rating. This distinction underscores Community Hospice's capability to provide superior hospice services, ensuring that patients and caregivers receive the highest level of care and support during a critical time in their lives.

VITAS Healthcare Corporation of Florida (CON application #10816)

also states it responds to a documented fixed need within the community. The organization aims to address the full spectrum of needs for the terminally ill population in the service area, irrespective of age, race, ethnicity, gender, disability, or income level. Key groups identified for service include terminally ill patients aged 65 and older, minority populations such as Hispanic, Black, LGBTQ+, Jewish, and others, as well as veterans, the homeless, and individuals facing poverty or food insecurity. VITAS states it is dedicated to serving high-acuity patients who wish to receive hospice services in the comfort of 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.**

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON

application #10811) states it is dedicated to providing hospice care to all patients, regardless of race, creed, gender, sexual orientation, national origin, age, disability, military status, marital status, pregnancy, or any other protected status. The organization does not discriminate based on diagnosis or caregiver status and actively seeks to assist homeless individuals.

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Haven employs an open access admissions approach to reduce barriers to care, ensuring that anyone who meets service area requirements and physician certification can receive hospice services. This philosophy prevents unnecessary delays and denials caused by restrictive criteria related to caregiver status, diagnosis, and other factors, allowing Haven to focus on comfort, safety, choice, and support for patients with limited life expectancies.

Moreover, Haven provides special support for veterans, assisting them in applying for benefits, and offers companionship to patients without caregivers during their final moments. Its Transitions program connects individuals facing life-limiting illnesses with psychosocial support and community resources through regular check-in calls and educational outreach.

Ultimately, Haven Hospice commits to serving everyone who seeks its services, including the homeless and those without primary caregivers or living with HIV/AIDS, reflecting its mission to provide inclusive, patient-centered hospice care.

Haven Hospice had no substantiated complaints during the three-years ending October 24, 2024, and is currently rated as a four-star facility on the CMS website. Abode is the licensee effective September 1, 2024.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) cites its affiliation with AccentCare, Inc., which has over 31,000 highly trained and compassionate home health professionals in over 260 locations in 32 states, serving over 260,000 individuals each year. Exhibit 2 includes a list of AccentCare facilities. AccentCare, Inc affiliates serve five service areas. AccentCare affiliates had one substantiated complaint in the Quality of Care/Treatment category cited during the three-year period ending October 24, 2024.

Arc Hospice of Florida, LLC (CON application #10813) 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 Hospice indicates that Arcturus Hospice, 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 the Service Area 3B project development.

Arc Hospice 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 Hospice 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 Hospice 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 Hospice's quality of care and services. Arc Hospice 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 Hospice'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:

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

Arc Hospice's QAPI Committee requirements will include:

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

Further, its QAPI Program will:

- Establish a systematic interdisciplinary mechanism to measure and assess the hospice's ability to provide quality, patient centered care using the elements of performance: appropriateness, dignity and respect, efficiency, effectiveness, timeliness, safety, continuity, and availability of patient care through routine data collection and analysis (such as national trends in patient outcomes, adverse events, internal and external audit results)
- Identify known, suspected, or potential opportunities to improve patient care processes and outcomes and hospice operations, as well as opportunities for further improvement in currently acceptable performance
- Establish ongoing measures to improve patient care processes and outcomes and hospice operations, as well as opportunities for further improvement in currently acceptable performance

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- 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
- 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

The applicant'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 Hospice shares that it is fully confident in its ability to extend AHS' existing high quality hospice program to Service Area 3B and refers to existing policies and procedures included in Exhibits E and F.

Bristol Hospice – Marion County, LLC (CON application #10814)

states it is committed to maintaining a high standard of care and ensuring that patients have access to the skilled services they need. The applicant cites its individualized care plans developed for each patient, which typically allow for five to seven home health aide visits per week and a minimum of two registered nurse (RN) visits per week, based on specific patient needs as an indicator of its high quality of care.

Data from Medicare's Post-Acute Care and Hospice — by Geography & Provider Public Use Files (PAC PUF) underscores the effectiveness of Bristol's operational model, which has resulted in above-average skilled nursing services. Over the years 2020 to 2022, the average skilled nursing visits per unique beneficiary at Bristol were found to be 10 to 25 percent higher than both the Florida and national averages. For example, Bristol Hospice's average skilled nursing visits were recorded at 21.0, 21.9, and 22.9 per hospice stay over those three years, compared to 18.9, 18.0, and 19.6 for all Florida providers, and 18.2, 17.7, and 19.3 for all U.S. hospice providers. This performance translates to Bristol achieving 111 to 122 percent of the Florida average and 116 to 124 percent of the national average, indicating a strong focus on providing intensive skilled nursing care.

To assess Bristol's quality of patient care, measures from the Hospice Item Set (HIS) were analyzed, and the results were compelling. Bristol outperformed the national average across eight key quality measures. For instance, nearly all patients at Bristol were invited to discuss their treatment preferences and their beliefs and values, with completion rates as high as 99.9 percent, compared to the national averages of 99.5 percent and 98.4 percent, respectively. Furthermore, Bristol excelled in pain assessment and management, with nearly all patients receiving timely and thorough pain assessments at rates significantly above national benchmarks.

Overall, these performance metrics illustrate Bristol Hospice's dedication to high-quality hospice care, as evidenced by its superior skilled nursing services and exceptional patient outcomes when compared to both state and national averages. This consistent quality of care reinforces the justification for expanding hospice services in Marion County, particularly to support the underserved populations identified in the community.

In 2022, the Centers for Medicare & Medicaid Services (CMS) introduced the Hospice Care Index (HCI) as part of its Hospice Quality Reporting Program (HQRP) to enhance the evaluation of hospice care. Historically, the HQRP has focused on quality measures primarily related to the admission and discharge phases, such as the Hospice Item Set (HIS),

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Hospice Visits in the Last Days of Life (HVLDDL), and the caregiver experience survey (CAHPS Hospice Survey). However, the introduction of the HCI aimed to fill the gap in assessing the overall quality of care throughout a hospice stay. According to CMS, the HCI is designed to better reflect various processes of care, empowering patients and their families to make informed health care decisions.

The HCI consists of a single measure based on 10 indicators derived from Medicare claims data, which include metrics such as Continuous Home Care (CHC) or General Inpatient (GIP) services, gaps in skilled nursing visits, live discharges, burdensome transitions, and skilled nursing care minutes. Each indicator contributes points toward the HCI score, which ranges from 0 to a perfect 10. Comparative data shows that Bristol outperformed the national average for the overall Hospice Care Index score, achieving an impressive score of 9.6, while its Miami-Dade program also surpassed the Florida state average with a score of 10.0.

Accreditation serves as a hallmark of dedication to high standards in hospice care, and while not a requirement, Bristol has attained accreditation from the Community Health Accreditation Partner (CHAP). This commitment extends to Bristol's plans for the proposed Marion program, which intends to achieve CHAP accreditation within six months of licensure.

Quality improvement is a cornerstone of Bristol's operational philosophy. The organization follows a comprehensive Quality Assessment Performance Improvement (QAPI) plan to systematically implement quality initiatives and ensure high-value, effective, and efficient services. This plan plays a key role in identifying opportunities for care and operational enhancements, aligning with Bristol's mission and contemporary standards of practice.

Bristol's commitment to quality is reflected in the feedback received through online platforms and social media, with Google ratings often exceeding four out of five stars. Patient testimonials highlight the exceptional care provided by Bristol's staff, expressing gratitude for the attentiveness and professionalism displayed. Recurring themes in the reviews emphasize timely and appropriate care, thorough communication, and a genuine commitment to fulfilling the needs of both patients and their families. This positive feedback not only reaffirms the quality of care but also illustrates the organization's deep commitment to patient-centered service, making Bristol a commendable choice for hospice care in the community.

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The applicant had no substantiated complaints during the three-year ending October 24, 2024, and is currently not rated on the CMS website.

Community Hospice of Northeast Florida, Inc (CON application #10815) states it has consistently demonstrated a strong commitment to delivering high-quality hospice services in Florida. Quality and patient safety are foundational principles within the organization, evident in its recognition as one of only seven Florida hospice providers to achieve a 4-star rating on the CAHPS Hospice Survey. This survey, developed by the Centers for Medicare and Medicaid Services (CMS), evaluates patient and caregiver experiences during hospice care.

Community Hospice has a proven track record of providing exceptional care, consistently outperforming every metric when compared to the three existing providers in Service Area 3B with available CAHPS scores. Furthermore, Community Hospice's ratings surpass both the national and state averages for the Family Caregiver Survey, reinforcing its status as a leader in quality hospice care for Florida residents and their families. This commitment to excellence ensures that patients and their loved ones receive compassionate and effective support during one of life's most challenging times.

Community Hospice had no substantiated complaints during the three-year ending October 24, 2024, and is currently rated as a 4-star facility on the CMS website.

VITAS Healthcare Corporation of Florida (CON application #10816) states it is dedicated to providing high-quality hospice care by investing in the training, education, and treatment of staff, patients, and families. The organization applies updated internal standards across all programs and maintains compliance with safety and quality requirements. All VITAS programs in Florida received CHAP accreditation in May 2023, and the proposed hospice program in Service Area 3B will also seek this accreditation.

VITAS implements a robust quality assurance program that assesses the quality and appropriateness of care, including inpatient and home care services. The organization's Quality Improvement (QI) Program focuses on monitoring service quality and outcomes, ensuring high levels of patient comfort and family satisfaction.

To manage pain effectively, VITAS uses daily assessments and quarterly reports to adjust care as needed. The organization emphasizes hiring qualified staff and offers ongoing professional development opportunities, including support for certifications in Hospice and Palliative Care.

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Committed to cultural competence, VITAS actively recruits a diverse workforce and adheres to Equal Employment Opportunity guidelines to ensure equitable hiring practices. It also provides a competitive benefits package, including various types of leave and tuition reimbursement, to support employee satisfaction and retention.

VITAS conducts patient assessments within 24 hours of admission and engages interdisciplinary teams for home visits. Training programs, including mandatory reviews of compliance and HIPAA policies, prepare staff to meet the emotional demands of hospice care.

With its comprehensive approach to high-quality service and staff development, VITAS contends it is well-prepared to establish a hospice program in Service Area 3B and should receive CON approval for this initiative. Below is a table to account for VITAS substantiated complaints by the applicable complaint category.

**VITAS Healthcare Corporation of Florida
Substantiated Complaint History by Category
Three-Year Period Ending October 24, 2024**

Complaint Category	Number Substantiated
Administration/Personnel	5
Falsification of Records/Reports	1
Nursing Services	1
Physician Services	1
Quality of Care/Treatment	9
Resident/Patient/Client Neglect	2
Resident/Patient/Client Rights	7
State Licensure	1
Total	27

Source: AHCA Substantiated Complaint History

c. What resources, including health personnel, management personnel and funds for capital and operating expenditures are available for project accomplishments and operations? ss. 408.035(4), Florida Statutes.

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

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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.

Abode Hospice of Florida, LLC d/b/a Haven Hospice		
10811 - North Central Florida Hospice, Inc. (Parent)		
	Dec-23	Dec-22
Current Assets	\$20,111,884	\$19,473,591
Total Assets	\$56,700,289	\$56,431,830
Current Liabilities	\$7,404,578	\$8,052,820
Total Liabilities	\$13,167,219	\$14,076,720
Net Assets	\$43,533,070	\$42,355,110
Total Revenues	\$54,411,929	\$50,004,722
Excess of Revenues Over Expenses	\$820,259	(\$2,691,948)
Cash Flow from Operations	\$4,167,328	\$3,370,160
Short-Term Analysis		
Current Ratio (CA/CL)	2.7	2.4
Cash Flow to Current Liabilities (CFO/CL)	56.28%	41.85%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	13.2%	14.2%
Total Margin (ER/TR)	1.51%	-5.38%
Measure of Available Funding		
Working Capital	\$12,707,306	\$11,420,771

Position	Strong	Good	Adequate	Moderately Weak	Weak
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

Capital Requirements and Funding:

The applicant did not fill out Schedule 2. We do not know the costs of all capital projects beyond the cost of \$105,375 for this project listed on Schedule 1. The applicant wrote “NA” at the top of one version of Schedule 2 and “None” across the top of another version of Schedule 2 submitted. For the purposes of this review, we will assume this to mean that the project costs is the only capital costs currently underway or planned for this applicant. The applicant lists \$3.7 million of cash on hand, \$4.2 million in operating cash flow and related company financing

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of \$10.9 million from related party entity ResCare. The parent company has an adequate financial position and sufficient resources to fund this project.

Conclusion:

Funding for this project should be available as needed.

AccentCare Hospice & Palliative Care of North Central Florida, LLC

10812-Horizon Acquisition Co. & Subs (Parent)		
	Dec-23	Dec-22
Current Assets	\$244,042,000	\$281,255,000
Total Assets	\$1,912,184,000	\$2,348,957,000
Current Liabilities	\$248,937,000	\$250,650,000
Total Liabilities	\$1,676,360,000	\$1,676,443,000
Net Assets	\$235,824,000	\$672,514,000
Total Revenues	\$1,624,993,000	\$1,571,522,000
Excess of Revenues Over Expenses	(\$409,371,000)	(\$13,549,000)
Cash Flow from Operations	(\$30,434,000)	(\$33,804,000)
Short-Term Analysis		
Current Ratio (CA/CL)	1.0	1.1
Cash Flow to Current Liabilities (CFO/CL)	-12.23%	-13.49%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	605.3%	212.0%
Total Margin (ER/TR)	-25.19%	-0.86%
Measure of Available Funding		
Working Capital	(\$4,895,000)	\$30,605,000

Position	Strong	Good	Adequate	Moderately Weak	Weak
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$559,802, which includes this project only. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. Despite a relatively weak financial position, the parent entity has over \$7.9 million in cash & cash equivalents, which is well in excess of the funding needed for this project.

Conclusion:

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

Arc Hospice of Florida, LLC (CON application #10813) is a developmental stage entity and has \$100 in cash but no operations. Therefore, an analysis of the short and long-term financial position of applicant cannot be conducted and we must look at access to capital on a standalone basis.

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$3,766,280, which includes this project (\$612,910) five other CONs, and capital expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be related company financing. The parent, Tunic Capital, provided a letter providing funding. Flagstar Bank submitted a letter showing in excess of \$5 million in a deposit account of Tunic.

Conclusion:

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

Bristol Hospice – Marion County, LLC (CON application #10814)

10814-Bristol Ultimate Holdco, LP		
	Dec-22	Dec-21
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
Short-Term Analysis		
Current Ratio (CA/CL)	2.2	1.9
Cash Flow to Current Liabilities (CFO/CL)	-83.09%	7.83%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	454.5%	235.8%
Total Margin (ER/TR)	-10.01%	-4.10%
Measure of Available Funding		
Working Capital	\$62,611,587	\$51,509,072

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Position	Strong	Good	Adequate	Moderately Weak	Weak
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$318,871, which includes this project only. The applicant indicates on

Schedule 3 of its application that funding for the project will be related company financing. Despite a relatively weak financial position, the parent entity has over \$15.4 million in cash, which is well in excess of the funding needed for this project.

It should be noted that the audited financial statements provided were for the year end December 31, 2022. Given the fiscal year end and the timing of this batching cycle, the Agency would expect to have received a December 31, 2023, report. We did note that the 2022 audit was not signed until the end of September of 2023; meaning this is likely the most recent available audit the applicant has.

Conclusion:

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

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Community Hospice of NE Florida, Inc (CON application #10815)

10815 - Community Hospice of NE Florida, Inc. & Affiliates		
	Sep-23	Sep-22
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	\$107,833,843	\$105,426,228
Total Revenues	\$125,237,927	\$114,221,902
Excess of Revenues Over Expenses	\$2,407,615	(\$10,917,510)
Cash Flow from Operations	(\$9,093,849)	\$5,590,524
Short-Term Analysis		
Current Ratio (CA/CL)	3.4	3.5
Cash Flow to Current Liabilities (CFO/CL)	-80.06%	52.46%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	10.0%	2.9%
Total Margin (ER/TR)	1.92%	-9.56%
Measure of Available Funding		
Working Capital	\$27,546,289	\$26,763,290

Position	Strong	Good	Adequate	Moderately Weak	Weak
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$9,673,130, which includes this project (\$967,044), and exempt/non-review items (\$8,706,086). The applicant indicates on Schedule 3 of its application that funding the project will be by cash on hand. The applicant has over \$14.5 million in cash, which is well in excess of the funding needed for this project.

Conclusion:

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

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10816-VITAS Healthcare Corporation of Florida		
	Dec-23	Dec-22
Current Assets	\$88,467,953	\$59,519,798
Total Assets	\$389,714,949	\$370,068,250
Current Liabilities	\$52,667,838	\$61,267,643
Total Liabilities	\$111,401,373	\$129,091,206
Net Assets	\$278,313,576	\$240,977,044
Total Revenues	\$827,327,328	\$719,392,644
Excess of Revenues Over Expenses	\$113,802,503	\$96,206,643
Cash Flow from Operations	\$83,088,582	\$82,462,667
Short-Term Analysis		
Current Ratio (CA/CL)	1.7	1.0
Cash Flow to Current Liabilities (CFO/CL)	157.76%	134.59%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	21.1%	28.1%
Total Margin (ER/TR)	13.76%	13.37%
Measure of Available Funding		
Working Capital	\$35,800,115	(\$1,747,845)

Position	Strong	Good	Adequate	Moderately Weak	Weak
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$24,346,785, which includes this project (\$1,504,115) and other exempt non-review items (\$22,842,670). The applicant indicates on Schedule 3 of its application that funding for the project will be by operating cash flow. The applicant has over \$83 million in cash flow from operations, which is well in excess of the funding needed for this project.

Conclusion:

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

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

Applies to all applicants:

The immediate and long-term financial feasibility of the project is tied to expected profitability. Profitability for hospice is driven by two factors,

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volume of patients and length of stay/condition of the patient. A new hospice program in a service area with published need is more likely than not to be financially feasible since patient volume and mix is presumed to be available in sufficient amounts to sustain a new program. The focus of our review will be on the reasonableness of projections, specifically the revenue.

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

CON 10811	Abode Hospice of Florida				
Marion	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.903	\$130.12	\$74.23	\$204.35
Routine Home Care 61+ days	\$113.75	0.903	\$102.72	\$58.60	\$161.32
Continuous Home Care	\$1,177.23	0.903	\$1,063.04	\$388.23	\$1,451.27
Inpatient Respite	\$309.70	0.903	\$279.66	\$198.01	\$477.67
General Inpatient	\$727.27	0.903	\$656.72	\$418.04	\$1,074.76
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	1.124	\$229.59	\$1,011,281		4,405
Routine Home Care 61+ days	1.124	\$181.24	\$2,105,848		11,619
Continuous Home Care	1.124	\$1,630.50	\$0	24	0
Inpatient Respite	1.124	\$536.66	\$0		0
General Inpatient	1.124	\$1,207.50	\$0		0
		Total	\$3,117,129		16,024
				Days from Schedule 7	17,202
				Difference	1,178
				Percentage Difference	6.85%

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As such, the applicant’s projected patient days are 6.85 percent or 1,178 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 profit of \$161,230 in year one to a net profit of \$839,581 in year two.

It should be noted that the applicant only projected one service type for revenue (Routine Home Care). As a hospice provider, the applicant would be expected to provide all four levels of care (routine home care, continuous home care, inpatient respite, and general inpatient). These levels of care are reimbursed at materially different rates and require different resources and time by the applicant. Not including these services in the projections calls into question the overall profitability projected by the applicant. In our experience a well-run hospice is likely to be a profitable entity especially in a scenario in which need is projected (aka a customer base for a new entrant to the market). However, the lack of providing the specific projections related to the required services to be provided calls into question the overall profitability of this project and our conclusion that revenue is understated and therefore, conservative is only valid when the entire range of services is evaluated.

Conclusion:

This project is likely financially feasible, but the overall level of profitability is in question.

CON 10812	AccentCare Hospice of North Central Florida, LLC				
Marion	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.903	\$130.12	\$74.23	\$204.35
Routine Home Care 61+ days	\$113.75	0.903	\$102.72	\$58.60	\$161.32
Continuous Home Care	\$1,177.23	0.903	\$1,063.04	\$388.23	\$1,451.27
Inpatient Respite	\$309.70	0.903	\$279.66	\$198.01	\$477.67
General Inpatient	\$727.27	0.903	\$656.72	\$418.04	\$1,074.76
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	1.155	\$236.12	\$1,696,819		7,186
Routine Home Care 61+ days	1.155	\$186.39	\$3,113,035		16,701
Continuous Home Care	1.155	\$1,676.87	\$711,247	24	424
Inpatient Respite	1.155	\$551.92	\$83,098		151
General Inpatient	1.155	\$1,241.84	\$571,337		460
		Total	\$6,175,536		24,923
			Days from Schedule 7		27,065
			Difference		2,142
			Percentage Difference		7.92%

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As such, the applicant’s projected patient days are 7.92 percent or 2,142 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 \$358,232 in year one to a net profit of \$790,561 in year two.

Conclusion:

This project appears to be financially feasible.

CON 10813	Arc Hospice of Florida				
Marion	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.903	\$130.12	\$74.23	\$204.35
Routine Home Care 61+ days	\$113.75	0.903	\$102.72	\$58.60	\$161.32
Continuous Home Care	\$1,177.23	0.903	\$1,063.04	\$388.23	\$1,451.27
Inpatient Respite	\$309.70	0.903	\$279.66	\$198.01	\$477.67
General Inpatient	\$727.27	0.903	\$656.72	\$418.04	\$1,074.76
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	1.139	\$232.71	\$2,628,937		11,297
Routine Home Care 61+ days	1.139	\$183.70	\$1,297,101		7,061
Continuous Home Care	1.139	\$1,652.66	\$116,691	24	71
Inpatient Respite	1.139	\$543.95	\$51,210		94
General Inpatient	1.139	\$1,223.91	\$345,666		282
		Total	\$4,439,605		18,805
			Days from Schedule 7		19,020
			Difference		215
			Percentage Difference		1.13%

As such, the applicant’s projected patient days are 1.13 percent or 215 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 \$133,964 in year one to a net profit of \$570,374 in year two.

Conclusion:

This project appears to be financially feasible.

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CON 10814	Bristol Hospice Marion County, LLC				
Marion	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.903	\$130.12	\$74.23	\$204.35
Routine Home Care 61+ days	\$113.75	0.903	\$102.72	\$58.60	\$161.32
Continuous Home Care	\$1,177.23	0.903	\$1,063.04	\$388.23	\$1,451.27
Inpatient Respite	\$309.70	0.903	\$279.66	\$198.01	\$477.67
General Inpatient	\$727.27	0.903	\$656.72	\$418.04	\$1,074.76
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	1.139	\$232.71	\$1,685,329		7,242
Routine Home Care 61+ days	1.139	\$183.70	\$2,788,043		15,177
Continuous Home Care	1.139	\$1,652.66	\$317,362	24	192
Inpatient Respite	1.139	\$543.95	\$247,565		455
General Inpatient	1.139	\$1,223.91	\$347,356		284
		Total	\$5,385,655		23,350
			Days from Schedule 7		25,495
			Difference		2,145
			Percentage Difference		8.41%

As such, the applicant’s projected patient days are 8.41 percent or 2,145 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 \$666,408 in year one to a net profit of \$286,961 in year two.

Conclusion:

This project appears to be financially feasible.

CON Application Numbers: 10811-10816

CON 10815	Community Hospice of NE Florida, Inc.				
Marion	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.903	\$130.12	\$74.23	\$204.35
Routine Home Care 61+ days	\$113.75	0.903	\$102.72	\$58.60	\$161.32
Continuous Home Care	\$1,177.23	0.903	\$1,063.04	\$388.23	\$1,451.27
Inpatient Respite	\$309.70	0.903	\$279.66	\$198.01	\$477.67
General Inpatient	\$727.27	0.903	\$656.72	\$418.04	\$1,074.76
Year Two Comparison					
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	1.139	\$232.71	\$2,575,099		11,066
Routine Home Care 61+ days	1.139	\$183.70	\$6,008,565		32,708
Continuous Home Care	1.139	\$1,652.66	\$24,113	24	15
Inpatient Respite	1.139	\$543.95	\$43,099		79
General Inpatient	1.139	\$1,223.91	\$2,171,021		1,774
		Total	\$10,821,897		45,642
				Days from Schedule 7	39,600
				Difference	-6,042
				Percentage Difference	-15.26%

As such, the applicant’s projected patient days are 15.26 percent or 6,042 days less than the number of patient days calculated by staff. Revenues appear to be overstated. It should be noted our analysis is based on charges and the applicant is projecting a significant contractual adjustment that would bring the net revenue in line with the projected reimbursement rate. Operating profits from this project are expected to increase from a net loss of \$513,814 in year one to a net profit of \$592,758 in year two.

Conclusion:

This project appears to be financially feasible, however revenues appear to be overstated.

CON Application Numbers: 10811-10816

CON 10816	VITAS Healthcare Corporation of Florida				
Marion	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.903	\$130.12	\$74.23	\$204.35
Routine Home Care 61+ days	\$113.75	0.903	\$102.72	\$58.60	\$161.32
Continuous Home Care	\$1,177.23	0.903	\$1,063.04	\$388.23	\$1,451.27
Inpatient Respite	\$309.70	0.903	\$279.66	\$198.01	\$477.67
General Inpatient	\$727.27	0.903	\$656.72	\$418.04	\$1,074.76
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	1.123	\$229.40	\$3,150,276		13,733
Routine Home Care 61+ days	1.123	\$181.09	\$7,360,438		40,646
Continuous Home Care	1.123	\$1,629.14	\$571,952	24	351
Inpatient Respite	1.123	\$536.21	\$99,256		185
General Inpatient	1.123	\$1,206.49	\$996,996		826
		Total	\$12,178,918		55,741
			Days from Schedule 7		54,433
			Difference		-1,308
			Percentage Difference		-2.40%

As such, the applicant’s projected patient days are 2.4 percent or 1,308 days less than the number of patient days calculated by staff. Revenues appear to be slightly overstated. Operating profits from this project are expected to increase from a net loss of \$557,118 in year one to a net profit of \$908,352 in year two.

Conclusion:

This project appears to be financially feasible.

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

Applies to all applicants:

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

Conclusion:

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

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

The projects do not involve construction or renovation.

- 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.

The applicants Medicaid and charity care projections are shown below.

**Service Area 3B Co-Batched Applicants
Years One and Two
Medicaid and Charity Care Patient Day Projections**

Applicant/CON application #	Year One Medicaid Proposed	Year Two Medicaid Proposed	Year One Charity Care	Year Two Charity Care
Abode Hospice/CON #10811	*	*	*	*
AccentCare/CON #10812	3.0%	3.0%	1.5%	1.5%
Arc Hospice/CON #10813	3.5%	3.5%	1.0%	1.0%
Bristol Hospice/CON #10814	1.9%	2.0%	6.2%	2.0%
Community Hospice, LLC /CON #10815	4.0%	4.0%	4.0%	4.0%
VITAS Healthcare Corporation of Florida/CON #10816	1.95%	1.95%	0.02%	0.02%

Source: The applicants Schedule 7A and 7A notes for years one and two.

Note: *Abode reported all admissions year one and two as Medicare, which is incorrect.

Abode Hospice of Florida, d/b/a Haven Hospice (CON application #10811) recently purchased Haven Hospice and discusses Haven’s service but does not discuss it or its parent (BrightSpring Hospice) historical provision of care.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812) states that its parent company, AccentCare, Inc. employs over 31,000 home health professionals across more than

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260 locations in 32 states, serving over 260,000 individuals annually. The applicant indicates that it complies with Florida law to serve all eligible patients but does not provide any monetary information on its Medicaid and charity care. A comprehensive list of all licensed AccentCare facilities is included in Exhibit 2 at the end of this application. AccentCare affiliates provide hospice services in Service Areas 5A, 5B, 6A, 10, and 11.

Arc Hospice of Florida, LLC (CON application #10813) 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 Service Area 3B through a variety of approaches, targeting segments of the population to provide a variety of programs and initiatives to remove barriers and improve access to hospice care.

Bristol Hospice – Marion County, LLC (CON application #10814) states it is dedicated to serving Medicaid patients and the medically indigent, a commitment that is strongly reflected in its operational history. Medicare's Post-Acute Care and Hospice — by Geography & Provider Public Use Files reveals that Bristol's national operations consistently serve a higher percentage of dual eligible beneficiaries compared to the nationwide average. Over the last three years of available data, all Bristol Hospice locations reported dual eligible percentages of 31 percent, 31 percent, and 32 percent, exceeding the national averages of 29 percent, 28 percent, and 28 percent, respectively.

Bristol Hospice's Miami-Dade agency demonstrated an even greater focus on dual eligible patients, serving percentages of 76 percent, 71 percent, and 74 percent over the same period. These figures significantly surpass the Florida statewide averages of 32 percent, 31 percent, and 31 percent. Bristol contends serving dual eligible individuals highlights its role as a crucial provider in the community.

Community Hospice of Northeast Florida, Inc (CON application #10815) provides its CY 2023 service in the table below:

Year	Charity Care	Community Benefit	Community Education	Hospice Care Enhancements
2023	\$1,633,520	\$2,840,038	\$151,825	\$620,980

Source: CON application 10815, Page 103, Table 22.

VITAS Healthcare Corporation of Florida (CON application #10816) cites its long history of providing services to Medicaid patients and plans to continue this in Service Area 3B. VITAS serves many Medicaid beneficiaries, particularly in licensed nursing homes, where the hospice benefit is covered by Medicare, while VITAS pays the nursing home costs

(room and board) after receiving ninety-five percent of that cost within the "unified rate." This means that not only does VITAS serve Medicaid patients through the hospice benefit, but it also covers part of their nursing home expenses.

VITAS has consistently fulfilled its commitments to Medicaid and charity care patients. In a previous application for hospice services in District 1, VITAS projected that 4.7 percent of patients would be Medicaid recipients, yet the actual percentage in its first year (March 2017-February 2018) was 8.3 percent. Similarly, in Service Area 4A, VITAS projected 4.9 percent, but actual admissions were 7.0 percent. In Service Area 2A, from its start in July 2020 through December 2021, 9.6 percent of admissions were Medicaid patients.

VITAS has also honored its commitments to serve the medically indigent. For example, in Service Area 2A, it projected 1.1 percent of patient days would be dedicated to charity care, yet actual performance as of September 20, 2021, was 1.7 percent. In 2023, VITAS provided approximately \$10 million in charity care to underserved patients in Florida, exceeding the intent of this statutory review criterion.

F. SUMMARY

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) currently serves Service Areas 3A, 4A and 4B. While Haven has been in operation for decades, the applicant's change of ownership license is effective September 1, 2024.

Abode states the total project cost is \$105,375 but did not complete Schedule 1 to show the break-out of its costs.

Abode Hospice expects issuance of license on January 1, 2025, and initiation of service on February 1, 2025. However, the applicant does not consider the appeal period nor the application processing time to obtain the license to serve a new hospice service area.

Abode Hospice does not offer any Schedule C conditions.

AccentCare of North Central Florida, LLC (CON application #10812) is a for-profit, development stage Florida Limited Liability Company established on February 16, 2024. AccentCare affiliates provide hospice services in Service Areas 5A, 5B, 6A, 10, and 11 and approved CONs pending licensure in Service Areas 3D and 9B.

Total project cost is \$559,802.

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AccentCare expects issuance of license in December 2025 and initiation of service in January 2026.

Pursuant to project approval, AccentCare offers a total of 26 Schedule C conditions.

ARC Hospice of Florida, LLC (CON application #10813) is a for-profit, Florida Limited Liability whose parent company, American Hospice Systems owns and operates Arcturus Hospice and Palliative Care in Norcross, Georgia. ARC's management is stated to have over 75 years of health care management experience, primarily in hospice care. Arc has a recently licensed program in Service Area 3E and has approved CONs pending licensure in Service Areas 3A and 10.

Total project cost is \$612,910.

ARC expects issuance of license and initiation of service in July 2025.

Pursuant to project approval, Arc Hospice of Florida, LLC offers 11 Schedule C conditions.

Bristol Hospice – Marion County, LLC (CON application #10814) is a newly formed for-profit, development stage Florida Limited Liability Company established on August 12, 2024. Bristol's parent has one Florida hospice serving Service Area 11.

The applicant expects issuance of license on June 13, 2025 and initiation of service on July 1, 2025.

Total project cost is \$308,871.

Bristol Hospice offers 24 Schedule C conditions.

Community Hospice of Northeast Florida, Inc. (CON application #10815), is a not-for-profit, community-based hospice provider currently licensed in Service Areas 3A and 4A. The applicant notes that Alachua, Levy, and Putnam Counties in Service Area 3A are contiguous to Marion County.

Total project cost is \$967,044.

Community Hospice expects issuance of license on June 20, 2024 and initiation of service on July 1, 2024.

Pursuant to project approval, Community Hospice offers a total of 20 Schedule C conditions.

VITAS Healthcare Corporation of Florida (CON application #10816) is an existing for-profit Florida hospice provider, parented by CHEMMED Corporation, a publicly traded company. VITAS provides hospice services in Service Areas 1, 2A, 2B, 3A, 3C, 3E, 4A, 4B, 5A (licensed October 1, 2024), 6B, 7A, 7B, 7C, 8B, 8C, 9B, 9C, 10, 11.

Total project cost is \$1,504,115.

VITAS expects issuance of license on March 5, 2025, and initiation of service on April 4, 2025.

Pursuant to project approval, VITAS offers approximately 60 Schedule C conditions.

Need/Access:

The projects are in response to the fixed need pool for a new hospice program in Service Area 3B. Each applicant's response to need is briefly addressed below.

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811) indicates it reviewed the Community Health Planning and Statistics for Marion County and references its Tab 9 which included Marion County population statistics for 2010 and 2022. The applicant also included a brief discussion of the Agency FNP ratios but does not document its findings specific to the Community Health Plan(s).

AccentCare of North Central Florida, LLC (CON application #10812) assessment revealed widespread hospice needs, particularly among the elderly, including those with Alzheimer's disease, as well as among underserved minority groups such as African Americans, Hispanic/Latinx individuals, veterans, and the LGBTQ+ community. The applicant further addresses challenges faced by low-income, homeless, and food-insecure populations, along with unmet needs for patients suffering from terminal illnesses like heart and pulmonary diseases.

ARC Hospice of Florida, LLC (CON application #10813) indicates its analysis reveals access challenges include patients receiving care outside of the home setting and in inpatient hospice units, a high volume of non-cancer age 65 and older not receiving services, patients with heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, chronic liver disease/cirrhosis, dementia/Alzheimer's disease, Hispanics and African Americans and the veteran population.

Bristol Hospice – Marion County, LLC (CON application #10814)

in addition to the FNP, cites additional reasons for its project include the older and aging population growth, facility-based patients, a significant number of Cancer, Heart Disease, Alzheimer's, Parkinsons and neurological disease, low use rate for the Black, Hispanic and other minority populations, the veteran population, and residents with specific religious are underserved.

Community Hospice of Northeast Florida, Inc. (CON application #10815)

indicates its application demonstrates special circumstances include underservice to African American residents who qualify for hospice care, patients suffering from cardiac, pulmonary, and sepsis-related conditions, the service area's rural communities and long-term care facility residents.

VITAS Healthcare Corporation of Florida (CON application #10816)

indicates need for diagnosis-specific education and training for local clinicians to enhance their understanding of hospice services and reduce stigma associated with hospice care. There is need to serve the growing Hispanic and African American populations, a significant veteran presence, and culturally sensitive outreach and tailored support. Further, the service area's existing hospices provide minimal continuous care, which restricts patients' ability to remain in familiar environments during their final days. Current services are struggling to accommodate high-acuity patients, limiting their access to appropriate end-of-life care. Two of the three service area providers ALOS for cardiac, cancer, and respiratory diagnoses are below state averages, underscoring a critical need for service improvement. Marion County's impoverished, food-insecure, and homeless communities require increased support and access to hospice services.

Quality of Care:

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811)

addressed Haven's Hospice provision of care but does not address the applicant's Abode Hospice of Florida, LLC or its parent's (BrightSpring Health's) provision of care.

AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10812)

emphasizes its connection with AccentCare, Inc., and provides a detailed description of its ability to provide quality care. AccentCare affiliates had one substantiated complaint in the quality of care/treatment category cited during the three-year period ending October 24, 2024.

Arc Hospice of Florida, LLC (CON application #10813) asserts that AHS' corporate team possesses over 75 years of health care management experience, primarily in hospice, and has substantial expertise in hospice start-up, having successfully completed over 50 hospice surveys. The applicant provided a detailed description of proposed quality of care including its QAPI plan and references its parent company's history and practices it will utilize.

Bristol Hospice – Marion County, LLC (CON application #10814) states it is dedicated to high-quality care, offering individualized care plans that typically include five to seven home health aide visits and at least two registered nurse (RN) visits per week as needed.

Bristol provides data from Medicare's Post-Acute Care and Hospice Public Use Files (PAC PUF) and an analysis of the Hospice Item Set (HIS) reveals that Bristol outperforms the national average on eight key quality measures.

Bristol has achieved accreditation from the Community Health Accreditation Partner (CHAP), underscoring its commitment to high standards in hospice care, with plans to attain CHAP accreditation for the proposed Marion program within six months of licensure. Bristol's Miami affiliate had no substantiated complaints during the three year period ending October 24, 2024. The hospice is not rated on the CMS website.

Community Hospice of Northeast Florida, Inc. (CON application #10815) cites earning a four-star rating on the CAHPS Hospice Survey, one of only seven Florida providers to achieve this distinction. The survey assesses patient and caregiver experiences, indicating the organization's dedication to quality and patient safety. Further, it outperforms all metrics compared to the three existing providers in Service Area 3B, with ratings that exceed both national and state averages on the Family Caregiver Survey. The applicant had no substantiated complaints in the three years ending October 24, 2024, and is currently rated as a four-star facility on the CMS website.

VITAS Healthcare Corporation of Florida (CON application #10816) states it applies updated internal standards across all programs and maintains compliance with safety and quality requirements. All VITAS programs in Florida received CHAP accreditation in May 2023, and the proposed hospice Service Area 3B program will also seek this accreditation. VITAS details its Quality Improvement program indicating it focuses is on monitoring service quality and outcomes, ensuring high levels of patient comfort and family satisfaction. VITAS Healthcare

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Corporation affiliates had 27 substantiated complaints during the three-year period ending October 24, 2024. Considering the volume of patient days that VITAS manages; this number of complaints translates to a little above zero percent per 1,000 patient days.

Financial Feasibility/Availability of Funds:

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811): Funding for the project should be available but the applicant did not provide Schedule 2 capital projects nor project cost breakout.

All other applicants - Funding for this project and the entire capital budget should be available as needed.

Abode Hospice of Florida, LLC d/b/a Haven Hospice (CON application #10811): This project is likely financially feasible, but the overall level of profitability is in question.

Community Hospice of Northeast Florida, Inc. (CON application #10815): While it appears that the project is financially feasible, revenues appear to be overstated.

All other applicants - The project appears to be financially feasible.

All applicants - Strictly from a financial perspective, the projects will not have a material impact on price-based competition.

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).

With the exception of Abode Hospice of Florida, LLC, the applicants discussed their history or parent's history of care to Medicaid and medically indigent patients and commit to serving all patients. However, **AccentCare and Arc Hospice** do not provide any monetary or patient utilization details of their history only that they comply with the law. **Bristol Hospice** discusses its service to dual eligible patients in terms of percentages with the State and National averages. **Community Hospice** and **VITAS** provide excellent details in response to this criterion.

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 #10813 to Arc Hospice of Florida, LLC to establish a new hospice program in Service Area 3B. Total project cost is \$612,910.

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 \$10,000 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 support unfunded and undocumented community members by providing an array of medical services.

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 \$10,000 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 \$10,000 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 \$10,000 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 \$10,000 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.

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- 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 \$10,000 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 \$10,000 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.

Approve CON #10816 to VITAS Healthcare Corporation of Florida to establish a new hospice program in Service Area 3B. The total project cost is \$1,504,115.

CONDITIONS:

Special Programs:

VITAS Cardiac Care Program

Heart disease is the leading cause of death for residents of Marion County. Additionally, at least one hospital in Service Area 3B has a hospice utilization rate for cardiac patients that is less than the statewide average. Two hospitals in Service Area 3B 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 provide this program to hospice patients in Service Area 3B. 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

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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 an attestation from the General Manager that the meetings were offered.
- **Healthcare Provider Education:** VITAS will offer semi-annual cardiac-related continuing education to area health care providers, for the first three years of operation. The education will focus on end-of-life care for patients with cardiac diagnoses. 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 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. 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 events were offered.
- **American Heart Association Certification:** VITAS will obtain certification within two years of the start of operations in Service Area 3B 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

One hospital in Service Area 3B utilized hospice for respiratory patients at a rate less than the statewide average. This can be an indicator of late referrals and a need for patient and staff education. VITAS proposes to improve these metrics in Service Area 3B 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 health care 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 [COPD]; 2) Education on End Stage Pulmonary Disease, and 3) Training on removal from mechanical ventilation. Compliance with this condition will be shown in a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.
- **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 health care 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 for at least the first three years of operation. The two programs will be "Palliative Care for End Stage COPD Patients" and "COPD: The Disease." 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 continuing education was offered.

- **Community Education:** VITAS will publicize and offer annual "Ask the Doctor and/or Clinician" events open to the public, for at least 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. 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.
- **Respiratory Therapist:** VITAS will include a respiratory therapist in its staffing plan for Service Area 3B. 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 Alzheimer's and Dementia Care Program

In Marion County, in 2023, the percentage of probable Alzheimer's cases in residents aged 65 years and older was 11.1, approximately equal to the statewide average of 11.2 percent. The 2023 — 2026 Marion County Community Health Improvement Plan (revised 5/15/2024) identifies services for persons with Alzheimer's Disease and dementia as a strategic priority area. 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 nonpharmacological interventions; 2) educating hospice staff, caregivers, and area health care 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:** VITAS will offer annual Alzheimer's and dementia disease-related continuing education to area health care providers for at least the first three years of operation. 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 an attestation from the General Manager that continuing education was offered.
- **Music Therapy:** It has been 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 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 for 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.
- **Certified Dementia Practitioner:** A Certified Dementia Practitioner is a practitioner who undergoes extensive education in the field of dementia care and is dedicated to ongoing professional development through the National Council of Certified Dementia Practitioners (NCCDP). The benefits of this certification include enhanced skills to better equip caregivers to provide better care and an improved quality of life for dementia patients by adopting person-centered care approaches. VITAS will provide a Certified Dementia Practitioner to provide education to its patients' caregivers and the community at large. As part of the annual condition compliance reports, compliance with this condition will be supported by an attestation from the General Manager.

VITAS Diabetes Care Program

The diabetes death rate in Marion County is higher than the state's death rate, 3.8 percent versus 3.2 percent, respectively. Hospitalization rates for diabetes in Marion County slightly declined from 2021 to 2022

but remain higher than the statewide rates, even though the statewide rates have increased. This indicates that Marion County lacks adequate resources to help diabetes patients get the treatment they need or lacks a source of education about the disease. Marion County's Community Health Needs Assessment survey results show that community members, as well as the health care community, rated diabetes among the top ten issues that need to be addressed. VITAS proposes to improve these metrics in Service Area 3B with targeted, diagnosis-specific outreach to area practitioners, improved care for diabetes patients, and community education through its Diabetes Care program.

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

- **Staff Training:** All nurses, physicians, social workers, and chaplains will complete training regarding care for patients with diabetes diagnoses and their families within the first 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 annual meetings open to area physicians and their support staff for at least the first three years of operation. These meetings will be a forum to discuss VITAS' Diabetes 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 the attestation from the General Manager that the meetings were offered.
- **Healthcare Provider Education:** VITAS will offer diabetes continuing education to area health care providers, for at least the first three years of operation. The education will focus on control of Hyperglycemia and its symptoms, evaluation and treatment of diabetes complications, assessment of conditions in which diabetes treatment approach may have a significant impact and avoiding hypoglycemia. As part of the first three annual conditions compliance reports, compliance with this condition will be supported

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by an 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 at least 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 diabetes, and caregiving and support for individuals with diabetes. 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.
- **Community Support:** VITAS will donate a total of \$60,000 to Marion County community health clinics (or similar organizations that provide Diabetes education and care) within the first two years of operations, earmarked for Diabetes education and support:
 - Estella Byrd Whitman Community Health Center: \$20,000
 - FreeD.O.M Clinic: \$20,000
 - Heart of Florida Health Center: \$20,000

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

VITAS End-Stage Renal Disease Care Program

End-Stage Renal Disease is a leading cause of death in Marion County and the age-adjusted death rate for ESRD is higher than the statewide average. VITAS proposes to establish a new clinical program for Marion County focused on addressing the end-of-life needs of ESRD patients and providing education about the disease.

- **Staff Training, Healthcare Provider Education, Community Education:** Within the first two years of operation, VITAS will develop training and educational programs for its staff, area health care providers, and community members related to ESRD. Compliance with this condition will be documented by providing AHCA with copies of the educational materials as part of the second annual conditions compliance report.
- **Provider Input:** VITAS will publicize and offer annual meetings open to area physicians, nephrologists, and their support staff for at least the first three years of operation. These meetings will be a forum to

discuss VITAS' ESRD 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 the attestation from the General Manager that the meetings were 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. 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 3B patients who would benefit from palliative care receive the services they need, VITAS conditions this application on:

- **Engaging area residents with serious illness in advance care planning and goals of care conversations:** VITAS conditions this application on providing easy-to-understand documents and aides to facilitate patient decisions on care for serious illness. Additionally, VITAS will use the Five Wishes document, and a wishes and values guide during advance care planning and goals of care conversations. 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 that these services were offered and/or provided to patients in the service area.

Veterans Program

Veterans have unique end-of-life care needs and benefit from specialized programming and care. There is a significant veteran population in Service Area 3B. 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 3B program entering the We Honor Veteran program and achieving Level 5 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 5 status.
- **Veteran Representative:** VITAS will provide a veteran representative to the Service Area 3B 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 offering 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 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 Agency:** To further support the veteran population in Service Area 3B, VITAS conditions this application on providing support totaling \$70,000, within the first two years of operation, to organizations supporting veterans.
 - Veterans Last Patrol (or a similar organization that provides support to veterans in the community): \$20,000
 - Volunteers of America of FL — The Ocala Ritz Village (or similar organization that provides support to veterans in the community): \$20,000
 - Veterans Helping Veterans — Ocala (or similar organization that provides support to veterans in the community): \$30,000

Compliance with this condition will be supported by providing copies of the checks and the name(s) of the grantee(s) as part of the first two annual compliance reports.

Community Outreach Programs for Minority Populations

Service Area 3B is growing more diverse every year. There are several minority populations that are historically underserved regarding 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 3B, 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 3B by implementing the following community initiatives:

- **Hispanic Population:** In Service Area 3B, the Hispanic population has increased yearly since 2011. In 2022, the Hispanic population made up 15.47%. Given this rapid growth, it is increasingly important to provide targeted outreach programs and services to meet the unique need of the expanding Hispanic population, ensuring equitable access to hospice care. To increase access to hospice care for the Hispanic population in Marion County, VITAS will implement the following:
 - VITAS will donate \$30,000 to Heart of Florida (or a similar organization that provides outreach to this community), within the first two years of operations, earmarked for its outreach to the Hispanic population and the migrant workers employed by the equine and agricultural industry in the county. 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 also provide hospice-related educational materials, in Spanish, to the community, for at least 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 \$30,000 to the Estella Byrd Whitman Community Health Center (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.

Bridging the Gap Training/Discussion/Toolkit: VITAS has created a Bridging the Gap training and panel discussion for health care professionals and spiritual leaders on the needs of the Hispanic and African American communities (and other minority 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 an attestation from the General Manager in the first three annual conditions compliance reports.

- **Multicultural Advisory Committee:** VITAS will establish a multicultural advisory committee in Service Area 3B to explore the hospice needs of the minority community, meeting semiannually, during the first three years of operation. The committee will advise on activities that can reduce disparity in hospice access to minority populations in Marion County. The committee will include faith-based leaders, community leaders, and people from diverse backgrounds. Compliance with this condition will be supported by attestation from the General Manager in the first three annual conditions compliance reports.

Community Outreach Programs for Caregivers and Seniors

According to the Marion County Community Health Improvement Plan, 2023 — 2026, loneliness and isolation are among the top behaviors with the greatest negative impact on seniors. VITAS also learned, in its meetings with Marion Senior Services, that the community's caregivers need support. To help support caregivers and combat loneliness and isolation, VITAS conditions this application on providing funding in the amount of \$50,000, within two years of operation, to Marion Senior Services (or similar organization), earmarked for caregiver support and senior activities. 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.

To further support the community, VITAS conditions this application on collaborating with Marion Senior Services to provide caregiver education and volunteer opportunities for seniors. Compliance with this condition will be supported by attestation from the General Manager in the first three annual conditions compliance reports.

Support for Mental Health Services

Behavioral health was another strategic priority identified in the Marion County Community Health Improvement Plan, 2023 — 2026. The goals of this strategic priority are to reduce high utilization calls for mental health services and to educate providers and the community on the availability of behavioral health services in the county. To help improve access to mental health resources and reduce the number of high utilization calls for mental health services, VITAS conditions this application on granting \$30,000, within two years of operation, to SMA Healthcare - Marion County (or similar organization), earmarked for its Mobile Response Team. 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.

To further support the community, VITAS conditions this application on providing educational resources and training on suicide awareness. Compliance with this condition will be supported by attestation from the General Manager in the first three annual conditions compliance reports.

Community Paramedicine Program

Through its outreach to health care providers in the community and in reviewing the Marion County Community Health Improvement Plan, VITAS learned that high utilization of emergency services is a serious problem in the community. To help alleviate this issue, VITAS conditions this application on supporting Marion County's Community Paramedicine Program by providing training programs specifically for first responders and providing its Goals of Care Preceptorship Training and Certification Program, during 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.

Bereavement

VITAS conditions this application on providing a Community Healthcare Worker to help facilitate grief support for the community and will offer support groups and caregiver support groups available to the public. Compliance with this condition will be supported by attestation from the General Manager in the first three annual conditions compliance reports.

Community Outreach to Improve Access to Care

In the Marion County Community Health Improvement Plan 2023 — 2026, improving access to care was identified as a goal. The plan

identified ten locations that were designated as Health Professional Shortage areas. A Health Professional Shortage Area may refer to geographic areas, populations, or facilities where there is a shortage. Often, the health care providers in health professional shortage areas are overworked and have fewer resources to care for patients. The residents living in these areas often have a much lower socioeconomic status and face financial barriers to health care. To help Marion County residents, VITAS conditions this application on the following:

- **VITAS Mobile Hospice Education Vehicle:** VITAS will provide a Mobile Hospice Education Vehicle for outreach to the community and to offer end-of-life education, for at least the first three years of operation. Compliance with this condition will be supported by attestation by the General Manager in the first three annual conditions compliance reports.
- **Community Support:** To further improve access to health care to residents with limited resources, VITAS conditions this application on providing support totaling \$90,000, within the first two years of operation, to organizations providing health care to those with financial barriers.
 - Estella Byrd Whitman Community Health Center (or similar organization): \$30,000
 - FreeD.O.M Clinic (or similar organization): \$30,000
 - Heart of Florida Health Center (or similar organization): \$30,000

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

Increase Healthcare Staffing in the Community

A strategic priority identified in the Marion County Community Health Improvement Plan, 2023 - 2026 is Wellness and Primary Prevention. The goal is to broaden the availability of life skills and technical training for Marion County residents. To help Marion County attain this goal, and to help alleviate the health professional shortage in the area, VITAS conditions this application on donating a total of \$100,000, within the first two years of operation, to Marion County Technical School (\$25,000), College of Central Florida (\$25,000), Taylor College (\$25,000), and Rasmussen College-Ocala Campus (\$25,000) (or similar organizations), to support their nursing and/or nurse aide training programs. VITAS will also offer nursing students community-based

clinical experiences (that are neither invasive nor complex). Compliance with this condition will be supported by attestation from the General Manager in the first three annual condition compliance reports.

Solo Agers Outreach Program

It is estimated that 100,091 Marion County residents were aged 65 to 84 and 11,356 were aged 85+. Of this 65+ population, it is estimated that 24.7% 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 3B, particularly the elderly that lack caregiver support, VITAS conditions the following:

- **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 in the first three annual conditions compliance reports.
- **Grants to Qualified Agencies:** VITAS conditions this application on providing support in the amount of \$50,000 to Marion Senior Services (or similar organization), specifically its In-Home Support Program and Nutrition Program, within the first three years of operation. Compliance with this condition will be documented by providing copies of the check(s) and the name(s) of the grantee(s) as part of the first three annual condition compliance reports.

Outreach Programs for Marion 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.

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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 3B. Specifically, VITAS conditions this application on providing financial support to the following organizations, within the first two years of operation:
 - **United Way of Marion County:** A grant of up to \$40,000 to United Way of Marion County, earmarked for the Strong Families Program, (or similar organization that assists ALICE³ individuals), within the first three years of operation. 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.
 - **Interfaith Emergency Services:** A grant of up to \$50,000 to the Interfaith Emergency Services (or similar organization), within the first three years of operation, to assist 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 least 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.
 - **Second Harvest Food Bank of Central Florida, Marion County Branch:** A grant of up to \$50,000 to Second Harvest Food Bank of Central Florida, Marion County Branch (or similar organization), within the first three years of operation, to aid the food-insecure individuals in the service area.

³ The term "ALICE" refers to Asset Limited, Income Constrained, Employed.

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.

Deed-Restricted Community Support

There are several large deed age-restricted communities (DARC) in Marion County, including a portion of The Villages. These communities are home to residents aged 55 and older. To ensure the hospice needs of the residents of these communities are met, VITAS conditions this application on having a Community Liaison to provide outreach and education to DARC residents and their families. In The Villages, VITAS will utilize a VITAS Hospice Education golf cart to reach out to the residents of this community. Compliance with this condition will be supported by attestation by the General Manager in the first three annual conditions compliance reports.

Provider Education and Training Programs

VITAS has met with several health care 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 health care 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 within the first two years of operation. Compliance with this condition will be supported by attestation from the General Manager in the first two annual 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 an attestation from the General Manager in the first three annual 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 at 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. 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 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 its staff, including staff in Service Area 3B, are well-trained to provide the best possible care. Accordingly, VITAS conditions this application on:

- The Medical Director covering Service Area 3B 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.

Hospice Office Locations

The hospice office locations are important because they can facilitate hospice visibility, community awareness, and focused interaction with the community. VITAS is committed to increasing hospice awareness and utilization in Service Area 3B.

VITAS conditions this application on having two hospice offices in Service Area 3B within the first two years of operation. The first office will be in Ocala and the second office in Summerfield. 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 by other hospice providers. 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
- 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 3B 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.

Deny CON #10811, CON #10812, CON #10814 and CON #10815.

AUTHORIZATION FOR AGENCY ACTION

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

DATE: December 20, 2024



James B. McLemore
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Certificate of Need**



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