

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

**A. PROJECT IDENTIFICATION**

**1. Applicant/CON Action Number**

**AMOR Hospice Care, LLC/CON application #10820**

18670 Graphics Drive, Suite 200  
Tinley Park, Illinois 60477

Authorized Representative: Bryan Niehaus  
(708) 478-7030

**Arc Hospice of Florida, LLC/CON application #10821**

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

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

**Heart'n Soul Hospice of Miami, LLC/CON application #10822**

51 Century Boulevard  
Nashville, Tennessee 37214

Authorized Representative: Tracy L. Wood, CEO  
(678) 333-7880

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies/CON application #10823**

4601 NW 77 Avenue  
Miami, Florida 33166

Authorized Representative: Aristides Pallin  
(305) 262-1292

**Safe Harbor Hospice, LLC/CON application #10824**

2222 Ponce de Leon, 3rd Floor  
Miami, Florida 33134

Authorized Representative: Christopher Vangel, CEO  
(630) 768-1322

**2. Service District/Subdistrict**

Service Area 11 (Miami-Dade and Monroe Counties)

**B. PUBLIC HEARING**

No public hearing was requested or held.

**Letters of Support**

**AMOR Hospice Care, LLC (CON application #10820)** provides approximately 45 letters of support in application's Appendix I. These letters by category include:

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

- Obed Cruz, Chief Operating Officer/Chief Nursing Officer and Luis Allende, President, Hialeah Hospital
- Jose Molliner, Chief Executive Officer, Coral Gables Hospital
- Gino R. Santorio, President and CEO, Mount Sinai Medical Center Hospital
- Juan Carlos Echandia, CEO, Keralty Hospital
- Ana Bovo, Chief Executive Officer, Southern Winds Hospital
- Monica E. Madrigal, Chief Executive Officer, Select Specialty Hospital - Miami Lakes
- Mario Lopez, MSN, Chief Executive Officer, Select Specialty Hospital – Miami
- Walter Concepcion, Chief Executive Officer, West Gables Rehabilitation Hospital
- Yoely Hernandez, MBA, BSN, RN Chief Executive Officer, Larkin Community Hospital Palm Springs Campus
- Julie Capote, BSHA, Regional Director of Marketing for
  - Claridge House Nursing and Rehabilitation Center
  - Harmony Health Center
  - Sierra Lakes Nursing & Rehab Center
  - South Dade Nursing and Rehabilitation Center
  - Waterford Rehabilitation & Nursing Center
  - North Dade Nursing and Rehabilitation Center
- Gabriela Macoto, Position not identified- not listed as Administrator Fountain Manor Health & Rehabilitation Center
- Marco Carrasco, Administrator, Miami Shores Nursing and Rehab Center
- Jesika Polack, Administrator, The Terrace of Hialeah
- Mauricio Abello, Administrator, Miami Springs Nursing and Rehabilitation Center

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- Isis Fernandez, Administrator, Hialeah Shores Nursing and Rehab Center

### **Government Officials, Business and Community Leaders**

- Ana Maria Rodriguez, Senator, District 40 - The Florida Senate
- Tom Fabricio, State Representative, District 11 - Florida House of Representatives
- David Borrero, State Representative, District 111 - Florida House of Representatives
- Alex Rizo, State Representative, District 112 - Florida House of Representatives
- Mike Redondo, State Representative, District 118 - Florida House of Representatives
- Juan Carlos Porras, State Representative, District 119 - Florida House of Representatives
- Christi Fraga, Mayor, City of Doral
- Rafael Pineyro, Councilman, City of Doral
- Esteban "Steve" Bovo, Mayor, City of Hialeah
- Kevin Marino Cabrera, Miami-Dade County Commissioner - District 6
- René Garcia, Miami-Dade County Commissioner, District 13
- Jesus Tundidor, President, City Council of Hialeah
- Monica Pérez, Council Member, City of Hialeah
- Melinda de la Vega, Acting City Council Member- City of Hialeah
- Carlos Diaz, Fire Marshal - City of Hialeah
- Roxana, Silvera, President/CEO, Doral Hispanic Women Chamber of Commerce
- Armando Llanes, Chairman - Hialeah Chamber of Commerce and Industries, CEO The Llanes Group
- Rosa E Kasse President, Hispanic Coalition Corp., non-profit organization, Coral Gables, Miami-Dade County
- Ana Wong, Organizational Development Coordinator, Solidaridad Sin Fronteras, Inc., non-profit organization, Hialeah, Miami-Dade County
- Alina Garcia, Former State Representative, District 115 - The Florida House of Representatives

### **Religious Organizations and Clergy**

- Ricardo Alfonso Fernandez, Senior Pastor, DCN (Dios Con Nosotros Corp.) Church, Doral, Miami-Dade
- Raul Joselito Palma, Senior Pastor, MCA (Mi Casa de Adoracion) Church, Doral, Miami-Dade
- Pablo Lago, Pastor, C.C. La Roca Firme Comunidad Crist Church, Hialeah, Miami-Dade
- Fidel Falcon, Pastor, Seventh Day Adventist Church

**Arc Hospice of Florida, LLC (CON application #10821)** provides approximately 112 letters of support are located in Exhibits C and G of this application.

Of note are the following letters that were provided indicating a willingness to contract with the applicant for inpatient hospice care:

Raphael Kintzer, CEO, Quantum Health Care Group

*“At Quantum Health Care Group, we are excited about the opportunity to collaborate with Arc Hospice to provide exceptional care for our residents. If approved, we are willing to contract with Arc Hospice to provide general inpatient beds at our long-term care facility in Miami-Dade County. Arc Hospice's presence in Miami-Dade and Monroe Counties will undoubtedly enhance the quality of life for many by offering essential services that are currently lacking. I wholeheartedly endorse their application for a certificate of need and urge you to approve their request.”*

Levi Moalem, Operator, Miramar Post-Acute Care Solutions

*“In conclusion, I wholeheartedly endorse Arc Hospice's certificate of need application. Their presence in Miami-Dade and Monroe Counties would be a tremendous asset. I am eager to work closely with them across all three of our skilled nursing facilities, and if approved, I'm willing to contract with Arc Hospice to provide general inpatient beds. Together, I believe we can set a new standard for integrated, compassionate end-of-life care in our community.”*

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

- Raphael Kintzer, CEO, Quantum Health Care Group, Kendall Lakes Health & Rehabilitation Center (150 beds)- willing to contract for GIP
- Leyla Marin, Administrator and Dr. Ivan Ramon Espailat, MD, Kendall Lakes Healthcare and Rehab Center
- Levi Moalem, Operator, Miramar Post-Acute Care Solutions (operator of three skilled nursing facilities - 459 beds - under Miramar Post-Acute Care Solutions-facilities not identified
- Felicia Phillip, Administrator, Sierra Lakes Nursing & Rehabilitation Center
- Nakaye Allen, Administrator, Aventura Rehab and Nursing Center
- Marc Bruno, Administrator, Biscayne Health & Rehabilitation Center
- Jennifer Solis, Administrator, Ponce Health and Rehabilitation Center
- Nelly Nunez, Administrator, Jackson Gardens Health and Rehabilitation Center
- Chaim Bursztyn, Administrator, North Beach Healthcare and Rehabilitation Center
- Marco Carrasco, Administrator, Miami Shores Nursing and Rehab

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- Marta Delgado, LNHA, MSN, RN, Administrator, Palmetto Care Center and Rehab
- Alexis Morfa, Administrator, Unity Healthcare and Rehabilitation Center
- Brayam Perez, Administrator, Shoreside Health and Rehabilitation Center
- Javier Cavero, Administrator, The Sands at South Beach Care Center
- Alex R. Camacho, Administrator, University Health and Rehabilitation Center, NH, Miami
- Tony Ospina, Administrator, West Gables Health Care Center
- Dr. Wayne Ivancho, Medical Director, Glades West Rehabilitation and Nursing Center, NH, Miramar, Miami-Dade county
- Michael Brown, Assistant Administrator, Riviera Health Resort
- Natasha Stallings, Director of Social Services, Serenity Bay Nursing and Rehabilitation Center, NH, North Miami Beach
- Juan Cordoba, BSHA, MBA-HC, Director of Social Services, Harmony Health Center, NH, Miami
- Belinda Blakely Smith, Director of Social Services, Regents Park at Aventura, NH, Miami-Dade county

### Jackson Health System/Jackson Health, Miami, Hospital

- Dr. Orlando Garcia, Chief Medical Officer, Jackson South Medical Center, Jackson Health, Hospital
- Dr. Hannah Thompson, Chief Medical Officer, Jackson West Medical Center, Jackson Health, Hospital
- Melody Parrish, Practice Management/Business Development, Jackson Behavioral Health Hospital (Clinical Laboratory), Miami
- UHealth Jackson, University of Miami Health System
  - Carmen Espinosa Walker, Transplant Program Liaison, Miami Transplant Institute
  - Maria Cervantes, Christine E. Lynn Rehabilitation Center, Rehabilitation Care
- Adrian Lopez Truy, Administrator, El Renacer De Ana, ALF, Miami
- Julia Santetiz, Provider Relations, Florida Community Care, ALF, Miami-Dade county

### **Other Healthcare Providers**

- Patricia Ares-Romero, M.D., F.A.S.A.M., President, Dade County Medical Association (DCMA)
- Claudio M. Perez, President and CEO AGAPE Network
- Placida Gonzalez, President/ Director, Qtrials Medical Center DBA Facil, Community Health Center, Miami
- Sandra Vergara, Director South Region, Azura Vascular Care, a Division of Fresenius Medical Care

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- Rachel Schuster, CEO, Onyx Healthcare, Onyx Health Consulting Services
- Nercy Radcliffe, Administrator, Providence Healthcare Services (HHA)
- Seven service area physicians and 18 service area ARNPs

### **Government Officials, Business and Community Leaders**

- Jose Felix Diaz, Former Representative, Florida House of Representatives, Districts 115 (2010-2012) & 116 (2012-2017)
- Scott Hansel, President/CEO Chapman Partnership
- Betty Ruano-Bond, Director, Operations, Little Havana Activities & Nutrition Centers of Dade County, Inc.
- Irela M. Bagué, Chief Bay Officer, Biscayne Bay, President & CEO, Bagué Group, Chair, Miami-Dade County's Biscayne Bay Task Force
- Robert Manela, Founder/CEO, BONE-I OLAM, Miami-Dade county
- Laura Hunter, Public Health System Healthcare Planning Executive, former Division President for GenesisCare East Florida Division
- Symeria Hudson, President & CEO, United Way Miami
- Alfred Sanchez, President and CEO, Greater Miami Chamber of Commerce
- Richard Klass, President and CEO, 2CY Strategic Insights
- Farzanna S. Haffizulla, M.D., MACP FAMWA, President, American Heart Association - South Florida
- Nova Southeastern University
  - Michelle A. Clark, Ph.D., Dean, Health Professions Division Barry and Judy Silverman College of Pharmacy
  - Marie Florent Carre, D.O., M.P.H., Chair, Department of Rural and Urban Underserved Medicine, Associate Professor, Family Medicine and Public Health, Dr. Kiran C. Patel College of Osteopathic Medicine
  - Karen Grosby, Ed.D. Dean, College of Psychology

### **Religious Organizations and Clergy**

- Rev. Dr. Alplionso Jackson Sr., Senior Pastor, Second Baptist Church
- Jacob Kon, Director, Yehudi Surfside, Jewish Community Organization
- Rabbi Chaim Lipskar, The Rok Family Shul Chabad Downtown Jewish Center
- Bill White, Senior Pastor, Christ Journey Church

### **Heart'n Soul Hospice of Miami, LLC (CON application #10822)**

provides approximately 63 letters of support (in application's Appendices A, C, D, E, R, S and U)

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Of note are the following letters that were provided indicating a willingness to contract with Heart n Soul for inpatient hospice care should its CON be approved:

Dr. Maureen Brown, DNP, RN, MSN, MBA, HCM, LNHA, Chief Nursing Officer, Onyx Health, Miami Dade County is *“prepared to contract with Heart and Soul Hospice for Inpatient and Respite beds with the following facilities...Aventura Health, Shoreside Health, Biscayne Health, The Sands, Jackson Gardens, University Health, Margate Health, Ponce Health, and Floridean Health”*

David Gold, NHA, MS, MA, Administrator, Pinecrest Rehabilitation Center, North Miami *“prepared to contract with Heart and Soul Hospice for inpatient and Respite beds should they need to place a patient in the building if needed.”*

Patrcia Garcet-Betancourt, Director of Case Management, Coral Gables Hospital, a Steward Family Hospital *“we would be interested in contracting with Heart’n Soul Hospice for inpatient and respite beds to help serve their end-of-life patients for such needs.”*

Lazaro A. Lazo, MHSA, NHA, Administrator/Executive Director, Oasis Keys, Tavernier *“prepared to contract with Heart and Soul Hospice for Inpatient and Respite beds should they need to place a patient in the building if needed”.*

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

- Jacklyn Zapata, Administrator, Serenity Bay Nursing and Rehabilitation Center
- Felica Philip, Executive Director, Sierra Lakes Nursing and Rehab Center
- Heidi Tucker, Executive Director, Lilac at Silver Palms
- Dr. Nicholas D. Torres, DNP, APRN, FNP-C, Chief Executive Officer, Larkin Community Hospital

### **Other Healthcare Providers**

- Annette Soler, Administrator, Miami Lakes Home Health Care, Inc
- Prinston Jean-Glaude, CEO, Primary Medical Care Center
- Francis Afram-Gyening, MBA, MPH, FACHE, Chief Executive Officer, Camillus Health Concern (CHC), Inc, Camillus House
- Ryan Hawkins, President and CEO, Jessie Trice Community Health System Inc
- Dr. Armen Henderson, MD, MBA, President, Dade County Street Response (DCSR) and Medical Director of Main Street Medicine
- Dr. Pete Gutierrez, Medical Director, Miami Rescue Mission Clinic

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- Mr. J. Martinez, CEO, Hope for Miami
- Elvis Caines, Division Director for Older Adults and Individuals with Disabilities Services, Miami-Dade County's Community Action and Human Services Department
- Max B. Rothman, JD, President and CEO, Alliance for Aging, Inc.
- Dr. Jorge Valdés, DNP, CRNA, APRN, FAANA, Dean, Clinical Professor & Fellow, Nicole Wertheim College of Nursing & Health at Florida International University
- Robert L. Glueckauf, Ph.D., Professor, Dept. of Behavioral Sciences and Social Medicine, College of Medicine Florida State University, Director of the statewide African-American Alzheimer's and Support Project 2 - ACTS2 Project
- Tommie L. Norris, DNS, RN, AACN Leadership for Academic Nursing Fellow, Dean, Benjamin Leon School of Nursing, Miami Dade College
- Manny Fernandez, Director of Healthcare Services, Little Havana Activities & Nutrition Centers of Dade County, Inc.
- Dr. Kadesha Nicholas, President, National Association of Health Care Executives, Miami

### **Government Officials, Business and Community Leaders**

- Kevin Chambliss, State Representative, Florida House of Representatives, District 117
- Gordon Eric Knowles, CEO/ President, Miami-Dade Chamber Of Commerce
- Armando Llanes Chairman/CEO of the Hialeah Chamber of Commerce and Industries, CEO, The Llanes Group
- Oliver G. Gilbert III, Chairman, Board of County Commissioners District 1, Miami
- Harold Ford, President, NAACP South Dade Branch
- Rodrick Milter, Chief Executive Officer, Miami-Dade Beacon Council
- Nick Howland, Executive Director, The Fire Watch (Veteran Services)

### **Religious Organizations and Clergy**

- Harold Ford, Minister, Board of Directors Chairman, Sweet Home Community Builders, Sweet Home Missionary Baptist Church
- Yvette Forbes, Outreach Pastor, Possibilities Church
- Dwayne Richardson, Pastor, Greater Love Full Gospel Baptist Church
- D. Anderson, Pastor, St. James 1st Missionary Baptist Church
- Barbara Goldman-Wartell, Rabbi, Temple Israel of Greater Miami
- Frederick L. Klein, Rabbi, Mishkan Miami and Director for spiritual care programs, Greater Miami Jewish Federation, Executive Vice President, Rabbinical Association of Greater Miami
- Rabbi Young, Rabbi and Director of Education for the National Institute of Jewish Hospices (NIJH)



**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** provides approximately 145 letters of support in the application's Tab 7. These include

**Hospitals, Skilled Nursing, and**

- Carlos A. Migoya, Chief Executive Officer, Jackson Health System indicating JHS *“will work in good faith with ILS to develop a contracted bed agreement for inpatient cases needing hospice services across all of our facilities in Miami-Dade County”*
- Carlos Alberto Cruz V., Chief Operating Officer at Keralty Hospital
- Eugene Marini, Chief Administrative Officer, Victoria Nursing and Rehabilitation Center

**Assisted Living Facilities (most own several ALFs)**

- Joadys Jorge, Admin/Owner
- Veronica Machin, Admin/Owner
- Maria Medina, Admin/Owner
- Alba Gomez, Owner,
- Mayencys Triana, Owner
- Arsenio Lopez, Owner
- Mileisy Pedrozo, Owner
- Erich Capestany, Admin/Owner
- Jennifer Cardoso, Owner
- Rogelio N Gele-Barcelo, owner, ALF
- Minerva Marin, Owner, ALF

**Other Healthcare Providers**

- Jeffrey L. Horstmyer, MD, Chief Executive Officer, Neuroscience Centers of Florida Foundation, Inc.
- Dr. Alexander Fiuza, Clinical Psychologist, President and CEO, Counseling Now, LLC.
- Dr. Enrique G. Casuso, MD, Psychiatrist, Enrique G. Casuso, MD PA
- Damaris Mafut, D.O, Owner/CEO, Fit Life Pediatric Consultants, LLC

**Home Healthcare Providers**

- Dr. Mercedes Y Martin, DNR APRN, FNP-BC, Administrator/Alt. DON, All Florida Home Health Services
- Roxana Quintana, RN, Chief Nursing Officer, Home Care Plus Inc.
- Carlos L. Martinez, President and CEO, United HomeCare
- Milton Moreno, Administrator/Owner, HealthMax Home Care Services, Inc.
- Nelson Ferrod, President, Eternal Life Services Home Health

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- Nercy Radcliffe, President and Administrator, Providence Healthcare Services
- Roberto Moreno, Administrator, New Horizon Home Health
- Jeylor Sarria, Owner/Admin, Palace Home Health Care Corp.

### **Government Officials, Business and Community Leaders**

- Senator Alexis Calatayud, The Florida Senate, District 38
- Senator Ana Maria Rodriguez, The Florida Senate, District 40
- Senator Shevrin D. “Shev” Jones, The Florida Senate, District 34
- Tom Fabricio, Florida House of Representatives, District 110
- David Borrero, Florida House of Representatives, District 111
- Alex Rizo, Florida House of Representatives, District 112
- Daniel A. Perez, Florida House of Representatives, District 116
- Mike Redondo, Representatives, District 118
- Anthony Rodriguez, Vice Chairman, Miami-Dade County Commissioner, District 10
- Max B. Rothman, JD, LL.M, President and CEO, Alliance for Aging, Inc., the Area Agency on Aging for Miami-Dade and Monroe Counties
- Mario Siervo, MD, MBA, Regional Medical Director Florida, WellMed/Optum
- Miriam Singer, President and CEO, Jewish Community Services of South Florida
- Mario E Tapia, President and CEO, Latino Center on Aging (LCA)
- Darrell Cunningham, MPPA, Vice President of Mission Services, Goodwill Industries of South Florida
- Alejandro Romillo, President and CEO, Health Choice Network (HCN)
- Jeffrey T. King, RN, MBA, MSN, Chief Operating Officer, Agape Network
- Dr. Mario A. Mendez, Executive Director at Southwest Social Services Programs, Inc.
- Vincent Omachonu, Ph.D., P.E., Professor and Chair, Department of Industrial and Systems Engineering, College of Engineering, University of Miami

### **Out of Service Area – Serves Service Area 11**

- Jaime S. Caldwell, South Florida Hospital and Healthcare Association
- Charlotte Mather-Taylor, President, Florida Association of Area Agencies on Aging
- Bijou Ikli, Chief Executive Officer, Florida Assisted Living Association
- Emmett Reed, CAE, Chief Executive Officer, Florida Health Care Association
- Tracey Wekar-Paige, Executive Director, Alzheimer's Association Southeast Florida Chapter, Fort Lauderdale, Broward

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- Gordon Chen, MD, Chief Executive Officer, ThriveWell, Fort Lauderdale, Broward
- Teresa K. Barton, CEO of Community Senior Services, Inc. d/b/a Aging True Community Senior Services, Jacksonville, Duval

**Safe Harbor Hospice, LLC (CON application #10824)** provides approximately 18 Service Area 11 letters of support and approximately 93 out of Service Area 11 letters of support which are located in Attachment 3 of this application. These letters include:

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

- Agnes Alejandre, Chief Executive Nursing Office, Riverside Care Center (indicates an *interest “in exploring the potential for a general inpatient contract”*)
- Tony Ospina, Administrator, West Gables Health Care Center
- Eduardo Castellanos, Administrator, New Era Community Health Center, LLC (ALF)
- Madelin Diaz, Supervisor Caregiver, Jesus CEO LLC (ALF)

### **Government Officials, Business and Community Leaders**

- Liliam M. Lopez, President/CEO South Florida Hispanic Chamber of Commerce, Miami Beach, Miami-Dade county
- Alfred Sanchez President & CEO, Greater Miami Chamber of Commerce
- Jorge Montes, President, Vietnam Veterans of America – Chapter 620
- Janet Gonzales, SerenCare Transport
- Cindy Brown, Owner, Cenergy, LLC

### **Religious Organizations and Clergy**

- Jacques F. Saint-Louis, Pastor, Eglise Evangelique Baptiste La Grace, Inc.

### **Other Healthcare Providers**

- Kimberly Sena Moore, PhD, MT-BC, Program Director, Florida Gulf Coast University, Bower School of Music & the Arts
- Natalie Gonzalez, MT-BC, Bereavement Specialist, Music Therapist
- Rebecca Rocuant, MT-BC, Hospice MT
- Nitin S. Putchu, DO FAAPMR, Division President Internal Medicine, Inpatient Physician Management Services
- Sofia Serrano, CEO, Sofia Home Health Care LLC, (Biscayne Park)
- Christine Taegar, MS, RN, CHPN, Director of Clinical Operations, Compassus
- Monica Wesolowski, Executive Director/CEO, Canine Assisted Therapy, Willingness to partner for pet therapy

- Delphine Gervais, LCSW-QS, CEO & Founder, Breakthrough Care Resource Center, Inc.

**C. PROJECT SUMMARY**

**AMOR Hospice Care, LLC (CON application #10820)**, also referenced as AMOR Hospice or the applicant, is a newly formed for profit, Florida Limited Liability Company established on February 9, 2024. The applicant states that the owner, Ms. Odelmys Bello, owns 23 Assisted Living Facilities since 2003, currently owning seven ALFs with over 415 beds in Miami-Dade County and one ALF in Broward County with 105 beds, all together employing over 200 employees.

The applicant expects issuance of license and initiation of service in January 2026.

Total project cost is \$615,113 and includes building, equipment, project development, and start-up costs.

Pursuant to project approval, AMOR Hospice Care, LLC offers the following Schedule C conditions:

- **Make a Wish Hospice Foundation**
  - **COMMITMENT:** AMOR Hospice commits to establishing a charitable foundation and funding \$20,000 in annual support over its first five (5) years of operation to support the requests of patients at the end of their life. As AMOR Hospice is also committing to not seek fundraising within the community, this will ensure AMOR's patients still have access to end-of-life benefits that fall outside of the hospice care coverage but are offered by other providers.
- **Commitment to Staffing Capacity & Development**
  - **NEED:** Florida, including District I 1, is forecasted to continue experiencing a nursing shortage for the next half-decade or more. This includes Certified Nursing Assistants (CNAs), where Florida is forecasted to have a deficit of CNAs. CNAs are a vital part of the hospice team, seeing to their patients' daily needs and comfort and often supporting their social and emotional needs. To support existing efforts to boost the CNA supply and secure high-quality job candidates, AMOR Hospice is committed to developing a financial support program for personnel dedicated to entering the hospice workforce. Specifically, there exists an opportunity for foreign trained health care personnel in District II to be supported in navigating and accessing state training to acquire licensure

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certifications. Existing programs provide key services such as assistance and guidance for applying to the Nursing Board, assistance in filling out forms, meeting the English Proficiency Test (TOEIC) requirement, Exam Preparation, and personalized assistance throughout the entire process. However, while programs and services exist, they also come with a cost. Where foreign-trained candidates do not have the means to justify the additional training and licensure costs, external support can overcome that key barrier to bring them back into the health care workforce.

- **COMMITMENT:** AMOR Hospice commits to funding up to \$10,000 in annual educational support over its first five (5) years of operation to meet the financial costs for CNA candidates that seek assistance from Solidaridad Sin Fronteras (SSF), which will provide the training and process navigation support Certified Nursing Assistant (CNA) licensure. Based on SSF's input, costs are expected to be \$800-\$1,000 per candidate, which means the annual \$10,000 commitment will support between 10-12 candidates per year.
  
- **Commitment to Clinical Training —**
  - **COMMITMENT:** At a minimum, AMOR commits to providing \$10,000 annually for the first five (5) years of operations to support clinical training, including:
    - Over its first five (5) years of operations, AMOR Hospice will assure each clinician (APRN, RN, LPN, NA, Social Workers, etc.) will have the option to pursue Hospice and Palliative Credentialing Center (HPCC) certification at the expense of AMOR Hospice.
    - Over its first five (5) years of operations, AMOR Hospice will assure each clinician (Physician, APRN, RN, LPN, NA, Social Workers, etc.) will have the training resources from the Center to Advance Palliative Care (CAPC) and the option to obtain CAPC Designation at the expense of AMOR Hospice.
    - AMOR Hospice commits to providing specific training to its dedicated facility-based staff for servicing patients in Assisted Living Facilities (ALFs) and Nursing Homes (NH).
  
- **Commitment to External Program Quality Verification**
  - **COMMITMENT:** AMOR Hospice commits to pursuing and obtaining certification by the American Heart Association (AHA) for Palliative/Hospice Heart Failure within the first 2 years of operation. AMOR Hospice is committing \$2,000 per year (once initiated) for the certification cost.

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- **COMMITMENT:** AMOR Hospice commits to pursuing and obtaining accreditation by the Community Health Accreditation Partner (CHAP), or another CMS approved accreditation agency. AMOR Hospice is committing \$10,000 for the three-year accreditation cost.
- **COMMITMENT:** AMOR Hospice commits to joining the National Hospice and Palliative Care Organization (NHPCO) upon program initiation and participating in the Quality Connections (QC) program.
- **Commitment to Culturally Competent Care Development**
  - **NEED:** District 11 is one of the most ethnically and racially diverse regions in the State of Florida. District 11's significant Hispanic and Black demographics are themselves composed of a myriad of ethnicities, nationalities, and cultures — representing a collage of perspectives on death, dying, and perception of hospice care. As evidenced by research, to effectively reach, serve, and thrive within this community, a hospice program must have a strong foundation of culturally competent service skills.
  - **COMMITMENT:** AMOR Hospice commits to providing every employee external training by the Cross Cultural Health Care Program (CCHCP), setting aside \$10,000 for annual training over the first two years of the program initiation based on quotes obtained from CCHCP.
  - **COMMITMENT:** AMOR hospice commits to developing internal competencies through the CCHCP Train the Trainer (ToT) program. AMOR is dedicating \$5,000 to this initiative based on the quotes from CCHCP to cover its first two years of operation.
  - **NEED:** As with the need for culturally competent care amongst various ethnic and racial backgrounds, the veteran population and their families present unique needs for end of life and hospice care.
  - **COMMITMENT:** AMOR Hospice will actively seek We Honor Veterans status once operational and we will progress through each level as rapidly as possible to reflect our belief in the importance and unique needs of hospice care for our veterans. AMOR Hospice will advocate for Veteran patients to participate in Honor Flight for Veterans. The provider will also actively recruit Veteran volunteers to better support Veteran patients.
  - **NEED:** As a significant population in District 11, the Jewish population and their families present diverse needs for hospice care in a dignified manner that is consistent with Jewish heritage and values.

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- **COMMITMENT:** AMOR Hospice will actively seek National Institute For Jewish Hospice (NIJH) certification once operational through their available training and certification platform. AMOR Hospice is setting aside \$5,000 for accreditation costs.
- **NEED:** Miami-Dade County has one of the highest rates of same-sex couples or households in Florida. As the community and LGBTQ population continue to grow, age, and require hospice care, the population will require that their unique needs are understood by health care providers. When surveyed, 9 out of 10 LGBTQ+ people feared discrimination in care settings if providers knew their sexual orientation or gender identity.
- **COMMITMENT:** AMOR Hospice will actively seek SageCare for LGBTQ+ Aging Cultural Competency certification once operational through their available training and certification platform. AMOR Hospice is setting aside \$5,000 for certification costs.
- **Commitment to Bi-Lingual Staff**
  - **NEED:** Research confirms language is key barrier to satisfactory and high-quality hospice care where provider to patient communication is ineffective due to limited English proficiency. As a county with significant non-English speaking, limited English proficiency, and bi-lingual populations, District 11 hospice patients will benefit from a provider that can consistently offer bilingual resources for their care.
  - **COMMITMENT:** AMOR Hospice commits to developing a strong bi-lingual staff to assist in clear and culturally competent care for the diverse patient population in District 11. AMOR Hospice is committing \$20,000 in signing bonuses over the first two years of operations to attract employees with bi-lingual skills, with a focus on Spanish dialects and Haitian-Creole to reflect the predominant and growing non-English languages and limited English proficiency populations in District 11.
  - **COMMITMENT:** AMOR Hospice commits to minimum of 75% of its employees being bilingual by the end of its first year of operation.
- **Community Hospice Education**
  - **NEED:** District 11 is one of the most ethnically and racially diverse regions in the State of Florida. District 11's significant Hispanic and Black demographics are themselves composed of myriad of ethnicities, nationalities, and cultures — representing a collage of perspectives on death, dying, and perception on hospice care. In addition to having a strong foundation of culturally competent care

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skills, the community must be educated about the hospice benefit and services to drive utilization and overcome misconceptions/lack of knowledge within the communities that are underutilizing hospice

- **COMMITMENT:** AMOR Hospice commits to funding and providing specific community education and outreach regarding hospice services within the service area over the first two years of service implementation. AMOR Hospice commits to:
  - Forming a Hispanic Advisory Committee composed of at least five (5) members from the District 11 community within the first 3 months of operations. Intent is to identify members from various cultural backgrounds within the wider Hispanic demographic (e.g. Cuban, Venezuelan, etc.)
  - Forming a Black Advisory Committee composed of at least five (5) members from the District 11 community within the first 3 months of operations. Intent is to identify members from various cultural backgrounds within the wider Black demographic (e.g. African-American, Haitian, Jamaican, etc.)
  - Hiring a bi-lingual (English/Spanish) Hospice Outreach Program Coordinator within the first 3 months of operations.
  - Implement a culturally diverse & competent educational outreach program to better serve the Hispanic, Haitian, and other underserved population groups identified by the program personnel in conjunction with community leaders.
  - Operate a dedicated van at the inception of the program which will travel as appropriate to many of the following: community centers, health facilities, churches, temples, assisted living facility meetings, and nursing home meetings to provide hospice outreach and education. Another dedicated van will be added once the program reaches an average daily census of 120. The outreach program will provide pamphlets, brochures and firsthand information about hospice services. AMOR Hospice is allocating \$50,000 in funds to operate the initial van.
  - Conducting at least forty-eight (48) education events at local providers, community groups, churches, schools, etc. within the first two years of operations.
  - Allocate \$20,000 in additional funds for media, development of bi-lingual & transcultural materials for the diverse demographics in District 11, and other general program expenses to support the community outreach program within the first two years of operation.



- **Hospice Office Development**
  - **COMMITMENT:** AMOR Hospice commits to a principal care delivery site at a location in or around Hialeah FL, with Unit 7525, Suite 100 & 200, Hialeah, FL 33016 serving as an identified example and option should the property be available upon program approval by AHCA. AMOR Hospice commits to developing a second office location once the census reaches 80 at a site that is best placed to service the growing patient population within the market.
  
- **Palliative Care Program**
  - **COMMITMENT:** AMOR Hospice commits to establishing a palliative care program by the end of its first year of operations. This will ensure the continuum of care is secured for patients that are often approaching a need for hospice, but have not yet qualified, are able to receive treatments they require under palliative care.
  
- **Program Service Commitments**
  - **COMMITMENT:** AMOR Hospice will assure each patient has five to seven Home Health Aide visits per week, provided this is acceptable to the IDT, patient and family for its first five (5) years of operations.
  - **COMMITMENT:** AMOR Hospice will assure each patient has a minimum of two RN visits per week, provided this is acceptable to the IDT, patient and family. Same comment as above
  - **COMMITMENT:** AMOR Hospice will seek to respond to all its referrals within one hour, initiate the assessment process within four hours, and expedite admission to the hospice subject to having a physician order in hand and the patient/family selecting the hospice option.
  - **COMMITMENT:** AMOR Hospice will commit that at least 75% of their patients will receive visits from a Registered Nurse or Medical Social Worker or Chaplain on at least 2 days of the 3 final days of their life.
  - **COMMITMENT:** Within its first year of operation, AMOR Hospice will develop a Volunteer Program reflecting “Guardian Angel Services” who are equipped with a team of specifically trained volunteers available to respond on short notice to provide the presence during the last few hours of life to patients without family support or patients and families who need additional support. Guardian Angel volunteers also provide support to family members who need a break from the bedside of their loved one during the dying process. AMOR Hospice commits to having a minimum of 10 volunteers after one (1) year of licensure.

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- **COMMITMENT:** Within its first year of operation, AMOR Hospice commits to developing a pet therapy program, offering massage & reiki therapy, and implementing a music therapy program with a Legacy Program component where a stethoscope will be provided to family of their loved ones recorded heartbeat turned to music.
- **Medicaid Enrollment & Population**
  - **COMMITMENT:** AMOR Hospice intends to serve the Medicaid Community and shall seek Medicaid enrollment immediately upon receiving Medicare approval. Further, AMOR Hospice commits to seeking a Medicaid population service level that represent at least 2.5% of its annual admissions volume over its first two years of operations. AMOR Hospice commits to developing targeted outreach and education to high-volume Medicaid providers (in addition to its wider community education) to increase hospice utilization and referrals amongst this demographic and in support of this commitment.
- **Indigent Care**
  - **COMMITMENT:** AMOR Hospice intends to serve the indigent community and commits to seeking an indigent population service level that represent at least 1.5% of its annual admissions volume over its first two years of operations. AMOR Hospice commits to developing targeted outreach and education to local shelters, FQHCs, and other community partners that may identify patients without insurance coverage that are in need of hospice services.
- **No Fundraising Commitment**
  - **COMMITMENT:** AMOR Hospice commits to not solicit donations or conduct charitable fundraising from the wider public within the market, ensuring the new program does not compete with existing providers for community charitable resources.

**Arc Hospice of Florida, LLC (CON application #10821)**, also referenced as Arc Hospice 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 a licensed (effective October 30, 2024) hospice program in Service Area 3E (Lake and Sumter Counties). Arc also has two CON's approved pending licensure - CON #10769 (Service Area 3A) and CON #10787 (Service Area 10).

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

Total project cost is \$623,060 and includes equipment, project development, and start-up costs.

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

### **General**

- Arc Hospice will commit to conduct an annual Bereavement Symposium to provide local clergy and other professionals with resources to support those in grief.
- 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.
- Arc Hospice will develop and implement a pre-hospice palliative care 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.

### **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.
- 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.
- 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.

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- 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.
- 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.
- 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.

### **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.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)**, also referenced as Heart'n Soul or the applicant, is an affiliate of Heart and Soul Hospice, LLC. Heart and Soul Hospice, LLC is an entirely minority-owned hospice provider serving Nashville, Tennessee (since January 2021) and Seattle, Washington (since January 2023). Heart'n Soul Hospice of Florida, LLC (an affiliate) has an approved CON (#10766) pending licensure to serve Service Area 2B.

Total project cost is \$277,439 and includes building, equipment, project development, and start-up costs.

The applicant expects issuance of license April 22, 2025 and initiation of service on May 1, 2025.

Pursuant to project approval, Heart'n Soul Hospice of Miami, LLC offers the following Schedule C conditions:

Heart'n Soul Hospice will begin operations no later than 120 days after receiving final CON approval and license from AHCA.

Heart'n Soul Hospice will open two offices in Miami after receiving the initial hospice license. The offices will be located in minority areas of Miami-Dade.

**FRAUD AND ABUSE**

Heart'n Soul Hospice has developed a pledge to thwart fraud and abuse in the health care marketplace. The pledge will be reviewed with all staff, volunteers and governing body members yearly with education.

**CULTURAL LIAISONS**

Heart'n Soul Hospice developed the Senior Journey program for the elderly who may live alone, have neurological disorders, lack many of the social deterrents to have a true quality of life environment. The program promotes health equity and address the social determinants of health (SDOH) to ensure that all seniors receive the care and support they deserve, regardless of their background or circumstances and no matter where they live. Heart'n Soul Hospice will hire a team of multi and/or tri-lingual cultural liaisons starting in the first 12 months to provide culturally appropriate education to the Cuban, Haitian, Latino, Black and Hispanic communities focusing on end-of-life care as well as identify specific cultural end of life needs. The goal of the cultural liaisons is to enhance the culturally appropriate education to the community and gain their trust.

A liaison will be assigned to the Little Havana Nutrition Centers and Miami Dade Senior Centers to provide education, conduct blood pressure clinics and be a resource to the seniors to ensure all minorities are heard and hospice services are available to them.

The cultural liaison team will also target all community resources including churches, clinics, physicians and hospitals throughout Area 11. The cultural liaisons will also identify other community resources to educate to ensure all are heard and provide culturally appropriate education on the hospice services available to the referral sources.

**FOOD SCARITY SOCIAL DETERIMANTS OF HEALTH**

No senior should ever go hungry! Food scarcity is becoming more common among the elderly. Bi and/or Tri lingual End of Life Education to seniors on culturally appropriate topics should be available. Heart'n Soul Hospice pledges to provide \$5000 per year for 3 years to support the Miami Dade County 19 senior centers for meal services, provide appropriate culturally centered education to the seniors and be involved in their Senior Awareness Day. This is the hallmark of the Senior Journey to promote health equity and address the social determinants of health.

Food scarcity is one of the social deterrents of health and no senior should ever go hungry. Heart'n Soul Hospice has pledged if awarded the certificate of need for Area 11 to donate the following for food to seniors:

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Camillus House	\$1000 for one year
Miami-Dade County Community Action and Human Services Department (Includes the 19 seniors centers in Miami Dade)	\$5000 per year for 3 yrs
Possibilities Church	\$1000 for one year
Sweet Home Missionary Baptist Church	\$500 for one year

**Proposed Measure:** Heart'n Soul Hospice will submit in the annual condition compliance report provided to the Certificate of Need office, copies of the checks and dates of completed inservices.

**DISEASE-SPECIFIC PROGRAMS FOR THE UNDERSERVED:**

Miami-Dade and Monroe counties have identified significant health care disparities among their diverse populations, particularly among Hispanic, Latino, Haitian, African American, and low-income residents. Heart'n Soul Hospice will implement targeted programs to serve patients with the following conditions prevalent in these underserved communities:

- **Cancer:** Cancer is one of the leading causes of death in Miami-Dade County, with age-adjusted death rates reflecting a significant impact on the population, particularly among Hispanic and Black residents, who experience higher cancer mortality rates compared to White residents. The cancer mortality rates among Hispanic and Black populations, who often face barriers to early diagnosis and treatment are among the highest. Heart'n Soul Hospice will provide community education, physician roundtables, and collaborate with local hospitals and community organizations to offer cancer awareness workshops, pain management education, and hospice benefits seminars tailored to these communities.

- **Cardiac Disease/Congestive Heart Failure (CHF):** Heart disease is consistently a leading cause of death across Miami-Dade and Monroe counties. The age-adjusted death rate from heart disease in Miami-Dade is notably high, affecting a broad spectrum of the population, especially among African Americans and Hispanics. We will partner with the American Heart Association, provide CPR courses, promote dietary education for heart health, and offer community outreach to primary care physicians and cardiologists to improve hospice access for these patients.

- **Cerebrovascular Disease/Stroke:** Stroke incidence and mortality are significantly higher among Hispanic as well as African American residents in Miami-Dade. Stroke (cerebrovascular disease) also ranks

high, with age-adjusted rates showing that Black adults are at a greater risk compared to their White counterparts. Heart'n Soul Hospice will collaborate with local stroke support groups and health care providers to deliver educational programs, patient support, and early identification of hospice-appropriate patients.

- **Diabetes:** Diabetes is a major health concern, especially in Miami-Dade, where 12.2% of adults have been diagnosed with the condition. The county experiences high rates of hospitalizations and deaths attributed to diabetes, with significant impacts on Hispanic and Black communities, who are disproportionately affected by the disease. Diabetes is highly prevalent among the Black population as well as Hispanics in Miami-Dade, contributing to higher rates of complications and mortality. We will partner with the Florida Department of Health's Diabetes Prevention Program and local health care providers to deliver educational workshops, physician roundtables, and community outreach focusing on diabetes management and hospice care.

By offering disease-specific services to address these conditions that disproportionately affect these communities, Heart'n Soul Hospice aims to provide positive health impacts through screening, prevention, and comprehensive disease management, alongside compassionate end-of-life care. Reports to the Agency will be provided on collaborative efforts.

**Opening a GIP Unit by the End of Year 2:**

Heart'n Soul Hospice commits to establishing a Medicare-certified GIP unit within a skilled nursing facility or hospital by the end of the second year of operation. The unit will be fully staffed with hospice professionals and designed to provide a homelike environment for patients. Start-up costs will be covered by our capital reserves, and we will provide regular reports on GIP admissions and regulatory compliance to the Agency.

**Providing Free Hospice Care Until Medicare Certification:**

Recognizing the urgent need for hospice services, Heart'n Soul Hospice will cover the costs of patient care for those admitted prior to receiving our Medicare certification. Operational expenses during this period will be funded through cash reserves, ensuring no interruption in care for those in need.

**Veterans and Low-Income Elderly Outreach Programs:**

Heart'n Soul Hospice will develop specialized outreach and support programs for veterans and low-income seniors, including educational workshops, caregiver support groups, and health fairs. By building relationships with veteran organizations and senior centers, we will ensure these groups receive the compassionate care they deserve.

**Community Education and Technology Initiatives:**

To enhance patient care and community awareness, Heart'n Soul Hospice will implement advanced technologies such as virtual reality for pain management and predictive analytics. We will also host seminars, webinars, and community panel presentations to educate the public on the benefits of hospice care. Operational expenses during this period will be funded through cash reserves, ensuring no interruption in care for those in need.

**HOSPICE END OF LIFE DOULA VOLUNTEER PROGRAM**

Doulas play an important role in end-of-life care within a care team setting by bringing focus and attention on providing non-medical, emotional, informational, spiritual, and at times physical support for dying persons, their “family” and caregivers. Doulas help patients think through and prepare for their death and may help with fulfilling life legacies. The doula role enhances care team effectiveness in communication, presence, and a holistic approach to end of life care. End-of-life (EOL) doulas provide companionship, comfort, and guidance to those facing a terminal illness or death. The non-medical holistic support encompasses emotional, spiritual, and practical care. The End-of-Life (EOL) Doulas are non-clinical, health care professionals fully trained to support and guide individuals facing terminal illness or death. EOL Doulas achieve this by providing companionship and comfort that caters not only to the patient, but also the patient’s family.

Doulas offer resources to help the dying person, along with their family and loved ones, make informed decisions in a supportive environment. Doulas normalize deathcare by creating spaces to hold conversations leading to increased communication and increased spiritual and emotional wellbeing. Doulas are trained to support the dying, their family, and loved ones. They know how to listen deeply, work with difficult and complex emotions, help create advanced care plans, explore life’s meaning, and provide non-medical means for pain and anxiety reduction. They allow for respite when need. End-of-life doulas also explain the signs and symptoms one may witness and remain present during the active dying period. Heart'n Soul Hospice will offer the Hospice End of Life Volunteer Doula training program in Area 11 by the end of year 1. The Hospice Doula program will be offered to interested volunteer candidates who want to be present with the patient and family at the end of life.

**SPIRITUAL ADVISORY BOARD**

To help with identifying health inequities among constituents in Area 11, Heart'n Soul Hospice will develop a spiritual advisory council comprised of religious leaders from the different faiths whose goal is to



identify patient/family needs by ethnicity to build trust and provide an enhanced line of services to the client. The spiritual advisory board will be comprised of area pastors, rabbis, priests and other church leaders representing the various faiths in Area 11. The board will meet quarterly.

**TRANSPORTATION**

As part of the Senior Journey Program to help seniors receive care, Heart'n Soul Hospice will provide financial support to Camillus Health Concern in Miami in the amount of \$2500 in the first year of operation to help support transportation costs to provide transport to seniors to the senior centers and clinic assistance to support the underserved elderly in Miami Dade and surrounding counties. Heart'n Soul Hospice will also provide Primary Medical Care Center financial support in the amount of \$2500 for 2 years for their door to doctor program to help seniors get to the doctor's office for their medical care. The Senior Journey program was developed by Heart'n Soul Hospice to promote health equity and address the social determinants of health (SDOH) to ensure seniors receive the care they need regardless of their background or circumstance.

**Proposed Measure:** Heart'n Soul Hospice will provide a copies of the checks to Camillus Health Concern in Miami and Primary Medical Care Center in the annual condition compliance reports submitted to the Certificate of Need Office.

Camillus Health Concern	\$2500 for one year
Primary Care Medical Care Clinic	\$2500 for 2 years
Year 1 \$2500 Year 2 \$2500	

**INPATIENT AND RESPITE SERVICES**

Heart'n Soul Hospice will provide inpatient and respite services through the utilization of skilled nursing facilities in Service Area 11.

**Proposed Measure:** Names of contracted facilities for Inpatient and respite services will be included in the annual condition compliance report provided to the Certificate of Need Office.

**NURSING SCHOLARSHIP**

To encourage students with a desire to enter nursing and lack monies to enter a field that is the crux of health care now and in the future, Heart'n Soul Hospice will offer a nursing scholarship (\$15000 per year for 3 years) to Miami Dade College, Benjamin Leon School of Nursing to students pursuing an AS nursing degree.

**Proposed Measure:** Heart'n Soul Hospice will provide copies of checks provided to Miami Dade College in the annual condition compliance reports submitted to the Certificate of Need Office.

**1<sup>st</sup> Year - \$15,000, Year 2 - \$15,000, Year 3 - \$15,000**

Heart'n Soul Hospice will also offer a nursing scholarship (\$6000 per year) for two years to FIU students.

**Proposed Measure:** Heart'n Soul Hospice will provide copies of checks provided to FIU in the annual condition compliance reports submitted to the Certificate of Need Office.

1<sup>st</sup> Year - \$6000 2<sup>nd</sup> Year - \$6000.

### **CLINICAL ROTATIONS**

Heart'n Soul Hospice will provide clinical rotations to nursing students from Benjamin Leon School of Nursing to support the student's clinical education and to enable these students to better understand end of life and hospice issues and services.

Heart'n Soul Hospice will also provide clinical rotations to nursing students from FIU School of Nursing to support the student's clinical education and to enable these students to better understand end of life and hospice issues and services.

### **MOVE FORWARD PROGRAM**

Heart'n Soul Hospice developed a program to provider internships to young adults living in a complex, at-risk environment with the goal for them to see the community through a different optic and be able to identify with a female minority leader. This is the Move Forward program. Heart'n Soul Hospice will provide internships for 3 years to help young minority adults with much needed support to understand the work environment and help prepare them to enter the work force. The Moving Forward program is a 6-week paid internship developed by Tracy Wood offering comprehensive guidance for interview preparation, resume preparation and basic office skills to serve as a steppingstone to future long-term employment. The program is totally funded by HeartnSoul Hospice.

### **CARING MOMENTS**

Heart'n Soul Hospice will offer Caring Moments to Service Area 11 residents on Heart'n Soul hospice, a program to recognize a special event/activities that occurred in the patient's life and re-create that event or activity as a memory for the patient/family/caregivers. Caring

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Moments is all about enhancing the remaining days of life for the patient. Some examples of these unique events include:

1. Holding a birthday party for the patient with special foods that were their favorites.
2. Celebrating an anniversary
3. Bringing the sports event to the patient, watching on TV the game, having ballpark franks, hats or if the patient can go to a game in person, make them special at the game.
4. Video communication with family members outside the service area 11 to talk with their loved one but can't be in person.

Heart'n Soul Hospice offers Caring Moments as an in-kind service, funded entirely by the hospice without outside funds for interested patients. It is about "Doing the right thing for the Patient."

### **VETERANS PROGRAM**

Heart'n Soul Hospice will expand the *We Honor Veterans* program to Service Area 11 and obtain Level 4 certification within 24 months of initial licensure. Heart'n Soul Hospice has developed the Hero's Journey, a program for veterans and first responders who need hospice services, recognizing their commitment to our country and local communities.

In conjunction with The Fire Watch, Heart'n Soul Hospice will support their efforts to reduce veteran suicide with a contribution of \$1000 during their first full year of operation. Suicide remains the 13th leading cause of death for Veterans overall, and the second leading cause of death for Veterans under the age of 45.

**Proposed Measure:** A copy of the check to Fire Watch will be provided for the annual report to the CON office.

### **OPEN ACCESS**

Heart'n Soul Hospice will offer HeartnSoul Access, to Service Area 11 upon obtaining licensure and initiating patient care activity. Heart'n Soul Hospice will accept patients into its hospice service who are receiving complex medical treatments as part of the patient's Goals of Care or who are working through difficult end of life conversations and have complex psychosocial needs yet are appropriate for the hospice benefit.

### **ADVANCE CARE PLANNING**

Heart'n Soul Hospice will provide advance care planning programs to churches and senior centers in all areas of Service Area 11 to assist the members with end-of life needs.

**BEREAVEMENT CAMPS**

A Bereavement Children’s Camp will be scheduled in Service Area 11 within 12-18 months of the start of operations for children of all backgrounds. Culturally appropriate staff will lead the camp. The bereavement coordinator hired for the program will also oversee the camp.

**Proposed Measure:** Each annual condition compliance report submitted to the Certificate of Need Office will include the date of the camp, attendance, and curriculum.

**SPECIALTY PROGRAMS**

Heart’n Soul Hospice has developed a series of Hospice programs that will be offered to HeartnSoul hospice patients in Service Area 11 that provide additional support to the patient and their families within the first 12 months of full operation. The in-kind programs are provided by the hospice for all appropriate patients as a resource for the patient and families. The series includes:

1. Cardiac Journey - for cardiac patients
2. COPD Journey - for COPD patients
3. Comfort Journey for Cancer patients
4. Memorable Journey- for dementia patients
5. Calming Journey - an art and music intervention program that includes hand reflexology.
6. Caring Creatures - the volunteer Pet program
7. The Hero’s Journey - for first responders and veterans
8. Never Alone Journey program - never die alone.
9. Caring Moments Journey - recognizing special events in a patient’s life.
10. Senior Journey - addressing health inequities

**TELEHEALTH**

Heart’n Soul Hospice will extend our comprehensive telehealth/telemedicine services and capabilities to Service Area 11 to improve access to all patients throughout the Service Area.

**TRANSITIONS PROGRAM**

Heart’n Soul Hospice will initiate the Transitions program in Service Area 11 within 12 months of initial licensure. The Transitions program is for chronic patients not ready for hospice services. This is an in-kind, non-medical, volunteer supported program provided by HeartnSoul Hospice.

**PALLIATIVE CARE**

Heart’n Soul Hospice will establish a palliative care program to serve Service Area 11 residents, including the provision of advanced

illness management within 12 months of initial licensure. The palliative care program will be provided in several settings, including underserved areas, to improve access to the service.

Palliative Care settings can occur in the patient's home, skilled nursing facility, assisted living facility or in a Clinic setting.

**CHAP ACCREDITATION**

Heart'n Soul Hospice will obtain CHAP accreditation within 12 months of receiving licensure.

**JEWISH ACCREDITED HOSPICE**

Heart'n Soul Hospice will become a Jewish Certified Hospice program through National Institute for Jewish Hospice (NIJH) within 12 months of starting the operation.

**NEVER ALONE JOURNEY PROGRAM**

The Never Alone Journey program, a program already developed, where no patient dies alone, will be implemented in Service Area 11 within 12 months of initiating hospice operations.

**BEREAVEMENT SUPPORT**

Heart'n Soul Hospice will offer bereavement support for all segments of the Service Area 11 population, including those not aligned with the HeartnSoul Hospice program. At least three community bereavement support groups will be held in the first 18 months of opening in the service area.

**CEU WORKSHOPS**

Heart'n Soul Hospice will develop and/or work with CEU providers to offer continuing education units at no charge to health care providers within Service Area 11 on end of life and hospice topics within the first 18 months of service.

**PATIENT EDUCATION**

Heart'n Soul Hospice will develop and implement patient specific training modules that will be saved in the EMR for patients and caregivers. The topics will range from disease specific modules to caregiver support programs. Patients and caregivers will have access to that section in the EMR.

**HOSPICE AND PALLIATIVE CARE CERTIFICATION**

Heart'n Soul Hospice recognizes the importance of Hospice and Palliative Care certification among the staff to enhance their knowledge base and be a leader in their field. As such, HeartnSoul Hospice will offer a review class for interested staff members who have one year of hospice

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experience in the first 12 months of operation. The goal of the review class is to encourage staff members to attend and apply for certification.

Heart'n Soul Hospice will support certifications yearly for interested staff who meet the qualifications to participate in the certification. This certification process program is an in-kind service that HeartnSoul Hospice provides as a benefit to encourage staff participation and enhance staff tenure.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)**, also referenced as ILMS Hospice, or the applicant, is a for-profit, Florida Limited Liability Company and is a wholly owned subsidiary of INDLIVSYS Holding Company, LLC. Independent Living Systems (ILS) is a Florida-based health-services company providing a comprehensive range of services to managed care organizations, health care providers, and the community, providing care and social services to complex populations in the Medicare, Medicaid, and Dual-Eligible markets whose CEO and Chairman is Nestor Plana Founder. ILS also owns and operates Florida Community Care, Florida's only statewide Medicaid long-term care provider service network, and Florida Complete Care, a Medicare Advantage special needs plan for people who live in a nursing home, an assisted living facility, or live at home and have complex health issues that require more coordinated and comprehensive care.

Additionally, ILMS Hospice falls within ILS under the "Consumer Services Organization" of Independent Living System (organizational chart included on the application's page 11 and Tab 6).

ILMS Hospice expects issuance of license March 20, 2025 and initiation of service on April 1, 2025.

Total project cost is \$394,043 and includes building (renovation), equipment, project development, and start-up costs.

Pursuant to project approval, ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies offers the following Schedule C conditions:

**1. ACCREDITATION:**

Independent Living Systems values accreditation by respected accrediting bodies as a way of displaying excellence related to care and services. Independent Living Services is accredited by NCQA for Case management for Long-Term Services and Supports, certified for Wellness and Health Promotion, and has applied for a accreditation in Health Equity.

**CONDITION:**

ILS Hospice will seek initial Accreditation and subsequent Deemed Status from CHAP, ACHC, or the Joint Commission within 12 months of receiving licensure. Compliance will be measured by the submission to AHCA of the initial application and subsequent certificate of approval. Yearly reports to AHCA providing documentation of the ongoing Accreditation status will be submitted.

**2. BILINGUAL (Spanish/English) STAFFING:**

Seventy-five percent (75%) of Miami-Dade County residents over the age of five speak a primary language other than English at home, and there is a higher percentage of residents who speak English less than “very well.” There are areas within Service Area 11 with linguistic isolation rates above 40%. ILMS Hospice is committed to serving the Spanish-speaking population in Service Area 11 and providing multiple types of opportunities for those individuals. A part of that commitment includes the hiring of bilingual staff members from Service Area 11.

**CONDITION:**

ILMS Hospice conditions to maintain a workforce Area that includes at least 25% bilingual speaking staff. This commitment will be measured by a yearly report to AHCA documenting the total number of staff and the number/percentage of bilingual staff members.

**3. BILINGUAL (Spanish/English) STAFF AT THE POINT OF SERVICE**

Independent Living Systems currently serving Hospice Service Area 11 understands the linguistic needs of the community. Often times, the only language spoken at Independent Living Services is Spanish. ILMS Hospice is committed to serving the Spanish-speaking population in Service Area 11 and providing access to Spanish-speaking staff members at intake, admissions, and provision of care.

**CONDITION:**

ILMS Hospice conditions to maintain Spanish-speaking staff members at intake, admissions and provision of care. This commitment will be measured by a yearly report to AHCA documenting the number of Spanish-speaking staff representing intake, admissions and provision of care.

**4. BILINGUAL (Spanish/English) COMMUNICATIONS**

Independent Living Systems currently serving Hospice Service Area 11 understands the linguistic needs of the community. All materials distributed to members and the community are written in Spanish. ILMS Hospice is committed to serving the Spanish-speaking population in Service Area 11 and providing all communications in both English and Spanish.

**CONDITION:**

ILMS Hospice conditions to maintain marketing, intake, admissions, and provision of care brochures and documentation in both English and Spanish. These communications will be sensitive to literacy, culture, spirituality, and religion. This commitment will be measured by submitting written materials to AHCA within six months of licensing.

**5. HOSPICE OFFICES:**

ILMS Hospice understands the importance of a hospice presence in Monroe County and will extend availability to Monroe County immediately upon approval of the CON.

**CONDITION:**

ILMS Hospice will activate space within an office of Independent Living Systems in Monroe County at 9391 Overseas Highway, Tavernier, FL 33017. The Tavernier location, 65 miles from the Miami office will accommodate staff serving Monroe County as well as community education.

**6. PROVIDER PARTNERSHIPS**

Independent Living Systems with access to physician groups, assisted living facilities, skilled nursing facilities, and post-acute care providers has the unique opportunity to partner with these providers, seeking advice and support.

**CONDITION:**

ILMS Hospice conditions that, it will form an advisory collaborative to address the reasons affecting hospice election for the Black/African American population. This group will be charged with developing communications at the community and individual level that includes culture, spirituality, and religion with the goal of increasing hospice penetration. This advisory collaborative will meet at least quarterly. Minutes of activities will be documented and reported to AHCA annually.



**7. INCREASING MEDICAID AND MEDICARE PARTICIPATION**

Improving access to health care services depends in part on ensuring that people have a usual and ongoing source of care (that is, a provider or facility where one regularly receives care). Over the last 20 years, Independent Living Systems has been an industry leader in providing person-centric solutions and managing complex member populations in the Medicaid, Medicare, and Dual-Eligible markets.

Service area 11 has a significant percentage of residents without access to health care exacerbated by the lack of insurance and linguistic isolation rates above 40%.

**CONDITION:**

ILMS Hospice conditions that the organization will provide Community Forums at accessible locations throughout Miami-Dade and Monroe Counties using bilingual staff to educate and enroll residents in Medicaid and Medicare. This commitment will be measured by a yearly report to AHCA documenting the number of forums and the number of persons newly enrolled in Medicaid and Medicare.

**8. PATIENT AND FAMILY TRANSPORTATION:**

The 2022 Community Health Assessment for Miami-Dade County identifies a lack of reliable transportation as negative impact to health care access. As a person approaches a transition to hospice transportation should not impede this transition.

**CONDITION:**

ILMS Hospice conditions that it will provide transportation to patients and their families when needed to assure a stressless transition to hospice as well as support throughout hospice care. Transportation provided will be reported by submission of a yearly report to AHCA.

**9. SUPPORT TO COVER THE COST HEALTHCARE FOR UNINSURED PERSONS**

Improving access to health care services depends in part on ensuring a usual and ongoing source of care (that is, a provider or facility where one regularly receives care). Over the last 20 years, Independent Living Systems has been an industry leader in providing person-centric solutions and managing complex member populations in the Medicaid, Medicare, and Dual-Eligible markets.

**Community Health Centers** (CHCs), also known as community clinics, Federally Qualified Health Centers, or FQHCs, are community-driven, non-profit clinics located in medically underserved areas or serving populations that are medically underserved.

**Federally Qualified Health Centers** (FQHCs) are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas.

**CONDITION:**

ILMS Hospice will provide yearly grants of \$100,000 to Health Choice Network for a period of at least 3 years commencing with the first year of operations with the funds restricted to serve persons without insurance and access to primary health care in Hospice Service Area 11. Since 1994, Health Choice Network has served and supported a network of Community Health Centers (CHCs) and safety-net provider organizations across the country through various key strategic services to continue driving the mission of CHCs: improve access to quality health care for all and reduce disparities in minority and underserved communities. This commitment will be measured by a yearly report to AHCA.

**10. CERTIFIED HOSPICE AND PALLIATIVE NURSE (CHPN) SUPPORT**

ILMS Hospice will encourage nurses hired to provide hospice care to seek certification as a hospice and palliative nurse. ILMS Hospice will financially support nurses seeking certification. A program will be developed that identifies the amount of financial support including time off for study and the cost of testing.

**CONDITION:**

A full description of the program will be developed and reported to ACHA no later than six months following the CON award. Compliance will be documented by submission of a yearly report to AHCA identifying the details of the certification support program and the number of nurses participating.

**11. PALLIATIVE CARE PROGRAM DEVELOPMENT**

ILMS Hospice supports the transition of patients from palliative to hospice care. Palliative care services benefit those with a terminal illness needing time and information to make an informed decision, especially:

- Dialysis patients who plan to continue dialysis treatments
- Cancer patients who plan to continue radiation treatments

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- Cancer patients who plan to continue chemotherapy treatments
- Advanced heart disease patients who want to explore options
- Advanced COPD patients who want to explore options

**CONDITION:**

ILMS Hospice will establish a palliative care program for service area 11 once the hospice is operating at an ADC of 50. This will ensure the continuum of care is secured for patients that are often approaching a need for hospice but have not yet qualified or emotionally accepted the transition. The program will be documented and reported in an Annual Report to AHCA.

**12. Support for LGBTIA+ Seniors AND VETERANS**

Incorporated in 1988, the Alliance for Aging, Inc., was designated by the State of Florida as the Area Agency on Aging for Miami-Dade and Monroe counties. The Alliance is a private, not-for-profit agency, part of a network of 11 Area Agencies on Aging in the State of Florida. The Alliance for Aging support veterans.

**CONDITION:**

ILMS Hospice when licensed will make available each year for 4 years, \$15,000 to support the following programs of the Alliance for Aging, Inc.

- LGBTQIA+ Seniors
- VR&E Independent Living track for veterans

Distribution of the grants will be documented and reported in an Annual Report to AHCA.

**13. WE HONOR VETERANS PROGRAM:**

ILMS Hospice will participate with the National Hospice and Palliative Care Organization's (NHPCO) unique We Honor Program to recognize those hospices in the nation that provide unique services to Veterans. The NHPCO program consists of 5 Levels of Recognition based on the extent of staff training, interactions with Veterans' organizations, and support for the Veterans in the community. A certification is awarded to the participating hospices as the requirements for each Level are achieved. The processes required to meet Level 5 certification can take up to 3-5 years.

**CONDITION:**

ILMS Hospice conditions that it will seek the Five Levels of NHPCO's We Honor Program's certifications for the Service Area 11 offices. ILMS Hospice will achieve Level 1 Recognition in the first

year of operations, Levels 2 & 3 in the second year of operations, Level 4 in the third year, and Level 5 no later than the end of the fifth year of operations. This condition will be measured by an annual report to AHCA of its Certification levels and a summary of its activities which resulted in the award of those certifications.

**14. JEWISH HOSPICE CERTIFICATION:**

ILMS Hospice is committed to promoting a higher quality of life and maximizing independence for all vulnerable populations. This is evidenced by the large array of support activities, and the training of staff to understand the particular needs of various populations in Service Area 11, that, like most communities, has a very diverse population including African Americans, American Indians, Jewish individuals, and so forth. ILMS Hospice will seek unique opportunities to serve those communities.

**CONDITION:**

ILMS Hospice conditions that it will seek Jewish Hospice Certification through the National Institute for Jewish Hospice by the end of the first year of the commencement of hospice operations in Service Area 11. The certification for this will include incorporating the Institute's training modules as part of the hospice's training programs for not only clinical but also the non-clinical staff. Compliance with this condition will be measured by providing AHCA with documentation of the Certification when received and an annual report on the program's activities on a yearly basis.

**15. COMMUNITY BEREAVEMENT PROGRAM**

ILMS Hospice will provide bereavement services as a community service to all persons experiencing loss in Miami-Dade and Monroe counties. While the Medicare and Medicaid hospice benefit outlines specific bereavement requirements to enrolled beneficiaries, as an additional support to those not insured or enrolled in a health plan, Medicaid, Medicare, ILMS Hospice will provide individual and group bereavement counseling and follow up.

**CONDITION:**

ILMS Hospice conditions that, upon final award of the Certificate of Need, and no later than the first year of operation to establish a community bereavement program. Yearly reports will be submitted to AHCA providing documentation of the program and attendance will be submitted.

**16. PROVIDING SPECIALIZED BEREAVEMENT CARE TO ADULTS WITH INTELLECTUAL/DEVELOPMENT DISABILITIES (IDD)**

Independent Living Systems currently serving the IDD population believes that ILMS Hospice staff should understand the needs of this population, particularly during bereavement.

**CONDITION:**

ILMS Hospice conditions that the Hospice Volunteer Coordinator and the Bereavement Coordinator will achieve IDD/MH certification through NADD. NADD certification is a competency-based certification and is intended to validate an individual's understanding of a set of standards (or competencies) for providing services to individuals with intellectual/developmental disabilities and mental health needs. ILMS Hospice will financially support certification of the Hospice Volunteer Coordinator and the Bereavement Coordinator during the first year of operations. Attainment of the certifications will be documented and reported in an Annual Report to AHCA.

**17. ANNUAL BEREAVEMENT CAMP FOR CHILDREN**

ILMS Hospice will provide a bereavement camp as a community service to children experiencing loss in Miami-Dade and Monroe counties.

**CONDITION:**

During the second year of operation following licensure, ILMS Hospice will provide an annual 2day bereavement for children. Compliance will be documented by submission of a yearly report to AHCA identifying the det of the bereavement camp for children as well as a summary of activities.

**18. COMPLEMENTARY NON-MEDICAL HOSPICE SERVICES**

It is well documented that complementary non-medical services during the end of life provide comfort and emotional support to patients.

**CONDITION:**

ILMS Hospice will establish complementary hospice services in service area 11 that support end of life and hospice care. Examples include pet, music, music therapies, as well as memory/blogging activities and support. Compliance will be documented by submission of a yearly report to AHCA identifying services established and patient participation.

**19. HOSPICE EDUCATION AND EXPERIENCE TO HEALTHCARE PROFESSIONALS**

Independent Living Services as both a service provider and health plan manager is a well-known and respected partner within Hospice Service Area 11. In addition to the recognition as a valued partner, Independent Living Services has an understanding of hospice as it manages care for members throughout the life cycle.

**CONDITION:**

ILMS Hospice will establish a program of rotation with health care providers including hospitals, assisted living and skilled nursing facilities, clinics, and physician offices that will introduce health care workers to hospice and provide for shadowing of patients. Compliance will be documented by submission of a yearly report to AHCA identifying facility participation and program activities

**20. CREATION OF A PHYSICIAN COUNCIL**

Independent Living Services as both a service provider and health plan manager has a footprint within primary care, acute care, post-acute care, and human service agencies in hospice service area 11. Independent Living Services understands hospice as it manages care for members throughout the life cycle. Independent Living Services embraces the concept of Life Planning for insured members as well as the community. A Life Plan rather than an End-of-Life Plan that includes hospice.

**CONDITION:**

ILMS Hospice will establish a physician council, with a majority of Latino/Hispanic and Black/African American physicians to oversee the development of culturally sensitive information about Life Planning and hospice for health care providers and patients. Compliance will be documented by submission of a yearly report to AHCA identifying facility participation and program activities.

**21. HOUSING NAVAGATORS**

ILMS Hospice recognizes the significance of Black/African American homelessness in and around Cluster 13. While Black persons represent 18% of Maimi-Date County's general population, they comprise 56% of the homeless population.

**CONDITION:**

Independent Living System provides housing navigators in California assisting the homeless. Independent Living Systems Housing Navigators, working with the community hubs and several health plans have been successful in finding housing for the unhoused. Leveraging the model in California, Independent Living

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Systems is working towards a similar model in Florida with a goal of program completion during the second full year of ILMS Hospice operations. Progress and attainment will be documented by submission of a yearly report to AHCA.

**22. IMPROVING THE LITERACY OF CHILDREN IN MIAMI-DADE COUNTY**

**CONDITION:** To help raise the literacy level in Miami Dade County, ILMS Hospice Will fund the United Way Miami \$25,000 for a period of 4 years. The goal of this grant will be to increase the literacy levels of children, especially for children that primarily speak Spanish.

**Safe Harbor Hospice, LLC (CON application #10824)**, also referenced as Safe Harbor, or the applicant, is a for-profit, Foreign Limited Liability Company that is owned by Lighthouse Hospice and Palliative Care established in June of 2021, which provides hospice services in Chicago, Illinois. Kathy Smith, an owner and Lighthouse Hospice CEO will serve as the Administrator for Safe Harbor Hospice during the pre-opening phase and the beginning of its operations.

The applicant expects issuance of license and on March 15, 2025 and initiation of service on April 1, 2025.

Total project cost is \$548,305.25 and includes equipment, project development, financing, and start-up costs.

Safe Harbor Hospice LLC's Schedule C 'Certificate of Need Predicated on Conditions' page indicates seven pages were following; however, the seven pages were not included with the application. The reviewer has summarized proposed conditions that were stated in the application.

- "Safe Harbor Hospice conditions this application on providing at least four fall prevention trainings annually for the first two years of operations. These trainings will be provided to staff at area SNFs, ALFs, senior centers, independent living facilities, or other similar organizations."
- "Safe Harbor Hospice conditions this application on having at least one member of its clinical team who is bilingual in Haitian-Creole and English in the first year of operations. Furthermore, for languages that Safe Harbor Hospice's staff does not speak, professional translation services will be provided to guarantee effective communication and culturally appropriate care, 24 hours a

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day, seven days a week. This ensures that all patients, regardless of their primary language, receive the highest standard of care in an inclusive, understanding environment.”

- “Conditions to Improve Hospice Care for LGBTQIA+ Residents-Safe Harbor Hospice will achieve Services and Advocacy for Gay Elders (SAGE) Platinum certification in the first year of operations” “Safe Harbor Hospice conditions this application on becoming SAGE Care Platinum-Level certified within the first year of operation.”
- “As discussed in the conditions in Schedule C of this application, Safe Harbor Hospice will provide funding for homeless hospice patients. This funding will be used to provide shelter and comfort for homeless patients in their final days. Safe Harbor Hospice will provide up to \$10,000 in the first year, \$20,000 in the second year, and \$30,000 in the third year of operations. This money will be used for rent subsidies to allow patients to remain in their homes and ALF fees for patients without housing End of Life education provided three times annually at area homeless shelters and community organizations for the homeless”.
  - “Safe Harbor Hospice also conditions this application on offering end-of-life education events at area homeless shelters and community organizations focused on the needs of those experiencing homelessness. These events will be offered at least three times per year during the first three years of operations.”
  - “Safe Harbor Hospice conditions this application on offering end-of-life education events at area homeless shelters and community organizations for the homeless. There will be at least three events annually during the first three years of operations.”
  - Safe Harbor Hospice “conditions this application on offering the ‘non-core’ services listed below in District 11.”
    - Music therapy
    - Animal therapy
    - Massage therapy
    - Virtual reality
    - Aromatherapy
    - Culturally appropriate care for Jewish patients/ongoing National Institute for Jewish Hospice (NIJH) accreditation
  - “Safe Harbor Hospice conditions this application on becoming a We Honor Veterans partner and conditions this application on



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becoming a We Honor Veterans Level I member in its first year of operations and achieving Level 2 by the end of the second year of operations.”

- \$1500 of funding in the first year and \$3000 in the 2nd year to receive CNA certification
- “Safe Harbor Hospice has outlined its Hospice Access Improvement Program on page 48 of this application. The conditions for the program are in Schedule C.”
- The applicant has conditioned this application that its RN or medical director providing an in-person, in-service training for clinical staff annually that covers the American Diabetes Association's most current guidelines.

*The proposed conditions and measures are as stated by the applicant. Should a project be approved, the applicant’s proposed conditions would be reported in the annual condition compliance report as required by Rule 59C-1.013(3), Florida Administrative Code. However, Section 408.043(3) Florida Statutes states that “Accreditation by any private organization may not be a requirement for the issuance or maintenance of a certificate of need under ss. 408.031-408.045, Florida Statutes.”*

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

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

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

**D. REVIEW PROCEDURE**

The evaluation process is structured by the certificate of need review criteria found in Section 408.035, Florida Statutes. 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, Sarah Zimmerman, analyzed the application with consultation from Financial Analyst Marcus Gunn 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

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Service Area 11 (Miami-Dade and Monroe Counties) for the January 2026 hospice planning horizon. The applicants are applying to establish a hospice program in response to published numeric need.

Hospice Service Area 11 admissions by provider for the five-year periods ending June 30, of 2020—2024 are shown in the table below.

**Service Area 11  
Hospice Admissions  
12 Months Ending June 30**

<b>Hospice</b>	<b>2024</b>	<b>2023</b>	<b>2022</b>	<b>2021</b>	<b>*2020</b>
AccentCare Hospice & Palliative Care of Southern Florida	2,705	2,556	2,540	2,755	2,198
Amedisys Hospice	284	269	327	327	398
Bristol Hospice - Miami Dade, LLC	466	351	299	268	260
Catholic Hospice Inc	1,947	1,822	1,878	1,446	1,290
Continuum Care of Miami – Dade LLC**	348	215	32	-	-
Gentiva	1,410	1,324	1,088	944	884
Heartland Hospice (Broward)	218	273	371	392	406
Medcare Hospice	90	60	49	25	0
Moments Hospice of Miami LLC ***	206	151	10	-	-
Opus Care of South Florida	1,202	1,030	1,278	1,184	1,245
VITAS Healthcare Corporation of Florida	6,885	6,576	6,798	7,135	6,899
<b>Total</b>	<b>15,761</b>	<b>14,627</b>	<b>14,670</b>	<b>14,476</b>	<b>13,580</b>

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued for the referenced time frames.

Notes: \*2020 includes 6,824 July-December admissions which were not published due to the cancellation of the July 2020 batching cycle.

\*\*Continuum Care of Miami – Dade LLC was licensed effective February 25, 2022.

\*\*\*Moments hospice of Miami LLC was licensed effective March 16, 2022.

**AMOR Hospice Care, LLC (CON application #10820)** addresses the Agency’s need projections for the January 2026 planning horizon and provides provided the Agency need projections in its table on page 38 of the application. The applicant also discusses Service Area 11 population and demographics addressing:

- Population Growth
- Cultural Origin / Language
- Veteran Population
- Jewish Population
- LGBTO+ Population
- Leading Causes of Death & Hospice Patient/Provider Metrics— District 11
- Existing Providers
- Utilization Projections
- Service Area Map

AMOR Hospice discusses population growth using Agency data to support its proposal to develop a new hospice program in District 11. The applicant references CYs 2020 and 2003 population data but the tables show CYs 2025 – 2050. AMOR Hospice states that there is an increasing

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concentration of the elderly population in District 11 that is forecasted to increase 6.19 percent above the 2022 totals by 2030. Further, the elderly population (65+) is forecasted to increase 25.92 percent from 2023 to 2030 representing nearly 125,000 individuals driving an increased demand and need for hospice services within the district. AMOR Hospice adds that the majority of the growth will occur in Miami-Dade County and that Monroe County will increase by almost 4,000 more individuals aged 65+ by 2030. The reviewer includes the service area, Miami-Dade and Monroe County portions from 2025 to 2030 below.

**District 11, Miami-Dade and Monroe County  
Total Population Growth by Age - (2025 - 2030)**

	SA 11		Miami-Dade Co.		Monroe County	
	2025	2030	2025	2030	2025	2030
Total	2,912,262	3,015,255	2,826,885	2,928,190	85,377	87,065
0-17	553,932	554,923	541,570	542,347	12,362	12,576
18-64	1810695	1,825,403	1,760,772	1,776,255	49,923	49,148
65+	547,635	634,929	524,543	609,588	23,092	25,341
Total	%	3.54%	%	3.58%	%	1.98%
0-17	Growth over Prior Period	0.18%	Growth	0.14%	Growth	1.73%
18-64		0.81%	over Prior	0.88%	over Prior	-1.55%
65+		15.94%	Period	16.21%	Period	9.74%

Source: CON application #10820, page 39, from Florida Bureau of Economic and business research (BEBR).

AMOR Hospice argues that this data does not consider population growth in conjunction with hospice growth, referral patterns, and needs within the community. AMOR Hospice uses the October 2023 publication from the Florida Bureau of Economic and Business Research (BEBR) population forecast (by race -white/black/non-white) and ethnicity (Hispanic/Non-Hispanic Black/Non-Hispanic White) to support its contention that the Hispanic population will increase in size, and age, in the next several years, with the majority of growth in the aged 65+ cohort. Further, despite the overall population declining both the non-Hispanic white and non-Hispanic black population will see increased growth in the elderly population.

The applicant provides a graph from Florida Bureau of Economic and business research (BEBR) on page 40 titled “District 11 - Population Growth by Race/Ethnicity Age 65+ - (2025 - 2050)/ Age 65+ Population Growth By Race & Ethnicity (District 11)”. AMOR also provides six tables showing District 11’s population growth from 2025 to 2050. The reviewer condenses these to 2025 - 2030 for the White, Black and Hispanic populations in the table below.

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**Population Forecasts by Age/Race/Ethnicity\*  
District 11**

	White		Black		Hispanic	
	2025	2030	2025	2030	2025	2030
Total	2,380,937	2,487,427	477,173	473,692	2,023,359	2,145,301
0-17	431,612	436,362	110,733	106,597	362,986	372,221
18-64	1,491,074	1,516,037	285,924	277,424	1,293,325	1,331,052
65+	458,251	535,028	80,516	89,671	367,048	442,028
Total	%	4%	%	-1%	%	6%
0-17	Change	1%	Change	-4%	Change	3%
18-64	from Prior	2%	from Prior	-3%	from Prior	3%
65+	Period	17%	Period	-11%	Period	20%

Source: CON application #10820, pages 41 and 42 from Florida Bureau of Economic and Business Research (BEBR).

Note \* Estimates and projections for these groups do not sum exactly to estimates and projections of the total population as the Hispanic population is ethnicity which may include White or Black individuals.

The reviewer notes AMOR indicates the Black population will decrease which is not supported by data from other applicants. AMOR Hospice indicates that the total population and the aged 65+ population is predominantly composed of the Hispanic ethnicity group, which is expected to increase, while the non-Hispanic population decreases. AMOR Hospice provides two tables based on BEBR projections showing 2025-2050 on the application’s page 43 showing that the Hispanic population is 67.02 percent of the service area’s 2025 total population and 67.88 percent of the service area’s age 65 and over population, which will increase to 69.62 percent and 70.47 percent, respectively in 2030.

AMOR Hospice provides an additional table on page 43 of this application using data from DataUSA.io - American Community Survey (2022) to confirm that when considering the ethnic population, various individuals within the population identify as "Hispanic". The applicant shares that different culture’s view death and dying which presents unique challenges to increases utilization and provide high-quality care to patients and their families. AMOR Hospice again cites the 2023 American Community Survey estimates noting that only 24.9 percent of Miami-Dade households spoke English only and 73.70 percent Monroe County which it adds is a less populated region.

Language Spoken at Home	
Miami-Dade County	Percent
English only	24.9%
Spanish	66.3%
Other Indo-European languages	7.2%
Asian and Pacific Islander languages	0.8%
Other languages	0.8%
Monroe County	Percent
English only	73.7%
Spanish	19.1%

Source: CON application #10820, page 44, from US Census Bureau Data for the respective counties.

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AMOR Hospice cites the 2022 American Community Survey noting that 54 percent of Miami-Dade County residents (1.45 million) and 19.7 percent of Monroe County residents (16,200) were born outside of the United States, which is higher than the national average of 13.6 percent compared to the States' 21.1 percent. The applicant supplies a graph from DataUSA.io on page 44 showing the percentage of foreign-born residents in Miami-Dade County and Monroe County, compared to "neighboring and parent geographies" as well as two additional graphs from City-Data.com on page 45 to visually show that Service Area 11 is diverse in its "country of origin for the foreign-born population," which shows:

- Miami-Dade
  - Cuba (44 percent), Venezuela (eight percent), Colombia (seven percent), Nicaragua (six percent), Haiti (five percent), Honduras (three percent) Dominican Republic (three percent)
- Monroe
  - Cuba (39 percent) Haiti (eight percent) Nicaragua (six percent) Mexico (four percent) Guatemala (three percent) Ukraine (three percent) Philippines (two percent)

AMOR states it is committed to providing community outreach programs and specialized programming (We Honor Veterans and associated program support) to the large population of veterans in Service Area 11 and provides the chart below, which did not include its source.

**District 11 — Veteran Population**

<b>Region</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>
Miami-Dade	57,612	56,350	55,105	53,916
Monroe	6,653	6,436	6,222	6,008
District 11 Total	64,265	62,786	61,327	59,924
Florida Veteran Total	1,397,564	1,379,848	1,362,150	1,344,494
District 11 % of Florida	4.60%	4.55%	4.50%	4.46%

Source: CON application #10820, page 45, No source cited.

On page 46 of this application AMOR Hospice cites the University of Miami's Jewish Demography Project and provides a map of Dade County by percentages to support that Service Area 11 has a large Jewish population. The applicant notes there were 120,000 Jewish individuals in Miami-Dade County in 2014. AMOR Hospice commits to seeking certification from the National Institute For Jewish Hospice (NIJH) to ensure its staff and program meet the needs of the population demographic within the community.

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AMOR Hospice refers to the “Our Fund Foundation” for its data and demographics for the LGBTQ+ population, for the South Florida region (including Miami-Dade County) versus Florida. The applicant states that SageCare notes that nine out of ten LGBTQ+ people feared discrimination in care settings if providers knew their sexual orientation or gender identity. As another large subset of the District 11 population, the LGBTQ+ community requires a hospice program that is culturally competent to provide their care and that this cohort in Service Area 11 requires a hospice program that is culturally competent to provide care.

**LGBT+ Adult Population**

<b>Florida Pop</b>	<b>FL Adult Pop</b>	<b>FL LGBT+ Adult Pop</b>	<b>FL LGBT+ Adults</b>	<b>South FL LGBT Pop</b>	<b>South FL % LGBT+</b>
21,477,7373*	15,098,849	694,547	4.6%	183,346	4.7%

Source: CON application #10820, page 45, from U.S. Census, 2019; The Williams Institute, 2018 - South FL defined as the Miami Metropolitan Areas which includes Broward County

\*Likely a typographical error.

AMOR provides two tables using Florida Health Charts-AADR per 100,000 deaths for Service Area 11’s Leading Causes of Death in Miami-Dade and Monroe Counties for the years 2013 – 2022 on page 47 of the application. In 2022, heart disease and cancer were the leading causes of death in both counties. While the state data was not included, the applicant indicates Miami-Dade had higher rates of death from stroke, Covid-19, Alzheimer's, diabetes, and Parkinsons than the state.

Medicare claims data for CY 2022 is cited in the applicant’s chart on page 48 to support that the hospital to hospice referrals and readmission rates for hospice patients to hospitals show a need for hospice programs that are targeting patients with cardiac and related disease.

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**District 11 Hospital to Hospice Referrals by Volume & DRG  
(Medicare Claims CY 2022)**

<b>Hospital Name</b>	<b>Hospital Type</b>	<b>City</b>	<b>Referrals to Hospice</b>	<b>% Total Claims</b>
Jackson Memorial Hospital	Acute Care	Miami	529	14.08%
Baptist Hospital	Acute Care	Miami	460	12.24%
HCA Florida Aventura Hospital	Acute Care	Aventura	296	7.88%
Mount Sinai Medical Center	Acute Care	Miami Beach	284	7.56%
HCA Florida Kendall Hospital	Acute Care	Miami	241	6.41%
Sylvester Comprehensive Cancer Center	Acute Care	Miami	241	6.41%
Palmetto General Hospital	Acute Care	Hialeah	204	5.43%
South Miami Hospital	Acute Care	Miami	183	4.87%
West Kendall Baptist Hospital	Acute Care	Miami	159	4.23%
North Shore Medical Center	Acute Care	Miami	149	3.97%
HCA Florida Mercy Hospital	Acute Care	Miami	142	3.78%
West Gables Rehabilitation Hospital	Rehabilitation	Miami	122	3.25%
Homestead Hospital	Acute Care	Homestead	114	3.03%
Keralty Hospital Miami	Acute Care	Miami	109	2.90%
Hialeah Hospital	Acute Care	Hialeah	80	2.13%
Doctors Hospital	Acute Care	Coral Gables	76	2.02%
Larkin Community Hospital Palm Springs	Acute Care	Hialeah	72	1.92%
Coral Gables Hospital	Acute Care	Coral Gables	70	1.86%
Select Specialty Hospital - Miami Lakes	LTACH	Miami Lakes	55	1.46%
Lower Keys Medical Center	Acute Care	Key West	53	
Encompass Health Rehabilitation Hospital	Rehabilitation	Cutler Bay	52	1.38%
Larkin Community Hospital South Miami	Acute Care	South Miami	47	1.25%
Select Specialty Hospital - Miami	LTACH	Miami	30	0.80%
St Catherines Rehabilitation Hospital	Rehabilitation	North Miami	21	0.56%
Southern Winds Hospital	Psychiatric	Hialeah	15	0.40%
Douglas Gardens Hospital	Acute Care	Miami	*	0.16%
			3,751	

Source: CON application #10820, page 48, from “Medicare data summarized by Definitive Healthcare database” CY 2022.

AMOR states that “per Medicare claims data for CY 2022 shown above, the hospitals referred nearly 4,000 patients to hospice, and the patients were most commonly associated with Sepsis/Septicemia, but the next four highest DRGs were associated with cardiac or pulmonary conditions.” Further, the existing hospice providers experience high rates of patient readmissions to the hospital over a rolling three-year average and presents three charts on page 49 using Medicare claims data summarized by HealthPivots database as support.



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**District 11 Hospice Readmission Rates (Medicare Claims CY 2021-2023)**

<b>District 11 Providers</b>	<b>Readmissions Rate* 2021-2023</b>	<b>Rank for Florida Hospice Providers (Higher is Worse)</b>
Bristol Hospice - Miami Dade, LLC - 101558	10.37%	1
Promedica Hospice - 101502	9.56%	2
Gentiva - 101548	7.69%	3
Amedisys Hospice - 101554	5.31%	7
Opus Care of South Florida - 101536	5.05%	8
VITAS Healthcare Corporation of Florida - 101545	4.23%	11
Accentcare Hospice & Palliative Care of Southern FL - 101543	4.22%	12
Continuum Care of Miami Dade LLC - 101565	3.85%	13
Catholic Hospice Inc -101530	3.57%	14
<b>State of Florida Average</b>	<b>2.11%</b>	
<b>National Average</b>	<b>1.79%</b>	

Source: CON application #10820, page 49, from Medicare claims data summarized by HealthPivots database.

\*Note: 30-Day Readmissions Rate = (Hospice Direct Admissions With >=1 Readmissions in 30 Days) / (Total Hospice Direct Admissions).

AMOR contends that Service Area 11 hospital data demonstrates that the Service Area 11 providers experience a higher rate of readmission overall, for Diseases of the Circulatory System than the State average, which indicates a need for hospice programs that are capable of providing care tailored to patient’s needs.

**District 11 - 30-Day All Cause Readmissions - CY 2023**

<b>Hospital</b>	<b>%</b>
Average of all Miami-Dade Hospitals	18.5
Average of all Monroe Hospitals	19.4
Florida (all Hospitals)	15.78
National (all Hospitals)	15.63

Source: CON application #10820, page 49, from Medicare claims data summarized by HealthPivots database.

**District 11 - 30-Day Readmissions - Diseases of the Circulatory System for CY 2023**

<b>Hospital</b>	<b>%</b>
Average of all Miami-Dade Hospitals	18.5
Average of all Monroe Hospitals	28.2
Florida (all Hospitals)	15.78
National (all Hospitals)	15.63

Source: CON application #10820, page 49, from Medicare claims data summarized by HealthPivots database.

AMOR Hospice summarizes that Service Area 11 hospice providers can lower the readmission rates for this disease cohort by having a hospice program/partner with the expertise and dedication to servicing cardiovascular patients.

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AMOR Hospice has two tables on page 50 of this application with the first table citing the existing providers admissions and market share during the most recent 12-month reporting period - VITAS is the major market provider with over 40 percent of the market share by admissions, and followed by Accentcare Hospice, Catholic Hospice, Gentiva, and Opus Care all with market shares above five percent. The applicant notes that Heartland Hospice has documented negative growth when comparing the most recent 12-month period to the prior 12-month period and there is still a “gap” to the need forecasted in the market.

**District 11 Hospice Provider Historical Volume & Market Share**

<b>Area Providers</b>	<b>7/1/23-6/30/24 Volume</b>	<b>Market Share %</b>
Accentcare Hospice & Palliative Care of Southern Florida	2,705	17.16%
Amedisys Hospice	284	1.80%
Bristol Hospice - Miami Dade, LLC	466	2.96%
Catholic Hospice Inc	1,947	12.35%
Continuum Care of Miami-Dade LLC	348	2.21%
Gentiva	1,410	8.95%
Heartland Hospice (Broward)	218	1.38%
Medcare Hospice	90	0.57%
Moments Hospice of Miami, LLC	206	1.31%
Opus Care of South Florida	1,202	7.63%
VITAS Healthcare Corporation of Florida	6,885	43.68%
<b>Total Admissions</b>	<b>15,761</b>	

Source: CON application #10820, page 50, from Agency January 2026 Hospice Projections.

AMOR’s Medicare Hospice Death Service Ratio (hospice deaths/resident deaths) table below shows that the Service Area 11 market lags behind most of the state in its death service ratio for Medicare beneficiaries which supports that the market has room to further increase utilization.

**Hospice Death Service Ratio (Medicare CY 2023)**

<b>Ranking of Florida County on Death Service Ratio for CY 2023</b>	<b>Death Service Ratio</b>	<b>Rank</b>
Florida - Miami-Dade	52.5	55 of 67
Florida - Monroe	52.3	56 of 67
Florida Average	59.6	

Source: CON application #10820, page 50, from Medicare claims data from CY 2023. Death service ratio = Hospice Deaths / Resident Deaths.

AMOR Hospice states the fixed need factors, previous experiences for new Florida hospice operators, recent trends of the existing market providers, and the market population demographics were used to forecast utilization. Further, factors such as unique market circumstances, demographics, qualities of operators, and timing of initial operations provides some perspective on expectations for the proposed new program in Service Area 11. AMOR Hospice notes that the entry of Continuum Care of Miami-Dade County, LLC and Moments Hospice of

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Miami, LLC to District 11 in 2022 is the most recent and comparable initiation of a new hospice program to itself based on the date of initiation and the same service market.

### Florida Hospice Operating Volumes for First Two Years of Operation

Service Area	Name	Year 1	Year 2
6A	Seasons Hospice (Licensed 5/31/17)	194	469
	SA Total Admissions	6460	6688
	<b>Market Share %</b>	<b>3.00%</b>	<b>7.01%</b>
11	Bristol Hospice (Licensed 3/11/17)	57	203
	Total Admissions	14,141	13,688
	<b>Market Share %</b>	<b>0.40%</b>	<b>1.48%</b>
3E	VITAS Healthcare Corporation of Florida (Licensed 3/12/18)	401	802
	Total Admissions	4,466	4,877
	<b>Market Share %</b>	<b>8.98%</b>	<b>16.44%</b>
5B	Seasons Hospice (Licensed 4/13/18)	276	687
	Total Admissions	7,434	8,371
	<b>Market Share %</b>	<b>3.71%</b>	<b>8.21%</b>
9C	Palm Beach Morselife (Licensed 2/18/19)	54	200
	Total Admissions	11,111	11,523
	<b>Market Share %</b>	<b>0.49%</b>	<b>1.74%</b>
9B	VITAS Healthcare Corporation of Florida (Licensed 7/8/18)	1051	1289
	Total Admissions	4,037	4,587
	Market Share %	26.03%	28.10%
5A	Seasons Hospice (Licensed 4/14/20)	232	
	Total Admissions	5,080	
	<b>Market Share %</b>	<b>4.57%</b>	
2A	VITAS Healthcare Corporation of Florida (Licensed 7/6/20)	254	
	Total Admissions	2,306	
	<b>Market Share %</b>	<b>11.01%</b>	
10	Continuum Care of Broward County, LLC (Licensed 11/5/20)	197	358
	Total Admissions	10,688	10,892
	<b>Market Share %</b>	<b>1.84%</b>	<b>3.29%</b>
11	Continuum Care of Miami-Dade County, LLC (Lic. 2/25/22)	171	322
	Total Admissions	14,428	15,438
	Market Share %	1.19%	2.09%
11	Moments Hospice of Miami, LLC (Licensed 3/16/22)	115	207
	Total Admissions	14,428	15,438
	Market Share %	0.80%	1.34%

Source: CON application #10820, page 51, from the Agency's "Florida Need Projections for Hospice Programs" Publications"

Notes: AMOR does not complete year two for the 5A and 2A programs. The two new SA 11 programs were licensed during the Covid 19 pandemic.

AMOR forecasts the population based on the BEBR projections published in October 2023 and market area death and use rates for hospices as applied by the Agency for the January 2026 planning horizon to estimate the need for the proposed program. AMOR Hospice provided a chart on page 52 showing a detailed breakdown of its own analysis.

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<b>Market Projections</b>					
<b>Death Rate (3-Year Average - AHCA January 2026 Planning Horizon)</b>			<b>0.008932</b>		
	2026	2027	2028		
<b>Population</b>	2,932,239	2,952,691	2,973,288		
<b>Projected Deaths</b>	26,191	26,373	26,557		
	Under 65 Cancer	65+ Cancer	Under 65 NC	65+ NC	Total
<b>Resident Deaths in 2022</b>	1,008	3,466	3,896	15,139	23,509
<b>Death Rate (2022)</b>	0.042877196	0.147432898	0.165723765	0.643966141	
<b>Projected Deaths</b>	0.042877196	0.147432898	0.165723765	0.643966141	
2026	1,123	3,861	4,340	16,866	26,191
2027	1,131	3,888	4,371	16,984	26,373
2028	1,139	3,915	4,401	17,102	26,557
<b>Hospice Use Rate</b>	83.39%	97.55%	20.22%	74.76%	
<b>Projected Need/Volume</b>					
2026	936	3,767	877	12,609	18,189
2027	943	3,793	884	12,697	18,316
2028	950	3,819	890	12,785	18,444

Source: CON application #10820, page 52

AMOR Hospice states that in addition to the need figures above, it is taking a conservative projection that:

- (1) Uses the AHCA need forecasts as a guidepost on need within the projection timeframe;
- (2) Generally, is in keeping with previous experiences for new hospices in Florida and the market,
- (3) Reflects initial ramp up of operations;
- (4) Considers existing provider performance and qualities;
- (5) Considers area demographics and AMOR Hospice's ability to service.

AMOR Hospice states that it will not have a locally based office or team in Monroe County during its first two years of operation as it is expecting its initial volume to originate in Miami-Dade County based on the market dynamics and provides a brief discussion of VITAS, Amedisys, Chapters, Gentiva, AccentCare, and Moments hospice programs in Service Area 11 as they relate to Monroe County. The applicant's table below shows the Monroe County hospice data.

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<b>Hospice Provider</b>	<b>Market Share of Patients</b>	<b>Patients in County</b>	<b>Days per Patient (ALOS)</b>	<b>Patient Days in County</b>	<b>Share of Days</b>
Amedisys Hospice - 101554	24.80%	107	50	5,366	19.70%
VITAS Healthcare Corporation of Florida - 101545	19.20%	83	81	6,731	24.70%
Chapters Health Hospice - 101563	12.30%	53	52	2,762	10.20%
Gentiva - 101548	9.70%	42	100	4,213	15.50%
Accentcare Hospice & Palliative Care of Southern FL 101543	5.80%	25	11	283	1.00%
Other Providers	28.20%				28.90%

Source: CON application #10820, page 53

AMOR Hospice states its year one and year two projections (see the table below) reflect its “strong local ties to generate referrals, the ramp up period for operations for a new program, and still allow for organic growth from other area providers.”

<b>Year</b>	<b>Admissions</b>	<b>Patient Days</b>
Year 1 CY 2026	318	19,272
Year 2 CY 2027	549	40,188

Source: CON application #10820, page 53

AMOR indicates its projections result in a year one surplus of 1,186 patients and 1,253 patients in year two, which will be allocated between the existing hospice providers.

<b>Area Providers</b>	<b>Year One (2026)</b>	<b>Year Two (2027)</b>
Projected Hospice Need	18,189	18,316
AMOR Hospice	318	549
District 11 Hospice Admissions (7/23—6/24)	15,761	15,761
<b>Remaining Need Allocated to Other Providers</b>	2,110	2,006

Source: CON application #10820, page 54

**Arc Hospice of Florida, LLC (CON application #10821)** argues that with its years of experience and a proven track record in providing quality hospice care, it is well positioned to bring its expertise and resources to the residents of Service Area 11. Further, it has a wealth of resources that it will leverage to ensure a successful expansion into Florida along with having developed relationships throughout Service Area 11’s continuum of care, particularly in the senior living space and is best suited to meet the needs identified by both the data and its knowledge gained from meeting with members of the community.

Figure 5 (CON application #10821, page 61) includes a map of Florida hospice service areas with 11 circled. Arc notes that Miami-Dade County, located in the southeastern part of the state, is Florida's largest

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county in terms of population (seventh in the US) and the third largest geographically. Figure 6 (CON application #10821, page 62) depicts the service area's total population growth by county from 2024 to 2029. Service Area 11's population increases by 107,568 residents, 3.7 percent compared to the state's 6.1 percent. Figure 7 (CON application #10821, page 62) 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 65 and over population will increase by approximately 16 percent annually to approximately 620,000 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 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 #10821, page 63) shows Service Area 11 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 #10821, page 63) showing the FNP projections for the January 2026 planning horizon. Arc Hospice notes that three Service Area 11 providers - Catholic Hospice Inc, Gentiva, and VITAS Healthcare Corporation of Florida also serve other service areas.

Arc Hospice contends that Service Area 11 has a high penetration rate for patients discharged to hospice compared to Florida and other hospice service areas in the state, indicating a disparity. However, Monroe County has a particularly low penetration rate (Figure 10 - CON application #10821, page 64) with a penetration rate that is fourth lowest in comparison to Florida's hospice service areas. Further, Monroe County's penetration rate is approximately 47 percent lower than Miami-Dade County's rate and approximately 46 percent lower than Service Area 11's rate and 40 lower than Florida's penetration rate, indicating a disparity.

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

**Florida Patients by Hospice Service Area  
Hospice Penetration Rates for Hospital  
Discharges Referred to Hospice  
2023**

<b>Service Area</b>	<b>Discharges Referred</b>	<b>Resident Deaths</b>	<b>P-Rate</b>
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 #10821, page 65 from the Agency’s Hospital Discharge Database and Florida Department of Health, Bureau of Vital Statistics provisional death data.

Arc Hospice contends that it will enhance penetration rates through its experience and use of specialized strategies in order to overcome the cultural, logistical, and accessibility challenges. Monroe County’s penetration rate is stated to be “demonstrating room for growth” at 0.22 or approximately 40 percent lower the states. Arc 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.

Arc provides details of its staff specialized training that include:

- Cultural Competency
- Telehealth and Remote Care
- Collaboration with Local Healthcare Providers

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- Transportation and Logistics
- Emergency Preparedness and Response
- Mental Health and Social Support

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 best practices and policies 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 including Initial Triage, Categorization, Assignment and Follow-up.
- A team of on-call nurses for backup support to respond to patient and family needs outside of regular business hours.
- Continuous quality improvement
- Flexible staffing model that focuses on adaptability, embracing new technologies, fostering professional development, and promoting work-life balance to create a sustainable workforce
- Community-based volunteer programs
- Tailored care plans
- Interdisciplinary teams to accommodate various cohorts, cultural needs and provide quality services
- All admissions accomplished typically within two hours of receipt of a referral and admission within six hours for patient that have physician orders and meet admissions criteria
- Arc Hospice coordinates and pays for patient transport. Non emergent transport to the setting of arranged by Arc Hospice Social Workers for non-emergent transport to the setting of care. Communication for transport begins with the discharge planning process with hospital or facility case managers
- Through Arc Hospice's technology with Palliative Pharmacy Solutions (PPS), a web-based mobile pharmacy solution, medications can be ordered, reconciled, and placed prior to discharge from facility with appropriate medications and dosages in the home prior to patient's arrival home or shortly after



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admission for patients who do not require transfer. Arc will establish contracts with both a Pharmacy Benefit Manager and local pharmacies that offer 24/7 on-call service to guarantee timely delivery of required medications

- Durable Medical Equipment partners can quickly provide needed supplies and car stock is maintained in employee vehicles to reduce long-distance needs

Arc Hospice states it will address the barriers of care in Service Area 11 through:

- Efforts to improve communications between providers and patients, and between facilities and hospice providers and health care facilities. Arc will offer resources to support providers in having difficult conversations and promoting hospice care as a valuable option for patients and their families
- Cultural values and preferences by providing culturally sensitive care and ensure 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
- 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 is the first step in expanding outreach. Strategies to increase awareness include collaboration with community organizations to develop educational campaigns that target the groups within the communities (i.e. churches within the African American communities). Arc will participate in community events, health fairs, and religious gatherings to build relationships and promote services. Arc will educate area health care providers, including primary care physicians, about the benefits of hospice care and how Arc can best serve their patients in need. Seminars such as "Death, Dying, and Bereavement," "Hospice 101," and "Hospice Eligibility Requirements." will be offered to help providers more effectively communicate with their patients regarding hospice topics
2. Reducing Disparities - To address disparities in hospice utilization, Arc will improve accessibility by engaging with those most in need of hospice and having a visible presence in these

communities. Arc's presence in underserved areas will be expanded by establishing a workforce of people who live in and reflect the communities served. Arc will develop a robust recruiting campaign to attract staff from rural areas and cultural groups that reflect these areas. Strategies include job fair hosting and participation, incentives including flexible scheduling and travel differential and advertising open positions with local organizations including churches, nursing schools, and other health training programs that will identify quality staff to provide hospice services.

Arc states it has already begun to establish partnerships with key community stakeholders to help build trust and credibility within the groups most in need of improved access to hospice services in the community. Arc is ready to quickly mobilize to improve access by leveraging its partnerships with faith-based organizations and community organizations. Arc will partner with local community organizations, such as chambers of commerce, professional groups, and diversity councils to engage with the community and promote services

3. Arc 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)
  - Diversify staff: Hiring a diverse workforce that includes professionals within the community groups that will create a more inclusive environment and improve quality of care
  - Cultural liaisons: Arc will employ a team of cultural liaisons whose role will be to provide cultural competency support and guidance to staff, patients, and families. The cultural Liaisons help to bridge the gap between Arc's care providers and the patient's culture, beliefs, values, and traditions. The Cultural liaisons' role is to facilitate communication, understanding, and trust between the patient's culture and the hospice team. Cultural liaisons may provide training, education, and resources to staff, as well as advocate for the patient's cultural needs, and provide cultural support to the patient and their family, such as language translation or help with navigating cultural differences

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- Provide culturally relevant end-of-life care and advance planning information and education to patients and families
- Arc commits to developing a formalized internship program with a local educational institution specifically to provide internship opportunities within Arc Hospice for Hispanic and African American communities. This program will be supplemented with a \$10,000 annual funding commitment for, at a minimum, the first five years of operation

Arc provides excerpts of letters of support on pages 69 - 74 from:

- Marc Bruno, Administrator, Biscayne Health and Rehabilitation Center
- Felicia Phillip, Administrator, Sierra Lakes Nursing and Rehabilitation Center
- Marta Delgado, Administrator, Palmetto Care Center and Rehab
- Nelly Nunez, Administrator, Jackson Gardens Health & Rehabilitation Center
- Nakaye Allen, Administrator, Aventura Rehab and Nursing Center
- Brayam Perez, Administrator, Shoreside Health and Rehabilitation Center

Arc Hospice uses various data from the Agency's Hospital Discharge Database; Florida Department of Health, Bureau of Vital Statistics (Figures 12 - 16, pages 74 - 76) 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 11 has large, underserved number of deaths within the elderly non-cancer cohort and proposes several targeted programs to meet these residents' needs.

Arc states that Service Area 11 has approximately 22 percent of resident deaths discharged to inpatient hospice versus approximately 20 percent to home hospice and that the difference of approximately 10 percent, inpatient hospice was the preferred option, which would indicate an under-usage of the hospice benefit. Pages 76 - 80 contain excerpts from the applicant's support letters to describe the challenges faced with patients receiving home hospice care, which it contends demonstrate the need for a hospice such as Arc Hospice to serve these patients. These excerpts were from:

- Richard Klass, President and CEO, 2CY
- Melody Parrish, Manager, Outpatient Services, Jackson Health System - Jackson Behavioral Health Hospital
- Nakaye Allen, Administrator, Aventura Rehab and Nursing
- Adrian Lopez Truy, Administrator, El Renacer De Ana Assisted Living Facility

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- Laura Hunter, Public Health System Healthcare Planning
- Executive, Miami-Dade County, Former Division President for GenesisCare East Florida Division
- Carmen Espinosa Walker, Transplant Program Liaison, Miami Transplant Institute
- Symeria Hudson, President & CEO, United Way Miami
- Alfred Sanchez, President and CEO, Greater Miami Chamber of Commerce

Arc Hospice describes in detail (pages 80 – 81) 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 81 – 83 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 (2023 provisional death data) to support Arc Hospice's argument that there is a foreseeable need for the need for non-cancer, disease specific programming in Service Area 11 and addresses in detail the underserved population groups including those with heart 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. See the table below.

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**Service Area 11  
2023 Top 10 Leading Causes of Death**

<b>Rank</b>	<b>Cause of Death</b>	<b>Deaths</b>	<b>Percent of Total</b>
1	Heart Diseases	5,129	23.4%
2	Malignant Neoplasm (Cancer)	4,432	20.2%
3	Other Causes of Death	3,185	14.5%
4	Cerebrovascular Diseases	1,850	8.4%
5	Unintentional Injury	1,029	4.7%
6	Alzheimer's Disease	1,021	4.7%
7	Diabetes Mellitus	993	4.5%
8	Chronic Lower Respiratory Diseases	872	4.0%
9	Parkinson's Disease	394	1.8%
10	Essential Hypertension and Hypertensive Renal Disease	357	1.8%
<b>Top 10 Causes of Death Total</b>		<b>19,262</b>	<b>87.9%</b>
All Other		2,649	
<b>Total</b>		<b>21,911</b>	

Source: CON application #10821, Figure 21, page 85, from Florida Department of Health, Bureau of Vital Statistics CY 2023 provisional death data.

Arc notes that heart disease was the service area’s leading cause of death in 2023 and states it was approximately 10 percent higher in comparison to Florida. As shown above heart disease accounted for 23.4 percent of the service area’s deaths compared to 21 percent of Florida’s total deaths. Arc’s table below compares the service area’s and states’ total deaths and deaths.

**Service Area 11  
2023 Heart Disease and Total Deaths**

<b>Area</b>	<b>Deaths from All Causes</b>	<b>Heart Disease Deaths</b>	<b>Deaths as Percentage of</b>
Service Area 11	21,911	5,129	23%
Florida	229,045	49,961	21%

Source: CON application #10821, Figure 22, page 85, from Florida Department of Health, Bureau of Vital Statistics.

Arc Hospice’s Figure 23 on the application’s page 86 shows that Service Area 11 cardiovascular diseases discharges to hospice grew by approximately 6.7 percent from 819 in 2021 to 874 in 2023 and end stage heart disease discharges to hospice grew by approximately 6.8 percent (381 in 2021 to 407 in 2023). Total cardiovascular disease hospital discharges are stated to have increased by eight percent from 2021 to 2023 (totals not provided) and these patients discharged to hospice represent only three percent of the total volume. Arc states that the service area’s total end stage heart disease hospital discharges (number not provided) increased by approximately 11 percent from 2021 to 2023, the discharges to hospice increased by seven (6.8) percent and represent only four percent of the service area total volume. Arc concludes the statistical data and its community needs assessments demonstrates the gap in end-of-life care for residents suffering from cardiac disease.

Arc notes cancer (4,432 deaths) was the second cause of death in Service Area 11 in 2023 and over time hospice has evolved to include non-traditional diagnosis such as chronic lower respiratory disease, and cerebrovascular disease. Arc discusses its Cancer, Chronic Lower Respiratory Disease, Cerebrovascular Disease, and Dementia/Alzheimer's Disease programs on the application's pages 86—89.

Arc notes that 1,183 patients with pulmonary disease were 13.1 percent of the 9,022 patients discharged to hospice in 2023. CY 2023 had a 4.8 percent decrease from the 1,242 patients in CY 2021. The applicant shares that the 113 patients with ischemic stroke and nonspecific cerebrovascular disorders discharged to hospice in 2023 were approximately one percent (1.25 percent) of the service area's total.

Arc Hospice's CY 2023 (Figure 25) show Alzheimer's disease is the sixth leading cause of death for Service Area 11 residents. The applicant states Florida "was in the highest percentage prevalence category among adults age 65 and older in 2020 and in comparison to other states ranked fourth."

Pages 93-97 contain excerpts from the applicant with the original letters submitted located in the application's Exhibit C for its disease-specific care from Dr. Orestes Mederos Trujillo, Sandra Vergara, Director South Region, Azura Vascular Care, a Division of Fresenius Medical Care, Nakaye Allen, Administrator, Aventura Rehab and Nursing Center, Rachel Schuster, CEO, Onyx Healthcare, Michelle A. Clark, Ph.D., Dean, Health Professions Division, Barry and Judy Silverman College of Pharmacy NSU Florida, Matthew Rodier, MD, Adrian Lopez Truy, Administrator, El Renacer De Ana Assisted Living Facility, and Juan Cordoba, Director of Social Services, Harmony Health Center.

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

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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.

In support of its serving the underserved populations, Arc Hospice cites its condition to develop a formalized internship program with a local educational institution to provide internship opportunities for the Hispanic and African American communities which will be supplemented with a \$10,000 annual funding commitment for a minimum of the first five years of operation. The applicant also cites its condition to provide \$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 30 on page 102) from the Office of Economic & Demographic Research, Florida Legislature for CYs 2025 and 2030. By 2025, Service Area 11 is projected to have 2,140,925 Hispanic residents, 363,871 of whom are aged 65 and over. Hispanics are projected to have a growth of approximately six percent by 2030, and a projected growth of approximately 20 percent for the elderly age cohort. Arc states that Hispanics accounted for approximately 67 percent (6,054 of 9,022) of the acute care discharges to hospice, yet these 6,054 discharges account for only three percent (6,054 of 184,849) of all Hispanic patient discharges.

Arc Hospice next uses Office of Economic & Demographic Research, Florida Legislature projections for CY 2025 showing 431,289 residents of Service Area 11 are Black/African American, with 66,582 age 65 and over. Arc states that Black or African Americans accounted for 1,273 of the service area's 9,022 hospital discharges to hospice (approximately 14 percent) yet accounted for approximately 21 percent of 2023's total discharges. Fewer Black or African American patients were discharged to hospice compared to the White cohort accounting for approximately 73 percent of all hospital discharges and approximately 81 percent of patients discharged to hospice.

Pages 105 -114 contain excerpts from the applicant's letters of support confirming support for Arc Hospice to develop needed hospice programs for diverse patient populations with varying cultural beliefs. Arc Hospice concludes that the identified gap in access to care, including hospice

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care for the Hispanic and African American residents of Service Area 11 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 11's homeless and low income populations noting that Miami-Dade County has a high rate of homelessness and states that it will meet with organizations in both Miami-Dade and Monroe Counties that provide outreach and shelter to the homeless population in the area, and organizations that provide meal support and other support services for the homeless population 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 shelter, safe haven, or transitional housing. Specifically, it will also develop a collaborative program with the Miami-Dade County Homeless Trust – a continuum of care organization that serves and supports communities, agencies, and organizations involved with homelessness and with Chapman Partnership, an organization dedicated to providing comprehensive support and care to Miami-Dade County's homeless and vulnerable populations and cites its Exhibit C for further information.

Arc Hospice adds that it will develop a collaborative program with health care organizations to assist the Department of Health Service Area 11 patients, who are typically socioeconomically disadvantaged 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 the central component in assisting DOH at its main campus and satellite clinics throughout Service Area 11. 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. Arc cites its conditions to allocate \$10,000 annually for five years to service area organizations to support unfunded and undocumented members medical services and three years to fund transportation assistance.

Arc Hospice cites the Florida Council on Homelessness Annual Report on page 116 (Figure 34 below) adding that in 2024, Miami-Dade County had 3,800 homeless, the highest number in the state. The applicant provides the January 2024, Miami-Dade County Homeless Trust Census Results, (Figures 35 on pages 116 and 117) to show that within Service Area 11 has a diverse homeless population with a mix of male/female, Hispanic/Latino, Black/African American, elderly, and veterans of



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approximately 4,250 (must assume Monroe County has about 350 homeless) as Miami-Dade has 3,800 and Monroe County is not included in the applicant’s Figure 34. Arc Hospice states “In Miami-Dade County, approximately 30 percent of the population are chronically homeless and approximately 13 percent are within senior households”. As shown, below the quote is meant to state 30 percent of Miami-Dade’s “homeless” population is unsheltered with 12.5 percent of these being age 65 and over.

**Homeless Population — Point in Time Counts Snapshot of Miami-Dade County**

Chronic Homeless Persons	29.2%
Family Households	10.8%
Senior Persons (Age 55-64)	17.1%
Senior Households (Age 65 and Older)	12.5%

Source: CON application #10821, Figure 35, page 116, Miami-Dade County Homeless Trust Census Results, January 2024.

Arc contends that of the 4,150 homeless persons in Service Area 11 in 2023, approximately 70 percent (almost 2,900 people) were considered "sheltered" which means that they were staying in an emergency shelter, safe haven or transitional housing on the night of the count, which would enable Arc to provide "home" hospice care.

**Service Area 11  
Homeless Population — Sheltered Versus Unsheltered**

	<b>Count</b>	<b>Percent</b>
Sheltered	2,882	69.4%
Unsheltered	1,268	30.6%
<b>Total</b>	<b>4,150</b>	

Source: CON application #10821, Figure 36, page 117, Miami-Dade County Homeless Trust Census Results, January 2024.

Excerpts with the original letters submitted located in the application’s Exhibit C of its letters of support are presented on pages 117 and 118 confirming support Arc Hospice's commitment to serving the underserved populations and addressing health care disparities for individuals such as those experiencing homelessness and poverty from Irela M. Bagué. Chief Bay Officer, Biscayne Bay, President & CEO, Bagué Group, Chair, Miami-Dade County's Biscayne Bay Task Force, Vice-Chair, Resilience Committee of the Greater Miami Chamber of Commerce Member, City of Coral Gables Sustainability Advisory Board and Scott Hansel, President/CEO, Chapman Partnership.

Arc Hospice states it will develop a specialized veteran's program in Service Area 11 and collaborate with area veterans' organizations. The applicant contends there is an inherent need for many palliative care and

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hospice resources to be able to provide care and support for veterans and their families/caregivers and Arc's specialized veterans 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 66,000, three percent of Service Area 11 total residents who are veterans. Approximately 22,000 are 65 years or older, which is approximately five percent of the state's total. Arc shares that Service Area 11's veteran population is projected to decline from 2024 and 2028, likely due to a variety of factors, including the aging veteran population. The applicant produces Figure 38 (U.S. Census Bureau, American Community Survey for Miami-Dade County) and 39 on page 121 noting that the 2020 U. S. Department of Veterans Affairs Veteran Population Projection Model shows that in 2024, veterans aged 65 and older account for approximately 33 percent of the service area's total veteran population. Arc Hospice concludes that the increasingly aging veteran population will result in increased need for hospice.

The applicant continues its discussion of its patient centered care approach's four primary areas – physical, emotional, social, and spiritual needs. Excerpts of its letters of support on pages 123-125 provide support for Arc Hospice's commitment to patient-centered care. These were provided by:

- Felicia Phillip, Administrator, Sierra Lakes Nursing and Rehabilitation Center
- Valerie Yankie, Former Resident of Kendall Lakes in Miami and Marathon in the Florida Keys
- Symeria Hudson, President & CEO, United Way Miami
- Rev. Dr. Alplionso Jackson Sr., Senior Pastor, Second Baptist Church

Arc Hospice presents an excerpt from the original letters submitted which are located in the application's Exhibit C of its letters of support from Placida Gonzalez, President/ Director, Qtrials Medical Center DBA Facil on page 126 to support its argument that it is equipped to meet the complex needs of our community with its comprehensive approach to end-of- life care thar aligns perfectly with the diverse cultural, socioeconomic, and linguistic backgrounds of our patients because of the following reasons:

1. Cultural Competence—employing a Cultural Liaison and providing multicultural programs demonstrates a deep understanding of our community's diverse needs to ensure that end-of-life care is delivered with sensitivity and respect for each patient's cultural and religious background.

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2. Comprehensive Care Model—specialized programs for conditions like Alzheimer's and cardiac disease with a holistic approach addressing not just physical symptoms but also the emotional, social, and spiritual needs of patients and their families.
3. Innovative Therapies—inclusion of complementary therapies such as virtual reality and music therapy goes beyond traditional palliative care, offering a more personalized and comforting experience for patients.
4. Family Support via the Arc of Life program, which focuses on creating lasting memories, provides crucial support to families during a challenging time, aligning with Arc's commitment to family-centered care.
5. Accessibility—Arc's commitment to serving underserved areas to ensure that all members of the community, regardless of location, have access to high-quality hospice care.

Arc lists Service Area 11's 56 nursing homes with 8,514 licensed beds (Figure 41, on the application's page 127) and states it will provide specialized attention to improving the collaboration and communication between nursing home facility caregivers and patients, as this was found to need improvement. Arc details its collaboration with nursing home staff to ensure quality care and services which includes 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 cites its “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 Levi Moalem, operator of Miramar Post-Acute Care Solutions, which has three SNFs with 459 beds in Service Area 11, and Raphael Kintzer, Chief Executive Officer for Quantum Health Care Group, which has a 150-bed skilled nursing facility, have expressed a willingness to provide general inpatient beds at their facilities. Excerpts from letters of support are included on pages 129-146 of this application.

Arc Hospice states that it will develop relationships with local hospitals. Figure 42, page 146 lists Service Area 11's 40 hospitals noting that there are 10,154 licensed beds, with 36 of the hospitals and 9,954 of the licensed beds located in Miami-Dade County. Excerpts of letters from Dr. Hannah Thompson, Chief Medical Officer, Jackson West Medical Center and Dr. Orlando Garcia, Chief Medical Officer, Jackson South Medical Center are included on the application's pages 149 and 150. Arc

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 11.

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 43, “Benefits of Collaboration for Hospice and Hospital Partners” lists benefits for the hospital (eight), for the hospice (eight) and four clinical benefits for the patient of a hospital based palliative care program. Arc states that by developing relationships with area hospitals and nursing homes and integrating hospice into the continuum of care, 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 data<sup>1</sup> to support that many patients eligible for hospice care are either never referred or referrals are not made on a timely basis.

Arc Hospice confirms that its 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:

- 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 11
- Promote Education - Arc Hospice plans to initiate a comprehensive and ongoing education program targeted to providing information and ease of access to physicians, nurses, and other patient referral sources. Arc Hospice notes that it encourages staff to participate in continuing education courses that further ensure high quality services are provided to all patients and their families and will provide initial orientation, onboarding, continuing education, and

<sup>1</sup> 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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in-service training to its staff via a variety of methods, 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

- Integrate 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, improve program oversight, and identify and monitor best practices  
Arc's EMR system benefits include:
  - 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
  - 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.

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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 contends 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, compassion, competence, community support, and creativity.

Arc Hospice confirms that it will offer palliative care services and will provide education and awareness, partnerships, volunteer engagement, and community outreach. Excerpts of its letters of support expressing the need for a hospice provider such as Arc Hospice to provide hospice education to Service Area 11 are located on pages 157-162.

Arc’s Figure 44, on the application’s page 214 shows the service area’s projected annual market volume of hospice admissions (see the table below).

**Service Area 11  
Projected Hospice Market Volume  
2025 - 2026**

	2020		2021		2022	
Service Area 11 Resident Deaths	26,178		26,731		23,514	
Service Area 11 Total Population	2,886,225		2,822,873		2,847,009	
Service Area 11 Death Rate	0.00907		0.009469		0.008259	
Service Area 11 Death Rate, 3-Year Average					0.008932	
	2025		2026			
Service Area 11 Total Population	2,906,182		2,940,997			
Service Area 11 Projected Deaths	25,958		26,269			
	<b>Cancer</b>		<b>Non-Cancer</b>		<b>Total</b>	
	<b>Under 65</b>	<b>65+</b>	<b>Under 65</b>	<b>65+</b>		
Service Area 11 Resident Deaths 2022	1,008	3,466	3,896	15,139	23,509	
<b>Service Area 11 Projected Deaths</b>						
2025	1,113	3,827	4,302	16,716	25,958	
2026	1,126	3,873	4,353	16,916	26,269	
Statewide Use Rate	0.834	0.975	0.202	0.748		
<b>Projected Need/Volume of Hospice Patients Generated by Service Area 11</b>						
2025	928	3,731	869	12,504		
2026	939	3,776	879	12,653		

Source: CON application #10821, Figure 44, page 214, Agency Population Estimates and Projections by AHCA District, 2020-2030, January 2024.

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Arc Hospice contends there will be minimal impact on existing providers, projecting it will achieve 180 and 365 admissions and market shares of 1.0 and 2.0 percent in 2025 and 2026, respectively. See the table below.

**Service Area 11 — Arc Hospice  
Projected Utilization  
Project Years 1 - 2 (2025 - 2026)**

Projected 11 Hospice Admissions	18,032	18,247
Arc Hospice 11 Projected Market Share	1.0%	2.0%
Arc Hospice 11 Projected Hospice Admissions	180	365

Source: CON application #10821, Figure 45, page 214.

Arc also provides a projection by existing providers for year one and two (Figure 46 on page 215). The applicant concludes its project responds to a fixed need pool for an additional hospice program in Service Area 11 in which the demographic has a strong population base and a growing 65-plus population. Arc concludes 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.”

**Heart’n Soul Hospice of Miami, LLC (CON application #10822)** states that its application demonstrates special circumstances that justify the award of a hospice certificate of need in addition to any award made pursuant to the fixed need pool.

The applicant argues that it has conducted an extensive study of Miami-Dade and Monroe County to pinpoint the under-served areas in Service Area 11 noting that Miami-Dade County exhibits chronic under-service, particularly affecting ethnic minority populations such as African American and Hispanic residents. Heart’n Soul Hospice outlines the need for improved access for these communities and has identified specific experience, connections, and programs tailored to improve access to these populations. The applicant notes that beyond the published need, there are special circumstance regarding the under-service of Service Area 11’s African American and Hispanic residents that supports additional hospice services.

The applicant provides the background information of Heart’n Soul Hospice on pages 1-9 that argues that Heart'n Soul Hospice is the first multi-state, entirely Black-owned hospice in the United States that was created “to educate the community about a NEW WAY of delivering hospice care, to remove the misconceptions of who hospice helps, and to end the cultural stigmas about end-of-life care among minority populations.”

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The applicant uses the Agency’s Need Projections for Hospice Programs, published February 3, 2023 and August 2, 2024 along with Population Estimates and Projections 2020 – 2030, published January 2024 in Tables 1-3 on pages 11-13 to show that methodology results in a “significant understatement of the true demand” for hospice services in Service Area 11 noting it was 2,482 is approximately seven times the threshold of 350.

<b>Table 1 Florida Hospice Need Rule Applied in Hospice Service Area 11</b>			
<b>Net Need = HPH - HP 350</b>			
<b>HPH = (U5C x P1) + (65 C x P2) + (U65NC x P3) + (65NC x P4)</b>			
<b>Year</b>	<b>Resident Deaths Service Area 11</b>		<b>Service Area 11 Population</b>
2020	26,178		2,886,225
2021	26,731		2,822,873
2022	23,514		2,847,009
<b>Total</b>	76,423		8,556,107
<b>3-Year Death Rate Service Area 11</b>			0.008932
<b>Projected 2026 Population Service Area 11</b>			2,940,997
<b>Projected 2026 Deaths Service Area 11</b>			26,269
<b>Deaths by Age And Cause Service Area 11</b>			
<b>Age And Cause</b>	<b>2022 Deaths</b>	<b>2022 Percentage of Deaths</b>	<b>Projected 2026 Deaths by Age and Cause</b>
U65 C	1,008	4.30%	1,126
65 C	3,466	14.70%	3,873
U65 NC	3,896	16.60%	4,353
65 NC	15,139	64.40%	16,916
<b>Total</b>	23,509	100.0%	26,269
<b>Statewide Average Penetration Rates 2024</b>			<b>Projected 2026 Hospice Admissions</b>
P1: U65 C	0.834		939
P2: 65 C	0.975		3,778
P3: U65 NC	0.202		880
P4: 65 NC	0.748		12,646
			18,243
			15,761
<b>Projected Minus Current</b>			2,482
<b>Year</b>	<b>Resident Deaths Service Area 11</b>		
2020	26,178		
2021	26,731		

Source: CON application #10821, Table 1, page 11, from Agency data, August 2, 2024.

Heart’n Soul Hospice notes that its Table 2 shows that the population growth in Service Area 11 accounts for approximately 520 of the unmet hospice admissions forecast under the Agency Rule. Further, the unmet need of 1,961 admissions is mainly due to the low hospice penetration rate in Service Area 11 compared to the state average which it contends is the primary reason for the “significant unmet need in the district” and has been a historical norm. The applicant adds that this issue has resulted in Service Area 11 routinely requiring new hospice programs noting it has more hospices (11) than any other district in the state.



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<b>Table 2</b>		
<b>Analysis of Relative Importance of Population Growth and Penetration Rate Adjustment in Projected Admissions in Service Area 11</b>		
1	Projected Population Growth 2022-2026	
2	2022 Population	2,847,009
3	2026 Population	2,940,997
4	Percent Increase (Equals (Line 3 Line 2) -1)	3.3%
5	Current Hospice Admissions	15,761
6	Projected 2026 Hospice Admissions Based on Population Growth Alone (Equals Line 5 x (1 + Line 4))	16,281
7	Increase Forecast Based Solely on Population Growth (Equals Line 6- Line 5)	520
8	Projected 2026 Hospice Admissions	18,243
9	2026 Projected Admissions Expected Based on Increase in Hospice Penetration Rate (Equals Line 8 - Line 6)	1,961
10	Total Projected Admissions (Equals Line 7 Plus Line 9)	2,482

Source: CON application #10822, Table 2, page 12, from Agency data, August 2, 2024.

The applicant’s Table 3 shows that Miami-Dade and Monroe Counties have a rapidly increasing elderly population with the number of residents aged 65 to 74 is expected to rise by 11.5 percent from 2022 to 2026, and those aged 75 and older are projected to grow by 13.3 percent. Further, both of these rates “more than triple” the overall Service Area 11 growth rate of 3.3 percent.

<b>Table 3</b>				
<b>Historical And Forecast Population by County and Age: Service Area 11</b>				
<b>July 1, 2022</b>				
<b>County</b>	<b>65 to 74</b>	<b>75 &amp; Over</b>	<b>All Other</b>	<b>Total</b>
Miami/Dade	259,814	226,934	2,276,172	2,762,920
Monroe	12,867	8,523	62,699	84, 089
<b>Total</b>	<b>272,681</b>	<b>235,457</b>	<b>2,338,871</b>	<b>2,847,009</b>
<b>July 1, 2026</b>				
<b>County</b>	<b>65 to 74</b>	<b>75 &amp; Over</b>	<b>All Other</b>	<b>Total</b>
Miami/Dade	290,740	256,387	2,307,979	2,855, 106
Monroe	13,293	10,397	62,201	85,891
<b>Total</b>	<b>304,033</b>	<b>266,784</b>	<b>2,370,180</b>	<b>2,940,997</b>
<b>Percent Increase 2022-2026</b>				
<b>County</b>	<b>65 to 74</b>	<b>75 &amp; Over</b>	<b>All Other</b>	<b>Total</b>
Miami/Dade	11.9%	13.0%	1.4%	3.3%
Monroe	3.3%	22.0%	-0.8%	2.1%
<b>Total</b>	<b>11.5%</b>	<b>13.3%</b>	<b>1.3%</b>	<b>3.3%</b>

Source: CON application #10822, Table 3, page 13, from Agency data, August 2, 2024.

To address the current and projected unmet hospice need, the applicant identifies this group by comparing hospice usage rates across different ages and causes of death with the actual services provided in those categories. Table 4, page 14, uses Agency Need Projections for Hospice

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Programs published February 3, 2023, and Florida Health Charts: Death Counts Query System 2022 Hospice Demographics and Outcome Measures Report data to show the number of hospice admissions that would have occurred in 2022 if Service Area 11's admission rates matched those of the entire state in the same year.

<b>Table 4</b>					
<b>Comparison of 2022 Predicted District 11 Hospice Admissions by Age and Cause of Death with Actual or Estimated 2022 District 11 Hospice Admissions</b>					
	<b>Cancer U65</b>	<b>Cancer 65+</b>	<b>Other U65</b>	<b>Other 65+</b>	<b>Total</b>
2022 Service Area 11 Resident Deaths by Age and Cause	1,008	3,466	3,896	15,139	23,509
Florida P-Values 2022	0.827	0.954	0.201	0.72	
Expected 2022 Hospice Admissions	834	3,305	783	10,895	15,818
District 11 Hospice Providers 2022 Admissions					
Accentcare Hospice of Southern Florida	109	516	114	1,726	2,465
Amedisys	15	42	9	223	289
Bristol Hospice	1	47	4	292	344
Catholic Hospice	99	442	71	1,242	1,854
Chapters	7	19	3	37	66
Continuum Care	21	2	90	113	113
Gentiva	47	197	52	1,190	1,190
Moments	1	17	47	65	65
Opus Care of South Florida	14	143	118	895	1170
Promedica	14	62	33	211	320
VITAS	425	1,531	219	4,474	6,649
Total	732	3,037	626	10,131	14,525
Service to Identified Age and Disease G	(102)	(269)	(157)	(764)	(1,293)
Percentage of Expected Volume Served	87.7%	91.9%	79.9%	93.0%	91.8%

Source: CON application #10822, Table 4, page 14, from Agency Need Projections for Hospice Programs Feb 3, 2023 and Aug 2, 2024.

Note: Values for Catholic Hospice, Gentiva, Promedica, and VITAS are estimated based on the Total Admissions for 2022 reported on page 18 of the source document allocated to the District 11 program on the basis of its percentage of admissions for all of the programs with which it reports its data Jointly.

Heart'n Soul Hospice notes that publicly available data sources are not available to correct this problem, so it relied on an estimation method that involved prorating the total number reported for multi-hospice programs to individual programs based on their respective share of total admissions within the group. Further, the admission numbers for four providers in the table are estimates, as they reported multiple hospice programs together as a single figure in their filings.

Heart'n Soul Hospice offers on pages 15- 16 that VITAS of Florida (License Number 22910014) combine data from its Service Area 11 program with its programs in Service Areas 8B and 8C in its reporting.

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The applicant notes that in 2022, VITAS Service Area 11's program had 6,649 hospice admissions, while the other two programs had 821 and 79 admissions, respectively. Additionally, its Service Area 11 program made up about 88 percent of the total admissions across all three programs and is allocated 88 percent of the total admissions in detailed reports.

Heart'n Soul Hospice contends that Table 4 shows that in 2022, hospice admissions by service area providers fell short, reaching only 91.8 percent of the volume needed to meet the statewide average hospice penetration rate. The applicant contends that this shortfall is consistent across different diseases and age groups, particularly for non-cancer deaths in individuals under 65. Further, the table highlights widespread challenges in achieving adequate hospice care for younger patients and across various conditions.

The applicant's analysis of hospice admissions in Service Area 11 highlights a key issue: the low penetration rate is largely due to limited services for ethnic minorities. Heart'n Soul Hospice's Table 5 demonstrates that 2022 data showed that if African American hospice admission rates matched state averages for age and cause of death, there should have been 2,469 admissions, however, only 1,182 admissions were reported by Service Area 11 providers, resulting in a shortfall of 1,267. The applicant concludes that only 28.5 percent of African American deaths in Service Area 11 received hospice care, which is less than half of what was expected based on statewide rates.

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<b>Table 5 Estimated and Actual Service Area 11 Hospice Admissions of African-American Persons Based on Rule Elements</b>			
	<b>2022 African American Deaths</b>	<b>2022 Florida P-Values</b>	<b>Expected African American Hospice Admissions</b>
Cancer Under 65	217	0.827	180
Cancer 65 and Over	502	0.954	479
Other Under 65	1,265	0.201	254
Other 65 & Over	2,163	0.72	1,557
<b>Total</b>	<b>4,147</b>		<b>2,469</b>
Existing Service Area 11 Hospice Providers 2022 Admissions of African American Patients			
			<b>2022 African American Admissions Reported or Estimated</b>
Provider			
Accentcare Hospice of Southern Florida 103			103
Amedisys			
Bristol Hospice			
Catholic Hospice			125
Chapters			
Continuum Care			
Gentiva			95
Moments			
Opus Care of South Florida			86
Promedica			34
VITAS			740
<b>Total</b>			<b>1,182</b>
Over/(Under) Service to African American Patients by Age and Disease			(1,287)
Percentage of Deaths Served 28.5%			28.5%

Source: CON application #10822, Table 5, page 16, from Agency Need Projections for Hospice Programs and February 3, 2023 Florida Health Charts: Death Counts Query System 2022 Hospice Demographics and Outcome Measures Report.

Note: African American Admissions for Catholic Hospice, Gentiva, Promedica, and VITAS are estimated based on the Total Admissions for 2022 reported to the Hospice Demographics and Outcome Measures Report allocated to the Dade County program on the basis of its percentage of admissions for all of the programs with which it reports its data jointly.

Heart'n Soul Hospice provides Table 6 on page 17 showing the under-utilization of the Hispanic population in Service Area 11, which is greater than that of the African American population.

The applicant suggests that the discrepancy might stem from overlapping populations and possible misidentification by health care providers. Heart'n Soul Hospice notes that these groups are diverse, with the African American population including Hispanic subgroups like Cubans, as well as Haitians and other recent migrants to the United States.

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<b>Table 5 Estimated and Actual Service Area 11 Hospice Admissions of African-American Persons Based on Rule Elements</b>			
	<b>2022 Hispanic Deaths</b>	<b>2022 Florida P- Values</b>	<b>Expected Hispanic Hospice Admissions</b>
Cancer Under 65	642	0.827	531
Cancer 65 and Over	2,306	0.954	2, 199
Other Under 65	2,051	0.201	412
Other 65 & Over	10,202	0.72	7,342
<b>Total</b>	<b>15,201</b>	<b>10,485</b>	<b>15,201</b>
Existing Service Area 11 Hospice Providers 2022 Admissions of Hispanic Patients			
<b>Provider</b>			<b>2022 Hispanic Admissions Reported or Estimated</b>
Accentcare Hospice of Southern Florida 103			637
Amedisys			94
Bristol Hospice			321
Catholic Hospice			671
Chapters			
Continuum Care			89
Gentiva			480
Moments			52
Opus Care of South Florida			875
Promedica			146
VITAS			3, 750
<b>Total</b>			<b>7,115</b>
Over/(Under) Service to African American Patients by Age and Disease			<b>(3,370)</b>
Percentage of Deaths Served 28.5%			46.8%

Source: CON application #10822, Table 6, page 17, from Agency Need Projections for Hospice Programs and February 3, 2023 Florida Health Charts: Death Counts Query System 2022 Hospice Demographics and Outcome Measures Report.

Note: African American Admissions for Catholic Hospice, Gentiva, Promedica, and VITAS are estimated based on the Total Admissions for 2022 reported to the Hospice Demographics and Outcome Measures Report allocated to the Dade County program on the basis of its percentage of admissions for all of the programs with which it reports its data jointly.

Heart'n Soul Hospice cites Malcolm Cort, PhD's 2004 study "Cultural Mistrust and Use of Hospice Care: Challenges and Remedies," to argue that the "lack of trust" is the key issue that ethnic minorities face as a barrier to accessing hospice services, particularly African Americans, due to their unique historical experiences with the health care system and the broader culture surrounding it.

The applicant ensures that it is developing targeted programs to effectively address these issues that will utilize its expertise from its other programs and emphasize cultural sensitivity in staff hiring, educational and outreach programs, and inclusion of family members in decision making.

Heart'n Soul Hospice notes that the 2019 article "Closing the Gap in Hospice Utilization for the Minority Medicare Population," M. Courtney Hughes, PhD, MS and Erin Vernon, PhD, MA emphasizes that outreach efforts to minority populations should be culturally aware and customized to improve hospice awareness to address mistrust in the health care system and resolve differences between hospice values and the beliefs of the patients and families it serves.

Further, the applicant provides that in the 2019 article by Erica Goldblatt Hyatt highlights that low hospice election rates are not only due to a lack of awareness but the provider failing to invest time and resources to engage with the communities resulting in the program being unable gain community trust and support.

The applicant states that the issues of "cultural mistrust" and "lack of culturally competent care" were also addressed in both the 2019-2024 Miami-Dade and Monroe County Community Health Assessments which further supports the need for focusing on this ethnic cohort. Heart'n Soul Hospice notes that the Miami-Dade County report highlights Health Equity as a top priority, emphasizing the unequal access to hospice services among different community segments as well as stressing the need for expanded community education to address these inequities. The applicant points out the significance of addressing issues outside the traditional health care system, such as food insecurity, dietary choices, and affordable housing. The applicant notes that the Monroe County assessment emphasizes "health, equity, and sustainability" as a fundamental element guiding health policies, underscoring that having available primary care providers is crucial for fostering "patient trust" in both individual providers and the overall health care system.

Heart'n Soul Hospice emphasizes that a hospice provider seeking to gain the trust of minority communities should build strong partnerships within the community well before any critical moments. The applicant confirms that it has developed comprehensive outreach and educational programs that go beyond typical hospice services, aiming to serve the community as a whole resulting in compassionate end-of-life care under its "HEARTfelt, compassionate services". The applicant contends it will provide accessible care to wherever patients reside, whether in private homes or facilities through a holistic approach that focuses on comfort and support for patients with advanced or life-limiting illnesses, prioritizing dignity and compassion, addressing not only pain management but also the spiritual, emotional, psychosocial, and practical needs of patients and their families.

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The applicant provides excerpts from its Appendix A, letters of support on page 22 along with a brief description of its existing programs in Nashville and Seattle, confirming its unique and dedicated approach to hospice care. The contributors include Joel Parker, MD, Iris Medical Group Brentwood, Tennessee and Forrest R Stepnowski BWS, Executive Director, The Cottages of Renton, Renton, Washington.

Heart'n Soul Hospice adds that its operations in Tennessee have been “so successful” that it has garnered national attention for its service to underserved Black communities. Heart'n Soul Hospice also mentions that it partners with historically Black colleges and universities near its operations to provide hospice awareness to providers being trained at those institutions as well as recruit a vibrant workforce reflective of the demographic makeup of the patients being treated.

The applicant provides excerpts from its Appendix A, letters of support on pages 23-25 from the Nashville faith community (Bishop Harold Robinson, Mount Moriah Church, Pastor Sandy McClain, Mt. Calvary Madsion, Pastor Damond Bragg, Holy Temple Church, and Pastor Harold Robinson, Mt. Moriah Church) that demonstrate that its outreach approach has positively impacted local leadership noting that trust is crucial for increasing hospice use in minority communities. The applicant paraphrases Bishop Robinson, stating “it is easy to talk about building trust, but much more difficult to do it” adding that its proven track record will serve as a model for their outreach in Service Area 11.

The applicant argues that community health resources play a vital role for ethnic minorities, especially the indigent, as it often serves as the first point of access to the health care system. Further, these resources provide not only basic health services but also information about hospitals, specialists, and hospice care. Heart'n Soul Hospice adds that patients in nursing homes and other group settings face challenges in finding “culturally competent hospice care.”

Heart'n Soul Hospice provides excerpts from its Appendix A, letters of support on page 26 of this application from Ijagha Erne, MD, MMHC, CMD, NRUSA and the Progressive Care Medical Group of Tennessee and Dr. Joel Parker, Iris Medical Group, Nashville, TN demonstrating that it has “made a concerted and ongoing effort to build trust and understanding of its mission within the Nashville medical community” with success.

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The applicant's leaders dedicated several weeks to engage in discussions with over 300 individuals, including providers, referral sources, elected and appointed officials, and community leaders focusing on Service Area 11 needs and barriers for enhanced hospice services to meet those needs.

Heart'n Soul Hospice states that it has received letters of support from nursing homes, hospitals, physicians, religious and faith-based institutions, disease-specific outreach and advocacy organizations, community health care providers, elder advocacy groups, minority population outreach and advocacy organizations, educational institutions, veteran organizations, local businesses and political leaders.

The applicant informs that it identifies as a minority-owned hospice provider, which it states does not automatically resolve issues in hospice care but will give valuable insight into the challenges it will encounter. Further, Heart'n Soul Hospice recognizes the need to build trust within the communities it serves adding that it has a strong track record in doing so. The applicant will initially engage key community leaders, health care resources, and local clergy from minority populations to introduce its hospice care approach. Heart'n Soul Hospice recognizes the importance of these leaders in building trust and will rely on their insights to tailor their outreach and services.

Heart'n Soul Hospice notes that it conditioned this application to address the concerns and needs identified in its community review which it states is reflected in its approach and the design of numerous programs targeted at the diverse populations within the community. The applicant values the clergy as "gatekeepers" in minority communities, such as African American and Hispanic populations. To enhance its outreach, the applicant will engage local clergy with the intentions of establishing a spiritual advisory board with leaders of all faiths to connect with the communities it serves. The applicant confirms that its approach has proven effective in other areas, providing a resource for incorporating spiritual guidance and support into its hospice mission, enabling continuous feedback on its programs and services. Additionally, the applicant will maintain regular communication with other clergy and community leaders to educate the public of its end-of-life services and gather input on community needs.

The applicant confirms that it has already begun its outreach to the primary care programs in Service Area 11 noting that it has identified Primary Medical Care Center in Miami as an important resource for the Miami-Dade Haitian community. Heart'n Soul Hospice ensures that it has worked with this of center to offer guidance on end-of-life issues such as advance directives, bereavement counseling, and hospice care.



The applicant contends that it recognizes the importance of becoming a valued partner in the Service Area 11's health care network to earn the trust of underserved populations and that it will provide support to the community's elderly before they require hospice care which allows it to be considered a compassionate and trustworthy resource at the end of life.

Heart'n Soul provides a detailed description of its Senior Journey program on page 29 which is also discussed in its 2.a.1. response. The applicant adds that a brochure is located in Appendix B.

The goals for this program are to:

- Improve access to health care services
- Increase use of preventive measures and health screening
- Improve understanding between community members and the health and social service system
- Increase use of health system services
- Reduce need for emergency and specialty services

The applicant confirms this it achieved by:

- offering culturally appropriate health education and information through tri-lingual liaisons, provision of direct services such as blood pressure monitoring and first aid and working with area church leaders to become part of the community and to build trust
- addressing the problems of health equity by providing area seniors with enhanced access to health care services, an improved understanding of the continuum of services available, improved communication with health care resources, and tools to ensure better patient compliance with prescribed interventions
- establish the applicant as a full partner in the service area's patient care continuum by working together with a host of resources that include not only physicians, but clinics, churches, senior centers, and more. In this way it assures its community that it is a familiar resource that they can trust with end-of-life issues as well

The applicant has developed the Transitions to Home Program for chronic patients who are not yet ready for hospice care. This program supports patients during a crucial decision-making period to ensure they feel cared for and not overlooked. It includes support groups for patients and families, initial case management visits, volunteers for companionship and errands, and check-in calls from a nurse or social worker, all aimed at helping families make informed decisions about hospice admission.

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Heart' n Soul Hospice has also developed two important programs: Pathways: Skilled Nursing to Home and Hospital to Home. These programs aim to reduce preventable readmissions to skilled nursing facilities or hospitals, which is essential for the emotional well-being of patients. Hospice staff collaborates with other health care providers to ensure smooth transitions home and enhance communication and coordination for seriously ill and hospice patients which promotes quality care and maintaining the patient in their home setting. The applicant offers images of pamphlets on pages 31, 33, and 34 that provide greater detail of each program.

The applicant acknowledges that adequate housing, clothing, and food are essential for life and through discussions with community leaders, realized that seniors often lack the resources to make informed care decisions. The applicant contends that “No senior should ever go hungry” and that food insecurity is a social determinant of health (SDOH), and found that for some seniors, one meal a day at the senior center may be their only meal. Heart' n Soul Hospice provides excerpts from its Appendix D, letters of support on pages 36-37 recognizing its Senior Journey Program from Dr. Armen Henderson, President, Dade County Street Response and Medical Director, Main Street Medicine and Ryan Hawkins, President and CEO, Jesse Trice Community Health System. The applicant notes that its Appendix C also contains letters of support from other community health and service providers in Miami, including Camillus Health and its affiliate Camillus House adding that it intends to partner with them to provide counseling and bereavement services to its patrons including assistance with programs designed to alleviate food insecurity.

The Heart'n Soul application is also supported by Dr. Pete Gutierrez of the Miami Rescue Mission Health Clinic which provides clinical services to the homeless and other under-served groups in its community. The applicant notes that these bereavement services and the Caregiver Café support groups to the rescue Mission, will provide a more inclusive environment that respects the unique needs and traditions of their patients.

Heart'n Soul Hospice adds that it has also received letters of support located in Appendix D, from Elvis Caines of the Miami-Dade County Community Action and Human Services Department, which operates 19 senior centers in the county, Minister Harold Ford of Sweet Home Community Builders, and Manny Fernandez of the Little Havana Activities and Nutrition Centers of Dade County supporting its commitment to addressing issues of “Health Equity”, providing a wider range of long-term services, and its Senior Journey program in Service Area 11.

Regarding its community outreach, specifically the Caregiver Café support group and its funding of nursing scholarships, Heart'n Soul Hospice has received letters of support from Robert Glueckauf, PhD of the FSU College of Medicine and from the Miami-Dade College Benjamin Leon School of Nursing and the FIU School of Nursing. The applicant notes that it has conditioned this application on providing clinical rotations for nursing students from FIU's and Miami-Dade College's nursing schools.

Heart'n Soul Hospice reiterates that “Health Equity” issues are pressing for those working in primary care clinics, homeless shelters, senior centers, and food distribution sites and that its programs resonate with community leaders.

The applicant argues that the letters show that even at this early stage, the applicant's programs resonate with community leaders and are seen as effective ways to raise awareness about hospice care. Health equity issues are pressing for those working in primary care clinics, homeless shelters, senior centers, and food distribution sites. Heart'n Soul Hospice contends that the historically underserved and marginalized ethnic minorities distrust of hospice must be resolved by earning the trust of these communities.

Heart'n Soul Hospice provides excerpts from its Appendix E, letters of support on page 39 from Dr. George Valdes, DPN, CRNA, APRN, FAANA, Dean, Florida International University (FIU) College of Nursing and Health Sciences and Tommie L. Norris, DNS, RN, AACN Leadership for Academic Nursing Fellow Miami Dade College, Dean, Benjamin Leon School of Nursing.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** responds that Independent Living Systems has proposed this hospice project in response to the Agency’s recent published fixed need pool in which the Florida Administrative Register shows need for one additional hospice program Service Area 11 (Miami - Dade and Monroe counties).

**Safe Harbor Hospice, LLC (CON application #10824)** summarizes its Service Area 11 need argument on the Agency’s methodology arguing that in addition to the published need, there are additional reasons for an additional hospice provider in Service Area 11 which are discussed below:

- Medicare and Agency hospice-use rates for Service Area 11 residents are lower than the statewide average

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- Average discharge to hospice rates for some Service Area 11 hospitals are lower than the state average
- Service Area 11 has a rapidly growing 65+ population

Safe Harbor Hospice CHARTS Death Data and CY 2023 Agency Hospice Need data to demonstrate that Service Area 11's hospice-use rate (68.9percent) is lower than the statewide average of 70.2 percent, and the most resident deaths compared to all other service areas. Safe Harbor Hospice suggests that its leadership team has the experience of entering a competitive market by tailoring its programs to community needs and quickly building its census.

**Florida Hospice-Use Rates, Calendar Year 2023**

<b>Subdistrict</b>	<b>Resident Deaths 2023</b>	<b>Current Hospice Patients 2023</b>	<b>Use Rate = Admissions / Deaths</b>
3E	7,740	6,179	79.80%
4B	9,806	7,790	79.40%
8D	6,377	4,978	78.10%
8B	4,215	3,242	76.90%
9C	16,011	12,259	76.60%
7B	12,501	9,566	76.50%
7C	3,819	2,898	75.90%
1	8,841	6,609	74.80%
3C	3,100	2,188	70.60%
Statewide Average	229,045	160,811	70.20%
5B	12,510	8,748	69.90%
8A	3,539	2,459	69.50%
3D	3,086	2,144	69.50%
10	16,098	11,182	69.50%
6C	4,938	3,426	69.40%
9A	2,497	1,724	69.00%
11	21,911	15,086	68.90%
6B	10,458	7,192	68.80%
9B	7,000	4,767	68.10%
5A	7,403	4,969	67.10%
7A	8,288	5,525	66.70%
4A	15,808	10,493	66.40%
6A	12,211	8,036	65.80%
3A	7,289	4,784	65.60%
3B	6,245	4,069	65.20%
8C	9,032	5,832	64.60%
2A	3,762	2,240	59.50%
2B	4,264	2,426	56.90%

Source: CON application #10824, page 37 from Florida CHARTS Death Data, February 2024 Agency Hospice Need Publication.

Safe Harbor Hospice contends that hospice-use rates among Service Area 11 Medicare beneficiaries have returned to pre-pandemic levels, they are consistently still lower than the state average. The applicant's table on page 40 presents that use rates are true for all racial/ethnic groups except those with an unknown race. Safe Harbor Hospice argues that if

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Service Area 11 had achieved the statewide Medicare hospice-use rate in 2023, an additional 709 Medicare beneficiaries would have received hospice care.

Further, the applicant notes that the data presented shows that Black Medicare beneficiaries in Service Area 11 have a lower hospice-use rate than their White or Hispanic counterparts in the area and that it will form a Community Advisory Board that will include members from underserved communities, including at least one Hispanic member and one member from the Black community, meet on a quarterly basis to increase hospice use among these groups and make the program more culturally compatible.

**Medicare Hospice-Use Rate, 65+ Among District 11 Beneficiaries, 2019-2023**

	Asian	Black	Hispanic	North American Native	Other	Unknown	White	Total
2019								
2020								
2021	43%	32%	48%	22%	42%	44%	50%	46%
2022	39%	37%	51%	40%	47%	49%	52%	49%
2023	37%	40%	54%	-	53%	55%	56%	53%
Statewide 2023 Use Rate	48%	48%	56%	50%	55%	50%	61%	59%
Additional D11 Patients at Statewide Rate		198	83			-44	455	709

Source: CON application #10824, page 40 from Medicare Hospice SAF file. Medicare beneficiary summary file. Note, under the data use agreement all fields with less than 11 observations must be masked.

The applicant presents a table on page 41 using CY 2023 Agency Inpatient Discharge data to show that some area hospitals discharge patients at much lower rates when compared and that its administrator, director of nursing, and director of education will offer hospice and palliative care education to discharge planners, nurses, and physicians to Service Area 11 hospitals on a quarterly basis.

Safe Harbor Hospice presents Agency Population Estimates and Projections by District (2020 to 2030 July 1 Midpoint Projections) data on page 42 showing that Service Area 11 currently has over 2.8 million residents, who account for over 12 percent of the state's population with a projected additional 86,309 elderly residents in the next five years. The applicant concludes that the demand for hospice care grows as the population grows.

Safe Harbor Hospice notes that it has researched literature and articles specific to the area as well as reviewing data from the Agency, the Department of Elder Affairs, Medicare, Florida CHARTS, the Bureau of Economic and Business Research (BEBR), local health plans, and other sources to identify the unmet needs in Service Area 11. Further, it met

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with stakeholders and area residents to learn the needs of the community that were not observed through the data, contacting variety of area organizations and health care providers, including:

- Skilled nursing facilities
- Assisted living facilities
- Free and reduced-cost health clinics
- Disease-specific organizations
- Charitable organizations
- Faith-based organizations and houses of worship
- Chambers of commerce
- Universities and colleges
- Haitian organizations
- LGBTQ+ organizations

Safe Harbor Hospice states its representatives held a focus group at Miami Springs Senior Center to solicit feedback from local seniors on their end-of-life needs which is included in its Attachment 29 adding it will continue to engage with area residents to customize programming, staffing, outreach and education. The applicant provides excerpts from its Attachment 3, letters of support on pages 44 and 45 from:

- Alfred Sanchez, President and CEO of the Greater Miami Chamber of Commerce
- Jeanelle Benek, First Miami Presbyterian Church

Safe Harbor Hospice identifies that based on its research it has identified the following Service Area 11 populations that have unmet hospice needs:

- Uninsured residents
- District 11 residents who speak a language other than English
- LGBTQIA+ residents
- Residents experiencing homelessness
- Low-literacy residents

Safe Harbor Hospice states that Miami-Dade County has a diverse population that includes residents from the Caribbean and Central and South America. The applicant infers that this may include “undocumented immigrants” and commits to provide culturally sensitive care services to address the unique needs of these communities, serving clinically eligible patients, regardless of their immigration status.

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**Place of Birth for the Foreign-Born Population in Miami-Dade County**

Region	Population	Percentage of Total Population
<b>Total Central America</b>	<b>211,183</b>	<b>14.34%</b>
Mexico	25,588	1.74%
Other	185,595	12.60%
<b>Total Caribbean</b>	<b>785,713</b>	<b>53.36%</b>
Cuba	648,751	44.06%
Haiti	68,569	4.66%
Dominican Republic	35,029	2.38%
Other	33,364	2.27%
<b>South America</b>	<b>372,324</b>	<b>25.29%</b>
Colombia	107,022	7.27%
Venezuela	130,687	8.88%
Other	134,615	9.14%
<b>Total Other</b>	<b>103,255</b>	<b>7.01%</b>
<b>Total Foreign-Born Population</b>	<b>1,472,475</b>	

Source: CON application #10824, page 47 from U.S. Census Bureau, U.S. Department of Commerce. "Place of Birth for the Foreign-Born Population in the United States." American Community Survey, ACS I-year Estimates Detailed Tables, Table B05006, 2023, accessed October 1, 2024. <https://api.census.gov/data/2023/acs/acs1>

The applicant contends that Service Area 11 has an elderly uninsured rate that is over ten times the statewide average, noting that the Department of Elder Affairs reports that 11 percent of its elderly residents are uninsured, as compared to only one percent statewide. Safe Harbor Hospice presents a table on page 48 using CY 2023 Agency Inpatient Discharge data showing less than one percent of Service Area 11 patients 65 and older who were discharged from area acute care hospitals to hospice were uninsured. Further, in Service Area 11, the percent of uninsured residents 65 and over (11 percent) is more than 27 times the percent of uninsured patients discharged to hospice from area hospitals, demonstrating that Service Area 11’s uninsured residents are not equally represented among hospice patients and face barriers to receiving hospice care and there is a need for a structured program to increase access for these uninsured patients.

**Discharges to Hospice, Age 65+ from District 11 Acute Care Hospitals, by Payor**

	<b>Discharges to Hospice</b>	<b>% of Discharges to Hospice</b>
Commercial Insurance	854	11.0%
Medicaid*	254	3.3%
Medicare*	5,654	72.7%
Non-Payment	9	0.1%
TriCare/Other Federal/VA	848	10.9%
Other	126	1.6%
Self-Pay Uninsured	34	0.4%
<b>Total</b>	<b>7,779</b>	<b>100.0%</b>

Source: CON application #10824, page 48 from Agency Inpatient Discharge Database, CY 2023.

The applicant has conditioned its application to implement a Hospice Access Improvement Program that will provide hospice care to all eligible patients, regardless of their ability to pay and will make sure its uninsured patients receive:

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- Education on the availability of hospice services
- Information on the provision of charity care (in both English and Spanish)
- Insurance eligibility and application assistance
- Case management services that connect them with community-based resources they may need, including:
  - Meal services
  - Housing assistance
  - Legal assistance

This program that will be overseen by the Access Improvement Social Worker - a full-time, Master's-level social worker that is hired from the area that will be responsible for providing care coordination, community education, and health care provider education. The social worker will also provide quarterly end-of-life education events to area hospitals, federally qualified health centers (FQHCs), community organizations, food pantries, and affordable senior housing centers covering:

- Identifying patients who may be hospice eligible
- Communicating end-of-life care options
- Charity care available to hospice patients
- Reducing emergency department (ED) visits among patients at end of life

Safe Harbor Hospice will provide education to local providers already treating these uninsured patients, offering these organizations free educational materials in English, Spanish, and Haitian-Creole that cover:

- Advance care directives
- End-of-life wishes
- Palliative care
- Hospice care, including how to contact Safe Harbor Hospice to discuss the potential need for charity care
- Referrals to available community resources
- Veteran assistance programs
- CEU offerings to health care professionals

Safe Harbor Hospice notes that several Service Area 11's general acute care hospitals are serving a large number of uninsured elderly patients. The applicant presents a table on page 50 as support.



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**Number and Percent of Discharges 65+ of Uninsured Patients  
from District 11 Hospitals, 2023**

	<b>Uninsured Discharges 65+</b>	<b>Total Discharges 65+</b>	<b>% Uninsured</b>
<i>Miami-Dade County Hospitals</i>			
Baptist Health Hospital at Doral	1	79	1.30%
Baptist Hospital of Miami	36	15,100	0.20%
Doctors Hospital	4	3,024	0.10%
Douglas Gardens Hospital		145	0.00%
HCA Florida Aventura Hospital	127	10,399	1.20%
HCA Florida Kendall Hospital	64	9,565	0.70%
HCA Florida Mercy Hospital	79	8,129	1.00%
Homestead Hospital	11	2,929	0.40%
Jackson Memorial Hospital	305	9,421	3.20%
Jackson North Medical Center	78	4,475	1.70%
Jackson South Medical Center	83	4,523	1.80%
Jackson West Medical Center	65	2,743	2.40%
Keralty Hospital	19	2,026	0.90%
Larkin Community Hospital	28	1,564	1.80%
Larkin Community Hospital Palm Springs Campus	17	1,677	1.00%
Mount Sinai Medical Center	194	13,045	1.50%
South Miami Hospital	15	5,574	0.30%
Southern Winds	1	1,009	0.10%
Steward Coral Gables Hospital (North Shore Medical Center)	23	2,559	0.90%
Steward Hialeah Hospital (Hialeah Hospital)	26	3,485	0.70%
Steward North Shore (North Shore Medical Center)	54	2,873	1.90%
Steward Palmetto General Hospital (Palmetto General Hospital)	59	8,452	0.70%
University of Miami Hospital and Clinics-Uhealth Tower	45	7,995	0.60%
University of Miami -Sylvester	1	199	0.50%
West Kendall Baptist Hospital	21	5,126	0.40%
<b>Miami-Dade Hospitals Subtotal</b>	<b>1,356</b>	<b>126,116</b>	<b>1.1%</b>
<i>Monroe County Hospitals</i>			
Depoo Hospital	2	134	1.50%
Fishermen's Community Hospital		35	0.00%
Lower Keys Medical Center	14	1,105	1.30%
Mariners Hospital	3	235	1.30%
<b>Monroe Hospitals Subtotal</b>	<b>1,357</b>	<b>126,460</b>	<b>1.10%</b>
<b>District 11 Hospital Total</b>	<b>1,356</b>	<b>126,151</b>	<b>1.1%</b>

Source: CON application #10824, page 50 from Agency Inpatient Discharge Database, 2023

Miami-Dade and Monroe County hospitals not included:

- Encompass Health Rehabilitation Hospital of Miami
- Kindred Hospital-South Florida-Coral Gables
- Nicklaus Children's Hospital
- Select Specialty Hospital-Miami
- Select Specialty Hospital-Miami Lakes
- South Florida Evaluation and Treatment Center

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- St Catherine's Rehabilitation Hospital
- St Catherine's West Rehabilitation Hospital
- University of Miami Hospital & Clinics-Bascom Palmer Eye Inst
- West Gables Rehabilitation Hospital

Safe Harbor cites US Office of Management and Budget (OMB) data in its table on page 52 to show Service Area 11’s Hispanic community accounts for 67 percent of the total population with an elderly population of about 70 percent in Miami-Dade county and about 13 percent in Monroe county.

**2024 Percent 65+ Population by Race/Ethnicity**

	<b>White</b>	<b>Black</b>	<b>Asian</b>	<b>American Indian</b>	<b>Pacific Islander</b>	<b>Other</b>	<b>Multiple Races</b>	<b>Hispanic*</b>
Miami-Dade	31.4%	12.3%	1.4%	0.2%	0.0%	8.7%	45.9%	69.7%
Monroe	84.8%	2.8%	0.8%	0.2%	0.1%	2.3%	9.1%	13.3%
District 11	33.7%	11.9%	1.4%	0.2%	0.0%	8.4%	44.3%	67.3%
Florida	74.0%	8.9%	2.2%	0.3%	0.0%	3.4%	11.1%	16.3%

Source: CON application #10824, page 52 from US Office of Management and Budget (OMB) \*Hispanic origin refers to ethnicity, not race; persons of Hispanic, Latino, or Spanish origin may belong to any US Census-designated race category.

Safe Harbor Hospice a US Census American Community Survey noting that over 300,000 residents 65 years or older in Miami-Dade County are Spanish speaking and almost 3,000 in Monroe County. Further, Service Area 11 has almost a quarter million senior residents that do not speak English “very well.” The applicant provides a table again using U.S. Census Bureau data showing the top 10 languages spoken at home in Miami-Dade county, stating it will provide language assistance through its Language Line Solutions service which is available 24/7.

**Language Spoken at Home for the Population  
Age 5 Years and Over in Miami-Dade County**

<b>Language Spoken at Home</b>	<b>Number of Speakers</b>	<b>Percentage of Total Population</b>	<b>Percentage of Language Speakers with Limited English Proficiency</b>
Spanish	1,676,193	66.24%	47.83%
Speak only English	633,746	25.04%	N/A
Haitian	104,501	4.13%	35.42%
Portuguese	25,014	0.99%	22.88%
French (incl. Cajun)	16,553	0.65%	29.11%
Russian	6,834	0.27%	34.36%
Italian	6,824	0.27%	29.32%
Chinese (incl. Mandarin, Cantonese)	6,640	0.26%	40.78%
Tagalog (incl. Filipino)	6,311	0.25%	16.37%
Arabic	5,625	0.22%	17.60%
<b>Total Population</b>	<b>2,530,515</b>		

Source: CON application #10824, page 53 from U.S. Census Bureau, "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over," American Community Survey, ACS 1-year Estimates Detailed Tables, Table B 16001, 2022, <https://data.census.gov/table/ACSDT1 Y2022.B16001> accessed October 1, 2024.

Safe Harbor Hospice confirms that its staff will be trained to serve the diverse Hispanic subgroups with the community from various countries of origin, with different dialects, cultural traditions, values, and health care preferences, ensuring personalized and respectful care. Additionally, that applicant will be trained to serve the 4.14 percent Haitian-Creole-speaking population.

When focusing on language barriers, the applicant notes that of Miami-Dade’s total population, 31.68 percent identify as Spanish-speaking and 1.46 as Haitian-Creole-speaking. The applicant ensures it will address through its multilingual services, that will include interpreters and translated materials, ensuring that language barriers do not impede access to quality care.

Safe Harbor Hospice discusses that through its research it has determined that Hispanics are historically underrepresented in terms of access to health services, including palliative and hospice care when compared to non-Hispanic Whites. To counter the misconceptions and cultural challenges for this population, the applicant notes that it will build a culturally competent hospice program that aligns with Hispanics' value systems to provide the highest quality of care to Hispanic patients in Service Area 11 which will include hiring bilingual staff who are part of the local Hispanic community, which will include RNs, CNAs, social workers, and a chaplain as well as providing education and training to all staff members about the Hispanic culture. Further, that bilingual admission and marketing materials will also be available for patients and

caregivers, including advanced directives, admission materials, disease-specific education materials, and caregiver guides and refers to its Attachment 6 for examples from Lighthouse.

The applicant provides an excerpt from its Attachment 3, letters of support on page 56 from Carlos Rodriguez, Postulate with the Capuchin Franciscan Friars.

Safe Harbor Hospice states that it will endeavor to recruit at least one Hispanic member, one member of the Black community, one member of the Haitian community, one member of the LGBTQ+ community, an individual representing the Jewish community, a resident of Monroe county, and one member affiliated with an organization meeting the needs of homeless and/or uninsured individuals on its Community Advisory Board. Safe Harbor Hospice adds that it has conditioned its application on having at least one member of its clinical team who is bilingual in Haitian-Creole and English in the first year of operations.

Regarding the LGBTQIA+ community, the applicant states that this population encounters health care disparities which can be caused by lack of health insurance, fear of discrimination, embarrassment, and previous negative experiences with health care providers. Safe Harbor Hospice shares that Monroe county ranks number one in the state counties for same-sex couples per 1,000 households with 613 same-sex couples and that Miami-Dade county has 5,000 same-sex couples. Further, about five percent of the Miami Metro area identifies as LGBT with 14 percent of these individuals being 65 years and older.

The applicant contends that through its conversations with Service Area 11 leaders, it learned there is a critical need for LGBTQIA+ senior outreach, to provide education on caring elderly, HIV patients and need for a hospice program to provide culturally competent, high-quality care to the LGBTQIA+ population. Further, another barrier for this Service Area 11 population is housing insecurity. Safe Harbor Hospice provide an excerpt from its Attachment 3, letters of support on page 59 from Cindy Brown, Owner, Cenergy, LLC.

The applicant notes that it has the experience serving the LGBTQIA+ community with care, acceptance, and equal access to hospice through its Chicago-based hospice and its Service Area 11 program will treat all patients with respect and dignity, while actively seeking to understand what is important to a patient, regardless of their sexuality, romantic orientation, or gender identity. Further, the applicant will provide targeted outreach and education in that includes community outreach, staff training, and integration of LGBTQIA+ feedback into programmatic evaluation.

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Safe Harbor Hospice confirms that it has conditioned this application on becoming SAGE Care Platinum-Level certified within the first year of operation which requires 80 percent of its employees completing at least one hour of LBGQTQIA+ SAGE Care training and 80 percent of management staff completing at least four hours of the training as well as providing ongoing training, including Continuing Education Units (CEUs) on caring for LBGQTQIA+ patients. The applicant offers that Safe Harbor Hospice is a member of the Miami-Dade County LBGQTQIA+ Chamber of Commerce.

**SA 11 Homelessness in 2024**

	<b>Homeless Persons*</b>	<b>County Rank (of 63)</b>	<b>Population</b>	<b>Rate per 1,000</b>
<b>Miami-Dade</b>	3,800	1	2,808,833	1.35
<b>Monroe</b>	449	19	85,038	5.28
<b>District 11</b>	4,249	N/A	2,893,871	1.47
<b>Florida</b>	29,928	N/A	22,993,039	1.30

Source: CON application #10824, page 61 from Florida Council on Homelessness, 2024 Report, Appendix 1, Table 4, Counts for 2024 are preliminary, and subject to change prior to being finalized later in the year and Agency Population Estimates and Projections by District 2020 to 2030 July 1 Midpoint Projections.

Safe Harbor Hospice conditions this application on providing funding to ensure homeless hospice patients, and those at risk of homelessness, are offered shelter and comfort in their final days providing up to \$10,000 in the first year, \$20,000 in the second year, and \$30,000 in the third year. Further, Safe Harbor Hospice also conditions this application on offering end-of-life education events at area homeless shelters and community organizations focused on the needs of those experiencing homelessness that will be offered at least three times per year during the first three years of operations. Further, its social worker will attend this event and help individuals review their benefits and potential working with shelter staff and the individual to identify available benefits and help apply for those benefits to maximize end-of-life support.

The applicant ensures that it will follow the recommendations of the Health Care for the Homeless Clinicians' Network, with the events providing education and services such as:

- Understanding and completing advance directives Identifying safe storage spaces for advance directives
  - Giving patients weather-proof, pocket, and wallet-size advance directives
- Bereavement groups
- Planning for who should be contacted in case of serious illness or death
- The continuum of care, including palliative and hospice care, available to individuals with chronic illness

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- Harm reduction techniques for individuals with substance-use disorders, and available mental health services

Safe Harbor argues that low literacy can be a health care access barrier noting that half of Miami-Dade County and a quarter of Monroe county residents aged 65-74 are considered at risk for difficulties using or comprehending print materials. Therefore, it will implement a health literacy program to provide community outreach aimed at those with low literacy that includes conversation, materials, and information that is specific to hospice programming, such as education about advanced directives, care options, and disease-specific information. Outreach will occur in the community where free or reduced services are offered such as homeless shelters, churches, and other community settings.

Safe Harbor Hospice identifies that Service Area 11 residents are dying of diabetes and Alzheimer's at a higher rate than the statewide average and offers a table on page 65 showing that there are almost as many deaths due to diabetes as there are resulting from chronic lower respiratory diseases. The applicant refers to the American Diabetes Association in its diabetes care discussion and confirms that its staff will be trained on the American Diabetes Association's Standards of Care in Diabetes for Older Adults on an annual basis and offers its Attachment 7 for further information. The applicant has conditioned this application that its RN or medical director providing an in-person, in-service training for clinical staff annually that covers the American Diabetes Association's most current guidelines. Further, all clinical decisions for patients will be made in consultation with the hospice's medical director and any of the patient's other treating physicians.

Safe Harbor Hospice provided that data from Florida Health showing there are over 54,966 probable Alzheimer's cases in Miami-Dade County and an additional 2,171 cases in Monroe County. Further, over 11 percent of Miami-Dade's elderly population is estimated to have Alzheimer's. Safe Harbor Hospice notes that Alzheimer's disease accounts for about six percent of all elderly deaths in the Service Area 11 which is nearly twice the percentage, statewide. The applicant commits that its nurses will be Certified Dementia Specialists and will pay for CDS credentialing for any employee who passes its credentialing exam.

Safe Harbor Hospice will offer its employees the opportunity to achieve Certified Dementia Specialist (CDS) credentialing. Safe Harbor Hospice will cover the cost of CDS credentialing for any employee who passes their credentialing exam. As a condition of this application, Safe Harbor Hospice will have at least half of its RNs receive CDS credentialing by the second year of operations. CDS credentialing covers:

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- Dementia 5-Step Method - is an evidence-based, nationally recognized approach to improve dementia care skills. This method goes beyond (earning about dementia and instructs staff on what to do differently if caring for someone with dementia is presenting challenges.
  - Dementia safety topics.
  - Dementia-related behavior
  - Activities of daily living
  - End-of-life dementia care
  - Elder abuse awareness and prevention
  - Serious mental illness
  - Dementia 5-Step Method for Families

**Leading Causes of Death, 65+**

	District 11 Total			Statewide		
	2021	2022	2023*	2021	2022	2023*
Heart Diseases	22.9%	24.4%	25.2%	22.7%	21.5%	22.5%
Malignant Neoplasm (Cancer)	16.5%	18.6%	19.6%	19.5%	18.6%	19.8%
Other Causes of Death**	12.2%	13.9%	14.5%	16.5%	16.0%	17.4%
Cerebrovascular Diseases	9.7%	9.7%	9.8%	7.7%	7.6%	8.2%
Alzheimer's Disease	5.2%	6.0%	5.9%	3.6%	3.3%	3.2%
Chronic Lower Respiratory Diseases	3.8%	4.2%	4.7%	5.2%	5.1%	5.4%
Diabetes Mellitus	4.1%	3.8%	4.5%	3.2%	2.8%	3.0%
Parkinson's Disease	1.6%	1.8%	2.2%	1.7%	1.6%	1.8%
Unintentional Injury	1.7%	1.80%	2.0%	3.2%	3.1%	3.4%
Essential Hypertension & Hypertensive Renal Disease	1.4%	1.6%	1.8%	1.5%	1.4%	1.6%

Source: CON application #10824, pages 65 and 67 from Florida Health CHARTS Data Query, Residents Deaths by Leading Causes of Death by Residence County by Year, Ages 65+, Downloaded August 27, 2024, [https://www.flhealthcharts.gov/FLQUERY New/Death/Count#](https://www.flhealthcharts.gov/FLQUERY>New/Death/Count#).

Notes: \*Provisional data.

\*\*Includes Certain Other Intestinal Infections, Other & Unspecified Infectious/Parasitic Disease & Sequelae, Other Arteries, Arterioles, Capillaries Disease, Other Circulatory System Disorders, Unspecified Acute Lower Respiratory Infection, Other Respiratory System Disease, Symptoms, Signs, Abnormal Clinical/Lab Findings, Firearms Discharge, Other & Unspecified Event & Sequelae, All Other Diseases (Residual).

**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.**

**AMOR Hospice Care, LLC (CON application #10820)**

The applicant discusses Service Area 11 unmet needs by addressing the following:

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- Unmet Need #1 - Racial/Ethnic Hospice and End of Life Care Disparities and Access
- Unmet Need #2 - Hospice Readmissions and Cardiovascular Care - District 11

The applicant cites three studies and one publication, Disparity in hospice utilization by *African American patients with cancer* (Ramey & Chin, 2012) *Hispanics and Hospice: A Systematic Literature Review* (Cardenas et al., 2022), *Racial and Ethnic Differences in Hospice Use Among Medicaid-Only and Dual-Eligible Decedents*, (Robison et al., 2023), and NHPCO Facts and Figures, 2023 EDITION (Published December 2022) to support their argument for disparities of hospice use among minorities.

AMOR Hospice notes that the use rate for African Americans, Hispanics, Asian/Pacific Islanders, Asian American, Black, Hispanic, and Native Americans is lower than that of the White population.

The applicant contends that this is true for Miami Dade County when using available Medicare data for the Black, Hispanic, and Asian populations. The applicant uses tables using data from HealthPivots Data Lab and Medicare Hospice Claims on page 56 of this application to visualize these discrepancies adding that while Monroe County shows a lesser variance, the figures are highly variable given the low population/beneficiary totals.

**Death Service Ratio\* by Race/Ethnicity**

<b>Miami-Dade County</b>				
<b>Year</b>	<b>White</b>	<b>Black</b>	<b>Hispanic</b>	<b>Asian</b>
<b>2015</b>	0.53	0.36	0.53	0.37
<b>2016</b>	0.53	0.37	0.54	0.25
<b>2017</b>	0.53	0.38	0.53	0.4
<b>2018</b>	0.54	0.38	0.54	0.38
<b>2019</b>	0.54	0.41	0.54	0.39
<b>2020</b>	0.49	0.33	0.45	0.41
<b>2021</b>	0.5	0.3	0.47	0.43
<b>2022</b>	0.53	0.35	0.5	0.39
<b>2023</b>	0.57	0.39	0.52	0.42
<b>Monroe County</b>				
<b>2015</b>	0.46	0.28	0.37	
<b>2016</b>	0.46	0.48	0.59	
<b>2017</b>	0.45	0.4	0.24	
<b>2018</b>	0.41	0.1	0.65	
<b>2019</b>	0.45	0.32	0.57	
<b>2020</b>	0.44	0.45	0.26	
<b>2021</b>	0.45	0.36	0.22	
<b>2022</b>	0.47	0.45	0.58	
<b>2023</b>	0.52	0.67	0.57	

Source: CON application #10820, page 56, (partially recreated) from HealthPivots Data Lab using data from the Medicare Hospice Claims released annually by CMS.

Note: In compliance with a DUA on file with CMS patient counts less than 11 are not reported.



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\*(Hospice Beneficiary Deaths) / (Total Beneficiary Deaths)

AMOR Hospice provides a chart of additional support of these disparities through studies citing Cagle et al (2016), Ornstein et al (2020), Lee and Cagle et al (2017), Park et al (2016), Selsky et al (2012), Robison et al (2023), and Bazargan et al (2021) on page 57 of its application as well as a *chart Access to End-of-Life Care: A Conceptual Framework* which it states is based on the Institute of Medicine (IOM) model and revised to focus on end of life care to identify key barriers for hospice access and how these impact EOL care and outcomes.<sup>2</sup> AMOR Hospice assures that it can improve the care in Service Area 11 through its proposed hospice program addressing the following:

- Barriers
  - Race/Ethnicity/Culture
  - Religion
  - Language/Literacy
  - Knowledge/Attitudes/Beliefs
- Health Care Mediators
  - Cultural Competence -Communication skills
  - Bias/Stereotyping

The applicant identified through further research regarding minority access and reasons for lower utilization that there are cultural challenges within the families of Latino/Hispanic, African American/Black, and other minority groups stating that beliefs on family being central to caregiving for their elderly and sick loved ones in ways that can result in misunderstanding and underutilization of hospice services. Further, aspects of minority spirituality/religion conflicts with their beliefs and are a misconception of what hospice can provide to themselves or loved ones. Additionally, trust has historically been a barrier and must be a central part of outreach and awareness for minorities . Also, the lack of information/misconceptions noting as example that Latinos often have confusion around the term hospice and its services as the term "hospicio" has historically been associated with institutions for the mentally ill, the mentally retarded, and the poor or homeless. Lastly, language/communication being a key and vital aspect of reaching minority communities with substantial non-English speaking or limited English proficiency populations. The applicant cites each study used for its argument on pages 59 and 60 of its application.

<sup>2</sup> Jeff Laguna BS, Susan Engulfanos PhD MPH, Maria Siciliano MPA & Alexis Coulourides-Kogan BS (2012): Racial/Ethnic Minority Access to End-of-Life Care: A Conceptual Framework, Home Health Care Services Quarterly, 3 1 : 1, 60-83.

AMOR Hospice additionally cites the 2023 CHNA for Miami-Dade community stakeholders focus group as support for the needs of Service Area 11's Hispanic, Black, immigrant, foreign-born, and multilingual populations particularly in the elderly cohort and lists its approach below:

Addressing Unmet Need #1 - Program Strategies & Tactics to Drive Hospice Utilization & High-Quality of Care

- Cultural competence: culturally competent care through best-in-class training,
- Community education and outreach targeting underserved communities
- Effective communication and language: to employ competent, bilingual providers, and providing access to high-quality interpreters in delicate complex end-of-life conversations
- Internal improvement: Collect and receive community feedback to refine and adjust the organization/program over time

AMOR Hospice provides a detailed description of its processes on pages 61 through 67, listing the AMOR Hospice Approach and how it intends to build a culturally competent organization in Service Area 11:

- External Expertise: Provide outside expert training to the entire organization (CEO to front-line staff) through The Cross Cultural Health Care Program (CCHCP) organization. The applicant lists the training key topics
- Internal Expertise: Initialize culturally competency in hospice care by using the CCHCP to "Train the Trainer", ensuring ongoing training is a continuous, iterative, and informed process that becomes part of AMOR Hospice's foundational culture of care. The applicant includes a description of this training
- Frequency/Effectiveness: AMOR is dedicated to providing training at initiation of the program, for new hires, and semi-annually to employed staff. In addition, AMOR intends to have its internal trainers conduct field assessments for staff and use assessments to improve staff competencies. The applicant provides that this will include continuing education for its internal trainers and that it will develop and provide survey materials to collect, analyze and incorporate feedback from our patients, family, and community members on the effectiveness of its services in delivering culturally competent care. Additionally, the applicant states that it will

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seek feedback from the following noting that there is no nationally adopted accreditation/certification standard for Hispanic/Latino, African-American or other racial/ethnic minority populations at this time:

- We Honor Veterans
- National Institute For Jewish Hospice (NIJH)
- SageCare for LGBTQ+ Aging Cultural Competency

AMOR Hospice describes its community education and outreach approach for Service Area 11 for the Black, Hispanic, Native American, and Asian population on pages 63 through 66 of its application with a quote from Rosa E. Kasse, President - Hispanic Coalition Corp on page 64. The applicant provides the following steps in this procedure:

1. Assessment of Community Needs and Involvement of Community Leaders: AMOR Hospice states that it has already begun to document the specific needs, preferences, beliefs, and misconceptions about hospice care within the local community and will further its efforts to engage trusted community leaders, such as pastors, community center directors, and local activists, to help disseminate information regarding hospice services, specifically it intends to develop both a Hispanic and a Black community advisory committee and intends to identify five members for each committee, with the intent to represent a diverse set of representatives within the Black and Hispanic demographic groups that encompass a variety of cultures and backgrounds
2. Cultural Tailoring of Education Materials: AMOR Hospice shares that it will develop educational materials in Spanish, Haitian-Creole, Portuguese, French, Russian, Mandarin, Italian, Hebrew and others identified as necessary within Service Area 11 that consider varying levels of literacy and health literacy as well as being "transcreated" (translated to ensure that they make sense both literally and culturally)
3. Bilingual Staff: Employ bilingual and bicultural staff to facilitate communication and to demonstrate the program's commitment to serving the Latino community effectively. In addition to its already identified leadership that is bi-lingual at the owner, administrator, CNO, Medical Director, and Chaplain level
4. Program Coordinator: AMOR Hospice ensures that it will hire a bi-lingual (English/Spanish) coordinator to oversee the organization and execution of hospice educational outreach events, handle daily administrative responsibilities, and actively participate in the delivery of educational events and related activities

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5. Specific Outreach Tactics: The planned outreach initiatives include:
- Volunteer Program: Develop a volunteer program that trains community members to become advocates and educators about hospice care within their networks
  - Workshops and Seminars: Organize workshops and seminars in collaboration with local churches, community centers, and schools to educate about the benefits and process of palliative and hospice care
  - Outreach Van: Operate a dedicate van to travel to the various workshops, seminars, information sessions, fairs, etc. that will deliver the community education and outreach services to the community
  - Use of Media: Leverage local Spanish-language and Haitian-Creole media outlets, including radio, television, and newspapers, to broadcast educational segments on hospice care. AMOR Hospice is committing funding to develop targeted education materials through these sources
  - Storytelling: Use storytelling and testimonials from families who have experienced positive hospice care outcomes to personalize the benefits and address common concerns
  - Information Sessions: Conduct information sessions in familiar community locations, providing a comfortable environment for learning and asking questions
  - Faith-Based Initiatives: Partner with local faith organizations to integrate discussions of hospice care within the context of spiritual beliefs and practices
  - Health Fairs: Utilize health fairs to provide on-site education and to demonstrate hospice care services
  - Social Media Campaigns: Create social media campaigns using platforms popular within the community to share information, answer questions, and address myths about hospice care
  - Health Providers: Collaborate with local health providers to ensure that information about palliative and hospice care is integrated into routine care discussions.
6. Feedback Mechanisms: Implement surveys for community feedback to continually adapt the program to meet the community's needs better.

AMOR Hospice include its specific commitments related to community education and outreach through its Schedule C conditions on pages 65 and 66 of this application.

AMOR Hospice reiterates its description relating to effective communication and language described previously on pages 66 and 67 of this application, providing its approach adding that it will, when necessary, will utilize medical interpreters who have completed specific training and follow national standards/ethics of practice (National Council on Interpreting in Health care) for patients with limited English proficiency. The applicant includes the services that will be used that may include

- Language Line (<http://www.language.com>),
- CyraCom International ([www.cyracom.net](http://www.cyracom.net))
- Telelanguage (<http://www.telelanguage.com>)
- MultiLingual Solutions (<http://www.mlsolutions.com>)

AMOR Hospice include its specific commitments related to effective communication and language through its Schedule C conditions on pages 67 of this application.

The applicant reiterates much of its response from E.1.a as it relates to hospice readmissions and cardiovascular care in Service Area 11 on pages 67 through 69 providing its program strategies and tactics to decrease readmissions.

AMOR Hospice states that its Cardiopulmonary Connection Program offers a specialized, team-oriented approach to hospice care at home with the goal of managing and alleviating symptoms for patients with cardiopulmonary conditions, ensuring their comfort and quality of life while minimizing the need for hospital readmissions. Further the applicant notes that its experienced program leadership will work with hospital partners on discharge and care planning. Additionally, the applicant confirms that it will provide a palliative care program to ensure patients that may not be ready or able to meet hospice criteria, can still benefit from pre-hospice outpatient care and have a seamless transition to hospice services when the time arrives for admission.

**Arc Hospice of Florida, LLC (CON application #10821)**

summarizes its Service Area 11 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

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- 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

**Heart’n Soul Hospice of Miami, LLC (CON application #10822)**

states that its model of patient care and community outreach enables it to serve Service Area 11 with a focus on ethnic minorities, specifically the Hispanic and African Americans being the largest underserved populations. On page 48, Heart’n Soul provides tables 10 and 11 using Health Pivots (based on Medicare claims) death service ratios data for Miami-Dade and Monroe Counties for the years 2015 through March of 2024. The applicant points out that Monroe county levels of service to Black and Hispanic population actually exceed the ratios for its white residents whereas in Miami-Dade County these ratios were lower for all minorities within that county when compared to the white populations. Further, the Black Medicare population in Miami-Dade is particularly underserved, with its use rate lower than that for white enrollees.

**Miami-Dade County  
Death Service Ratio by Race/Ethnicity 2015-2024**

<b>Year</b>	<b>All</b>	<b>Black</b>	<b>Hispanic</b>	<b>Asian</b>	<b>White</b>
2015	50	36	53	37	53
2016	50	37	54	25	53
2017	50	38	53	40	53
2018	51	38	54	38	54
2019	52	41	54	39	54
2020	45	33	45	41	49
2021	46	30	47	43	50
2022	49	35	50	39	53
2023	52	39	52	42	57
2024	53	39	54	38	57

Source: CON application #10822, page 48, partially reproduces, from Health Pivots. Data reflect Medicare Claims Data.

**Monroe County  
Death Service Ratio by Race/Ethnicity 2015-2024**

<b>Year</b>	<b>All</b>	<b>Black</b>	<b>Hispanic</b>	<b>White</b>
2015	45	28	37	46
2016	46	48	59	46
2017	44	40	24	45
2018	41	10	65	41
2019	44	32	57	45
2020	43	45	26	44
2021	44	36	22	45
2022	47	45	58	47
2023	52	67	57	52
2024	51	54	59	51

Source: CON application #10822, page 48, partially reproduces, from Health Pivots. Data reflect Medicare Claims Data.

Heart'n Soul provides charts 1 and 2 on pages 49 and 50 to illustrate the death service ratios as well as the state-wide averages for Service Area 11, Black and Hispanic populations, for Miami-Dade and Monroe Counties. The applicant demonstrates that since 2015, the rate in Miami-Dade County has consistently declined and remains below the state-wide average, indicating that the African American population in this area has a lower usage rate overall. Additionally, the Hispanic populations in both counties show that Miami-Dade has consistent use rates close to state averages, while Monroe County has a lower death rate, leading to fluctuating use rates. The applicant surmises that the low use of hospice services in the area is mainly due to the low rates of hospice enrollment among minority groups, especially African Americans.

Heart'n Soul asserts that it is qualified to address the service gap in Service Area 11 and has collaborated with community-based health care and elder services organizations to identify and reach specific populations in need of additional services. The applicant's project summary offers a detailed discussion of its research and experience in providing services to the residents of its existing programs as well as recent discussions between its representatives and members of the communities in Service Area 11.

The applicant notes that in addition to the traditional core hospice care services, it has developed "Journey Programs" aimed at underserved populations offering disease-specific programming to patients and other community members in Service Area 11 through its Senior, Comfort, Never Alone, Hero, Cardiac, COPD, Move Forward, Meaningful, Calming Journey programs as well as Caring Creatures. The applicant notes that these programs are funded from income from operations and represent its commitment to serve its community beyond the requirements of the Medicare

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Conditions of Participation and provides that a brochure detailing the Senior Journey program appears in Appendix Q.

- Senior Journey addresses health inequities with its goals to:
  - Improve access to health care services
  - Increase use of preventive measures and health screening
  - Improve understanding between community members and the health and social service system
  - Increase use of health system services
- Comfort Journey - an art and music intervention program that includes hand reflexology
- Never Alone Journey for patients to never die alone
- Hero Journey for first responders and Veterans
- Cardiac Journey
- COPD Journey
- Move Forward Journey
- Meaningful Journey - for dementia patients
- Calming Journey to recognize special events in a patient's life
- Caring Creatures – is the volunteer pet program

Heart'n Soul Hospice states it has conditioned its Veterans Hero Journey Program which provides knowledgeable, compassionate care, emotional, and spiritual support to veterans and first responders.

The applicant ensures that it is well acquainted with serving the unique needs of veteran populations as both its Tennessee and Washington hospice operations participate in the *We Honor Veterans* program of the National Hospice and Palliative Care Organization, as a Level 2 Partner, soon to be Level 3.

The applicant presents table 12 on page 54 to show that Service Area 11 has a large veteran population, with an estimated 2020 Veteran population of 73,833.

**Service Area 11 Veteran Population 2020**

<b>County</b>	<b>Miami-Dade</b>	<b>Monroe</b>	<b>Total</b>
Veteran Population	65,929	7,904	73,833

Source: CON application #10822, page 54, table 12, from US Department of Veterans Affairs, 2020.

Heart'n Soul Hospice presents an excerpt on page 55 from its letters of support from Nick Howland, Executive Director, THE FIRE WATCH, a veteran organization in support of its application adding that page 56 includes a flyer describing that this program.



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Heart'n Soul Hospice states that it is committed to providing culturally informed and appropriate end-of-life care to all demographics noting it has conditioned its application upon becoming a Jewish Certified Hospice program through the National Institute for Jewish Hospice ("NIJH") within 12 months of starting operations in Service Area 11. The applicant provides that it has received letters of support from Rabbi Barbara Goldman-Wartell of Temple Israel of Greater Miami, Rabbi Frederick Klein of Mishkan Miami, and Rabbi Young of NIJH with excerpts from these letters on pages 57 and 58. The applicant notes that the full texts of these letters and other letters from Service Area 11 clergy located in Appendix R.

The applicant contends that with this accreditation, it will be able to meet the diverse needs of Jewish patients and their families in a manner consistent with their Jewish heritage and values.

Heart'n Soul Hospice states that it offers disease specific specialized programs for patients suffering with cancer, lower pulmonary-chronic lung disease and stroke but is especially committed to tailoring care for patients with Alzheimer's and heart disease, because of its high prevalence among minority populations. The applicant notes that it has conditioned the approval of this application on its provision of disease-specific programs by offering its Journey Programs offering that the English, Spanish and Creole versions of the Journey Programs are included in Appendix Q.

**Leading Age-Adjusted Causes of Death (Rate Per 100,000)**

	<b>Miami-Dade</b>	<b>Monroe</b>	<b>All Florida</b>
Heart Disease	140.1	117.8	146.9
Cancer	118.8	114.6	139
Lower Pulmonary	22.1	19.4	31.8
Alzheimer's	30	11.7	18.3
Stroke	51.6	37.9	47.6

Source: CON application #10822, page 59, table 13, from Florida Dept of Health, 2022

Heart'n Soul Hospice notes that its specialty programs are used with all patient diagnosis to enhance the patient's overall quality of life and are provided as an "in-kind service" to patients through their operational fund because "It is the Right Thing to Do".

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** states that it used data from the Miami-Dade and Monroe Counties Community Health Assessments, the United States Census Bureau, Health Pivots Data Lab (Claims Data from the Center for Medicare and Medicaid

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Services), and Social Connector “Insights” software for this response. The applicant argues that it has a greater understanding or the unmet needs within Service Area 11 when compared to the other co-batched applicants because ISL has assessed, worked with, and provided care and support to the most vulnerable in the area. ILMS reiterates its discussion of its owned companies Florida Community Care and Florida Complete Care.

The applicant notes that it used combined data from the 2023 estimates from the United States Census Bureau, the 2020 DOH Miami-Dade County CHA, and the 2019-2022 DOH Monroe County CHA to identify more specifically the unmet needs affecting the health of Service Area 11 communities. ILMS ensures that it will address and provide services and resources to assist both diverse counties. The applicant provides a table on page 27 to illustrate the differences within these counties.

<b>Hospice Service Area 11</b>		
	<b>Miami-Dade County</b>	<b>Monroe County</b>
<b>Population</b>	2,686, 867	80,614
<b>&gt; 65</b>	17.4%	25.4%
<b>Latino/Hispanic</b>	69.1%	24.8%
<b>African American/Black</b>	16.9%	7.6%
<b>Medium Household Income</b>	\$64,215	\$80,111
<b>Below the Poverty Level</b>	16.0%	13.0%
<b>Uninsured</b>	21.2%	22.0%

Source: CON application #10823, page 27 from 2023 estimates from the United States Census Bureau, the 2020 DOH Miami-Dade County CHA, and the 2019-2022 DOH Monroe County CHA.

Regarding the Social Connector “Insights” software, ILS states that this it can identify needs by county or zip code compared to the national and state levels and presents a graph/map/table on page 28 to demonstrate its claim.

Independent Living Systems utilizes Social Connector "Insights" software to understand the needs of communities within Miami-Dade and Monroe Counties as well as the members they serve in these Counties. This software can identify needs at the county or zip code level against those reflected nationally and at a state level. Further, ILMS asserts that the software can supply a demographic breakdown of each community down to the neighborhood level and the projected needs and utilization patterns of its residents as well as the types of services that would best serve the population in identifies local community-based organizations that are equipped to address those needs.

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The applicant shares that this tool also identifies the types of services and the local community-based organizations that are best equipped to serve this community and confirms its “robust ability” to assess Service Area 11 needs. ILMS provides an additional table on page 30 using its software to demonstrate that the data supports the data from the Florida County health needs assessments regarding financial insecurity, food insecurity, and low health literacy.

The applicant addresses that Latino/Hispanic Population stating that Miami-Dade county is a "minority-majority," meaning a minority group accounts for the majority of the population. Further, 68.1 percent of the county identifies as either Latino or Hispanic compared to 23.0 percent in Monroe county and 25.8 percent in the state. ILMS adds that Miami-Dade county also has a higher percentage of Black/African American residents at 16.9 percent compared to 7.6 percent in Monroe county and 15.9 percent in the state. The applicant provides a table on page 30 using 2016 - 2020 United States Census Bureau estimates to show the diversity of both counties compares to the State.

<b>Population</b>	<b>Miami-Dade County</b>	<b>Monroe County</b>	<b>Florida</b>
Under five years	5.8%	4.5%	5.3%
15-19 years	16.9%	4.3%	16.8%
20-34 years	20.3%	15.7%	19.0%
35-64 years	40.7%	42.8%	38.4%
65 and older	16.3%	23.3%	20.5%
Race			
White	65.9%	88.4%	71.6%
Black or African American	16.9%	7.6%	15.9%
Asian	1.6%	1.5%	2.7%
American Indian and Alaskan native	0.2%	0.5%	0.3%
Native Hawaiian and other Pacific Islander	0.0%	0.2%	0.1%
Another Race	4.7%	1.8%	3.3%
Ethnicity			
Hispanic	68.1%	23.0%	25.8%
Non-Hispanic	31.9%	67.7%	74.2%

Source: CON application #10823, page 30, from 2016 - 2020 United States Census Bureau Estimates

On pages 31-33, ILMS provides a breakdown of Miami-Dade county by zip code, a map of the zip codes from HCSF, and a table showing the 2016-2020 data for English and non-English speaking residents. The applicant notes that there is a high percentage of individuals with limited English-speaking ability and contends that the 2020 DOH CHA Miami-Dade County data equates the number of foreign-born persons with linguistic isolation closely associated with unmet needs experienced by the Latino/Hispanic community.

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ILMS Hospice provides that linguistic isolation indicates that residents over the age of 14 are not fluent in English noting that the areas of Hialeah, Miami Lakes Downtown, East Little Havana, Liberty City, Little Haiti, and Overtown have the highest rates of linguistic isolation with some rates being over 40 percent. The applicant argues that limited English proficiency is a significant barrier when maneuvering through health and education systems as well as within the workforce.

**Miami-Dade Clusters by Zip Code**

<b>Cluster</b>	<b>Name</b>	<b>ZIP Codes Included</b>
Cluster 1	South Dade/Homestead	33030, 33031, 33032, 33033, 33034, 33035, 33039, 33170, 33189, 33190
Cluster 2	Kendall	33157, 33176, 33177, 33183, 33186, 33187, 33193, 33196
Cluster 3	Westchester/West Dade	33144, 33155, 33165, 33173, 33174, 33175, 33184, 33185, 33194
Cluster 4	Coral Gables/Kendall	33134, 33143, 33146, 33156, 33158
Cluster 5	Brownsville/Coral Gables/Coconut Grove	33125, 33130, 33135, 33142, 33145
Cluster 6	Coral Gables/Coconut Grove/Key Biscayne	33129, 33131, 33133, 33149
Cluster 7	Doral/Miami Springs/Sunset	33122, 33126, 33166, 33172, 33178, 33182,
Cluster 8	Miami Shores/Morningside	33132, 33137, 33138
Cluster 9	Hialeah/Miami Lakes	33010, 33012, 33013, 33014, 33015, 33016, 33018
Cluster 10	Opa-Locka/Miami Gardens/Westview	33054, 33055, 33056, 33167, 33168, 33169
Cluster 11	North Miami/North Miami Beach	33161, 33162, 33179, 33181
Cluster 12	Aventura/Miami Beach	33139, 33140, 33141, 33154, 33160, 33180
Cluster 13	Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	33127, 33128, 33136, 33147, 33150

Source: CON application #10823, page 31.

**Five Year Estimate for 2020 Miami-Dade County**

Foreign born persons	1,460,319
Language other than English spoken at home (Ages 5+)	1,910,114
Language other than English spoken at home (Ages 5+) Person that speaks English less than "very well"	880,399

Source: CON application #10823, page 33.

The applicant cites an article published in Palliative Care News on pages 33-34 that addresses the connection between health literacy and access to palliative and hospice care.

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ILMS Hospice notes that ILS has developed communications and brochures for persons with literacy needs it will implement in Service Area 11 that incorporate clear language and use graphics to depict instructions as well as educating its staff education in the “teach back” patient instruction method. The applicant provides a sample of the “Member Handbook for Florida Community Care” on page 35 that includes a toll-free number if the patient does not speak English and provides examples in Spanish, French, Haitian Creole, and Russian. Further, ILMS reiterates its condition number 22 regarding improving literacy of children in Miami-Dade County.

The applicant addresses that Miami-Dade and Monroe Counties have a high percentage of people living below the federal poverty level (FPL) at 16 percent and 13.0 percent respectively. Further, 21.1 percent of Miami-Dade County’s children are living below the FPL as compared to 18.0 percent in Monroe County. Additionally, ILMS Hospice states that both counties have a high Black/African American population living below the FPL with 21.6 percent in Monroe county, The applicant contends that children living below the FPL in Miami-Dade County account for 21.1 percent which is higher than the state at 18.7 percent and the nation at 17.5 percent. ILMS notes that the second highest age cohort in Miami-Dade County are the age of 65 years and over in which 28.4 percent of households receive cash public assistance income or Food Stamps/SNAP. ILMS confirms it will provide a grant to United Way Miami to raise the literacy level of children that primarily speak Spanish in Miami-Dade County with the goal to increase literacy levels.

<b>% below federal poverty level (FPL)</b>	<b>Miami-Dade County</b>	<b>Monroe County</b>	<b>Florida</b>
People living below FPL	16.00%	13.00%	13.30%
Children living below FPL	21.10%	18.00%	18.70%
Black/African American	18.05%	21.60%	

Source: CON application #10823, page 36 from 2016 - 2020 United States census bureau estimates.

Once again, the applicant cites the 2020 FDOH CHA Miami-Dade County noting that it identifies two areas with rates that exceed the overall percent of population living below FPL:

- Opa-Locka, Miami Gardens, and Westview - has the highest rate of families living below the FPL with an average of 30.1 percent, partly due to Opa-Locka’s population rate of 47.2 percent living below the FPL
- Brownsville, Coral Gables, and Coconut Grove - has an average of 21.2 percent living below the FPL with Brownsville having 40.2 percent

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The applicant notes that a large percentage of Blacks/African Americans live in these areas as well the areas of Downtown, East Little Havana, Liberty City, Little Haiti, and Overtown. Further, these areas have a high prevalence of non-insured residents, linguistically isolated persons, and experience health and health care disparity, and lack access to reliable transportation. The applicant reiterates it has conditioned its application to address all of the issues it has discussed.

ILMS Hospice asserts that it has addressed and will meet with support from ISL the needs of all Service Area 11 residents and focus on the disparities of its Black/African American and Latino/Hispanic communities. The applicant presents on page 37 a comparison of the health insurance coverage for Service Area 11 by county noting that it has conditioned this application to cover the cost of primary health care for uninsured persons. Additionally, ILMS states that the black population represent 18 percent of Miami-Dade County's general population, yet they comprise 56 percent of the homeless.

The applicant discusses the disparity between Black and White cancer death rates stating there is a significantly more pronounced disparity at the county level than at the state level noting that at the state level, cancer death rates differed by no more than 10 deaths whereas in Miami-Dade County, rates differed by over 20 deaths.

Further, in respect to breast cancer, death rates are higher for Black and Other Non-white populations compared to White populations at both the state and county levels while Miami-Dade County shows an increase from 2016 where the death rate for Black individuals was 2.2 per 100,000 higher than that for Whites which increased to 5.1 per 100,000 by 2020.

ILMS Hospice asserts that for cervical cancer, the rates among the Black and Other populations in Miami-Dade are significantly higher than those of other races and locations. Furthermore, these rates have risen while the rates for the White population in Miami-Dade have declined.

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The applicant notes that Alzheimer's disease death rates for both Hispanic and Non-Hispanic populations in Miami-Dade County are slightly higher than respective Florida rates.

ILMS Hospice indicates that 2020 age-adjusted diabetes death rates for the Hispanic population were 23.4 in Miami-Dade and 23.3 in Florida noting that in Miami-Dade, the death rates for the non-Hispanic population were higher than those for Hispanics and also higher than non-Hispanic rates in Florida. Further, according to the CDC, approximately half of Hispanic men and women, as well as non-Hispanic Black women, are predicted to develop diabetes in their lifetime. Further, the age-adjusted diabetes death rate for diabetes within Black populations in Miami-Dade is reported at a rate of 61.4 deaths per 100,000 whereas White populations have a rate of 22.3 per 100,000.

The applicant shares that between 2016 and 2020, both black and white populations in Miami-Dade County and Florida had an increase in stroke adjusted death rates. Below are partially reproduced tables from the applicant's graphs and tables presented to support its argument.

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<b>Cancer Age-Adjusted Death rates by Race per 100,000 Single Year Rate</b>						
	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Miami-Dade White	126.1	126.1	122.0	120.7	115.0	109.9
Black	152.0	154.9	15.9	135.4	139.0	133.7
Florida White	155.3	151.9	149.6	146.8	142.5	138.8
Florida Black	159.4	155.8	154.6	151.7	152.1	143.6
<b>Breast Cancer Age-Adjusted Death rates by Race per 100,000 Single Year Rate</b>						
	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	
Miami-Dade White	10.3	8.8	7.8	8.8	8.5	
Black	12.5	13.9	10.7	12.8	13.6	
Florida White	10.1	9.9	9.9	9.9	9.9	
Florida Black	14.4	14.2	14.1	12.8	14.6	
<b>Cervical Cancer Age-Adjusted Death rates by Race per 100,000 Single Year Rate</b>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	
Miami-Dade White	1.2	1.2	1.2	1	1	
Black	1.6	2.9	2.6	3.1	2.4	
Florida White	1.3	1.3	1.2	1.3	1.4	
Florida Black	1.9	2.5	2.4	2.4	2.3	
<b>Alzheimer's Disease Age-Adjusted Death rates by Ethnicity per 100,000 Single Year Rate</b>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	
Miami-Dade White	27.6	27.2	24.8	24.7	29.1	
Black	14.5	15.5	17.6	17.8	20.8	
Florida White	26.4	25.9	25.2	24.1	26.2	
Florida Black	21.5	20.2	19	17.8	19.1	
<b>Diabetes Age-Adjusted Death rates by Race per 100,000 Single Year Rate</b>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	
Miami-Dade White	18.2	18.1	17	16.1	22.3	
Black	45.9	43.9	43.3	36.8	61.4	
Florida White	17.9	18.3	18.3	17.5	20	
Florida Black	37.6	40.8	38.1	37.6	47.2	
<b>Diabetes Age-Adjusted Death rates by Ethnicity per 100,000 Single Year Rate</b>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	
Miami-Dade White	19	19.7	17.2	17	23.4	
Black	29.3	27.4	29.9	24.1	39.2	
Florida White	18.6	19.8	18.5	17.3	23.3	
Florida Black	20.5	21.1	20.9	20.4	23.4	
<b>Stroke Age-Adjusted Death rates by Ethnicity per 100,000 Single Year Rate</b>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	
Miami-Dade White	36.2	37.8	39.1	40.1	44.7	
Black	49.4	54.2	57.6	55.7	64.2	
Florida White	38	37.9	40.2	40.1	45.1	
Florida Black	38.7	40	41.1	41.6	44.4	

Source: CON application #10823, pages 38-41 from FLCHARTS, partially recreated.



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ILMS Hospice states that in Miami-Dade, children have high rates of insurance coverage, with the lowest rate at 92 percent, however, adult coverage is much lower, ranging from a high of 87.2 percent to a low of 64.6 percent. The applicant refers to its “Cluster Maps” on pages 27 and 28 for more details.

When discussing food insecurity, ILMS notes that in 2019, Miami-Dade County had a food insecurity rate of 16.1 percent, with a higher rate of 22.9 percent for children under 18.

ILMS Hospice states that it has a proven record working with minority and vulnerable populations adding that data from the Centers for Medicare and Medicaid Services reveal disparities in hospice usage among White, Black/African American, and Latino/Hispanic groups in Service Area 11, however, in Monroe County disparity “Disparity is less of a factor in Monroe County where all residents are in need of hospice care.”

The applicant notes that claims data shows a need for improved education and access in the community and that it is highly attuned to the needs of minorities, particularly the Black/African American population.

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<b>Hospice Medicare Utilization by Race/Ethnicity</b>						
<b>Miami-Dade County, FL - White Medicare Enrollees</b>						
Year	Medicare Enrollment	Death Service Ratio	Hospice Penetration	Days Per patient (ALOS)	% GIP Days	Payments per Patient
2020	230,958	0.49	0.87	101	1.6%	\$19,699
2021	228,830	0.5	0.92	98	1.7%	\$19,063
2022	226,752	0.53	0.98	99	1.6%	\$19,252
2023	222,335	0.57	1.1	104	1.6%	\$20,684
2024	220,189	0.57	1.13	103	1.6%	\$20,619
<b>Monroe County, FL - White Medicare Enrollees</b>						
Year	Medicare Enrollment	Death Service Ratio	Hospice Penetration	Days Per patient (ALOS)	% GIP Days	Payments per Patient
2020	16,193	0.44	0.63	60	1.8%	\$10,600
2021	16,462	0.45	0.67	62	1.4%	\$11,108
2022	16,629	0.47	0.67	58	1.5%	\$10,701
2023	6,750	0.52	0.76	63	1.8%	\$12,214
2024	16,603	0.51	0.73	62	1.9%	\$12,284
<b>Miami-Dade County, FL - Black Medicare Enrollees</b>						
Year	Medicare Enrollment	Death Service Ratio	Hospice Penetration	Days Per patient (ALOS)	% GIP Days	Payments per Patient
2020	75,283	0.33	0.61	85	2.6%	\$17,305
2021	75,838	0.3	0.58	82	3.1%	\$17,140
2022	76,144	0.35	0.71	84	2.4%	\$16,952
2023	76,036	0.39	0.79	87	2.3%	\$18,082
2024	75,569	0.39	0.82	88	2.3%	\$18,415
<b>Monroe County, FL - Black Medicare Enrollees</b>						
Year	Medicare Enrollment	Death Service Ratio	Hospice Penetration	Days Per patient (ALOS)	% GIP Days	Payments per Patient
2020	585	0.45	0.64	45	9.1%	\$11,748
2021	599	0.36	0.6	55	3.0%	\$10,725
2022	592	0.45	0.65	33	1.4%	\$7,853
2023	608	0.67	0.81	36	3.1%	\$7,130
2024	606	0.54	0.67	29	4.5%	\$5,833
<b>Miami-Dade County, FL - Hispanic Medicare Enrollees</b>						
Year	Medicare Enrollment	Death Service Ratio	Hospice Penetration	Days Per patient (ALOS)	% GIP Days	Payments per Patient
2020	146,632	0.45	0.8	100	1.7%	\$19,311
2021	149,479	0.47	0.85	98	1.7%	\$19,040
2022	152,251	0.5	0.95	100	1.5%	\$19,320
2023	146,446	0.52	1.07	103	1.6%	\$20,192
2024	144,552	0.54	1.11	102	1.5%	\$20,277
<b>Monroe County, FL - Hispanic Medicare Enrollees</b>						
Year	Medicare Enrollment	Death Service Ratio	Hospice Penetration	Days Per patient (ALOS)	% GIP Days	Payments per Patient
2020	668	0.26	0.63	52	1.30%	\$10,062
2021	692	0.22	0.52	90	0.3%	\$14,783
2022	704	0.58	0.79	58	1.0%	\$9,893
2023	664	0.57	0.95	77	3.0%	\$16,556
2024	656	0.53	0.84	83	3.5%	\$18,190
<b>Miami-Dade County, FL - Asian Medicare Enrollees</b>						
Year	Medicare Enrollment	Death Service Ratio	Hospice Penetration	Days Per patient (ALOS)	% GIP Days	Payments per Patient
2020	4,086	0.41	0.71	120	1.7%	\$23,155
2021	4,291	0.43	0.79	72	1.7%	\$13,930
2022	4,545	0.39	0.63	90	1.7%	\$17,665
2023	4,451	0.42	0.83	115	1.3%	\$22,275
2024	4,400	0.38	0.7	125	1.2%	\$24,286

Source: CON application #10823, pages 42-44 from HealthPivots Data Lab, partially recreated.  
 Note: 2024 data are for April 2023 to March 2024.

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The applicant presents excerpts from two articles regarding hospice penetration as it relates to minority groups and low-income populations. ILMS Hospice reiterates that it has conditioned this application for provider partnerships, to assure communications are bilingual and sensitive to literacy, culture, spirituality, and religion and to provide patient and family transportation.

ILMS Hospice ensures that it will participate with the National Hospice and Palliative Care Organization's (NHPCO) unique We Honor Veterans Program and has conditioned this its application to achieve Level 1 Recognition in the first year of operations, Levels 2 & 3 in the second year of operations, Level 4 in the third year, and Level 5 no later than the end of the fifth year of operations.

The applicant adds that it has conditioned this application to support the LGBTIA+ community and commits that it will seek Jewish Hospice Certification through the National Institute for Jewish Hospice by the end of the first year of the commencement of hospice operations in Service Area 11.

**Safe Harbor Hospice, LLC (CON application #10824)** reiterates its E.1.A response, offering a summary table on page 70 that shows the proposed programs, services, and staffing initiatives that will benefit the communities and subpopulations it has identified. most from according to communities and subpopulations who may gain the most benefit and ensures that these will be offered to all Safe Harbor Hospice patients in accordance with their care plans and each patient's wishes.

- (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.**

**AMOR Hospice Care, LLC (CON application #10820)** responds that it will provide inpatient hospice care through contractual arrangements with existing health care facilities, noting that there is currently no need for more inpatient hospice beds.

AMOR Hospice will primarily provide hospice care at patients' homes but are committed to ensuring access to inpatient care, when necessary, by collaborating with local providers that have

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existing inpatient beds. Additionally, the applicant will regularly evaluate the area's needs and propose cost-effective solutions if additional inpatient beds are needed in the future.

**Arc Hospice of Florida, LLC (CON application #10821)** states it has established working relationships with area nursing homes to improve access for high-acuity patients and provide home-based hospice services. Additionally, it has established a relationship with Miramar Post-Acute Care Solutions citing the facility's administrator - Levi Moalem on their willingness to contract with Arc Hospice for inpatient beds (pages 223 and 224): "I am eager to work closely with them across all three of our skilled nursing facilities, and if approved, I'm willing to contract with Arc Hospice to provide general inpatient beds." Arc Hospice also cites Raphael Kintzer stating, "If approved, we are willing to contract with Arc Hospice to provide general inpatient beds at our long-term care facility in Miami-Dade County."

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** states that it will provide inpatient services through contractual agreements with licensed hospitals, nursing homes, or other qualified providers of inpatient hospice services. The applicant notes that it will be responsible for patient admission, advance directives, care planning, coordination of services, quality assurance, hospice training, and payment. The applicant notes that the contracting facility will provide 24-hour nursing care, space for families and visitors, staff privileges for the hospice medical director and physicians, and ancillary services such as meals, drugs, and medical supplies.

Heart'n Soul notes that it has obtained letters (in the application's Appendix S) from Onyx Health (nine facilities), Sierra Lakes Nursing and Rehabilitation Center, Serenity Bay Nursing and Rehabilitation Center, Pinecrest Rehabilitation Center, and Coral Gables Hospital confirming their willingness to contract in Miami-Dade County and Oasis at the Keys in Tavernier in Monroe County upon approval in Service Area 11.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** responds to this preference citing a letter from Barbara Fonte MBA, MHSA, Jackson Health System, VP Managed Care & Population Health indicating a willingness to contract with the applicant for inpatient hospice care indicating JHS "*will work in good faith with ILS to develop a contracted bed agreement for inpatient cases needing hospice services across all of our facilities in Miami-Dade County. This*

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*agreement will ensure that patients requiring a higher level of care can seamlessly transition to an appropriate hospice setting while remaining within our network.”*

The reviewer notes Carlos A. Migoya, Jackson Health System CEO's letter confirming this (see ILS letters of support). The applicant adds that in addition to the support of Jackson Health System, it will seek additional contracts for beds from other Service Area 11 providers.

**Safe Harbor Hospice, LLC (CON application #10824)** states it will provide inpatient care through contractual arrangements with facilities in Service Area 11. Further, Riverside Care Center has indicated a willingness to contract with the applicant for inpatient hospice care. The letter of support is located in Attachment 27 of this application.

Safe Harbor Hospice shares that Lighthouse has contracts with twelve Illinois providers and Lighthouse Hospice's leadership will work to ensure similar contracts are in place in Service Area 11.

**(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*

**AMOR Hospice Care, LLC (CON application #10820)** states that it is committed to providing high-quality care to those with HIV/AIDS, noting that while overall death rates are low in Service Area 11, they are still higher than state averages, indicating that the epidemic is not over. AMOR asserts that it will provide training

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and offer educational materials to staff and the community regarding HIV/AIDS. Further, its outreach will include online tutorials to hospice care for patients/family members, and clear admission guidelines online to communicate eligibility and provide education on when hospice is appropriate for patients and family members.

AMOR Hospice provides a table on page 70 that displays the HIV death rates for Service Area 11 from 2013 to 2022.

HIV Death Rate District 11 vs. Florida 2013-2022										
Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Miami-Dade	7.9	6.7	6.2	6.1	5.2	4	4.2	3.8	3.4	3.4
Monroe	3.6	0.7	5.7	1.4	3	1.9	2	3.2	4.4	3.4
Florida	4.8	4.5	4.4	4.3	3.6	3.3	3.3	3.1	2.9	2.9

Source: CON application #10820, page 70, from FLHealthCharts.gov.

**Arc Hospice of Florida, LLC (CON application #10821)** states that it will not discriminate against anyone seeking its services and is dedicated to helping patients who without primary caregivers, are homeless, or have AIDS/HIV.

Further, Arc Hospice states its goal is to keep patients in the least restrictive and most supportive environment, ideally at home or with family. For those lacking home support, hospice staff and volunteers will provide additional assistance. Arc Hospice will create a care plan that involves the patient's friends, family, neighbors, and community. The applicant is dedicated to offering 24-hour support for patients. Continuous care is projected to be approximately 0.5 percent of total hospice days.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** states it has a proven history of providing quality care to vulnerable populations through traditional hospice services and specialty programs. The applicant is dedicated to serving all patients, including those with HIV/AIDS, ensuring high-quality care in Service Area 11.

Heart'n Soul Hospice will assign a representative, typically a social worker, upon admission to evaluate the patient's chosen caregiver's abilities and provide educational materials along with hospice resources. If no caregiver is identified, the social worker will, with the patient's permission, talk to family members, friends, church affiliates, and community resources. Staff will assess the patient's overall health and ability to safely stay at home to decide if the patient needs to be placed in long-term care, assisted living,

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hospice house care, or a homeless shelter. Heart'n Soul will develop a plan to ensure care for homeless patients by identifying secure locations for visits and providing daily medication.

Heart'n Soul Hospice provides excerpts from its letters of support on page 62 from Eduardo Gloria, CEO, Camillus House which is an organization that serves the homeless and indigent in Miami-Dade County.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** responds that it is committed to serving all persons in need of hospice care and will accept patients that do not have an identified primary caregiver in the home. The applicant asserts that a patient will be monitored for their safety at home until deemed "at risk" at which time a social worker or nurse will locate a family member, friend, neighbor, or church to assume the role of primary caregiver. Further, the social worker will seek placement in an ALF, nursing home, or a group or foster home if appropriate and the patient agrees as well as arranging non-medical support such as sitters and has conditioned this within this application as Condition 21.

The applicant notes that its staff will work with the patient to determine how best to meet their needs throughout the provision of care, making visits to patients in tents, vans, cars, and homeless shelters for as long as the patient is safe in that environment. ILMS Hospice ensures that all services will be offered to the homeless including medical equipment, medical supplies, and medications. Further, social workers will seek community resources such as food banks, clothing, hygiene, and transportation as needed as well as assist with applications for Medicaid or other assistance.

ILMS Hospice contends that it will care for AIDS patients, treating their symptoms with the appropriate medications that will provide comfort from pain. Further, social workers will seek community resources as needed as well as assist with applications for Medicaid or other assistance. ILMS Hospice will facilitate placement in a nursing or group home if needed.

**Safe Harbor Hospice, LLC (CON application #10824)** offers that Service Area 11 has an elderly population that represents 22.4 percent of Service Area 11 adding that there are over 100,000 elderly individuals in the area living alone. The applicant provides a table (page 72) using FLHealthCharts as support.

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

	Count	Percent of Total 65+
<b>Miami-Dade</b>	96,538	22.3%
<b>Monroe</b>	4,615	24.4%
<b>District 11</b>	101,153	22.4%
<b>Florida</b>	1,085,585	24.7%

Source: CON application #10824, page 72 from Florida Health Charts, Individuals Living Alone (Aged 65 Years and Older), Percent of Population Age 65 and Over, 2022, accessed 8/29/24.

Safe Harbor Hospice will address these residents by arranging additional volunteer services, keeping with the patient's wishes and end-of-life goals. The applicant offers that it will implement the volunteer programs that Lighthouse Hospice has developed in Service Area 11 summarized below:

- **Friendly Visitors:** Volunteers provide weekly companionship visits to patients in their homes or care facilities, offering comfort and social interaction.
- **Vigil Support:** As a patient nears the end of life, vigil volunteers and hospice interdisciplinary team (IDT) members offer a unique kind of support.

The applicant states its social worker will coordinate the appropriate level of care for patients living alone, including inpatient or continuous care when the patient is no longer able to manage their symptoms at home. This includes social services in the area, including meal support, housing support, and any Veterans Affairs (VA) benefits for which they are eligible.

Safe Harbor Hospice confirms that it is committed to serving all hospice eligible patients in Service Area 11, including homeless patients. Further, the applicant attributes area population growth and increased living costs resulting in many becoming unhoused.

The applicant provides a table on page 73 using data from the Florida Council on Homelessness stating Miami-Dade County had the highest number of homeless people in the state with almost 4,000 homeless with the rate of per 1,000 being higher than the statewide rate. Regarding Monroe County, Safe Harbor Hospice contends that the rate of per 1,000 is about four times higher than the statewide rate.



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**Service Area 11 Homelessness in 2024**

	<b>Homeless Persons*</b>	<b>County Rank (of 63)</b>	<b>Population</b>	<b>Rate per 1,000</b>
<b>Miami-Dade</b>	3,800	1	2,808,833	1.35
<b>Monroe</b>	449	19	85,038	5.28
<b>District 11</b>	4,249	N/A	2,893,871	1.47
<b>Florida</b>	29,928	N/A	22,993,039	1.30

Source: CON application #10824, page 73 from Florida Council on Homelessness, 2024 Report, Appendix I Table 4 and Agency Population Estimates and Projections by District 2020 to 2030, July 1 Midpoint Projections.

Note: 2024 counts are preliminary, and subject to change prior to being finalized later in the year.

Safe Harbor Hospice references the March 2021 -March 2022, Miami-Dade County FDOH Community Health Assessment which revealed that over 50 percent of the homeless was black and that the elderly struggled to find affordable housing. The applicant notes that it recognizes these two cohorts have an increased risk of homelessness and face additional access barriers. In response, Safe Harbor Hospice confirms that it has conditioned this application will provide up to \$10,000 in its first year, \$20,000 in its second year, and \$30,000 in its third year towards rent subsidies which will allow patients to stay in their homes, and for ALF fees for patients without housing.

Further, Safe Harbor Hospice also conditions this application on offering end-of-life education events at area homeless shelters and community organizations that are focused on the needs of the homeless and will be offered at least three times per year during the first three years of operations. The applicant ensures a social workers will work with shelter staff and the individual to review their benefit and potential entitlements.

The applicant offers the types of education and services are based on the recommendations of the Health Care for the Homeless Clinicians' Network and will include:

- Understanding and completing advance directives
- Identifying safe storage spaces for advance directives
  - Giving patients weather-proof, pocket and wallet size advance directives
- Bereavement groups
- Planning for who should be contacted in case of serious illness or death
- The continuum of care, including palliative and hospice care, available to individuals with chronic illness
- Harm reduction techniques for individuals with substance use disorders, and available mental health services

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Safe Harbor Hospice state that Service Area 11 it will create a Service Area 11 Community Advisory Board that will meet on a quarterly basis and include both counties, recruiting at least one member affiliated with an organization meeting the needs of homeless and/or uninsured individuals on the board to meet the needs and cultural values of all patients, families, and staff of this diverse area.

The applicant notes that Lighthouse Hospice has experience treating patients with HIV/AIDS in the Chicago area, and its leadership will continue its dedication to serving patients with HIV/AIDS in Service Area 11. Further Safe Harbor Hospice notes that Miami-Dade and Monroe counties have higher rates of individuals living with HIV when compared to the state, which identifies that there is a critical need for specialized care and support for this population.

**HIV/AIDS Prevalence in Miami-Dade and Monroe Counties**

County	Population	Persons with HIV, 2023		Age-Adjusted HIV/AIDS Deaths, 2022	
		Count	Rate per 100,000	Count	Rate per 100,000
Miami-Dade County	2,785,095	29,453	1,057.5	114	3.4
Monroe County	84,572	578	683.4	5	3.4
District 11 Total	2,869,667	30,031		119	
Florida	<b>22,685,583</b>	<b>128,497</b>	<b>566.4</b>		<b>167.9</b>

Source: CON application #10824, page 76 from FLHealthCharts.com.

Safe Harbor Hospice discusses on pages 76 and 77 that its care model will ensure that HIV/AIDS patients receive culturally sensitive, nondiscriminatory, and compassionate care. The applicant notes that it includes the physical, emotional, and psychosocial challenges this cohort faces. Safe Harbor Hospice adds that it will require its staff to complete specialized training through Medline University's Essentials of HIV for Healthcare Workers to provide specific care. Further, this training includes essential safety protocols, including OSHA's universal precautions and the CDC's standard precautions, as well as post-exposure response strategies.

- (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.**

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This is not applicable as Service Area 11 is comprised of only two counties: Miami-Dade and Monroe.

Service Area 11 has 39 hospitals with 8,627 licensed beds, 56 SNF's with 8,514 beds, 804 ALFs with 10,116 licensed beds, and 429 home health agencies as of October 16, 2024.

**AMOR Hospice Care, LLC (CON application #10820)** contends that it is committed to establishing a physical presence for hospice services in Miami-Dade County noting that the location will be in or around Hialeah (Unit 7525, Suite 100 and 200, Hialeah, Florida 33016) and will be attained upon program approval. Further, AMOR Hospice commits to a second office location once the census reaches 80 at a site that is best placed to service the growing patient population within the market but does not plan to have a locally based office or team in Monroe County during its first two years of operation.

**Arc Hospice of Florida, LLC (CON application #10821)** responds that Service Area 11 is comprised of Miami-Dade and Monroe Counties which are considered urban and plans to establish a physical presence initially in Miami-Dade County, then add a second office as needed in the service area.

Arc Hospice contends that it is experienced in diverse areas and focuses on hiring and retaining employees that live in the same areas as the patients. Further that it has expertise in response times, communication plans, disaster plans, and follow-ups with policies in place to best serve all patients.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** states that Service Area 11 is composed of only two counties: Miami/Dade and Monroe, therefore this preference is not applicable to the review of this application. The reviewer notes Heart'n Soul is the only applicant with a Monroe County nursing home willing to enter into an inpatient agreement.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** responds that its Miami-Dade office is located in Miami and will serve both counties from this location. Additionally, ILMS Hospice has a smaller office in Monroe County located at 9391 Overseas Highway, Tavernier, Florida 33017 which is 65 miles from the Miami office and will accommodate staff serving Monroe county as well as community education. ILMS Hospice has conditioned this response within this application as Condition 5.

**Safe Harbor Hospice, LLC (CON application #10824):** This preference is not applicable to District 11, which is comprised of two counties.

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

**AMOR Hospice Care, LLC (CON application #10820):** AMOR Hospice will provide services that are not specifically covered by private insurance, Medicaid, or Medicare as well as providing palliative care services outside of the Medicare hospice benefit, where coverage by Medicare, Medicaid, and private insurance is inconsistent. Further, the applicant will also be providing community education and awareness outside of its reimbursable services.

**Arc Hospice of Florida, LLC (CON application #10821)** discusses in detail that it will offer Service Area 11 a wide range of programs/services for patients who are unable to pay or whose payor source does not cover certain services. Some examples offered include community-based bereavement services, spiritual counseling, palliative arts programs (i.e., Music, pet massage therapy, etc.), vigil program, SNF/ALF Care Collaboration Program, We Honor Veterans, hospice for veterans, homeless, and indigent, Arc Bridge: Early Integration Program and its Service Intensity Add-On Program.

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 \$13,235 and \$37,645 annually in Years One and Two, respectively, of patient revenues associated with charity patients.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** reiterates its commitment to caring for all patients regarding of payor source or ability to pay noting that it will offer a wide range of services that go beyond what Medicare, Medicaid, and private insurance require. Heart'n Soul Hospice ensures that its programs

provide uncompensated care to patients who do not have government or private insurance. Further, in addition to the traditional core hospice programming that the applicant will offer its Service Area 11 patients additional services with its “Journey Programs” noting that it has conditioned this response, providing a detailed description on pages 65-67.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** provides examples of the support it will provide that are beyond what is required by regulation includes but is not limited to music, art, and pet therapy as well as massage and Reiki. ILMS Hospice states that it “will extend the care and support beyond the four pillars of the benefit” which includes routine, continuous, inpatient respite and general inpatient care.

The applicant notes it believes that:

- Death is a natural part of the life cycle.
- Death should neither be hastened nor postponed.
- Those who desire to face end-of-life with dignity and as much control as possible should be helped to meet these goals.
- Pain and symptoms should be aggressively controlled.
- Holistic care which recognizes that pain and suffering may be physical, emotional, spiritual, or social is essential.
- Those who wish to live as fully and as comfortable as possible should be provided that opportunity.
- Palliative care to terminally ill patients, as well as supportive services to patients, their families, and significant others, 24 hours a day in both home and inpatient settings is essential to quality hospice care.

ILMS Hospice ensures that it will provide every patient with a team of health care professionals who work together with the patient and family to meet their unique needs and wishes for care with services that will include:

- General medical care and support
- Intensive bedside hospice support (Crisis Care)
- Social Services
- Physician Visits
- Spiritual Support
- Education
- Psychosocial and bereavement counseling
- ILMS Hospice will provide the following:
- Board-certified hospice and palliative care physicians

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- Registered nurses
- Licensed practical nurses, Certified nursing assistants
- Medical social workers
- Non-denominational chaplains and pastors Bereavement professionals
- Hospice Trained Volunteers

ILMS Hospice asserts that it will actively recruit from identified minority populations with the goal of a culturally diverse workforce that consists of at least 25 percent bilingual employees. Further ILMS Hospice confirms that it will care for hospice patients regardless of their ability to pay. ILMS Hospice offer that it will provide opportunities for memorial and remembrance services.

The applicant states that it will train and orient its volunteers, fully integrating them into its services that are related to patient care or administrative support. ILMS Hospice confirms that its volunteers will comprise at a minimum five percent of total patient-care hours of all paid hospice employees as required by regulation. The applicant adds that its volunteers will an important member of the ILMS Hospice's Interdisciplinary Team (IDT) providing valuable support and companionship to patients and their families.

ILMS Hospice states that it will provide bereavement services for thirteen months following the patient's death, longer if needed by the family. The applicant has conditioned this response within this application as Condition 15.

The applicant has conditioned this response within this application as Condition 16 to provide specialized bereavement care to adults with intellectual/development disabilities (IDD) which include the following services:

- Individual and Family Grief Support including:
  - Telephone Grief Support
  - Grief Support Groups
  - Individual Grief Support Counseling
  - Specialized Grief Support Groups for Teenagers
  - School Support Groups o Memorial Services
  - Coping with Grief Through the Holidays Program
  - Community Outreach/Education Programs Focused on Grief

ILMS Hospice asserts that its bereavement program seeks to assist patients, families, and the community wherever and whenever needed.

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The applicant provides that its grief support and bereavement groups will be open to any family member, medical staff, or family caregiver that has experienced the death of a loved one or other significant loss at no cost. Further, these groups will be held in publicly accessible areas such as churches, health care providers, and community meeting locations.

ILMS Hospice confirms that its Volunteer and Bereavement Coordinator will seek and attain NADD IDD/MH certification to assure appropriate support for persons with Intellectual /Developmental Disabilities (IDD).

Further, during the second year of operation following licensure, ILMS will provide an annual two-day bereavement for children and has conditioned this response within this application as Condition 17 which includes an annual bereavement camp for children.

The applicant provides 25, bulleted topics on pages 52-53 of the training its volunteers must complete before beginning patient or administration responsibilities.

ILMS Hospice states that it will work with local churches outreach programs to recruit hospice volunteers from the Latino/Hispanic and African American populations.

The applicant offers that its core staff will be employees of ILMS Hospice, it will contract for general inpatient care when needed and will not contract for volunteers.

ILMS Hospice will provide hospice education through the councils identified in the conditions of this application to access communities and populations that may not be accessible through traditional methods. The applicant confirms it will provide education through

- Latino/Hispanic groups and centers
- Senior groups
- Assisted Living Facilities
- Shelters
- Food kitchens
- Veterans' groups
- Nursing homes
- Health fairs

The applicant states that reminiscence groups will be offered to area nursing homes and assisted living centers to assist people with problems with socialization, memory loss, dementia, depression, and anxiety aiming to help improve socialization and enhance good mental health.

**Safe Harbor Hospice, LLC (CON application #10824)** discusses its “non-core” services that will be offered in Service Area 11 on pages 77-85 of this application noting that additional information is located in Attachments 16, 17, 18 and 19 of this application. The programs are summarized below:

- Music therapy - Safe Harbor Hospice states that it will provide board-certified music therapists (MT-BCs) that are required to have graduated from a program accredited by the American Music Therapy Association (AMTA), to remain in good standing with the Certification Board for Music Therapists (CBMT), and to meet continuing education requirements. Further, these therapists develop an individualized plan of care, evaluating a patient's physical, emotional, psychosocial, and spiritual needs and providing recommendations and goals to improve the patient's functioning and quality of life that may include drumming, guided imagery and music, improvisation, lyric analysis, movement to music, music-assisted relaxation, music-assisted reminiscence / life review, songwriting, and therapeutic singing
- Animal therapy - Safe Harbor requires its therapy animals to go through a certification process through Pet Partners, Therapy Dogs International, or similar groups. Additionally, the pet volunteers are required to [participate in a training and certification as well as hospice-specific training.
- Massage therapy - Safe Harbor Hospice requires standard certification and licensure requirements as well as hospice-specific training and will collaborate with integrated, interdisciplinary care teams. The applicant notes that the types of massage techniques employed may include gentle Swedish massage, hand and foot massage, touch therapy, and energy work (e.g., reiki)
- Virtual reality - Safe Harbor Hospice states that it will use technology from Rendever, Inc., or a similar provider. The applicant assures that its staff will be trained to use the VR equipment and administer sessions, taking into account patient comfort level and safety, as well as any contraindications such as motion sickness or claustrophobia



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that could negatively impact the patient's experience as well as collaborating with caregivers and the patient's care team to a develop personalized experience

- Aromatherapy - Safe Harbor will require its practitioners to obtain and maintain training and certification through organizations such as the National Association for Holistic Aromatherapy and the International Federation of Professional Aromatherapists as well as additional hospice-specific safety training. Further, all uses of essential oils in therapeutic interventions must be evaluated and selected by the patient's care team
- Culturally appropriate care for Jewish patients/ongoing National Institute for Jewish Hospice (NIJH) accreditation - Safe Harbor Hospice confirms that it will participate in the accreditation program from the NIJH, as well as participating in the organization's annual conference. The applicant argues that this allows it to build and develop its network of Jewish spiritual leaders in the area, strengthen its community connections, and provide resources to local Jewish populations to keep them better informed of its care offerings. Training topics include:
  - Jewish medical ethics
  - End-of-life caring from a Jewish perspective
  - Jewish aspects of consolation and bereavement
  - Caring for different groups within Judaism
  - Holiday observances and potential hospice concerns
  - Specific preparations for death and funerary services

We Honor Veterans program - Safe Harbor Hospice conditions this application on becoming a We Honor Veterans partner in Service Area 11 and achieving Level 2 in the second year of operations. The applicant notes that it will offer a veteran pinning ceremony specific to the branch of the military to its patients with family and friends present. Safe Harbor Hospice adds that it will provide a music therapist, a special prayer by its chaplain, and that the pinning will be done by the volunteer coordinator. The applicant notes that Lighthouse Hospice currently participates in the We Honor Veterans program in Illinois.

Safe Harbor addresses Rule 59A-38, F.A.C., Hospice Licensure Standards on the application's pages 85-110.

- 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.**

**AMOR Hospice Care, LLC (CON application #10820)** states that it has demonstrated that its proposal is consistent with local and statewide health plans. The applicant states that “the local health council, Health Council of South Florida, Inc. does not appear to be operating a functional website (<https://www.healthcouncil.org>) at the time of this filing” and that it was able to locate the an active Facebook page (<https://www.facebook.com/healthcouncilsofl/>), but states that “it was not evident there was any recent Community Health Needs Assessment or Plan conducted or publicly available through the landing page.”

AMOR Hospice states that its program will be responsive to the Florida State Health Improvement Plan’s seven priority areas and goals by providing both palliative care and additional access and education about hospice care to the community, including targeted educational outreach to underserved population as well as providing disease specific training and resources for Alzheimer's, Dementia, and other chronic diseases such as cancer and heart disease. The applicant adds that resources will include NHPCO, CAPC and HPCC for training and certifications.

The applicant shares that it obtained 285 letters of support and provides excerpts on pages 73 through 78 of the application as well as the full letters in its Appendix I. Additionally, AMOR Hospice states these come from community hospitals, assisted living facilities, adult day care programs, nursing facilities, home health agencies, social service agencies, local nonprofit agencies, congregations, physicians, business owners, and political leaders. Further, the applicant states that the owner, Odelmys Bello, is local to the community and active and engaged in conducting outreach and gathering support within the community for the AMOR Hospice program.

**Arc Hospice of Florida, LLC (CON application #10821)** reiterates that it has received tremendous support for the project and provides numerous excerpts of its support letters throughout the application. Pages 229-263 contain excerpts from the applicant with the original letters submitted located in the application’s Exhibit C.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)**

responds that the “State and Local Health Councils no longer provide recommendations relative to the review of Certificate of Need applications for hospice programs. However, as demonstrated in the foregoing review of this Rule and the provisions of Chapter 59A-38, Florida Administrative Code, this project is fully consistent with the Agency's rules governing hospice programs.

The applicant notes that copies of its Letters of Support are located in Appendices A, C, D, E, R, S and U of this application.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)**

responds that it has provided information and data specific to Hospice Rule 59C-1 .032-.044 of the Florida Administrative Code addressing:

1. A proven commitment to populations with unmet needs
2. Inpatient care through contracting
3. A commitment to serve patients without primary caregivers at home, the homeless, and patience with AIDS
4. An office in Miami Dade and Monroe counties
5. Coverage of services not covered by Insurance
6. Consistency with the needs of the community

The applicant’s response does not include a discussion of its “Letters of Support”.

**Safe Harbor Hospice, LLC (CON application #10824):**

The applicant’s response begins on page 119 of its application and does not include a discussion of its “Letters of Support”. Safe Harbor Hospice reiterates much of its previous discussion adding a detailed discussion of the Health Council of South Florida’s 2023 District 11 (Miami-Dade and Monroe counties) Health Profile, updated August 28, 2024, the Florida Department of Health, Miami-Dade County’s Community Health Assessment from March 2021 - March 2022, and the Florida Department of Health in Monroe County CHA for 2019 - 2024 updated May 2022 studies and including include the Florida's State Health Improvement Plan (SHIP) area findings (pages 110-115). Safe Harbor Hospice refers to its Schedule C and repeats its previous response of its program to addresses the needs that were identified by the referenced studies regarding Service Area 11’s homeless.

Safe Harbor Hospice states that its focus is based on the CHIP strategic priorities and goals of improving access to health care, reducing health disparities, advocating for the underserved, and informing health care policies and highlights these below:

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- Health Equity
  - Improve service linkage to encourage equity
  - Provide access to quality educational services
  - Improve community involvement
  - Improve access to affordable and quality housing
- Access to Care
  - Use health information technology to improve the efficiency, effectiveness, and quality of patient care coordination, patient safety, and health care outcomes
  - Integrate planning and assessment process to maximize partnerships and expertise of a community in accomplishing its goals
  - Promote an efficient public health system for Miami-Dade County
  - Immigrant access to health care and community-based services
  - Improve access to community services that promote improvement in social and mental health, opioid treatment, and early linkage to address cognitive disorders
  - Increase awareness of Alzheimer's and related dementias
- Chronic Disease
  - Reduce chronic disease morbidity and mortality.
  - Increase access to resources that promote healthy behaviors including access to transportation, healthy food options, and smoke and nicotine-free environments
  - Increase the percentage of children and adults who are at a healthy weight
  - Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases, and improve the health status of residents and visitors
- Communicable Disease/Emergent Threats
- Prevent and control infectious diseases
- Provide equal access to culturally competent care

The applicant adds that its Community Advisory Board will include both Service Area 11 residents and Safe Harbor Hospice employees as well as conditioning this application on having one member of the Black community to address specific disparities within this cohort.

Further, the Community Advisory Board will also address homelessness disparities for Black residents by conditioning this application on having one member of the Black community on its Community Advisory Board.

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Safe Harbor Hospice states that it will also address in its first year, the uninsured population in Service Area 11 by implementing a program to ensure this population will receive:

- Education on the availability of hospice services
- Information on the provision of charity care by Safe Harbor (in English, Spanish, and Haitian-Creole)
- Assistance with applications for insurance for which they are eligible
- Case management services that connect them with community-based resources they may need, including:
  - Meal services
  - Housing assistance
  - Legal assistance

The applicant shares that its program will be overseen by an “access improvement social worker” which is a full-time master's-level social worker employed by Safe Harbor Hospice. The applicant will be hired locally and will provide care coordination, community education, and health care provider education in Service Area 11 as well as quarterly end-of-life education events to area FQHCs, hospitals, community organizations, food pantries, and affordable senior housing centers covering:

- Identifying patients who may be hospice eligible
- Communicating end-of-life care options
- Charity care available to hospice patients
- Reducing ED visits among patients at end of life

Further, Safe Harbor Hospice staff will be trained on the American Diabetes Association's Standards of Care in Diabetes for Older Adults on an annual basis, and conditions this application on its RN or medical director to provide an in-person, in-service training for clinical staff annually that covers the American Diabetes Association's most current guidelines which is located in Attachment 7.

The applicant adds that its Community Advisory Board will include both Service Area 11 residents and Safe Harbor Hospice employees as well as conditioning this application on having one member of the Black community to address specific disparities within this cohort.

Further, the Community Advisory Board will also address homelessness disparities for Black residents by conditioning this application on having one member of the Black community on its Community Advisory Board.

**CON Application Numbers: 10820 - 10824**

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- Assistance with applications for insurance for which they are eligible
- Case management services that connect them with community-based resources they may need, including:
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- 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.**

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**AMOR Hospice Care, LLC (CON application #10820)** responds and its Schedule 6A shows 29.02 FTE staff for the project in year one and 52.62 FTEs in year two.

The hospice program will be operated by the administrator and the director of nursing/clinical director with support of hospice liaisons and other administrative support. The director of nursing/clinical director along with a nurse practitioner will assist the part-time medical director.

AMOR states that all therapies, including physical, occupational, speech and alternative/complementary therapy will be contracted positions as well as its medical director.

AMOR Hospice contends that it will develop a Volunteer Program, committing to having a minimum of 10 volunteers after one year of licensure. Further, trained hospice volunteers will serve as members of the interdisciplinary team working with terminally ill patients and their families whose services will include:

- The Patient Care Volunteer - provides respite to the caregivers and companionship to the patient. Interactions are consistent with the patient plan of care
- The Bereavement Support Volunteer - provides bereavement support services to families/caregivers. The Administrative Volunteer performs a variety of general office and community tasks

Additionally, the applicant is committed to developing a volunteer program reflecting "Guardian Angel Services" in which a team of specifically trained volunteers are available to provide support to patients without family support or patients and families who need additional support on short notice during the final hours of life as well as respite care.

**Arc Hospice of Florida, LLC (CON application #10821)** Schedule 6A shows 16.80 FTE staff for the project in year one and 32.05 FTEs in year two. Arc Hospice states that its administrative director will oversee the proposed hospice program for Service Area 11 and all administrative operations involved in running the program. The applicant notes that staffing will include a medical director and that hospice services will be delivered by trained members of an interdisciplinary team comprised of nurses, physicians, social workers, chaplains, hospice aides and volunteers.

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Further, its Service Area 11 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 and recently approved programs in Service Areas 10 and 3A. The applicant's Exhibit F includes samples of policies and procedures the Service Area 11 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.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)**

Schedule 6 shows 22.7 FTE staff for the project in year one and 47.6 FTEs in year two. Heart'n Soul Hospice commits to building a strong volunteer support in Service Area 11, projecting that it will recruit a minimum of 20 volunteers in its first full year of operations and at least 35 more in its second year. The applicant notes that volunteers would respite care, social visits, feeding assistance in ALFs, vigil care, veterans' pinning, transportation, assistance in bereavement groups, as well as errands and shopping.

The applicant expects that at least 1,000 hours of volunteer service will be provided in year one and at least 1,800 in year two. Further, information on its volunteer programs is available in Appendix M of this application.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** projects on Schedule 6A it will have 24.1 FTE staff in year one and 50.1 FTEs in year two.

The applicant responds that its staffing is planned by its discipline and administrative staff with some being hired prior to the initiation of services. Further its staff will include an executive director, medical director, clinical director, nurses, aids, volunteer coordinator, bereavement coordinator, and support staff that include sales, intake, scheduling, medical records, office assistant, and volunteers. Regarding its volunteers, ILMS Hospice confirms they will provide support and comfort to patients and their families.



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**Safe Harbor Hospice, LLC (CON application #10824)** Schedule 6A shows 23.40 FTE staff for the project in year one and 40.55 FTEs in year two. The applicant states that its volunteer hours will equal or exceed five percent of total direct care staff hours.

The applicant notes that it will benefit from Lighthouse Hospice's history of recruiting excellent hospice staff and refers to its program summary section to discuss its prospective administrator, Kathy Smith who will be involved with the hospice's development and startup period.

Safe Harbor Hospice states that its recruitment efforts will be led by the HR director and ensures that it will hire employees through professional organizations, postings on health care job boards, LinkedIn, Indeed, and other career websites and include attending career fairs, offering informational sessions, and will organize events about its employment opportunities.

Safe Harbor Hospice adds that its membership in the National Association of Hispanic Nurses (NAHN) and will also provide opportunities to recruit bilingual, Spanish-speaking nurses and will focus on hiring from within the Service Area 11 Hispanic community, training staff on culturally competent care. Further, additional staff will be recruited through its training and internship programs, as appropriate.

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

**AMOR Hospice Care, LLC (CON application #10820)** expects that it will obtain referrals from area physicians, hospitals, nursing homes, assisted living facilities, home health agencies (including the applicant & affiliates), family members and friends of patients, patients themselves, faith communities, insurers, community health centers and organizations and "Etc.". The applicant adds that the letters of support it has received demonstrates multiple connections to area referral sources, with letters from clinical personnel and operational leaders at hospitals, home health agencies, community health organizations, PACE programs, faith communities, local physicians and physician practices, nursing homes, and various other community members.

**Arc Hospice of Florida, LLC (CON application #10821)** 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.

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**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** expects patient referrals from physicians, hospitals, nursing homes and ALFs, as well as from social workers, family members, clergy, and other social service organizations and professionals.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** expects patient referrals from families, human service organizations, ALFs, health care providers including hospitals, nursing homes, and physicians.

**Safe Harbor Hospice, LLC (CON application #10824)** expects patient referrals from physicians, other care providers, patients and caregivers, nursing homes, hospitals, ALFS, health maintenance organizations, dialysis centers, social workers, home health organizations, churches, funeral directors, social services organizations, families, and individuals. Additionally, the applicant will engage in outreach and education events to increase awareness of hospice and improve access to care among underserved groups and Service Area 11 residents.

**(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.**

**Admissions by Payer Source  
Years One and Two**

<b>Year One</b>	<b>AMOR Hospice</b>	<b>Arc Hospice</b>	<b>Heart'n Soul</b>	<b>ILMS Hospice</b>	<b>Safe Harbor</b>
Medicare	298	167	322	193	138
Medicaid/Medicaid HMO	8	6	18	11	4
Commercial Insurance	7	5	4	4	1
Self-Pay	-	2	4	2	-
Charity/Indigent	5	0	4	-	4
<b>Total</b>	<b>318</b>	<b>180</b>	<b>*350</b>	<b>210</b>	<b>147</b>
<b>Year Two</b>					
Medicare	515	339	621	580	334
Medicaid/Medicaid HMO	14	13	34	32	11
Commercial Insurance	12	9	7	13	4
Self-Pay	-	4	7	6	-
Charity/Indigent	8	0	7	-	11
<b>Total</b>	<b>549</b>	<b>365</b>	<b>*675</b>	<b>631</b>	<b>360</b>

Sources: CON application #10820, pages 81 and 82. CON application #10821, Figure 48, page 264, CON application #10822, page 70, Table 8, CON application #10823, Schedule 7A, CON application #10824, page 120.

Notes: \*Heart n Soul's individual payer columns totals show 347 year one and 671 year two admissions.

\*\*ILMS's Schedule 7A varies from its direct response on the application's page 50 which indicates indigent care will be one percent of admissions and self-pay zero percent.

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

**AMOR Hospice Care LLC, (CON application #10820)  
Admissions By Terminal Illness  
Years One and Two**

	<b>Year One</b>	<b>Year Two</b>
Cancer Under 65	4	7
Cancer 65+	47	81
Non-Cancer Under 65	16	27
Non-Cancer 65+	205	353
<b>Total Admissions</b>	<b>318</b>	<b>549</b>

Source: CON application #10820, page 82.

**Arc Hospice of Florida, LLC (CON application #10821)  
Admissions By Terminal Illness  
Years One and Two**

	<b>Year One</b>	<b>Year Two</b>
Cancer Under 65	9	19
Cancer 65+	37	76
Non-Cancer Under 65	9	18
Non-Cancer 65+	125	253
<b>Total</b>	<b>180</b>	<b>365</b>

Source: CON application #10821, Figure 49, page 265.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)  
Admissions By Terminal Illness  
Years One and Two**

	<b>Year One</b>	<b>Year Two</b>
Cancer Under 65	18	35
Cancer 65+	72	140
Non-Cancer Under 65	17	33
Non-Cancer 65+	243	468
<b>Total</b>	<b>350</b>	<b>*675</b>

Source: CON #10822, page 71, Table 9.

Note: \*Total for Year 2 computes to 676.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies  
(CON application #10823)  
Admissions By Terminal Illness  
Years One and Two**

	<b>Year One</b>	<b>Year Two</b>
Cancer	55	164
Alzheimer's Dementias	77	158
COPD/Heart Disease	26	155
Other	26	154
<b>Total</b>	<b>210*</b>	<b>631</b>

Source: CON #10823, page 55.

\*Note the Year 1 total computes to 184.

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### Safe Harbor Hospice, LLC (CON application #10824) Admissions By Terminal Illness Years One and Two

	Year One	Year Two
Cancer	30	73
Non-Cancer	117	287
<b>Total</b>	<b>147</b>	<b>360</b>

Source: CON #10824, page 121.

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

### Admissions by Age Cohort Years One and Two

	AMOR Hospice	Arc Hospice	Heart'n Soul	ILMS Hospice	Safe Harbor
<b>Year One Admissions</b>					
<b>Under 65</b>	20	18	35	21	13
<b>Over 65</b>	298	162	315	189	134
<b>Total</b>	<b>318</b>	<b>180</b>	<b>350</b>	<b>210</b>	<b>147</b>
<b>Year Two Admissions</b>					
<b>Under 65</b>	34	36	68	63	32
<b>Over 65</b>	515	329	608	568	328
<b>Total</b>	<b>549</b>	<b>365</b>	<b>675*</b>	<b>631</b>	<b>360</b>

Source: CON application #10820, page 82, CON application #10821, Figure 50, page 265, CON application #10822, Table 9, partially recreated, page 71, CON application #10823, page 55  
CON application #10824, page 121.

Note: Heart n' Soul's Year 2 computes to 676-its under age 65 admissions total 68 but stated as 67.

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

**AMOR Hospice Care, LLC (CON application #10820)** states that it will provide required core services of routine care, respite care, inpatient care, and continuous care directly through AMOR Hospice staff. Services provided directly by AMOR Hospice will include:

- Physician services
- Nursing services
- Home care aides
- Medical social services
- Bereavement counseling
- Dietary counseling
- Spiritual counseling
- Pharmacy services
- Durable medical equipment and medical supplies
- Volunteer services
- Infection control
- Quality measurement and reporting
- Community outreach and education

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Contracted Services: AMOR Hospice will contract with outside providers for the following services:

- Medical Director
- Alternative therapies
- Inpatient general care
- Inpatient respite care

AMOR Hospice states that it will also contract for inpatient general and inpatient respite care and will maintain administrative, clinical, and legal responsibility and oversight for the care provided by contracted individuals. Additionally, the applicant will directly provide those services and functions mandated by State and Federal regulations.

**Arc Hospice of Florida, LLC (CON application #10821)** 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.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** responds that it will provide most of its services through employed staff or volunteers and that physical, occupational, and speech therapy, laboratory and radiology, inpatient and respite care, durable medical equipment, pharmacy, and medical supplies will be provided through contract labor or contractual agreements.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** indicates that its staff and volunteers will directly deliver the majority of its services and that it will contract for clinical services as needed to assure timely patient care. Further, ILMS Hospice notes that it will contract with an acute care provider to provide general inpatient.

**Safe Harbor Hospice, LLC (CON application #10824)** indicates that its staff will provide most hospice services, assisted by trained volunteers noting that a detailed response begins on page 94 of its application. The applicant ensures that it will provide medical direction, pharmacy oversight, nursing services (RNs, LPNs, and CNAs are employees), bereavement, music therapy, dietary services, and social work as well as employing its administrative staff.

Safe Harbor Hospice states that it will contract with area providers for speech, occupational, and physical therapy and commits that all necessary contracted services are provided by carefully vetted, high-quality contracted providers in Service Area 11 that meet CHAP standards before services are offered.

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

**AMOR Hospice Care, LLC (CON application #10820)** responds that it is not seeking to develop an inpatient care facility at this time and will contract with existing inpatient hospice care facilities in Service Area 11. The applicant states that this will provide the most cost-efficient use of community resources for the provision of inpatient care. AMOR Hospice reiterates that it has already connected with multiple inpatient facilities in the area and would pursue contractual arrangements with those and others once the proposed program is approved.

**Arc Hospice of Florida, LLC (CON application #10821)** indicates it will have contractual arrangements with Service Area 11 hospital and nursing home facilities for inpatient and respite needs. Further, it has established working relationships in the area, citing Miramar Post-Acute Care Solutions, which operates three skilled nursing care facilities (459 beds) in Service Area 11 and Quantum Health Care Group which has a skilled nursing facility in Service Area 11 (150 beds) having expressed willingness to provide general inpatient beds (Exhibit G). Further, Schedule 5 indicates that that 1.5 percent of its patient days will be for inpatient services in Service Area 11.

Pages 266-284 contain excerpts from the Arc's letters of support contained in the application's Exhibit C.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** reiterates that it intends to provide needed inpatient services via contractual arrangements with service area hospitals and nursing homes. Of the co-batch applicants, Heart'n Soul has the most

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letters of support from service area facilities indicating willingness to contract for inpatient care.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** confirms that it has a letter of support from Jackson Health Care stating that the organization will negotiate general inpatient care beds at all its acute care locations. Additionally, ILMS Hospice will seek contracts with all acute care providers in Service Area 11.

**Safe Harbor Hospice, LLC (CON application #10824)** indicates it is not seeking approval to construct a freestanding inpatient hospice facility and will have contractual arrangements with Service Area 11 hospitals and SNFs. Safe Harbor Hospice notes that Riverside Care Center wrote a letter of support, included in Attachment 27 indicating a willingness to contract with Safe Harbor Hospice for inpatient hospice care. Further, a sample inpatient agreement is included in Attachment 20.

The applicant notes that Lighthouse Hospice has contracts with twelve providers in its Illinois service area to provide inpatient care for its hospice patients and its leadership will work with Safe Harbor Hospice to ensure similar contracts are in place with providers in Service Area 11.

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

**AMOR Hospice Care, LLC (CON application #10820)** states that it is not requesting any new inpatient beds at this time.

**Arc Hospice of Florida, LLC (CON application #10821)** states this is not applicable and will contract with existing health care facilities for inpatient beds when needed.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** forecasts approximately 385 GIP patient days in year one and 905 GIP patient days in year two. The applicant notes that these patient day projections translate into need for approximately one GIP bed in year one and 2.5 GIP beds in year two, which will be provided in contracted facilities.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** states that it will contract for provision of general inpatient care.

**Safe Harbor Hospice, LLC (CON application #10824)** states again that it is not seeking approval for a freestanding inpatient hospice facility and will establish inpatient agreements with hospitals and SNFs in Service Area 11 for inpatient beds as needed. The applicant adds that will only pay for bed days used, therefore the expense budget does not change with the number of beds under contract.

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

**AMOR Hospice Care, LLC (CON application #10820)** outlines its approach to inpatient care admission, following CMS, state, and national guidelines. The applicant states that inpatient care will be initiated when the interdisciplinary team, including the attending physician and/or medical director, determines a patient's pain and symptoms cannot be effectively managed at home or in another residential setting.

AMOR Hospice notes that the individual may be eligible for a short-term general inpatient level of care when a patient has sudden changes after a gradual decline, sudden changes in symptoms or condition or when continuous home care fails to manage patient issues. Additionally, general inpatient care may also be provided at the end of an acute hospital stay if there is a need for pain control or symptom management which cannot be feasibly provided in the home setting at hospital discharge. Further, examples of scenarios in which inpatient care is appropriate may include:

- Caregiver exhaustion from 24/7 care
- Caregiver needs to attend a family event
- Caregiver illness requiring a break from caregiving

AMOR Hospice emphasizes thoughtful consideration of the caregiver's reason for requesting respite care. The interdisciplinary team will review the patient and family situation to ensure appropriate care planning.

**Arc Hospice of Florida, LLC (CON application #10821)** 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.



**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** states that Medicare regulations outline the requirements for admitting a hospice patient to an inpatient unit and that these requirements have been incorporated into its inpatient admission criteria.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** responds that a patient would be admitted to an inpatient bed when symptoms and/or pain could not be controlled in the home setting. ILMS Hospice commits to serve all persons in need of hospice care and will accept patients that do not have an identified primary caregiver in the home.

**Safe Harbor Hospice, LLC (CON application #10824)** states that it has policies that define eligibility for both inpatient and respite care, and the role of the hospice team and partnering inpatient facility while a patient is admitted to an inpatient bed. Safe Harbor Hospice states that care will be provided when a patient's pain or symptoms cannot be managed effectively in their home or when a caregiver needs respite support (for no more than five days). The applicant states that the specific circumstances under which a patient receives inpatient care depend on the patient's physical condition, caregiver capacity, and the patient's wishes. Safe Harbor Hospice asserts that these are often short-term situations during which a patient's symptoms are stabilized before they can return home. The applicant's Attachment 27 has an example inpatient facility contract.

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

**AMOR Hospice Care, LLC (CON application #10820)** responds that it will make every effort for patients to remain in the most supportive environment possible during their hospice care. The applicant will provide each patient admitted with a detailed plan of care accounting for the status of their primary caregiver and for patients without a caregiver and who are independent in their activities of daily living (ADLs) will have a specific plan developed with the social worker who will attempt to identify a caregiver through the patient's family, friends, and community. AMOR Hospice confirms that it will also offer emergency respite care to those patients in need.

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AMOR Hospice states that it will assist the patient in being placed within an assisted living, nursing home, or hospice house as their plan of care dictates when no patient caregiver is available with the patients consent. Further, the applicant will also assist patients with the process for Medicare/Medicaid assistance to support the patients without a primary caregiver which includes an assessment of the options for a Medicaid spend-down plan so that they meet Medicaid income limits.

AMOR Hospice reiterates that it is committed to developing a volunteer program reflecting "Guardian Angel Services" where a team of specifically trained volunteers are available to respond on short notice to provide the presence during the last few hours of life to patients without family support.

**Arc Hospice of Florida, LLC (CON application #10821)** 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.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** reiterates the portion of its preference 3 response regarding providing hospice services to persons without primary caregivers at home.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** reiterates the portion of its preference 3 response regarding providing hospice services to persons without primary caregivers at home.

**Safe Harbor Hospice, LLC (CON application #10824)** reiterates the portion of its preference 3 response regarding those without primary caregivers at home.

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

**AMOR Hospice Care, LLC (CON application #10820)** ensures that it will offer a full complement of bereavement services to

hospice patients and their families/caregivers as well as residents and staff of assisted living, skilled nursing and inpatient nursing facilities when appropriate. The applicant states that the purpose of these services will be to facilitate a normal grieving process and to identify and appropriately refer those persons who may be experiencing pathological grief reactions that may interfere with the eventual resolution and integration of their losses. Further, bereavement services will be coordinated, when appropriate, with the individual's community spiritual advisor, as well as with other community resources.

Bereavement services and is offered both before and after the patient's death in accordance with the interdisciplinary team (IDT) plan of care for at least 13 months of follow-up by specially trained staff and volunteers by staff and volunteers experienced in bereavement support and will include mailings and phone calls, educational offerings, individual and group counseling, referrals to community resources, crisis intervention counseling, grief support groups and memorial services.

**Arc Hospice of Florida, LLC (CON application #10821)** 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 285 and 286 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

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- 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

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** states it will offer bereavement services to patients' families for at least a year after the patient's death and will establish policies and procedures to manage these services. Additionally, they will provide bereavement services to community members who have lost family members not under hospice care. The applicant notes that it will conduct a family bereavement assessment within five days of hospice admission and develop anticipatory bereavement plans based on this assessment which are updated as necessary during the IDG meeting.

Heart'n Soul Hospice confirms that family members will receive tailored bereavement materials for a year after a loss as well as assistance finding extra resources during this period, the bereavement counselor will identify the high-risk individuals through assessments that will receive more intensive support and frequent contact.

The applicant offers specialized bereavement resources for children, adolescents, young adults as well as specialized programs addressing the needs of survivors of a spouse, infants, and adult children. Additionally, bereavement support groups and the Caregiver Café will be available to the community.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** states ILMS Hospice Bereavement and Grief Support Programs will be made available to all service area residents at no charge regardless of whether they have had any relationship with ILMS Hospice which includes the Bereavement Camp for Children. Additional bereavement services will include but not be limited to telephone grief support, grief support groups, individual grief counseling, school support groups, memorial services, and community outreach/education programs.

Further, grief support and bereavement groups will be open to any family member, medical staff, or family caregiver that has experienced the death of a loved one or other significant loss at no cost. These groups will be held in publicly accessible areas such as churches, health care providers, and community meeting locations. ILMS Hospice has proposed three bereavement conditions (#15-17) to the approval of its project.

**Safe Harbor Hospice, LLC (CON application #10824)** cites its detailed Rule 59A-38.013 FAC response on the application's pages 97-107 to bereavement services, which addresses its bereavement plan, services, support groups, memorial services, remembrance stone (acknowledging patient loss) and comprehensive bereavement services to the community it serves

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

**AMOR Hospice Care, LLC (CON application #10820)** states it will employ bilingual staff and have a bi-lingual coordinator to develop its community outreach program. Community education and outreach will be targeted to minority populations and it will culturally tailor its educational materials in eight or more languages (in addition to English). Specific planned activities include but are not limited to developing a volunteer program, workshop and seminars with local churches, community centers and schools, an outreach van, Spanish language and Haitian-Creole medic outlet use, faith-based initiative, health fairs, collaboration with local health care providers. These are detailed on the application's pages 85-87.

**Arc Hospice of Florida, LLC (CON application #10821)** cites the importance of educating other patient referral sources such as social workers, hospital discharge planners, assisted living facility staff, and nursing home staff regarding the benefits of hospice care, as it relates to both cancer and non-cancer hospice care. Further, it has already begun to develop the relationships in Service Area 11, which will allow it to rapidly provide increased access to community education.

The applicant provides a detailed discussion on pages 156-157 and 288 of such discussions about hospice which may include topics such as death, dying, and bereavement, Hospice 101, hospice eligibility requirements, advance care planning pain management, symptom management, and caregiver support.

Arc Hospice offers excerpts of its letters of support on pages 288-293.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** reiterates much of its previous response detailing the following on pages 73-76 the five ways its community engagement will benefit Service Area 11 through increased awareness and understanding,

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timely access to care, advance care planning, access to services, and support for caregivers and families.

Heart'n Soul Hospice contends that it will provides community educational activities to a variety of diverse audiences through group educational settings, outreach material, and one-on-one counseling with patients and their families. Further, these materials will be provided in English, Creole and Spanish. The applicant shares that it will serve senior centers, health fairs, churches/synagogues, schools/universities, chambers of commerce, community centers, libraries, hospitals, physician groups, town halls, neighborhood groups, skilled nursing facilities and assisted living facilities, civic groups, non-profit organizations, and businesses. Heart'n Soul Hospice provides examples of the topics it will offer in its educational information and referral services on pages 75 and 76, which may include Understanding Hospice Care, Honoring Dignity: The Philosophy of Hospice Care, The Role of Hospice in Maintaining Dignity, Disease Specific Education/Programs, Pain Management and Symptom Control: The Role of Hospice, Dementia and When to Refer to Hospice etc.

Heart'n Soul Hospice's strategic planning process includes community education and outreach that has been provided and the identification of needs in the community documented and reported to the Governing Body.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** states it will provide hospice education through traditional methods with the assistance of its healthcare council and physician council. Educational opportunities include but are not limited to Senior groups, ALFs, shelters, food kitchens, veterans' group, nursing homes and health fairs.

**Safe Harbor Hospice, LLC (CON application #10824)** provides a detailed discussion of its proposed community outreach and education events in Service Area 11 on pages 125-129. The applicant indicates it will work to educate LGBTQ persons (working the National LGBTQ Chamber of Commerce representatives) and have three homeless shelters and homeless community organizations events annually for three years.

Safe Harbor Hospice restates its commitment to partnering with the National Association of Hispanic Nurses (NAHN) which will ensure that there will be community outreach efforts and events serve the needs Service Area 11 Hispanic patients. Safe Harbor

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health fair topics will include - Hospice 101: addressing eligibility, what hospice care includes, etc. and blood pressure screening for the public as a preventative health service. The applicant also discusses Advanced Directives topics, including:

- Power of Attorney
- Five Wishes advance directive
- Living Will
- Do-Not-Resuscitate (DNR) Order.

Safe Harbor will provide at least four fall prevention trainings annually for the first two years of operations (conditions approval to) will be provided to staff at area SNFs, ALFs, senior centers, independent living facilities, and similar organizations. Safe Harbor intends to provide continuing education credits (CEUs) events in Service Area 11 and lists 16 topics on pages 128-129. The applicant references its Attachments 26 and 21 and cites Lighthouse Hospice's history of providing community outreach and education.

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

**AMOR Hospice Care, LLC (CON application #10820)** states that is making a commitment to not seek fundraising from the community, ensuring the new program does not compete with existing providers for funds noting that it has conditioned this response.

**Arc Hospice of Florida, LLC (CON application #10821)** states Service Area 11 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.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** states that it does not solicit charitable contributions from its patients or their families and does not rely on such donations for its financial operations. The applicant accepts these donations, when offered, using them to advance its non-core community services such as provision of housing to homeless patients, community education services and the like.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** states it will not actively solicit donations, but, if requested, will provide a list of charitable

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giving options, including Independent Living Community Services (ILCS) which is a non-profit entity that leverages programs at ILS, thus extending the mission - to improve the quality of life for the most vulnerable populations. Further, any hospice donations made to ILCS will be designated for indigent care at ILMS Hospice.

**Safe Harbor Hospice, LLC (CON application #10824)** states that it will not solicit charitable contributions and will not engage in fundraising activities and that any unsolicited donations received will be given to Anchored Hearts for Hospice Foundation, a non-profit organization, which will be overseen by a committee that ensures the funds are used for services that are in keeping with the mission and vision and reinvested in Service Area 11. Those funds will be allocated by a social worker, making sure they are used appropriately and benefit the service area.

- 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.**

**ALL** applicants responded that they would comply with reporting requirements **except ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** which did not directly respond to this. However, ILS did not complete the 'Certification by the Applicant' Schedule D-1 (item H. certifies they will file utilization reports).

**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.**

As previously stated in item E.1.a. of this report, per 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 11 (Miami-Dade and Monroe Counties) for the January 2026 hospice planning horizon.

Service Area 11 has 39 hospitals with 8,627 licensed beds, 56 SNF's with 8,514 beds, 804 ALFs with 10,116 licensed beds, and 429 home health agencies as of October 16, 2024.



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The locations of the existing Service Area 11 providers by county is shown in the table below.

**Service Area 11 Hospice Providers  
Office & Inpatient Facility  
Locations By County**

Hospice Provider	Miami-Dade County			Monroe Co.
	Main Office	Satellite Office	Inpatient Facility	Satellite Office
AccentCare Hospice & PC-SF	X	X	X	
Amedisys Hospice	X			X
Bristol Hospice Miami-Dade	X	X		
Catholic Hospice Inc.	X		X	
Continuum Care Miami-Dade	X			
Gentiva	X	X		X
Heartland f/k/a ProMedica		X		
Medcare f/k/a Chapters	X			
Moments Hospice of Miami	X	X		X
Opus Care of South Florida	X		X	
VITAS Healthcare Corp. of FL	X	X	X	

Source: Agency For Health Administration’s website @ FloridaHealthFinder.com as of 12/10/24.

In reference to the existing Service Area 11 providers quality of care - the reviewer notes that Agency records indicate that AccentCare Hospice & Palliative Care of Southern Florida (22960084), Amedisys Hospice (22960109), Bristol Hospice - Miami Dade, LLC (22960115), Heartland Hospice (Broward) (22910017), Medicare Hospice f/k/a Chapters Health Hospice (22910038), Moments Hospice of Miami LLC (22960128 - Licensed 3/16/22), and Opus Care of South Florida (22910049) had no substantiated complaints during the three-year period ending October 23, 2024. The service area providers with substantiated complaints are shown in the table below. A substantiated complaint can result in multiple categories.

**Service Area 11 Providers  
Substantiated Complaint History by Category  
Three-Year Period Ending October 23, 2024**

Complaint Category	Catholic Hospice	Continuum Care	Gentiva	VITAS
Admission, Transfer & Discharge Rights	1	0	0	0
Quality of Care/Treatment	1	1	1	2
Administration/Personnel	0	0	1	3
Resident/Patient/Client Rights	2	1	2	4
Resident/Patient/Client Abuse	1	0	0	0
Falsification of Records/Reports	0	0	0	1
State Licensure	0	0	0	1
<b>Total</b>	<b>5</b>	<b>2</b>	<b>4</b>	<b>11</b>

Source: Agency compliant data as of October 23, 2024

Notes: Catholic Hospice (22910007) also serves SA 10 - Broward County.

Continuum Care of Miami-Dade LLC (22960129) was licensed February 2, 2022.

Gentiva (22960094) also serves SAs 3B (Marion Co.) and 4B (Flagler & Volusia Counties).

VITAS Healthcare Corporation of Florida (22910014) also serves SAs 8C (Glades, Hendry, and Lee Counties) and SA 8B (Collier County), and effective October 1, 2024 - SA 5 (Pasco County).

Service Area 11 utilization is detailed in Item E. 1. a. of this report.

**AMOR Hospice Care, LLC (CON application #10820)** reiterates its E.1.a response and responds to Health Care Access Criteria on pages 97-100.

**Arc Hospice of Florida, LLC (CON application #10821)** 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 11
- 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 11 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, 7 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)

Arc Hospice responded to Health Care Access Criteria on the application's pages 212 and 213.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** notes that the underserved minorities—African American and Hispanic populations, have chronically low overall hospice penetration rates. The applicant notes this is particularly true within in Miami-Dade County in which the rates for its African American population fall below that of the white and other populations as well as being “significantly and consistently lower” when compared to the rest of the state.

Heart'n Soul is committed to serving these underserved communities, increasing access, and enhancing overall hospice utilization throughout Service Area 11. Heart n' Soul responds to Rule 59A-38 F.A.C. Hospice licensure rules on the application's pages 41-45.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** notes the service area's low hospice penetration ratios are historically not meeting the statewide average in Service Area 11 and contends that adequate and appropriate access to hospice care is not being provided in Service Area 11.

ILS provides a review of recent Medicare claims data arguing that it supports the need for at least one additional hospice in Service Area 11 noting that the most recent findings of the Miami-Dade and Monroe County Health Needs Assessments show a greater need in Monroe County.

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<b>Hospice Medicare Utilization By Race/Ethnicity</b>						
<b>Year</b>	<b>Medicare Enrollment</b>	<b>Death Service Ratio</b>	<b>Hospice Penetration</b>	<b>Days per Patient (ALOS)</b>	<b>% GIP Days</b>	<b>Payments per Patient</b>
<b>Miami-Dade County, FL</b>						
<b>White Medicare Enrollees</b>						
2020	230,958	0.49	0.87	101	1.6%	\$19,699
2021	228,830	0.50	0.92	98	1.7%	\$19,063
2022	226,752	0.53	0.98	99	1.6%	\$19,252
2023	222,335	0.57	1.10	104	1.6%	\$20,684
2024	220,189	0.57	1.13	103	1.6%	\$20,619
<b>Black Medicare Enrollees</b>						
2020	75,283	0.33	0.61	85	2.6%	\$17,305
2021	75,838	0.30	0.58	82	3.1%	\$17,140
2022	76,144	0.35	0.71	84	2.4%	\$16,952
2023	76,036	0.39	0.79	87	2.3%	\$18,082
2024	75,569	0.39	0.82	88	2.3%	\$18,415
<b>Hispanic Medicare Enrollees</b>						
2020	146,632	0.45	0.80	100	1.7%	\$19,311
2021	149,479	0.47	0.85	98	1.7%	\$19,040
2022	152,251	0.50	0.95	100	1.5%	\$19,320
2023	146,446	0.52	1.07	103	1.6%	\$20,192
2024	144,552	0.54	1.11	102	1.5%	\$20,277
<b>Asian Medicare Enrollees</b>						
2020	4,086	0.41	0.71	120	1.7%	\$23,155
2021	4,291	0.43	0.79	72	1.7%	\$13,930
2022	4,545	0.39	0.63	90	1.7%	\$17,665
2023	4,451	0.42	0.83	115	1.3%	\$22,275
2024	4,400	0.38	0.70	125	1.2%	\$24,286
<b>Monroe County, FL</b>						
<b>White Medicare Enrollees</b>						
2020	16,193	0.44	0.63	60	1.8%	\$10,600
2021	16,462	0.45	0.67	62	1.4%	\$11,108
2022	16,629	0.47	0.67	58	1.5%	\$10,701
2023	16,750	0.52	0.76	63	1.8%	\$12,214
2024	16,603	0.51	0.73	62	1.9%	\$12,284
<b>Black Medicare Enrollees</b>						
2020	585	0.45	0.64	45	9.1%	\$11,748
2021	599	0.36	0.60	55	3.0%	\$10,725
2022	592	0.45	0.65	33	1.4%	\$7,853
2023	608	0.67	0.81	36	3.1%	\$7,130
2024	606	0.54	0.67	29	4.5%	\$5,833
<b>Hispanic Medicare Enrollees</b>						
2020	668	0.26	0.63	52	1.3%	\$10,062
2021	692	0.22	0.52	90	0.3%	\$14,783
2022	704	0.58	0.79	58	1.0%	\$9,893
2023	664	0.57	0.95	77	3.0%	\$16,556
2024	656	0.53	0.84	83	3.5%	\$18,190

Source: CON #10823, pages 59 and 60, from Medicare claims data.

\*Note: 2024 data are for Apr 2023 to Mar 2024

ILS states it is “the most appropriate co-batched applicant in the current batching cycle for many reasons.” The applicant confirms that its parent ILMS Hospice brings a wealth of experience related to underserved

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populations from an” unusual and compelling vantage point in California and Florida.” Further, ILS commits to promoting a higher quality of life and maximizing independence for all vulnerable populations as well as supporting health plans, providers, and individuals to improve health outcomes, create provider networks, and help health care organizations balance cost efficiency.

ILMS Hospice provides excerpts from its Tab 6, letters of support on pages 61 - 63 from:

- Barbara Fonte MBA, MHSA, Jackson Health System, VP Managed Care & Population Health
- Alejandro Romillo, President and CEO, First Choice Network
- Roxana Quintana RN, Chief Nursing Officer, Home Care Plus Inc.
- Tracey Wekar-Paige, Executive Director Alzheimer's Association, Southeast Florida Chapter
- Eugene Marine, Chief Administrative Officer, Victoria Nursing and Rehabilitation Center
- Florida House of Representatives, State Representative Mike Redondo, District 118

ILMS provides a detailed history of Independent Living Systems’ ability to provide quality services to the most vulnerable populations of Miami-Dade and Monroe Counties noting it has been doing so for the past 20 years and that it will manage all day-to-day operations with support from ILS through the deployment of technology to manage, compile, and sort demographic data to precisely determine needs by clusters and neighborhoods. The applicant explains that ILS holds accreditations and certifications from NCQA (National Committee for Quality Assurance, which rates health plans) which demonstrates its commitment to best practices and high-quality care. This accreditation also allows health plans that work with NCQA-accredited delegates to improve system efficiency and reduce oversight burdens. ILS is accredited and certified in case management for long-term services (through September 1, 2026) and in supports and in wellness and health promotion (through January 1, 2026) and is currently in the process of applying for NCQA Health Equity accreditation. ILMS Hospice has conditioned this response within this application as Condition 1.

ILMS Hospice offers that ILS has two health plans in Florida to help residents take charge of their health and well-being and provides a detailed description on page 65.

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- Florida Community Care - a Medicaid plan that serves frail and aging adults, adults with disabilities, persons with intellectual disabilities, moms and young children, along with providing specialty products for persons with Serious Mental Illness (SMI) and HIV/AIDS with the goal to help its members stay healthy and thrive in their homes and communities
- Florida Complete Care - a Statewide Managed Medicaid Point of Service Special Needs Plan (SNP) for both Medicare and Medicaid recipients that gives its members the freedom to receive care from specialists without a referral, whether they are in or out of the Florida Complete Care network, for covered medical services throughout the State of Florida

ILMS states it will enhance the delivery of hospice care to the residents of Service Area 11 through its extensive experience adding that its staff possesses knowledge and tools that can easily adapt to hospice services. The contends that with the support of its parent company which has a strong presence in primary, acute, and post-acute care, as well as human service agencies in the hospice sector it has a clear edge over competing applications.

ILMS Hospice ensures that its skilled team will collaborate with health care providers and community organizations to help control costs and improve quality of care while its Management Services Organization will provide support and education, enhancing its ability to efficiently identify, admit, and care for hospice patients.

The applicant notes that ILS, has a deep understanding of hospice care, supporting members throughout their life cycle, promoting Life Planning for insured members, extending this philosophy to the community. ILMS Hospice focuses on creating "A Life Plan" instead of just an "End-of-Life Plan," which includes hospice services.

ILS states it has extensive experience managing utilization criteria effectively by collaborating with physicians, acute care facilities, assisted living homes, skilled nursing facilities, and other health care providers in the area and its expertise in the areas of finance, clinical - comprehensive care management, human resources, information technology, quality/compliance, marketing/public relations, and contract administration. Further, it is establishing the necessary operational and clinical frameworks to implement hospice services that will be expedited due to its partnership with ILS, a respected collaborator in Service Area 11. ILMS notes its strong support from the community including various health care providers, indicate that it will enhance access to care and increase hospice utilization in the area.

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The applicant reports that it has reviewed claims data from the Centers for Medicare and Medicaid Services which reveal disparities in health care access among White, Black/African American, and Latino/Hispanic populations. However, ILMS Hospice states that “Disparity is less of a factor in Min County where all residents need hospice care.”

ILMS Hospice emphasizes the necessity for better sensitivity, education, and access to care for minority populations and health care providers noting that ILS is particularly responsive to the needs of minorities, especially Black/African American and Latino/Hispanic communities, and has a proven history of supporting vulnerable populations.

**Miami-Dade County  
2024 Hospice Utilization Apr 2023 to Mar 2024**

	<b>Medicare</b>	<b>Death Service</b>	<b>Hospice Penetration</b>
White	220,189	0.57	1.13
Black	11	0.39	0.82
Hispanic	144,552	54	1.11

**Monroe County  
2024 Hospice Utilization Apr 2023 to Mar 2024**

	<b>Medicare</b>	<b>Death Service</b>	<b>Hospice</b>
White	16,603	0.51	0.73
Black	606	0.54	0.67
Hispanic	656	0.53	0.84

Source: CON #10823, page 67, from Health Pivots Data Lab

ILMS states the claims data shows a need for improved education and access for the community and ILS is and its hospice will be highly responsive to the needs of minorities. The 2022 Miami-Dade County Community Health report identified the main causes of death in 2020, based on age group finding that for individuals aged 15 to 44, unintentional injuries were the leading cause of death, for aged 45 to 74, Cancer was the leading cause of death, and for those aged 75 and older, heart disease was predominant. Additionally, Florida Vital Records shows that COVID-19 emerged as one of the top three causes of death for people over 35. The applicant adds that the 2022 CHA showed that deaths related to diabetes and HIV/AIDS in the Black/African American population as significantly higher than the White population.

ILMS Hospice asserts that it has access as well as disease state management programs developed by ILS that will be used in the care of hospice patients with non-cancer diagnoses. The applicant provides ILS

Disease Management Programs below:

- Cancer
- Attention Deficit Hyperactivity Disorder (ADHD)
- Diabetes
- Chronic Kidney Disease
- Dementia
- End State Renal Disease (ESRD)
- Asthma
- Osteoporosis
- COPD
- Parkinson's Disease
- Hypertension
- Blood Disorders (Hemophilia and Sickle Cell Disorders)
- Cardiovascular Disease
- Mental Health (Depression and Bipolar Disorder)

The applicant presents the top hospice diagnoses NHPCO Facts and Figures 2024 Edition Published by the National Hospice and Palliative Care Association in September 2024 (page 68) noting that nationally, diseases of the heart and respiratory disease, along with cancer are among the leading causes of death among the black/African American population.

ILMS Hospice has determined that there will be a greater need for hospice services for non-cancer diagnoses based on Agency projection data from the January 2026 Hospice Planning Horizon, based on data from resident deaths in 2022. This finding is supported by claims data showing that in many area hospice programs, cancer admissions are outpacing non-cancer admissions. ILMS repeats with its support from ILS can have a specialized role in in a patient's transition from acuity to palliative care to hospice.



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**2024 Hospice Benchmarking Report  
All Hospices Operating Hospice SA 11  
2023 Cost Reports**

<b>All Hospice Operating in Miami-Dade County FL</b>	<b>% Patients Served by Diagnostic Category</b>				
	<b>Cancer</b>	<b>Heart Disease</b>	<b>Alzh Disease</b>	<b>COPD</b>	<b>Stroke</b>
Average of all Selected Hospices	20%	18%	7%	6%	25%
Accentcare Hospice & Palliative Care of So Fl	17%	12%	9%	4%	8%
Amedisys Hospice	25%	18%	6%	6%	15%
Bristol Hospice - Miami Dade, LLC	14%	15%	35%	12%	8%
Catholic Hospice Inc	22%	14%	7%	5%	25%
Continuum Care of Miami Dade LLC	18%	15%	14%	5%	19%
Gentiva - 101548	15%	28%	31%	7%	8%
Heartland Hospice (Broward)	16%	21%	13%	6%	17%
Moments Hospice of Miami LLC	14%	13%	35%	8%	17%
Opus Care of South Florida 101536	17%	25%	8%	5%	33%
Vitas Healthcare Corporation of Florida	18%	18%	5%	7%	35%
Florida (All Hospices)	22%	17%	7%	6%	19%
National (All Hospices)	22%	19%	10%	6%	11%
<b>All Hospices Operating in Monroe County Florida</b>					
Average of all selected hospices	18%	18%	7%	7%	31%
Accentcare Hospice & Palliative Care of So Fl	17%	12%	9%	4%	8%
Amedisys Hospice	25%	18%	6%	6%	15%
Chapters Health Hospice	47%	14%			
Gentiva	15%	28%	31%	7%	8%
Vitas Healthcare Corporation of Florida	18%	18%	5%	7%	35%
Florida (All Hospices)	22%	17%	7%	6%	19%
National (All Hospices)	22%	19%	10%	6%	11%

Source: CON #10823, page 69, from Health Pivots Data Lab  
 Note: Duplicate Data for Accentcare, Amedisys, Gentiva, VITAS  
 VITAS Healthcare COQ. of Florida — Data represents statewide Florida

ILMS argues that the percentage of patients served by existing Service Area 11 programs with Medicaid as their payer source is extremely low and the tables provided shows that three hospices in Miami-Dade County, Accentcare Hospice & Palliative Care of So. FL, Bristol Hospice, and Moments Hospice of Miami do not provide any Medicaid hospice days. Further, in Monroe county, Amedisys offers only 0.5 percent, and some providers have no Medicaid hospice days at all, while others have very few.

ILMS Hospice states that like ILS, that owns and operates Florida Community Care, Florida's only statewide Medicaid long-term care provider service network, as well as Florida Complete Care, a Medicare Advantage special needs plan for people who live in a nursing home, an assisted living facility, or live at home and have complex health issues that require more coordinated and comprehensive care, it has the same commitment to the Medicaid population.

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**2024 Hospice Benchmarking Report  
All Hospices Operating Hospice SA 11  
2023 Cost Reports**

<b>All Hospice Operating in Miami-Dade County FL</b>	<b>% Days by Payer Class</b>		
	<b>Medicare</b>	<b>Medicaid</b>	<b>Other</b>
Average of all Selected Hospices	93.9%	2.5%	3.6%
Accentcare Hospice & Palliative Care of So Fl	95.7%	0.0%	4.2%
Amedisys Hospice	97.7%	0.5%	1.8%
Bristol Hospice - Miami Dade, LLC	98.3%	0.0%	1.7%
Catholic Hospice Inc	93.4%	1.8%	4.8%
Continuum Care of Miami Dade LLC	96.9%	2.6%	0.5%
Gentiva - 101548	95.9%	3.0%	1.1%
Heartland Hospice (Broward)	95.8%	3.1%	1.0%
Moments Hospice of Miami LLC	98.5%	0.0%	1.5%
Opus Care of South Florida 101536	97.7%	2.3%	0.0%
Vitas Healthcare Corporation of Florida	94.0%	2.8%	3.2%
Florida (All Hospices)	93.5%	2.6%	3.9%
National (All Hospices)	91.4%	2.9%	5.7%
<b>All Hospices Operating In Monroe County Florida</b>			
Average of all Selected Hospices	94.3%	2.7%	3.1%
Accentcare Hospice & Palliative Care of So Fl	95.7%	0.0%	4.2%
Amedisys Hospice	97.7%	0.5%	1.8%
Chapters Health Hospice	96.6%	0.2%	3.2%
Gentiva	95.9%	3.0%	1.1%
Vitas Healthcare Corporation of Florida	94.0%	2.8%	3.2%
Florida (All Hospices)	93.5%	2.6%	3.9%
National (All Hospices)	91.4%	2.9%	5.7%

Source: CON #10823, page 71, from Health Pivots Data Lab  
 Note: Duplicate Data for Accentcare, Amedisys, Gentiva, VITAS  
 VITAS Healthcare Corp. of Florida — Data represents statewide Florida

The applicant argues that the claims data in the table below shows that hospice agencies in Miami-Dade county serve a low percentage of Hispanic and Black patients and that ILMS Hospice, which has strong ties to these communities, can increase the number of patients it serves.

**Share of Patients Served - Hispanic Patients  
Miami-Dade County, FL**

<b>Hospice Provider</b>	<b>2024</b>	<b>2023</b>
VITAS Healthcare Corporation of Florida	40%	41%
Accentcare Hospice & Palliative Care of So Fl	15%	15%
Gentiva	11%	11%
Catholic Hospice Inc	11%	11%
Opus Care of South Florida	10%	10%
Bristol Hospice - Miami Dade, LLC	4%	4%
Continuum Care of Miami Dade LLC	3%	2%
Amedisys Hospice	1%	1%
Other Providers (and suppressed counts)	2%	2%

Source: CON #10823, page 72  
 Note: 2024 data are for Apr 2023 to Mar 2024

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**Share of Patients Served - Black Patients**

<b>Hospice Provider</b>	<b>2024</b>	<b>2023</b>
VITAS Healthcare Corporation of Florida	47%	49%
Accentcare Hospice & Palliative Care of So Fl	17%	16%
Catholic Hospice Inc	9%	10%
Gentiva	8%	8%
Opus Care of South Florida	4%	3%
Accentcare Hospice & Palliative Care of Broward Co	2%	2%
Amedisys Hospice	2%	2%
Bristol Hospice - Miami Dade, LLC	2%	1%
Heartland Hospice (Broward)	2%	2%
Continuum Care of Miami Dade LLC	1%	1%
Moments Hospice of Miami LLC	1%	1%
Other Providers (And Suppressed Counts)	4%	4%

Source: CON #10823, page 72

ILMS Hospice offer that its staff reached out to legislators, health care providers, support groups, and organizations for minorities to discuss end-of-life care to better understand the hospice care needs in Service Area 11. The applicant notes that the feedback received indicated the need for more hospice services, particularly in the Spanish-speaking communities, Black/African American population, the homeless, and other groups who, for whatever reasons, are not having full access to hospice care.

The applicant state that it has obtained letters of support (TAB 6) from individuals and organizations expressing their desire for more hospice services indicating that ILMS Hospice would be supported.

**Safe Harbor Hospice, LLC (CON application #10824)** reiterates its response to E.1.a. adding that it has developed several disease-specific programs that it will offer in Service Area 11 in collaboration with the leadership of Lighthouse Hospice, including:

- Alzheimer's and Dementia
- Heart Disease – the applicant indicates that it will develop a Cardiac Care program designed by Lighthouse Hospice in Service Area 11 consisting of a team of registered nurses (RNs), certified nursing assistants (CNAs), and social workers that collaborating to control a patient's symptoms, create the best possible quality of life, and provide emotional and logistical support and offers page 22 of its Program Summary in this application for more about its training program
- End-Stage Renal Disease - the applicant confirms it will address ESRD through its holistic- approach program designed to provide individualized care through a combination of physical, emotional, and spiritual support for both patients and their families and offers page 23 of its Program Summary in this application for further detail

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- Cancer - the applicant will provide various educational opportunities for its staff to ensure they can deliver customized care to patients and will offer one cancer-specific program developed by Lighthouse Hospice, in Service Area 11 that focuses on breast cancer and end-of-life care. Safe Harbor Hospice offers page 25 of its Program Summary in this application for more information on the Safe Harbor Breast Cancer Training Program
- Liver Failure –Safe Harbor Hospice Liver Failure Program will provide specialized care for patients suffering from both acute and chronic liver failure. The team consists of specially trained hospice physicians and nurses that aim to prevent unnecessary hospitalizations and emergency visits, providing support in the home environment through education and clinical interventions. Safe Harbor Hospice offers page 26 of its Program Summary in this application for more information on the Safe Harbor Hospice Liver Failure Program
- Wound Care – the applicant will have a wound care-certified Registered Nurse on staff that coordinates with the medical director, nurses, and case managers to addresses the unique needs of each patient and ensures consistent and effective care. Safe Harbor Hospice offers page 27 of its Program Summary in this application for more information on Safe Harbor Hospice's Wound Care Program
- Fall Prevention – the applicant states its staff will work with patients, caregivers, and families to collaborate and implement a comprehensive fall prevention program that addresses the unique needs of each patient and minimizes the risk of falls. Safe Harbor Hospice offers pages 28 to 30 of its Program Summary in this application for more information on Safe Harbor Hospice's Fall Prevention Program
- Chronic obstructive pulmonary disease (COPD) – the applicant contends that it has a dedicated program to train its staff on meeting the needs of patients and caregivers struggling with advanced COPD. Safe Harbor Hospice offers pages 30 to 31 of its Program Summary in this application for more information on Safe Harbor Hospice's COPD program

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

The reviewer provides the table below for the applicants with existing affiliated hospice programs. CMS website states that of the data below:

- Patient and family experience measures has the data collection period of October 1, 2021 through September 30, 2023.

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- Rating of this hospice
- Willing to recommend this hospice
- Quality of patient care measures:
  - Patients who got an assessment of all 7 HIS quality measures at the beginning of hospice care to meet the HIS Comprehensive Assessment Measure requirements” has the data collection period of October 1, 2022 through September 30, 2023.
  - Percentage of patients who received visits from a registered nurse or medical social worker on at least two out of the final three days of their life has the data collection period of January 1, 2021 through December 31, 2022.
  - Hospice Care Index score has the data collection period of January 1, 2021 through December 31, 2022.

Hospice star ratings for the applicant’s affiliates were unavailable, except Safe Harbor’s Lighthouse Hospice Care LLC, which had a four-Star rating.

<b>Applicant/Affiliate</b>	<b>Patients Who Got an Assessment of All 7 HIS Quality Measures</b>	<b>Hospice Visits in the Last Days of Life by RN or Med. SW</b>	<b>Rating of this hospice</b>	<b>Willing to recommend this hospice</b>
Arc Hospice/Arcturus Hospice & Palliative Care, GA	87%	56.1%	NA	NA
Georgia average	91.1%	57.2%	NA	NA
Heart’n Soul Hospice /Heart and Soul Hospice LLC, TN	96%	75.4%	NA	NA
Tennessee average	98.6%	63.3%	NA	NA
Safe Harbor/ Lighthouse Hospice Care LLC IL	77.6%	67.8%	82%	88%
Illinois average	91.3%	55.5%	79%	82%
National average	91.7%	47.9%	81%	84%
Florida average	97.4%	54.5%	78%	82%

Source: CMS Hospice Data, <https://data.cms.gov/provider-data/topics/hospice-care/measures#patient-and-family-experience-measures>. “Family caregiver experience” was unavailable for each affiliated hospice except Safe Harbor Hospice, LLC /Lighthouse Hospice Care LLC.

**AMOR Hospice Care, LLC (CON application #10820)** states that it is a newly formed entity and does not have a direct history to report under this standard but adds that its application has detailed the experience of its leadership, its commitment to quality, and its accreditation plans. The applicant confirms that it is committed to building a high-quality program in the community, which will be validated by key metrics and external standards, including through CHAP accreditation and provides its Schedule C conditions on pages 90—94.

**Arc Hospice of Florida, LLC (CON application #10821)** the applicant's project summary states that AHS' corporate team has over 75 years of health care management experience, primarily in hospice and has significant hospice start-up experience, successfully completing over 50 hospice surveys. AHS members will be deeply involved in every detail of daily operations with particular focus on quality, performance improvement, and on-call care, including mission creation, promotion and recruitment, on-boarding, and training of staff. Further, AHS's approach includes implementing specialty programming and community education to meet the needs of the underserved minority populations.

Arc Hospice indicates that 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 11 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. 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. 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:

- 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)

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- Identify known, suspected, or potential opportunities to improve patient care processes and outcomes and hospice operations, as well as opportunities for further improvement in currently acceptable performance
- Establish ongoing measures to improve patient care processes and outcomes and hospice operations, as well as opportunities for further improvement in currently acceptable performance
- Establish mechanisms to prioritize opportunities for improvement that have the greatest potential impact on patient care outcomes, hospice operations and customer satisfaction
- Monitor the performance of processes that involve high risk, high volume or problem prone areas of care and services
- Track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice
- Take actions aimed at performance improvement and affect palliative outcomes, patient safety, and quality of care
- Ensure coordination and integration of all performance improvement activities by maintaining a QAPI/Safety Committee as the forum for information exchange, collaboration, prioritization, and monitoring
- Compare performance over time with other sources of information and to similar organizations nationally
- Identify the on-going educational needs required to improve patient care processes, outcomes and hospice operations
- 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. Arc Hospice shares that it is fully confident in its ability to extend AHS' existing high quality hospice program to Service Area 11 and refers to existing policies and procedures included in Exhibits E and F.



**Heart'n Soul Hospice of Miami, LLC (CON application #10822)**

confirms that it is committed to providing high quality hospice care services and provides its CMS Hospice Item Set (HIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey quality scores as well as its Hospice Visits in the Last Days of Life (HVLDL) and Hospice Care Index (HCI) scores which it states are based on Medicare claims data. The applicant notes that its Nashville, Tennessee operation shows that 75.4 percent of Heart'n Soul patients received a visit from an RN or a social worker during their final three days of life which is nearly 20 points above the average for the state and nearly 30 points higher than the national average. The reviewer has verified the data in the applicant's Table 14, page 79 of this application. Further, the reviewer confirms that the applicant's Tennessee program's 75.4 percent referenced and that its quality of patient care ratings were 96 percent for Patients who got an assessment of all seven HIS quality measures at the beginning of hospice care to meet the HIS Comprehensive Assessment Measure requirements and that its Hospice Care Index score was eight.

Further, Heart'n Soul states that its "robust" Performance Improvement (PI) program focuses on identifying areas of opportunity to improve services using key indicators. These indicators are audited quarterly with results provided to the Governing Body and include:

1. Scope and Frequency
2. Clinical Record Review including fall risk
3. RN and Social Work Visits completed in last 72 hours of Life
4. Medication Management
5. Bereavement Assessments

Further, Heart'n Soul follows the PDCA model: Plan, Do, Correct and Action and plans to contract with Healthcare First to assist with internal monitoring and analysis of its quality assurance and performance improvement programs, as it does with its associated programs in Tennessee and Washington.

The applicant reiterates that its operations in Tennessee and Washington operations have been licensed since 2021 and 2023, respectively, and have each attained CHAP (Community Health Accreditation Partner) accreditation.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)**

responds that Independent Living Systems is a provider of quality care as demonstrated in the many letters of support. Additionally Independent Living Systems holds is accredited and certified by NCQA.

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- Accreditation - Case management for Long-Term Services and Supports
- Certification - Wellness and Health Promotion

The applicant notes that ILS owns and operates Florida Community Care, Florida's only statewide Medicaid long-term care provider service network, as well as Florida Complete Care, a Medicare Advantage special needs plan for people who live in a nursing home, an assisted living facility, or live at home and have complex health issues that require more coordinated and comprehensive care.

**Safe Harbor Hospice, LLC (CON application #10824)** responds that as a new provider it does not have a history of providing hospice care, however, three of Safe Harbor Hospice owner and managers - Robert Jafari, Christopher Vangel, and Kathy Smith - manage and have ownership in Lighthouse Hospice, an experienced, Medicare-certified hospice provider serving eight counties in the Chicago, Illinois area, and has a history of providing high-quality care. The applicant assures that Kathy Smith, the CEO of Lighthouse Hospice, will place the same emphasis on quality of care in her role as the interim hospice director for Safe Harbor Hospice.

The applicant notes that its parent, Lighthouse Hospice has been providing quality care to Illinois residents since 2021 and uses CMS-required measures to improve its service. Safe Harbor Hospice contends that Lighthouse Hospice has shown consistent monthly growth since its inception, and that the same management team will ensure that it achieves the same level of quality care.

The applicant asserts that Lighthouse Hospice's nursing care approach sets it apart from other providers in Chicago, and plan to implement this philosophy in a new area. Further, Safe Harbor Hospice notes that Lighthouse Hospice maintains a low caseload of patients for its RNs and CNAs which allows more visits per week resulting in lower hospital readmission rates. The applicant states that 67.8 percent of Lighthouse Hospice's patients received at least two such visits, as compared to 58.1 percent for Service Area 11 patients, 55.5 percent of Illinois hospice patients, 54.5 percent of Florida hospice patients, and only 47.9 percent of hospice patients nationally.

Safe Harbor Hospice provides Lighthouse Hospice's CAHPS Survey scores noting that it equaled or exceeded the Illinois statewide average on the majority the metrics in the most recent reporting period (October 2021 September 2023) and presents a table on page 148 that summarizes these scores.

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**Percent of Families and Caregivers Who Reported the Following on CAHPS Survey**

	<b>Lighthouse Hospice</b>	<b>Illinois Average</b>
Always Communicated with Family	80%	81%
Always Received Timely Help	72%	76%
Always Treated Patient with Respect	94%	90%
Right Amount of Emotional and Spiritual Support	94%	90%
Always Received Help for Pain and Symptoms	77%	74%
Trained Family to Care for Patients	69%	75%
Rates Hospice 9 or 10	82%	79%
Would Definitely Recommend This Hospice	88%	82%

Source: CON application #10824, page 148 from CAHPS Hospice Survey Quality Measure Scores, October 2021 - September 2023.

The applicant also presents Lighthouse Hospice's HIS scores for the July 2022-June 2023 reporting period adding that they exceeded the state and national average on five of the seven measures.

**Lighthouse Hospice HIS Scores, July 1, 2022-June 30, 2023**

	<b>Lighthouse Hospice</b>	<b>Illinois Average</b>
Always Communicated with Family	80%	81%
Always Received Timely Help	72%	76%
Always Treated Patient with Respect	94%	90%
Right Amount of Emotional and Spiritual Support	94%	90%
Always Received Help for Pain and Symptoms	77%	74%
Trained Family to Care for Patients	69%	75%
Rates Hospice 9 or 10	82%	79%
Would Definitely Recommend This Hospice	88%	82%

Source: CON application #10824, page 148 from CAHPS Hospice Survey Quality Measure Scores, October 2021 - September 2023.

Safe Harbor Hospice provides a detailed description of the Hospice Care Index (HCI) on page 149 noting that Lighthouse Hospice's most recent HCI score is 9, while the national average is 8.8.

The applicant states that Lighthouse Hospice is accredited through Community Health Accreditation Partners (CHAP) and is a member of the National Institute of Jewish Hospice and We Honor Veterans and will pursue many of these as well as several additional certifications. Safe Harbor Hospice conditions this application to achieving or participating in the following certifications and programs:

- Adherence to the CMS's operating and reporting requirements
- Accreditation by CHAP (See Attachment 22 for Lighthouse Hospice's Certificate of Accreditation)
- National Hospice and Palliative Care Organization (NHPCO)
- and Florida Hospice and Palliative Care Association (FHPCA) membership in the first year of operations
- Platinum Certification by the Services and Advocacy for Gay Elders (SAGE)

- National Institute of Jewish Hospice (NIJH)
- We Honor Veterans - Level 1 member in its first year of operations, and achieving Level 2 by the end of the second year of operations

**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 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. In the case of a developmental stage entity, we look at existing or access to capital.

**Amor Hospice Care, LLC (CON application #10820)** is a developmental stage entity and has \$1,010,912 in cash and a negative \$25,088 cash flow from 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 \$640,113, which consists solely of the project subject to this application. The applicant indicates on Schedule 3 of its application that funding for this project will come from cash on hand. The applicant's audited financial statements showed cash well in excess of the project cost.

**Conclusion:**

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

**Arc Hospice of Florida, LLC (CON application #10821)** 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 (\$623,060) 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.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** is a developmental stage entity and has \$505,000 in cash with a negative \$3,953 cash flow from operations.

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$277,439, which consists solely of the project subject to this application. The applicant indicates on Schedule 3 of its application that funding will be provided by cash on hand. The development stage audit shows cash on hand in excess of the funded needed for this project.

**Conclusion:**

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

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** includes the audit of its parent – INDLIVSYS Holding Company, LLC. Therefore, 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.

**CON Application Numbers: 10820 - 10824**

<b>10823-INDLIVSYS Holding Company, LLC (Parent)</b>	
	<b>Dec-23</b>
Current Assets	\$267,782,283
Total Assets	\$303,406,398
Current Liabilities	\$208,161,150
Total Liabilities	\$249,324,488
Net Assets	<b>\$54,081,910</b>
Total Revenues	\$1,263,971,942
Excess of Revenues Over Expenses	\$100,129,457
Cash Flow from Operations	\$80,784,723
<b>Short-Term Analysis</b>	
Current Ratio (CA/CL)	<b>1.3</b>
Cash Flow to Current Liabilities (CFO/CL)	<b>38.81%</b>
<b>Long-Term Analysis</b>	
Long-Term Debt to Net Assets (TL-CL/NA)	<b>76.1%</b>
Total Margin (ER/TR)	<b>7.92%</b>
<b>Measure of Available Funding</b>	
Working Capital	<b>\$59,621,133</b>

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current ratio	above 3	6-2.3	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 indicated it does not have any capital projects currently approved or underway. 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 \$394,043 cash on hand and operating cash flows, which is steady of the funding needed for this project.

It should be noted that the audited financial statements provided were only for the year end December 31, 2023; for the parent company, meaning this is the most recent available audit the applicant has.

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

**Safe Harbor Hospice, LLC (CON application #10824)** is a developmental stage entity and has \$600,000 in cash with a negative \$11,575 cash flow from operations.

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$548,305.25, which consists solely of the project subject to this application. The applicant indicates on Schedule 3 of its application that funding will come from cash on hand. The applicant's development stage audit showed cash on hand in excess of the capital project total.

**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.**

The immediate and long-term financial feasibility of the project is tied to expected profitability. Profitability for hospice is driven by two factors, volume of patients and length of stay/condition of the patient. A new hospice program in a service area with published need is more likely than not to be financially feasible since patient volume and mix is presumed to be available in sufficient amounts to sustain a new program. The focus of our review will be on the reasonableness of projections, specifically the revenue.

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

**CON Application Numbers: 10820 - 10824**

<b>CON application #10820</b>	<b>Amor Hospice Care, LLC</b>				
<b>Miami-Dade and Monroe Counties</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$144.10	0.925	\$133.29	\$74.23	\$207.52
Routine Home Care 61+ days	\$113.75	0.925	\$105.22	\$58.60	\$163.82
Continuous Home Care	\$1,177.23	0.925	\$1,088.94	\$388.23	\$1,477.17
Inpatient Respite	\$309.70	0.925	\$286.47	\$198.01	\$484.48
General Inpatient	\$727.27	0.925	\$672.72	\$418.04	\$1,090.76
<b>Year Two Comparison</b>					
	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.155	\$239.78	\$3,341,857		13,937
Routine Home Care 61+ days	1.155	\$189.28	\$4,449,152		23,505
Continuous Home Care	1.155	\$1,706.79	\$216,018	24	127
Inpatient Respite	1.155	\$559.80	\$36,393		65
General Inpatient	1.155	\$1,260.33	\$1,664,590		1,321
		<b>Total</b>	<b>\$9,708,010</b>		<b>38,954</b>
			Days from Schedule 7		40,188
			<b>Difference</b>		<b>1,234</b>
			<b>Percentage Difference</b>		<b>3.07%</b>

As such, the applicant’s projected patient days are 3.07 percent or 1,234 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 \$747,435 in year one to a net profit of \$378,893 in year two.

**Conclusion:**

This project appears to be financially feasible.



**CON Application Numbers: 10820 - 10824**

<b>CON application #10821</b>	<b>Arc Hospice of Florida, LLC</b>				
<b>Miami-Dade and Monroe Counties</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$144.10	0.925	\$133.29	\$74.23	\$207.52
Routine Home Care 61+ days	\$113.75	0.925	\$105.22	\$58.60	\$163.82
Continuous Home Care	\$1,177.23	0.925	\$1,088.94	\$388.23	\$1,477.17
Inpatient Respite	\$309.70	0.925	\$286.47	\$198.01	\$484.48
General Inpatient	\$727.27	0.925	\$672.72	\$418.04	\$1,090.76
<b>Year Two Comparison</b>					
	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.139	\$236.32	\$3,073,967		13,008
Routine Home Care 61+ days	1.139	\$186.55	\$1,516,653		8,130
Continuous Home Care	1.139	\$1,682.15	\$136,760	24	81
Inpatient Respite	1.139	\$551.71	\$59,804		108
General Inpatient	1.139	\$1,242.13	\$403,932		325
		<b>Total</b>	<b>\$5,191,116</b>		<b>21,652</b>
		Days from Schedule 7			21,900
		<b>Difference</b>			<b>248</b>
		<b>Percentage Difference</b>			<b>1.13%</b>

As such, the applicant’s projected patient days are 1.13 percent or 248 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 \$399,107 in year one to a net profit of \$652,063 in year two.

**Conclusion:**

This project appears to be financially feasible.

**CON Application Numbers: 10820 - 10824**

CON application #10822	Heart'n Soul Hospice of Miami, LLC				
Miami-Dade and Monroe Counties	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.925	\$133.29	\$74.23	\$207.52
Routine Home Care 61+ days	\$113.75	0.925	\$105.22	\$58.60	\$163.82
Continuous Home Care	\$1,177.23	0.925	\$1,088.94	\$388.23	\$1,477.17
Inpatient Respite	\$309.70	0.925	\$286.47	\$198.01	\$484.48
General Inpatient	\$727.27	0.925	\$672.72	\$418.04	\$1,090.76
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	\$236.32	\$2,952,031		12,492
Routine Home Care 61+ days	1.139	\$186.55	\$6,888,073		36,923
Continuous Home Care	1.139	\$1,682.15	\$724,829	24	431
Inpatient Respite	1.139	\$551.71	\$239,169		434
General Inpatient	1.139	\$1,242.13	\$1,073,821		865
		<b>Total</b>	<b>\$11,877,923</b>		<b>51,144</b>
			Days from Schedule 7		45,225
			<b>Difference</b>		<b>-5,919</b>
			<b>Percentage Difference</b>		<b>-13.09%</b>

As such, the applicant’s projected patient days are 13.09 percent or 5,919 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 profit of \$474,211 in year one to a net profit of \$2,476,499 in year two.

**Conclusion:**

This project appears to be financially feasible.

**CON Application Numbers: 10820 - 10824**

<b>CON application #10823</b>	<b>ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies</b>					
<b>Miami-Dade and Monroe Counties</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>	
<b>Base Rate Calculation</b>						
Routine Home Care 1-60 days	\$144.10	0.925	\$133.29	\$74.23	\$207.52	
Routine Home Care 61+ days	\$113.75	0.925	\$105.22	\$58.60	\$163.82	
Continuous Home Care	\$1,177.23	0.925	\$1,088.94	\$388.23	\$1,477.17	
Inpatient Respite	\$309.70	0.925	\$286.47	\$198.01	\$484.48	
General Inpatient	\$727.27	0.925	\$672.72	\$418.04	\$1,090.76	
<b>Year Two Comparison</b>						
	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>	
Routine Home Care 1-60 days	1.139	\$236.32	\$5,679,495		24,033	
Routine Home Care 61+ days	1.139	\$186.55	\$1,270,144		6,809	
Continuous Home Care	1.139	\$1,682.15	\$549,203	24	326	
Inpatient Respite	1.139	\$551.71	\$356,382		646	
General Inpatient	1.139	\$1,242.13	\$801,473		645	
<b>Total</b>			<b>\$8,656,697</b>		<b>32,459</b>	
					Days from Schedule 7	35,263
					<b>Difference</b>	<b>2,804</b>
					<b>Percentage Difference</b>	<b>7.95%</b>

As such, the applicant’s projected patient days are 7.95 percent or 2,804 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 \$552,374 in year one to a net profit of \$500,126 in year two.

**Conclusion:**

This project appears to be financially feasible.

**CON Application Numbers: 10820 - 10824**

<b>CON application #10824</b>	<b>Safe Harbor Hospice, LLC</b>				
<b>Miami-Dade and Monroe Counties</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$144.10	0.925	\$133.29	\$74.23	\$207.52
Routine Home Care 61+ days	\$113.75	0.925	\$105.22	\$58.60	\$163.82
Continuous Home Care	\$1,177.23	0.925	\$1,088.94	\$388.23	\$1,477.17
Inpatient Respite	\$309.70	0.925	\$286.47	\$198.01	\$484.48
General Inpatient	\$727.27	0.925	\$672.72	\$418.04	\$1,090.76
<b>Year Two Comparison</b>					
	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.139	\$236.32	\$3,314,960		14,027
Routine Home Care 61+ days	1.139	\$186.55	\$1,926,400		10,326
Continuous Home Care	1.139	\$1,682.15	\$429,450	24	255
Inpatient Respite	1.139	\$551.71	\$108,600		197
General Inpatient	1.139	\$1,242.13	\$188,400		152
		<b>Total</b>	<b>\$5,967,810</b>		<b>24,958</b>
			Days from Schedule 7		25,110
			<b>Difference</b>		<b>152</b>
			<b>Percentage Difference</b>		<b>0.61%</b>

As such, the applicant’s projected patient days are 0.61 percent or 152 days more than the number of patient days calculated by staff. With projected patient days approximating calculated patient days revenue appears reasonable. Operating profits from this project are expected to increase from a net loss of \$681,173.60 in year one to a net profit of \$206,332.35 in year two.

**Conclusion:**

This project appears to be financially feasible.

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

**Applies to all applicants** - Strictly, from a financial perspective, the type of price-based competition that would result in increased efficiencies, service, and quality is limited in health care in general and in hospice specifically. Cost-effectiveness through competition is typically achieved via a combination of competitive pricing that forces more efficient cost to remain profitable and offering higher quality and additional services to attract patients from competitors. Since Medicare and Medicaid are the primary payers in hospice, price-based competition is almost non-existent. With the revenue stream essentially fixed on a per patient basis, the available margin to increase quality and offer additional services is limited.

**Conclusion:**

Strictly, from a financial perspective, the 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.**

Hospice projects do not involve construction review.

- 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.

**AMOR Hospice Care, LLC (CON application #10820)** admissions by payer source response on the application's page 81, shows 318 year one admissions – eight Medicaid and five Indigent/self-pay account for 2.52 percent and 1.57 percent of the total admissions. Year two has 549 projected admissions – 14 Medicaid or 2.55 percent and eight Indigent/self-pay or 1.46 percent of year two's total. The applicant's Schedule 7 only shows Medicare as the payor source.

The applicant responds that as AMOR Hospice is a newly formed entity, it does not have a history of hospice services to the Medicaid and Medically Indigent population, but its leadership does. No financial details were provided.

**Arc Hospice of Florida, LLC (CON application #10821)** projects Medicaid will be 3.5 percent and charity care (self-pay) 1.0 percent of year one and year two annual patient days.

Arc Hospice does not provide financial details of its parent's history of providing health services to Medicaid and indigent patients.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** projects Medicaid will be 5.0 percent and charity care 1.0 percent of year one and year two annual patient days.

## CON Application Numbers: 10820 - 10824

Heart n' Soul notes Medicaid was 11.6 percent of its Nashville, Tennessee affiliate's total revenue in 2023.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823):** Schedule 7 shows 3.02 percent in year one and 3.0 for year two total Medicaid patient days.

The applicant's parent, Independent Living Systems owns and operates Florida Community Care, Florida's only statewide Medicaid long-term care provider service network, as well as Florida Complete Care, a Medicare Advantage special needs plan for people who live in a nursing home, an ALF, or live at home. ILS is currently managing and providing care for approximately 7,000 Medicaid-Medicare, Dual-Eligible patients.

**Safe Harbor Hospice, LLC (CON application #10824) projects** 3.02 percent in years one and 3.0 for year two total Medicaid patient days. The applicant's Schedule 7A Assumptions states that it "anticipates providing 3% of total care as charity care due to special programs and conditions described in Schedules B and C."

The applicant indicates that during January 2023 - October 17, 2024, 5.1 percent of Lighthouse Hospice's patients received charity care and 2.5 percent were Medicaid recipients. Lighthouse Hospice is its "related hospice in the Chicagoland area".

### F. SUMMARY

**AMOR Hospice Care, LLC (CON application #10820)** is a newly formed for profit, Florida Limited Liability Company owned by Ms. Odelmys Bello who also owns 23 ALFs (seven in Miami-Dade County).

Total project cost is \$615,113. AMOR expects issuance of license and initiation of service in January 2026.

Pursuant to project approval, AMOR Hospice Care, LLC offers 13 Schedule C conditions.

**Arc Hospice of Florida, LLC (CON application #10821)** is a for-profit Florida Limited Liability Company, whose parent—American Hospice Systems owns and operates Arcturus Hospice and Palliative Care in Norcross, Georgia. Arc has a newly licensed Service Area 3E program and two CON approved hospice programs pending licensure in Service Areas 3A and 10.

**CON Application Numbers: 10820 - 10824**

Total project cost is \$623,060. 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.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** is an affiliate of Heart and Soul Hospice, LLC. Heart and Soul Hospice, LLC is an entirely minority-owned hospice provider serving Nashville, Tennessee (since January 2021) and Seattle, Washington (since January 2023). Heart'n Soul Hospice of Florida, LLC (an affiliate) has an approved CON pending licensure to serve Service Area 2B.

Total project cost is \$277,439. Heart n' Soul expects issuance of license April 22, 2025 and initiation of service on May 1, 2025.

Pursuant to project approval, Heart'n Soul Hospice of Miami, LLC offers 33 Schedule C conditions.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** is a for-profit, development stage Florida Limited Liability Company, wholly owned subsidiary of INDLIVSYS Holding Company, LLC.

Total project cost is \$394,043. The applicant expects issuance of license on March 20, 2025 and initiation of service on April 1, 2025.

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

**Safe Harbor Hospice, LLC (CON application #10824)** is a for-profit, Foreign Limited Liability Company that is owned by Lighthouse Hospice and Palliative Care (Lighthouse Hospice), established in June of 2021, and provides hospice services in Chicago Illinois.

Total project cost is \$548,305.25. Safe Harbor expects issuance of license and on March 15, 2025 and initiation of service on April 1, 2025.

The reviewer confirms that although seven pages of conditions were referenced by the applicant as Schedule C conditions these were not included. The applicant's conditions provided in the application were included in our review.

**Need/Access**

**AMOR Hospice Care, LLC (CON application #10820)** contends that need for the project is based on a notable gap in care for the non-cancer, age 65 and older population, underserved patients with heart disease and cancer as well as Hispanics and African Americans, veterans, and the Jewish residents in the service area. AMOR Hospice does not plan to “have a locally based office or team in Monroe County during its first two years of operation”. Schedule 7 notes states AMOR “has not projected any admissions from Monroe County during the first two (2) years of operation”.

**Arc Hospice of Florida, LLC (CON application #10821)** contends that need for the project is based on a noticeable gap in access for the non-cancer, age 65 and older segment and underserved sub-population groups including Hispanics, African Americans, veterans and Jewish residents. Specific disease categories underserved include patients with heart disease, cancer, cerebrovascular disease, chronic lower respiratory disease, and Alzheimer's disease.

**Heart’n Soul Hospice of Miami, LLC (CON application #10822)** provides data and factors in support that its application demonstrates special circumstances that justify the award of a CON in addition to FNP projections. These include underservice to ethnic Black and Hispanic population access (lower election rate among these populations in Miami-Dade County) and its project will offer credible plans to increase service to these underserved groups, the service area’s low hospice penetration rate and the large and elderly population growth.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** indicates the Black and Hispanic population, residents below the Federal Poverty Line, and uninsured residents are underserved. Other issues it will address include limited English-speaking ability patients, and cancer, Alzheimer’s/dementia patients, LGBTIA+ senior and veterans, patients without a primary caregiver, homelessness, and the Jewish population.

**Safe Harbor Hospice, LLC (CON application #10824)** notes that Medicare and Agency hospice-use rates for Service Area 11 residents are lower than the statewide average, the average discharge to hospice rates for some Service Area 11 hospitals are lower than the state average and the service area’s rapidly growing age 65 and over population as additional reasons to approve its project. The applicant identifies unmet hospice needs for Service Area 11’s uninsured, non-English speaking, LGBTQIA, low-literacy residents and residents experiencing homelessness.



## Quality of Care

**AMOR Hospice Care, LLC (CON application #10820)** states it does not have a “history to report under this standard”, however, it “is committed to building a high-quality program in the community” that “will be validated by key metrics and external standards, through CHAP accreditation”. The applicant references its proposed accreditation, certifications, NHPCO, employee training, hospice education, and program service commitment conditions.

**Arc Hospice of Florida, LLC (CON application #10821)** cites its parent, AHS’ corporate team health care management experience, primarily in hospice, indicating it has substantial expertise in hospice start-up, having successfully completed over 50 hospice surveys. The applicant provided a detailed description of its proposed quality of care including its QAPI plan and references its parent company’s history and practices it will utilize.

**Heart’n Soul Hospice of Miami, LLC (CON application #10822)** states it is committed to providing high-quality hospice services, and provides data showing its Tennessee affiliate exceeds Tennessee’s, Florida’s and the national averages in the HIS 7 quality measures and percentage of patients receiving RN or medical social worker visits at end-of-life. The applicant describes its performance improvement program and notes both affiliates have CHAP accreditation as it conditions to do so within 12 months of licensure.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823)** states while it has no operational history ILS has been providing quality services for the past twenty years and holds NCQA accreditations and certifications. The applicant references its proposed condition to obtain CHAP, ACHC or Joint Commission within 12 months of licensure.

**Safe Harbor Hospice, LLC (CON application #10824)** notes its management personnel also manage and own Lighthouse Hospice, which has been providing quality care since 2021. The applicant cites Lighthouse Hospice CAHPS, HIS scores and notes its HCI score exceeds the national average. CHAP accreditation is also discussed and the applicant cites its commitment to achieving or participating CHAP accreditation, SAGE platinum, NIJH and We Honor Veteran’s certifications.

**Financial Feasibility/Availability of Funds - Applies to all applicants**

- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible
- Strictly, from a financial perspective, this project will not have a material impact on price-based competition.

**Medicaid/Indigent/Charity Care**

**AMOR Hospice Care, LLC (CON application #10820)** does not provide financial details of its parent's history of providing Medicaid and medically indigent care. The applicant's admissions table indicate Medicaid will be 2.52 percent and indigent/self-pay 1.57 percent of year one's total admissions. Medicaid will be 2.55 percent and of indigent/self-pay will be 1.46 percent of year two's admissions.

**Arc Hospice of Florida, LLC (CON application #10821)** does not provide financial details on its or its affiliate or parent's provision of care to these patients. Schedule 7A shows Medicaid will be 3.5 percent and self-pay (charity care) in year one and two total Medicaid patient days and 1.0 percent in both years to self-pay.

**Heart'n Soul Hospice of Miami, LLC (CON application #10822)** projects Medicaid will be 5.0 percent and charity care 1.0 percent of year one and year two annual patient days. Heart n' Soul notes Medicaid was 11.6 percent of its Tennessee affiliate's total revenue in 2023.

**ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies (CON application #10823):** Schedule 7A shows 5.0 percent in years one and two total Medicaid patient days and 1.0 percent in both years to self-pay. The applicant's parent, Independent Living Systems owns and operates Florida Community Care, Florida's only statewide Medicaid long-term care provider service network. ILS is currently managing and providing care for approximately 7,000 Medicaid-Medicare (Duel-Eligible) patients.

**Safe Harbor Hospice, LLC (CON application #10824)** projects Medicaid at 3.02 percent and self/pay (charity care) at 3.02 percent of year one's total annual patient days. Medicaid is project to be 3.0 percent in year two and self-pay charity care 3.0 percent of year two's total patient days. The applicant's Schedule 7A Assumptions states that it "anticipates providing 3% of total care as charity care due to special programs". Safe Harbor indicates that 5.1 percent of Lighthouse Hospice's (its affiliate) patients received charity care and 2.5 percent were Medicaid recipients during January 2023 - October 17, 2024.

**G. RECOMMENDATION**

Approve CON #10821 to Arc Hospice of Florida, LLC to establish a new hospice program in Service Area 11. The total project cost is \$623,060.

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

**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.
- 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.
- 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.
- 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

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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 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.
- 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.

### **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.

Approve CON #10822 to Heart'n Soul Hospice of Miami, LLC to establish a new hospice program in Service Area 11. The total project cost is \$277,439.

### **CONDITIONS:**

Heart'n Soul Hospice will begin operations no later than 120 days after receiving final CON approval and license from AHCA.

Heart'n Soul Hospice will open two offices in Miami after receiving the initial hospice license. The offices will be located in minority areas of Miami-Dade.

### **FRAUD AND ABUSE**

Heart'n Soul Hospice has developed a pledge to thwart fraud and abuse in the health care marketplace. The pledge will be reviewed with all staff, volunteers and governing body members yearly with education.

### **CULTURAL LIAISONS**

Heart'n Soul Hospice developed the Senior Journey program for the elderly who may live alone, have neurological disorders, lack many of the social deterrents to have a true quality of life environment. The program promotes health equity and address the social determinants of health (SDOH) to ensure that all seniors receive the care and support

they deserve, regardless of their background or circumstances and no matter where they live. Heart'n Soul Hospice will hire a team of multi and/or tri-lingual cultural liaisons starting in the first 12 months to provide culturally appropriate education to the Cuban, Haitian, Latino, Black and Hispanic communities focusing on end-of-life care as well as identify specific cultural end of life needs. The goal of the cultural liaisons is to enhance the culturally appropriate education to the community and gain their trust.

A liaison will be assigned to the Little Havana Nutrition Centers and Miami Dade Senior Centers to provide education, conduct blood pressure clinics and be a resource to the seniors to ensure all minorities are heard and hospice services are available to them.

The cultural liaison team will also target all community resources including churches, clinics, physicians and hospitals throughout Area 11. The cultural liaisons will also identify other community resources to educate to ensure all are heard and provide culturally appropriate education on the hospice services available to the referral sources.

**FOOD SCARCITY SOCIAL DETERIMANTS OF HEALTH**

No senior should ever go hungry! Food scarcity is becoming more common among the elderly. Bi and/or Tri lingual End of Life Education to seniors on culturally appropriate topics should be available. Heart'n Soul Hospice pledges to provide \$5000 per year for 3 years to support the Miami Dade County 19 senior centers for meal services, provide appropriate culturally centered education to the seniors and be involved in their Senior Awareness Day. This is the hallmark of the Senior Journey to promote health equity and address the social determinants of health.

Food scarcity is one of the social deterrents of health and no senior should ever go hungry. Heart'n Soul Hospice has pledged if awarded the certificate of need for Area 11 to donate the following for food to seniors:

Camillus House	\$1000 for one year
Miami-Dade County Community Action and Human Services Department (Includes the 19 seniors centers in Miami Dade)	\$5000 per year for 3 yrs
Possibilities Church	\$1000 for one year
Sweet Home Missionary Baptist Church	\$500 for one year

**Proposed Measure:** Heart'n Soul Hospice will submit in the annual condition compliance report provided to the Certificate of Need office, copies of the checks and dates of completed inservices.

**DISEASE-SPECIFIC PROGRAMS FOR THE UNDERSERVED:**

Miami-Dade and Monroe counties have identified significant health care disparities among their diverse populations, particularly among Hispanic, Latino, Haitian, African American, and low-income residents. Heart'n Soul Hospice will implement targeted programs to serve patients with the following conditions prevalent in these underserved communities:

- **Cancer:** Cancer is one of the leading causes of death in Miami-Dade County, with age-adjusted death rates reflecting a significant impact on the population, particularly among Hispanic and Black residents, who experience higher cancer mortality rates compared to White residents. The cancer mortality rates among Hispanic and Black populations, who often face barriers to early diagnosis and treatment are among the highest. Heart'n Soul Hospice will provide community education, physician roundtables, and collaborate with local hospitals and community organizations to offer cancer awareness workshops, pain management education, and hospice benefits seminars tailored to these communities.

- **Cardiac Disease/Congestive Heart Failure (CHF):** Heart disease is consistently a leading cause of death across Miami-Dade and Monroe counties. The age-adjusted death rate from heart disease in Miami-Dade is notably high, affecting a broad spectrum of the population, especially among African Americans and Hispanics. We will partner with the American Heart Association, provide CPR courses, promote dietary education for heart health, and offer community outreach to primary care physicians and cardiologists to improve hospice access for these patients.

- **Cerebrovascular Disease/Stroke:** Stroke incidence and mortality are significantly higher among Hispanic as well as African American residents in Miami-Dade. Stroke (cerebrovascular disease) also ranks high, with age-adjusted rates showing that Black adults are at a greater risk compared to their White counterparts. Heart'n Soul Hospice will collaborate with local stroke support groups and health care providers to deliver educational programs, patient support, and early identification of hospice-appropriate patients.

- **Diabetes:** Diabetes is a major health concern, especially in Miami-Dade, where 12.2% of adults have been diagnosed with the condition. The county experiences high rates of hospitalizations and deaths attributed to diabetes, with significant impacts on Hispanic and Black communities, who are disproportionately affected by the disease. Diabetes is highly prevalent among the Black population as well as Hispanics in Miami-Dade, contributing to higher rates of complications and mortality. We will partner with the Florida Department of Health's Diabetes Prevention Program and local health care providers to deliver

educational workshops, physician roundtables, and community outreach focusing on diabetes management and hospice care.

By offering disease-specific services to address these conditions that disproportionately affect these communities, Heart'n Soul Hospice aims to provide positive health impacts through screening, prevention, and comprehensive disease management, alongside compassionate end-of-life care. Reports to the Agency will be provided on collaborative efforts.

**Opening a GIP Unit by the End of Year 2:**

Heart'n Soul Hospice commits to establishing a Medicare-certified GIP unit within a skilled nursing facility or hospital by the end of the second year of operation. The unit will be fully staffed with hospice professionals and designed to provide a homelike environment for patients. Start-up costs will be covered by our capital reserves, and we will provide regular reports on GIP admissions and regulatory compliance to the Agency.

**Providing Free Hospice Care Until Medicare Certification:**

Recognizing the urgent need for hospice services, Heart'n Soul Hospice will cover the costs of patient care for those admitted prior to receiving our Medicare certification. Operational expenses during this period will be funded through cash reserves, ensuring no interruption in care for those in need.

**Veterans and Low-Income Elderly Outreach Programs:**

Heart'n Soul Hospice will develop specialized outreach and support programs for veterans and low-income seniors, including educational workshops, caregiver support groups, and health fairs. By building relationships with veteran organizations and senior centers, we will ensure these groups receive the compassionate care they deserve.

**Community Education and Technology Initiatives:**

To enhance patient care and community awareness, Heart'n Soul Hospice will implement advanced technologies such as virtual reality for pain management and predictive analytics. We will also host seminars, webinars, and community panel presentations to educate the public on the benefits of hospice care. Operational expenses during this period will be funded through cash reserves, ensuring no interruption in care for those in need.

**HOSPICE END OF LIFE DOULA VOLUNTEER PROGRAM**

Doulas play an important role in end-of-life care within a care team setting by bringing focus and attention on providing non-medical, emotional, informational, spiritual, and at times physical support for dying persons, their "family" and caregivers. Doulas help patients think

through and prepare for their death and may help with fulfilling life legacies. The doula role enhances care team effectiveness in communication, presence, and a holistic approach to end of life care. End-of-life (EOL) doulas provide companionship, comfort, and guidance to those facing a terminal illness or death. The non-medical holistic support encompasses emotional, spiritual, and practical care. The End-of-Life (EOL) Doulas are non-clinical, health care professionals fully trained to support and guide individuals facing terminal illness or death. EOL Doulas achieve this by providing companionship and comfort that caters not only to the patient, but also the patient's family.

Doulas offer resources to help the dying person, along with their family and loved ones, make informed decisions in a supportive environment. Doulas normalize deathcare by creating spaces to hold conversations leading to increased communication and increased spiritual and emotional wellbeing. Doulas are trained to support the dying, their family, and loved ones. They know how to listen deeply, work with difficult and complex emotions, help create advanced care plans, explore life's meaning, and provide non-medical means for pain and anxiety reduction. They allow for respite when need. End-of-life doulas also explain the signs and symptoms one may witness and remain present during the active dying period. Heart'n Soul Hospice will offer the Hospice End of Life Volunteer Doula training program in Area 11 by the end of year 1. The Hospice Doula program will be offered to interested volunteer candidates who want to be present with the patient and family at the end of life.

### **SPIRITUAL ADVISORY BOARD**

To help with identifying health inequities among constituents in Area 11, Heart'n Soul Hospice will develop a spiritual advisory council comprised of religious leaders from the different faiths whose goal is to identify patient/family needs by ethnicity to build trust and provide an enhanced line of services to the client. The spiritual advisory board will be comprised of area pastors, rabbis, priests and other church leaders representing the various faiths in Area 11. The board will meet quarterly.

### **TRANSPORTATION**

As part of the Senior Journey Program to help seniors receive care, Heart'n Soul Hospice will provide financial support to Camillus Health Concern in Miami in the amount of \$2500 in the first year of operation to help support transportation costs to provide transport to seniors to the senior centers and clinic assistance to support the underserved elderly in Miami Dade and surrounding counties. Heart'n Soul Hospice will also provide Primary Medical Care Center financial support in the amount of \$2500 for 2 years for their door to doctor program to help seniors get to the doctor's office for their medical care. The Senior Journey program



was developed by Heart'n Soul Hospice to promote health equity and address the social determinants of health (SDOH) to ensure seniors receive the care they need regardless of their background or circumstance.

**Proposed Measure:** Heart'n Soul Hospice will provide a copies of the checks to Camillus Health Concern in Miami and Primary Medical Care Center in the annual condition compliance reports submitted to the Certificate of Need Office.

Camillus Health Concern \$2500 for one year

Primary Care Medical Care Clinic \$2500 for 2 years

Year 1 \$2500 Year 2 \$2500

### **INPATIENT AND RESPITE SERVICES**

Heart'n Soul Hospice will provide inpatient and respite services through the utilization of skilled nursing facilities in Service Area 11.

**Proposed Measure:** Names of contracted facilities for Inpatient and respite services will be included in the annual condition compliance report provided to the Certificate of Need Office.

### **NURSING SCHOLARSHIP**

To encourage students with a desire to enter nursing and lack monies to enter a field that is the crux of health care now and in the future, Heart'n Soul Hospice will offer a nursing scholarship (\$15000 per year for 3 years) to Miami Dade College, Benjamin Leon School of Nursing to students pursuing an AS nursing degree.

**Proposed Measure:** Heart'n Soul Hospice will provide copies of checks provided to Miami Dade College in the annual condition compliance reports submitted to the Certificate of Need Office.

**1<sup>st</sup> Year - \$15,000, Year 2 - \$15,000, Year 3 - \$15,000**

Heart'n Soul Hospice will also offer a nursing scholarship (\$6000 per year) for two years to FIU students.

**Proposed Measure:** Heart'n Soul Hospice will provide copies of checks provided to FIU in the annual condition compliance reports submitted to the Certificate of Need Office.

1<sup>st</sup> Year - \$6000 2<sup>nd</sup> Year - \$6000.

### **CLINICAL ROTATIONS**

Heart'n Soul Hospice will provide clinical rotations to nursing students from Benjamin Leon School of Nursing to support the student's clinical education and to enable these students to better understand end of life and hospice issues and services.

Heart'n Soul Hospice will also provide clinical rotations to nursing students from FIU School of Nursing to support the student's clinical education and to enable these students to better understand end of life and hospice issues and services.

### **MOVE FORWARD PROGRAM**

Heart'n Soul Hospice developed a program to provide internships to young adults living in a complex, at-risk environment with the goal for them to see the community through a different optic and be able to identify with a female minority leader. This is the Move Forward program. Heart'n Soul Hospice will provide internships for 3 years to help young minority adults with much needed support to understand the work environment and help prepare them to enter the work force. The Moving Forward program is a 6-week paid internship developed by Tracy Wood offering comprehensive guidance for interview preparation, resume preparation and basic office skills to serve as a steppingstone to future long-term employment. The program is totally funded by Heart'n Soul Hospice.

### **CARING MOMENTS**

Heart'n Soul Hospice will offer Caring Moments to Service Area 11 residents on Heart'n Soul hospice, a program to recognize a special event/activities that occurred in the patient's life and re-create that event or activity as a memory for the patient/family/caregivers. Caring Moments is all about enhancing the remaining days of life for the patient. Some examples of these unique events include:

5. Holding a birthday party for the patient with special foods that were their favorites.
6. Celebrating an anniversary
7. Bringing the sports event to the patient, watching on TV the game, having ballpark franks, hats or if the patient can go to a game in person, make them special at the game.
8. Video communication with family members outside the service area 11 to talk with their loved one but can't be in person.

Heart'n Soul Hospice offers Caring Moments as an in-kind service, funded entirely by the hospice without outside funds for interested patients. It is about "Doing the right thing for the Patient."

## **VETERANS PROGRAM**

Heart'n Soul Hospice will expand the *We Honor Veterans* program to Service Area 11 and obtain Level 4 certification within 24 months of initial licensure. Heart'n Soul Hospice has developed the Hero's Journey, a program for veterans and first responders who need hospice services, recognizing their commitment to our country and local communities.

In conjunction with The Fire Watch, Heart'n Soul Hospice will support their efforts to reduce veteran suicide with a contribution of \$1000 during their first full year of operation. Suicide remains the 13th leading cause of death for Veterans overall, and the second leading cause of death for Veterans under the age of 45.

**Proposed Measure:** A copy of the check to Fire Watch will be provided for the annual report to the CON office.

## **OPEN ACCESS**

Heart'n Soul Hospice will offer Heart'n Soul Access, to Service Area 11 upon obtaining licensure and initiating patient care activity. Heart'n Soul Hospice will accept patients into its hospice service who are receiving complex medical treatments as part of the patient's Goals of Care or who are working through difficult end of life conversations and have complex psychosocial needs yet are appropriate for the hospice benefit.

## **ADVANCE CARE PLANNING**

Heart'n Soul Hospice will provide advance care planning programs to churches and senior centers in all areas of Service Area 11 to assist the members with end-of life needs.

## **BEREAVEMENT CAMPS**

A Bereavement Children's Camp will be scheduled in Service Area 11 within 12-18 months of the start of operations for children of all backgrounds. Culturally appropriate staff will lead the camp. The bereavement coordinator hired for the program will also oversee the camp.

**Proposed Measure:** Each annual condition compliance report submitted to the Certificate of Need Office will include the date of the camp, attendance, and curriculum.

## **SPECIALTY PROGRAMS**

Heart'n Soul Hospice has developed a series of Hospice programs that will be offered to Heart'n Soul hospice patients in Service Area 11 that provide additional support to the patient and their families within

the first 12 months of full operation. The in-kind programs are provided by the hospice for all appropriate patients as a resource for the patient and families. The series includes:

1. Cardiac Journey - for cardiac patients
2. COPD Journey - for COPD patients
3. Comfort Journey for Cancer patients
4. Memorable Journey- for dementia patients
5. Calming Journey - an art and music intervention program that includes hand reflexology.
6. Caring Creatures - the volunteer Pet program
7. The Hero's Journey - for first responders and veterans
8. Never Alone Journey program - never die alone.
9. Caring Moments Journey - recognizing special events in a patient's life.
10. Senior Journey - addressing health inequities

### **TELEHEALTH**

Heart'n Soul Hospice will extend our comprehensive telehealth/telemedicine services and capabilities to Service Area 11 to improve access to all patients throughout the Service Area.

### **TRANSITIONS PROGRAM**

Heart'n Soul Hospice will initiate the Transitions program in Service Area 11 within 12 months of initial licensure. The Transitions program is for chronic patients not ready for hospice services. This is an in-kind, non-medical, volunteer supported program provided by Heart'n Soul Hospice.

### **PALLIATIVE CARE**

Heart'n Soul Hospice will establish a palliative care program to serve Service Area 11 residents, including the provision of advanced illness management within 12 months of initial licensure. The palliative care program will be provided in several settings, including underserved areas, to improve access to the service.

Palliative Care settings can occur in the patient's home, skilled nursing facility, assisted living facility or in a Clinic setting.

### **CHAP ACCREDITATION**

Heart'n Soul Hospice will obtain CHAP accreditation within 12 months of receiving licensure.

### **JEWISH ACCREDITED HOSPICE**

Heart'n Soul Hospice will become a Jewish Certified Hospice program through National Institute for Jewish Hospice (NIJH) within 12 months of starting the operation.

**NEVER ALONE JOURNEY PROGRAM**

The Never Alone Journey program, a program already developed, where no patient dies alone, will be implemented in Service Area 11 within 12 months of initiating hospice operations.

**BEREAVEMENT SUPPORT**

Heart'n Soul Hospice will offer bereavement support for all segments of the Service Area 11 population, including those not aligned with the Heart'n Soul Hospice program. At least three community bereavement support groups will be held in the first 18 months of opening in the service area.

**CEU WORKSHOPS**

Heart'n Soul Hospice will develop and/or work with CEU providers to offer continuing education units at no charge to health care providers within Service Area 11 on end of life and hospice topics within the first 18 months of service.

**PATIENT EDUCATION**

Heart'n Soul Hospice will develop and implement patient specific training modules that will be saved in the EMR for patients and caregivers. The topics will range from disease specific modules to caregiver support programs. Patients and caregivers will have access to that section in the EMR.

**HOSPICE AND PALLIATIVE CARE CERTIFICATION**

Heart'n Soul Hospice recognizes the importance of Hospice and Palliative Care certification among the staff to enhance their knowledge base and be a leader in their field. As such, Heart'n Soul Hospice will offer a review class for interested staff members who have one year of hospice experience in the first 12 months of operation. The goal of the review class is to encourage staff members to attend and apply for certification.

Heart'n Soul Hospice will support certifications yearly for interested staff who meet the qualifications to participate in the certification. This certification process program is an in-kind service that Heart'n Soul Hospice provides as a benefit to encourage staff participation and enhance staff tenure.

Approve CON #10823 to ILS HHA of Region 11, LLC d/b/a Independent Living Medical Supplies to establish a new hospice program in Service Area 11. The total project cost is \$394,043.

**CONDITIONS:**

**1. ACCREDITATION:**

Independent Living Systems values accreditation by respected accrediting bodies as a way of displaying excellence related to care and services. Independent Living Services is accredited by NCQA for Case management for Long-Term Services and Supports, certified for Wellness and Health Promotion, and has applied for accreditation in Health Equity.

**CONDITION:**

ILS Hospice will seek initial Accreditation and subsequent Deemed Status from CHAP, ACHC, or the Joint Commission within 12 months of receiving licensure. Compliance will be measured by the submission to AHCA of the initial application and subsequent certificate of approval. Yearly reports to AHCA providing documentation of the ongoing Accreditation status will be submitted.

**2. BILINGUAL (Spanish/English) STAFFING:**

Seventy-five percent (75%) of Miami-Dade County residents over the age of five speak a primary language other than English at home, and there is a higher percentage of residents who speak English less than “very well.” There are areas within Service Area 11 with linguistic isolation rates above 40%. ILMS Hospice is committed to serving the Spanish-speaking population in Service Area 11 and providing multiple types of opportunities for those individuals. A part of that commitment includes the hiring of bilingual staff members from Service Area 11.

**CONDITION:**

ILMS Hospice conditions to maintain a workforce Area that includes at least 25% bilingual speaking staff. This commitment will be measured by a yearly report to AHCA documenting the total number of staff and the number/percentage of bilingual staff members.

**3. BILINGUAL (Spanish/English) STAFF AT THE POINT OF SERVICE**

Independent Living Systems currently serving Hospice Service Area 11 understands the linguistic needs of the community. Often times, the only language spoken at Independent Living Services is

Spanish. ILMS Hospice is committed to serving the Spanish-speaking population in Service Area 11 and providing access to Spanish-speaking staff members at intake, admissions, and provision of care.

**CONDITION:**

ILMS Hospice conditions to maintain Spanish-speaking staff members at intake, admissions and provision of care. This commitment will be measured by a yearly report to AHCA documenting the number of Spanish-speaking staff representing intake, admissions and provision of care.

**4. BILINGUAL (Spanish/English) COMMUNICATIONS**

Independent Living Systems currently serving Hospice Service Area 11 understands the linguistic needs of the community. All materials distributed to members and the community are written in Spanish. ILMS Hospice is committed to serving the Spanish-speaking population in Service Area 11 and providing all communications in both English and Spanish.

**CONDITION:**

ILMS Hospice conditions to maintain marketing, intake, admissions, and provision of care brochures and documentation in both English and Spanish. These communications Will sensitive to literacy, culture, spirituality, and religion. This commitment will be measured by submitting written materials to AHCA within six months of licensing.

**5. HOSPICE OFFICES:**

ILMS Hospice understands the importance of a hospice presence in Monroe County and will extend availability to Monroe County immediately upon approval of the CON.

**CONDITION:**

ILMS Hospice will activate space within an office of Independent Living Systems in Monroe County at 9391 Overseas Highway, Tavernier, Fl 33017. The Tavernier location, 65 miles from the Miami office will accommodate staff serving Monroe County as well as community education.

**6. PROVIDER PARTNERSHIPS**

Independent Living Systems with access to physician groups, assisted living facilities, skilled nursing facilities, and post-acute care providers has the unique opportunity to partner with these providers, seeking advice and support.

**CONDITION:**

ILMS Hospice conditions that, it will form an advisory collaborative to address the reasons affecting hospice election for the Black/African American population. This group will be charged with developing communications at the community and individual level that includes culture, spiritually, and religion with the goal of increasing hospice penetration. This advisory collaborative will meet at least quarterly. Minutes of activities will be documented and reported to AHCA annually.

**7. INCREASING MEDICAID AND MEDICARE PARTICIPATION**

Improving access to health care services depends in part on ensuring that people have a usual and ongoing source of care (that is, a provider or facility where one regularly receives care). Over the last 20 years, Independent Living Systems has been an industry leader in providing person-centric solutions and managing complex member populations in the Medicaid, Medicare, and Dual-Eligible markets.

Service area 11 has a significant percentage of residents without access to health care exacerbated by the lack of insurance and linguistic isolation rates above 40%.

**CONDITION:**

ILMS Hospice conditions that the organization will provide Community Forums at accessible locations throughout Miami-Dade and Monroe Counties using bilingual staff to educate and enroll residents in Medicaid and Medicare. This commitment will be measured by a yearly report to AHCA documenting the number of forums and the number of persons newly enrolled in Medicaid and Medicare.

**8. PATIENT AND FAMILY TRANSPORTATION:**

The 2022 Community Health Assessment for Miami-Dade County identifies a lack of reliable transportation as negative impact to health care access. As a person approaches a transition to hospice transportation should not impede this transition.

**CONDITION:**

ILMS Hospice conditions that it will provide transportation to patients and their families when needed to assure a stressless transition to hospice as well as support throughout hospice care. Transportation provided will be reported by submission of a yearly report to AHCA.



**9. SUPPORT TO COVER THE COST HEALTHCARE FOR UNISURED PERSONS**

Improving access to health care services depends in part on ensuring a usual and ongoing source of care (that is, a provider or facility where one regularly receives care. Over the last 20 years, Independent Living Systems has been an industry leader in providing person-centric solutions and managing complex member populations in the Medicaid, Medicare, and Dual-Eligible markets.

**Community Health Centers** (CHCs), also known as community clinics, Federally Qualified Health Centers, or FQHCs, are community-driven, non-profit clinics located in medically underserved areas or serving populations that are medically underserved.

**Federally Qualified Health Centers** (FQHCs) are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas.

**CONDITION:**

ILMS Hospice will provide yearly grants of \$100,000 to Health Choice Network for a period of at least 3 years commencing with the first year of operations with the funds restricted to serve persons without insurance and access to primary health care in Hospice Service Area 11. Since 1994, Health Choice Network has served and supported a network of Community Health Centers (CHCs) and safety-net provider organizations across the country through various key strategic services to continue driving the mission of CHCs: improve access to quality health care for all and reduce disparities in minority and underserved communities. This commitment will be measured by a yearly report to AHCA.

**10. CERTIFIED HOSPICE AND PALLIATIVE NURSE (CHPN) SUPPORT**

ILMS Hospice will encourage nurses hired to provide hospice care to seek certification as a hospice and palliative nurse. ILMS Hospice will financially support nurses seeking certification. A program will be developed that identifies the amount of financial support including time off for study and the cost of testing.

**CONDITION:**

A full description of the program will be developed and reported to ACHA no later than six months following the CON award. Compliance will be documented by submission of a yearly report to AHCA identifying the details of the certification support program and the number of nurses participating.

**11. PALLIATIVE CARE PROGRAM DEVELOPMENT**

ILMS Hospice supports the transition of patients from palliative to hospice care. Palliative care services benefit those with a terminal illness needing time and information to make an informed decision, especially:

- Dialysis patients who plan to continue dialysis treatments
- Cancer patients who plan to continue radiation treatments
- Cancer patients who plan to continue chemotherapy treatments
- Advanced heart disease patients who want to explore options
- Advanced COPD patients who want to explore options

**CONDITION:**

ILMS Hospice will establish a palliative care program for service area 11 once the hospice is operating at an ADC of 50. This will ensure the continuum of care is secured for patients that are often approaching a need for hospice but have not yet qualified or emotionally accepted the transition. The program will be documented and reported in an Annual Report to AHCA.

**12. Support for LGBTIA+ Seniors AND VETERANS**

Incorporated in 1988, the Alliance for Aging, Inc., was designated by the State of Florida as the Area Agency on Aging for Miami-Dade and Monroe counties. The Alliance is a private, not-for-profit agency, part of a network of 11 Area Agencies on Aging in the State of Florida. The Alliance for Aging support veterans.

**CONDITION:**

ILMS Hospice when licensed will make available each year for 4 years, \$15,000 to support the following programs of the Alliance for Aging, Inc.

- LGBTQIA+ Seniors
- VR&E Independent Living track for veterans

Distribution of the grants will be documented and reported in an Annual Report to AHCA.

**13. WE HONOR VETERANS PROGRAM:**

ILMS Hospice will participate with the National Hospice and Palliative Care Organization's (NHPCO) unique We Honor Program to recognize those hospices in the nation that provide unique services to Veterans. The NHPCO program consists of 5 Levels of Recognition based on the extent of staff training, interactions with Veterans' organizations, and support for the Veterans in the

community. A certification is awarded to the participating hospices as the requirements for each Level are achieved. The processes required to meet Level 5 certification can take up to 3-5 years.

**CONDITION:**

ILMS Hospice conditions that it will seek the Five Levels of NHPCO's We Honor Program's certifications for the Service Area 11 offices. ILMS Hospice will achieve Level 1 Recognition in the first year of operations, Levels 2 & 3 in the second year of operations, Level 4 in the third year, and Level 5 no later than the end of the fifth year of operations. This condition will be measured by an annual report to AHCA of its Certification levels and a summary of its activities which resulted in the award of those certifications.

**14. JEWISH HOSPICE CERTIFICATION:**

ILMS Hospice is committed to promoting a higher quality of life and maximizing independence for all vulnerable populations. This is evidenced by the large array of support activities, and the training of staff to understand the particular needs of various populations in Service Area 11, that, like most communities, has a very diverse population including African Americans, American Indians, Jewish individuals, and so forth. ILMS Hospice will seek unique opportunities to serve those communities.

**CONDITION:**

ILMS Hospice conditions that it will seek Jewish Hospice Certification through the National Institute for Jewish Hospice by the end of the first year of the commencement of hospice operations in Service Area 11. The certification for this will include incorporating the Institute's training modules as part of the hospice's training programs for not only clinical but also the non-clinical staff. Compliance with this condition will be measured by providing AHCA with documentation of the Certification when received and an annual report on the program's activities on a yearly basis.

**15. COMMUNITY BEREAVEMENT PROGRAM**

ILMS Hospice will provide bereavement services as a community service to all persons experiencing loss in Miami-Dade and Monroe counties. While the Medicare and Medicaid hospice benefit outlines specific bereavement requirements to enrolled beneficiaries, as an additional support to those not insured or enrolled in a health plan, Medicaid, Medicare, ILMS Hospice will provide individual and group bereavement counseling and follow up.

**CONDITION:**

ILMS Hospice conditions that, upon final award of the Certificate of Need, and no later than the first year of operation to establish a community bereavement program. Yearly reports will be submitted to AHCA providing documentation of the program and attendance will be submitted.

**16. PROVIDING SPECIALIZED BEREAVEMENT CARE TO ADULTS WITH INTELLECTUAL/DEVELOPMENT DISABILITIES (IDD)**

Independent Living Systems currently serving the IDD population believes that ILMS Hospice staff should understand the needs of this population, particularly during bereavement.

**CONDITION:**

ILMS Hospice conditions that the Hospice Volunteer Coordinator and the Bereavement Coordinator will achieve IDD/MH certification through NADD. NADD certification is a competency-based certification and is intended to validate an individual's understanding of a set of standards (or competencies) for providing services to individuals with intellectual/developmental disabilities and mental health needs. ILMS Hospice will financially support certification of the Hospice Volunteer Coordinator and the Bereavement Coordinator during the first year of operations. Attainment of the certifications will be documented and reported in an Annual Report to AHCA.

**17. ANNUAL BEREAVEMENT CAMP FOR CHILDREN**

ILMS Hospice will provide a bereavement camp as a community service to children experiencing loss in Miami-Dade and Monroe counties.

**CONDITION:**

During the second year of operation following licensure, ILMS Hospice will provide an annual 2day bereavement for children. Compliance will be documented by submission of a yearly report to AHCA identifying the det of the bereavement camp for children as well as a summary of activities.

**18. COMPLEMENTARY NON-MEDICAL HOSPICE SERVICES**

It is well documented that complementary non-medical services during the end of life provide comfort and emotional support to patients.

**CONDITION:**

ILMS Hospice will establish complementary hospice services in service area 11 that support end of life and hospice care. Examples

include pet, music, music therapies, as well as memory/bloggging activities and support. Compliance will be documented by submission of a yearly report to AHCA identifying services established and patient participation.

**19. HOSPICE EDUCATION AND EXPERIENCE TO HEALTHCARE PROFESSIONALS**

Independent Living Services as both a service provider and health plan manager is a well-known and respected partner within Hospice Service Area 11. In addition to the recognition as a valued partner, Independent Living Services has an understanding of hospice as it manages care for members throughout the life cycle.

**CONDITION:**

ILMS Hospice will establish a program of rotation with health care providers including hospitals, assisted living and skilled nursing facilities, clinics, and physician offices that will introduce health care workers to hospice and provide for shadowing of patients. Compliance will be documented by submission of a yearly report to AHCA identifying facility participation and program activities

**20. CREATION OF A PHYSICIAN COUNCIL**

Independent Living Services as both a service provider and health plan manager has a footprint within primary care, acute care, post-acute care, and human service agencies in hospice service area 11. Independent Living Services understands hospice as it manages care for members throughout the life cycle. Independent Living Services embraces the concept of Life Planning for insured members as well as the community. A Life Plan rather than an End-of-Life Plan that includes hospice.

**CONDITION:**

ILMS Hospice will establish a physician council, with a majority of Latino/Hispanic and Black/African American physicians to oversee the development of culturally sensitive information about Life Planning and hospice for health care providers and patients. Compliance will be documented by submission of a yearly report to AHCA identifying facility participation and program activities.

**21. HOUSING NAVAGATORS**

ILMS Hospice recognizes the significance of Black/African American homelessness in and around Cluster 13. While Black persons represent 18% of Maimi-Date County's general population, they comprise 56% of the homeless population.

**CONDITION:**

Independent Living System provides housing navigators in California assisting the homeless. Independent Living Systems Housing Navigators, working with the community hubs and several health plans have been successful in finding housing for the unhoused. Leveraging the model in California, Independent Living Systems is working towards a similar model in Florida with a goal of program completion during the second full year of ILMS Hospice operations. Progress and attainment will be documented by submission of a yearly report to AHCA.

**22. IMPROVING THE LITERACY OF CHILDREN IN MIAMI-DADE COUNTY**

**CONDITION:** To help raise the literacy level in Miami Dade County, ILMS Hospice Will fund the United Way Miami \$25,000 for a period of 4 years. The goal of this grant will be to increase the literacy levels of children, especially for children that primarily speak Spanish.

Deny CON #10820 and CON #10824.

**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



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