

STATE AGENCY ACTION REPORT
ON APPLICATION FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Hospice of Naples, Inc. (CON #9502)

The Watershed Group
5745 SW 73rd Avenue #323
Gainesville, Florida 32608

Authorized Representative: Patricia Moore, RN, MSN
The Watershed Group
(352) 495-2800

2. Service District/Subdistrict

District 8, Hospice Service Area 8B (Collier County)

B. PUBLIC HEARING

No public hearing was held or requested regarding the project. However, the applicant provided 21 letters of support. A sample of the letters provided include letters from James D. Carter, Chairman of the Board of County Commissioners, State Senator Burt Sanders, First Call Medical, Inc., Dial- A- Nurse, Accu-Care, HCR Manor Care, Brian K. Walker, MD, Medical Oncology and Hematology, Cleveland Clinic Hospital and NCH Healthcare System. A majority of the letters expressed support for additional inpatient beds at Hospice of Naples because Collier County is one of the fastest growing metropolitan areas in the country.

C. PROJECT SUMMARY

Hospice of Naples, Inc. (CON #9502) is a hospice program currently serving residents in Collier County, Hospice Service Area 8B. The applicant proposes to build a 16-bed inpatient hospice facility on the same campus as its administration building. Hospice of Naples currently has a six-bed residential unit attached to its administration building. The applicant plans to convert the six-bed residential unit to office space and construct the new 16-bed inpatient hospice on the same campus. The applicant indicates that it will condition approval of its CON application on the following:

- Site, located at 1095 Whippoorwill Lane, Naples, Florida
- Hospice under-served population, not able to access inpatient beds in a hospice-focused facility, will have access to 16 inpatient beds at Hospice of Naples, Inc.
- Hospice-focused continuum of care in a freestanding hospice facility
- Services to all persons regardless of ability to pay.

However, hospice providers have to serve all patients requesting hospice services, so CON conditions are not warranted.

The facility will consist of 18,067 GSF on new construction at a construction cost of \$3,052,500. Total project costs are \$4,438,657.

D. REVIEW PROCEDURE

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

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

Section 59C-1.010(2) b, Florida Administrative Code, prohibits any amendments once an application has been deemed complete. The burden of proof to entitlement of a certificate rests with the applicant. As such, the applicant is responsible for the representations in the application. This is attested to as part of the application in the Certification of the applicant.

As part of the fact-finding, the consultant, Cheryl Clark, analyzed the application in its entirety with consultation from the Financial Analyst, John C. Williamson who evaluated the financial data, and the Architect, Joel Hill who evaluated the architectural and the schematic drawings as part of the application.

E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA

The following indicates the level of conformity of the proposed projects with the criteria found in Florida Statutes Sections 408.035, and 408.037; applicable rules of the State of Florida, Chapter 59C-1 and 59C-2, Florida Administrative Code; and the Local Health Plan.

1. Fixed Need Pool

a. Does the project proposed respond to need as published by a fixed need pool? Chapter 59C-1.008, Florida Administrative Code and Chapter 59C-1.0355, Florida Administrative Code.

The Agency does not publish a fixed need for inpatient hospice beds. Hospice of Naples is the only hospice provider in Service Area 8B. The applicant's proposal is for inpatient hospice beds and as such is not addressed under hospice need projections. Hospice projections define need for hospice programs and not inpatient hospice bed need.

Hospice programs are by law (Section 400.6085 (1), Florida Statutes,) required to provide inpatient services. Inpatient care is defined in s. 400.609 (4), Florida Statutes, as a short-term adjunct to hospice care which shall only be used for pain control, symptom management, or respite care. Inpatient services can be provided in hospitals, nursing homes, or freestanding facilities. No more than 20 percent of a hospice's total days can be inpatient days per Section 400.609 (4), Florida Statutes.

- b. Rule 59C-1.0355 (7) Florida Administrative Code states that the agency will not normally approve a proposal for construction of a freestanding inpatient hospice facility unless the applicant demonstrates that the freestanding facility will be more cost-efficient than contractual arrangements with existing hospitals or nursing homes in the service area. The application shall include the following:**

- (1) A description of any advantages that the hospice program will achieve by constructing and operating its own inpatient beds.**

The applicant explains that the foremost advantage to having a freestanding inpatient hospice facility is that of ensuring quality of care. Continuity of care will be provided should residential patients require inpatient care for an acute episode. Listed below are the tangible advantages given by the applicant of having the ability to provide inpatient care at Hospice of Naples.

- The ability to direct appropriate resources to the patient's bedside, without the patient having to be transferred, will greatly enhance continuity of care.
- The nursing and interdisciplinary personnel will be the same
- The ability to manage and direct resources results in greater cost control.
- Familiarity with the patients and their conditions allows staff to tailor palliative care in the inpatient setting, avoiding over or under utilization of resources
- Patients at the hospice house in need of inpatient care can receive it immediately
- Hospice of Naples stocks only those supplies and equipment needed to meet the unique needs of the hospice patient, therefore reducing waste in medical supplies and equipment.
- Costs associated with transferring patients will be reduced with the ability to bring inpatient care for the acute episode at the hospice house. Transportation costs will be avoided (average cost of a one way transport to an inpatient facility is \$125).

- The administrative costs in transferring a patient also will be reduced

The following are benefits to patients when the hospice provides the inpatient services:

- The setting is conducive to comfort and care and “Home-like” as required by Medicare conditions of participation.
- Experienced and competent staff are available 24 hours seven days a week.
- Convenience to the patients and their family when patients do not have to be moved.
- The benefit of having hospice house on the same campus as the rest of Hospice of Naples operation will be the convenience of sharing qualified staff.
- There is continuity between the home-care hospice staff and hospice house staff, resulting in a higher level of understanding of the patient’s needs and care giving challenges.

(2) Existing contractual arrangements for inpatient hospitals and nursing homes.

The applicant indicates that it has a number of contracts that provide that the inpatient provider serve the hospice patient, providing the required palliative services to stabilize the patient. The table below provides a list of the applicant’s contracted inpatient service providers.

Hospitals	Nursing Homes
Naples Community Health Care	The Chateau at Moorings Park
North Collier Campus	Heritage Health Care Center
Naples Campus	Harborside Healthcare

CON #9502 pg. 6

(3) Anticipated sources of funds for the construction.

The applicant will construct a new 16-bed inpatient facility using existing and donated funds from a capital campaign that began in 2000. According to the President & CEO, Diane Cox, the multi-year campaign has already produced \$2 million in contributions.

(4) Need Analysis

The applicant indicates that Collier County is a fast growing metropolitan area. Additionally due to the increase in seasonal visitors there are times when local hospitals and nursing homes are full and hospice inpatient admissions are not possible.

According to AHCA population estimates, Collier county is one of 15 counties in Florida whose population includes 30 percent or more of people 60 years of age or older. The applicant contends that this results in a greater need for services for the frail and infirmed. There was significant growth in hospice between 1998 and 1999 and more stable growth between 1999 and 2000 the applicant states. The overall population growth for Collier County in the same period was five percent. A four percent hospice growth rate is expected for the present year, as well as for the subsequent periods the applicant notes.

The applicant provides in the table below, the total patient days by location of service in CY 1999 and 2000. Of this total, inpatient care was only 0.04 percent of total patient days of care for both years. However, nursing homes, assisted living facilities and the hospice house residence represents approximately 29 percent of all patient days.

Hospice of Naples Patient Days in Calendar Year 1999,2000		
Patient Location	Patient Days/1999	Patient Days/2000
Home Care	33,010	34,519
Nursing Home	7,585	8,081
Assisted Living Facilities	3,920	3,772
Hospice House Residence	1,931	2,049
Inpatient Care	204	178
Total	46,650	48,598

Source: CON #9502, pg.8

The applicant states that the new facility will increase the availability of choice to hospice patients and allow them to receive state of the art palliative care at the end of their lives. The applicant demonstrates using historic data that in the second full year of operation (2004), the 16-bed facility would reasonably accommodate 11 inpatients per day, 0.5 respite and four residential patients. The applicant states that it needs 16 inpatient beds to ensure that inpatient beds are available when needed.

The applicant did not demonstrate a cost saving, nor could a cost savings be determined from the information provided in the application for its hospice as a result of this project. However, historically inpatient hospice services are generally more cost-efficient than contracting inpatient care. Patients will still have the option to be treated in the existing contractual inpatient facilities and inpatient hospice facilities historically have had significantly higher inpatient days than contractual facilities.

2. Local Health Plan Preferences

Is need for the project proposed supported by the applicable district plan? ss. 408.035(1)(a), Florida Statutes and Ch. 59C-1.030(2)(c), Florida Administrative Code.

District 8's CON Allocation Factors Report, approved October 2000, contains the following five preferences relevant to certificate of need review for hospice services. These preferences are addressed as follows.

- a. Preference shall be given to applications that indicate a willingness to serve patients with HIV/AIDS and the homeless, as well as other traditionally underserved populations.**

The applicant states that it has a long history of serving the underserved of Hospice Service Area 8B and admits patients regardless of their ability to pay.

- b. Preference shall be given to applications that propose either new or use of unused inpatient facilities that best provide for the care of patients and family members.**

The applicant is proposing a new 16-bed freestanding facility that will accommodate patients in need of short-term inpatient care, residential patients who may need to receive inpatient care and patients in need of respite care.

- c. Preference shall be given to applications that demonstrate a commitment to provide services that do not impose barriers to care, such as requiring a caregiver or providing intensive palliative care.**

The applicant's admission criteria does not require a caregiver in the home according to its admission policy in exhibit 2-1.

- d. **Preference shall be given to applications that exceed an 80% occupancy level during the period of January through March on an annual basis, and in the event of multiple locations under one license, any individual location applies.**

The applicant does not show that it exceeds an 80 percent occupancy level during the period of January through March on an annual basis. The applicant does state that it has difficulty admitting hospice patients to area nursing homes and hospitals during this time period, but does not provide documentation in support of this statement.

- e. **Preference shall be given to applications that meet the minimum volume requirement as specified in the rule within the applicant's care service area.**

There is no minimum volume requirement specified in rule for inpatient hospice services.

3. **Agency Rule Criteria**

- a. **The Agency preferences for hospice programs are contained in Rule 59C-1.0355 (4)(e), Florida Administrative Code.**

- (1) **Preference shall be given to an applicant who has a commitment to serve populations with unmet needs.**

The applicant states that it has a long history of serving the underserved of Hospice Service Area 8B and admits patients regardless of their ability to pay. However, there is no documentation of any populations with unmet needs in the service area.

- (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.**

Please see discussion in the Needs Analysis section (b4) above.

- (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.**

The applicant commits to serve patients who do not have primary caregivers at home; the homeless; and patients with AIDS.

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

The applicant's proposal is specific to Collier County, which is the only county in District 8, Service Area 8B.

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

The applicant proposes to provide services that are not specifically covered by private insurance, Medicaid or Medicare. The applicant mentions bereavement as one of those services.

4. **Statutory Review Criteria**

- a. **Is need for the project evidenced by the availability, quality of care, efficiency, appropriateness and extent of existing health care facilities and health services in the applicant's service area? ss. 408.035(2), 408.035(7), Florida Statutes.**

Currently a freestanding inpatient hospice does not exist in Collier County. As previously discussed in Item 1 above, the project is expected to enhance care for patients at the end-of-life. The approval of this application will permit hospice patients to receive three levels of care (inpatient, residential and respite) without leaving the facility.

In respect to quality of care, the applicant states "Hospice of Naples is committed to providing professional, ethical, and compassionate end-of-life care and comfort for all (regardless of ability to pay) and to educating the community regarding end-of-life issues." The applicant also discusses its quality of care below (see also Item 4.b.).

In respect to efficiency, the applicant states that there are inherent inefficiencies for home care staff trying to coordinate care and services in multiple settings, none of which are primarily hospice focused. Those inefficiencies would be eliminated with the completion of a freestanding inpatient hospice facility. Cost-efficiency was not discussed by the applicant.

As mentioned previously, the applicant is the only hospice provider in Service Area 8B. In the table below is the applicant's utilization for the period of July 1, 2000 - June 30, 2001.

Hospice	7/1/00 - 9/30/00	10/01/00 - 12/31/00	1/1/01 - 3/31/01	4/1/01 - 6/30/01	12-month total
Hospice of Naples	202	230	293	230	955

Source: Florida Need Projections for Hospice Programs

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

The applicant has a history of and demonstrated the ability to provide quality of care. The applicant has no licensure or certification violations and is enrolled in both the Medicare and Medicaid programs. Include in the application was a copy of the applicant's most recent JCAHO accreditation in which it received a score of 96 out of 100. The applicant also included in the application in Tab 4 a copy of its Performance Improvement Plan.

- c. Is the applicant proposing special health care services for its service area that are not reasonably and economically accessible in adjacent service areas? ss. 408.035(4), Florida Statutes.**

The nearest freestanding inpatient hospice facilities are in Ft. Myers, West Palm Beach and Boca Raton Florida. However, the applicant is not proposing a special health care services that is not reasonably and economically accessible in adjacent service areas.

- d. Is the project to be located in a research or teaching hospital? Will the program affect the clinical needs of health professional training programs in the service area? ss. 408.035(5), Florida Statutes.**

The applicant's proposal does not involve research, physician education or health professional training programs. The proposed program should have no effect on the clinical needs of health professional training programs in the service area.

- e. **What resources, including health manpower, management personnel and funds for capital and operating expenditures, are available for project accomplishment and operation? ss. 408.035(6), Florida Statutes.**

The audited financial statements for the periods ending December 31, 2000 and December 31, 1999 were analyzed for the purpose of evaluating the applicant's ability to provide the capital and operational funding necessary to implement the project. The following is a list of accounts and ratios used in the analysis:

	<u>12/31/2000</u>	<u>12/31/1999</u>
Current Assets	\$ 3,665,375	\$ 2,396,469
Cash and Current Investment	\$ 1,388,622	\$ 1,506,878
Assets Restricted for Capital Projects	\$ 0	\$ 0
Total Assets	\$ 10,918,233	\$ 8,956,717
Current Liabilities	\$ 615,176	\$ 304,659
Total Liabilities	\$ 615,176	\$ 304,659
Total Equity	\$ 10,303,057	\$ 8,652,058
Net Operating Revenues	\$ 9,208,197	\$ 7,724,033
Interest Expense	\$ 0	\$ 0
Net Profit - Operations	\$ 1,650,999	\$ 1,640,814
Net Income	\$ 1,650,999	\$ 1,640,814
Cash Flow from Operations	\$ 1,009,700	\$ 1,475,348
Working Capital	\$ 3,050,199	\$ 2,091,810
Current Ratio (CA/CL)	6.0	7.9
Cash Flow to Current Liabilities (CFO/CL)	1.6	4.8
Long-Term Debt to Equity (TL-CL/TE)	0.0	0.0
Times Interest Earned (NPO+Int/Int)		
Equity to Total Assets (TE/TA)	94.4%	96.6%
Operating Margin (NPO/NOR)	17.9%	21.2%
Total Margin (NI/NOR)	17.9%	21.2%
Return on Assets (NI/TA)	15.1%	18.3%
Operating Cash Flow to Assets (CFO/TA)	9.2%	16.5%

The applicant's current ratio of 6.0 is a strong position. The working capital (current assets less current liabilities) of \$3.0 million is a measure of excess liquidity that could be used to fund capital projects. The ratio of cash flow to current liabilities of 1.6 is also strong. Overall, the applicant has a strong short-term position.

The ratio of long-term debt to equity of 0.0 is the result of the applicant having no long-term debt. The ratio of cash flow to assets of 9.2 percent is good. The most recent year had a net profit of \$1.6 million, which resulted in a margin ratio of 17.9 percent, a strong position. Total equity is \$10.3 million with the ratio of equity to assets 94.4 percent is strong. Overall, the applicant has a strong long-term position.

Schedule 2 listed capital projects in the amount of \$4.95 million.

The audited financial statements indicated the applicant had cash on hand of \$1.4 million and investments of \$4.8 million. The applicant states that funding will be provided from cash in hand and operating cash flows. Cash flows from operations for the year ended December 30, 2000 were \$1.0 million.

Based on the audited financial statements of the applicant, funding for this project and all other capital projects should be available as needed.

f. What is the immediate and long-term financial feasibility of the proposal? ss. 408.035(8), Florida Statutes.

Schedule 7 of the application indicates that general inpatient care, respite care and residential care are the services to be provided. The payer types identified in the application are: Medicare at 84.7 percent, Medicaid at 3.2 percent, self-payers at 1.6 percent, and commercial insurance at 10.5 percent.

The Department of Health and Human Services sets rates for routine home care, continuous home care, inpatient respite care, and general inpatient care. The 2002 Federal rates were calculated for the Collier County wage index for Medicare payments of 1.0286 and inflated to 2005. The price adjustment factor used 3.26 percent per year, which represents the year-over-year increase in the Medicare reimbursement rates from FY 2001 to FY 2002. The applicant used the same rate in estimating revenues. The results of our calculations are summarized in the table below.

Hospice Revenue Table					
Wage Index for Florida/Collier County (1.0286)					
	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care	75.87	1.0286	78.04	34.55	112.59
Continuous Home Care	442.80	1.0286	455.46	201.65	657.11
Inpatient Respite	61.83	1.0286	63.60	52.39	115.99
General Inpatient	314.41	1.0286	323.40	176.78	500.18

CON Action Number: 9502

Payment Rate	Inflation Factor Year Two	Inflation Adjusted Amount	Including Room and Board Charges	Patient Days Year 2, 2005		Extended
112.59	1.10	123.96	298.96	1,326	\$	396,426
115.99	1.10	127.71		21	\$	2,682
500.18	1.10	550.71		4,056	\$	2,233,688
			Total	5,403	\$	2,632,796
			From Schedule 7		\$	\$2,622,427
			Difference		\$	(10,369)
			Percentage difference			-0.40%

The table above does not consider deductions from revenue. The -0.40 percent deviation between the applicant's estimates and the calculated reimbursement above appears to be reasonable.

The projected operating profit in year two from Schedule 8 is \$195,320. Based on the projections, financial feasibility is probable.

g. Will the proposed project foster competition to promote quality assurance and cost-effectiveness? ss. 408.035(9), Florida Statutes.

The projected Medicare and Medicaid days as a percent of total days in year two is 87.9 percent. With the large majority of patient care is being provided from fixed price government payer sources, this project is not likely to have any discernable positive impact on competition to promote quality assurance or cost-effectiveness.

Comparative Table for Inpatient Hospice Beds in District 8 August 2001 Hospital Cycle			
CON #	Project Cost	Net Revenues Per Day	Operating Cost/Day
9502	\$4,438,657	\$456	\$420
9503	\$1,147,864	\$406	\$374

h. Are the proposed costs and methods of construction reasonable? Do they comply with statutory and rule requirements? ss. 408.035(10), Florida Statutes; Ch. 59A-3 or 59A-4, Florida Administrative Code

This proposal consists of building a new 16-bed inpatient facility on the same campus as the existing Hospice of Naples offices. According to the application this building will consist of two wings of private rooms, on a single loaded corridor system connected by a lobby and family gathering area located between the wings. The building will be completely sprinkled and patient rooms will have fully accessible features and in-wall liquid oxygen supply systems.

Though the applicant has expressed the intention of complying with all applicable building codes, it should be noted that the anticipated construction schedule may require the building to meet the new Florida Building Code scheduled to become effective on January 1, 2002. Additionally, from the state of Florida's perspective, the facility will need to be compliant with NFPA 101, Chapter 12 of the Life Safety Code, 1994 edition. Authorities at the project's location may require compliance with additional life safety code editions and/or other codes.

A few discrepancies/errors have been noticed in the Schedule 9 Table "A" construction cost information. Item "A", "Total GSF of New Construction" has an entry of "N/A", since this is a new building there should be a numerical entry for this item. Item "S", "Total Project Cost per Bed" indicated that each bed is valued at \$277.00. A rough check calculation of this item indicates that the cost is closer to \$277,416.00

Architecturally, the project appears to be a well designed, "high end" hospice. One minor area of concern is the "Family Gathering/Dining" space that appears to be serving as a multi-purpose lounge area for such activities as reception, recreation, dining, visitation, group social activities and/or worship. Though there is a generous allocation of both interior and exterior space in this area, the facility may have difficulties accommodating all multi-purpose lounge activities for a 16-bed facility in the allocated interior space during inclement weather.

i. Does the applicant have a history of and propose the provision of health services to Medicaid patients and the medically indigent? ss. 408.035(11), Florida Statutes.

The applicant has a history of providing hospice care to Medicaid patients and the medically indigent. The applicant indicates it will provide services to all persons regardless of ability to pay. Since hospice providers have to serve all patients requesting hospice services, CON conditions are not warranted. The table below provided by the applicant shows its provision of services to hospice patients by payer for FY 2000.

Hospice of Naples Provision of Services by Payer for FY 2000	
Medicare	85%
Medicaid	6%
Commercial Insurance	6%
Self Pay	3%

Source: CON:9502

F. SUMMARY

Hospice of Naples, Inc. (CON #9502) proposes to build a 16-bed inpatient hospice facility on the same campus as its administration building. Hospice of Naples currently has a six-bed residential unit attached to their administration building. The applicant plans to convert the six-bed residential unit to office space and construct the new 16-bed inpatient hospice on the same campus.

After weighing and balancing all applicable review criteria, the following relevant factors are listed with regard to Hospice of Naples, Inc.'s inpatient hospice project in District 8, Service Area 8B:

Need:

- The Agency does not publish a fixed need pool for hospice inpatient beds. The applicant's proposal is for the establishment of a 16-bed freestanding inpatient facility.
- The applicant presented various data in support of its application. The applicant demonstrated that the project is an efficient alternative to the use of inpatient hospital beds.
- The applicant included 21 letters of support for the project from county commissioners, hospitals, physicians, nursing homes, nursing services, social service agencies and community members in its service area.

Quality of Care:

- The applicant has a history of, and demonstrates the ability of providing quality of care.

Costs/Financial Feasibility:

- Based on the projections, financial feasibility is probable.

Medicaid/Charity Care:

- The applicant has a history of providing care to Medicaid and indigent patients.
- The applicant indicates it will provide services to all persons regardless of ability to pay. Since hospice providers have to serve all patients requesting hospice services, CON conditions are not warranted.
- Schedule 7A indicates that 3.67 percent of the 16-bed hospice's total patient days will be provided to Medicaid patients.

Architectural Analysis:

- Architecturally, the project appears to be a well designed, "high end" hospice. One minor area of concern is the "Family Gathering/Dining" space that appears to be serving as a multi-purpose lounge area for such activities as reception, recreation, dining, visitation, group social activities and/or worship. Though there is a generous allocation of both interior and exterior space in this area, the facility may have difficulties accommodating all multi-purpose lounge activities for a 16-bed facility in the allocated interior space during inclement weather.

G. RECOMMENDATION

Approve CON #9502 to establish a 16-bed inpatient hospice facility located at 1095 Whippoorwill Lane, Naples, Florida. The facility will consist of 18,067 GSF on new construction at a construction cost of \$3,052,500. Total project costs are \$4,438,657.

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: _____

Karen Rivera
Health Services and Facilities Consultant Supervisor
Certificate of Need

Jeffrey N. Gregg
Chief, Bureau of Health Facility Regulation