

# Certificate of Need Preferences

In addition to the CON priorities established by AHCA, the District XI local health planning council has identified five facility-wide preferences as well as some additional preferences by service type. With regards to facility-wide preferences, the Health Council of South Florida recommends that preference shall be given to applicants that:

Preferences	Rationale
<ul style="list-style-type: none"> <li>◆ Proposes to initiate new services at facilities that provide the highest proportion of charity care<sup>1</sup> and Medicaid days during the past fiscal year for which reimbursement was received through Florida’s “Disproportionate Share Program” of the Public Medical Assistance Trust Funds.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Expands on 59C-1.038 6(a) that states: “Priority consideration for initiation of new acute care services or capital expenditures shall be given to applicants with a documented history of providing services to medically indigent patients or a commitment to do so.”</li> </ul> <p><i>Source: Chapter 59C-1 Procedures for the Administration of Sections 408.031-408.045 Florida Statutes, Health Facility and Services Development Act.</i></p>
<ul style="list-style-type: none"> <li>◆ Addresses health professional staff shortages, particularly for nurses and allied health professionals.</li> </ul>	<ul style="list-style-type: none"> <li>◆ According to the Florida Hospital Association, “Florida hospitals are struggling to fill key patient care positions.”</li> <li>◆ Florida’s 6,200 registered nurse positions currently vacant are projected to rise to 61,000 by 2020.</li> </ul> <p><i>Sources: Florida Hospital Association; American Hospital Association.</i></p>
<ul style="list-style-type: none"> <li>◆ Provide language interpretation services to meet the communication needs of patients in their primary service area.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Eliminate racial and ethnic disparities in access to health care services.</li> <li>◆ Availability of federal, state, local and private funding for health care settings that offer interpretation services.</li> <li>◆ Many immigrants feel that language, cultural and legal barriers affect their health care access and quality.</li> <li>◆ Lack of knowledge of the English language creates many difficulties for new arrivals.</li> </ul> <p><i>Sources: The Commonwealth Fund; Community Dialogues about Health and Health Care; New Arrivals’ Access and Utilization of Health Care Resources in Miami-Dade County.</i></p>

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<sup>1</sup> “Charity care” refers to care that is provided to persons below 150% of the federal poverty level and for which there is no compensation exclusive of adjustment allowances.

Preferences	Rationale
<ul style="list-style-type: none"> <li>◆ Offers community education on how to utilize health care facilities in general and particularly when disasters occur.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Common issues faced by all communities when addressing emergency preparedness and response include: 1) the community’s ability to handle “surge capacity” (i.e., the sudden need for healthcare beds and the use of non-hospital facilities, such as home health and primary care centers for the delivery of medical assistance); and 2) keeping the public involved and informed so that they can better serve as community partners to help build up the home care infrastructure and assist with the multi-lingual needs of different communities.</li> </ul> <p><i>Source: Emergency Preparedness and Response: Building Responsive Communities. Presented to the Miami-Dade Hospital Disaster Committee by Joe Cappiello, Joint Commission on Accreditation of Healthcare Organization, November 2002.</i></p>
<ul style="list-style-type: none"> <li>◆ Identifies methods to streamline application processes and screens patients for public assistance program eligibility (e.g., Medicaid, KidCare, Food Stamps, Temporary Cash Assistance).</li> </ul>	<ul style="list-style-type: none"> <li>◆ Streamlines application processes and makes sliding fee scales more flexible to a slightly higher income population.</li> <li>◆ Supports efforts of the HRSA CAP grant initiative.</li> </ul> <p><i>Source: Healthy Start Needs Assessment 2001.</i></p>

In addition to the five facility-wide preferences outlined above, the District XI local health planning council has identified districtwide preferences by service type. Preferences are provided for acute care hospital services; tertiary care services, including neonatal intensive care services, comprehensive medical rehabilitation inpatient services, open heart surgery programs, and organ transplantation programs; psychiatric and substance abuse hospital services; nursing home services; and hospice services. Please note that the following preferences are not ranked according to any priority order.

## I. Acute Care Hospital Services

By Florida administrative rule, acute care hospital beds “exclude neonatal intensive care beds, comprehensive medical rehabilitation beds, hospital inpatient substance abuse beds, beds in distinct part skilled nursing units, and beds in long term care hospitals” licensed pursuant to Chapter 395, Part I, Florida Statutes. Acute care beds are used to provide treatment of episodic injuries or illness with an average length of stay of less than 30 days, although patient recovery periods may be longer.

In addition to supporting the priorities established by AHCA, the District XI local health planning council recommends that preference shall be given to an applicant that:

Preferences	Rationale
<ul style="list-style-type: none"> <li>◆ Implements payment procedures consistent with the patient’s ability to pay.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Expands on 59C-1.038 6(a) that states: “Priority consideration for initiation of new acute care services or capital expenditures shall be given to applicants with a documented history of providing services to medically indigent patients or a commitment to do so.”</li> </ul> <p><i>Source: Chapter 59C-1 Procedures for the Administration of Sections 408.031-408.045 Florida Statutes, Health Facility and Services Development Act.</i></p>
<ul style="list-style-type: none"> <li>◆ Maintains adequate emergency room services.</li> </ul>	<ul style="list-style-type: none"> <li>◆ During calendar year 2002, District XI’s 27 hospitals received a total of 955,057 ED visits, a 35.5% increase since 1995.</li> </ul>
<ul style="list-style-type: none"> <li>◆ Facilitates patient access to public and/or private transportation services.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Health care facilities may be located several blocks from designated bus routes. This can make these services difficult to access given the distances to walk.</li> <li>◆ In South Miami-Dade the Metrorail station is at the northern boundary of the area, offering few public transit alternatives other than by fixed bus routes.</li> </ul> <p><i>Sources: North Miami-Dade Community Health Profile; South Miami-Dade Health Profile.</i></p>
<ul style="list-style-type: none"> <li>◆ Participates in the Centers for Medicare &amp; Medicaid Services’ Hospital Quality Initiative or a similar quality assurance type program.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Hospital participation in the “Quality” Initiative will “promote public reporting of quality measures that can both help hospitals improve the quality of care that they provide and allow patients and their families to make more informed decisions about their hospital care”.</li> <li>◆ The newly enacted Medicare Prescription Drug, Improvement and Modernization Act of 2003 increases payments to hospitals that publicly report this quality information to the Centers for Medicare &amp; Medicaid Services.</li> </ul> <p><i>Source: Centers for Medicare &amp; Medicaid Services.</i></p>

## II. Tertiary Care Hospital Services

Tertiary care services<sup>2</sup> are those services which require sophisticated training and expertise to provide; are generally more costly than other health care services; and are needed only by a small percentage of health care seekers, usually following emergency or secondary care. The tertiary health care services which are included in the Florida Statutes and the Florida Administrative Code (FAC) for CON review include: open heart surgery, neonatal intensive care, comprehensive rehabilitation, organ transplant surgery, and specialized burn treatment. Services which are considered experimental and/or developmental are also considered as tertiary care.

The Health Council of South Florida has designated the entire confines of District XI, encompassing both Miami-Dade and Monroe Counties, as a single region for the planning and allocation of tertiary care services.

### A. Neonatal Intensive Care Services

In addition to supporting the priorities established by AHCA, the District XI local health planning council recommends that preference shall be given to an applicant that:

Preferences	Rationale
<ul style="list-style-type: none"> <li>◆ Specifies how their proposed program will contribute to the development of an organized district-wide neonatal program.</li> </ul>	<p>Supports the Healthy Start Coalition of Miami-Dade and Monroe Counties' mission to reduce infant mortality and morbidity, to improve pregnancy outcomes and to enhance the health and development of children birth to age three.</p> <p><i>Source: Service Delivery Plan, Miami-Dade and Monroe Counties Healthy Start Coalition.</i></p>
<ul style="list-style-type: none"> <li>◆ Operates a facility with at or over 95% occupancy and requests to convert under-utilized acute care beds to NICU Level II beds to reduce occupancy rates to optimal functional levels.</li> </ul>	<ul style="list-style-type: none"> <li>◆ There is an increasing demand (admissions were up to +30.9% between 1992 and 2001) for licensed NICU Level II beds.</li> <li>◆ Occupancy rates over 100% may adversely affect quality of care.</li> </ul> <p><i>Sources: 10-Year Utilization Trends Report, 1992-2001; District XI Hospital Utilization Quarterly Reports.</i></p>

<sup>2</sup> As defined by Florida Statute 408.032(19), a "tertiary health service" means a health service which, due to its high level of intensity, complexity, specialized or limited applicability, and cost, should be limited to, and concentrated in, a limited number of hospitals to ensure the quality, availability, and cost-effectiveness of such service.

Preferences	Rationale
<ul style="list-style-type: none"> <li>◆ Proposes to expand Level II and/or Level III NICU beds to reduce occupancy rates to optimal functional levels.</li> </ul>	<ul style="list-style-type: none"> <li>◆ There is an increasing demand (admissions were up to +30.9% between 1992 and 2001) for licensed NICU Level II beds.</li> <li>◆ Occupancy rates over 100% may adversely affect quality of care.</li> </ul> <p><i>Sources: 10-Year Utilization Trends Report, 1992-2001; District XI Hospital Utilization Quarterly Reports.</i></p>
<ul style="list-style-type: none"> <li>◆ Identifies special need populations within its primary service area and offers projections for the number of individuals with special needs that will be served during the first year of program operation.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Expands on Chapter 59C-1.042 that states: “Applicants shall provide evidence that the number of proposed Level II or Level III neonatal intensive care unit beds is consistent with the needs of the community as stated in Local Health Council Plans and the State Health Plan.”</li> </ul> <p><i>Source: Chapter 59C-1 Procedures for the Administration of Sections 408.031-408.045 Florida Statutes, Health Facility and Services Development Act.</i></p>
<ul style="list-style-type: none"> <li>◆ Promotes career development opportunities for nurses to pursue advanced nursing degrees (e.g., Registered Nurse).</li> </ul>	<ul style="list-style-type: none"> <li>◆ At least one-half of nursing personnel assigned to each work shift in Level II and Level III neonatal intensive care units must be registered nurses. Florida’s vacancy rate for registered nurses is at 9.9%. While some improvements have been made since 2001 when registered nurse vacancy rates peaked at 15.6%, the nursing shortage is still at a critical level. Florida’s 6,200 vacant registered nurse positions are projected to rise to 61,000 by 2020.</li> </ul> <p><i>Sources: Chapter 59C-1 Procedures for the Administration of Sections 408.031-408.045 Florida Statutes, Health Facility and Services Development Act; Florida Hospital Association.</i></p>

## B. Comprehensive Medical Rehabilitation Inpatient Services<sup>3</sup>

In addition to supporting the priorities established by AHCA, the District XI local health planning council recommends that preference shall be given to an applicant that:

<sup>3</sup> An organized program of integrated intensive care services provided by a coordinated multidisciplinary team to patients with severe physical disabilities, such as stroke; spinal cord injury; congenital deformity; amputation; major multiple trauma; fracture of femur (hip fracture); brain injury; polyarthritis, including rheumatoid arthritis; neurological disorders, including multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy, and Parkinson’s disease; and burns.

Preferences	Rationale
<ul style="list-style-type: none"> <li>◆ Participates in community education and awareness efforts including education on prevention, and managing and overcoming physical disabilities. Activities may include support groups and community forums.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Motor vehicle crashes are the leading cause of injury death.</li> <li>◆ Injury is the leading cause of death and disability among children and young adults.</li> <li>◆ Treatment of injuries and their long-term effects account for 12% of medical care spending, totaling \$69 billion (in 1993 dollars).</li> <li>◆ Injuries are preventable and the public health community, including public and private partners, has the experience necessary to research, develop, and communicate effective methods to prevent injury.</li> </ul> <p><i>Sources: Centers for Disease Control and Prevention; To Err is Human: Building a Safer Health System, Institute of Medicine.</i></p>
<ul style="list-style-type: none"> <li>◆ Proposes to convert underutilized acute care beds, excluding specialty beds, equal to the number of comprehensive medical rehabilitation inpatient beds.</li> </ul>	<ul style="list-style-type: none"> <li>◆ An adequate number of Comprehensive Medical Rehabilitation beds should be available in District XI to serve the needs of the population for such services.</li> <li>◆ Acute care beds are at 57.0% occupancy rate.</li> </ul> <p><i>Source: District XI Comprehensive Health Plan, 2000-2002.</i></p>
<ul style="list-style-type: none"> <li>◆ Demonstrates that the transfer of beds will not adversely impact the Medicare and private pay markets of area hospitals providing disproportionate share of charity care and Medicaid patient days.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Priority consideration is given by AHCA to an applicant that is a disproportionate share hospital as determined consistent with the provisions of section 409.911, Florida Statutes.</li> <li>◆ Priority consideration is given by AHCA to an applicant proposing to service Medicaid and Medicare-eligible persons.</li> <li>◆ Existing facilities that provide care to underserved populations should not be compromised for their ability to maintain access to care for low-income residents.</li> </ul> <p><i>Source: District XI Comprehensive Health Plan, 2000-2002.</i></p>

## C. Open Heart Surgery Program

In addition to supporting the priorities established by AHCA, the District XI local health planning council recommends that preference shall be given to an applicant that:

Preferences	Rationale
<ul style="list-style-type: none"> <li>◆ Proposes public report cards for open heart surgery services or some type of severity-adjusted outcomes based research that provides for public disclosure of performance indicators.</li> </ul>	<ul style="list-style-type: none"> <li>◆ There are increasing demands for accountability and public “report cards.”</li> <li>◆ Public “report cards” serve as a powerful tool for motivating hospitals to improve their quality of care.</li> <li>◆ As many as 98,000 Americans die from medical error every year during hospital stays.</li> </ul> <p><i>Sources: To Err is Human: Building a Safer Health System, Institute of Medicine; Does Publicizing Hospital Performance Stimulate Quality Improvement Efforts?, Health Affairs Journal.</i></p>
<ul style="list-style-type: none"> <li>◆ Proposes to develop outcome-oriented standards for open heart and related interventional cardiology programs.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Expands on the CON Workgroup’s proposed legislation that directs AHCA to develop outcome-oriented licensure standards for open heart and related interventional cardiology programs.</li> </ul> <p><i>Source: Final Report of the 2001-2002 Florida CON Workgroup.</i></p>
<ul style="list-style-type: none"> <li>◆ Provides a plan for integrating best practice models of medical innovations in open heart surgery.</li> </ul>	<ul style="list-style-type: none"> <li>◆ An estimated 690,000 open-heart procedures were performed in 2001, the latest year for which figures are available. By ensuring timely adoption of medical innovations more effective and less invasive treatment options can be provided, and recovery times can be reduced. The cost of cardiovascular diseases and stroke in the United States in 2004 is estimated at \$368.4 billion, of which \$101.7 billion (27.6%) are hospital expenditures.</li> </ul> <p><i>Sources: American Heart Association; To Err is Human: Building a Safer Health System, Institute of Medicine; Advanced Medical Technology Association.</i></p>
<ul style="list-style-type: none"> <li>◆ Proposes to initiate on-going prevention and risk-reduction educational activities, including but not limited to health screenings (e.g., blood pressure, cholesterol) and participation in school or community health fairs.</li> </ul>	<ul style="list-style-type: none"> <li>◆ The American Heart Association recently (March 2003) issued its first comprehensive set of guidelines that addresses heart disease prevention beginning in childhood. According to the Association, “heart disease begins in childhood and so must prevention efforts.”</li> </ul> <p><i>Source: American Heart Association.</i></p>

## D. Organ Transplantation

In addition to supporting the priorities established by AHCA, the District XI local health planning council recommends that preference shall be given to an applicant that:

Preferences	Rationale
<ul style="list-style-type: none"> <li>Provides an implementation plan for increasing the number of organ donations locally, including encouraging organ and blood donations from minority groups.</li> </ul>	<ul style="list-style-type: none"> <li>Racial disparities in waiting times for organ transplants are affected by a number of factors including cultural attitudes and beliefs about donation.</li> </ul> <p><i>Source: Healthy People 2010.</i></p>
<ul style="list-style-type: none"> <li>Proposes to initiate on-going prevention and risk-reduction educational activities, including but not limited to offering screenings for Hepatitis C.</li> </ul>	<ul style="list-style-type: none"> <li>Educational activities will increase community awareness of Hepatitis C, as well as risk factors for liver disease, such as obesity and alcohol use.</li> </ul> <p><i>Source: Transplantation Institute, Loma Linda Univ.</i></p>

## II. Psychiatric and Substance Abuse Hospital Services

The Health Council of South Florida has designated the entire confines of District XI, encompassing both Dade and Monroe Counties, as a single region for the planning and allocation of psychiatric and substance abuse hospital services.

In addition to supporting the priorities established by AHCA, the District XI local health planning council recommends that preference shall be given to an applicant that:

Preferences	Rationale
<ul style="list-style-type: none"> <li>Proposes to recruit and train health care professionals in cultural competency reflective of the cultural diversity of its primary service area.</li> </ul>	<ul style="list-style-type: none"> <li>Supports the Surgeon General's goal to eliminate racial/ethnic and socioeconomic disparities in access to mental healthcare services.</li> </ul> <p><i>Source: Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda.</i></p>
<ul style="list-style-type: none"> <li>Proposes the relocation of adult or children psychiatric beds to an underserved area.</li> </ul>	<ul style="list-style-type: none"> <li>Ensures access to hospital inpatient general psychiatric services for children and adolescents districtwide.</li> </ul>
<ul style="list-style-type: none"> <li>Places an emphasis on family integration and participation in all phases of treatment (e.g., family therapy, home-based treatment).</li> </ul>	<ul style="list-style-type: none"> <li>Supports the Surgeon General's goal to improve the infrastructure for children's mental health services, including support for scientifically-proven interventions across professions.</li> </ul> <p><i>Source: Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda.</i></p>

Preferences	Rationale
<ul style="list-style-type: none"> <li>◆ Offers substance abuse support groups as a therapeutic approach.</li> </ul>	<ul style="list-style-type: none"> <li>◆ “Support groups work to help individuals overcome substance abuse by increasing active coping responses, general quality of friendships, and support received from friends for abstaining.”</li> </ul> <p><i>Source: Center for the Advancement of Health.</i></p>
<ul style="list-style-type: none"> <li>◆ Offers a transitional program, such as a Step Down Program to ensure that patients successfully transition back to the community.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Transitional programs prepare patients to move from inpatient care to the general population or other specialized programs.</li> </ul> <p><i>Sources: Elwyn; Community Action on Substance Abuse.</i></p>

### III. Nursing Home Services

The Health Council of South Florida and its Planning Advisory Committee (PAC) wish to underscore the importance of creating and funding more community-based alternatives for long term care in South Florida. Nursing homes should be one integral part of a complete continuum of long-term care alternatives in our community. Additionally, skilled nursing care should not be utilized when home- or community-based services would be more beneficial and appropriate. All administrators and policy-makers are urged to ensure adequate access to an entire long term care continuum, including day care, intensive home care, respite services, and assisted living/extended congregate care.

In addition to supporting the priorities established by AHCA, the District XI local health planning council recommends that preference shall be given to an applicant that:

Preferences	Rationale
<ul style="list-style-type: none"> <li>◆ Addresses specific needs in the area of language, diet, spiritual beliefs and family relations within the culturally diverse minority populations of the District.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Recognizes and responds to cultural, linguistic, and spiritual diversity among nursing home residents.</li> </ul>
<ul style="list-style-type: none"> <li>◆ Proposes a program that will serve mentally ill persons in accordance with OBRA-87 provisions.<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>◆ Works toward implementing the national minimum set of standards of care and rights for people living in certified nursing facilities as outlined in OBRA-87 provisions.</li> </ul> <p><i>Source: Federal Nursing Home Reform Act</i></p>

<sup>4</sup> The Federal Nursing Home Reform Act or OBRA '87 creates a set of national minimum set of standards of care and rights for people living in certified nursing facilities.

Preferences	Rationale
<ul style="list-style-type: none"> <li>◆ Demonstrates either directly or through affiliations, an entire continuum of long-term care services, including non-skilled nursing, intensive home care, day care, and assisted living/extended congregate care.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Ensures the availability of an organized program of integrated services provided by a coordinated multidisciplinary team.</li> </ul>
<ul style="list-style-type: none"> <li>◆ Participates in the Centers for Medicare &amp; Medicaid Services' Nursing Home Quality Initiative or a similar quality assurance type program.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Nursing home participation in the "Quality" Initiative will "raise consumer awareness of the quality of care in nursing homes, promote consumer use of Medicare's nursing home information, and encourage community-based, quality improvement activities in nursing homes."</li> </ul> <p><i>Source: Centers for Medicare &amp; Medicaid Services.</i></p>

## IV. Hospice Services

For purposes of the CON allocation for hospice programs, District XI (Miami-Dade and Monroe Counties) serves as a single planning area. As of March 2003, there were six licensed hospices in District XI. During the 2000-2002 District XI health planning cycle, Miami Jewish Home and Hospital for the Aged was granted a CON in January 2002.

In addition to supporting the priorities established by AHCA, the District XI local health planning council recommends that preference shall be given to an applicant that:

Preferences	Rationale
<ul style="list-style-type: none"> <li>◆ Encourages early and appropriate hospice admissions in the community, including those made by Medicaid providers.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Supports the Hospice Medicaid Education Project, a demonstration project that focused on expanding the utilization of hospice among Medicaid patients with life-limiting illness.</li> </ul> <p><i>Source: Hospice Medicaid Education Project.</i></p>
<ul style="list-style-type: none"> <li>◆ Promotes education and community programs regarding end-of-life issues, including cultural considerations at the end-of-life.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Addresses the need for awareness of how cultural differences regarding death and dying impact on behavior and perception development.</li> </ul> <p><i>Source: Clergy End of Life Enhancement Project.</i></p>
<ul style="list-style-type: none"> <li>◆ Promotes more education in medical curricula and allied health professionals on end-of-life options, including hospice, palliative care and pain management.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Introduces medical students to end of life care and its role in health services delivery.</li> </ul> <p><i>Source: American Medical Student Association Foundation.</i></p>

Preferences	Rationale
<ul style="list-style-type: none"> <li>◆ Promotes community-based physician education on the value of early hospice referrals.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Barriers to access to hospice care include a lack of physician knowledge and experience with hospice referral.</li> <li>◆ An increasing number of physicians opt for aggressive but ultimately futile care, thus delaying referral to hospice.</li> </ul> <p><i>Source: National Hospice and Palliative Care Organization.</i></p>
<ul style="list-style-type: none"> <li>◆ Promotes the education of clergy and faith communities regarding end-of-life options.</li> </ul>	<ul style="list-style-type: none"> <li>◆ There is a lack of information and frequent misunderstandings of options for care at the end of life.</li> <li>◆ Clergy historically have been influential in minority communities.</li> </ul> <p><i>Source: Clergy End of Life Enhancement Project.</i></p>
<ul style="list-style-type: none"> <li>◆ Has developed specialized services within the District, such as programs for patients with multiple diagnoses, and children and adolescents.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Ensures the availability of an organized program of integrated services provided by a coordinated multidisciplinary team.</li> </ul>
<ul style="list-style-type: none"> <li>◆ Addresses specific needs in the area of language, diet, spiritual beliefs and family relations within the culturally diverse minority populations of the District.</li> </ul>	<ul style="list-style-type: none"> <li>◆ There is a need for awareness of how cultural differences regarding death and dying impact on behavior and perception development.</li> </ul> <p><i>Source: Clergy End of Life Enhancement Project.</i></p>
<ul style="list-style-type: none"> <li>◆ Has a plan for training and maintaining a corps of volunteers.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Expands on 59C-1.0355 6(a) that states: “An applicant for a new hospice program shall provide a detailed program description in its certificate of need application, including proposed staffing, including use of volunteers.”</li> </ul> <p><i>Source: Chapter 59C-1 Procedures for the Administration of Sections 408.031-408.045 Florida Statutes, Health Facility and Services Development Act.</i></p>