HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING
NOVEMBER 19, 2014
APPLICATION SUMMARY

NAME OF PROJECT:	The Residence at Alive Hospice--Murfreesboro
PROJECT NUMBER:	CN1408-037
ADDRESS:	Unaddressed Lot 13 between Williams Drive and Carl Adams Drive Murfreesboro (Rutherford County), Tennessee 37129
LEGAL OWNER:	Alive Hospice, Inc. 1718 Patterson Street Nashville (Davidson County), Tennessee 37203
OPERATING ENTITY:	N/A
CONTACT PERSON:	John Wellborn 615-665-2022
DATE FILED:	August 15, 2014
PROJECT COST:	$10,888,816.00
FINANCING:	Capital Campaign Donations and Cash Reserves
PURPOSE FOR FILING:	The establishment of a ten (10) bed residential hospice

DESCRIPTION:

Alive Hospice, Inc. (Alive) is seeking approval for the establishment of a ten (10) bed residential hospice to be named The Residence at Alive Hospice—Murfreesboro. (TRAHM). TRAHM will be located at unaddressed Lot 13 between Williams Drive and Carl Adams Drive in Murfreesboro, Rutherford County. The project will be housed in leased space in a one-story 21,600 square foot (SF) building. The residential hospice will occupy approximately 78.8% of the building or 17,021 SF. The balance of the building will house the Rutherford County branch office of Alive Hospice's home hospice agency, which is not part of the proposed project. The proposed project does not provide any clinical level

of hospice care not already offered by Alive Hospice, Inc., nor will it add any new counties to its existing licensed service area.

Alive currently provides home hospice services in twelve middle Tennessee Counties. It has a 30 bed residential hospice in Nashville (Davidson County). Alive also operates 30 more dedicated hospice inpatient beds leased from area hospitals in Davidson County. The beds in Davidson County will target 7 counties in the northern sector of the 12 county service area, while the proposed residential hospice in Murfreesboro will target the five counties in the southern sector of the service area. Both the existing residential hospice in Nashville and the proposed one in Murfreesboro will operate under the Medicare provider number of the home hospice; however each residential hospice will be separately licensed. Fifteen of the hospital-based inpatient beds in Davidson County are expected to be discontinued in 2014.

CRITERIA AND STANDARDS REVIEW

RESIDENTIAL HOSPICE SERVICES AND HOSPICE SERVICES

STANDARDS AND CRITERIA APPLICABLE TO BOTH RESIDENTIAL AND HOSPICE SERVICES APPLICATIONS

1. **Adequate Staffing:** An applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed Service Area. In this regard, an applicant should demonstrate its willingness to comply with the general staffing guidelines and qualifications set forth by the National Hospice and Palliative Care Organization

Alive Hospice utilizes tools from NHPCO to ensure consistently superior and effective staffing profiles

It appears that this criterion will be met.

2. **Community Linkage Plan:** The applicant shall provide a community linkage plan that demonstrates factors such as, but not limited to, relationships with appropriate health care system providers/services, and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. Letters from physicians in support of an application shall detail specific instances of unmet need for hospice services.

The applicant has been providing home hospice services in Middle Tennessee sine 1975 area for some time and has developed strong community linkages. The applicant has provided more than 70 support letters from area hospitals, nursing homes, elected officials, community leaders, healthcare professionals, and area residents.

It appears that this criterion will be met.

3. **Proposed Charges:** The applicant shall list its benefit level charges, which shall be reasonable in comparison with those of other similar facilities in the Service Area or in adjoining service areas.

Alive Hospices billing rates are the same as Medicare reimbursement rtes. The applicant provides a table on page 83-R of the original application that demonstrates Alive's current rates are comparable to other hospices in the proposed service area.

It appears that this criterion will be met.

4. **Access:** The applicant must demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area.

Alive Hospice currently serves all twelve of its licensed counties. The proposed project will provide improved access for residential hospice in the southern portion of the service area.

It appears that this criterion will be met.

5. **Indigent Care.** The applicant should include a plan for its care of indigent patients in the Service Area, including:

a. Demonstrating a plan to work with community-based organizations in the Service Area to develop a support system to provide hospice services to the indigent and to conduct outreach and education efforts about hospice services.
b. Details about how the applicant plans to provide this outreach.
c. Details about how the applicant plans to fundraise in order to provide indigent and/or charity care.

Alive Hospice indicates it provides charity care at levels unmatched by any other hospice organizations through the generosity of hundreds of donors and major benefactors. Alive Hospice's total charity care currently amounts to between $800,000 and $1,000,000 annually.

It appears that this criterion will be met.

6. **Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system. Additionally, the applicant should provide documentation that it is, or intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for hospice services from the Centers for Medicare and Medicaid Services (CMS) or CMS licensing survey.

Alive Hospice has a Quality Assessment and Performance Improvement (QAPI) program in place that is mandatory under Medicare Conditions of Participation. Alive Hospice is Medicare and Medicaid certified and accredited by The Joint Commission.

It appears that this criterion will be met.

7. **Data Requirements:** Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

The applicant agrees to the data requirements above.

It appears that this criterion will be met.

8. **Education.** The applicant should provide details of its plan in the Service Area to educate physicians, other health care providers, hospital discharge planners, public health nursing agencies, and others in the community about the need for timely referral of hospice patients.

Alive Hospice provides extensive programs of community education throughout the year. Almost 7,000 persons were reached through Alive Hospice educational programs in CY 2013 and 158 presentations were given to the community at large and in the medical community.

It appears that this criterion will be met.

RESIDENTIAL HOSPICE SERVICES

NEED

11. **Need Formula.** The need for Residential Hospice Services shall be determined by using the following Hospice Need Formula, which shall be applied to each county in Tennessee:

A / B = Hospice Penetration Rate
Where:
A = the mean annual number of Hospice unduplicated patients served in a county for the preceding two calendar years as reported by the Tennessee Department of Health;
and
B = the mean annual number of Deaths in a county for the preceding two calendar years as reported by the Tennessee Department of Health.
Note that the Tennessee Department of Health Joint Annual Report of Hospice defines "unduplicated patients served" as "number of patients receiving services on day one of reporting period plus number of admissions during the reporting period."
Need shall be established in a county (thus, enabling an applicant to include it in the proposed Service Area) if its Hospice Penetration Rate is less than 80% of the

Statewide Median Hospice Penetration Rate; further, existing Residential Hospice Services providers in a proposed Service Area must show an average occupancy rate of at least 85%.
The following formula to determine the demand for additional hospice service recipients shall be applied to each county included in the proposed service area, and the results for each county's calculation should be aggregated for the proposed service area:
(80% of the Statewide Median Hospice Penetration Rate – County Hospice Penetration Rate) x B

According to the Department of Health Report there is a surplus of 210 in the proposed 5-County service area.

It appears that this criterion is not met; however the applicant does point out that Alive Hospice is not adding counties or establishing a new hospice agency. The proposed project is only a building providing residential hospice that can more efficiently and accessibly deliver services that Alive Hospice is currently authorized to provide in the service area.

OTHER RESIDENTIAL HOSPICE SERVICES STANDARDS, AND CRITERIA

12. **Types of Care.** An applicant should demonstrate whether or not it will have the capability to provide general inpatient care, respite care, continuous home care, and routine home care to its patients. If it is not planning to provide one or more of these listed types of care, the applicant should explain why.

The applicant states that the residential hospice will provide routine care, general inpatient care, and respite care. The applicant will not provide continuous care because it is delivered in the patient's private home with the goal being to manage acute symptoms without relocating the patient. Continuous care is intended to be short term and intensive during periods of crisis. Alive's home hospice provides this service.

It appears that this criterion will be met.

13. **Expansion from Non-Residential Hospice Services.** An applicant for Residential Hospice Services that provides Hospice Services should explain how the Residential Hospice Services will maintain or enhance the Hospice Services' continuum of care to ensure patients have access to needed services.

The primary purpose of the proposed project is to reduce service area residents' drive time to residential hospice services.

It appears that this criterion will be met.

STAFF SUMMARY

Note to Agency members: This staff summary is a synopsis of the original application and supplemental responses submitted by the applicant. Any HSDA Staff comments will be presented as a "Note to Agency members" in bold italics.

Summary

- The proposed project is for Alive Hospice, Inc. to establish a second residential hospice facility in Murfreesboro (Rutherford County). The facility will contain 10 beds with the capability to expand to 15 beds at a future date.

Ownership Information

- The sole owner and licensee of The Residence at Alive Hospice-Murfreesboro (TRAHM) is not-for-profit Alive Hospice, Inc. (Alive).
- Alive operates a home hospice agency that serves twelve counties in middle Tennesse: Bedford, Cannon, Cheatham, Coffee, Davidson, DeKalb, Dickson, Robertson, Rutherford, Sumner, and Williamson, and Wilson Counties
- Alive also operates a 30-bed residential hospice in Nashville (Davidson County), The Residence at Alive Hospice-Nashville (AR-N)
- Alive also leases 30 inpatient beds at two Nashville hospitals, 15 beds at Skyline Medical Center and 15 beds at Saint Thomas West.

Facility Information

- The proposed project site is unaddressed Lot 13 in Waterstone, a new section of Parkway Office Park, near Saint Thomas Rutherford Hospital.
- The applicant will lease a new one-story 21,600 SF building.
- The residential hospice will occupy 17,021 SF or 78.8% of the building. The remainder of the building will be occupied by the Rutherford County branch of Alive's home hospice agency, which is not a part of this application.

- The residential hospice will contain 10 private rooms and space for expansion into 5 more patient rooms in future years.
- The facility will occupy a five-sided space surrounding a private landscaped courtyard. Visitors will enter a central reception and waiting area adjoined by a chapel looking into the courtyard, a dining room and kitchen, and a family room with play area for young children. The patient rooms will wrap around two sides of the interior courtyard.
- The following chart demonstrates how Alive's residential hospice/inpatient beds will be distributed in the service area after completion of the proposed project.

Facility	Type of Bed	Current Beds	Proposed Beds	Bed# Change
The Residence at Alive Hospice, Nashville (existing)	*Residential Hospice*	*30*	*30*	*0*
Alive Hospice at Skyline Medical Center, Nashville (existing)	*Hospital*	*15*	*15*	*0*
Alive Hospice at Saint Thomas Hospital, Nashville (existing)	*Hospital*	*15*	*0*	*-15*
The Residence at Alive Hospice, Murfreesboro (proposed)	*Residential Hospice*	*0*	*10*	*+10*
Net Change-Total		*60*	*55*	*-5**

**The proposed project will build out 5 additional patient rooms for future licensure*

- The applicant discusses the levels of care that a Medicare-certified hospice must be able to provide and identifies the levels of hospice care that will be provided at the proposed residential hospice
    - Residential or Routine Care-The majority of hospice care is routine care. It includes hospice staff providing medications, equipment and treatments related to the patient's hospice diagnosis. TRAHM will provide this level of care.
    - General Inpatient Care (GIP)-Intensive inpatient hospice care intended to be short-term. TRAHM will provide this level of care.
    - Respite Care-Provides a period of relief for family caregivers by providing for hospice patients for periods not to exceed five consecutive days. TRAHM will provide this level of care.

- Continuous Care-Clinical criteria for this level of care is same as GIP except it takes place in the patient's private home , the goal being to manage acute symptoms without relocating the patient. Continuous care is intended to be short term and intensive during periods of crisis. TRAHM will not provide this level of care since it is a residential hospice but Alive's home hospice provides this care in the service area counties.

Project Need

Residential hospices are needed by dying patients who are unable or unwilling to establish a "designated residence" in a patient room in a nursing home, assisted living facility, or private home. Some patients have no other home, no available caregiver, do not have access to a skilled nursing bed, or do not want to return to the hospital setting.

- As noted in the table above Alive Hospice currently provides 30 residential hospice beds and 30 inpatient hospital beds in Davidson County.
- Alive proposes to discontinue 15 beds at St. Thomas West Hospital and establish the 10 bed residential hospice in Murfreesboro in Rutherford County.
- Alive Hospice is licensed to provide home hospice services in a twelve county area. Alive designates Cheatham, Davidson, Dickson, Robertson, Sumner, Williamson, and Wilson as the northern sector. Alive designates Bedford, Cannon, Coffee, DeKalb, and Rutherford as the southern sector. (See the map at the end of this summary that illustrates the northern and southern sector counties)
- The residents of the northern sector will be well served by the 15 inpatient beds at Skyline Medical Center and 30 beds at the Nashville based residential hospice.
- The approval of the residential hospice in Murfreesboro will reduce the travel time for residents in the southern sector by 50% or more.
- Alive has a history of caring for eligible patients as long as needed even when a patient's financial resources are exhausted. The proposed residential hospice will do the same. Alive provides almost $1M annually in charity care. This amount is 21.2% of Tennessee's total reported charity care statewide. Alive provides 73.3% of all charity care reported by the 14 licensed hospices authorized to serve the primary service area of the proposed residential hospice. This amount is also more than double the charity care provided by the other 14 agencies combined.

- As noted earlier Alive plans to discontinue 15 inpatient beds at St. Thomas Hospital West and add 10 residential hospice beds at the proposed residential hospice in Murfreesboro. This scenario allows Alive to minimize leases of other providers' licensed inpatient beds, consolidate more patients in its own residential beds allowing Alive to operate more cost effectively, use its own resources more productively, enhance its clinical control of bedside care, and serve its rural areas better.
- There is a need to provide respite care in the service area
- According to the Department of Health Report, the hospice need formula identifies a 203 patient surplus in the service area. The applicant notes that the need formula does not separate home hospice care from residential care and that the proposed project does not add counties into Alive's service area. The applicant also notes with the closure of 15 inpatient beds at St. Thomas West, the applicant will not be adding to the inventory of inpatient hospice beds in the service area.

Service Area Demographics

The declared service area for TRAHM includes Bedford, Cannon, Coffee, DeKalb, and Rutherford Counties.

- The total population of the service area is expected to increase by 9.9% from 428,300 residents in 2014 to 470,518 residents in 2018. The rate of growth ranged from 0.9% in DeKalb County to 12.2% in Rutherford County.
- The overall statewide population is projected to grow by 3.7% from 2014 to 2018
- The service area 2014 age 65 and older category will increase by approximately 13.7% from 47,993 residents in 2014 to 54,569 in 2018 compared to a statewide increase of 12.3%.
- The 65 and older population cohort presently accounts for approximately 11.2% of the total service area population compared to a state-wide average of 14.9%.
- The number of service area residents enrolled in the TennCare program is estimated at approximately 15.5% of the total service area population compared with the state-wide average of 18.8%.
- The applicant expects that 90% of the residents utilizing the proposed residential hospice will reside in the southern sector of the service area.

Historical and Projected Utilization

Including Alive Hospice (includes patients at existing residential hospice) there are 13 home hospices that serve one or more service area counties. Alive Hospice is the only hospice that provides residential hospice services:

- The 13 service area hospices served 9,402 patients in 2011 increasing to 9,947 patients in 2013, a 5.8% increase.
- In 2013 the 13 service area hospices served 1,634 patients in the proposed service area, which was equivalent to 17.4% of their total patients served.

The following table provides select historical and projected utilization statistics for Alive residential hospice(s) and inpatient unit(s):

Alive Hospice Residential/Inpatient Historical and Projected Utilization Trends

Facility	Beds	2011 Patient Days	2012 Patient Days	2013 Patient Days	'11-'13 % change	2013 % Occ.	2017 Patient Days	2018 Patient Days	2018 % Occ.
The Residence at Alive Hospice-Nashville (AR-N)	30	8,814	9,499	8,188	-7.1%	74.8%	9,530	9,625	88.0%
Skyline Inpatient Unit	15	3,400	3,800	2,011	-40.9%	36.7%	4,380	4,380	80.0%
St. Thomas West Inpatient Unit	15	4,199	4,649	3,050	-27.4%	55.7%	*	*	*
The Residence at Alive Hospice-Murfreesboro (TRAHM)	10	NA	NA	NA	NA	NA	2,774	2,884	79.0%

Source: CN1408-037
**Unit closed 9/30/14*

- All Alive's existing residential/inpatient services experienced a decline in utilization between 2011 and 2013.
- If the proposed project is approved and with the closure of the 15 beds at St. Thomas West, the applicant expects that occupancy will increase to 88% at the residential hospice in Nashville by 2018, increase to 80% occupancy at the inpatient unit in Skyline Medical Center, and be at 79% occupancy for the proposed residential hospice in Murfreesboro.
- The applicant's projected increase in utilization at the existing residential/inpatient services is based on the closure of the St. Thomas

unit, expectation that the Residence at Alive Hospice-Nashville will operate at a high capacity, and expansion of beds and services at Skyline Medical Center.

- The projected utilization for TRAHM is based on the shifting of patients residing in the southern sector that currently utilize AR-N, non-residential Alive patients residing in the southern sector, and patients of other area hospices that choose to enter a residential hospice.
- On page 63 of the application there is a chart that projects TRAHM's utilization by type of care. In Year 1 the applicant projects 1,825 (65.8%) of the 2,774 patient days of care will be routine care, 876 (31.6%) patient days will be general inpatient care (GIP), and 73 (2.6%) patient days will be respite care.

Project Cost

Major costs of the $10,888,816.00 total project cost are:

- Facility Lease-$10,384,371 or 95.4% of the total project cost. This assumes the applicant will pay annual lease expense over a twenty year period. The applicant will have a purchase option during years two through five of the lease. If the applicant exercises the purchase option the price of the leased premises will be $4,000,000. The applicant has indicated that if not enough funds are raised to purchase the premises then annual lease payment will be made for the remainder of the lease.
- Moveable Equipment-$250,000.
- Fixed Equipment-$150,000

A letter dated August 14, 2014 was provided by a Principal of Earl Swensson Associates' Inc. confirming the construction costs and compliance with all applicable building and safety codes of the project.

The estimated construction cost per square foot is approximately $210.00. There is not enough data available from previously approved residential hospice projects for comparison purposes. The applicant noted that the $210 was above the 3rd quartile for previously approved nursing home projects and below the 1st quartile for previously approved hospital projects.

Historical Data Chart

Since the proposed project is for a new facility there is no Historical Data Chart for TRAHM. The applicant did provide a Historical Data for Alive Hospice, Inc. and AR-N:

Alive Hospice, Inc.

- Gross Inpatient Operating Revenue- decreases by approximately 13% from $33,400,801 in 2011 ($225.00/day) to $31,659,125 in 2013 ($211.78/day)
- Operating Expenses - were $30,979,451 in 2011 and declined to $29,652,723. Operating expenses in 2013 were equivalent to 93.7% of gross operating revenue.
- Net Operating Income (after capital expenditures) -Losses of ($1,214,112) in 2011, net income of $530,804 in 2012 and losses of ($1,373,302) in 2013.
- The applicant acknowledges the losses in CY2013 due to a one time accounting adjustment and a sudden drop in average daily census at AR-N. The applicant projects that Alive will return to profitability due to the reversal of the decline at AR-N and the closure of the inpatient unit at St. Thomas West.

AR-N

- Gross Inpatient Operating Revenue- decreases by approximately 10.2% from $4,896,984 in 2011 ($555.59/day) to $4,399,155 in 2013 ($537.27/day)
- Operating Expenses - were $4,785,239 in 2011 and increased to $5,037,146. Operating expenses in 2013 were equivalent to 114.5% of gross operating revenue.
- Net Operating Income (after capital expenditures) -Losses of ($668,354) in 2011, ($627,056) in 2012, and ($1,364,097) in 2013.

Projected Data Chart

TRAHM

The Projected Data Chart for TRAH-M projects gross inpatient operating revenue of $1,373,163 on 2,774 patient days ($495.01 per patient day) in the first year of the project; increasing by approximately 6.1% to $1,456,531 on 2,884 patient days in the Year 2. The Projected Data Chart reflects the following:

- Net operating income (loss) after capital expenditures is ($638,577) in Year 1 decreasing to ($604,775) in Year 2

Note to Agency members: Regarding the lease expense for the building, please note there is no entry for rent in the Projected Data Chart. The applicant explained that the lease is a capital lease so that the expense is reflected in the capital expenditures section of the Chart. CY 2017 capital expenditures are projected to be $314,202 while CY2018 capital expenditures are projected to be $266,507.

Alive Hospice, Inc.

- Net operating income after capital expenditures is $661,873 in Year 1 increasing to $847,013 in Year 2

Charges

- The average gross charge per day in Year 1 is approximately $495 projected to increase to $505 per day in Year 2. For more detail on expected charges for GIP, routine care, and respite care see page 82, 83R, and 84R of the application.

Payor Mix

- Medicare payor mix is expected to be $757,985 or 55.2% of gross revenues in Year 1.
- TennCare/Medicaid payor mix is expected to be $48,061 or 3.5% of gross revenue in Year 1.

Financing

The applicant expects implementation costs, estimated at $504,445 will be provided from Alive's current assets. The applicant expects most of the costs will be provided by new community donations raised by a capital campaign.

Tie applicant's fundraising history is presented in the table below:

Year	Total Contributions	Unrestricted Amount
FY2011	$1,686,000	$1,305,000
FY2012	$1,613,000	$1,385,000
FY2013	$2,029,000	$1,551,000

Source: CN1008-037

Note to Agency members: The applicant was asked by HSDA staff in a request for supplemental information to provide letters from community donors expressing an interest in donating to the proposed project including the amount of expected donation. The applicant responded that there have been substantial informal commitments, but not written commitments. The informal commitments are personal communications that are confidential and not to be made public.

According to Alive Hospice Inc.'s audited financial statements on December 31, 2013 there were cash and cash equivalents of $7,481,233, current assets of

$10,970,775, and current liabilities of $2,772,928 resulting in a current ratio of 3.96:1.

Note to Agency members: Current ratio is a measure of liquidity and is the ratio of current assets to current liabilities which measures the ability of an entity to cover its current liabilities with its existing current assets. A ratio of 1:1 would be required to have the minimum amount of assets needed to cover current liabilities.

Staffing
The projected staff for the facility is displayed in the following table:

Position Type	Year 1 FTEs	Year 2 FTEs
Physician	1.00	1.00
Charge Nurse	4.60	4.60
Registered Nurse	4.60	4.60
Hospice Aide	2.25	2.25
Receptionist	1.00	1.00
TOTAL	13.45	13.45

- The applicant notes in the supplemental response that TRAHM patients will have the services of social workers, grief counselors, and chaplains available to them from the Rutherford County care team of Alive's home hospice who will be in leased space in the same building as the residential hospice.
- The applicant also notes in the supplemental response that a medical director has not yet been selected.

Licensure and Accreditation:
- TRAHM expects to be licensed by the Department of Health, certified by both Medicare and TennCare, and accredited by the Joint Commission.
- In Supplemental #2 the applicant provided documentation that TRAHM will be recognized by the Center for Medicare and Medicaid Services (CMS) as a service of Alive Hospice, Inc., meaning that it will utilize Alive's current provider number for certification purposes.
- TRAHM plans to contract with all TennCare MCOs in the service area.

The applicant has submitted the required corporate, property documentation, detailed demographics, and quality improvement plan. Staff will have a copy of these documents available for member reference at the Agency meeting. Copies are also available for review at the Health Services and Development Agency office.

Should the Agency vote to approve this project, the CON would expire in two years. The applicant expects to begin providing service in July 2016.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT:

There are no other Letters of Intent, denied applications, pending applications, or outstanding Certificates of Need for this applicant.

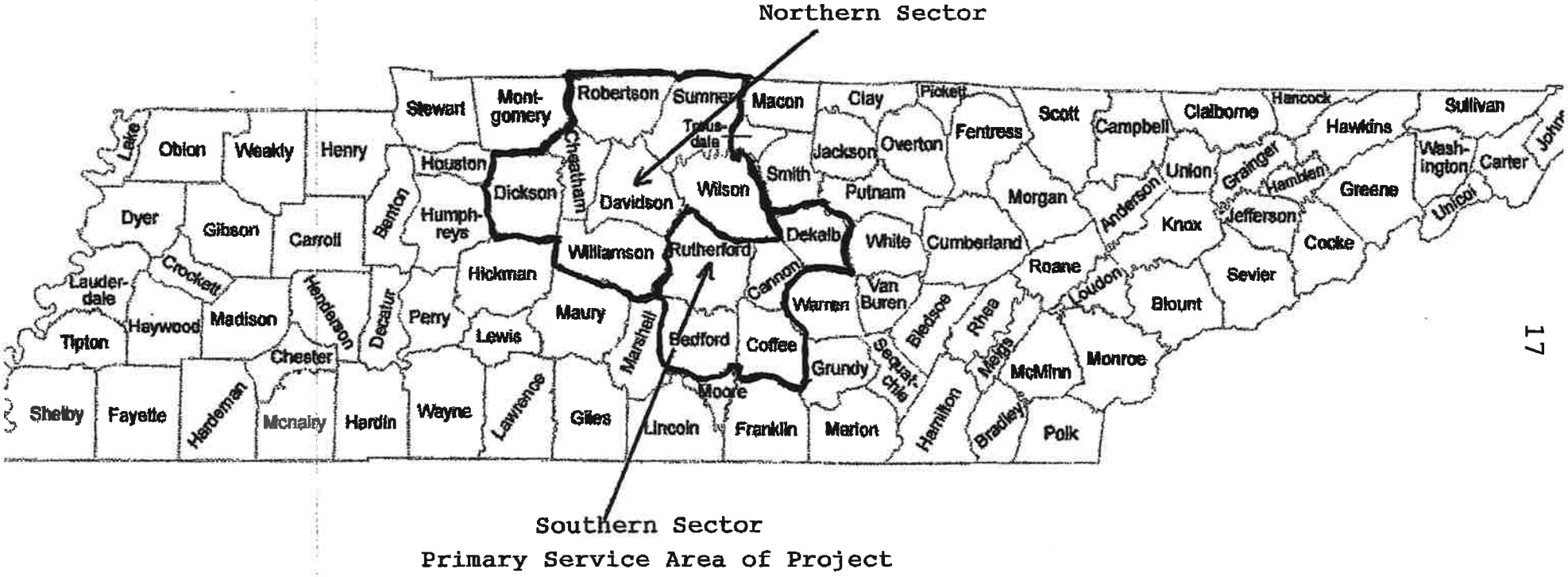
CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no letters of intent, denied applications, pending applications, or outstanding Certificates of Need for other service area health care organizations proposing this type of service.

PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.

MAF
(11/05/14)

ALIVE HOSPICE
AUTHORIZED SERVICE AREA



LETTER OF INTENT

LETTER OF INTENT -- HEALTH SERVICES & DEVELOPMENT AGENCY

The Publication of Intent is to be published in the Tennesseean, which is a newspaper of general circulation in Rutherford County, Tennessee, on or before August 10th, 2014, for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that The Residence at Alive Hospice--Murfreesboro (a proposed residential hospice), to be owned and managed by Alive Hospice, Inc. (a not-for-profit corporation), intends to file an application for a Certificate of Need to establish a ten (10) bed residential hospice facility in a leased building in Murfreesboro, at an estimated cost of $10,889,000 (of which only $504,500 will be an actual capital cost, the balance being lease outlays for up to a twenty-year lease term).

The facility will be located in Murfreesboro, at unaddressed Lot 13, which lies between Williams Drive and Carl Adams Drive, and is bounded by the DCI Dialysis Clinic and by the Murfreesboro Medical Clinic/Surgicenter property at the intersection of Carl Adams Drive and Garrison Drive. The site is very close to Saint Thomas Rutherford Hospital.

The facility will seek licensure as a Residential Hospice, from the Board for Licensing Health Care Facilities. This project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any other facility's licensed bed complements.

The anticipated date of filing the application is on or before August 15, 2014. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

John L. Wellborn 8-6-14 jwdsg@comcast.net

(Signature) (Date) (E-mail Address)

COPY-
-Application
Alive Hospice

CN1408-037

ference.

Proposals must be accompanied by a certified check, cashier's check, or bid bond in the minimum amount of **FIVE PERCENT (5 %)** of the contract price for the purpose of guaranteeing the bidder will enter into an acceptable contract. A contract performance bond and payment bond of **ONE HUNDRED PERCENT (100%)** of the contract price will be required for execution of contract.

PROPOSAL CONTRACTS WILL BE ISSUED UNTIL THE TIME SET FOR OPENING BIDS. A Prime Contractor must prequalify with the Department of Transportation in accordance with Section 54-5-117 of the **"Tennessee Code Annotated"** and Tennessee Department of Transportation Rule 1680-5-3 prequalification of contractors before biddable proposals will be furnished.

The CITY OF FRANKLIN hereby notifies all bidders that a **14.1 % Disadvantaged Business Enterprise (DBE) goal** has been set for this project and must be met or exceeded. All DBE firms must be TNUCP certified (a listing of these firms can be found on TDOT's Small Business Development website) and pre-qualified by the TDOT Construction Division as stated in the Local Government Guidelines Manual.

The CITY OF FRANKLIN hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded full opportunity to submit bids in response to this invitation, and will not be discriminated against on the grounds of age, race, color, religion, national origin, sex or disability in consideration for an award.

The CITY OF FRANKLIN is an equal opportunity affirmative action employer, drug-free with policies of non-discrimination on the basis of race, sex, religion, color, national or ethnic origin, age, disability or military service.
City of Franklin's Human Resources Department Telephone (615) 791-3216.

THE RIGHT TO REJECT ANY AND ALL BIDS IS RESERVED
Bidding document, information, and plans may be reviewed at the **CITY OF FRANKLIN, 109 3Rd Avenue South, Suite 142 (Eng. Dept.) FRANKLIN, TN 37064,** or copies of these plans and contract documents may be obtained from Wiser Consultants at 1427 Kensington Square Ct. Murfreesboro, Tennessee, 37130 upon payment of a non-refundable amount of **THREE HUNDRED DOLLARS ($300.00).**

Plan. The proposed amendment is to the HOME and ESG programs and to the Citizen Participation Plan.

The amendment is available for review and public comment at www.thda.org on the homepage. The amendment is also available for review at the nine Development Districts of Tennessee. Locations of the nine Development Districts are available on the THDA website. Written comments via electronic submission on the THDA website will be accepted through September 10, 2014.

To ask questions about accessibility or request accommodations, please call THDA at (615) 815-2041. Advance notice will allow us to provide better access.

AVISO

Aviso de Asamblea Pública y Solicitud de Comentarios acerca de una Enmienda al Plan Consolidado del Estado de Tennessee. Programas HOME y de Subvenciones para Soluciones de Emergencia (Emergency Solutions Grants, ESG) y Plan de Participación del Ciudadano

Ubicación: Andrew Jackson Building, Ground Floor Hearing Room
(Edificio Andrew Jackson, Sala de Audiencias del primer piso)
502 Deaderick Street, Nashville, TN

Fecha: 26 de Agosto de 2014
Hora: 2:00 - 4:00 pm

La Agencia para el Desarrollo de la Vivienda de Tennessee (Tennessee Housing Development Agency, THDA) administra los Programas HOME y de Subvenciones para Soluciones de Emergencia (ESG), que son dos de los cuatro programas cubiertos bajo el Plan Consolidado del Estado. La enmienda propuesta afecta a los programas HOME y ESG y al Plan de Participación del Ciudadano.

La enmienda está disponible para ser revisada y recibir comentarios del público en la página principal de www.thda.org. La enmienda también está disponible para ser revisada en los nueve Distritos de Desarrollo de Tennessee. La ubicación de los nueve Distritos de Desarrollo de Tennessee está disponible en el sitio web del THDA. Se aceptarán comentarios por escrito a través de solicitudes electrónicas en el sitio web del THDA hasta el 10 de setiembre de 2014.

Para hacer preguntas acerca de accesibilidad o para solicitar adaptaciones, llame por favor al THDA al (615) 815-2041. Su aviso por anticipado nos permitirá proporcionar mejor accesibili-

0101757774
NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that The Residence at Alive Hospice--Murfreesboro (a proposed residential hospice), to be owned and managed by Alive Hospice, Inc. (a not-for-profit corporation), intends to file an application for a Certificate of Need to establish a ten (10) bed residential hospice facility in a leased building in Murfreesboro, at an estimated cost of $10,869,000 (of which only $504,500 will be an actual capital cost, the balance being lease outlays for up to a twenty-year lease term).
The facility will be located in Murfreesboro, at unaddressed Lot 13, which lies between Williams Drive and Carl Adams Drive, and is bounded by the DCI Dialysis Clinic and by the Murfreesboro Medical Clinic/Surgicenter property at the intersection of Carl Adams Drive and Garrison Drive. The site is very close to Saint Thomas Rutherford Hospital.
The facility will seek licensure as a Residential Hospice, from the Board for Licensing Health Care Facilities. This project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any other facility's licensed bed complements.
The anticipated date of filing the application is on or before August 15, 2014. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.
Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the

5510 TUPPER PLACE BRENTWOOD TN 37027
12 ITALIAN MARBLE TOP TABLES, 4 SETS CHINA, GRANDFATHER CLOCK OVER 100 YRS OLD, PORCELAIN DOLL COLLECTION, MADAM ALEXANDER, BOND ACCESSORIES, KITCHEN ITEMS, STERLING SILVERWARE, BOOKS, QUEEN RICE BEDROOM SUITE, QUILTS, LINENS, BA HOUSE, DINING SUITE, PATIO TABLE & 4 CHAIRS, KITCHEN TABLE & 6 CHAIRS, TOOLS I-65 TO OLD HICKORY BLVD, LEFT BRIDLEWOOD, RIGHT ON TUPPER PLACE

BERMUDA GRASS, Orchard Grass, Mixed Grass Square Bales, Inside round rolls 615-512-2675. www.mcnabbfarms.com

FOR RENT Major Training facility can be used for training or boarding, convenient to 231, Hwy. 99 & I-24. Call 615-512-2533

WOOD SHAVINGS made from hardwood lumber. Perfect for horse bedding. $3.90 per 8 cf bag. A.C. Custom Millwork Dover, TN 931 232-4917

TITAN EXIBITION GAME TICKETS (4), w/Vikings, Thurs night Aug 28, sect 308, row Q, seats 17-20, $200/all 4, 615-883-6796

TITANS SEASON TICKETS (2) North End Zone, Sec 102, Row GG, Seats 11-12, Great seats! $3000/both. Call 615-566-0778

LOST CAT (615)870-1977 4yr old male, blue russian mix cat missing since 7/31/14 near Walton Ferry Rd. in Hendersonville. Solid gray, no markings, no collar. Possibly in the vicinity of Shivel, Campus, and Harlan Dr. $$ Reward if found $$.

DEALING WITH FORGIVENESS?
ealummcdonald ministry.com
Feedback welcome

ARE YOU TIRED of this dull, boring, lonely, single life and would like friendship, companionship, and possible marriage and you are a white lady 40-58 years old. There is a 60ish year old single, divorced, secure, white Christian Male who would like to meet you. Please reply with photo to: P.O. Box 280374, Nashville, TN 37228

#1 CHAT IN NASHVILLE Meet Hot Local Singles Tonight on QUEST! Try it FREE! 18+ 615-256-9000 www.QuestChat.com

LOCAL HOT GAYS !! Browse & Reply Free! 615.399.9496 18+ Use Code 2667

Wanted: A mountain bike at a not-so-steep price. Find what you want in The Tennessean Classifieds

0101757862
NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED
This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and De-

click on Classifieds

Automotive

CADILLAC EL DORADO '72 Convertible, black on black, burgundy leather pleated interior, 3" white walls, 2nd owner, 66k mi. Always garaged. Sacrifice $17,000 firm 931-917-6702

NISSAN ZX '90, 2+2, 5 spd, T-tops, light blue, good condition, 138K mi. Only $4500. 615-368-7079

#1 CASH AUTO BUYER TN 615-767-3484
ABOVE Average Premium Prices Paid!
100% Free Removal
GET CASH 2 DAY!

AAA AUTO RECYCLING
615-935-6023

IMPORTANT NOTE: Use caution when asked

great cond, 1 owner, $18,500. 615-795-3874

CHEVROLET SILVERADO '98, 1/2 ton, 2WD, gas, auto, well cared for, good truck, 162k miles, $3400. Call 615-767-0090

FORD F250 '96, super cab, auto trans, 4.6L engine, bedliner & bed mat. $5000. Call Jan 615-226-6777

CHRYSLER TOWN & COUNTRY '10, 28,182 mi, XT conversion, Braun lowered floor conversion, $33,000, 423-534-3556

FORD ECONOLINE '08, Conversion, 2-tone gold, high top, tow pkg, Lots of extras. 103K mi. $7500 obo. Call 615-972-5321.

Recreational Commercial

ALUMINUM FISHING BOAT 12½', 2011 9.9HP Mercury electric start motor, & trailer, great shape, $1800. 615-308-5616

Check It Out
BAYLINER CAPRI 185 Bowrider '90 135 HP Mercruiser, Good condition, Tube & Skis included $2500.00 (615)370-4141 (615)348-6855

PONTOON w/3 axle trailer, 40hp Honda motor, Lowrance GPS, electric trolling motor, as is, $3900, 615-646-5838

AUG 15 '14 PM 3:0

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

JOHN WELLBORN, being first duly sworn, says that he is the lawful agent of the applicant named in this application, that this project will be completed in accordance with the application to the best of the agent's knowledge, that the agent has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete to the best of the agent's knowledge.

John L Wellborn
SIGNATURE/TITLE

Sworn to and subscribed before me this 15th day of August (Month), 2014 (Year) a Notary Public in and for the County/State of DAVIDSON

JAN M. DANFORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 2, 2018

Jan M. D
NOTARY PUBLIC

My commission expires July 2 (Month/Day), 2018 (Year).

THE RESIDENCE AT ALIVE HOSPICE MURFREESBORO

CERTIFICATE OF NEED APPLICATION FOR A LICENSED RESIDENTIAL HOSPICE FACILITY TO SERVE THE SOUTHERN COUNTIES IN ALIVE HOSPICE'S CURRENT SERVICE AREA

Filed August 2014

PART A

1. Name of Facility, Agency, or Institution

The Residence at Alive Hospice--Murfreesboro		
Name		
Unaddressed Lot 13, which lies between Williams Drive and Carl Adams Drive, and is bounded by the DCI Dialysis Clinic and by the Murfreesboro Medical Clinic/Surgicenter property at the intersection of Carl Adams Drive and Garrison Drive.		
Street or Route		*County*
Murfreesboro	TN	37129
City	*State*	*Zip Code*

2. Contact Person Available for Responses to Questions

John Wellborn		Consultant	
Name		*Title*	
Development Support Group		jwdsg@comcast.net	
Company Name		*E-Mail Address*	
4219 Hillsboro Road, Suite 210	Nashville	TN	37215
Street or Route	*City*	*State*	*Zip Code*
CON Consultant	615-665-2022	615-665-2042	
Association With Owner	*Phone Number*	*Fax Number*	

3. Owner of the Facility, Agency, or Institution

Alive Hospice, Inc.		
Name		
1718 Patterson Street		
Street or Route		*County*
Nashville	TN	37203
City	*State*	*Zip Code*

4. Type of Ownership or Control (Check One)

A. Sole Proprietorship		F. Government (State of TN or Political Subdivision)	
B. Partnership		G. Joint Venture	
C. Limited Partnership		H. Limited Liability Company	
D. Corporation (For-Profit)		I. Other (Specify):	
E. Corporation (Not-for-Profit)	x		

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS

5. *Name of Management/Operating Entity (If Applicable)* NA

Name

Street or Route *County*

City *State* *Zip Code*

6. *Legal Interest in the Site of the Institution (Check One)*

A. Ownership		D. Option to Lease	
B. Option to Purchase		E. Other (Specify): 20-year lease	
C. Lease of _ Years		with option to purchase	x

7. *Type of Institution (Check as appropriate—more than one may apply)*

A. Hospital (Specify):		I. Nursing Home	
B. Ambulatory Surgical Treatment Center (ASTC) Multi-Specialty		J. Outpatient Diagnostic Center	
C. ASTC, Single Specialty		K. Recuperation Center	
D. Home Health Agency		L. Rehabilitation Center	
E. Hospice		M. Residential Hospice	x
F. Mental Health Hospital		N. Non-Residential Methadone	
G. Mental Health Residential Faclity		O. Birthing Center	
H. Mental Retardation Institutional Habilitation Facility (ICF/MR)		P. Other Outpatient Facility (Specify):	
		Q. Other (Specify):	

8. *Purpose of Review (Check as appropriate—more than one may apply*

A. New Institution	x	G. Change in Bed Complement Please underline the type of Change: Increase, Decrease, Designation, Distribution, Conversion, Relocation	x
B. Replacement/Existing Facility		H. Change of Location	
C. Modification/Existing Facility		I. Other (Specify):	
D. Initiation of Health Care Service as defined in TCA Sec 68-11-1607(4) (Specify)			
E. Discontinuance of OB Service			
F. Acquisition of Equipment			

9. *Bed Complement Data*

(Please indicate current and proposed distribution and certification of facility beds.)

	Current Licensed Beds	CON approved beds (not in service)	Staffed Beds	Beds Proposed (Change)	TOTAL Beds at Completion
A. Medical					
B. Surgical					
C. Long Term Care Hosp.					
D. Obsetrical					
E. ICU/CCU					
F. Neonatal					
G. Pediatric					
H. Adult Psychiatric					
I. Geriatric Psychiatric					
J. Child/Adolesc. Psych.					
K. Rehabilitation					
L. Nursing Facility (non-Medicaid certified)					
M. Nursing Facility Lev. 1 (Medicaid only)					
N. Nursing Facility Lev. 2 (Medicare only)					
O Nursing Facility Lev. 2 (dually certified for Medicare & Medicaid)					
P. ICF/MR					
Q. Adult Chemical Dependency					
R. Child/Adolescent Chemical Dependency					
S. Swing Beds					
T. Mental Health Residential Treatment					
U. Residential Hospice	0	0	0	+10	10
TOTAL	**0**	**0**	**0**	**+10**	**10**

10. Medicare Provider Number:	441501
Certification Type:	hospice
11. Medicaid Provider Number:	0441501
Certification Type:	hospice

12. & 13. See page 4

A.12. IF THIS IS A NEW FACILITY, WILL CERTIFICATION BE SOUGHT FOR MEDICARE AND/OR MEDICAID?

This application by non-profit Alive Hospice, Inc., is for a new freestanding licensed 10-bed Residential Hospice facility named "The Residence at Alive Hospice--Murfreesboro." This hospice residential facility will provide the same services that Alive Hospice provides now, at its separately licensed 30-bed Residential Hospice in Nashville.

Medicare and Medicaid each assign a unique provider number to a hospice organization, which is used for reimbursement participation at all of that provider's offices and owned facilities. Each separate site of service must be certified for participation, but separate provider numbers are not assigned to separate sites. This proposed site will seek certification for participation in both programs, under the two current Alive Hospice, Inc. Medicare and Medicaid provider numbers. This Residential facility will not be a "new provider" just because it has its own State license. It will constitute another licensed site of service of an existing provider (Alive Hospice, Inc.).

A.13. IDENTIFY ALL TENNCARE MANAGED CARE ORGANIZATIONS / BEHAVIORAL HEALTH ORGANIZATIONS (MCO'S/BHO'S) OPERATING IN THE PROPOSED SERVICE AREA. WILL THIS PROJECT INVOLVE THE TREATMENT OF TENNCARE PARTICIPANTS? Yes IF THE RESPONSE TO THIS ITEM IS YES, PLEASE IDENTIFY ALL MCO'S WITH WHICH THE APPLICANT HAS CONTRACTED OR PLANS TO CONTRACT. DISCUSS ANY OUT-OF-NETWORK RELATIONSHIPS IN PLACE WITH MCO'S/BHO'S IN THE AREA.

Table One: Contractual Relationships with Service Area MCO's	
Available TennCare MCO's	**Applicant's Relationship**
AmeriGroup	contracted
United Community Healthcare Plan (formerly AmeriChoice)	contracted
Select/BlueCare	contracted

In January, TennCare will redistribute all its enrollees among three Statewide plans, which, for practical purposes, are the insurance organizations offering the plans listed above. Alive Hospice, Inc. already contracts with Blue Cross/Blue Shield for all BlueCare and Select enrollees. Alive intends to remain contracted to Blue Cross and the other Statewide TennCare providers operating in its authorized service area.

SECTION B: PROJECT DESCRIPTION
B.I. PROVIDE A BRIEF EXECUTIVE SUMMARY OF THE PROJECT NOT TO EXCEED TWO PAGES. TOPICS TO BE INCLUDED IN THE EXECUTIVE SUMMARY ARE A BRIEF DESCRIPTION OF PROPOSED SERVICES AND EQUIPMENT, OWNERSHIP STRUCTURE, SERVICE AREA, NEED, EXISTING RESOURCES, PROJECT COST, FUNDING, FINANCIAL FEASIBILITY AND STAFFING.

Proposed Services and Equipment

• The project is the establishment of a licensed 10-bed Residential Hospice facility in Murfreesboro, in Rutherford County. The facility's name will be "The Residence at Alive Hospice--Murfreesboro". Its sole owner and the CON applicant is Alive Hospice, Inc., a not-for-profit hospice organization in Nashville.

• Alive Hospice is licensed to serve twelve Middle Tennessee counties. Alive currently operates one licensed 30-bed Residential Hospice in central Davidson County, in the seven-county "northern sector" of its service area. It operates 30 more dedicated hospice inpatient beds leased from area hospitals in its northern sector (both in central and north Davidson County). In this application, Alive proposes to develop a 10-bed inpatient facility within its southern sector, after closing 15 of its hospital-based hospice beds in its northern sector--for a redistribution and reduction of its total dedicated hospice inpatient bed capacity areawide. The project will not provide any clinical level of hospice care not already offered by Alive Hospice, Inc. throughout its service area. Nor will it add new counties to its service area.

• The project will be constructed in leased space in a one-story healthcare building being developed two blocks from Saint Thomas Rutherford Hospital (formerly Middle Tennessee Medical Center) in the "Gateway" sector of Murfreesboro. The building will also contain the existing Rutherford County branch office of Alive Hospice, Inc. (which is currently located at a different address in Murfreesboro). The proposed Murfreesboro Residence will contain 10 private patient rooms, space for licensing 5 more patient rooms in future years, and all appropriate support areas. It will occupy approximately 78.8%, or 17,021 SF, of the 21,600 SF building. The rest of the building will be occupied by the Alive Hospice branch office--which is not part of this application because it is an existing site of service (Rutherford County) for CON purposes.

Ownership Structure

• The sole owner and licensee of the facility will be the not-for-profit Alive Hospice, Inc., Tennessee's first and one of its largest hospice organizations.

• Alive has a unique and essential charitable role in Middle Tennessee. Alive provides (a) more charity care than any other hospice organization in Tennessee; (b) 21.2% of Tennessee's total reported charity hospice care; (c) 65.8% of the total charity care reported by the 21 licensed hospices with home offices in Middle Tennessee; and (d) 73.3% of the total charity care reported by the 14 licensed hospices authorized to serve the five-county primary service area of this proposed project. For the latter two groups, Alive's charity work is much more than that of the other hospices combined. Attachment

A.4 contains more details, an organization chart, and information on the Tennessee facilities owned by this facility's parent organization.

Service Area

• The proposed Residence's primary service area, generating 90% of its patients, will consist of Bedford, Cannon, Coffee, DeKalb, and Rutherford Counties, which are all in Alive Hospice, Inc.'s current service area, referred to here as Alive's "southern sector".

Need

• Not all patients seeking end-of-life hospice care have the ability to be cared for in a private home, or are able to enter a nursing home willing to be "declared a residence" to permit routine hospice care. Such persons need a freestanding Residential Hospice such as this project, operated by a provider who is financially accessible (like Alive). Although Alive offers a Residential Hospice in Nashville, many families in Alive's southern sector find it too long a drive to make on a daily or very frequent basis, especially when a family member is at the very end of life.

• A Residential Hospice option also allows families who care for dying loved ones in their own homes to move them close-by for up to five days in "respite care" status in the Residence. This gives family members a much-needed period of rest, maintaining close proximity, and having uninterrupted care in a dedicated hospice environment.

• This project extends Alive's care more equitably, consistent with its not-for-profit mission. Its southern sector patients and families deserve the same care options and geographic access to care that Alive provides to patients in its northern sector. Shifting inpatient bed capacity to its underbedded southern sector most will put all Alive's patients and their families at the center of Alive's program model, with equal access to Alive's care options.

Existing Resources

• In addition to Alive Hospice, Inc., there are twelve other licensed hospice organizations authorized to serve one or more of the five primary service area counties of this project. None of them offers this service area a licensed Residential Hospice, and no provider but Alive offers a dedicated pediatric care team.

Project Cost, Funding, Financial Feasibility, and Staffing

• The applicant's actual initial cost to implement the project in a leased building will be only $504,445, which is the cost for planning, designing, and equipping the project and going through the CON process. The total cost for CON purposes is $10,888,816, because it includes the total lease outlay projected for the 20-year term of the building lease. Funding for the capital cost of the project will be accomplished by fund-raising in the community following the granting of the CON. Early commitments already cover the applicant's projected capital costs. The Residence itself, like the Residence in Nashville, will operate at a loss; but it is part of the larger Alive Hospice, Inc. organization, which will operate with a positive margin in the first two years of this project. Staffing of the proposed facility is estimated to require 13.45 FTE's in its second year.

B.II. PROVIDE A DETAILED NARRATIVE OF THE PROJECT BY ADDRESSING THE FOLLOWING ITEMS AS THEY RELATE TO THE PROPOSAL.

B.II.A. DESCRIBE THE CONSTRUCTION, MODIFICATION AND/OR RENOVATION OF THE FACILITY (EXCLUSIVE OF MAJOR MEDICAL EQUIPMENT COVERED BY T.C.A. 68-11-1601 *et seq.)* INCLUDING SQUARE FOOTAGE, MAJOR OPERATIONAL AREAS, ROOM CONFIGURATION, ETC.

1. The Applicant

The applicant is Alive Hospice, Inc. ("Alive" or "Alive Hospice" in this document). Alive is one of a minority of Tennessee hospices that is organized as a not-for-profit corporation governed by a community board. Its home office is in Davidson County. Its authorized service area is a 12-county region of Middle Tennessee that includes all 5 counties to be served by this proposed facility. Alive was Tennessee's first hospice care organization. It has always been one of the State's largest hospice providers. The Attachments to this application provide additional information about Alive Hospice.

Alive has an essential and unique charitable role in Middle Tennessee. According to current Joint Annual Reports, Alive Hospice is the leading charity care provider among all 67 hospice organizations in the State. Its reported charity care (almost a million dollars annually) is 21.2% of Tennessee's total reported charity hospice care. It is 65.8% of the total charity care reported by the 21 licensed hospices with home offices in Middle Tennessee (meaning that Alive's charity care exceeds that of all those 21 hospice organizations combined). It is 73.3% of the total charity care reported by the 14 licensed hospices authorized to serve the five-county primary service area of this proposed project (more than twice as much charity care as the other 14 combined.) These data are provided in the "Miscellaneous" Attachment at the end of this application.

Alive's care teams are active in all 12 of its authorized counties, leaving no county unserved. Last year its hospice patients ranged from 9 patients in its smallest county, to more than 1,900 in its largest county.

Alive also has a strong educational and training mission. It serves colleges, universities, and health professional schools through contracts for clinical rotations and other training. A chart of these numerous training agreements is provided and discussed in Section C.III.6 of the application.

Contractual relationships include Vanderbilt School of Medicine, for whom Alive provides (a) a Hospice and Palliative Medicine Residency program, and (b) clinical rotation sites for Geriatric Medicine; Psychiatry, Nursing, and second-year medical students. Alive is an observation site for Meharry Medical College students and a training site for Saint Thomas Hospital's Chaplaincy training program.

Other relationships include clinical training programs for Vanderbilt's Peabody College of Education and Human Development (Child Psychology); and clinical rotation/training sites for nursing, social work, pharmacy, and Divinity field work students from Austin Peay University, Belmont University, MTSU, Motlow College, TSU, and UT Knoxville.

2. Project Objective

This application does not request additional counties for Alive's service area. Nor does it request authorization to provide any new hospice services in its service area. Alive currently provides residents of all twelve of its service area counties with every type of hospice care service, in many settings. Its care is delivered in patient homes; in "declared patient residences" in nursing homes and assisted living facilities; in its 30-bed licensed Residential Hospice in Nashville (which is an inpatient facility for patients who do not wish, or are unable, to reside elsewhere in their dying days), and in a dedicated hospice inpatient unit in leased hospital space.

In this document, Alive's Residence in Nashville is referred to as "AR-N". This project will establish a second licensed Alive Residential Hospice in Alive's current service area, with only 10 beds. It will be located in Murfreesboro (Rutherford County), where an Alive Hospice branch office is located. Its purpose is to make access to a

licensed Residence bed much easier for families and patients in the five-county southern sector of its current service area. Driving frequently back and forth to Nashville to be with dying loved ones in the Alive Residence in Nashville is burdensome for residents of the Murfreesboro region--often involving more than two-hour round trips. Building a Residence in the Murfreesboro area to eliminate long drive times to and from Nashville is an orderly improvement, validated by numerous acute care projects approved for that area over the past twenty years, in order to bring resources closer to a burgeoning population south of Nashville. In this document, the proposed Alive Residence in Murfreesboro is referred to as "AR-M" for brevity.

3. Project Location

The project site is unaddressed Lot 13 in Waterstone, a new section of Parkway Office Park, near Saint Thomas Rutherford Hospital. Lot 13 may soon be assigned the street address of 1629 Williams Drive, once its site plan is approved later this year. An aerial photograph of its location is provided at the end of this project description section. The lot lies between Williams Drive and Carl Adams Drive, and is bounded on the west by the DCI Dialysis Clinic, and on the east by the Murfreesboro Medical Clinic/Surgicenter property at the intersection of Carl Adams Drive and Garrison Drive. The site is in the heart of the new "Gateway" district of Murfreesboro, which has its own exit off I-24 and is readily accessible to the region around Murfreesboro.

4. Project Design

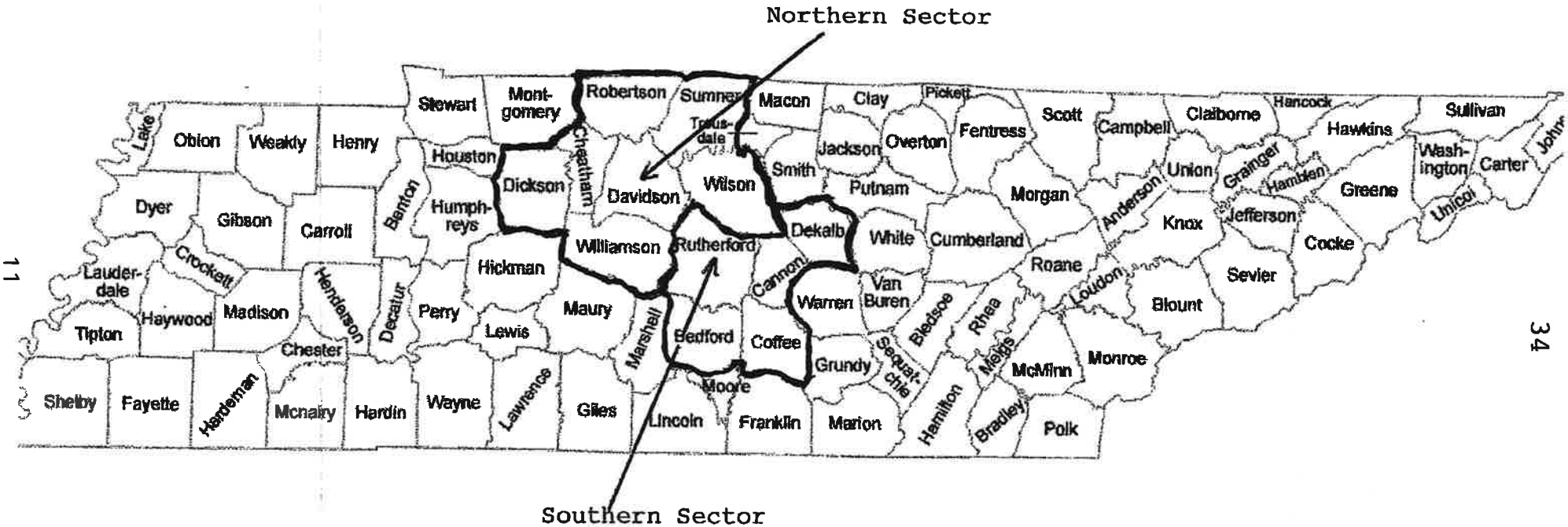
The applicant will lease a new one-story healthcare building of 21,600 SF, which a local developer will construct on this lot. The building currently plans to have two tenants. One will be the licensed AR-M proposed in this application; it will occupy 17,021 SF (78.8%) of the building. The other tenant, which will occupy the remaining 4,579 SF (21.2%) of the building, will be the full-service Rutherford County branch office of Alive Hospice, Inc., relocated from its current Murfreesboro location at 1639 Medical Center Parkway, Suite 202. The branch office is not part of this application.

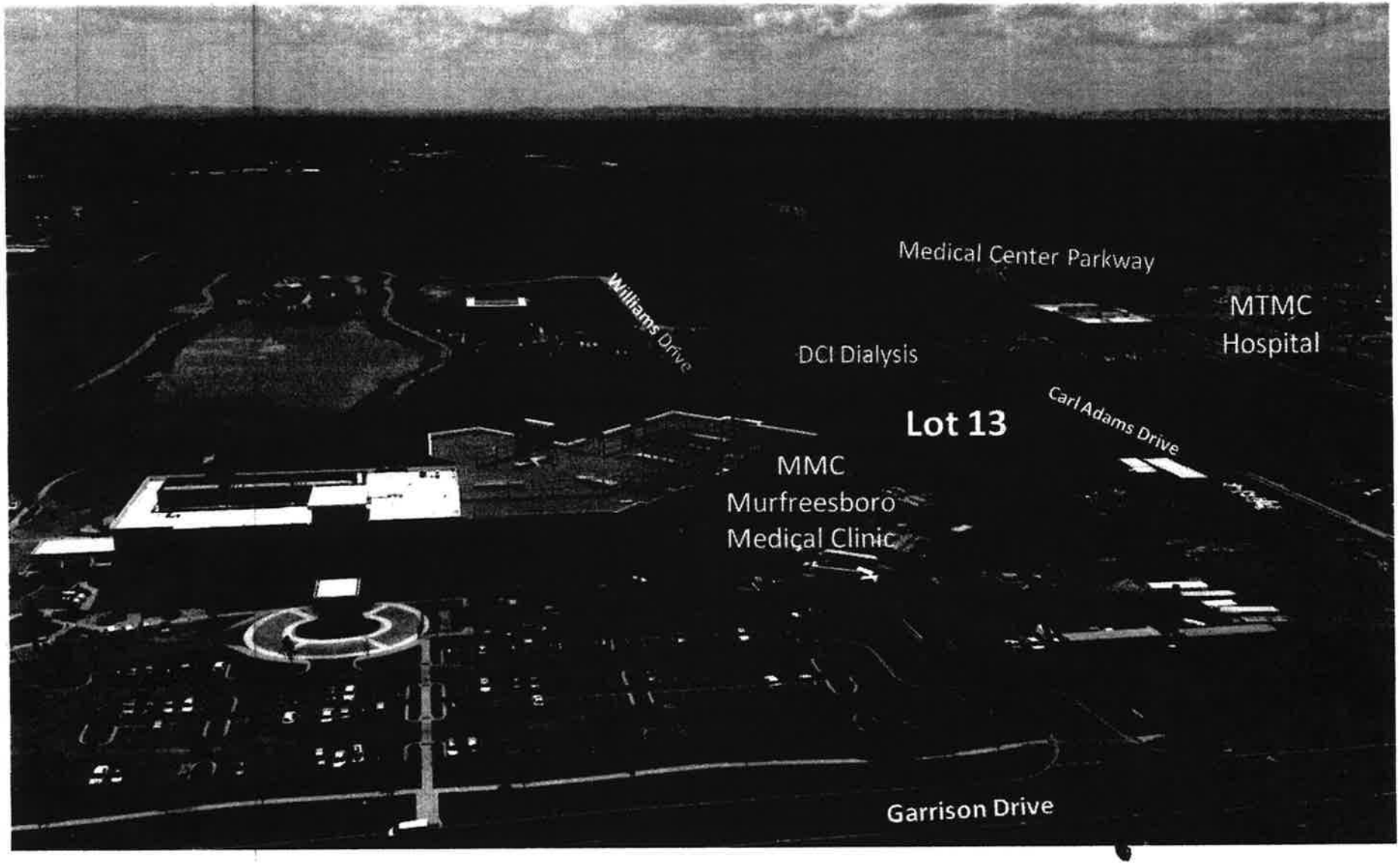
The AR-M will contain 10 private patient rooms, space for expanding into 5 more patient rooms in future years, and all appropriate support spaces. Space provided will exceed minimum requirements of Medicare Conditions of Participation.

It will occupy a five-sided space surrounding a private landscaped courtyard. Visitors will enter a central reception and waiting area, adjoined by three other public areas: a chapel that looks into the courtyard, a dining room and kitchen area, and a family room with a play area for young children. The patient rooms beyond those areas will wrap around two sides of the interior courtyard; 10 private rooms will be licensed for immediate use; 5 private rooms will be held for future expansion of licensed capacity.

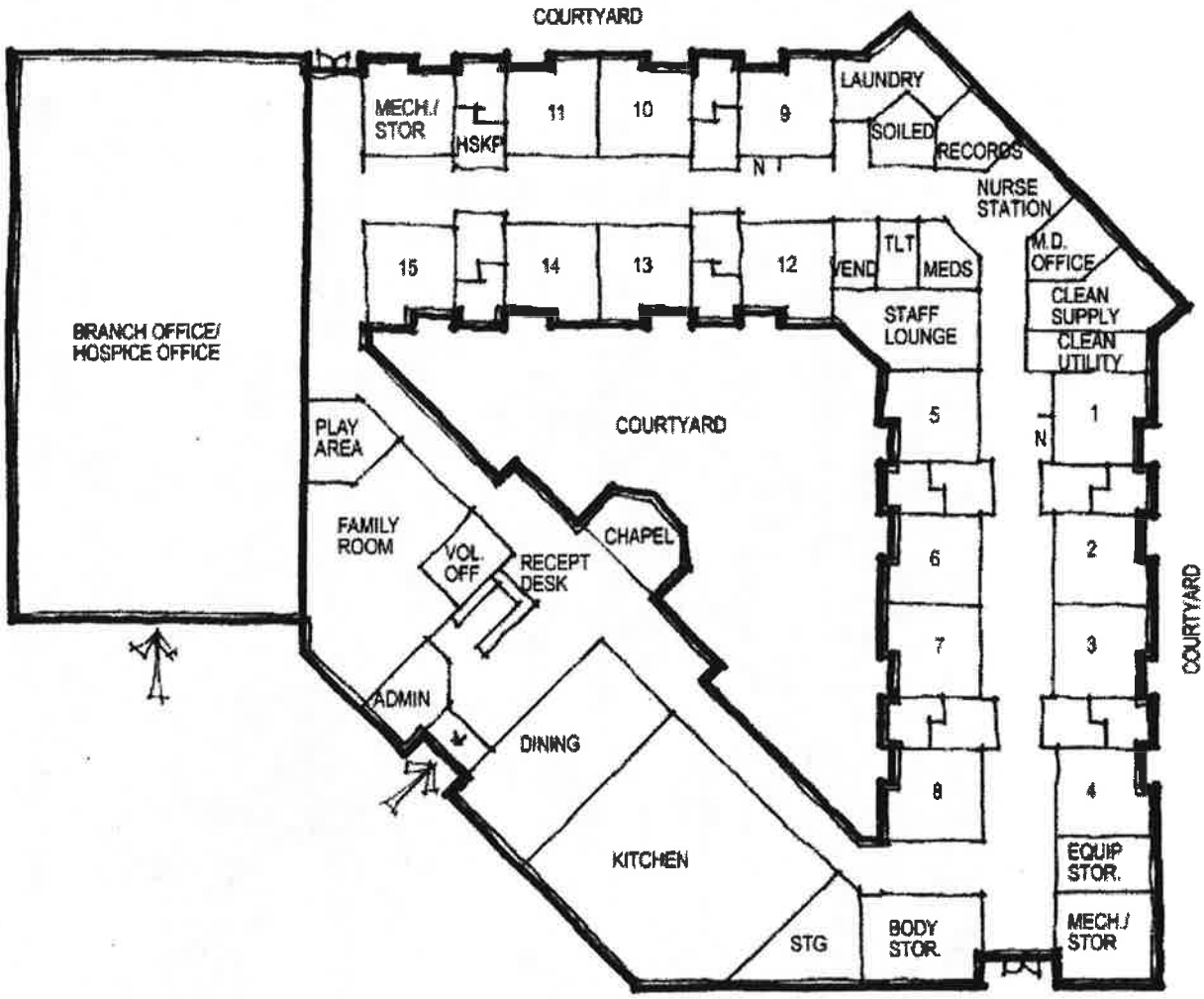
Following this page are a map of the applicant's service area counties, an aerial view of the project site in Murfreesboro (Rutherford County), the floor plan of the proposed facility, and a representative plan for a hospice patient room.

ALIVE HOSPICE
AUTHORIZED SERVICE AREA





THE RESIDENCE AT ALIVE HOSPICE MURFREESBORO



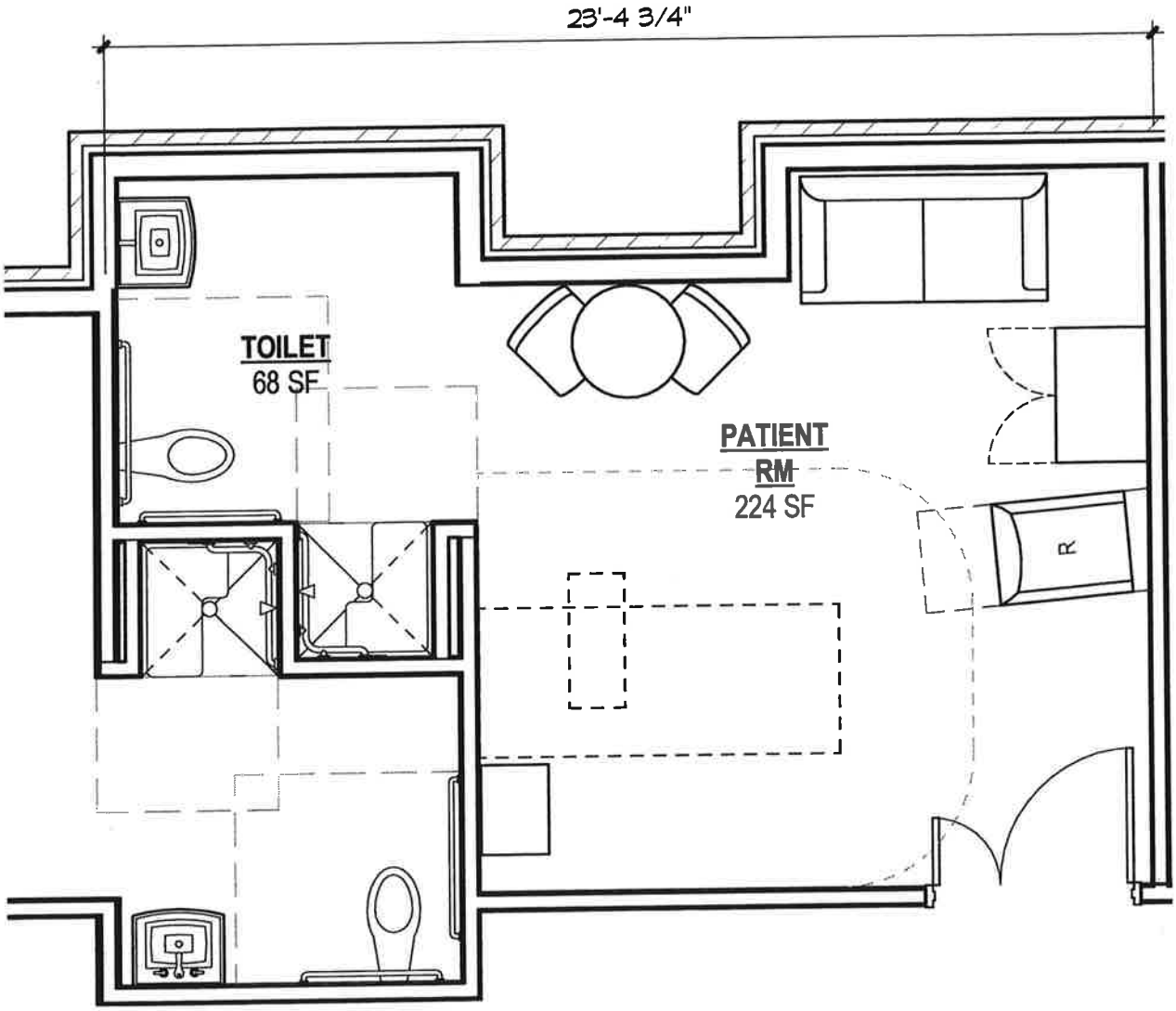
CONCEPTUAL FLOOR PLAN

0 8' 16' 32' 64'

ESa

Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN



1 Enlarged Patient Rm - A

0 1' 2' 4'

ESa

Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

5. Project Services

The AR-M will not provide any levels of care that Alive Hospice does not already provide in this service area. The AR-M will be another optional site of service for Alive's existing services. It will be utilized by persons who are unable, or do not want, to be served in another type of setting which Medicare recognizes as their "home" for purposes of paying for hospice care.

Following is an overview of the levels of hospice care that a Medicare-certified hospice must be able to provide, under the Medicare Conditions of Participation. It is followed by Table Two, showing information on where each level of care is allowed to be provided. Reimbursement rates vary by type of care, but also by county (for example, Davidson and Rutherford County's reimbursement rates are the same and are slightly higher than in some more rural areas). Physicians document the clinical conditions (e.g., 6 or fewer months to live) that entitle patients to receive these levels of service. All of these levels except Continuous Care (the last in the list) will be delivered in the proposed AR-M. But as described below, Continuous Care is not different clinically from GIP services (which the Residence will provide), so for practical purposes all clinical types of hospice care will be available in the Residence. The rates below are for Davidson and Rutherford Counties.

Routine or Residential Care--The majority of hospice care is "routine care", provided within a patient's "declared residence". A declared residence is a bed location that is legally identified as the patient's home for hospice purposes. Such beds are located in patients' own homes, in assisted-living facilities, in skilled nursing facilities, and in Residential Hospices. During routine care, Alive Hospice staff provide medications, equipment and treatments related to the patient's hospice diagnosis and included in the physician-approved plan of care.
Current Medicare Per Diem Reimbursement Rate = $147.78

General Inpatient Care (GIP)-- This level of care can be provided in a hospital inpatient unit, a licensed Residential Hospice, or a skilled nursing facility. This is intensive inpatient hospice care that is intended to be short term if the patient's symptoms cannot be otherwise managed or if a higher level of treatment monitoring is required. Once the

patient's symptoms are controlled, the patient will be re-assigned to the level of care and living situation that meets his/her needs.

Current Medicare Per Diem Reimbursement Rate = $659.89

Respite Care--Caregivers providing for patients at private homes often need the patient to be cared for at another location for a limited period of time. This provides a period of relief for family caregivers, and allows them time to be away from home for other purposes. AR-N and AR-M and other locations have the ability to provide respite care to hospice patients for periods not to exceed five consecutive days. Then the hospice patient returns to his or her personal residence.

Current Medicare Per Diem Reimbursement Rate = $154.67

Continuous Care--Clinical criteria for this level of care are the same as those for GIP. It is intensive, and differs from GIP in only two ways. First, it is delivered not in a hospital or Residence, but rather in the patient's own private home, the goal being to manage acute symptoms without relocating the patient. Continuous care is intended to be short term and intensive during periods of crisis.

Current Medicare Per Diem Reimbursement Rate = $862.47 for 243 hrs or $35.94/hr

Table Two: Where Hospice Care Can Be Delivered Under Medicare Rules				
	Level of Care			
Place of Service	General Inpatient Care (GIP)	Routine Home Care (RHC)	Respite Care	Continuous Care
Patient's Home/Residence		X		X
Assisted Living Facility		X		X
Nursing Facility Long Term Care (LTC)		X		X
Nursing Facility Skilled (SNF)	X	X	X	
Hospital*	X		X	
Inpatient Hospice Facility**	X		X	
Residential Hospice***	X	X	X	
Independent Living Facility		X		X
Group Home		X		X

*Individual Patient Beds designated for inpatient hospice care, anywhere in the hospital ("scatterbeds"), but licensed as acute care.
**Bed unit leased to a hospice to operate for inpatient hospice care, but beds remain in hospital license .
***Facility is licensed as a Residential Hospice in Tennessee.
Source: Alive Hospice management.

5. Project Costs and Sources of Funding

Alive Hospice's Board has not finally determined its method of financing the project, and will not do so until its formal capital campaign (following CON approval) provides an indication of available contributions and their timetables.

However, there are several available options. To proceed conservatively through the CON process, an enforceable "turnkey" building lease with an option to purchase has been negotiated, so Alive would be initially responsible only for equipping and furnishing the facility. It will be a capitalized lease, to allow interest deductions.

Under CON rules, this lease approach generates a seemingly large project cost--estimated at $10,888,816. However, because this is a leased space, only $504,445 is the actual expenditure required for Alive Hospice, Inc. to equip, open, and operate the facility. The balance of the CON project cost, $10,384,371, is not a front-end expense for Alive. It is the applicant's *lease outlay* to the building developer over a 20-year lease term, if Alive Hospice elects to lease for the entire 20-year lease term.

It is Alive's intention to conduct a community fund-raising campaign that will generate sufficient contributions to cover the front-end $504,445 expense and also to begin accumulating funds to purchase the building from the developer (an option provided in the lease) within two to five years. Early confidential commitments from major donors in the community indicate that attainment of the initial capital costs to implement the project is virtually certain, immediately following final CON approval. As a "backup" alternative, Alive is currently able to fund the difference from its assets.

6. Timetable for Opening the Project

If a Certificate of Need is granted by the end of CY2014, Alive Hospice will begin community fund-raising immediately, and will start construction of the AR-M during CY2015. The facility is expected to be operational during CY2016. Its first full operational year will be CY2017. Its hours of operations for inpatient care will be 24 hours daily throughout the year.

APPLICANTS WITH HOSPITAL PROJECTS (CONSTRUCTION COST IN EXCESS OF $5 MILLION) AND OTHER FACILITY PROJECTS (CONSTRUCTION COST IN EXCESS OF $2 MILLION) SHOULD COMPLETE THE SQUARE FOOTAGE AND COSTS PER SQUARE FOOTAGE CHART.

UTILIZING THE ATTACHED CHART, APPLICANTS WITH HOSPITAL PROJECTS SHOULD COMPLETE PARTS A-E BY IDENTIFYING, AS APPLICABLE, NURSING UNITS, ANCILLARY AREAS, AND SUPPORT AREAS AFFECTED BY THIS PROJECT. PROVIDE THE LOCATION OF THE UNIT/SERVICE WITHIN THE EXISTING FACILITY ALONG WITH CURRENT SQUARE FOOTAGE, WHERE, IF ANY, THE UNIT/SERVICE WILL RELOCATE TEMPORARILY DURING CONSTRUCTION AND RENOVATION, AND THEN THE LOCATION OF THE UNIT/SERVICE WITH PROPOSED SQUARE FOOTAGE. THE TOTAL COST PER SQUARE FOOT SHOULD PROVIDE A BREAKOUT BETWEEN NEW CONSTRUCTION AND RENOVATION COST PER SQUARE FOOT. OTHER FACILITY PROJECTS NEED ONLY COMPLETE PARTS B-E.

Please see Attachment B.II.A.

PLEASE ALSO DISCUSS AND JUSTIFY THE COST PER SQUARE FOOT FOR THIS PROJECT.

The HSDA Registry does not compile construction cost data on residential hospices. No comparable hospice applications (i.e., requiring new construction) have been approved within the past five years.

The construction cost of this project will be $210 PSF in CY2015. This is between the typical costs of hospital and nursing home projects approved by the HSDA in CY2011-2013.

Hospital Construction Cost PSF--Approved CON Projects 2010 – 2012			
	Renovated Construction	New Construction	Total Construction
1st Quartile	$107.15/sq ft	$235.00/sq ft	$151.56/sq ft
Median	$179.00/sq ft	$274.63/sq ft	$227.88/sq ft
3rd Quartile	$249.00/sq ft	$324.00/sq ft	$274.63/sq ft

Source: CON approved applications for years 2011-2013.

Nursing Home Construction Cost PSF--Approved CON Projects 2010– 2012			
	Renovated Construction	New Construction	Total Construction
1st Quartile	$25.00/sq ft	$152.80/sq ft	$94,55/sq ft
Median	$55.00/sq ft	$167.31/sq ft	$152.80/sq ft
3rd Quartile	$101.00/sq ft	$176.00/sq ft	$167.61/sq ft

Source: CON approved applications for years 2011-2013.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

IF THE PROJECT INVOLVES NONE OF THE ABOVE, DESCRIBE THE DEVELOPMENT OF THE PROPOSAL.

Not applicable.

B.II.B. IDENTIFY THE NUMBER AND TYPE OF BEDS INCREASED, DECREASED, CONVERTED, RELOCATED, DESIGNATED, AND/OR REDISTRIBUTED BY THIS APPLICATION. DESCRIBE THE REASONS FOR CHANGE IN BED ALLOCATIONS AND DESCRIBE THE IMPACT THE BED CHANGE WILL HAVE ON EXISTING SERVICES.

The project will not have a significant impact on AR-N, the applicant's Nashville Residence, which will draw most of its patients from Alive's other seven service area counties once the Murfreesboro Residence is open.

The project is a companion project to a second project that does not require CON review, which will be implemented by Alive Hospice during this CON application's review period. That companion project (which does not require CON review) is the closure of Alive's 15 inpatient hospice beds at Saint Thomas West Hospital. Taken together, the two projects will reduce the inpatient beds operated by Alive Hospice, Inc. in its total service area, from 60 inpatient beds to 55 inpatient beds--45 in Davidson County and 10 in Rutherford County. This "right-sizing" and geographic re-distribution of Alive's inpatient beds will provide Alive with operating efficiencies while improving Alive patients' access to care.

Table Three: Inpatient Bed Unit and Proposed Changes by Alive Hospice

Inpatient Unit	Licensure	Current IP Beds	Proposed IP Beds	Change in Beds
The Residence at Alive Hospice, Nashville (existing)	Residential Hospice	30	30	0
Alive Hospice at Skyline Medical Center, Nashville (existing)	Hospital	15	15	0
Alive Hospice at Saint Thomas West Hospital, Nashville (existing)	Hospital	15	0	-15*
The Residence at Alive Hospice, Murfreesboro (proposed)	Residential Hospice	0	10	+10*
NET CHANGE, INPATIENT BEDS		60	55	-5

** CON is required for Murfreesboro beds but not for closure of Saint Thomas West beds.*

B.II.C. AS THE APPLICANT, DESCRIBE YOUR NEED TO PROVIDE THE FOLLOWING HEALTH CARE SERVICES (IF APPLICABLE TO THIS APPLICATION):

1. **ADULT PSYCHIATRIC SERVICES**
2. **ALCOHOL AND DRUG TREATMENT ADOLESCENTS >28 DAYS**
3. **BIRTHING CENTER....**
10. **RESIDENTIAL HOSPICE.....**

(others omitted)

1. Need for Improved Physical Accessibility to Residential Hospice Care

Residential hospices are one of several kinds of "designated residences" for patients who need hospice care while dying. They are needed by dying patients who are unable or unwilling to establish a "designated residence" in a patient room in a nursing home, assisted living facility, or private home. Some patients in a Residence have no other home at the end of life. Some are unable to be cared for adequately at home due to unavailability of companions during much of the day. Some do not have access to a skilled nursing home bed, and when their care needs increase, do not want to return to a hospital setting.

For these patients and their families, a Residential Hospice is very important; and it should be within a reasonable drive time for family and other visitors, who may come to the Residence daily. Alive Hospice operates a Residential Hospice in Nashville, but that Residence has been highly utilized in past years, and is expected to continue to have high utilization over the next several years. More Residential Hospice beds will be needed for Alive patients in the near future. The logical place to add Residential beds is not at the AR-N in Davidson County. It is preferable to add capacity in the southern sector of Alive's service area, much of which is more than an hour's round trip drive time from the Nashville Residence. A second, smaller Residential Hospice in Murfreesboro will greatly reduce round-trip commuting times for persons who otherwise would have to drive to Nashville or Chattanooga and back. The time reductions are shown in Tables Four-A and -B on the following page. Round trip drive times will be cut in half, saving almost an hour on average.

Table Four-A: Mileage and Round-Trip Drive Times From Major Communities in the Primary Service Area To Residential Hospices in Nashville and Murfreesboro					
Primary Service Area		Round Trip To Existing *Nashville* Residence		Round Trip To Proposed *Murfreesboro* Residence	
County	City	Miles	Drive Time	Miles	*Minutes*
Bedford	Shelbyville	115 miles	***2 hrs. 10 min.***	57 miles	***1 hr. 22 min.***
Cannon	Woodbury	111 miles	***1 hr. 58 min.***	43 miles	***1 hr.***
Coffee	Manchester	129.6 miles	***2 hrs. 4 min.***	71.4 miles	***1 hr. 14 min.***
Coffee	Tullahoma	154.6 miles	***2 hrs. 36 min.***	96.6 miles	***1 hr. 4 min.***
DeKalb	Smithville	130.2 miles	***2 hrs. 26 min.***	82.6 miles	***1 hr. 46 min.***
Rutherford	Murfreesboro	68.6 miles	***1 hr. 20 min.***	5.0 miles	***16 min.***

Source: Google Maps, 8-7-14.

Table Four-B: Mileage and Round-Trip Drive Times From Major Communities in the Primary Service Area To Residential Hospices in Nashville and Chattanooga					
Primary Service Area		Round Trip To Existing *Chattanooga* Residence		Round Trip To Proposed *Murfreesboro* Residence	
County	City	Miles	Drive Time	Miles	*Minutes*
Bedford	Shelbyville	214	***3 hrs. 54 min.***	57 miles	***1 hr. 22 min.***
Cannon	Woodbury	208	***3 hrs. 40 min.***	43 miles	***1 hr.***
Coffee	Manchester	162.8	***2 hrs. 56 min.***	71.4 miles	***1 hr. 14 min.***
Coffee	Tullahoma	175.8	***3 hrs. 14 min.***	96.6 miles	***1 hr. 4 min.***
DeKalb	Smithville	216	***3 hrs. 54 min.***	82.6 miles	***1 hr. 46 min.***
Rutherford	Murfreesboro	224	***3 hrs. 50 min.***	5.0 miles	***16 min.***

Source: Google Maps, 8-12-14.

2. Need to Ensure Access to Care for Underinsured Area Families

Those without financial resources need the same care options that those with financial resources need. This project provides that. Alive Hospice, Inc. has a record of caring for eligible patients as long as needed, even when a patient's financial resources are exhausted. As shown in this application's Historic and Projected Data Charts, Alive Hospice's Residence in Nashville typically operates at a loss. The Murfreesboro Residence will also operate at a loss, but its losses will be absorbed by the greater Alive Hospice, Inc. organization, through the generosity of its community donors.

Alive has demonstrated the ability to cover its charitable care losses for many years. The historical record of Alive Hospice is the best assurance that persons needing charity care will be well served by the proposed Residence at Murfreesboro. According to Joint Annual Reports, Alive Hospice is the leading charity care provider among Tennessee's 67 licensed hospices. Its reported charity care (almost a million dollars annually) is 21.2% of Tennessee's total reported charity hospice care. Alive's charity care is 65.8% of the total charity care reported by the 21 licensed hospices with home offices in Middle Tennessee--meaning that Alive's charity care is almost double that of all those 21 hospice organizations combined). Significantly for this project, Alive provided 73.3% of all charity care reported by the 14 licensed hospices authorized to serve the primary service area of this proposed project (more than double the charity care provided by the other 14 agencies combined).

3. Need to Provide Respite Care for Area Family Caregivers in the Service Area

Medicare allows patients receiving hospice care at home to be moved for up to 5 consecutive days into a designated facility to provide "respite care", giving exhausted family members a brief rest. With this proposed Murfreesboro facility, Alive's own local home care patients will have increased access to respite care services. This ensures continuity of care from a quality control standpoint and allows families to continue to have a dedicated hospice environment.

4. Alive Hospice Must Provide More of its Care in Owned Facilities

For the past several years, Alive Hospice has provided care at multiple institutional locations: leased hospital bed units; and individual patient rooms in long term care and assisted living facilities. For example, Alive is operating three inpatient units in Davidson County: its AR-N facility on Patterson Street in central Nashville, a leased inpatient unit at nearby Saint Thomas West Hospital, and a leased inpatient unit at TriStar Skyline Madison campus in far north Davidson County.

Managing care plans and supervision in multiple inpatient units in leased hospital space in the same county is costly, in terms of permanent and increasing lease payments, and in terms of employing physician medical directors. As a not-for-profit provider with a major charitable care role, billing only at Medicare rates, Alive Hospice is always seeking to operate more cost-effectively in its mission. It is strategically advantageous for Alive Hospice to invest in its own real estate in some cases, rather than to accept unending operational lease expenses. The current situation offers such an opportunity--to minimize leases of other providers' licensed inpatient beds, to consolidate more patients within its own licensed Residential beds, and to better distribute its bed capacity, all at the same time.

Accordingly, Alive has determined (a) to maintain its leased *north* Davidson County unit at Skyline Madison, (b) to close its leased Saint Thomas Hospital unit in *central* Davidson County (consolidating its patients into Alive's own AR-N facility nearby), and (c) to co-locate the Residential home team office in Rutherford County with an Alive Residential Hospice (AR-M) to share space and limit duplication of resources.

This realignment of residential care using Alive's own inpatient beds will enable Alive to operate more cost-effectively, to use its own resources more productively, to enhance its clinical control of bedside care, and to serve its rural areas better.

B.II.D. DESCRIBE THE NEED TO CHANGE LOCATION OR REPLACE AN EXISTING FACILITY.

Not applicable.

B.II.E. DESCRIBE THE ACQUISITION OF ANY ITEM OF MAJOR MEDICAL EQUIPMENT (AS DEFINED BY THE AGENCY RULES AND THE STATUTE) WHICH EXCEEDS A COST OF $1.5 MILLION; AND/OR IS A MAGNETIC RESONANCE IMAGING SCANNER (MRI), POSITRON EMISSION TOMOGRAPHY (PET) SCANNER, EXTRACORPOREAL LITHOTRIPTER AND/OR LINEAR ACCELERATOR BY RESPONDING TO THE FOLLOWING:

1. For fixed site major medical equipment (not replacing existing equipment):
- **a. Describe the new equipment, including:**
  - **1. Total Cost (As defined by Agency Rule);**
  - **2. Expected Useful Life;**
  - **3. List of clinical applications to be provided; and**
  - **4. Documentation of FDA approval.**
- **b. Provide current and proposed schedule of operations.**

2. For mobile major medical equipment:
- **a. List all sites that will be served;**
- **b. Provide current and/or proposed schedule of operations;**
- **c. Provide the lease or contract cost;**
- **d. Provide the fair market value of the equipment; and**
- **e. List the owner for the equipment.**

3. Indicate applicant's legal interest in equipment (e.g., purchase, lease, etc.) In the case of equipment purchase, include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

Not applicable. The project includes no major medical equipment.

B.III.A. ATTACH A COPY OF THE PLOT PLAN OF THE SITE ON AN 8-1/2" X 11" SHEET OF WHITE PAPER WHICH MUST INCLUDE:

1. **SIZE OF SITE (IN ACRES);**
2. **LOCATION OF STRUCTURE ON THE SITE;**
3. **LOCATION OF THE PROPOSED CONSTRUCTION; AND**
4. **NAMES OF STREETS, ROADS OR HIGHWAYS THAT CROSS OR BORDER THE SITE.**

PLEASE NOTE THAT THE DRAWINGS DO NOT NEED TO BE DRAWN TO SCALE. PLOT PLANS ARE REQUIRED FOR ALL PROJECTS.

See Attachment B.III.A. for the site plan.

B.III.B.1. DESCRIBE THE RELATIONSHIP OF THE SITE TO PUBLIC TRANSPORTATION ROUTES, IF ANY, AND TO ANY HIGHWAY OR MAJOR ROAD DEVELOPMENTS IN THE AREA. DESCRIBE THE ACCESSIBILITY OF THE PROPOSED SITE TO PATIENTS/CLIENT.

The project is located less than ten minutes' drive from I-24, which is a major traffic corridor in the service area. Other nearby high-speed highways also give good access to the site. US 231 leads southwest to Bedford County; I-24 and SR 55 lead to Manchester and Tullahoma; US 70S goes east to Cannon County, and SR 96 runs east to DeKalb County. Murfreesboro is a retail, higher education, and healthcare center for this five-county region; the region's residents have very good access to Murfreesboro. As the tables below (repeated from a prior section) show, families in the five-county area who need to visit a Residential Hospice will have a greatly reduced drive time to Murfreesboro, compared to the time now required to visit one in Nashville or Chattanooga.

Table Four-A: Mileage and Drive Times Comparison From Major Communities in the Primary Service Area To Alive Residential Hospice Sites in Nashville and Murfreesboro

		Round Trip To Existing Nashville Residence		Round Trip To Proposed Murfreesboro Residence	
County	City	Miles	Minutes	Miles	*Minutes*
Bedford	Shelbyville	115 miles	***2 hrs. 10 min.***	57 miles	***1 hr. 22 min.***
Cannon	Woodbury	111 miles	***1 hr. 58 min.***	43 miles	***1 hr.***
Coffee	Manchester	129.6 miles	***2 hrs. 4 min.***	71.4 miles	***1 hr. 14 min.***
Coffee	Tullahoma	154.6 miles	***2 hrs. 36 min.***	96.6 miles	***1 hr. 4 min.***
DeKalb	Smithville	130.2 miles	***2 hrs. 26 min.***	82.6 miles	***1 hr. 46 min.***
Rutherford	Murfreesboro	68.6 miles	***1 hr. 20 min.***	5.0 miles	***16 min.***

Source: Google Maps, 8-7-14.

Table Four-B: Mileage and Round-Trip Drive Times From Major Communities in the Primary Service Area To Residential Hospices in Nashville and Chattanooga

Primary Service Area		Round Trip To Existing *Chattanooga* Residence		Round Trip To Proposed *Murfreesboro* Residence	
County	City	Miles	Drive Time	Miles	*Minutes*
Bedford	Shelbyville	214	***3 hrs. 54 min.***	57 miles	***1 hr. 22 min.***
Cannon	Woodbury	208	***3 hrs. 40 min.***	43 miles	***1 hr.***
Coffee	Manchester	162.8	***2 hrs. 56 min.***	71.4 miles	***1 hr. 14 min.***
Coffee	Tullahoma	175.8	***3 hrs. 14 min.***	96.6 miles	***1 hr. 4 min.***
DeKalb	Smithville	216	***3 hrs. 54 min.***	82.6 miles	***1 hr. 46 min.***
Rutherford	Murfreesboro	224	***3 hrs. 50 min.***	5.0 miles	***16 min.***

Source: Google Maps, 8-12-14.

B.IV. ATTACH A FLOOR PLAN DRAWING FOR THE FACILITY WHICH INCLUDES PATIENT CARE ROOMS (NOTING PRIVATE OR SEMI-PRIVATE), ANCILLARY AREAS, EQUIPMENT AREAS, ETC.

See attachment B.IV.

IV. FOR A HOME CARE ORGANIZATION, IDENTIFY

1. **EXISTING SERVICE AREA (BY COUNTY);**
2. **PROPOSED SERVICE AREA (BY COUNTY);**
3. **A PARENT OR PRIMARY SERVICE PROVIDER;**
4. **EXISTING BRANCHES AND/OR SUB-UNITS; AND**
5. **PROPOSED BRANCHES AND/OR SUBUNITS.**

Not applicable. The application is not for a home care organization. However, this information is provided for Alive Hospice, Inc. in Attachment A.4.

C(I) NEED

C(I).1. DESCRIBE THE RELATIONSHIP OF THIS PROPOSAL TO THE IMPLEMENTATION OF THE STATE HEALTH PLAN AND TENNESSEE'S HEALTH: GUIDELINES FOR GROWTH.

A. PLEASE PROVIDE A RESPONSE TO EACH CRITERION AND STANDARD IN CON CATEGORIES THAT ARE APPLICABLE TO THE PROPOSED PROJECT. DO NOT PROVIDE RESPONSES TO GENERAL CRITERIA AND STANDARDS (PAGES 6-9) HERE.

B. APPLICATIONS THAT INCLUDE A CHANGE OF SITE FOR A HEALTH CARE INSTITUTION, PROVIDE A RESPONSE TO GENERAL CRITERION AND STANDARDS (4)(a-c).

Project-Specific Review Criteria: Residential Hospice Services

STANDARDS AND CRITERIA APPLICABLE TO BOTH RESIDENTIAL AND HOSPICE SERVICES APPLICATIONS

1. Adequate Staffing: An applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed Service Area. In this regard, an applicant should demonstrate its willingness to comply with the general staffing guidelines and qualifications set forth by the National Hospice and Palliative Care Organization (NHPCO).

The NHPCO in 1994 published guidelines for staffing ratios that provided recommended clinical staffing ranges for varying caseloads. However, since 2010 the NHPCO has changed its approach, recognized the growing complexity of hospice care, and having access to much more extensive databases documenting the great variation in staffing characteristics and practices nationwide. Currently, rather than *prescribing* staffing ranges based on caseloads, NHPCO outlines a highly sophisticated *process* for each provider to estimate optimal staffing caseloads that are appropriate to the provider's particular location, care models, patient population, population density, and other factors unique to each service area and hospice patient population. To enable this, NHPCO provides a variety of databases derived from member reporting, State reports, and CMS; and NHPCO outlines and facilitates (through worksheets) an analytical process for a

provider to identify data relevant to that provider's situation, and to identify appropriate staffing adjustments above or below relevant national medians.

Alive Hospice utilizes these NHPCO resources and tools to inform its staffing decisions; and Alive's staffing patterns' impacts are continuously evaluated in Alive's internal QAPI process (Quality Assurance and Process Improvement), in terms of their effects on measures of patient outcomes, patient and family satisfaction, and staff satisfaction.

Using the NHPCO process guidelines is complex. Providers first research a National Summary of Hospice Care that includes median statistics for patient caseloads for various staff disciplines, to compare to the provider's own staffing. These data are empirical data; they are not recommendations. NHPCO states that "no research exists that provides evidence for the optimal staffing caseloads that can be linked to producing quality care."

The hospice provider then reviews care models and other factors that need to be considered in evaluating appropriate staffing, and completes NHPCO worksheets to compare the provider's staffing to national norms specific to the provider's care models and patient population.

The next step is for the provider to evaluate the favored staffing matrix on an ongoing basis to ensure that the needs of patients and families are met, that staff are able to perform at an optimal level, and that quality outcomes are achieved. The Quality Assessment and Improvement Process (QAPI) established by Medicare should be used to monitor staffing challenges, adjust staffing caseloads, and evaluate impacts of those changes. Hospices are encouraged by NHPCO to routinely compare their staff performance using measurement tools such as staff satisfaction studies (turnover rates, STAR surveys of staff, etc.), the NHPCO's own Quality Partners Self-Assessment process, and Family Evaluation of Hospice Care (FEHC) surveys.

Alive Hospice works with these processes to ensure consistently superior and effective staffing profiles for its inpatient units and its home care teams. This proposed Residential Hospice project will have an average daily census of less than eight patients

in its first two years. It will be staffed with 13.45 total FTE's in its first two years. Besides its Medical Director (who will be chosen from local candidates), the staffing will consist of 10.2 registered nurses (including the charge nurse) and 2.25 hospice aides, to serve an average daily census of 7.9 patients in Year Two (CY2018). Alive patients are cared for by a five-person team, consisting of a physician, an RN, a social worker who is a pre-bereavement specialist, a hospice aide, and a chaplain.

2. Community Linkage Plan: The applicant shall provide a community linkage plan that demonstrates factors such as, but not limited to, relationships with appropriate health care system providers/services, and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. Letters from physicians in support of an application shall detail specific instances of unmet need for hospice services.

Alive has provided hospice care to these five service area counties for some time, and has developed strong community linkages. These include working relationships with many healthcare providers including hospitals, nursing homes, and assisted living facilities. A formal plan for this is not necessary in that the applicant has already established its presence and its linkages by being operational in the service area counties for a period of years, and serving hundreds of patients from these areas, over time. A list of hospitals and nursing homes with whom Alive has contracts to provide hospice services is attached in Section C.III.1. below.

Early support for this project has been expressed by numerous individuals, physicians, and businesses and community leaders in Rutherford County. As of the filing date of this application, Alive has received scores of support letters, copies of which are included at the end of the application document. They are from area hospitals, nursing homes, elected officials, community leaders, healthcare professionals, and many other area residents.

3. Proposed Charges: The applicant shall list its benefit level charges, which shall be reasonable in comparison with those of other similar facilities in the Service Area or in adjoining service areas.

Alive's billing rates currently are the same as Medicare's reimbursement rates. The most recently reported (2013 JARs) rates of all twelve hospices authorized to serve these five counties are compared below in Table Fifteen-B, in Section C.II.6B below. Again, not all counties receive the same Medicare reimbursement; urban providers are usually paid at a somewhat higher rate than rural providers due to presumed differences in resource costs.

4. Access: The applicant must demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area.

Schedule F of Alive Hospice's Joint Annual Reports document that Alive serves patients in all twelve of its service area counties. This project is not requesting any additional service area counties.

This is an excellent opportunity for the HSDA Board to give special consideration to a project that improves patient and family access to Residential Hospice Care in a straightforward way. The only such resource in Alive's service area is Alive's own Residence in Nashville. Other sections in this application have documented how significantly this project will reduce drive times to that Nashville Residence, for area families needing such care. Today there is limited access. With this project, access will become much better.

5. Indigent Care: The applicant should include a plan for its care of indigent patients in the Service Area, including:
a. Demonstrating a plan to work with community-based organizations in the Service Area to develop a support system to provide hospice services to the indigent and to conduct outreach and education efforts about hospice services.
b. Details about how the applicant plans to provide this outreach.

c. Details about how the applicant plans to fundraise in order to provide indigent and/or charity care.

Alive has a well-documented record of providing charity care at levels unmatched by any other area hospice organization in Middle Tennessee, and is enable to do so through the generosity of hundreds of donors and major benefactors. Please see the 2013 Alive Report to the Community for an overview of the scope of this effort. Also, Alive's charity care policy is attached following this page and also in the Attachments.

The way it works is as follows. Referrals to Alive come from physicians and families based on clinical need and knowledge about Alive's care competencies. Alive then thoroughly screens each referral to ensure that the patient will meet both the Medicare eligibility requirements for hospice care from a clinical perspective, and that the patient is "hospice-ready". If both conditions are met, the patient is admitted to Alive's hospice service. Alive provides all needed hospice services, regardless of insurance coverage status or ability to pay, to the fullest extent of Alive's financial resources. The total charity care provided by Alive Hospice currently amounts to between $800,000 and $1,000,000 of care annually.

Thanks to Middle Tennessee donors, Alive has been able to be such a community resource and hospice safety net for many years; and Alive will continue to do so in operating this project. Requests for donor support are ongoing and continuous activities at Alive Hospice, through personal visits, seminars and educational programs, special campaigns, assistance to persons with advance care planning, and other activities. Donor development that enables Alive to maintain its open door charity care policies has been going on for 38 years and will continue indefinitely.

Alive Hospice

Charity Care

Policy

Subject:

It is the policy of Alive Hospice to provide care to all people who are in need of hospice services, regardless of ability to pay.

Residential Hospice Care

To the extent funds are available, Alive Hospice will offer financial assistance through its charity care program to help patients and their families. Fees for room, board and hospice services at Alive Hospice Residence Nashville (the "Residence") will be billed on a sliding scale, based on the patient's ability to pay. (Costs associated with living at the Residence are not covered by Medicare, or by most private insurance plans.) In addition, Alive Hospice staff will assist patients and their families in identifying and applying for additional financial assistance that may be available from government programs and other community organizations when needed.

Home and Inpatient Hospice Services

To the extent funds are available, Alive Hospice will offer financial assistance through its charity care program to help patients and their families. Fees for home care and inpatient hospice services are billed on a sliding scale, based on the patient's ability to pay. (Some or all of the costs associated with care provided to patients of the Alive Hospice Home Care and Inpatient Care Program may not be covered by Medicare, or by a private insurance plan.) In addition, Alive Hospice staff will assist patients and their families in identifying and applying for additional financial assistance that may be available from government programs and other community organizations when needed.

This policy shall not be construed to require Alive Hospice to provide financial assistance to any individual, and shall not be deemed to create a right of any individual to any such assistance.

Review Date

Reviewed: 09/2009, 01/2011, 12/2013

Revised: 09/2009, 01/2011, 12/2013

Next Review Date: 12/2016

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6. Quality Control and Monitoring: The applicant should identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system. Additionally, the applicant should provide documentation that it is, or intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for hospice services from the Centers for Medicare and Medicaid Services (CMS) or CMS licensing survey.

Having a Quality Assessment and Performance Improvement (QAPI) program is mandatory under Medicare Conditions of Participation. Alive Hospice, Inc. has such plans, which are set forth in proprietary and confidential documents. Alive's program meets or exceeds the requirements for QAPI in Section 418.58 of the Medicare Conditions of Participation. It provides for the ongoing, systematic, and objective monitoring and evaluation of patient care and operations, with the goal of continuously improving processes and outcomes. It is an Agency-wide and data-driven quality assessment and performance improvement program, which includes processes for tracking, measuring, collecting, analyzing, and evaluating data that will enable Alive to implement sustainable improvements in care delivery.

Alive is committed actively at all levels of leadership to continuous quality improvement. The QAPI plan items are reviewed monthly in an internal Quality Committee meeting, monthly by the leadership team, quarterly by the Quality and Compliance Subcommittee of the Board (12 members) and the full Board of Directors of Alive Hospice.

7. Data Requirements: Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

The applicant so agrees.

8. Education. The applicant should provide details of its plan in the Service Area to educate physicians, other health care providers, hospital discharge planners, public health nursing agencies, and others in the community about the need for timely referral of hospice patients.

Alive provides extensive programs of community education throughout the year. It offers workshops, sponsors community events, provides comprehensive grief services to persons of all ages, and offers advance care planning assistance. It has a special mission to young persons dealing with grief. In CY2013, Alive Hospice held three youth camps that helped 95 grieving children and teenagers learn to deal with loss. Alive hosts an Annual Faith Leaders conference, where leaders discuss such topics as The Healing Power of Forgiveness, Honoring Silence, What Not to Say, and Near-Death Awareness. The same year, Alive presented a Lunch and Learn series of meetings that brought 350 persons to the Nashville headquarters campus, for presentations and discussions about hospice care topics including Compassion Fatigue, Forgiveness, Letting Go, and Music Therapy.

All included, almost 7,000 persons were reached through Alive Hospice educational programs in CY2013; and 158 presentations were given to the community at large and the medical community.

Attached after this page is a list of Alive's CY2014 Speakers' Bureau, showing the great diversity of public and private organizations to whom representatives and supporters of Alive Hospice continuously make educational presentations, in the communities Alive serves.

On a cutting-edge front, Alive Hospice began working with Vanderbilt Medical School last year to establish at Alive's campus a Fellowship training program for Vanderbilt physicians who are specializing in Palliative and Hospice Care Medicine. Also last year, Alive entered into a joint venture with a new Nashville company, Aspire Health, to provide palliative care in the patient's home, throughout Middle Tennessee--the objective being to minimize acute care and hospice care costs for patients suffering from certain chronic conditions.

2014 Speakers Bureau Chart

Organization	County	Type	Date	Staff Presenter	Time	Volunteer	Vol. Time	Topic	Audience
Christ Church Cathedral	Davidson	CD	1/12/14	John Shuster	1 hr			History of Hospice and Palliative Care	Church Members
Elizabeth Park Senior Center	Davidson	TGI	1/17/14	Keith King	45 min			Breaking the Ice	Seniors
Music Therapy Open House	Davidson	CD	1/24/14			Karen Robb, Arthur Godfrey, Ronnie Phillips	1 hr	Music Therapy	Public
Donelson Heights UMC	Davidson	CD	1/25/14	Ruth Williams	1 hr			Grief Support	Public
Donelson Heights UMC	Davidson	CD	1/25/14			Steve Derse	3 hrs	Educational Booth	Public
Christ Church YMCA Health Fair	Davidson	CD	1/27/14	Keith King	4 hrs				
The Temple	Davidson	TGI	1/31/14	Keith King	2hrs			TGI Booth	
Metro School Parent University (Glenncliff, Antioch, Cane Ridge Clusters)	Davidson	TGI	2/1/14	Keith King, Elaine Sullo	3 hrs			Advance Directive in 7 Steps, and TGI Booth	Teachers, Parents, Students, Metro School Staff
Ground Hogs Day, Night of Music Fundraiser	Davidson	CD	2/1/14	Keith King	4.5 hrs			Hospice Care, Fundraising	Public
TSU Death and Dying	Davidson	TGI	2/4/14	Keith King	1 hr			Advance Directive in 7 Steps/Hospice 101	Students
First Presbyterian Church Franklin	Williamson	TGI	2/8/14	Keith King	1.5 hrs			Advance Directive in 7 Steps	Seniors
St. Bartholemew Episcopal	Davidson	CD	2/9/14	John Shuster	1 hr			Redemptive Approaches to End-of-Life Care	Church Members
Nashville Chamber of Commerce CEO Roundtable	Davidson	TGI	2/11/14	Keith King and Keith Belton	45 min			TGI 101/Fundraising	Corporate Leaders
MTSU Nursing School- Dealth and Dying Class	Rutherford	TGI	2/13/14	Teresa Qunce	1 hr			Hospice 101/TGI 101	Studnets
McGruder FRC Red and White Affair	Davidson	TGI	2/14/14	Keith King, Luke Metcalf	2 hrs			TGI Booth	Seniors
St. David's Episcopal Church	Davidson	TGI	2/16/14	Keith King	1 hr	Steve Meinbresse	1 hr	Advance Directive in 7 Steps	Church Members
Sudekum Apartments-MDHA	Davidson	CD	2/19/14	Keith King	2 hrs			Grief Support and Advance Directives	Women 18-90
AKA-DST Health Fair @ Patterson Park	Rutherford	CD	2/22/14	Keith King	3 hrs			Educational Booth	Public
Department of Intellectual and Developmental Disabilities	Davidson	TGI	2/27/14	Keith King	45 min			TGI 101/Hospice 101	Employees
Scottish Rite Lodge	Davidson	CD	2/28/14	Ben Love	1 hr			Hospice 101	Men over 21
Open House Lunch and Learn w/David Callahan	Davidson	TGI	2/28/14	Keith King	20 min			TGI 101/Estate Planning	Public
Metro School Parent University (Maplewood, Stratford, McGavock Clusters)	Davidson	TGI	3/1/14			Steve Meinbresse	2 hrs	Advance Directive in 7 Steps	Students, Parents, Staff
St. George's Episcopal Church	Davidson	CD	3/2/14	Sally Smallwood	1 hr				Members
TSU Death and Dying Class Residence Tour	Davidson	CD	3/4/14	Keith King	30 min			Tour of Residence	Students
Meharry Medical College	Davidson	TGI	3/5/14	Keith King	1.5 hrs			Advance Directive in 7 Steps, Breaking the Ice	Students and Professor
Davidson County Sherrifs Dpt & St. James Baptist Church Lifecyle Conference	Davidson	CD	3/7/14	Keith King	7 hrs			Educational Booth, Advance Directives, Camp Evergreen	Community
Davidson County Sherrifs Dpt & St. James Baptist Church Lifecyle Conference	Davidson	TGI	3/7/14	Keith King	30 min			TGI 101 (breakout session)	Caregiver
All About Women Health Fair-Lakeshore Church	Davidson	CD	3/22/14	Keith King and Sally Smallwood	5 hrs			Advance Directives, Grief Camps, support groups	Community
Quality Aging Series: Redeemer Episcopal Church and Christ Lutheran of Shelbyville	Bedford	TGI	3/23/14	Keith King	2 hrs			Advance Directive in 7 Steps, Info booth	Seniors
The Hylant Group	Davidson	TGI	3/24/14	Keith King	1 hr			Advance Directive in 7 Steps	Employees

Organization	County	Type	Date	Staff Presenter	Time	Volunteer	Vol. Time	Topic	Audience
TN Conference on Social Work	Davidson	TGI	3/25/14	Jessica Love and Keith King	1 hr			Advance Directive in 7 Steps	Social Workers
Gilda's Club	Davidson	TGI	3/28/14	Teri Nine	1 hr			Advance Directive in 7 Steps	Cancer patients, survivors and family members
Open House Lunch and Learn: Social Work and End-of-Life Care	Davidson	CD	3/28/14	Jessica Love	1 hr			Social Work and EOL care	Public
Bordeaux Long Term Care Center	Davidson	TGI	4/2/14	Keith King	1 hr			Advance Directive in 7 Steps	Staff and Family members
MNPS- Overton, Hillsboro, Hillwood Clusters	Davidson	TGI	4/5/14	Keith King	3 hrs			Advance Directive in 7 Steps	Staff, Parents, Students
Forest Hills UMC	Williamson	TGI	4/6/14	Keith King	1 hr			Advance Directive in 7 Steps	Church Members
DCSO, Correctional Development Men's Center	Davidson	TGI	4/7/14	Keith King	9 hrs			TGI Booth- Advance Directive Instruction	Sheriff's DPT staff, Correctional Officers
Project SMART- Delta Sigma Theta @ Hadley Towers	Davidson	TGI	4/12/14	Keith King	30 min			Advance Directive in 7 Steps	Seniors
National Health Care Decisions Day- NPT	Davidson	TGI	4/16/14	Keith King	1 hr			NPT Aging Matters Film/ ACP Q&A	Public
NAAPA	Davidson	MS	4/24/14	John Shuster	1 hr			Hospice and Palliative Care: Interfaces with Psychiatry	Physicians
50 Forward Madison	Davidson	CD	4/25/14	Keith King	2 hrs			Educational Booth	Seniors
Nashville Predators/Bridgestone Arena	Davidson	TGI	5/1/14	Keith King & Sally Smallwood	1 hr			Advance Directive in 7 Steps	Employees
MNPS Psych Interns	Davidson	CD	5/2/14	Keith King	1 hr			Hospice 101, Grief Counseling, tour or Residence	Students and Instructor
Palliative Care Grand Rounds- VUMC	Davidson	MS	5/2/14	John Shuster	1 hr			Hospice Update	
The Temple Church	Davidson	TGI	5/3/14	Keith King	1 hr			Advance Directive in 7 Steps	Church Members
Nashville Lions Club	Davidson	TGI	5/12/14	Keith King	30 min			TGI 101	Members
Lakeshore Meadows 2nd and 3rd shift	Davidson	TGI	5/13/14	Keith King, Luke Metcalf	1 hr			Advance Directive in 7 Steps	Employees
Rosebank Elementar School	Davidson	CD	5/16/14	Keith King	2hrs	Kara Beasley	2hrs	Educational Booth, Camp Evergreen	Parents, Staff, Students
VFW Lodge #2120	Sumner	TGI	5/17/14	Kathryn Owens	1 hrs			TGI 101	Veterans
Faith Leaders Kick Off Breakfast	Davidson	CD	5/20/14	Linda Bray	15 min			Hospice Care and Spirituality	Clergy and lay members
Lakeshore Meadows 2nd and 3rd shift	Davidson	TGI	5/20/14	Keith King and Luke Metcalf	2 hrs			Advance Directive in 7 Steaps	Employees
Pake Ave Elementary School	Davidson	CD	5/22/14	Keith King	3 hrs			Educational Booth, Camp Evergreen	Parents, Staff, Students
Open House Lunch and Learn "Walking with the Grieving Child" 2 Sessions	Davidson	CD	5/23/14	Dianne Castellano	2 hrs			Walking with the Grieving Child	Public, School Counselors, Therapists, Teachers, Chaplains
50 Forward Donelson	Davidson	CD	5/28/14	Keith King	3 hrs	Fred Kimbrell	3 hrs	Educational Booth	Seniors
McGruder FRC Senior Expo	Davidson	CD	5/29/14	Keith King	4 hrs			Educational Booth	Seniors
Rutherford County Juvenile Court and CASA	Rutherford	CD	5/30/14	Pam Quaintance	1 hr			Helping Children Cope with Loss	Attorneys, Foster Parents, Advocates
National College	Davidson	CD	6/3/14	Jessica Love	1 hr			Hospice care and social work	students
DCI	Davidson	MS	6/3/14	Anna-Gene O'Neal	1 hr			Webinar- Chronic Kidney Disease and EOL	Doctors, Nureses, Public

Organization	County	Type	Date	Staff Presenter	Time	Volunteer	Vol. Time	Topic	Audience
TN Commission on Aging and Disability	Davidson	TGI	6/5/14	Keith King	1 hr			Preparing an Advance Directive in 7 Steps	Employees
Cottontown Barrell Festival	Sumner	CD	6/7/14	Kathryn Owens	4 hrs			We Honor Vets, Advance Directives	Public
St. Paul's Episcopal Church	Williamson	TGI	6/8/14			Fred Kimbrell, Jacques Sirois	1 hr	TGI 101/Hospice 101	Church Members
NW YMCA	Davidson	CD	6/24/14	Khette Cox	1 hr			Hospice 101	Seniors
Margaret Maddox YMCA	Davidson	CD	6/26/14	Khette Cox	1 hr			Hospice 101	Seniors
Lunch and Learn Series	Davidson	MS	6/27/14	Kathryn Owens	1 hr			Woundcare for Caregivers	Employees/Public
TN Deparment of Veterans Affairs	Davidson	CD	6/27/14	Kathryn Owesn and Keith King	1 hr			Hospice 101, We Honor Veterans	Employees
Residence Visit with The Temple	Davidson	CD	6/30/14	Ben Love and Keith King	1 hr			Teen Retreat, Fundraising, TGI	Temple Social Action Committee
Claribridge Assisted Living Goodlettsville	Davidson	TGI	7/8/14	Keith King and Luke Metcalf	1 hr			Advance Directive in 7 Steps	Employees
ESCO/Intergrated Care Workshop-NRAA	Chicago, IL	MS	7/11/14	Anna-Gene O'Neal	1 hr			End-Of-Life Care and Renal Failure	Clinicians
All About Women Health Fair-Connection Pointe Church	Davidson	CD	7/12/14	Keith King	5 hrs	Susan Kuyper	4 hrs	Educational Booth/Advance Directives	Public
Uncle Dave Macon Days Community Fair	Rutherford	CD	7/13/14	Keith King, Amanda Cook, Jennifer Betag, Casey Taylor	5 hrs			Educational Booth/Grief Support	Public
Vanderbilt Hospital	Davidson	MS	7/16/14	Jessica Love	1 hr			Hospice 101	Program Directors, RNS, support staff
Glenn Elem. And Ray of Hope Community Church	Davidson	CD	7/26/14	Keith King	5 hrs			Educational Booth/Grief Support	Students, Parents, Staff
Open House Lunch and Learn Series	Davidson	MS	7/30/14			VA Staff- Jennifer Crane, Dr. Dan Kearns	1.5hrs	PTSD	Community, Social Workers, Alive Staff
North West YMCA	Davidson	CD	7/31/14	Keith King	2 hrs	Cara Beasley	2 hrs	Educational Booth/Teen Retreat	Parents and Students

ADDITIONAL STANDARDS AND CRITERIA APPLICABLE TO RESIDENTIAL HOSPICE SERVICES

DEFINITIONS

9. "Service Area" shall mean the county or contiguous counties represented on an application as the reasonable area in which a health care institution intends to provide Residential Hospice Services and/or in which the majority of its service recipients reside. A radius of 50 miles and/or a driving time of up to 1 hour from the site of the residential hospice services facility may be considered a "reasonable area;" however, full counties shall be included in a Service Area. Only counties with a Hospice Penetration Rate that is less than 80 percent of the Statewide Median Hospice Penetration Rate may be included in a proposed Service Area.

10. "Statewide Median Hospice Penetration Rate" shall mean the number equal to the Hospice Penetration Rate (as described below) for the median county in Tennessee.

NEED

11. Need Formula. The need for Residential Hospice Services shall be determined by using the following Hospice Need Formula, which shall be applied to each county in Tennessee:

A / B = Hospice Penetration Rate

Where:

A = the mean annual number of Hospice unduplicated patients served in a county for the preceding two calendar years as reported by the Tennessee Department of Health;

and

B = the mean annual number of Deaths in a county for the preceding two calendar years as reported by the Tennessee Department of Health.

Note that the Tennessee Department of Health Joint Annual Report of Hospice defines "unduplicated patients served" as "number of patients receiving services on day one of reporting period plus number of admissions during the reporting period."

Need shall be established in a county (thus, enabling an applicant to include it in the proposed Service Area) if its Hospice Penetration Rate is less than 80% of the Statewide Median Hospice Penetration Rate; further, existing Residential Hospice Services providers in a proposed Service Area must show an average occupancy rate of at least 85%.

The following formula to determine the demand for additional hospice service recipients shall be applied to each county included in the proposed service area, and the results for each county's calculation should be aggregated for the proposed service area:

(80% of the Statewide Median Hospice Penetration Rate – County Hospice Penetration Rate) x B

Following this section of the responses to the Guidelines is a copy of the Tennessee Department of Health's calculation of the above "Need" formula using data from the 2011-2012 Joint Annual Reports for Hospices. The formula's "need" projections for the five counties of this project's primary service area are shown in Table Five below. The methodology projects no net need for a residential hospice in these five counties.

Table Five: 2011-2012 Hospice Penetration Rates and Projected Need Primary Service Area of The Residence of Alive Hospice, Inc.--Rutherford County

				% of Statewide Mean Hospice Penetration Rate and Patient Need (Surplus)	
Primary Service Area County	*Hospice Patients Served*	*Total Deaths*	*Hospice Penetration Rate*	*0.367*	*0.390*
	Mean of 2011 & 2012	Mean of 2011 & 2012	Mean No. of Patients / Mean No. of Deaths	80%	85%
Bedford	147	402	0.366	0	10
Cannon	50	140	0.358	1	4
Coffee	246	586	0.420	(31)	(18)
DeKalb	83	205	0.405	(8)	(3)
Rutherford	786	1,496	0.525	(237)	(203)

Source: Tennessee Department of Health, Office of Health Statistics, 1-13-14.

The current State Health Plan preamble to the Hospice Guidelines states that "*Existing providers of Residential Hospice and Hospice services are not affected by these standards and criteria unless they take an action that requires a new Certificate of Need (CON) for Residential Hospice and/or Hospice Services.*"

However, the HSDA may apply these standards in an equitable way that meets its own statutory responsibilities. Alive Hospice does not consider it appropriate for this

specific "need" criterion and methodology to be used to deny need for this particular project. There are two reasons why.

First, the need methodology incorporates all hospice utilization at all locations, and might logically be used to evaluate total need for a Residence that is being proposed by a new service provider seeking a new service area.

But the methodology is too broad to effectively evaluate area need for a Residential Hospice proposed by an existing area hospice provider who seeks to deliver at a new location the same services it is already authorized to offer (and to expand competitively) at any other declared patient residence within its service area.

Alive's application is of the latter sort. It does not seek to add counties to Alive's current service area. It does not propose a type of hospice service that Alive is not already delivering in all of its twelve counties at numerous sites. The project does not really add a new provider to the service area, despite the technicality that each Residential Hospice requires separate facility licensure.

This project is only for a new Alive building, where Alive can more efficiently and accessibly deliver services already authorized for Alive to provide at will, anywhere in this service area. Building a licensed structure around previously authorized services in a previously authorized county should not be reviewed by the HSDA as if it were truly a new hospice, despite TDH facilities licensure policies that make a CON process necessary. This particular "Need" criterion of the State Health Plan may be reserved by the HSDA for applicants who propose a Residence in order to become a new hospice provider in the service area.

It should be recognized that "Need" is a statutorily required finding for granting a CON--so if this criterion's Need methodology were applied to find "no need" for the proposed Murfreesboro Residence, it would prevent Alive from offering the very same services more efficiently in its own new licensed facility, that it is currently authorized to provide in every other licensed facility, but less efficiently. Such a perverse result should not be deemed an intention of the CON statute, or the State Health Plan.

The second reason to not apply the need criterion against this project is that Alive is not in fact seeking to increase the number of the inpatient beds it operates in its designated twelve-county service area. Alive is closing a 15-bed leased inpatient unit in Davidson County, while seeking to open 10 inpatient beds in Rutherford County. That is actually a 5-bed net decrease of inpatient care beds for Alive Hospice, regardless of the fact that those two locations are licensed differently. Hospital-based leased hospice units keep the host hospital's licensure, while hospice-owned Residence buildings have Residential Hospice licensure. Nonetheless, from a clinical standpoint these are inpatient facilities, and the Residential Hospice can provide every level of care that is provided in a hospital-based unit.

So the applicant requests that the HSDA recognize clinical reality, avoid equating clinical services with licensing categories, and not view this project as adding beds or hospice services to the area, within the meaning of this State Plan review criterion.

2011-2012 Hospice Rates and Projected Need

	Hospice Patients Served			Total Deaths*			Hospice Penetration Rate	% of Statewide Median Hospice Penetration Rate and Patient Need/(Surplus) 0.367	0.390
CountyName	2011	2012	Mean	2011	2012	Mean	Mean Number of Patients/Mean Number of Deaths	80%	85%
Anderson	400	472	436	792	856	824	0.529	(134)	(115)
Bedford	161	133	147	403	400	402	0.366	0	10
Benton	88	108	98	235	221	228	0.430	(14)	(9)
Bledsoe	47	40	44	114	114	114	0.382	(2)	1
Blount	532	536	534	1,147	1,176	1,162	0.460	(108)	(81)
Bradley	451	541	496	846	844	845	0.587	(186)	(167)
Campbell	73	175	124	444	476	460	0.270	45	55
Cannon	41	59	50	140	139	140	0.358	1	4
Carroll	227	204	216	394	349	372	0.580	(79)	(71)
Carter	300	322	311	579	598	589	0.528	(95)	(82)
Cheatham	166	178	172	310	319	315	0.547	(57)	(49)
Chester	53	58	56	161	160	161	0.346	3	7
Claiborne	80	156	118	381	379	380	0.311	21	30
Clay	19	25	22	104	120	112	0.196	19	22
Cocke	237	226	232	412	451	432	0.537	(73)	(63)
Coffee	252	240	246	577	595	586	0.420	(31)	(18)
Crockett	59	68	64	166	159	163	0.391	(4)	(0)
Cumberland	288	296	292	685	683	684	0.427	(41)	(25)
Davidson	2,987	2,854	2,921	4,333	4,424	4,379	0.667	(1,314)	(1,214)
Decatur	45	43	44	145	150	148	0.298	10	13
DeKalb	86	80	83	203	207	205	0.405	(8)	(3)
Dickson	315	311	313	450	420	435	0.720	(153)	(143)
Dyer	183	181	182	392	362	377	0.483	(44)	(35)
Fayette	121	132	127	280	272	276	0.458	(25)	(19)
Fentress	23	28	26	190	205	198	0.129	47	51
Franklin	281	287	284	426	456	441	0.644	(122)	(112)
Gibson	335	286	311	623	635	629	0.494	(80)	(65)
Giles	149	146	148	324	306	315	0.468	(32)	(25)
Grainger	90	96	93	219	223	221	0.421	(12)	(7)
Greene	526	602	564	778	777	778	0.725	(279)	(261)
Grundy	95	102	99	173	192	183	0.540	(32)	(27)
Hamblen	315	327	321	608	617	613	0.524	(96)	(82)
Hamilton	2,401	1,950	2,176	3,026	2,977	3,002	0.725	(1,074)	(1,006)
Hancock	27	26	27	95	81	88	0.301	6	8
Hardeman	85	106	96	254	235	245	0.391	(6)	(0)
Hardin	96	106	101	310	324	317	0.319	15	23
Hawkins	266	287	277	622	590	606	0.456	(54)	(40)
Haywood	65	68	67	169	180	175	0.381	(2)	2
Henderson	107	125	116	276	296	286	0.406	(11)	(5)
Henry	171	211	191	403	430	417	0.459	(38)	(29)
Hickman	118	93	106	241	244	243	0.435	(17)	(11)
Houston	40	41	41	97	99	98	0.413	(5)	(2)
Humphreys	62	82	72	222	202	212	0.340	6	11
Jackson	27	29	28	115	139	127	0.220	19	22
Jefferson	262	280	271	514	534	524	0.517	(79)	(67)
Johnson	81	89	85	170	193	182	0.468	(18)	(14)
Knox	1,803	1,970	1,887	3,650	3,737	3,694	0.511	(531)	(447)
Lake	24	45	35	97	76	87	0.399	(3)	(1)
Lauderdale	108	108	108	224	247	236	0.459	(22)	(16)
Lawrence	179	187	183	433	467	450	0.407	(18)	(8)
Lewis	42	38	40	133	114	124	0.324	5	8
Lincoln	116	107	112	354	387	371	0.301	24	33
Loudon	273	314	294	484	598	541	0.543	(95)	(83)

NOTE: In the Hospice Death definition infant mortality cannot simply be added to the other cause factors, as infant mortality constitutes any death of persons 365 days or younger, regardless of cause. Infant mortality is NOT a separate cause of death category, similar to suicide, homicide, or accidents. Some of the causes for infant death will include accidents and homicides. Therefore, there is some overlap between infant deaths and accidents and homicides. IF Vital Statistics rate sheets are used to calculate Hospice-defined deaths, then it should be noted that there may be a few infant deaths also counted in accidents and homicides. HOWEVER, since the number of deaths that fall under both infant death and homicide or accident are relatively small, the tables may still function to establish need (or lack thereof) for Hospice; though it is dependent on Licensure's discretion.

Hospice Death - *whatever the specific text of the definition is...*
~Per the 2012 (or whatever year) Tennessee State Health Plan

NOTE: In the Hospice Death definition infant mortality cannot simply be added to the other cause factors, as infant mortality constitutes any death of persons 365 days or younger, regardless of cause. Infant mortality is NOT a separate cause of death category, similar to suicide, homicide, or accidents.

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

8/7/14

2011-2012 Hospice Rates and Projected Need

McMinn	306	374	340	576	577	577	0.590	(129)	(115)
McNairy	114	151	133	287	294	291	0.456	(26)	(19)
Macon	36	45	41	229	233	231	0.175	44	50
Madison	487	480	484	761	850	806	0.600	(188)	(170)
Marion	135	138	137	274	300	287	0.476	(31)	(25)
Marshall	139	113	126	295	242	269	0.469	(27)	(21)
Maury	390	361	376	715	685	700	0.536	(119)	(103)
Meigs	68	70	69	126	139	133	0.521	(20)	(17)
Monroe	185	224	205	463	427	445	0.460	(41)	(31)
Montgomery	498	459	479	912	981	947	0.506	(131)	(110)
Moore	11	18	15	65	59	62	0.234	8	10
Morgan	56	54	55	178	186	182	0.302	12	16
Obion	188	213	201	383	383	383	0.523	(60)	(51)
Overton	54	79	67	230	269	250	0.267	25	31
Perry	21	23	22	95	86	91	0.243	11	13
Pickett	12	11	12	70	72	71	0.162	15	16
Polk	103	94	99	187	211	199	0.495	(25)	(21)
Putnam	331	298	315	622	704	663	0.474	(71)	(56)
Rhea	178	167	173	297	327	312	0.553	(58)	(51)
Roane	263	255	259	587	588	588	0.441	(43)	(30)
Robertson	312	314	313	557	566	562	0.557	(107)	(94)
Rutherford	754	817	786	1,467	1,524	1,496	0.525	(237)	(203)
Scott	24	59	42	248	255	252	0.165	51	57
Sequatchie	98	122	110	131	134	133	0.830	(61)	(58)
Sevier	400	463	432	784	835	810	0.533	(135)	(116)
Shelby	3,761	3,450	3,606	6,689	6,845	6,767	0.533	(1,123)	(968)
Smith	36	50	43	204	191	198	0.218	29	34
Stewart	63	59	61	151	140	146	0.419	(8)	(4)
Sullivan	1,090	1,212	1,151	1,868	1,924	1,896	0.607	(455)	(412)
Sumner	672	661	667	1,190	1,197	1,194	0.558	(229)	(201)
Tipton	189	189	189	465	445	455	0.415	(22)	(12)
Trousdale	25	25	25	73	98	86	0.292	6	8
Unicoi	246	215	231	235	222	229	1.009	(147)	(141)
Union	24	76	50	191	188	190	0.264	20	24
Van Buren	16	24	20	49	62	56	0.360	0	2
Warren	200	203	202	439	385	412	0.489	(50)	(41)
Washington	766	809	788	1,225	1,241	1,233	0.639	(335)	(307)
Wayne	69	60	65	154	170	162	0.398	(5)	(1)
Weakley	151	187	169	341	342	342	0.495	(44)	(36)
White	125	138	132	331	363	347	0.379	(4)	4
Williamson	546	566	556	887	898	893	0.623	(229)	(208)
Wilson	489	480	485	840	847	844	0.574	(175)	(156)
Unknown	1	51	26						
Tennessee	*29,010*	*29,431*	*29,221*	*54,794*	*55,920*	*55,357*	*0.528*	*(8,912)*	*(7,643)*

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics. *Death Statistical System, 2011-2012. Nashville, Tennessee.*
2011-2012 JAR Hospice (not including Residential Hospice) data used for patient data.

***Certain deaths are excluded**: Accidental (including motor vehicle accidents), homicide, suicide, and infant deaths. ICD-10 Codes excluded: V01-X60, X60-X84, X85-Y09, Y85-Y86, Y87.0-Y87.1

Some of the causes for infant death will include accidents and homicides. Therefore, there is some overlap between infant deaths and accidents and homicides. IF Vital Statistics rate sheets are used to calculate Hospice-defined deaths, then it should be noted that there may be a few infant deaths also counted in accidents and homicides. HOWEVER, since the number of deaths that fall under both infant death and homicide or accident are relatively small, the tables may still function to establish need (or lack thereof) for Hospice; though it is dependent on Licensure's discretion.

Hospice Death -

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

OTHER RESIDENTIAL HOSPICE SERVICES STANDARDS, AND CRITERIA

12. Types of Care. An applicant should demonstrate whether or not it will have the capability to provide general inpatient care, respite care, continuous home care, and routine home care to its patients. If it is not planning to provide one or more of these listed types of care, the applicant should explain why.

Alive already provides all these levels of care to its patients, and plans to continue to do so.

13. Expansion from Non-Residential Hospice Services. An applicant for Residential Hospice Services that provides Hospice Services should explain how the Residential Hospice Services will maintain or enhance the Hospice Services' continuum of care to ensure patients have access to needed services.

Technically, this is not applicable to an applicant who already provides a Residential Hospice within its authorized service area. This is only a second such facility proposed primarily to reduce many area residents' drive times to such a group home setting.

Rationale for Revised and Updated Standards and Criteria for Hospice Services Definitions

Deaths. The Division of Health Planning patterns its need formula off the Kentucky certificate of need formula that takes into account all deaths, instead of using a type of cancer death weighted formula that appeared in the Guidelines for Growth. Cancer patient utilization of hospice services has lessened in relation to non-cancer patients, while the utilization of hospice services continues to grow.
Residential Hospice and Hospice. The Division recognizes that residential hospice services and hospice services are able to perform the same level of services and has thus not distinguished between the need for hospice services based on the two types of service providers. However, certain standards, such as service area, provide for a difference in consideration of an application.

Standards and Criteria
Quality of Care: Providing for adequate and qualified staffing is an important part of providing quality care to patients, and is one of the State Health Plan's Principles for Achieving Better Health. A community linkage plan that assures continuity of care also falls within this Principle. Letters from physicians in support of an

application shall detail specific instances of unmet need for hospice services. Quality improvement, data reporting, and outcome and process monitoring fall under this Principle as well, as does accreditation of the hospice service program. Finally, it should be noted that Medicare currently requires all four levels of hospice care for reimbursement (which also supports the third Principle regarding Economic Efficiencies, below).

Access: The second Principle for Achieving Better Health in the State Health Plan focuses on access to care. Accordingly, the applicant must demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification and provide a plan for its care of indigent patients. As well, in addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area.

Economic Efficiencies: The third Principle for Achieving Better Health focuses on encouraging economic efficiencies in the health care system. The new standards and criteria provide that the applicant's proposed charges shall be reasonable in comparison with those of other similar facilities in the Service Area or in adjoining service areas. Educating the health care community on hospice services also falls within this Principle; the education component also addresses the last Principle of recruiting, developing and retaining a sufficient qualified health care workforce.

Data Needs. The Division recognizes that Hospice patients known as "general inpatients" receive Hospice services in locations other than their homes, such as nursing homes and hospitals, and that these patients are not separately identified on the Joint Annual Report. The Division is hoping to correct this omission in the future to better account for the total utilization of Hospice services.

The Framework for Tennessee's Comprehensive State Health Plan

Five Principles for Achieving Better Health

The following Five Principles for Achieving Better Health serve as the basic framework for the State Health Plan. After each principle, the applicant states how this CON application supports the principle, if applicable.

1. Healthy Lives

The purpose of the State Health Plan is to improve the health of Tennesseans.
Every person's health is the result of the interaction of individual behaviors, society, the environment, economic factors, and our genetic endowment. The State Health Plan serves to facilitate the collaboration of organizations and their ideas to help address health at these many levels.

Alive Hospice provides end of life care for patients whose health can no longer be improved, but whose final days can be improved through careful management of their medical conditions and by providing a peaceful and affirmative environment in which patients can better relate to their families and friends, enriching the lives of all. Many community organizations, and many educational institutions, work with Alive to enhance its care.

2. Access to Care

Every citizen should have reasonable access to health care.
Many elements impact one's access to health care, including existing health status, employment, income, geography, and culture. The State Health Plan can provide standards for reasonable access, offer policy direction to improve access, and serve a coordinating role to expand health care access.

This project is primarily to improve area residents' physical access to hospice options, offering them a Residential Hospice option that does not now exist within a reasonable drive time, and which is not being offered by any of the other twelve hospice organizations authorized to serve these five counties.

3. Economic Efficiencies

The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care system. **The State Health Plan should work to identify opportunities to improve the efficiency of the state's health care system and to encourage innovation and competition.**

This relocation of inpatient care resources from Davidson County to Rutherford County provides greater cost-efficiencies for Alive Hospice.

4. Quality of Care

Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers. **Health care providers are held to certain professional standards by the state's licensure system. Many health care stakeholders are working to improve their quality of care through adoption of best practices and data-driven evaluation.**

Alive Hospice has an unexcelled program for continuous quality improvement, as described in detail in Section C(I)1.B., the responses to the State Health Plan criteria.

5. Health Care Workforce

The state should support the development, recruitment, and retention of a sufficient and quality health care workforce. **The state should consider developing a comprehensive approach to ensure the existence of a sufficient, qualified health care workforce, taking into account issues regarding the number of providers at all levels and in all specialty and focus areas, the number of professionals in teaching positions, the capacity of medical, nursing, allied health and other educational institutions, state and federal laws and regulations impacting capacity programs, and funding.**

Alive Hospice provides more than two dozen area educational institutions and healthcare providers with access to educational opportunities including residency, clinical rotation, and formal and informal observation programs.

C(I).2. DESCRIBE THE RELATIONSHIP OF THIS PROJECT TO THE APPLICANT'S LONG-RANGE DEVELOPMENT PLANS, IF ANY.

For the past several years, Alive Hospice has provided care at multiple institutional locations: leased hospital bed units; and individual patient rooms in long term care and assisted living facilities. For example, Alive is operating three inpatient units in Davidson County: its owned Residence (AH-N) on Patterson Street in central Davidson County, a leased inpatient unit at nearby Saint Thomas West Hospital, and a leased inpatient unit at TriStar Skyline Madison campus in far north Davidson County.

Managing care plans and supervision in multiple inpatient units in leased hospital space in the same county is costly, in terms of permanent and increasing lease payments, and in terms of employing physician medical directors. As a not-for-profit provider with a major charitable care role, billing only at Medicare rates, Alive Hospice is always seeking to operate more cost-effectively in its mission. It is strategically advantageous for Alive Hospice to invest in its own real estate in some cases, rather than to accept unending operational lease expenses. The current situation offers such an opportunity--to minimize leases of other providers' licensed inpatient beds, to consolidate more patients within its own licensed Residential beds, and to better distribute its bed capacity, all at the same time.

Accordingly, Alive has determined (a) to maintain its leased *north* Davidson County unit at Skyline Madison, (b) to close its leased Saint Thomas Hospital unit in *central* Davidson County (consolidating its patients into Alive's own AR-N facility nearby), and (c) to co-locate the Residential home team office in Rutherford County with an Alive Residential Hospice (AR-M) to share space and limit duplication of resources.

This realignment of residential care using Alive's own inpatient beds will enable Alive to operate more cost-effectively, to use its own resources more productively, to enhance its clinical control of bedside care, and to serve its rural areas better.

C(I).3. IDENTIFY THE PROPOSED SERVICE AREA AND JUSTIFY THE REASONABLENESS OF THAT PROPOSED AREA. SUBMIT A COUNTY-LEVEL MAP INCLUDING THE STATE OF TENNESSEE CLEARLY MARKED TO REFLECT THE SERVICE AREA....

The primary service area for patients of the proposed AR-M will be five counties already included in the southern sector of the applicant's twelve-county service area--Bedford, Cannon, Coffee, DeKalb, and Rutherford Counties. It is projected that approximately 90% of the applicant's patients will come from those five counties. The rest will come from Alive's northern service area (if the patient's home is closer to Murfreesboro than to central Nashville; or if the Residence in Nashville is full), with an occasional patient from some other county or State, who suddenly needs hospice care locally. (The latter is permitted under hospice rules; service areas restrict where services can be provided, not patient origin.

Counties Authorized for Alive Hospice, Inc.

Northern Sector (7)	*Southern Sector (5)*
Cheatham	Bedford
Davidson	Cannon
Dickson	Coffee
Robertson	DeKalb
Sumner	Rutherford
Williamson	
Wilson	

Table Six: Patient Origin of The Residence at Alive Hospice--Murfreesboro			
County	**Percent of Total**	**CY2017**	**CY2018**
Rutherford	60.9%	133	139
Bedford	12.5%	30	32
Coffee	12.2%	30	31
DeKalb	6.1%	15	15
Cannon	4.4%	11	11
Subtotal PSA	**90.0%**	**219**	**228**
Other Co. 10%		24	25
Total All Counties	**100%**	**243**	**253**

Source: County % corresponds to its share of service area's CY2018 population age 65+, TDH.

A service area map that also shows the location of the service within the State of Tennessee is provided after this page, and also in Attachment C, Need--3.

C(I).4.A DESCRIBE THE DEMOGRAPHICS OF THE POPULATION TO BE SERVED BY THIS PROPOSAL.

As shown in Table Seven on the following page, the project service area is expected to have almost a half-million residents by CY2018. Between CY2014 and CY2018, its total population is projected to increase much faster than the Statewide population (9.9% vs. 3.7%). The elderly population of the service area will increase somewhat faster than the State's elderly population--13.7% compared to 12.3%. The elderly population will increase to 11.6% of total area population by CY2018, compared to a 12.3% elderly percent Statewide.

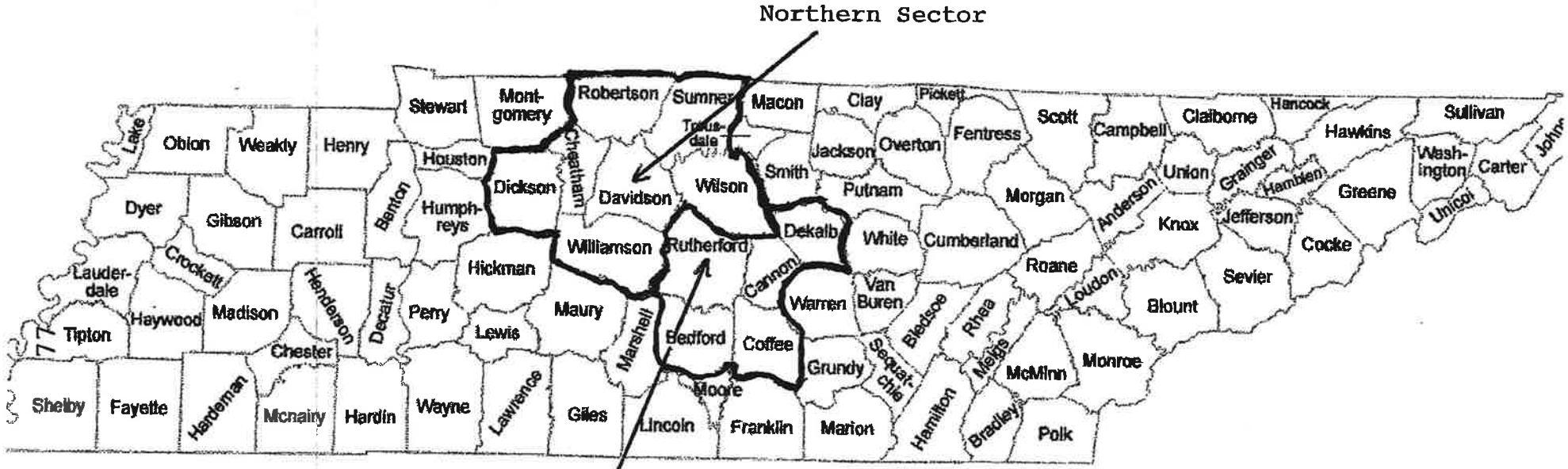
This service area has a slightly lower median household income than the State average; but it has a smaller percent of its population enrolled in TennCare than the State average (16.0% vs. 18.8% Statewide). Similarly, although it has more than 64,000 residents living below the Federal poverty level, 15.0% of all area residents are below poverty level, compared to 17.3% Statewide.

Table Seven: Demographic Characteristics of Primary Service Area
The Residence at Alive Hospice--Murfreesboro
2014-2018

Demographic	BEDFORD County	CANNON County	COFFEE County	DEKALB County	RUTHERFORD County	TENNESSEE PSA	STATE OF TENNESSEE
Median Age-2010 US Census	36.4	41.4	39.7	41.0	32.2	38	38.0
Total Population-2014	47,368	14,125	54,273	18,952	293,582	428,300	6,588,698
Total Population-2018	50,556	14,540	56,841	19,125	329,446	470,508	6,833,509
Total Population-% Change 2014 to 2018	6.7%	2.9%	4.7%	0.9%	12.2%	9.9%	3.7%
Age 65+ Population-2014	6,804	2,519	8,115	3,337	27,218	47,993	981,984
% of Total Population	14.4%	17.8%	15.0%	17.6%	9.3%	11.2%	14.9%
Age 65+ Population-2018	7,595	2,694	7,380	3,678	33,222	54,569	1,102,413
% of Total Population	15.0%	18.5%	13.0%	19.2%	10.1%	11.6%	16.1%
Age 65+ Population-% Change 2014-2018	11.6%	6.9%	-9.1%	10.2%	22.1%	13.7%	12.3%
Median Household Income	$39,635	$40,998	$38,151	$36,713	$55,105	$42,120.40	$44,140
TennCare Enrollees (4/14)	11,025	2,643	11,343	4,629	38,869	68,509	1,241,028
Percent of 2014 Population Enrolled in TennCare	23.3%	18.7%	20.9%	24.4%	13.2%	16.0%	18.8%
Persons Below Poverty Level (2014)	8,953	2,317	11,180	3,601	38,166	64,216	1,139,845
Persons Below Poverty Level As % of Population (US Census)	18.9%	16.4%	20.6%	19.0%	13.0%	15.0%	17.3%

Sources: TDH Population Projections, May 2013; U.S. Census QuickFacts and FactFinder2; TennCare Bureau. PSA data is unweighted average or total of county data.

ALIVE HOSPICE
AUTHORIZED SERVICE AREA



C(I).4.B. DESCRIBE THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION, INCLUDING HEALTH DISPARITIES, THE ACCESSIBILITY TO CONSUMERS, PARTICULARLY THE ELDERLY, WOMEN, RACIAL AND ETHNIC MINORITIES, AND LOW-INCOME GROUPS. DOCUMENT HOW THE BUSINESS PLANS OF THE FACILITY WILL TAKE INTO CONSIDERATION THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION.

Alive Hospice offers complete accessibility, within its resources, to patients of all ages who need hospice care or need assistance with grieving and adjustments to the death of a loved one. Alive patients are 77.0% Medicare age currently. Alive does not discriminate in its admissions based on age, insurance resources, income levels, race, gender, ethnicity or religion. It is highly accessible to all of the groups named above. This is a rural area, a long drive time from the Alive Residential Hospice in central Davidson County. This project will be of special benefit to persons whose age or income puts a special burden on long commutes to visit loved ones in their last days.

C(I).5. DESCRIBE THE EXISTING OR CERTIFIED SERVICES, INCLUDING APPROVED BUT UNIMPLEMENTED CON'S, OF SIMILAR INSTITUTIONS IN THE SERVICE AREA. INCLUDE UTILIZATION AND/OR OCCUPANCY TRENDS FOR EACH OF THE MOST RECENT THREE YEARS OF DATA AVAILABLE FOR THIS TYPE OF PROJECT. BE CERTAIN TO LIST EACH INSTITUTION AND ITS UTILIZATION AND/OR OCCUPANCY INDIVIDUALLY. INPATIENT BED PROJECTS MUST INCLUDE THE FOLLOWING DATA: ADMISSIONS OR DISCHARGES, PATIENT DAYS, AND OCCUPANCY. OTHER PROJECTS SHOULD USE THE MOST APPROPRIATE MEASURES, E.G., CASES, PROCEDURES, VISITS, ADMISSIONS, ETC.

Including Alive Hospice, Inc., and its Residence at Alive Hospice, Inc., there are fourteen licensed hospice providers authorized to serve one or more of the five counties identified as the Murfreesboro Residence's primary service area ("PSA").

Table Eight on the following page lists the fourteen licensed agencies, and the counties in this project's PSA that they are authorized to serve.

On the second following page, Table Nine provides the past three years' reported Joint Annual Report utilization data for these agencies, at all of their authorized locations, inside or outside of this project's five-county service area. The data displayed is for their patients, patient days, and average length of stay for all patients.

On the third following page, Table Ten shows the patients that these agencies served within each of the project's five service area counties, and their total patients in all counties.

On the fourth and fifth following pages are tables Eleven and Twelve, showing area hospice's payor mix, and patient days by level of clinical care.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Table Eight (Revised): Licensed Hospice Providers Authorized to Serve Project Primary Service Area

STATE ID	AUTHORIZED HOSPICES	BEDFORD	CANNON	COFFEE	DEKALB	RUTHERFORD		OFFERS RESIDENTIAL HOSPICE FACILITY?
19624	Alive Hospice (Davidson)	X	X	X	X	X		YES (DAVIDSON CO.)
19614	The Residence at Alive Hospice (Davidson)	X	X	X	X	X		(same as above provider)
19604	Aseracare Hospice--Nashville (Davidson)	X	X	X	X	X		NO
19694	Avalon Hospice (Davidson)	X	X	X	X	X		NO
19714	Caris Healthcare (Davidson)	X	X			X		NO
75624	Caris Healthcare (Rutherford)	X		X	X	X		NO
19684	Gentiva Hospice/Odyssey (Davidson)		X			X		NO
71604	Gentiva Hospice (Putnam)		X		X			NO
06613	Home Health Care of East Tennessee (Bradley)			X				NO
19704	Hospice Advantage/Mahogany (Davidson)					X		NO
16604	Hospice Compassus--Highland Rim (Coffee)	X	X	X				NO
52614	Lincoln Medical Home Health & Hospice (Lincoln)	X		X				NO
19674	Priority Hospice Care, Inc.					X		NO
94604	Willowbrook Hospice (Williamson)	X				X		NO

Source: HSDA Applicant's Toolbox, January 2014

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Table Nine (Revised): Utilization of Hospices Authorized to Serve Counties Within the Project's Five-County Primary Service Area

	State ID Number (TDH)	2011 JAR			2012 JAR			2013 JAR		
		Total Patients Schedule F	Number of Days Schedule F	Avg Length of Stay Schedule E	Total Patients Schedule F	Number of Days Schedule F	Avg Length of Stay Schedule E	Total Patients Schedule F	Number of Days Schedule F	Avg Length of Stay Schedule E
The Residence at Alive Hospice Davidson	19614	767	8,125	10.6	764	8,814	11.5	758	9,499	12.5
Alive Hospice Davidson	196724	2,997	145,513	48.6	2,946	139,630	47.4	2,948	135,528	46.0
Aseracare Hospice Davidson	19604	271	19,379	71.5	191	11,845	62.0	213	1,451	6.8
Avalon Hospice Davidson	19694	995	58,504	58.8	1,001	63,872	63.8	1,415	100,197	70.8
Caris Healthcare Davidson	19714	812	62,516	77.0	830	62,807	75.7	837	64,371	76.9
Caris Healthcare Rutherford	75624	904	50,578	55.9	1,065	58,791	55.2	1,037	57,810	55.7
Gentiva (Odyssey) Hospice Davidson	19684	946	125,498	132.7	965	138,379	143.4	918	63,700	69.4
Gentiva Hospice Putnam	71604	155	8,396	54.2	182	9,973	54.8	191	9,794	51.3
Home Health Care of East TN Bradley	06613	315	16,677	52.9	332	20,207	60.9	327	19,645	60.1
Hospice Advantage of Nashville Davidson	19704	23	2,293	69.0	19	1,523	75.0	6	123	21.0
Hospice Compassus Highland Rim Coffee	16604	757	38,962	51.5	775	27,392	35.3	912	54,216	59.4
Lincoln Medical HH & Hospice Lincoln	52614	60	2,047	34.1	70	2,428	34.7	83	3,093	37.3
Priority Hospice Care Davidson	19674	66	9,340	141.5	36	8,480	235.6	26	4,324	166.3
Willowbrook Hospice Williamson	94604	334	21,086	63.1	274	21,783	79.5	276	19,334	70.1

Source: Joint Annual Reports of Hospices, Schedules E and F.

Table Ten: Area Hospice Agency Patients By Service Area Counties; and Agency Dependence on Service Area Patients--2013 Joint Annual Reports

Health Statistics ID	Agency County	Agency Name	Number of Counties Agency is Licensed to Serve	No. of Agency's Counties in Project Service Area	Percent of Agency's Counties in Project Service Area	Bedford	Cannon	Coffee	DeKalb	Rutherford	Agency Patients From Project Service Area Counties	Total Agency Patients	% of Agency's Total Patients from Service Area Counties
19624	Davidson	Alive Hospice (Davidson)	12	5	42%	37	16	20	9	307	389	2,948	13.2%
19614	Davidson	The Residence at Alive Hospice (Davidson)	12	5	42%	7	0	2	1	62	72	758	9.5%
19604	Davidson	Aseracare Hospice--Nashville (Davidson)	17	5	29%	12	4	51	1	6	74	213	34.7%
19694	Davidson	Avalon Hospice (Davidson)	95	5	5%	23	2	43	7	74	149	1,415	10.5%
19714	Davidson	Caris Healthcare (Davidson)	22	3	14%	0	0	0	0	0	0	837	0.0%
75624	Rutherford	Caris Healthcare (Rutherford)	23	4	17%	0	10	24	60	392	486	1,037	46.9%
19684	Davidson	Gentiva Hospice/Odyssey (Davidson)	6	2	33%	0	1	0	0	99	100	918	10.9%
71604	Putnam	Gentiva Hospice (Putnam)	15	2	13%	0	0	0	15	0	15	191	7.9%
06613	Bradley	Home Health Care of East Tennessee (Bradley)	17	1	6%	0	0	0	0	0	0	327	0.0%
19704	Davidson	Hospice Advantage (Davidson)	8	1	13%	0	0	0	0	2	2	6	33.3%
16604	Coffee	Hospice Compassus--Highland Rim (Coffee)	12	3	25%	126	12	174	0	0	312	912	34.2%
52614	Lincoln	Lincoln Medical Home Health & Hospice (Lincoln)	7	2	29%	0	0	0	0	0	0	83	0.0%
19674	Davidson	Priority Hospice Care, Inc.	7	1	14%	0	0	0	0	1	1	26	3.8%
94604	Williamson	Willowbrook Hospice (Williamson)	15	2	13%	0	0	0	0	23	23	276	8.3%
		TOTALS				***205***	***45***	***314***	***93***	***966***	***1,623***	***9,947***	***16.3%***

Source: TDH 2013 Joint Annual Reports.

Table Eleven: Area Hospice Agency Patients and Patient Days By Payor--2013 Joint Annual Reports

Health Statistics ID	Agency County	Agency Name	TennCare		Medicare		TriCare/Champus		Private Pay		Other Pay Source		Charity		Totals	
			Patients	Days	Patients	Days	Patient	Days	Patients	Days	Patients	Days	Patient	Days	Patient	Days
19624	Davidson	Alive Hospice (Davidson)	416	12,966	2,696	111,405	7	110	16	138	212	7,957	120	2,952	3,467	135,528
19614	Davidson	The Residence at Alive Hospice (Davidson)	51	447	704	7,939	1	27	4	18	94	792	35	276	889	9,499
19604	Davidson	Aseracare Hospice--Nashville (Davidson)	190	13,248	425	14,392	0	0	2	47	28	1,593	213	14,780	858	44,060
19694	Davidson	Avalon Hospice (Davidson)	71	4,623	1,286	90,434	0	0	0	0	101	3,786	32	1,354	1,490	100,197
19714	Davidson	Caris Healthcare (Davidson)	35	1,292	742	60,388	2	56	0	0	46	2,384	12	251	837	64,371
75624	Rutherford	Caris Healthcare (Rutherford)	48	2,087	911	52,637	5	249	0	0	65	2,449	8	388	1,037	57,810
19684	Davidson	Gentiva Hospice/Odyssey (Davidson)	42	3,089	923	57,751	0	0	6	87	81	2,414	24	359	1,076	63,700
71604	Putnam	Gentiva Hospice (Putnam)	16	650	169	8,388	0	0	0	0	15	725	5	31	205	9,794
06613	Bradley	Home Health Care of East Tennessee (Bradley)	3	98	306	22,965	0	0	18	1,043	0	0	0	0	327	24,106
19704	Davidson	Hospice Advantage (Davidson)	0	0	5	72	0	0	1	51	0	0	0	0	6	123
16604	Coffee	Hospice Compassus--Highland Rim (Coffee)	50	1,703	919	47,626	0	0	99	2,910	0	0	34	1,888	1,102	54,127
52614	Lincoln	Lincoln Medical Home Health & Hospice (Lincoln)	1	7	76	2,910	1	57	0	0	4	79	1	40	83	3,093
19674	Davidson	Priority Hospice Care, Inc.	1	73	24	4,411	0	0	1	7	0	0	0	0	26	4,491
94604	Williamson	Willowbrook Hospice (Williamson)	5	265	265	18,869	0	0	0	0	8	199	0	0	278	19,333
		TOTALS	929	40,548	9,451	500,187	16	499	147	4,301	654	22,378	484	22,319	11,681	590,232

Source: TDH 2013 Joint Annual Reports.

Table Twelve: Area Hospice Agency Utilization by Levels of Care--2013 Joint Annual Reports

Health Statistics ID	Agency County	Agency Name	Routine Care		GIP Care		Continuous Care		Respite Care		Totals	
			Patients	Days	Patients	Days	Patient	Days	Patients	Days	Patients	Days
19624	Davidson	Alive Hospice (Davidson)	2,214	126,677	1,148	8,379	4	11	101	461	3,467	135,528
19614	Davidson	The Residence at Alive Hospice (Davidson)	136	3,490	691	5,756	0	0	62	253	889	9,499
19604	Davidson	Aseracare Hospice--Nashville (Davidson)	677	31,995	4	9	0	0	177	12,056	858	44,060
19694	Davidson	Avalon Hospice (Davidson)	1,357	99,458	82	458	8	8	43	273	1,490	100,197
19714	Davidson	Caris Healthcare (Davidson)	672	63,545	152	775	2	3	11	48	837	64,371
75624	Rutherford	Caris Healthcare (Rutherford)	842	56,765	185	1,012	6	15	4	18	1,037	57,810
19684	Davidson	Gentiva Hospice/Odyssey (Davidson)	843	62,757	148	723	81	198	4	198	1,076	63,876
71604	Putnam	Gentiva Hospice (Putnam)	194	9,729	10	64	0	0	1	4	205	9,797
06613	Bradley	Home Health Care of East Tennessee (Bradley)	327	24,106	0	0	0	0	0	0	327	24,106
19704	Davidson	Hospice Advantage (Davidson)	6	123	0	0	0	0	0	0	6	123
16604	Coffee	Hospice Compassus--Highland Rim (Coffee)	934	53,478	136	511	2	4	30	134	1,102	54,127
52614	Lincoln	Lincoln Medical Home Health & Hospice (Lincoln)	81	3,087	0	0	1	1	1	5	83	3,093
19674	Davidson	Priority Hospice Care, Inc.	25	4,126	1	365	0	0	0	0	26	4,491
94604	Williamson	Willowbrook Hospice (Williamson)	270	19,301	0	0	1	1	7	31	278	19,333
		TOTALS			2,557	18,052	105	241	441	13,481	3,103	31,774

Source: TDH 2013 Joint Annual Reports.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

C(I).6. PROVIDE APPLICABLE UTILIZATION AND/OR OCCUPANCY STATISTICS FOR YOUR INSTITUTION FOR EACH OF THE PAST THREE (3) YEARS AND THE PROJECTED ANNUAL UTILIZATION FOR EACH OF THE TWO (2) YEARS FOLLOWING COMPLETION OF THE PROJECT. ADDITIONALLY, PROVIDE THE DETAILS REGARDING THE METHODOLOGY USED TO PROJECT UTILIZATION. THE METHODOLOGY MUST INCLUDE DETAILED CALCULATIONS OR DOCUMENTATION FROM REFERRAL SOURCES, AND IDENTIFICATION OF ALL ASSUMPTIONS.

The project's first two full calendar years of operation will be CY2017 and CY2018. Table Thirteen-A below shows historical and projected utilization of the applicant's Nashville Residence. Table Thirteen-B on the third following page projects utilization for the Murfreesboro Residence. Methodologies for projections are described after each Table.

A. The Residence at Alive Hospice--Nashville (AH-N)

Table Thirteen-A: Historical and Projected Utilization
The Residence at Alive Hospice (Nashville)
CY2011-CY2018

Calendar Year	JAR YEAR	Licensed Beds	Patients Sched F JAR	Days Sched F JAR	Avge. Length of Stay (Days)	Average Daily Census (Patients)	Occupancy on Licensed Beds
(Actual)							
CY2011	2012	30	764	8,814	11.5	24.2	80.7%
CY2012	2013	30	758	9,499	12.5	26.0	86.7%
CY2013	--	30	720	8,188	11.4	22.4	74.8%
(Projected)							
CY2014	--	30	848	7,674	9.0	21.0	70.0%
CY2015	--	30	820	9,344	11.4	25.6	85.3%
CY2016	--	30	828	9,439	11.4	25.9	86.3%
CY2017	--	30	836	9,530	11.4	26.1	87.0%
CY2018	--	30	844	9,625	11.4	26.4	88.0%

Source: Historic data from Joint Annual Reports. Projections by Alive management.

1. Historic Data, AH-N

Historic utilization data is from the Joint Annual Report of Hospices (JAR) for years 2012-13 (CY2011-2012), and from the applicant's internal records for CY2013, which will appear in its 2014 JAR.

2. CY2014 Projections, AH-N

Actual CY2014 data for Q1-Q2 (Jan-June) was projected to remain constant through year's end. This resulted in 788 patients and 7,156 days. To this number, the applicant added anticipated fourth quarter transfers to the Residence from the planned September closure of Alive's leased Saint Thomas bed unit. It is conservatively projected that at least 75% of the current level of census in the Alive Saint Thomas hospice unit would shift to the Alive Residence in the final three months of CY2014. That will add 60 patients and 518 days in the fourth quarter, making the total Alive Residence utilization 848 patients and 7,674 days in CY2014.

	Patients	Days
Alive Hospice at St. Thomas		
Jan-June 2014	160	1,381
Average Per Quarter	80	691
Retention at 75%, Q4	60	518
Alive Residence		
2014 Projection w/o ST closure	788	7,156
Census shift from St. Thomas	60	518
Total 2014 Residence Utilization	848	7,674

Note: It should be added that in reality, the Nashville Residence has functional bed capacity of less than its licensed 30 beds, because its two semiprivate rooms almost always must be used as private rooms. At a functional capacity of 28 beds, in CY2014 the Residence's ADC of 24.2 patients will make its occupancy 86.4% on available beds.

3. CY2015 Projections, AH-N

The applicant projects that with the Alive Saint Thomas leased unit closed, patients equivalent to at least 75% of that unit's current average daily census will now be cared for in the nearby Alive Residence facility. This new census will be in addition to The Residence's normal census from other sources. The combination will give the Residence a total average daily census of 25.6 patients (19.9 patients at the Residence currently, plus 5.7 patients who would otherwise have used the Saint Thomas unit).

4. CY2016-CY2018 Projections, AH-N

The patients in the Residence in Nashville are projected to increase 1% per year from CY2015 to CY2018, with the Murfreesboro residence in operation. At this conservative rate of projection, in CY2016 the Nashville Residence will regain approximately the level of utilization that it had in CY2012.

B. The Residence at Alive Hospice--Murfreesboro (AH-M)

Table Thirteenn-B: Historical and Projected Utilization The Residence at Alive Hospice (Murfreesboro) CY2017-CY2021							
Calendar Year	Licensed Beds	Annual Growth in Patients	Project. Patients Sched F JAR	Project. Days Sched F JAR	Avge. Length of Stay (Days)	Average Daily Census (Patients)	Occupancy on Licensed Beds
CY2017	10	--	243	2,774	11.4	7.6	76%
CY2018	10	+4%	253	2,884	11.4	7.9	79%
CY 2019	10	+3%	261	2,975	11.4	8.2	82%
CY 2020	10	+2%	266	3,032	11.4	8.3	83%
CY 2021	10	+1%	269	3,067	11.4	8.4	84%

Source: Projections by Alive Management.

1. Projections for CY2017, Year One, AH-M

For The Residence at Murfreesboro, the applicant projects a Year One average daily census of 7.6 patients. Average length of stay is estimated to be the same as in Nashville (11.4 days).

Alive's Nashville experience has been that although not all Residence patients are 65+ years of age, the great majority are 65+. Therefore a new Residence opening in Murfreesboro can expect its first year admissions to have some relationship to the size of the elderly population in its immediate service area (five counties).

The Davidson County AH-N in CY 2017 projects an average daily census (ADC) of at least 26.1 patients, drawn from seven counties with an elderly (65+) population of 180,276 persons.

At that time, the five counties served by the proposed Rutherford Count AH-M will have an elderly population of 52,900 persons--which is 29.3% of the elderly population using the Nashville Residence. If the same ratio holds true for admissions, the Murfreesboro Residence in that year should have an average daily census of 7.6 patients (29.3% X 26.1 Nashville patients). That ADC is used for this project's first year projection.

2. *CY2017-CY2021 Projection,* AH-M

After Year One, the annual patient growth assumptions were 4%, 3%, 2%, and 1% through CY2021. The facility is expected to have 76% occupancy in Year One, and 84% occupancy in its fifth year. Please note that this percentage change is on an exceptionally small patient base. The projection forecasts a change of less than one patient in average daily census over the five year period.

Table Thirteen-C below projects the utilization of the proposed Residence, by type of hospice care provided. Patients may move back and forth from one level to another (in the case of GIP vs. routine home care) during a year, and may leave and come back. This table allocates the total ADC and patient day data to correspond approximately to the experience at the Nashville Residence.

Table Thirteen-C: Projected Patients By Hospice Care Category
The Residence at Alive Hospice--Murfreesboro
CY2017-CY2018

	Year One (CY2017)		Year Two (CY2018)	
Type of Care	ADC	Patient Days	ADC	Patient Days
Residential / Routine	5.0	1,825	5.2	1,898
GIP	2.4	876	2.5	913
Respite	0.2	73	0.2	73
Total	7.6	2,774	7.9	2,884

C. Utilization of Inpatient Units Leased to the Applicant for Hospice Care

Tables Thirteen-D and Thirteen-E on the next page show utilization statistics for the hospital beds that Skyline Madison Medical Center and Saint Thomas West Hospital have been leasing to Alive Hospice, Inc. for dedicated inpatient hospice units. The Saint Thomas West unit is closing in late CY2014.

Table Thirteen-D: Historical Utilization Alive Hospice Leased Inpatient Unit at Skyline Madison Medical Center CY2011-CY2018						
Calendar Year	Licensed Beds	Patients	Days	Avge. Length of Stay (Days)	Average Daily Census (Patients)	Occupancy on Licensed Beds
(Actual)						
CY2011	15	510	3,400	6.7	9.3	62.1%
CY2012	15	534	3,800	7.1	10.4	69.6%
CY2013	15	354	2,011	5.7	5.5	36.7%
(Projected)						
CY2014	15	528	2,898	5.5	7.9	52.9%
CY2015	15	526	3,285	6.2	9.0	60.0%
CY2016	15	643	4,015	6.2	11.0	73.3%
CY2017	15	702	4,380	6.2	12.0	80.0%
CY2018	15	702	4,380	6.2	12.0	80.0%

Source: Alive Hospice Management.

Table Thirteen-E: Historical Utilization Alive Hospice Leased Inpatient Unit at Saint Thomas West Hospital CY2011-CY2018						
Calendar Year	Licensed Beds	Patients	Days	Avge. Length of Stay (Days)	Average Daily Census (Patients)	Occupancy on Licensed Beds
(Actual)						
CY2011	15	638	4,199	6.6	11.5	76.7%
CY2012	15	631	4,649	7.4	12.7	84.9%
CY2013	15	515	3,050	5.9	8.4	55.7%
(Projected)						
CY2014*	15	240	2,072	8.6	5.7	37.8%

Source: Alive Hospice Management.
* *Unit will close on 9-30-14.*

C(II)1. PROVIDE THE COST OF THE PROJECT BY COMPLETING THE PROJECT COSTS CHART ON THE FOLLOWING PAGE. JUSTIFY THE COST OF THE PROJECT.

• ALL PROJECTS SHOULD HAVE A PROJECT COST OF AT LEAST $3,000 ON LINE F (MINIMUM CON FILING FEE). CON FILING FEE SHOULD BE CALCULATED ON LINE D.

• THE COST OF ANY LEASE (BUILDING, LAND, AND/OR EQUIPMENT) SHOULD BE BASED ON FAIR MARKET VALUE OR THE TOTAL AMOUNT OF THE LEASE PAYMENTS OVER THE INITIAL TERM OF THE LEASE, WHICHEVER IS GREATER. NOTE: THIS APPLIES TO ALL EQUIPMENT LEASES INCLUDING BY PROCEDURE OR "PER CLICK" ARRANGEMENTS. THE METHODOLOGY USED TO DETERMINE THE TOTAL LEASE COST FOR A "PER CLICK" ARRANGEMENT MUST INCLUDE, AT A MINIMUM, THE PROJECTED PROCEDURES, THE "PER CLICK" RATE AND THE TERM OF THE LEASE.

• THE COST FOR FIXED AND MOVEABLE EQUIPMENT INCLUDES, BUT IS NOT NECESSARILY LIMITED TO, MAINTENANCE AGREEMENTS COVERING THE EXPECTED USEFUL LIFE OF THE EQUIPMENT; FEDERAL, STATE, AND LOCAL TAXES AND OTHER GOVERNMENT ASSESSMENTS; AND INSTALLATION CHARGES, EXCLUDING CAPITAL EXPENDITURES FOR PHYSICAL PLANT RENOVATION OR IN-WALL SHIELDING, WHICH SHOULD BE INCLUDED UNDER CONSTRUCTION COSTS OR INCORPORATED IN A FACILITY LEASE.

• FOR PROJECTS THAT INCLUDE NEW CONSTRUCTION, MODIFICATION, AND/OR RENOVATION; DOCUMENTATION MUST BE PROVIDED FROM A CONTRACTOR AND/OR ARCHITECT THAT SUPPORT THE ESTIMATED CONSTRUCTION COSTS.

The architect's letter supporting the construction cost estimate is provided in Attachment C, Economic Feasibility--1.

On the Project Costs Chart, following this response:

Line A.1, A&E fees, were estimated by the project architect.

Line A.2, legal, administrative, and consultant fees, are estimated by the applicant based on attorney and consultant contracts and internal expenses booked to the CON process.

Lines A.3 through A.6, costs of site acquisition, construction, and contingencies, site acquisition cost, is zero because the applicant is not responsible for this.

Line A.7 includes the equipment for which the CON applicant is responsible, such as kitchens, space furnishings, and office equipment. It was estimated by Alive Hospice management.

Line A.9 includes such costs as miscellaneous fees, and installed information systems and telecommunications systems.

Line B.1 is the fair market value of the facility being developed "turnkey" and leased. It was calculated in the two alternative ways required by HSDA rules. The total lease outlay method resulted in a value higher than the market value of the building and land, and was used in the Project Cost Chart.

Alternative A: Lease Outlay

The lease term is for 20 years. The lessee has the option to purchase the building before that time. The annual lease payments for the 20-year term are listed on the first page of the lease in Attachment A6. The total of those payments is $10,384,371.

Alternative B: Building and Land Valuation

Estimated project costs to be provided by the lessor = $6,600,052, prorated to $5,200,8401.98 to reflect that only 78.8% of the building will be leased to the portion of the project (the Residence) that requires CON review. Those expenditures are itemized on the following page, using the CON form's cost categories.

Lessor's Costs of Developing the Project "Turnkey" for the CON Applicant		
A. Construction & Equipment Purchased		
1. A&E Fees	$385,560	8.5% of A5
2. Legal, Administrative, Consultant Fees	0	
3. Acquisition of Site	$1,202,212	
4. Preparation of Site (in construction cost)		
5. Construction Cost--21,600 SF k@ $210 PSF	$4,536,000	
6. Contingency	$453,600	10% of A5
7. Fixed Equipment		
8. Moveable Equipment		
9. Other--misc. fees @ 0.5% of A5	$22,680	
B. Acquisition by Gift, Donation, or Lease	0	
1. Facility (Building+Land)		
2. Building Only		
3. Land Only		
4. Equipment (Specify)		
5. Other (Specify)		
C. Financing Costs & Fees	0	
1. Interim Interest		
2. Underwriting Costs		
3. Reserve for 1 Yr Debt Service		
4. Other (Specify)		
D. Estimated Project Cost (A+B+C)	$6,600,052	
E. CON Filing Fee	0	
F. Total Estimated Project Cost (D+E)	$6,600,052	FMV of Facility (Building and Land)
Allocation of 78.8% to reflect project's lease of 78.8% of the building	$5,200,840.98	

PROJECT COSTS CHART--THE RESIDENCE AT ALIVE HOSPICE--MURFREESBORO

A. Construction and equipment acquired by purchase:

1.	Architectural and Engineering Fee	8.5% of A.5	$ 0
2.	Legal, Administrative, Consultant Fees (Excl CON Filing)		30,000
3.	Acquisition of Site		0
4.	Preparation of Site		0
5.	Construction Cost		0
6.	Contingency Fund		0
7.	Fixed Equipment (Not included in Construction Contract	kitcher	150,000
8.	Moveable Equipment (List all equipment over $50,000)		250,000
9.	Other (Specify)	telecommunications; IS; misc. fees	50,000

B. Acquisition by gift, donation, or lease:

1.	Facility (building and land)	(78.8% of Lease Outlay)	10,384,371
2.	Building only		0
3.	Land only		0
4.	Equipment (Specify)		0
5.	Other (Specify)		0

C. Financing Costs and Fees:

1.	Interim Financing	0
2.	Underwriting Costs	0
3.	Reserve for One Year's Debt Service	0
4.	Other (Specify)	0

D. Estimated Project Cost (A+B+C) 10,864,371

E. CON Filing Fee 24,445

F. Total Estimated Project Cost (D+E) **TOTAL $** 10,888,816

ALIVE's Capital Cost 504,445
Section B FMV 10,384,371

C(II).2. IDENTIFY THE FUNDING SOURCES FOR THIS PROJECT.

a. PLEASE CHECK THE APPLICABLE ITEM(S) BELOW AND BRIEFLY SUMMARIZE HOW THE PROJECT WILL BE FINANCED. (DOCUMENTATION FOR THE TYPE OF FUNDING MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND IDENTIFIED AS ATTACHMENT C, ECONOMIC FEASIBILITY--2).

_____A. Commercial Loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;

_____B. Tax-Exempt Bonds--copy of preliminary resolution or a letter from the issuing authority, stating favorable contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;

_____C. General Obligation Bonds--Copy of resolution from issuing authority or minutes from the appropriate meeting;

_____D. Grants--Notification of Intent form for grant application or notice of grant award;

___x__E. Cash Reserves--Appropriate documentation from Chief Financial Officer; or

___x__F. Other--Identify and document funding from all sources.

The applicant's implementation costs, estimated at $504,445, will be provided by Alive Hospice, Inc. from its assets. Current assets are sufficient for this. Documentation of financing is provided in a letter from the Alive Hospice, Inc. CFO, in Attachment C, Economic Feasibility--2.

However, it is Alive Hospice's expectation that most or all of its costs in this project will be funded by new community donations raised by a capital campaign in the project service area, following CON approval. Pre-campaign discussions with potential community donors have given Alive confidence that this will be successful. For that reason, the applicant has checked both "cash reserves" and "other" in the above list of funding sources.

C(II).3. DISCUSS AND DOCUMENT THE REASONABLENESS OF THE PROPOSED PROJECT COSTS. IF APPLICABLE, COMPARE THE COST PER SQUARE FOOT OF CONSTRUCTION TO SIMILAR PROJECTS RECENTLY APPROVED BY THE HSDA.

The HSDA Registry does not compile construction cost data on residential hospices. No comparable hospice applications (i.e., requiring new construction) have been approved within the past five years.

The construction cost of this project will be $210 PSF in CY2015. This is between the typical costs of hospital and nursing home projects approved by the HSDA in CY2011-2013.

Hospital Construction Cost PSF--Approved CON Projects 2010 – 2012			
	Renovated Construction	New Construction	Total Construction
1st Quartile	$107.15/sq ft	$235.00/sq ft	$151.56/sq ft
Median	$179.00/sq ft	$274.63/sq ft	$227.88/sq ft
3rd Quartile	$249.00/sq ft	$324.00/sq ft	$274.63/sq ft

Source: CON approved applications for years 2011-2013.

Nursing Home Construction Cost PSF--Approved CON Projects 2010– 2012			
	Renovated Construction	New Construction	Total Construction
1st Quartile	$25.00/sq ft	$152.80/sq ft	$94,55/sq ft
Median	$55.00/sq ft	$167.31/sq ft	$152.80/sq ft
3rd Quartile	$101.00/sq ft	$176.00/sq ft	$167.61/sq ft

Source: CON approved applications for years 2011-2013.

C(II).4. COMPLETE HISTORICAL AND PROJECTED DATA CHARTS ON THE FOLLOWING TWO PAGES--DO NOT MODIFY THE CHARTS PROVIDED OR SUBMIT CHART SUBSTITUTIONS. HISTORICAL DATA CHART REPRESENTS REVENUE AND EXPENSE INFORMATION FOR THE LAST THREE (3) YEARS FOR WHICH COMPLETE DATA IS AVAILABLE FOR THE INSTITUTION. PROJECTED DATA CHART REQUESTS INFORMATION FOR THE TWO YEARS FOLLOWING COMPLETION OF THIS PROPOSAL. PROJECTED DATA CHART SHOULD INCLUDE REVENUE AND EXPENSE PROJECTIONS FOR THE PROPOSAL ONLY (I.E., IF THE APPLICATION IS FOR ADDITIONAL BEDS, INCLUDE ANTICIPATED REVENUE FROM THE PROPOSED BEDS ONLY, NOT FROM ALL BEDS IN THE FACILITY).

See the following pages for these charts, with notes where applicable. Historical and Projected Data Charts are provided for (1) Alive Hospice, Inc. (the applicant's entire organization), (2) the existing Residence at Alive Hospice--Nashville (AH-N), and (3) the proposed Residence at Alive Hospice--Murfreesboro (AH-M) which is the subject of this application.

The historical statements show that the applicant operated at a loss in CY2013. Note that almost all this was attributable to the loss at the applicant's Nashville Residence facility. Some of the AH-N's recent loss was attributable to a one-time accounting adjustment allocated to it, reflecting changes in Alive's estimation methodologies for collectability of gross accounts receivable and other changes. These changes diminished unrestricted net assets and operating income on a one-time basis. However, most of the AH-N's loss resulted from a sudden drop in average daily census, not offset by core staffing reductions (in the confidence that the Residence's census decline would be reversed soon). As stated in other sections of the application, one means of reversing this will be closure of one of Alive's three Davidson County leased inpatient bed units (a savings of $635,000 in annual operating expenses) coupled with consolidation of most of those patients at AH-N (which can absorb those patients without significant staffing increases).

HISTORICAL DATA CHART -- ALIVE HOSPICE, INC.

Give information for the last three (3) years for which complete data are available for the facility or agency.
The fiscal year begins in January.

		CY 2011	CY 2012	CY 2013
	Patient Days	148,444	145,027	149,488
A.	Utilization Data			
B.	Revenue from Services to Patients			
1.	Inpatient Services	$		
2.	Outpatient Services			
3.	Emergency Services			
4.	Other Operating Revenue	33,400,801	34,653,403	31,659,125
	(Specify) See notes page			
	Gross Operating Revenue	$ 33,400,801	$ 34,653,403	$ 31,659,125
C.	Deductions for Operating Revenue			
1.	Contractual Adjustments	$ 845,428	1,230,291	1,725,856
2.	Provision for Charity Care	962,549	947,729	903,110
3.	Provisions for Bad Debt	284,368	168,704	210,183
	Total Deductions	$ 2,092,345	$ 2,346,724	$ 2,839,149
NET OPERATING REVENUE		$ 31,308,456	$ 32,306,679	$ 28,819,976
D.	Operating Expenses			
1.	Salaries and Wages	$ 13,381,521	13,793,472	14,069,613
2.	Physicians Salaries and Wages	1,269,127	1,514,473	1,210,544
3.	Supplies	3,340,723	3,318,663	3,101,037
4.	Taxes	0	0	0
5.	Depreciation	1,089,303	900,749	714,175
6.	Rent	687,729	680,550	648,434
7.	Interest, other than Capital	17,156	22,660	10,442
8.	Management Fees	0	0	0
	a. Fees to Affiliates	0	0	0
	b. Fees to Non-Affiliates	0	0	0
9.	Other Expenses (Specify) See notes page	11,193,892	11,280,439	9,898,478
	Total Operating Expenses	$ 30,979,451	31,511,006	29,652,723
E.	Other Revenue (Expenses) -- Net (Specify)	$	$	$ 252,570
NET OPERATING INCOME (LOSS)		$ 329,005	$ 795,673	$ (1,085,317)
F.	Capital Expenditures			
1.	Retirement of Principal	$ 1,486,948	$ 240,000	$ 280,000
2.	Interest	56,169	24,869	7,985
	Total Capital Expenditures	$ 1,543,117	$ 264,869	$ 287,985
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ (1,214,112)	$ 530,804	$ (1,373,302)

Historical Data Chart - Alive Hospice, Inc.
Notes Page

Column	Line		FYE 2011	FYE 2012	FYE 2013
B	4	**Other Operating Revenue:**			
		General Inpatient (GIP)	$ 8,195,126	$ 9,714,106	$ 6,006,091
		Respite	$ 111,947	$ 108,602	$ 155,403
		Routine Homecare (RHC)	$ 20,069,453	$ 19,738,965	$ 21,083,905
		Physician Revenues	$ 1,028,403	$ 1,287,788	$ 498,046
		Residential Room & Bed	$ 720,000	$ 695,800	$ 704,000
		Nursing Home Room & Bed	$ 1,736,772	$ 1,323,773	$ 1,241,660
		Unrestricted Contributions	$ 1,304,316	$ 1,385,323	$ 1,551,359
		Investment income	$ 24,923	$ 27,285	$ 66,658
		Net assets released from restrictions	$ 138,036	$ 240,653	$ 315,158
		Other revenues	$ 71,825	$ 131,108	$ 36,845
		Total Other Operating Revenue	$ 33,400,801	$ 34,653,403	$ 31,659,125
D	9	**Other Expenses:**			
		Employee Benefits	$ (2,680,022)	$ (2,736,645)	$ (2,889,539)
		Physician Benefits	$ (74,425)	$ (98,772)	$ (83,283)
		Contract Labor	$ (1,007,796)	$ (1,537,421)	$ (466,375)
		Fleet & Mileage	$ (870,125)	$ (791,459)	$ (708,592)
		Purchased Services	$ (1,108,430)	$ (1,012,269)	$ (728,696)
		Nursing Home Room & Bed	$ (1,691,524)	$ (1,336,680)	$ (1,249,981)
		Insurance	$ (186,842)	$ (189,956)	$ (200,767)
		Advertising	$ (208,051)	$ (212,799)	$ (131,150)
		Cell Phones	$ (313,853)	$ (288,683)	$ (259,231)
		Utilities	$ (393,825)	$ (410,510)	$ (275,113)
		Postage	$ (38,978)	$ (37,866)	$ (36,908)
		Printing	$ (61,095)	$ (50,023)	$ (80,287)
		Meetings	$ (27,036)	$ (59,755)	$ (43,571)
		Travel	$ (64,039)	$ (36,970)	$ (30,149)
		Publications	$ (10,781)	$ (13,219)	$ (9,255)
		Memberships & Dues	$ (69,493)	$ (82,286)	$ (61,647)
		Dietary	$ (190,776)	$ (185,112)	$ (151,632)
		Information Technology	$ (414,475)	$ (576,367)	$ (641,804)
		Facility Operations	$ (420,576)	$ (300,915)	$ (305,051)
		Office Supplies and Program	$ (112,150)	$ (130,921)	$ (164,733)
		Laundry	$ (98,875)	$ (111,202)	$ (80,969)
		Security	$ (88,177)	$ (150,142)	$ (95,186)
		Housekeeping	$ (260,288)	$ (276,634)	$ (272,302)
		Legal & Professional	$ (737,295)	$ (541,355)	$ (875,135)
		Misc	$ (64,965)	$ (112,478)	$ (57,122)
		Total Other Expenses	$ (11,193,892)	$ (11,280,439)	$ (9,898,478)
E		**Other Revenue (Expenses) - Net:**			
		Loss on Discontinued Operations - Alive Palliative Care	$ -	$ -	$ (252,570)

SUPPLEMENTAL #2
August 29, 2014
1:28 pm

HISTORICAL DATA CHART -- THE RESIDENCE AT ALIVE HOSPICE – NASHVILLE

Give information for the last three (3) years for which complete data are available for the facility or agency.
The fiscal year begins in January.

	CY 2011	CY 2012	CY 2013
Patient Days	8,814	9,499	8,188
A. Utilization Data			
B. Revenue from Services to Patients			
1. Inpatient Services	$		
2. Outpatient Services			
3. Emergency Services			
4. Other Operating Revenue	4,896,984	5,590,565	4,399,155
(Specify) See notes page			
Gross Operating Revenue	$ 4,896,984	$ 5,590,565	$ 4,399,155
C. Deductions for Operating Revenue			
1. Contractual Adjustments	$ 190,807	191,381	271,173
2. Provision for Charity Care	292,306	218,900	137,024
3. Provisions for Bad Debt	34,046	18,749	31,324
Total Deductions	$ 517,159	$ 429,030	$ 439,521
NET OPERATING REVENUE	$ 4,379,825	$ 5,161,535	$ 3,959,634
D. Operating Expenses			
1. Salaries and Wages	$ 2,488,860	3,144,908	2,728,272
2. Physicians Salaries and Wages	164,742	181,833	148,238
3. Supplies	361,061	431,573	387,597
4. Taxes	0	0	
5. Depreciation	273,147	268,455	251,697
6. Rent	0		
7. Interest, other than Capital	0		
8. Management Fees	0		
a. Fees to Affiliates	0		
b. Fees to Non-Affiliates	0		
9. Other Expenses (Specify) See notes page	1,497,429	1,489,408	1,521,342
Total Operating Expenses	$ 4,785,239	5,516,177	5,037,146
E. Other Revenue (Expenses) -- Net (Specify)	$	$	$
NET OPERATING INCOME (LOSS)	$ (405,414)	$ (354,642)	$ (1,077,512)
F. Capital Expenditures			
1. Retirement of Principal	$ 240,000	$ 240,000	$ 280,000
2. Interest	22,940	32,414	6,585
Total Capital Expenditures	$ 262,940	$ 272,414	$ 286,585
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	$ (668,354)	$ (627,056)	$ (1,364,097)

Historical Data Chart - The Residence at Alive Hospice - Nashville
Notes Page

Column	Line		FYE 2011	FYE 2012	FYE 2013
B	4	**Other Operating Revenue:**			
		General Inpatient (GIP)	$ 3,258,255	$ 3,930,907	$ 2,832,546
		Respite	$ 57,761	$ 38,978	$ 67,148
		Routine Homecare (RHC)	$ 528,319	$ 521,842	$ 568,532
		Physician Revenues	$ 332,649	$ 403,038	$ 226,929
		Residential Room & Bed	$ 720,000	$ 695,800	$ 704,000
		Total Other Operating Revenue	$ 4,896,984	$ 5,590,565	$ 4,399,155
D	9	**Other Expenses:**			
		Employee Benefits	$ (436,447)	$ (453,200)	$ (490,050)
		Physician Benefits	$ (10,350)	$ (12,428)	$ (51,590)
		Fleet & Mileage	$ (2,859)	$ (4,619)	$ (1,204)
		Purchased Services	$ (200,075)	$ (198,967)	$ (184,692)
		Insurance	$ (67,126)	$ (64,919)	$ (59,074)
		Utilities	$ (177,956)	$ (191,396)	$ (172,591)
		Postage	$ (275)	$ (282)	$ (296)
		Printing	$ (353)	$ (774)	$ (153)
		Meetings	$ (791)	$ (1,634)	$ (689)
		Publications	$ (2,369)	$ (1,857)	$ (894)
		Memberships & Dues	$ (654)	$ (100)	$ (2,026)
		Dietary	$ (102,198)	$ (111,140)	$ (98,375)
		Facility Operations	$ (221,226)	$ (161,344)	$ (184,919)
		Office Supplies and Program	$ (4,997)	$ (8,744)	$ (9,029)
		Laundry	$ (50,143)	$ (51,815)	$ (45,912)
		Security	$ (61,096)	$ (60,941)	$ (56,751)
		Housekeeping	$ (154,372)	$ (162,694)	$ (161,896)
		Misc	$ (4,142)	$ (2,554)	$ (1,201)
		Total Other Expenses	$ (1,497,429)	$ (1,489,408)	$ (1,521,342)

PROJECTED DATA CHART-- THE RESIDENCE AT ALIVE HOSPICE--MURFREESBORO

Give information for the two (2) years following the completion of this proposal.
The fiscal year begins in January.

			CY 2017	CY 2018
A.	Utilization Data	Patient Days	2,774	2,884
B.	Revenue from Services to Patients			
	1. Inpatient Services		$ 0	$
	2. Outpatient Services		0	
	3. Emergency Services		0	
	4. Other Operating Revenue (Specify)	See notes page	1,373,163	1,456,531
		Gross Operating Revenue	$ 1,373,163	$ 1,456,531
C.	Deductions for Operating Revenue			
	1. Contractual Adjustments		$ 54,926	$ 58,261
	2. Provision for Charity Care		109,853	116,522
	3. Provisions for Bad Debt		8,456	8,790
		Total Deductions	$ 173,235	$ 183,573
NET OPERATING REVENUE			$ 1,199,928	$ 1,272,958
D.	Operating Expenses			
	1. Salaries and Wages		$ 731,840	$ 777,837
	2. Physicians Salaries and Wages		182,664	191,797
	3. Supplies		116,065	120,646
	4. Taxes		0	0
	5. Depreciation		0	0
	6. Rent		0	0
	7. Interest, other than Capital		0	0
	8. Management Fees			
	a. Fees to Affiliates		0	0
	b. Fees to Non-Affiliates		0	0
	9. Other Expenses (Specify)	See notes page	493,734	520,946
	Dues, Utilities, Insurance, and Prop Taxes.			
		Total Operating Expenses	$ 1,524,303	$ 1,611,226
E.	Other Revenue (Expenses) -- Net (Specify)		$	$
NET OPERATING INCOME (LOSS)			$ (324,375)	$ (338,268)
F.	Capital Expenditures			
	1. Retirement of Principal		$ 115,182	$ 121,740
	2. Interest		199,020	144,767
		Total Capital Expenditures	$ 314,202	$ 266,507
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES			$ (638,577)	$ (604,775)

Projected Data Chart - Alive Hospice - Murfreesboro IPU
Notes Page

Column	Line		FYE 2017	FYE 2018
B	4	**Other Operating Revenue:**		
		General Inpatient (GIP)	$ 567,504	$ 646,994
		Respite	$ 12,873	$ 13,381
		Routine Homecare (RHC)	$ 270,580	$ 268,476
		Physician Revenues	$ 64,496	$ 73,529
		Residential Room & Bed	$ 457,710	$ 454,151
		Total Other Operating Revenue	$ 1,373,163	$ 1,456,531
D	9	**Other Expenses:**		
		Employee Benefits	$ (153,176)	$ (162,856)
		Physician Benefits	$ (43,806)	$ (45,996)
		Purchased Services	$ (72,152)	$ (76,122)
		Insurance	$ (15,000)	$ (17,500)
		Utilities	$ (65,383)	$ (69,323)
		Dietary	$ (32,650)	$ (33,945)
		Facility Operations	$ (23,465)	$ (23,781)
		Laundry	$ (15,479)	$ (16,093)
		Security	$ (18,752)	$ (19,496)
		Housekeeping	$ (50,320)	$ (52,316)
		Misc	$ (3,551)	$ (3,518)
		Total Other Expenses	$ (493,734)	$ (520,946)

PROJECTED DATA CHART -- ALIVE HOSPICE, INC.

Give information for the two (2) years following the completion of this proposal.
The fiscal year begins in January.

			CY 2017	CY 2018
	Patient Days		144,941	148,700
A.	Utilization Data			
B.	Revenue from Services to Patients			
1.	Inpatient Services		$ 0	$ 0
2.	Outpatient Services		0	0
3.	Emergency Services		0	0
4.	Other Operating Revenue (Specify)	See notes page	32,820,245	33,849,346
		Gross Operating Revenue	$ 32,820,245	$ 33,849,346
C.	Deductions for Operating Revenue			
1.	Contractual Adjustments		$ 1,313,550	$ 1,366,092
2.	Provision for Charity Care		1,076,338	1,119,392
3.	Provisions for Bad Debt		122,839	130,209
		Total Deductions	$ 2,512,727	$ 2,615,693
NET OPERATING REVENUE			$ 30,307,518	$ 31,233,653
D.	Operating Expenses			
1.	Salaries and Wages		$ 14,153,840	$ 14,578,455
2.	Physicians Salaries and Wages		1,378,678	1,420,038
3.	Supplies		3,370,900	3,438,318
4.	Taxes		0	0
5.	Depreciation		587,889	599,647
6.	Rent		304,656	319,889
7.	Interest, other than Capital		15,987	15,667
8.	Management Fees		0	0
	a. Fees to Affiliates		0	0
	b. Fees to Non-Affiliates		0	0
9.	Other Expenses (Specify)	See notes page	9,519,493	9,748,119
	Dues, Utilities, Insurance, and Prop Taxes.			
		Total Operating Expenses	$ 29,331,443	$ 30,120,133
E.	Other Revenue (Expenses) -- Net (Specify)		$	$
NET OPERATING INCOME (LOSS)			$ 976,075	$ 1,113,520
F.	Capital Expenditures			
1.	Retirement of Principal		$ 115,182	$ 121,740
2.	Interest		199,020	144,767
		Total Capital Expenditures	$ 314,202	$ 266,507
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES			$ 661,873	$ 847,013

Projected Data Chart - Alive Hospice, Inc.
Notes Page

Column	Line		FYE 2017	FYE 2018
B	4	**Other Operating Revenue:**		
		General Inpatient (GIP)	$ 6,736,618	$ 6,813,441
		Respite	$ 174,305	$ 176,293
		Routine Homecare (RHC)	$ 21,467,676	$ 22,266,973
		Physician Revenues	$ 507,112	$ 525,993
		Residential Room & Bed	$ 716,814	$ 743,503
		Nursing Home Room & Bed	$ 1,264,261	$ 1,311,333
		Unrestricted Contributions	$ 1,209,420	$ 1,385,323
		Investment income	$ 19,701	$ 27,285
		Net assets released from restrictions	$ 694,383	$ 468,094
		Other revenues	$ 29,955	$ 131,108
		Total Other Operating Revenue	$ 32,820,245	$ 33,849,346
D	9	**Other Expenses:**		
		Employee Benefits	$ (2,961,948)	$ (3,080,426)
		Physician Benefits	$ (85,345)	$ (88,759)
		Contract Labor	$ (226,836)	$ (230,239)
		Fleet & Mileage	$ (584,258)	$ (595,943)
		Purchased Services	$ (849,124)	$ (866,106)
		Nursing Home Room & Bed	$ (1,103,940)	$ (1,126,019)
		Insurance	$ (186,669)	$ (196,002)
		Advertising	$ (124,386)	$ (126,252)
		Cell Phones	$ (247,119)	$ (252,061)
		Utilities	$ (321,177)	$ (330,812)
		Postage	$ (35,005)	$ (35,530)
		Printing	$ (76,146)	$ (78,050)
		Meetings	$ (41,324)	$ (42,150)
		Travel	$ (28,594)	$ (29,166)
		Publications	$ (8,778)	$ (8,954)
		Memberships & Dues	$ (58,468)	$ (59,367)
		Dietary	$ (158,093)	$ (162,045)
		Information Technology	$ (611,817)	$ (624,053)
		Facility Operations	$ (349,013)	$ (359,483)
		Office Supplies and Program	$ (156,238)	$ (158,582)
		Laundry	$ (79,354)	$ (80,941)
		Security	$ (88,502)	$ (90,272)
		Housekeeping	$ (253,180)	$ (258,244)
		Legal & Professional	$ (830,003)	$ (813,403)
		Misc	$ (54,176)	$ (55,260)
		Total Other Expenses	$ (9,519,493)	$ (9,748,119)

C(II).5. PLEASE IDENTIFY THE PROJECT'S AVERAGE GROSS CHARGE, AVERAGE DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE.

Table Fourteen: Average Charge Data The Residence at Alive Hospice--Murfreesboro (AH-M)		
	CY2017	**CY2018**
Patient Days	2,774	2,884
Average Gross Charge Per Day	$495	$505
Average Deduction from Operating Revenue	$62	$64
Average Net Charge (Net Operating Revenue)	$433	$441
Average Net Operating Income After Expenses	- $117	-$117

C(II).6.A. PLEASE PROVIDE THE CURRENT AND PROPOSED CHARGE SCHEDULES FOR THE PROPOSAL. DISCUSS ANY ADJUSTMENT TO CURRENT CHARGES THAT WILL RESULT FROM THE IMPLEMENTATION OF THE PROPOSAL. ADDITIONALLY, DESCRIBE THE ANTICIPATED REVENUE FROM THE PROPOSED PROJECT AND THE IMPACT ON EXISTING PATIENT CHARGES.

The current and proposed rates for Alive's current and proposed hospice services are listed in Table Fifteen-A in response C.II.6.B below. The project will have no impact on Alive Hospice's rate structure, which has traditionally has equalled Medicare reimbursement rates and will continue to be so.

C(II).6.B. COMPARE THE PROPOSED CHARGES TO THOSE OF SIMILAR FACILITIES IN THE SERVICE AREA/ADJOINING SERVICE AREAS, OR TO PROPOSED CHARGES OF PROJECTS RECENTLY APPROVED BY THE HSDA. IF APPLICABLE, COMPARE THE PROJECTED CHARGES OF THE PROJECT TO THE CURRENT MEDICARE ALLOWABLE FEE SCHEDULE BY COMMON PROCEDURE TERMINOLOGY (CPT) CODE(S).

The following page contains Table Fifteen-A, showing the levels of hospice care to be provided, with their current Medicare reimbursement, current rates for those levels of care at AH-N in Davidson County, and their projected Years One and Two rates for AH-M in Rutherford County.

The second following page contains Table Fifteen-B, comparing the most recently reported Joint Annual Report data on rates of all hospices authorized in this project's five service area counties.

The third following page contains Table Fifteen-C, comparing the rates of AH-N in Davidson County to those of most other Residential hospices in Tennessee, as reported in their most recent Joint Annual Reports.

Table Fifteen-A: Rates Charged for Levels of Care
The Residences at Alive Hospital--Murfreesboro (TRAHM) and Nashville (TRAHNV)

Medicare HCPCS Code	Revenue Code	Description	Current Medicare Rate - per diem	Current Alive Hospice Rate - per diem	Yr One Alive Hospice Rate - per diem	Yr Two Alive Hospice Rate - per diem
Various - see below	656	General Inpatient Care - GIP	$664.85	$664.85	$664.85	$664.85
Various - see below	651	Routine Home Care - RHC	$149.17	$149.17	$149.17	$149.17
Various - see below	655	Respite Care	$155.23	$155.23	$155.23	$155.23
Various - see below	652	Continuous Care*	$36.27 (hourly)	$36.27 (hourly)	$36.27 (hourly)	$36.27 (hourly)
Various - see below	None	Residential Room and Bed**	$250.00	$250.00	$250.00	$250.00

Source: Hospice management

Note: Alive Hospice bills all patients at Medicare rates. Table assumes no change in Medicare rates.
* Can only be delivered in a patients home (not in the IPU) and is an hourly charge
** Amount charged to individuals for room and board - residential patient, in addition to RHC charges

Medicare HCPCS Code	Place of Service
Q5001	Patient's home
Q5002	Assisted Living Facility (ALF)
Q5003	Nursing Facility Long Term Care (LTC)
Q5004	Nursing Facility Skilled (SNF)
Q5005	Hospital
Q5006	In-patient Hospice Facility
Q5010	Hospice Facility (Residential)

SUPPLEMENTAL - #1
August 26, 2014
11:25am

Table Fifteen-B (Revised): Per Diem Rates of Hospices Authorized to Serve Counties Within the Project's Five-County Primary Service Area

	State ID Number (TDH)	2011 JAR				2012 JAR				2013 JAR			
		Routine Care	Continuous Care	General Inpatient Care (GIP)	Respite Inpatient Care	Routine Care	Continuous Care	General Inpatient Care (GIP)	Respite Inpatient Care	Routine Care	Continuous Care	General Inpatient Care (GIP)	Respite Inpatient Care
The Residence at Alive Hospice Davidson	19614	$148.00	$863.00	$658.00	$153.00	$149.00	$869.00	$663.00	$154.00	$149.00	$871.00	$665.00	$155.00
Alive Hospice Davidson	19624	$148.00	$863.00	$658.00	$153.00	$149.00	$869.00	$663.00	$154.00	$149.00	$871.00	$665.00	$155.00
Aseracare Hospice Davidson	19604	$143.00	$835.00	$637.00	$148.00	$148.00	$850.00	$650.00	$150.00	$148.00	$850.00	$650.00	$150.00
Avalon Hospice Davidson	19694	$148.00	$863.00	$658.00	$153.00	$149.00	$869.00	$663.00	$154.00	$149.00	$870.00	$665.00	$155.00
Caris Healthcare Davidson	19714	$148.00	$850.00	$647.00	$150.00	$149.00	$836.00	$639.00	$150.00	$149.00	$838.00	$641.00	$150.00
Caris Healthcare Rutherford	75624	$148.00	$850.00	$647.00	$150.00	$142.00	$829.00	$635.00	$149.00	$138.00	$804.00	$617.00	$146.00
Gentiva (Odyssey) Hospice Davidson	19684	$148.00	$863.00	$658.00	$153.00	$149.00	$869.00	$663.00	$154.00	$149.00	$871.00	$665.00	$149.00
Gentiva Hospice Putnam	71604	$128.00	$748.00	$576.00	$137.00	$132.00	$770.00	$593.00	$141.00	$132.00	$772.00	$595.00	$142.00
Home Health Care of East TN Bradley	06613	$128.00	$748.00	$576.00	$137.00	$132.00	$770.00	$593.00	$141.00	$132.00	$772.00	$595.00	$142.00
Hospice Advantage of Nashville Davidson	19704	$148.00	$836.00	$637.00	$148.00	$149.00	$867.00	$663.00	$155.00	$149.00	$871.00	$665.00	$155.00
Hospice Compassus Highland Rim Coffee	16604	$128.00	$748.00	$576.00	$137.00	$132.00	$768.00	$593.00	$141.00	$141.00	$820.00	$629.00	$148.00
Lincoln Medical HH & Hospice Lincoln	52614	$146.00	$850.00	$650.00	$150.00	$132.00	$770.00	$592.00	$140.00	$132.00	$772.00	$595.00	$141.00
Priority Hospice Care Davidson	19674	$147.00	$856.00	$652.00	$152.00	$151.00	$881.00	$672.00	$156.00	$151.00	$881.00	$672.00	$156.00
Willowbrook Hospice Williamson	94604	$148.00	$863.00	$657.00	$153.00	$149.00	$868.00	$663.00	$154.00	$147.00	$862.00	$660.00	$155.00

Source: Joint Annual Reports of Hospices, Schedule D.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Table Fifteen-C: Per Diem Rates of Five Tennessee Residential Hospices

	State ID Number (TDH)	2013 JAR			
		Routine Care	Continuous Care	General Inpatient Care (GIP)	Respite Inpatient Care
Baptist Trinity Hospice House Shelby / Memphis	79606	$148.00	$866.00	$661.00	$154.00
Cumberland House Cumberland / Crossville	18614	$133.00	$773.00	$595.00	$142.00
Hospice of Chattanooga-Walker Rd. Hamilton / Chattanooga	33663	$142.00	$829.00	$635.00	$149.00
Tennova Hospice (formerly St. Mary's) Knox / Knoxville	47692	$133.00	$776.00	$597.00	$142.00
Wellmont Hospice House Sullivan / Bristol	82691	$132.00	$772.00	$595.00	$142.00

Source: Joint Annual Reports of Hospices, Schedule D.

C(II).7. DISCUSS HOW PROJECTED UTILIZATION RATES WILL BE SUFFICIENT TO MAINTAIN COST-EFFECTIVENESS.

A Residential Hospice is typically operated at a loss, with deficits offset by continuous fundraising activities. Like its sister facility in Nashville, the AH-M in Rutherford County will operate efficiently and cost-effectively; yet it will operate at a loss that will be absorbed by the overall Alive Hospice, Inc. organization, much as a hospital absorbs losses in many of its departments (OB; Emergency; etc.) that operate at a loss for accounting purposes.

C(II).8. DISCUSS HOW FINANCIAL VIABILITY WILL BE ENSURED WITHIN TWO YEARS; AND DEMONSTRATE THE AVAILABILITY OF SUFFICIENT CASH FLOW UNTIL FINANCIAL VIABILITY IS MAINTAINED.

Alive Hospice, Inc., the applicant, has and will continue to have a positive cash flow, as shown in the Projected Data Chart for this application.

C(II).9. DISCUSS THE PROJECT'S PARTICIPATION IN STATE AND FEDERAL REVENUE PROGRAMS, INCLUDING A DESCRIPTION OF THE EXTENT TO WHICH MEDICARE, TENNCARE/MEDICAID, AND MEDICALLY INDIGENT PATIENTS WILL BE SERVED BY THE PROJECT. IN ADDITION, REPORT THE ESTIMATED DOLLAR AMOUNT OF REVENUE AND PERCENTAGE OF TOTAL PROJECT REVENUE ANTICIPATED FROM EACH OF TENNCARE, MEDICARE, OR OTHER STATE AND FEDERAL SOURCES FOR THE PROPOSAL'S FIRST YEAR OF OPERATION.

Table Sixteen: Medicare and TennCare/Medicaid Revenues, Year One		
	Medicare	**TennCare/Medicaid**
Gross Revenue	$757,985	$48,061
Percent of Gross Revenue	55.2%	3.5%

Note: Although most patients are Medicare, the billings to them are a smaller percent of total billings because in a Residential Hospice, there is a large private pay percentage for room and board, which the patient pays but Medicare does not pay.

Charity care at the proposed facility is projected in the Projected Data Chart above to equal approximately 8% of gross revenues.

C(II).10. PROVIDE COPIES OF THE BALANCE SHEET AND INCOME STATEMENT FROM THE MOST RECENT REPORTING PERIOD OF THE INSTITUTION, AND THE MOST RECENT AUDITED FINANCIAL STATEMENTS WITH ACCOMPANYING NOTES, IF APPLICABLE. FOR NEW PROJECTS, PROVIDE FINANCIAL INFORMATION FOR THE CORPORATION, PARTNERSHIP, OR PRINCIPAL PARTIES INVOLVED WITH THE PROJECT. COPIES MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND LABELED AS ATTACHMENT C, ECONOMIC FEASIBILITY--10.

These are provided as Attachment C, Economic Feasibility--10.

C(II)11. DESCRIBE ALL ALTERNATIVES TO THIS PROJECT WHICH WERE CONSIDERED AND DISCUSS THE ADVANTAGES AND DISADVANTAGES OF EACH ALTERNATIVE, INCLUDING BUT NOT LIMITED TO:
A. A DISCUSSSION REGARDING THE AVAILABILITY OF LESS COSTLY, MORE EFFECTIVE, AND/OR MORE EFFICIENT ALTERNATIVE METHODS OF PROVIDING THE BENEFITS INTENDED BY THE PROPOSAL. IF DEVELOPMENT OF SUCH ALTERNATIVES IS NOT PRACTICABLE, THE APPLICANT SHOULD JUSTIFY WHY NOT, INCLUDING REASONS AS TO WHY THEY WERE REJECTED.
B. THE APPLICANT SHOULD DOCUMENT THAT CONSIDERATION HAS BEEN GIVEN TO ALTERNATIVES TO NEW CONSTRUCTION, E.G., MODERNIZATION OR SHARING ARRANGEMENTS. IT SHOULD BE DOCUMENTED THAT SUPERIOR ALTERNATIVES HAVE BEEN IMPLEMENTED TO THE MAXIMUM EXTENT PRACTICABLE.

As discussed in the Need section of the application, in hospice care there are a small number of patients who can not get access to a "home" or "declared residence" for hospice purposes, unless a group home is available. It is optimal for such a Residential Hospice to be located within a reasonable drive time of family members and friends who want to visit with the patient often, if not daily. Alive Hospice knows of no alternative to this project; 12 other hospice providers in the area have never proposed one; so with Alive's Davidson County Residence (AH-N) expecting to operate at high capacity soon, it is timely to distribute some of Alive's current inpatient bed resources to its more rural sector to improve patient and family access. Alive did consider new construction, but found that a lease with an option to buy will be most cost-effective in the long run.

C(III).1. LIST ALL EXISTING HEALTH CARE PROVIDERS (I.E., HOSPITALS, NURSING HOMES, HOME CARE ORGANIZATIONS, ETC.) MANAGED CARE ORGANIZATIONS, ALLIANCES, AND/OR NETWORKS WITH WHICH THE APPLICANT CURRENTLY HAS OR PLANS TO HAVE CONTRACTUAL AND/OR WORKING RELATIONSHIPS, E.G., TRANSFER AGREEMENTS, CONTRACTUAL AGREEMENTS FOR HEALTH SERVICES.

Following this page is a table of Alive Hospice's current agreements with area providers to provide hospice care within their facilities. Facilities may be added at any time, depending on where the patient chooses to receive final care.

Vendor	Contract Type	City	County
Heritage Medical Center	Hospital Agreement	Shelbyville	Bedford
Christian Care Center of Bedford County (Bedford County Nursing Home)	Long Term Care Agreement	Shelbyville	Bedford
Glen Oaks Health and Rehabilitation	Long Term Care Agreement	Shelbyville	Bedford
Cannon County Hospitals, LLC (Stones River Hospital)	Hospital Agreement	Woodbury	Cannon
DeKalb Medical Center	Hospital Agreement	Smithville	DeKalb
NHC Smithville	Long Term Care Agreement	Smithville	DeKalb
StoneCrest Medical Center	Hospital Agreement	Smyrna	Rutherford
Boulevard Terrace Rehabilitation Center and Nursing Home	Long Term Care Agreement	Murfreesboro	Rutherford
Christian Care Center of Rutherford County, LLC	Long Term Care Agreement	Smyrna	Rutherford
Mayfield Rehabilitation and Specialty Care Center	Long Term Care Agreement	Smyrna	Rutherford
National HealthCare Corporation	Long Term Care Agreement	Murfreesboro	Rutherford
NHC Adams Place	Long Term Care Agreement	Murfreesboro	Rutherford
NHC Murfreesboro	Long Term Care Agreement	Murfreesboro	Rutherford
Northside Health Care Nursing and Rehabilitation Center	Long Term Care Agreement	Murfreesboro	Rutherford
Tennessee State Veterans' Home	Long Term Care Agreement	Murfreesboro	Rutherford

C(III).2. DESCRIBE THE POSITIVE AND/OR NEGATIVE EFFECTS OF THE PROPOSAL ON THE HEALTH CARE SYSTEM. PLEASE BE SURE TO DISCUSS ANY INSTANCES OF DUPLICATION OR COMPETITION ARISING FROM YOUR PROPOSAL, INCLUDING A DESCRIPTION OF THE EFFECT THE PROPOSAL WILL HAVE ON THE UTILIZATION RATES OF EXISTING PROVIDERS IN THE SERVICE AREA OF THE PROJECT.

Alive does not believe that this project will negatively impact current utilization of other hospice providers in the five service area counties. Alive's own patient caseloads should suffice to maintain the small 8-patient census projected for this facility.

C(III).3. PROVIDE THE CURRENT AND/OR ANTICIPATED STAFFING PATTERN FOR ALL EMPLOYEES PROVIDING PATIENT CARE FOR THE PROJECT. THIS CAN BE REPORTED USING FTE'S FOR THESE POSITIONS. IN ADDITION, PLEASE COMPARE THE CLINICAL STAFF SALARIES IN THE PROPOSAL TO PREVAILING WAGE PATTERNS IN THE SERVICE AREA AS PUBLISHED BY THE TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT AND/OR OTHER DOCUMENTED SOURCES.

Please see the following page for Table Eighteen, showing projected FTE's and salary ranges.

The Department of Labor and Workforce Development website indicates the following Murfreesboro area's annual salary information for clinical employees of this project:

Table Seventeen: TDOL Surveyed Average Salaries for the Region

Position	Entry Level	Mean	Median	Experienced
RN	$44,710	$58,260	$58,060	$65,040

Table 18: The Residence at Alive Hospice Murfreesboro
Current and Projected Staffing

Position Type (RN, etc.)	Current FTE's	Year One FTE's	Year Two FTE's	Annual Salary Range
Physician	-	1.00	1.00	$180.0k - $190.0k
Charge Nurse	-	4.60	4.60	$63.0k - $65.0k
Registered Nurse	-	4.60	4.60	$53.0k - $55.0k
Hospice Aide	-	2.25	2.25	$28.0k - $30.0k
Receptionist	-	1.00	1.00	$25.0k - $27.0k
Total FTE's		13.45	13.45	

Source: Alive Hospice management.

C(III).4. DISCUSS THE AVAILABILITY OF AND ACCESSIBILITY TO HUMAN RESOURCES REQUIRED BY THE PROPOSAL, INCLUDING ADEQUATE PROFESSIONAL STAFF, AS PER THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, AND/OR THE DIVISION OF MENTAL RETARDATION SERVICES LICENSING REQUIREMENTS.

Hospice care is a calling for most clinical professionals. Alive has been able to quickly staff its teams with competent and dedicated personnel in the past. By being able to train and evaluate any new AH-M staff at Alive's AH-N facility in Davidson County, Alive can assure staff competency before the Murfreesboro Residence is open. New staff will be absorbed into Alive's new employee orientation and curriculum programs, already in operation. Alive Hospice is well aware of licensing requirements of the Tennessee Department of Health, and will continue to meet or exceed applicable requirements at all its locations.

C(III).5. VERIFY THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSING CERTIFICATION AS REQUIRED BY THE STATE OF TENNESSEE FOR MEDICAL/CLINICAL STAFF. THESE INCLUDE, WITHOUT LIMITATION, REGULATIONS CONCERNING PHYSICIAN SUPERVISION, CREDENTIALING, ADMISSIONS PRIVILEGES, QUALITY ASSURANCE POLICIES AND PROGRAMS, UTILIZATION REVIEW PPOLICIES AND PROGRAMS, RECORD KEEPING, AND STAFF EDUCATION.

The applicant so verifies.

C(III).6. DISCUSS YOUR HEALTH CARE INSTITUTION'S PARTICIPATION IN THE TRAINING OF STUDENTS IN THE AREAS OF MEDICINE, NURSING, SOCIAL WORK, ETC. (I.E., INTERNSHIPS, RESIDENCIES, ETC.).

Alive has a strong educational and training mission with numerous formal and informal clinical training agreements in place. It serves colleges, universities, and health professional schools through contracts for clinical rotations and through informal training programs. The following page contains a table outlining these agreements and relationships.

Contractual relationships with Vanderbilt include its School of Medicine's Hospice and Palliative Medicine Residency program, and training rotation sites for Geriatric Medicine; Psychiatry, Nursing, second-year medical students, and Divinity students. There is a clinical training rotation for Vanderbilt's Peabody College of Education and Human Development (Child Psychology). Meharry Medical College students have an informal observation program. Clinical rotations are provided to Saint Thomas West Hospital's chaplaincy students, and to nursing, social work, pharmacy, and Divinity field work students from Austin Peay University, Belmont University, MTSU, TSU, UT Knoxville, and Motlow College.

Informal and Formal clinical agreements as of August 2014		
Contract Type Name	**Name**	**Clinical Specialty**
Service Agreement	Vanderbilt University (Psychiatry Program) - AM	Residents - Physicians in Training
Clinical Education Agreement	Belmont University School of Nursing - LB	Nursing Students
Clinical Education Agreement	The University of Tennessee Knoxville - RW	Social Work Students
Clinical Education Agreement	Middle Tennessee State University - LB	Nursing Students
Clinical Education Agreement	Vanderbilt Divinity School - BB	Divinity Students
Clinical Education Agreement	Vanderbilt School of Nursing - Nursing Students - BB	Nursing Students
Clinical Education Agreement	Belmont University School of Pharmacy - AM	Pharmacy Students
Clinical Education Agreement	Middle Tennessee State University School of Social Work - RW	Social Work Students
Clinical Education Agreement	Vanderbilt University (School of Medicine) - Second Year Medical Students - AM	Medical Students
Clinical Education Agreement	Tennessee State University - RW	Social Work Students
Clinical Education Agreement	Vanderbilt University (School of Medicine) - Affiliation Agreement for GME - AM	Hospice and Palliative Medicine Fellows
Clinical Education Agreement	Saint Thomas West Hospital (St. Thomas Hospital) - BB	Chaplain Students
Clinical Education Agreement	Vanderbilt University (School of Medicine) - Geriatric Residents - AM	Residents - Physicians in Training
Clinical Education Agreement	Austin Peay State University, Department of Social Work - RW	Social Work Students
Clinical Education Agreement	Vanderbilt University (Peabody College of Education and Human Development) - BB	Child Psychology Studies Program Students
Clinical Education Agreement	Motlow College - BB	Nursing Students
Informal observation	Middlebury College/DCI	General Student
Formal Observation	Meharry Medical College	Medical Students

C(III).7(a). PLEASE VERIFY, AS APPLICABLE, THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSURE REQUIREMENTS OF THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, THE DIVISION OF MENTAL RETARDATION SERVICES, AND/OR ANY APPLICABLE MEDICARE REQUIREMENTS.

The applicant so verifies.

C(III).7(b). PROVIDE THE NAME OF THE ENTITY FROM WHICH THE APPLICANT HAS RECEIVED OR WILL RECEIVE LICENSURE, CERTIFICATION, AND/OR ACCREDITATION

LICENSURE:	Board for Licensure of Healthcare Facilities Tennessee Department of Health
CERTIFICATION:	Medicare Certification from CMS TennCare Certification from TDH
ACCREDITATION:	Joint Commission

C(III).7(c). IF AN EXISTING INSTITUTION, PLEASE DESCRIBE THE CURRENT STANDING WITH ANY LICENSING, CERTIFYING, OR ACCREDITING AGENCY OR AGENCY.

The applicant is currently licensed in good standing by the Board for Licensing Health Care Facilities, certified for participation in Medicare and Medicaid/TennCare, and fully accredited by the Joint Commission on Accreditation of Healthcare Organizations.

C(III).7(d). FOR EXISTING LICENSED PROVIDERS, DOCUMENT THAT ALL DEFICIENCIES (IF ANY) CITED IN THE LAST LICENSURE CERTIFICATION AND INSPECTION HAVE BEEN ADDRESSED THROUGH AN APPROVED PLAN OF CORRECTION. PLEASE INCLUDE A COPY OF THE MOST RECENT LICENSURE/CERTIFICATION INSPECTION WITH AN APPROVED PLAN OF CORRECTION.

They have been addressed. A copy of the most recent licensure inspection and plan of correction, and/or the most recent accreditation inspection, are provided in Attachment C, Orderly Development--7(C).

C(III)8. DOCUMENT AND EXPLAIN ANY FINAL ORDERS OR JUDGMENTS ENTERED IN ANY STATE OR COUNTRY BY A LICENSING AGENCY OR COURT AGAINST PROFESSIONAL LICENSES HELD BY THE APPLICANT OR ANY ENTITIES OR PERSONS WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE APPLICANT. SUCH INFORMATION IS TO BE PROVIDED FOR LICENSES REGARDLESS OF WHETHER SUCH LICENSE IS CURRENTLY HELD.

None.

C(III)9. IDENTIFY AND EXPLAIN ANY FINAL CIVIL OR CRIMINAL JUDGMENTS FOR FRAUD OR THEFT AGAINST ANY PERSON OR ENTITY WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE PROJECT.

None.

C(III)10. IF THE PROPOSAL IS APPROVED, PLEASE DISCUSS WHETHER THE APPLICANT WILL PROVIDE THE THSDA AND/OR THE REVIEWING AGENCY INFORMATION CONCERNING THE NUMBER OF PATIENTS TREATED, THE NUMBER AND TYPE OF PROCEDURES PERFORMED, AND OTHER DATA AS REQUIRED.

Yes. The applicant will provide the requested data consistent with Federal HIPAA requirements.

PROOF OF PUBLICATION

Attached.

DEVELOPMENT SCHEDULE

1. PLEASE COMPLETE THE PROJECT COMPLETION FORECAST CHART ON THE NEXT PAGE. IF THE PROJECT WILL BE COMPLETED IN MULTIPLE PHASES, PLEASE IDENTIFY THE ANTICIPATED COMPLETION DATE FOR EACH PHASE.

The Project Completion Forecast Chart is provided after this page.

2. IF THE RESPONSE TO THE PRECEDING QUESTION INDICATES THAT THE APPLICANT DOES NOT ANTICIPATE COMPLETING THE PROJECT WITHIN THE PERIOD OF VALIDITY AS DEFINED IN THE PRECEDING PARAGRAPH, PLEASE STATE BELOW ANY REQUEST FOR AN EXTENDED SCHEDULE AND DOCUMENT THE "GOOD CAUSE" FOR SUCH AN EXTENSION.

The applicant fully expects to open the proposed facility during mid- to late 2016. The standard two-year period of validity extending to December 2016 should be sufficient.

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision Date, as published in Rule 68-11-1609(c):

November 19, 2014

Assuming the CON decision becomes the final Agency action on that date, indicate the number of days from the above agency decision date to each phase of the completion forecast.

PHASE	DAYS REQUIRED	Anticipated Date (MONTH /YEAR)
1. Architectural & engineering contract signed	41	Jan 2015
2. Construction documents approved by TDH	221	Jul 2015
3. Construction contract signed	281	Sep 2015
4. Building permit secured	336	Sep 2015
5. Site preparation completed	366	Oct 2015
6. Building construction commenced	396	Nov 2015
7. Construction 40% complete	426	Feb 2016
8. Construction 80% complete	456	Apr 2016
9. Construction 100% complete	466	Jun 2016
10. * Issuance of license	471	Jun 2016
11. *Initiation of service	501	Jul 2016
12. Final architectural certification of payment	561	Oct 2016
13. Final Project Report Form (HF0055)	621	Jan 2017

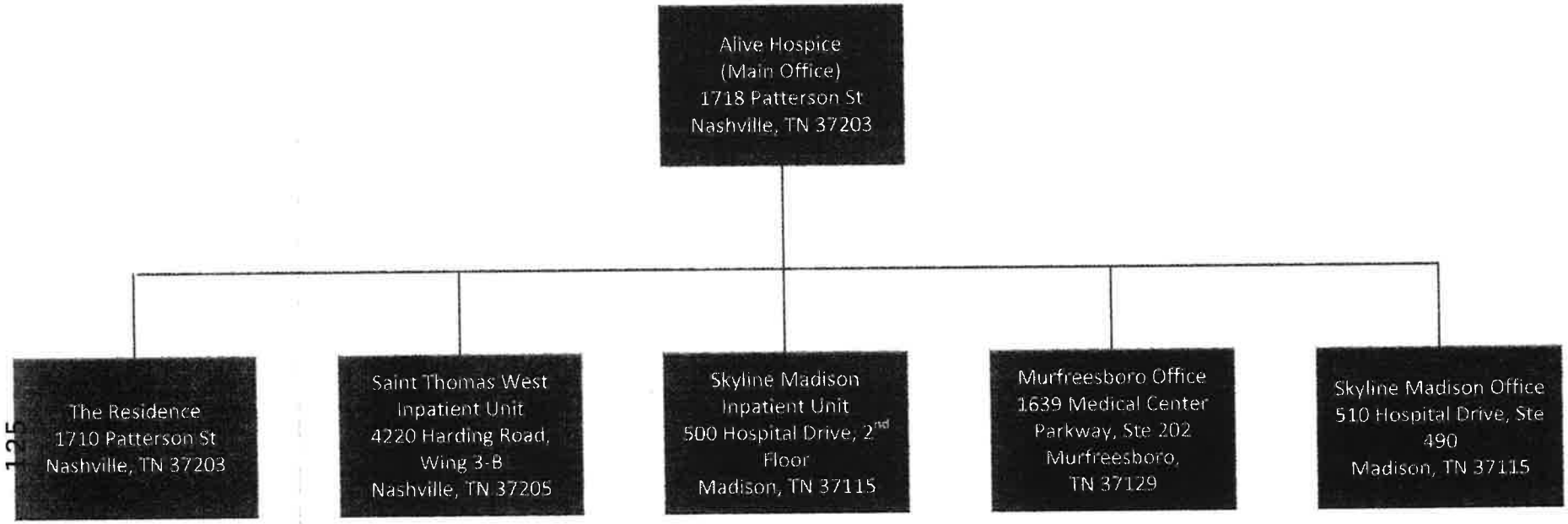
*** For projects that do NOT involve construction or renovation: please complete items 10-11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

INDEX OF ATTACHMENTS

A.4	Ownership--Legal Entity and Organization Chart (if applicable)
A.6	Site Control
B.II.A.	Square Footage and Costs Per Square Footage Chart
B.III.	Plot Plan
B.IV.	Floor Plan
C. Need—1.A	Documentation of Project-Specific Criteria
C, Need--3	Service Area Maps
C, Economic Feasibility--1	Documentation of Construction Cost Estimate
C, Economic Feasibility--2	Documentation of Availability of Funding
C, Economic Feasibility--10	Financial Statements
C, Orderly Development--7(C)	Licensing & Accreditation Inspections
Miscellaneous Information	Charity Care Analysis--Tennessee Hospices 2013 Report to the Community--Alive Hospice TennCare Enrollment Data U.S. Census Demographic Data--Service Area
Support Letters	

A.4--Ownership
Legal Entity and Organization Chart


Alive Hospice
(Main Office)
1718 Patterson St
Nashville, TN 37203
The Residence
1710 Patterson St
Nashville, TN 37203
Saint Thomas West
Inpatient Unit
4220 Harding Road,
Wing 3-B
Nashville, TN 37205
Skyline Madison
Inpatient Unit
500 Hospital Drive, 2nd
Floor
Madison, TN 37115
Murfreesboro Office
1639 Medical Center
Parkway, Ste 202
Murfreesboro,
TN 37129
Skyline Madison Office
510 Hospital Drive, Ste
490
Madison, TN 37115

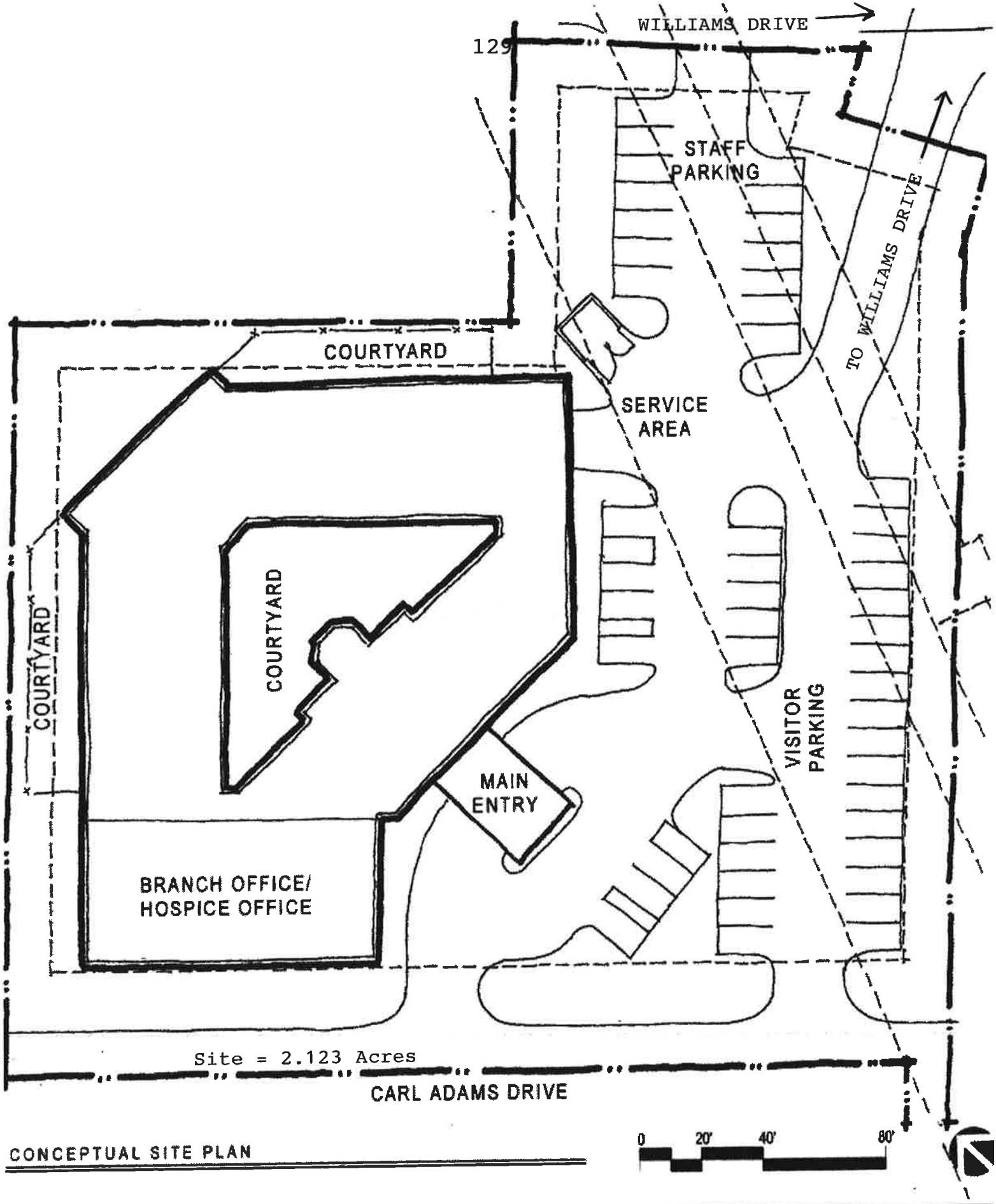
B.II.A.--Square Footage and Costs Per Square Footage Chart

SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART
REVISED

A. Unit / Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage			Proposed Final Cost / SF		
					Renovated	New	Total	Renovated	New	Total
Patient Care / Clinical Support						8,690	8,690		$266.00	$2,311,540.00
Admin/Business Support						1,255	1,255		$175.00	$219,625.00
Public Areas						1,910	1,910		$175.00	$334,250.00
B. Unit/Dept. GSF Sub-Total						11,855	11,855		$241.71	$2,865,415.00
C. Mechanical / Electrical GSF						486	486		$91.96	$44,690.00
D. Circulation / Structure GSF						4,680	4,680		$141.95	$664,305.00
E. Total GSF						17,021	17,021		$210.00	$3,574,410.00

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

B.III.--Plot Plan



CONCEPTUAL SITE PLAN

ESa

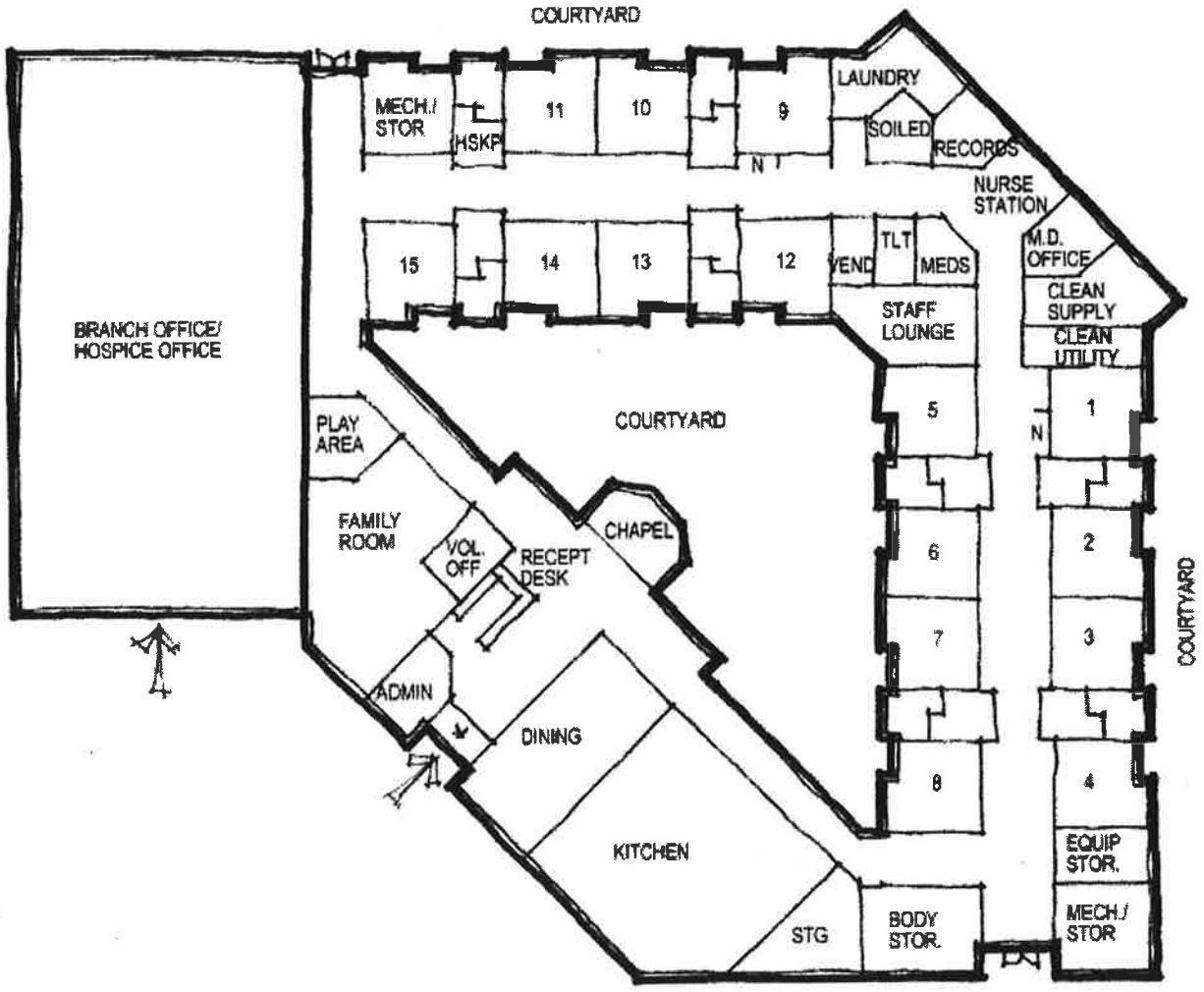
Alive Hospice Residence Murfreesboro

ALIVE HOSPICE · MURFREESBORO, TN

02/05/2014

ALIVE HOSPICE

B.IV.--Floor Plan



CONCEPTUAL FLOOR PLAN

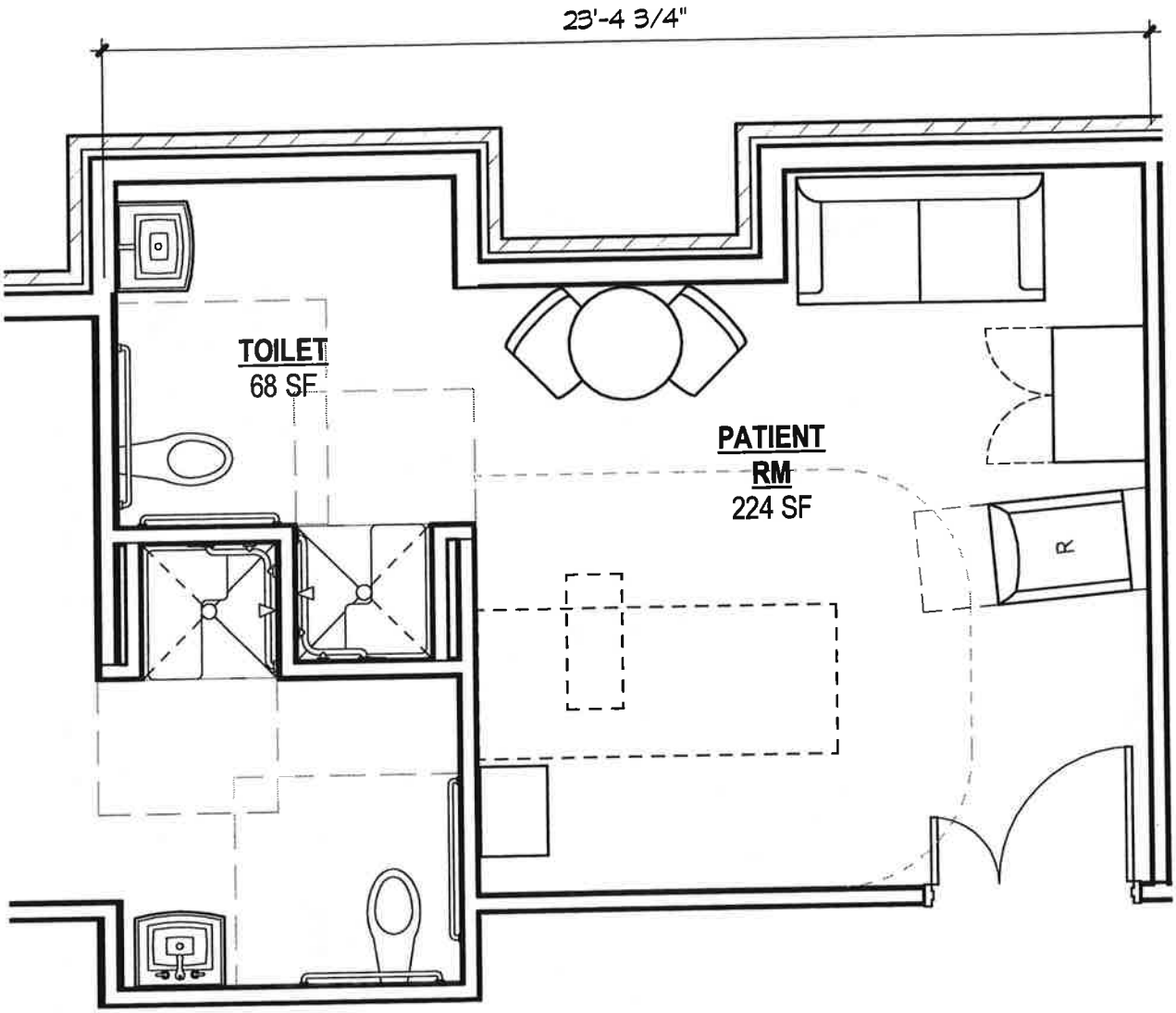
0 8' 16' 32' 64'

ESa

Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN

ALIVE HOSPICE



1 Enlarged Patient Rm - A

0 1' 2' 4'

Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN

C, Need--1.A
Documentation of Project-Specific Criteria

Alive Hospice

Charity Care

Policy

Subject:

It is the policy of Alive Hospice to provide care to all people who are in need of hospice services, regardless of ability to pay.

Residential Hospice Care

To the extent funds are available, Alive Hospice will offer financial assistance through its charity care program to help patients and their families. Fees for room, board and hospice services at Alive Hospice Residence Nashville (the "Residence") will be billed on a sliding scale, based on the patient's ability to pay. (Costs associated with living at the Residence are not covered by Medicare, or by most private insurance plans.) In addition, Alive Hospice staff will assist patients and their families in identifying and applying for additional financial assistance that may be available from government programs and other community organizations when needed.

Home and Inpatient Hospice Services

To the extent funds are available, Alive Hospice will offer financial assistance through its charity care program to help patients and their families. Fees for home care and inpatient hospice services are billed on a sliding scale, based on the patient's ability to pay. (Some or all of the costs associated with care provided to patients of the Alive Hospice Home Care and Inpatient Care Program may not be covered by Medicare, or by a private insurance plan.) In addition, Alive Hospice staff will assist patients and their families in identifying and applying for additional financial assistance that may be available from government programs and other community organizations when needed.

This policy shall not be construed to require Alive Hospice to provide financial assistance to any individual, and shall not be deemed to create a right of any individual to any such assistance.

Review Date

Reviewed: 09/2009, 01/2011, 12/2013

Revised: 09/2009, 01/2011, 12/2013

Next Review Date: 12/2016

Wolters Kluwer Health

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Alive Hospice
Job Description

Job Title: Hospice & Palliative Medicine Physician
Department: Medical Services
Reports To: Chief Medical Officer (CMO)
FLSA Status: Exempt
Approved By:
Approved Date:

SUMMARY

Responsible for medical quality and continuity and delivery of Hospice & Palliative Medicine services. Develops clinical and support staff. Ensures clinical standards and outcomes are met. Ensures compliance with federal and state regulations, JCAHO and NHPCO standards. Performs in a manner which aids the agency in meeting its Mission.

ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Sees patients in palliative medicine consultation as requested by attending physicians.
2. Collaborates in developing plan of care with attending and consulting physicians as well as case managers and Hospice & Palliative Care Nurse Practitioners.
3. Participates in the development of palliative care programs in institutions where Alive Hospice & Palliative Care provides services.
4. Serves as collaborating physician for Hospice & Palliative Care Nurse Practitioners.
5. Serves as a medical resource to Hospice & Palliative Care clinical staff via phone or beeper.
6. Serves as a liaison between staff and attending physician.
7. Serves as a Hospice & Palliative Medicine representative to the medical community informing physicians and other health care professionals of the availability and scope of agency's services.
8. Collaborates with the CMO, Clinical Coordinator, IDT, and COO to continually improve the quality and cost effectiveness of care and to enhance the work lives of the employees.
9. Participates in education of nursing students, medical students and residents.
10. Participates in community education programs, professional organizations and legislative activity as needed.
11. Maintains and develops knowledge of evolving hospice and palliative care philosophy and practices.
12. Promotes the advancement of hospice and palliative care knowledge by participating on the appropriate committees of the State and National Organizations.
13. Participates in Hospice & Palliative Care Continuing Education.
14. Assists Hospice Team Medical Directors when needed
    a. Participates in 24 hours a day, 7 day week on-call physician coverage. In addition, he or she is available to staff unable to reach the attending physician or designated physician on-call.
    b. Attends team meetings
    c. Assists with rounds at IPU's when palliative medicine duties permit
    d. Review records of incoming hospice patients for eligibility for hospice care and for inpatient level of care.
15. Other duties may also be assigned.

SUPERVISORY RESPONSIBILITIES
Serves as a collaborating physician for Nurse Practitioners.

CONTINUING EDUCATION
The agency requires this position to complete 18 hours of continuing education per year covering topics that will contribute to improvements in carrying out the above responsibilities. Regulatory agencies may require some disciplines to have additional hours in order to be licensed or certified.

QUALIFICATIONS
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE
Doctor of Medicine or Osteopathy from accredited school of medicine. A minimum of four years of medical experience preferred.

LANGUAGE SKILLS
Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations. Ability to write reports, business correspondence, and procedure manuals. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

MATHEMATICAL SKILLS
Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals of plan and solid geometry and trigonometry. Ability to apply concepts such as fractions, percentages, rations, and proportions to practical situations.

REASONING ABILITY
Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exits. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

CERTIFICATES, LICENSES, REGISTRATIONS
Current medical license from the State of Tennessee. Eligible for malpractice insurance. Eligible for credentialing by local institution. Board eligible in Palliative Care. If required to drive to carry out the duties of this position: current drivers license and automobile insurance as required by Tennessee State Law. Current DEA certification.

OTHER QUALIFICATIONS
Reliable transportation necessary. Demonstrate ability to effectively manage human and material resources. Respond calmly and competently in stressful or crisis situations. Demonstrate ability to guide project teams and analyze systems.
Communication and Relationship Skills: Exemplifies high level of written oral and listening communication skills, always respecting patient confidentiality.
Agency Policy and Philosophy: Communicates and supports agency mission and values in all professional interactions.

Quality and Performance Improvements: Participates in new and continuing programs designed to monitor and improve quality and performance relevant to the mission and philosophy of Alive Hospice, Inc.
Teamwork: Functions consistently and collaboratively as an integral part of Medial Services and other teams (committees, etc.) bringing experience and education to contribute to optimal team functions and outcomes.
Ethics: Demonstrates a high level of work, personal and professional ethics.

PHYSICAL DEMANDS
The physical demands describe here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel; talk and hear. The employee frequently is required to sit, stand; walk; reach with hands and arms; and stoop, kneel, crouch, or crawl. The employee must occasionally lift and /or move up to 25 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, and ability adjust focus. Frequently required to drive an automobile.

WORK ENVIRONMENT
The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may able made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to outside weather conditions, infectious diseases, and use of an automobile. The noise level in the work environment is usually moderate. General office, patient's home, or inpatient unit settings.

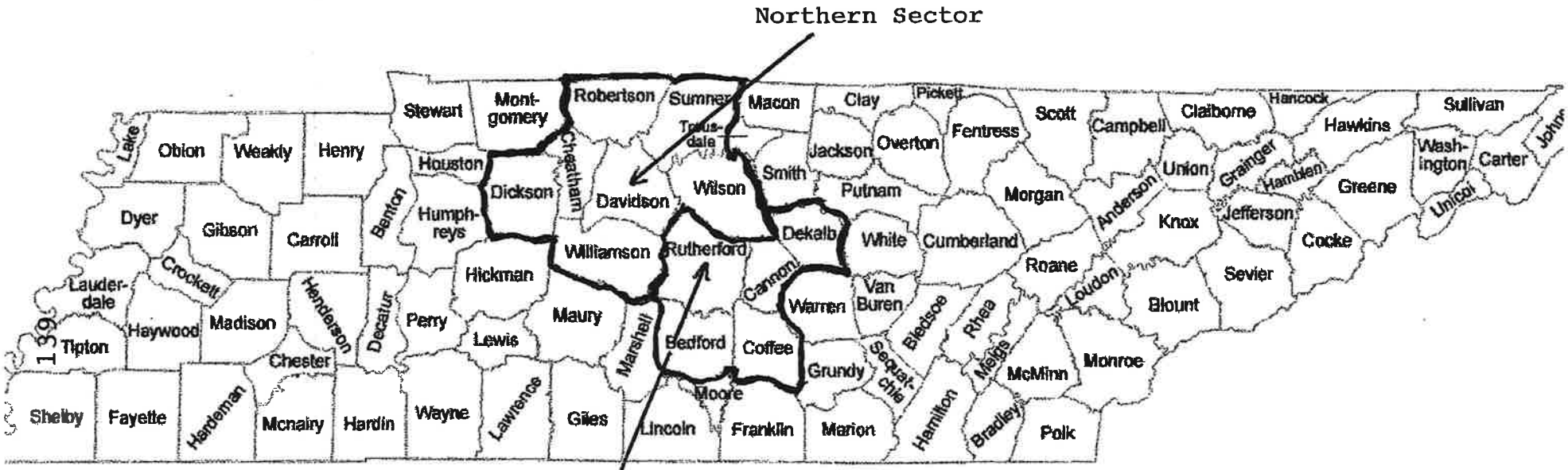
I have read and understand my job description.

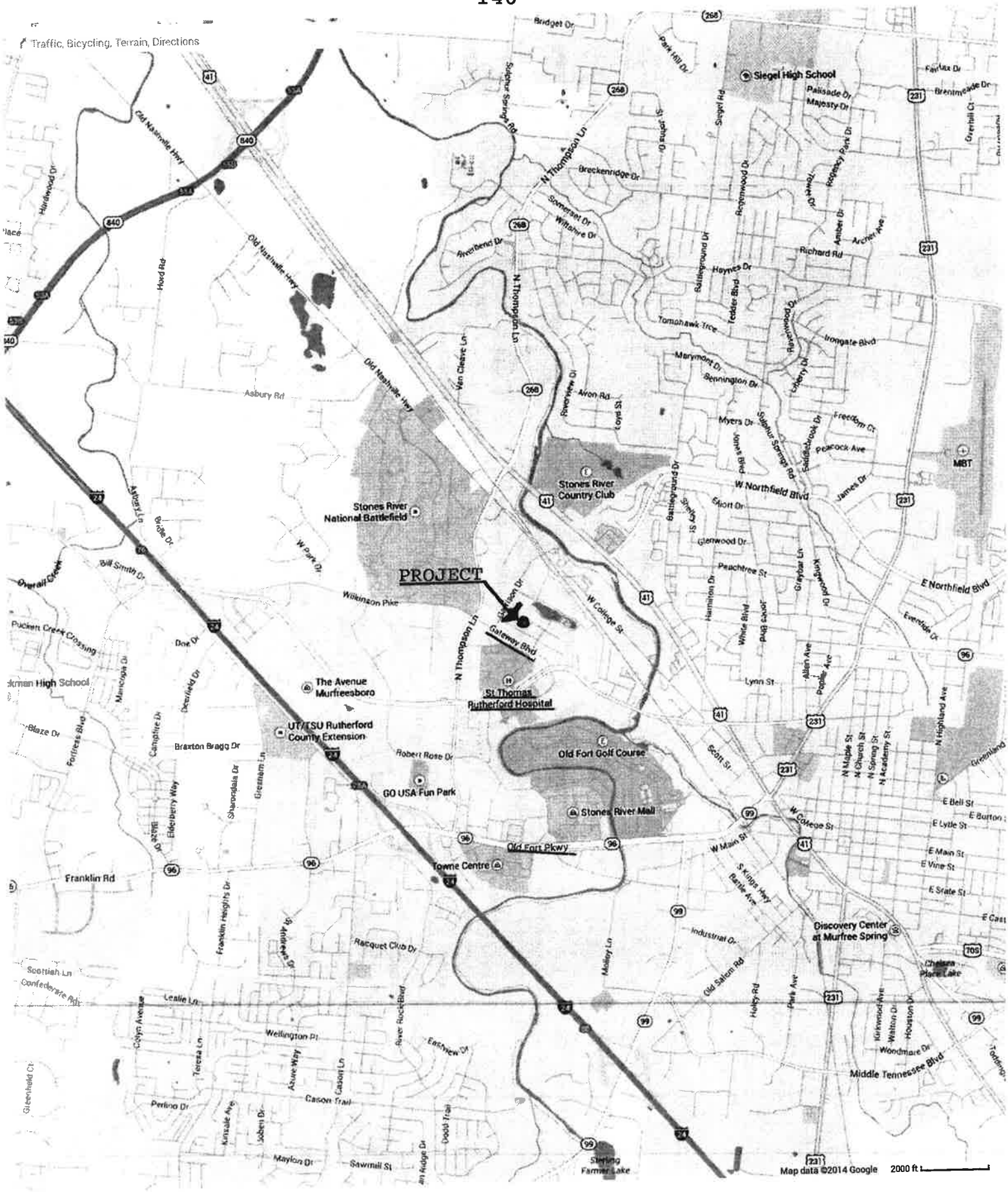
_____ _____
Signature Date

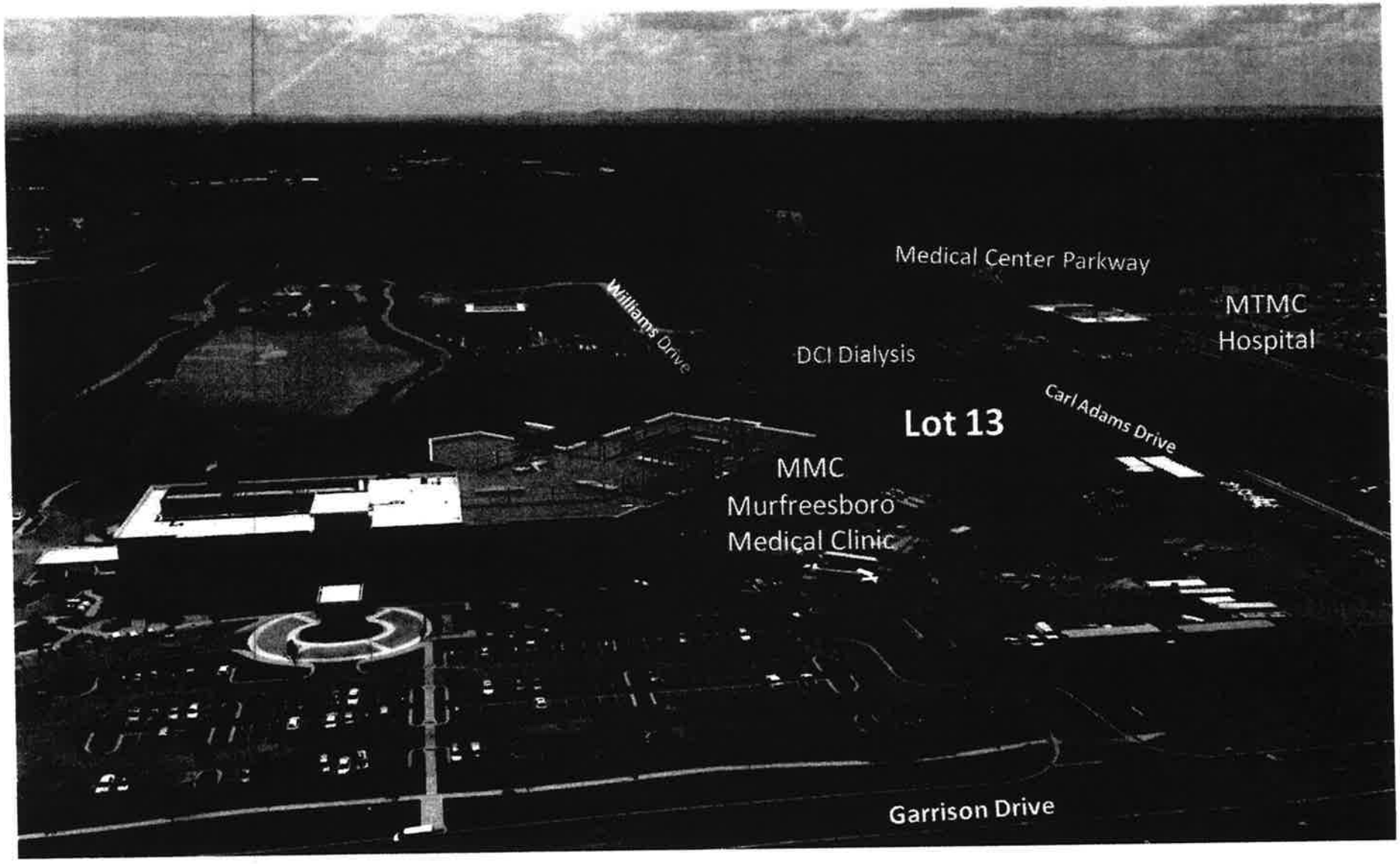
_____
Print Name

C, Need--3
Service Area Maps

ALIVE HOSPICE
AUTHORIZED SERVICE AREA




Traffic, Bicycling, Terrain, Directions
PROJECT
Siegel High School
Stones River Country Club
Stones River National Battlefield
St Thomas Rutherford Hospital
The Avenue Murfreesboro
UT/TSU Rutherford County Extension
GO USA Fun Park
Old Fort Golf Course
Stones River Mall
Towne Centre
Discovery Center at Murfree Spring
Old Nashville Hwy
N Thompson Ln
Gateway Blvd
Wilkinson Pike
W Northfield Blvd
E Northfield Blvd
Old Fort Pkwy
Franklin Rd
Middle Tennessee Blvd
Map data ©2014 Google
2000 ft


Medical Center Parkway
MTMC
Hospital
Williams Drive
DCI Dialysis
Carl Adams Drive
Lot 13
MMC
Murfreesboro
Medical Clinic
Garrison Drive

C, Economic Feasibility--1
Documentation of Construction Cost Estimate

ESa

Earl Swensson Associates, Inc.
richard l. miller, architect

Architecture

August 14, 2014

Melanie Hill
Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN. 37243

RE: New Residential Hospice Facility for Alive Hospice, Inc. In Rutherford County

Dear Ms. Hill,

Per our recent conversations with John Wellborn, a consultant working with Alive Hospice on a Certificate of Need submission for Murfreesboro, TN., we have prepared the following supporting documentation for your review.

Working with the Alive Hospice Team, we have reviewed the construction cost estimate provided by J. Clark & Company, LLC in the CON submission. Based upon our experience and knowledge in the current healthcare and senior living/nursing home market, it is our opinion that the application's projected construction costs of $3,574,368 (for the reviewable 78.8% of the cost of the whole building) appears to be reasonable for a project of this type and size.

Below is a summary of the current building codes that would apply to the project. This list may not be entirely inclusive, but it expresses Alive Hospice's intent to address all applicable codes and standards, whether local, state or Federal, in the design and construction of the project. If you have any questions or comments regarding this information, please do not hesitate to call.

- International Building Code
- International Plumbing Code
- International Mechanical Code
- International Fuel Gas Code
- International Fire Code
- International Energy Conservation Code
- National Electric Code
- ICC A117.1 Accessible and Usable Buildings and Facilities
- Guidelines for the Design and Construction of Health Care Facilities (as applicable)
- Rules of the Tennessee Department of Health Board for Licensing Health Care Facilities
  - **CHAPTER 1200-08-15 STANDARDS FOR RESIDENTAL HOSPICES**

Sincerely,

David W. Minnigan, AIA
Principal
Tennessee Professional Architect License #18576

C, Economic Feasibility--2
Documentation of Availability of Funding

MAIN OFFICE
1718 PATTERSON STREET | NASHVILLE, TN 37203
P 615.327.1085 | TOLL-FREE 800.327.1085 | F 615.321.8902
alivehospice.org

August 13, 2014

Melanie M. Hill, Executive Director
Tennessee Health Facilities Commission
Andrew Jackson State Office Building, Ste 850
500 Deaderick Street
Nashville, TN 37243

Dear Mrs. Hill:

Alive Hospice, Inc., is applying for a Certificate of Need (CON) to establish a Residential Hospice in Murfreesboro, TN, at a total project cost of $10,888,816, of which $504,445 is the actual new capital expenditure.

As Chief Financial Officer of Alive Hospice, Inc., I am writing to confirm that Alive Hospice, Inc., has sufficient operating cash flow and cash reserves to provide all of the required funds in cash, and intends to do so after receipt of CON approval.

The application includes our financial statements documenting that sufficient cash reserves, operating income, and lines of credit exist to fund this project.

Sincerely,

Joseph K. Hampe
Chief Financial Officer

C, Economic Feasibility--10
Financial Statements

ALIVE HOSPICE, INC.

Financial Statements

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

LATTIMORE BLACK MORGAN & CAIN, PC
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

ALIVE HOSPICE, INC.

Table of Contents

	Page
Independent Auditors' Report	1 - 2
Financial Statements:	
Statements of Financial Position	3
Statements of Operations and Changes in Net Assets	4
Statements of Cash Flows	5
Notes to the Financial Statements	6 - 19

INDEPENDENT AUDITORS' REPORT

The Board of Directors of
Alive Hospice, Inc.:

We have audited the accompanying financial statements of Alive Hospice, Inc. (the "Organization") which comprise the statement of financial position as of December 31, 2013, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting polices used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the 2013 financial statements referred to above present fairly, in all material respects, the financial position of Alive Hospice, Inc. as of December 31, 2013, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Prior Period Financial Statements

The financial statements of the Organization as of and for the year ended December 31, 2012, were audited by other auditors whose reported dated May 23, 2013, expressed an unqualified opinion on those statements.

Lattimore Black Morgan & Cain, PC

Brentwood, Tennessee
May 15, 2014

ALIVE HOSPICE, INC.
151

Statements of Financial Position

December 31, 2013 and 2012

Assets

	2013	2012
Current assets:		
Cash and cash equivalents	$ 7,481,233	$ 7,835,887
Patient accounts receivable, net	2,583,395	2,607,925
Pledges receivable, net	299,936	288,297
Prepaid expenses	453,136	336,140
Other current assets	153,075	80,501
Total current assets	10,970,775	11,148,750
Pledges receivable, excluding current portion	48,284	37,442
Investments	1,982,757	1,860,478
Property and equipment, net	10,213,948	10,702,255
Goodwill	554,293	554,293
Investment in joint venture	100,100	-
	$ 23,870,157	$ 24,303,218

Liabilities and Net Assets

Current liabilities:		
Current installments of long-term debt	$ -	$ 280,000
Accounts payable	733,886	767,794
Accrued expenses	2,039,042	1,348,291
Total current liabilities	2,772,928	2,396,085
Net assets:		
Unrestricted		
Undesignated	18,461,645	19,595,333
Board designated	445,597	405,200
Total unrestricted net assets	18,907,242	20,000,533
Temporarily restricted	1,025,864	750,493
Permanently restricted	1,164,123	1,156,107
Total net assets	21,097,229	21,907,133
	$ 23,870,157	$ 24,303,218

See accompanying notes to the financial statements.

ALIVE HOSPICE, INC.

152

Statements of Operations and Changes in Net Assets

Years ended December 31, 2013 and 2012

	2013	2012
Unrestricted net assets:		
Revenue:		
Net patient service revenue	$ 27,060,140	$ 30,535,720
Contributions and fundraising	1,551,359	1,385,323
Investment income	23,501	18,611
Net realized gains on investments	44,386	8,674
Other revenue	36,845	85,056
Net assets released from restriction used for operations	315,158	240,653
Total operating revenue	29,031,389	32,274,037
Operating expenses:		
Salaries and wages	15,280,157	14,983,474
Employee benefits	2,972,823	2,831,231
Contract labor	466,375	1,537,421
Purchased services	2,831,857	3,310,647
Pharmacy and medical supplies	3,101,037	3,318,663
Occupancy and equipment	2,010,507	2,065,628
Other	2,265,340	2,117,680
Depreciation	714,175	900,749
Provision for uncollectible accounts	210,183	149,992
Interest	18,427	36,768
Total operating expenses	29,870,881	31,252,253
Change in unrestricted net assets from continuing operations	(839,492)	1,021,784
Discontinued operations - loss on palliative care	(252,570)	(265,176)
Non-operating revenues and expenses:		
Net unrealized gains (losses) on investments	(1,229)	14,196
Change in unrestricted net assets	(1,093,291)	770,804
Temporarily restricted net assets:		
Contributions	470,013	214,716
Investment income	26,720	28,322
Net realized and unrealized gains on investments	93,796	123,719
Net assets released from restriction used for operations	(315,158)	(240,653)
Change in temporarily restricted net assets	275,371	126,104
Permanently restricted net assets:		
Contributions	8,016	12,540
Change in permanently restricted net assets	8,016	12,540
Change in net assets	(809,904)	909,448
Net assets at beginning of year	21,907,133	20,997,685
Net assets at end of year	$ 21,097,229	$ 21,907,133

See accompanying notes to the financial statements.

ALIVE HOSPICE, INC.
153

Statements of Cash Flows

Years ended December 31, 2013 and 2012

	2013	2012
Cash flows from operating activities:		
Change in net assets	$ (809,904)	$ 909,448
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	714,175	900,749
Gain on disposal of equipment	-	(9,900)
Net realized and unrealized (gains) losses on investments	(136,953)	(146,589)
Provision for uncollectible accounts	217,898	168,700
Restricted contributions received	(8,016)	(12,540)
Changes in assets and liabilities:		
Accounts receivable	(193,368)	(138,748)
Pledges receivable	(22,481)	(63,501)
Prepaid expenses	(116,996)	51,690
Other current assets	(72,574)	(15,579)
Accounts payable	(33,908)	(345,898)
Accrued expenses	690,751	(316,492)
Net cash provided by operating activities	228,624	981,340
Cash flows from investing activities:		
Investment in joint venture	(100,100)	-
Proceeds from sale of investments	5,846,678	653,081
Purchases of investments	(5,832,004)	(640,105)
Proceeds from sale of property and equipment	-	299,900
Purchases of property and equipment	(225,868)	(167,135)
Net cash provided (used) by investing activities	(311,294)	145,741
Cash flows from financing activities -		
Payments of long-term debt	(280,000)	(240,000)
Proceeds from restricted contributions	8,016	12,540
Net cash used by financing activities	(271,984)	(227,460)
Increase (decrease) in cash and cash equivalents	(354,654)	899,621
Cash and cash equivalents at beginning of year	7,835,887	6,936,266
Cash and cash equivalents at end of year	$ 7,481,233	$ 7,835,887
Supplemental disclosure of cash flow information - cash paid for interest	$ 18,930	$ 36,582

See accompanying notes to the financial statements.

(1) Nature of activities

Alive Hospice, Inc. (the "Organization"), provides medical, psychological, and spiritual care to terminally ill patients and their families, located primarily in Middle Tennessee.

(2) Summary of significant accounting policies

The financial statements of the Organization are presented on the accrual basis. The significant accounting policies followed are described below.

(a) Basis of presentation

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted net assets - Net assets that are not permanently restricted nor temporarily restricted by donor-imposed restrictions. The unrestricted net assets are comprised of Board designated and unrestricted amounts. Board designated net assets are designated for various purposes based on the direction of the Organization's Board of Directors, and are not specified as an endowment.

Temporarily restricted net assets - Net assets resulting from contributions and other inflows of net assets whose use by the Organization is limited by donor-imposed restrictions that either expire by the passage of time or by actions of the Organization. Temporarily restricted net assets at December 31, 2013 and 2012 represent pledges receivable, accumulated earnings on endowment funds, and donor-restricted funds designated for various programs offered by the Organization.

Permanently restricted net assets - Net assets resulting from contributions and other inflows of assets whose use by the Organization is limited by donor-imposed restrictions that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. Permanently restricted net assets at December 31, 2013 and 2012 represent donor-restricted gifts that have been invested and are to be maintained in perpetuity, the earnings from which are temporarily restricted to support various programs offered by the Organization.

(b) Cash and cash equivalents

Cash and cash equivalents consist of bank deposits in accounts that are federally insured up to $250,000. The Organization considers all highly liquid investments with original maturities of less than three months to be cash equivalents.

At December 31, 2013 and 2012, and at times during the year, deposits exceeded the federally insured limits. However, management monitors the soundness of the financial institutions and feels the Organization's risk is negligible.

(c) Accounts receivable

The accounts receivable balance represents the unpaid amounts billed to patients and third-party payors. Contractual adjustments, discounts, and an allowance for uncollectible accounts are recorded to report receivables for patient care services at net realizable value. Past due receivables are determined based on contractual terms. The Organization does not accrue interest on any of its accounts receivable. As of December 31, 2013 and 2012, approximately 85% and 82%, respectively, of the Organization's accounts receivable are from Medicare and Medicaid.

(d) Allowance for uncollectible accounts

The allowance for uncollectible accounts is determined by management based upon the Organization's historical losses, specific patient circumstances, and general economic conditions. Periodically, management reviews patient accounts receivable and records an allowance based on current circumstances, and charges off the receivable against the allowance when all attempts to collect the receivable are deemed to have failed in accordance with the internal collection policy. Management believes the allowance of $739,054 and $418,104 as of December 31, 2013 and 2012, respectively, is adequate to cover potential losses from uncollectible accounts.

(e) Pledges receivable

Pledges receivable represent the remaining balance of unconditional promises to give that have not yet been paid. Pledges that are expected to be collected within one year or less are recorded at net realizable value. For pledges that are expected to be collected beyond one year, management has determined the difference between net realizable value and the present value of their estimated future cash flows to be immaterial to the financial statements. Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional.

(f) Investments

All investments are valued at their fair values in the statements of financial position. Unrealized gains and losses are included in the change in net assets. See Notes 5 and 16 for additional information on the Organization's investments.

(g) Property and equipment

Property and equipment are stated at cost or, if donated to the Organization, at their fair value at the date of gift. Depreciation is provided over the assets' estimated useful lives using the straight-line method. Additions and improvements over $500 are capitalized; expenditures for routine maintenance are charged to operations. Depreciation and amortization are provided over the estimated useful lives of the various classes of assets on the straight-line method (buildings and improvements, 32-40 years; office furniture and equipment, 3-10 years).

Gifts of long-lived assets such as land, buildings, and equipment are reported as unrestricted support unless explicit donor restrictions specify how the donated assets are to be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash and other assets that must be used to acquire long-lived assets are reported as temporarily restricted support. Absent explicit donor restrictions about how long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

(h) Goodwill

Goodwill represents the excess of the purchase price over the fair value of net assets of businesses acquired. The carrying amount of goodwill is reviewed annually to determine if facts and circumstances suggest that assets may be impaired. As of December 31, 2013 and 2012, management believes that no impairment existed.

(i) Investment in joint venture

The Organization accounts for its investment in a joint venture using the equity method. Under the equity method, the investment is initially recorded at cost and is increased or decreased by the Organization's share of the net earnings or losses since acquisition. The carrying value is reduced by any distributions received from the joint venture.

(j) Net patient service revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Approximately 86% and 90% of the Organization's net patient service revenue was derived from the Medicare and Medicaid programs for the years ended December 31, 2013 and 2012, respectively.

Provisions for estimated third-party payor settlements have been made in the financial statements for estimated contractual adjustments, representing the difference between the standard charges for services and estimated total payments to be received from third-party payors. These estimates are adjusted in future periods as final settlements are determined.

The Organization, like other health care providers, may be subject to investigations, regulatory action, lawsuits, and claims arising out of the conduct of its business, including the interpretation of laws and regulations governing the Medicare and Medicaid programs and other third-party payor agreements. At this time, no specific alleged violations, claims, or assessments have been made. Management intends to fully cooperate with any governmental agencies in requests for information. Noncompliance with laws and regulations can make the Organization subject to regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Hospice organizations are subject to two specific payment limit caps under the Medicare program. One limit relates to inpatient care days that exceed 20% of the total days of hospice care provided for the year. The Organization did not exceed the 20% cap related to inpatient days in 2013 and 2012. The second limit relates to an aggregate Medicare reimbursement cap calculated by the Medicare fiscal intermediary. The Organization did not exceed the Medicare cap for the years ended December 31, 2013 and 2012.

(k) Charity care

The Organization has a policy of providing charity care to patients who are unable to pay. Such patients are identified based on financial information obtained from the patient and subsequent analysis. Since the Organization does not expect payment, estimated charges for charity care are recorded in revenue with a corresponding offsetting amount. The estimated cost of charity care was approximately $860,000 and $916,000 for the years ended December 31, 2013 and 2012, respectively. The cost estimate was based on the organization-wide cost to charge ratio.

(l) Contributions

Contributions received and unconditional promises to give are recorded as unrestricted, temporarily restricted, or permanently restricted revenue depending on the existence of donor restrictions and the nature of such restrictions, if they exist.

When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of operations and changes in net assets as net assets released from restriction.

If a restriction is fulfilled in the same accounting period in which the contribution is received, the contribution is reported as unrestricted.

In-kind contributions are recorded based on their estimated fair value at the date of donation. During 2013, the Organization received approximately $17,000 in in-kind contributions. No in-kind contributions were received in 2012.

(m) Donated services

The value of time contributed by unpaid volunteers to the Organization has not been included in the financial statements. The value of donated tangible items is recorded at fair value at date of receipt.

(n) Income taxes

The Organization is exempt from income taxes under the provisions of Internal Revenue Code Section 501(c)(3), and, accordingly, no provision for income taxes is included in the financial statements.

As of December 31, 2013 and 2012, the Organization has accrued no interest and no penalties related to uncertain tax positions. It is the Organization's policy to recognize interest and/or penalties related to income tax matters in income tax expense.

The Organization files a U.S. Federal information tax return. The Organization is currently open to audit under the statute of limitations by the Internal Revenue Service for the years ended after December 31, 2009.

(o) Long-lived assets

Management evaluates the recoverability of the investment in long-lived assets on an ongoing basis and recognizes any impairment in the year of determination. It is reasonably possible that relevant conditions could change in the near term and necessitate a change in management's estimate of the recoverability of these assets.

(p) Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(q) Reclassifications

Certain reclassifications have been made to the 2012 financial statements in order for them to conform to the 2013 presentation. These reclassifications have no effect on net assets or changes in net assets as previously reported.

(r) Events occurring after reporting date

The Organization has evaluated events and transactions that occurred between December 31, 2013 and May 15, 2014 which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

(3) Accounts receivable

At December 31, 2013 and 2012, accounts receivable consists of the following by payor type:

	2013	2012
Medicare	$ 2,141,505	$ 2,637,538
Medicaid	1,099,744	865,123
Commercial and other	898,498	754,932
	4,139,747	4,257,593
Allowance for doubtful accounts	(739,054)	(418,104)
Medicare periodic interim payment program	(817,298)	(1,231,564)
	$ 2,583,395	$ 2,607,925

(4) Pledges receivable

The Organization recognizes unconditional promises to give at fair value in the period the promise is made. Pledges receivable are scheduled to be received over the following periods at December 31, 2013 and 2012:

	2013	2012
Less than one year	$ 315,685	$ 305,146
One to five years	48,284	37,442
Total pledges receivable	363,969	342,588
Allowance for uncollectible pledges	(15,749)	(16,849)
	$ 348,220	$ 325,739

Management has determined that any discount on pledges would be immaterial at December 31, 2013 and 2012.

(5) Investments

Investments are recorded at fair value and consisted of the following at December 31, 2013 and 2012:

	2013	2012
Money market funds	$ 18,151	$ 82,302
Bond funds	580,825	588,186
Equity mutual funds	1,156,452	1,189,990
Other mutual funds	227,329	-
	$ 1,982,757	$ 1,860,478

The following schedule summarizes the investment income for 2013 and 2012:

	2013	2012
Interest and dividend income	$ 68,497	$ 57,694
Investment expenses	(18,276)	(10,761)
Realized gains on investments	85,362	21,916
Unrealized gains (losses) on investments	51,591	124,673
	$ 187,174	$ 193,522

Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would result in material changes in the fair value of investments and net assets of the Organization.

(6) Fair value measurements

U.S. GAAP defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the Organization's principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

A fair value hierarchy requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The guidance describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date. The fair values of money market funds, bond funds, and equity mutual funds that are readily marketable are determined by obtaining quoted prices on nationally recognized securities exchanges.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data. The Organization has no assets or liabilities measured at fair value using Level 2 inputs.

Level 3: Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability. The Organization has no assets or liabilities measured at fair value using Level 3 inputs.

In many cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of December 31, 2013 and 2012:

	Fair Value Measurements as of December 31, 2013 using the following inputs			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 18,151	$ -	$ -	$ 18,151
Bond funds	580,825	-	-	580,825
Equity mutual funds	1,156,452	-	-	1,156,452
Other mutual funds	227,329	-	-	227,329
Total	$ 1,982,757	$ -	$ -	$ 1,982,757

	Fair Value Measurements as of December 31, 2012 using the following inputs			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 82,302	$ -	$ -	$ 82,302
Bond funds	588,186	-	-	588,186
Equity mutual funds	1,189,990	-	-	1,189,990
Total	$ 1,860,478	$ -	$ -	$ 1,860,478

(7) Investment in joint venture

During 2013, the Organization entered into a joint venture with another entity to form a practice management company. The Organization contributed approximately $100,000 in cash to the joint venture during 2013 and has a 50% ownership interest as of December 31, 2013. The joint venture used the contributions by investors to help fund operations of a palliative care medical practice. Management determined the Organization's share of the net loss for 2013 was not material to the overall financial statements. As of December 31, 2013, the investment in joint venture amounted to $100,100.

Summary information for the management company (unaudited) as of December 31, 2013 and for the year then ended is as follows:

Total assets	$ 195,803
Total liabilities	$ -
Net loss	$ (4,197)

(8) Fund with Community Foundation of Middle Tennessee

The Organization has an agency endowment fund with the Community Foundation of Middle Tennessee (the "Community Foundation"). Earnings on this fund are designated for general operations and programs of the Organization. Total funds held by the Community Foundation, which are excluded from the assets of the Organization, amounted to $100,592 and $85,662 at December 31, 2013 and 2012, respectively. The Organization receives a 5% distribution annually from the fund.

(9) Property and equipment

Property and equipment at December 31, 2013 and 2012 consisted of the following:

	2013	2012
Land and improvements	$ 3,592,836	$ 3,592,836
Buildings and improvements	10,736,638	10,686,722
Office furniture and equipment	3,115,793	2,968,782
Projects in progress	28,500	-
Total	17,473,767	17,248,340
Accumulated depreciation	(7,259,819)	(6,546,085)
Property and equipment, net	$ 10,213,948	$ 10,702,255

Depreciation expense for the years ended December 31, 2013 and 2012 was $714,175 and $900,749, respectively.

(10) Line of credit

The Organization maintains a $2,500,000 line of credit with a financial institution which matures in April 2015. Interest only monthly payments are required, and any outstanding principal amounts drawn against the line would be due at maturity. The line of credit is secured by property of the Organization and carries an interest rate of 0.75% above the financial institution's prime rate resulting in a rate of 4% at December 31, 2013. The Organization had no borrowings outstanding on the line of credit at December 31, 2013 or 2012.

(11) Long-term debt

The Organization had a Variable Rate Tax Exempt Revenue Bond, Series 2001 (Alive Hospice, Inc. Project) from the Health and Educational Facilities Board of the Metropolitan Government of Nashville and Davidson County, Tennessee. The bond was secured by a letter of credit which expired July 27, 2013. The bond had a variable interest rate and was fully repaid in 2013. The bond had an outstanding balance of $280,000 at December 31, 2012.

(12) Temporarily restricted net assets

Temporarily restricted net assets are either donor-restricted for specific purposes, or for use in a specified period of time. At December 31, 2013 and 2012, the restricted purposes are as follows:

	2013	2012
Endowment	$ 489,713	$ 369,197
Pledges	496,112	275,738
Community education	9,177	82,006
Grief support	-	13,936
Other	30,862	9,616
	$ 1,025,864	$ 750,493

Temporarily restricted net assets were released from restriction for the years ended December 31, 2013 and 2012 for the following purposes:

	2013	2012
Pledges	$ 226,042	$ 187,179
Community education	72,829	48,094
Other	16,287	5,380
	$ 315,158	$ 240,653

(13) Lease commitments

The Organization leases various office space, vehicles, and equipment under operating leases. Rent expense under these leases amounted to $1,065,026 and $1,305,966 in 2013 and 2012, respectively. A summary of approximate future minimum payments under these operating leases as of December 31, 2013 is as follows:

Year	Amount
2014	$ 900,000
2015	720,000
2016	660,000
2017	165,000
	$ 2,445,000

(14) Discontinued operations

During 2013, the Organization decided to discontinue providing palliative care services. Generally accepted accounting principles require that all components of an entity that have been disposed of and whose cash flows can be clearly distinguished from the rest of the entity be presented as discontinued operations. As such, the palliative care services have been presented in discontinued operations within the accompanying statements of operations and changes in net assets. The palliative care operations had revenue of approximately $10,000 and $155,000 for the years ended December 31, 2013 and 2012, respectively.

(15) Retirement plan

The Organization sponsors a defined contribution 403(b) retirement plan. Employees meeting certain eligibility requirements can participate in the plan to the extent allowed under ERISA. The plan also provides for discretionary contributions by the Organization. Participants are immediately vested in their voluntary contributions plus related earnings; whereas, participants are fully vested in the Organization contributions plus related earnings after four years of service. The Organization made contributions of $87,369 to the plan in 2013. No contributions were made to the plan in 2012.

(16) Functional expenses

Expenses by functional classification for the years ended December 31, 2013 and 2012 are as follows:

	2013	2012
Program services	$ 23,819,651	$ 25,802,765
General and administrative	5,824,399	5,056,730
Fundraising	226,831	392,758
	$ 29,870,881	$ 31,252,253

(17) Endowment

Overview: The Organization's endowment consist of one fund that holds investments in securities traded on the public markets. The endowments are made up of temporarily restricted and permanently restricted assets. As required by U.S. GAAP, net assets associated with these endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law: The Organization's Board of Directors has determined the requirements of Tennessee's version of the Uniform Prudent Management of Institutional Funds Act ("UPMIFA") to center around the preservation of the fair value of the original investment as of the date of the asset transfers. Investments resulting from donations directing that they be invested in perpetuity are classified as permanently restricted. The earnings generated by these investments are classified as unrestricted or temporarily restricted depending on the donors' stipulations. The temporarily restricted net assets are reclassified as unrestricted upon their appropriation for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by Tennessee's version of UPMIFA. The Organization considers the following factors in making a determination to appropriate or accumulate its endowment funds:

(1) The duration and preservation of the fund
(2) The purposes of the Organization and the donor-restricted endowment fund
(3) General economic conditions
(4) The possible effect of inflation and deflation
(5) The expected total return from income and the appreciation of investments
(6) Other resources of the Organization
(7) The investment policies of the Organization

Return Objectives and Risk Parameters: The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowments while seeking to maintain the purchasing power of the endowment assets. Endowment assets include assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, the endowment assets are invested in a manner that is intended to produce a moderate return while assuming a moderate level of investment risk.

Strategies Employed for Achieving Objectives: To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Spending Policy and How the Investment Objectives Relate to Spending Policy: The Organization disburses funds as needed within the guidelines of the endowments. Disbursements to the Organization are used to assist with its programs and services according to donor restrictions.

Fund with Deficiencies: From time to time, the fair value of assets associated with the individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the Organization to retain as a fund of perpetual duration. Cumulative deficiencies of this nature that are in excess of related temporarily restricted amounts are reported in unrestricted net assets. There were no such deficiencies as of December 31, 2013 and 2012.

Endowment Net Asset Composition by Type of Fund: The Organization's composition of endowment assets for the years ended December 31, 2013 and 2012 is as follows:

2013	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted	$ -	$ 489,713	$ 1,164,123	$ 1,653,836

2012	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted	$ -	$ 369,197	$ 1,156,107	$ 1,525,304

Changes in endowment net assets for the years ended December 31, 2013 and 2012 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balance at December 31, 2011	$ -	$ 217,156	$ 1,143,567	$ 1,360,723
Interest and dividends	-	28,322	-	28,322
Net gains	-	123,719	-	123,719
Additions	-	-	12,540	12,540
Balance at December 31, 2012	-	369,197	1,156,107	1,525,304
Interest and dividends	-	26,720	-	26,720
Net gains	-	93,796	-	93,796
Additions	-	-	8,016	8,016
Balance at December 31, 2013	$ -	$ 489,713	$ 1,164,123	$ 1,653,836

(18) Related party transactions

The Organization has a receivable of approximately $74,000 at December 31, 2013 due from an affiliate related to an employee lease agreement. This receivable is included in other current assets on the December 31, 2013 statement of financial position.

(19) Contingencies

Healthcare Industry

The delivery of personal and health care services entails an inherent risk of liability. Participants in the health care services industry have become subject to an increasing number of lawsuits alleging negligence or related legal theories, many of which involve large claims and result in the incurrence of significant exposure and defense costs. The Organization is insured with respect to medical malpractice risk on a claims-made basis. The Organization also maintains insurance for general liability, director and officer liability and property. Certain policies are subject to deductibles. Management is not aware of any claims against the Organization which would have a material financial impact.

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare fraud and abuse. Recently, government activity has increased with respect to investigations and/or allegations concerning possible violations of fraud and abuse statutes and/or regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as repayments for patient services previously billed. Management continues to implement policies, procedures, and compliance overview organizational structure to enforce and monitor compliance with the Health Insurance Portability and Accountability Act of 1996 and other government statues and regulations. The Organization's compliance with such laws and regulations is subject to future government review and interpretations, as well as regulatory actions which are unknown or unasserted at this time. Management believes that the Organization is in compliance with fraud and abuse statutes, as well as other applicable government laws and regulations.

Healthcare Reform

In March 2010, Congress adopted comprehensive health care insurance legislation, the Patient Care Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (collectively, the "Health Care Reform Legislation"). The Health Care Reform Legislation, among other matters, is designed to expand access to health care coverage to substantially all citizens through a combination of public program expansion and private industry health insurance. Provisions of the Health Care Reform Legislation become effective at various dates over the next several years and a number of additional steps are required to implement these requirements. Due to the complexity of the Health Care Reform Legislation, reconciliation and implementation of the legislation continues to be under consideration by lawmakers, and it is not certain as to what changes may be made in the future regarding health care policies. Changes to existing Medicaid coverage and payments are also expected to occur as a result of this legislation. While the full impact of Health Care Reform Legislation is not yet fully known, changes to policies regarding reimbursement, universal health insurance and managed competition may materially impact the Organization's operations.

Litigation

The Organization is subject to legal proceedings and claims that arise in the ordinary course of business. However, management believes the amount of potential liability with respect to these actions will not have a material impact on the Organization's financial position, results of operations or cash flows.

C, Orderly Development--7(C)
Licensing & Accreditation Inspections

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES
WEST TENNESSEE REGIONAL OFFICE
2975 Highway 45 Bypass, Suite C
Jackson, Tennessee 38305
Phone: (731) 984-9684
Fax: (731) 512-0063

May 03, 2012

Ms. Floria Densmore, Administrator
ALIVE HOSPICE INC.
1718 Patterson Road
Nashville, TN 37203

RE: **Annual Licensure Survey**

Dear Ms. Densmore:

We are pleased to inform you that no deficiencies were cited as a result of the annual licensure survey conducted at your facility on April 17, 2012. A copy of the survey is enclosed for your files.

Thank you for your cooperation during this survey. If this office can be of assistance to you in any way, please do not hesitate to call.

Sincerely,

Diane Carter/RN.

Diane Carter, RN, LNCC
Public Health Nurse Consultant 2

PDC/rm

Enclosures

PRINTED: 05/03/2012
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	TNP549324		04/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIVE HOSPICE INC	1718 PATTERSON ROAD NASHVILLE, TN 37203

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 002	1200-8-27 No Deficiencies This Rule is not met as evidenced by: The facility was found to be in compliance with state licensure. No deficiencies were cited.	H 002		

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 6899 ZSLH11

If continuation sheet 1 of

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES
WEST TENNESSEE REGIONAL OFFICE
2975 Highway 45 Bypass, Suite C
Jackson, Tennessee 38305
Phone: (731) 984-9684
Fax: (731) 512-0063

May 03, 2012

Mr. Jeff Sidler, Administrator
The Residence at Alive Hospice
1710 Patterson Road
Nashville, TN 37203

RE: **Annual Licensure Survey**

Dear Mr. Sidler:

We are pleased to inform you that no deficiencies were cited as a result of the annual licensure survey conducted at your facility on April 17 2012. A copy of the survey is enclosed for your files.

Thank you for your cooperation during this survey. If this office can be of assistance to you in any way, please do not hesitate to call.

Sincerely,

Diane Carter, RN

Diane Carter, RN, LNCC
Public Health Nurse Consultant 2

PDC/rm

Enclosures

PRINTED: 05/03/2012
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	TNP5923		04/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT ALIVE HOSPICE	1710 PATTERSON STREET NASHVILLE, TN 37203

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 002	1200-8-27 No Deficiencies This Rule is not met as evidenced by: - The facility was found to be in compliance with state licensure. No deficiencies were cited.	H 002		

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

F33N11

If continuation sheet 1 of 1

The Joint Commission

Alive Hospice, Inc.
1718 Patterson Street
Nashville, TN 37203

Organization Identification Number: 39029

Program(s)
Home Care Accreditation

Survey Date(s)
04/08/2014-04/11/2014

Executive Summary

As a result of the survey conducted on the above date(s), the following survey findings have been identified. Your official report will be posted to your organization's confidential extranet site. It will contain specific follow-up instructions regarding your survey findings.

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

DIRECT Impact Standards:

Program:	Home Care Accreditation Program	
Standards:	HR.01.06.01	EP3,EP5,EP9
	MM.04.01.01	EP13

INDIRECT Impact Standards:

Program:	Home Care Accreditation Program	
Standards:	PC.01.02.01	EP36
	PC.01.03.01	EP40

CoP: §418.54 **Tag:** L520 **Deficiency:** Standard

Corresponds to: OME

Text: §418.54 Condition of participation: Initial and comprehensive assessment of the patient.

CoP Standard	Tag	Corresponds to	Deficiency
§418.54(d)	L533	OME - PC.01.02.01/EP36	Standard

CoP: §418.100 **Tag:** L649 **Deficiency:** Standard

Corresponds to: OME

Text: The hospice must organize, manage, and administer its resources to provide the hospice care and services to patients, caregivers and families necessary for the palliation and management of the terminal illness and related conditions.

CoP Standard	Tag	Corresponds to	Deficiency
§418.100(g)(3)	L663	OME - HR.01.06.01/EP5	Standard

CoP: §418.76 **Tag:** L607 **Deficiency:** Standard

Corresponds to: OME

Text: §418.76 Condition of participation: Hospice aide and homemaker services.

CoP Standard	Tag	Corresponds to	Deficiency
§418.76(c)(1)	L615	OME - HR.01.06.01/EP9	Standard

CoP: §418.112 **Tag:** L760 **Deficiency:** Standard

Corresponds to: OME

Text: In addition to meeting the conditions of participation at §418.10 through §418.116, a hospice that provides hospice care to residents of a SNF/NF or ICF/MR must abide by the following additional standards.

CoP Standard	Tag	Corresponds to	Deficiency
§418.112(d)(1)	L774	OME - PC.01.03.01/EP40	Standard

The Joint Commission
Findings

Chapter: Human Resources

Program: Home Care Accreditation

Standard: HR.01.06.01

Standard Text: Staff are competent to perform their responsibilities.

Primary Priority Focus Area: Staffing

Element(s) of Performance:

3. An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.
Note: When a suitable individual cannot be found to assess staff competence, the organization can utilize an outside individual for this task. If a suitable individual inside or outside the organization cannot be found, the organization may consult the competency guidelines from an appropriate professional organization to make its assessment.

Scoring Category : C
Score : Partial Compliance

5. Staff competence is initially assessed and documented as part of orientation.

Scoring Category : C
Score : Partial Compliance

9. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The supervisor evaluates the following subject areas after observation of a home health aide's or hospice aide's performance of the tasks with a patient:
- Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, or shower bath; sink, tub, or bed shampoo; nail and skin care; oral hygiene; toileting and elimination
- Safe transfer techniques and ambulation
- Normal range of motion and positioning

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 3
Observed in Competency Session at Alive Hospice, Inc. Main Office (1718 Patterson Street, Nashville, TN) site.
The surveyor noted an individual with the educational background, experience, or knowledge related to the skills assessed had not been identified to assess the volunteer massage therapist.

Observed in Competency Session at Alive Hospice, Inc. Main Office (1718 Patterson Street, Nashville, TN) site.
The organization had not identified an individual with the educational background, experience, or knowledge related to the skills being reviewed. For example the competence assessment for the hospice chaplain had been reviewed by a nurse. The hospice director clarified the nurse did not have additional background, experience or related knowledge to assess the competency of the hospice chaplain. The surveyor noted the organization reported the individual had units of Clinical Pastoral Education (CPE) on the application however had not adopted CPE as evidence of competence in their process and had not obtained the credential.

EP 5
§418.100(g)(3) - (L663) - (3) A hospice must assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months.
This Standard is NOT MET as evidenced by:
Observed in Competency Session at Alive Hospice, Inc. Main Office (1718 Patterson Street, Nashville, TN) site for the Hospice deemed service.
Staff competence had not been documented as described for one physician hired fall 2013.

Observed in Competency Session at Saint Thomas West Inpatient Unit (4220 Harding Rd., Nashville, TN) site for the Hospice deemed service.
The surveyor noted during the competency session the Medical Director described a competency process for physicians however, confirmed the organization had not developed a process to document the competency process as described had been provided for all physicians upon hire.

EP 9
§418.76(c)(1) - (L615) - (1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (b)(3)(iii), (b)(3)(ix), (b)(3)(x) and (b)(3)(xi) of this section must be evaluated by observing an aide's performance of the task with a patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a hospice aide with a patient.
This Standard is NOT MET as evidenced by:
Observed in Competency Session at Murfreesboro Office (1639 Medical Center Pkwy, Suite 202, Murfreesboro, TN) site for the Hospice deemed service.
The surveyor noted there was no evidence a competency evaluation had been performed for one hospice aide which addressed each of the subjects listed in paragraph (b) (3) of the Conditions of Participation. For example, neither the current or previous annual or initial competence assessments addressed the required areas. Upon further interview the organization had recently changed the competence assessment process however had not assured this individual had a competency evaluation according to all addressed elements.

Chapter:	Medication Management
Program:	Home Care Accreditation
Standard:	MM.04.01.01
Standard Text:	Medication orders or prescriptions are clear and accurate. Note: For more information on verbal and telephone orders, refer to Standards RC.02.03.07 and PC.02.01.03.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

13. For organizations that prescribe or receive medication orders verbally or via telephone, fax, or electronic media: The organization implements its written processes for medication orders or prescriptions.

Scoring
Category : C
Score : Insufficient Compliance

Observation(s):

EP 13
Observed in Tracer Visit #4 at Murfreesboro Office (1639 Medical Center Pkwy, Suite 202, Murfreesboro, TN) site.
As noted by the Hospice Surveyor and confirmed by the Clinical Director of West/Flex and On Call Teams, the organization had not implemented its written process for medication orders. The organization policy stated that they would document a reason for all PRN orders. Example: Tramadol HCL by mouth tablet 50 mg 1 tablet PRN two times a day PO and Acetamin by mouth tablet 500 mg 1 tablet PRN daily PO. Neither of these medications had a reason for the PRN as required by agency policy.

Observed in Tracer Visit #1 at Alive Hospice, Inc. Main Office (1718 Patterson Street, Nashville, TN) site.
As noted by the Hospice Surveyor and confirmed by the Clinical Director of West/Flex and On Call Teams, the organization had not implemented its written process for medication orders. The organization policy stated that they would document a reason for all PRN orders. Example: Hydrocortisone topical as directed three times a day as needed. This medication did not have a reason for the PRN as required by agency policy.

Observed in Tracer Visit #2 at Alive Hospice, Inc. Main Office (1718 Patterson Street, Nashville, TN) site.
As noted by the Hospice Surveyor and confirmed by the Clinical Director of West/Flex and On Call Teams, the organization had not implemented its written process for medication orders. The organization policy stated that they would document a reason for all PRN orders. Example: Roxanol by mouth solution 20 mg/ml 3-10 mg PRN every 4 hours PO. This medication did not have a reason for the PRN as required by agency policy.

Observed in Tracer Visit #3 at Murfreesboro Office (1639 Medical Center Pkwy, Suite 202, Murfreesboro, TN) site.
As noted by the Hospice Surveyor and confirmed by the Clinical Director of West/Flex and On Call Teams, the organization had not implemented its written process for medication orders. The organization policy stated that they would document a reason for all PRN orders. Example: Acetaminophen by mouth tablet 325 mg 1 tab PRN every 6 hours per G tube and Albuterol Sulfate HFA Inhaler Aerosol solution 0.083% 3ml PRN every 4 hours nebulizer. These
medications did not have a reason for the PRN as required by agency policy.

Observed in Record Review #4 at Alive Hospice, Inc. Main Office (1718 Patterson Street, Nashville, TN) site.
As noted by the Hospice Surveyor and confirmed by the Clinical Director of West/Flex and On Call Teams, the organization had not implemented its written process for medication orders. The organization policy stated that they would document a reason for all PRN orders. Example: Loperamide HCL by mouth capsule 2 mg 1 capsule PRN daily PO. This medication did not have a reason for the PRN as required by agency policy.

Observed in Record Review #5 at Alive Hospice, Inc. Main Office (1718 Patterson Street, Nashville, TN) site.
As noted by the Hospice Surveyor and confirmed by the Clinical Director of West/Flex and On Call Teams, the organization had not implemented its written process for medication orders. The organization policy stated that they would document a reason for all PRN orders. Example: Glycerin Rectal suppository 2 1 Gm 1 PRN daily. This medication did not have a reason for the PRN as required by agency policy.

Observed in Individual Tracer at Saint Thomas West Inpatient Unit (4220 Harding Rd., Nashville, TN) site.
The surveyor noted during Tracer #6 the organization had not followed their process to clarify the medication order when a do not use abbreviation qd was used in two medication orders for the same patient, written on two different dates by the same clinician. For example, upon interview the RN stated the process had not been followed to contact the author to verify the order when the do not use abbreviation qd had been used as part of hand written medication orders on two different dates in the same record.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.01.02.01

Standard Text: The organization assesses and reassesses its patients.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

36. For hospices that elect to use The Joint Commission deemed status option: The hospice's interdisciplinary group updates the comprehensive assessment in collaboration with the patient's attending physician, if any, as frequently as the patient's condition requires, but no less than every 15 days.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 36
§418.54(d) - (L533) - §418.54(d) Standard: Update of the comprehensive assessment.

The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.
This Standard is NOT MET as evidenced by:
Observed in Tracer Visit #2 at Alive Hospice, Inc. Main Office (1718 Patterson Street, Nashville, TN) site for the Hospice deemed service.
As noted by the Hospice Surveyor and confirmed by the Clinical Director of West/Flex and On Call Teams, the organization had not updated the comprehensive assessment no less frequently than every 15 days. A Hospice Interdisciplinary Team Meeting, for this patient, had been done on 2/18/14 and the next one was done on 3/11/14. This is a span of 20 days.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.01.03.01

Standard Text: The organization plans the patient's care.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

40. For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for the Mentally Retarded (ICF/MR), the hospice plan of care identifies the care and services that are needed and identifies which provider is responsible for performing the functions that have been agreed upon and included in the plan of care.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 40
§418.112(d)(1) - (L774) - (1) The hospice plan of care must identify the care and services that are needed and specifically identify which provider is responsible for performing the respective functions that have been agreed upon and included in the hospice plan of care.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Alive Hospice, Inc. Main Office (1718 Patterson Street, Nashville, TN) site for the Hospice deemed service.
The surveyor noted the plan of care in Tracer #6 had not specifically identified which provider was responsible to perform the respective functions. For example, the The surveyor noted the plan of care had not outlined specific individualized functions the Skilled Nursing Facility staff would be responsible to provide for a hospice patient who was a resident of a skilled nursing facility.

Observed in Individual Tracer at Alive Hospice, Inc. Main Office (1718 Patterson Street, Nashville, TN) site for the Hospice deemed service.
The surveyor noted the hospice plan of care had not specifically identified which provider was responsible for performing respective functions for a second plan reviewed for another hospice patient who was a resident at a skilled nursing facility.

Observed in Record Review at Alive Hospice, Inc. Main Office (1718 Patterson Street, Nashville, TN) site for the Hospice deemed service.
The surveyor noted in three additional records pulled to understand hospice careplanning with Skilled Nursing Facilities, two plans had not been individualized to identify the respective functions the skilled facility staff were expected to provided as per verbal agreement. The surveyor noted a third plan of care had not specifically identified respective functions for the skilled nursing facility staff.

Miscellaneous Information

ALIVE HOSPICE, INC.'S SHARE OF CHARITY CARE PROVIDED BY HOSPICES STATEWIDE (67) AND IN MIDDLE TENNESSEE (21)
(CURRENT JOINT ANNUAL REPORTS; TDH SPECIAL REPORT)

State ID	Facility Name	County	Net Revenue Total	Charity Care Total	
5602	Blount Memorial Hospital Hospice	Blount	$2,588,078	$11,455	
6603	Family Hospice, Cleveland	Bradley	$677,474	$1,455	
6613	Home Health Care of East Tennessee, Inc.	Bradley	$3,742,003	$0	
9625	Baptist Memorial Home Care and Hospice	Carroll	$397,535	$0	
9645	Aseracare Hospice - McKenzie	Carroll	$9,360,164	$3,633	
10601	Amedisys Hospice an Adventa Company	Carter	$12,698,100	$70,720	
13603	Suncrest Hospice	Claiborne	$455,799	$1,489	
15602	Smoky Mountain Home Health and Hospice	Cocke	$10,645,009	$31,080	
16604	Hospice Compassus- The Highland Rim	Coffee	$7,911,662	$185,369	
18604	Hospice of Cumberland County	Cumberland	$797,019	$26,472	**Alive Charity Care in State**
18614	Cumberland House*	Cumberland	$428,296	$2,976	
19604	Aseracare Hospice - Nashville	Davidson	$2,673,519	$8,976	
19614	**The Residence at Alive Hospice***	**Davidson**	**$5,180,283**	**$218,900**	**$912,638**
19624	**Alive Hospice**	**Davidson**	**$25,545,822**	**$693,738**	**21.2%**
19674	Priority Hospice Care	Davidson	$761,938	$0	
19684	Odyssey (Gentiva) Hospice	Davidson	$9,854,185	$34,069	
19694	Avalon Hospice	Davidson	$15,912,655	$16,951	
19704	Hospice Advantage	Davidson	$18,348	$0	
19714	Caris Healthcare, LP	Davidson	$13,903,468	$37,665	
19724	Hospice Advantage of Nashville	Davidson	$476,819	$0	
24606	Caris Healthcare, LP	Fayette	$3,172,910	$465	
25604	Quality Hospice	Fentress	$474,069	$0	
27605	Caris Healthcare, LP	Gibson	$1,692,685	$0	
32603	University of TN Medical Center Hospice Services	Hamblen	$1,462,210	$25,300	
33603	Amedisys Hospice An Adventa Company	Hamilton	$10,456,318	$41,920	
33613	Hospice of Chattanooga, Inc.	Hamilton	$27,548,483	$81,642	
33643	Avalon Hospice	Hamilton	$4,305,744	$13,684	
33653	Caris Healthcare, LP	Hamilton	$2,691,205	$0	
33663	Hospice of Chattanooga Walker Road*	Hamilton	$2,398,271	$85,411	
34601	Hancock County Home Health and Hospice Agency	Hancock	$85,055	$0	
40615	Henry County Medical Center Hospice	Henry	$964,784	$13,338	
47602	Amedisys Hospice An Adventa Company	Knox	$14,694,790	$206,510	
47632	Covenant Homecare	Knox	$4,041,200	$24,419	
47642	Tennova Hospice	Knox	$1,637,139	$53,486	
47662	U T Medical Center Home Care Services - Hospice	Knox	$4,300,877	$157,080	
47682	Caris Healthcare, LP	Knox	$14,027,219	$66,185	
47692	Tennova Hospice (Residential)*	Knox	$1,498,640	$398	
52614	Lincoln Medical Home Health and Hospice	Lincoln	$413,554	$5,865	
54603	Caris Healthcare, LP	McMinn	$3,288,462	$6,975	
55605	Mercy Hospice, Inc.	McNairy	$983,472	$27,945	
57605	Hospice of West Tennessee	Madison	$4,580,059	$253,070	
57615	Tennessee Quality Hospice	Madison	$6,394,960	$7,350	
63604	Gateway Hospice, Clarksville	Montgomery	$2,166,019	$27,722	
66605	Baptist Home Care and Hospice	Obion	$937,338	$18,981	
68604	Unity Hospice Care of Tennessee, LLC	Perry	$1,758,080	$8,448	
71604	Gentiva Hospice	Putnam	$1,342,353	$1,324	
74614	Northcrest Hospice	Robertson	$791,525	$18,945	
74624	Caris Healthcare, LP	Robertson	$3,215,176	$8,215	
75624	Caris Healthcare, LP	Rutherford	$11,297,417	$41,695	
79606	Baptist Trinity Hospice House*	Shelby	$1,553,661	$495,118	
79616	Baptist Trinity Hospice	Shelby	$3,590,870	$57,589	
79646	Amedisys Hospice of Memphis	Shelby	$4,160,657	$64,960	
79666	Methodist Alliance Hospice	Shelby	$8,575,000	$428,750	
79676	Crossroads Hospice of Tennessee	Shelby	$18,932,661	$137,780	
79686	Hospice Advantage of Memphis	Shelby	$1,199,305	$16,633	
79696	Gentiva Hospice	Shelby	$1,117,747	$7,207	
79706	Methodist Alliance Hospice	Shelby	$2,367,000	$363,000	
82601	Wellmont Hospice	Sullivan	$3,811,857	$30,163	
82691	Wellmont Hospice House (Residential)*	Sullivan	$376,996	$2,983	
83604	Highpoint Hospice	Sumner	$3,530,960	$4,763	
84606	Baptist Home Care and Hospice - Covington	Tipton	$314,231	$4,462	
90601	Medical Center Hospice	Washington	$5,171,976	$41,962	
90611	Caris Healthcare, LP	Washington	$17,957,872	$13,330	
91602	Volunteer Hospice	Wayne	$792,824	$35,605	
94604	Willowbrook Hospice	Williamson	$3,049,575	$0	
94614	Guardian Hospice of Nashville, LLC	Williamson	$3,090,220	$53,743	
96600	Magnolia Regional Health Center Home Health and Hospice Agency	Alcorn	$657,268	$1,085	
	STATEWIDE TOTAL			**$4,300,454**	

State ID	Facility Name	County	Net Revenue Total	Charity Care Total	
16604	Hospice Compassus- The Highland Rim	Coffee	$7,911,662	$185,369	
18604	Hospice of Cumberland County	Cumberland	$797,019	$26,472	**Alive Charity Care in Middle TN**
18614	Cumberland House*	Cumberland	$428,296	$2,976	
19604	Aseracare Hospice - Nashville	Davidson	$2,673,519	$8,976	
19614	**The Residence at Alive Hospice***	**Davidson**	**$5,180,283**	**$218,900**	**$912,638**
19624	**Alive Hospice**	**Davidson**	**$25,545,822**	**$693,738**	**65.8%**
19674	Priority Hospice Care	Davidson	$761,938	$0	
19684	Odyssey (Gentiva) Hospice	Davidson	$9,854,185	$34,069	
19694	Avalon Hospice	Davidson	$15,912,655	$16,951	
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63604	Gateway Hospice, Clarksville	Montgomery	$2,166,019	$27,722	
71604	Gentiva Hospice	Putnam	$1,342,353	$1,324	
74614	Northcrest Hospice	Robertson	$791,525	$18,945	
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75624	Caris Healthcare, LP	Rutherford	$11,297,417	$41,695	
83604	Highpoint Hospice	Sumner	$3,530,960	$4,763	
94604	Willowbrook Hospice	Williamson	$3,049,575	$0	
94614	Guardian Hospice of Nashville, LLC	Williamson	$3,090,220	$53,743	
				$0	
	MIDDLE TENNESSEE BASED AGENCIES TOTAL			**$1,387,388**	

ALIVE HOSPICE'S SHARE OF CHARITY CARE PROVIDED BY AGENCIES (14) AUTHORIZED TO SERVE FIVE COUNTY PROJECT PRIMARY SERVICE AREA

State ID	Agencies Authorized in Project Primary Service Area	County	Net Revenue Total	Charity Care Total	Alive Charity Care in This Group
19614	The Residence at Alive Hospice*	Davidson	$5,180,283	$218,900	$912,638
19624	Alive Hospice	Davidson	$25,545,822	$693,738	73.3%
19604	Aseracare Hospice - Nashville	Davidson	$2,673,519	$8,976	
19694	Avalon Hospice	Davidson	$15,912,655	$16,951	
19714	Carls Healthcare, LP	Davidson	$13,903,468	$37,665	
19684	Odyssey (Gentiva) Hospice	Davidson	$9,854,185	$34,069	
75624	Carls Healthcare, LP	Rutherford	$11,297,417	$41,695	
71604	Gentiva Hospice	Putnam	$1,342,353	$1,324	
6613	Home Health Care of East Tennessee, Inc.	Bradley	$3,742,003	$0	
19704	Hospice Advantage	Davidson	$18,348	$0	
19724	Hospice Advantage of Nashville	Davidson	$476,819	$0	
16604	Hospice Compassus- The Highland Rim	Coffee	$7,911,662	$185,369	
52614	Lincoln Medical Home Health and Hospice	Lincoln	$413,554	$5,865	
19674	Priority Hospice Care	Davidson	$761,938	$0	
94604	Willowbrook Hospice	Williamson	$3,049,575	$0	
	TOTAL FOR HOSPICES SERVING PROJECT'S PRIMARY SERVICE AREA			$1,244,552	

ANNUAL REPORT

2013

Serving Middle Tennessee since 1975

Bedford County	Dickson County
Cannon County	Robertson County
Cheatham County	Rutherford County
Coffee County	Sumner County
Davidson County	Williamson County
DeKalb County	Wilson County

FROM THE BOARD CHAIR AND CEO

We keep up with a lot of metrics at Alive Hospice to measure the impact we're making, but there's one statistic we don't know: how many times in a year family members of patients served by this organization stop us in public to share their Alive Hospice experiences.

We love hearing how they and their loved ones were embraced and empowered at a most fragile time in their lives. They talk about the many things we do, and when you stop to think about it, it all adds up to something incredible that has a huge impact on our community.

People know we provide hospice care, but they may not realize how just much is involved: That it's not only pain and symptom management, but also emotional and spiritual support. That it's not only for patients, but for the entire family. That it's not for just the last day or two of life, but for the last six months. That we provide this care not only for adults, but that we have Middle Tennessee's only dedicated pediatric hospice team. (Note the word "team." Every patient gets a team of five: a hospice physician (if requested), a registered nurse, a social worker who is a pre-bereavement specialist, a hospice aide, and last but very not least a chaplain.)

They may have heard about our grief support services, but they may not know just how much we offer.

It's just amazing: grief counseling for adults and children, support groups, camps, holiday grief seminars... "Life-changing" doesn't begin to describe it. And it's not only for the families of Alive Hospice patients; we're here for everyone who needs us.

They may not realize that community education is part of what we do with workshops throughout the year, seminars, our annual Faith Leaders Conference, informational visits and more.

And then, we tell them something that really shows just how special this organization is: We provide care to anyone who needs it, regardless of insurance coverage status or ability to pay. If someone needs our care, we don't turn them away. We believe it should be available for everyone, and thanks to our donors, it is.

This document, our 2013 annual report, is a glimpse at just one year in our 38 years of service in Middle Tennessee. We're here for our community, and we're so grateful that our community is here to support us. Together, we make a difference!

Liz Schatzlein, *2013 Board Chair*
Anna-Gene O'Neal, *President and CEO*

FOUNDERS
David Barton, M.D.
John M. Flexner, M.D.

2013 BOARD OF DIRECTORS
Liz Schatzlein, *Chair*
Mary Falls, *Immediate Past Chair*
Warren McPherson, M.D. *Treasurer*
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Evans Looney
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Scott McWilliams
Frank Morgan
Libby Page
Stephen Riven
Stephen Roberts
Cathryn Rolfe
Will Wright

ADVISORY COMMITTEE
Susan Simons, *Chair*
Leslee B. Alexander
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Lynn Barton, LCSW
Colleen Conway-Welch, Ph.D., CNM, FAAN
Donna Culver
Linda Dale
J.D. Elliott, FACHE
Annette B. Eskind
Mary Hunter, RN, MBA
Helen L. Laubach
Roberta Lochte-Jones
Joseph C. Moss
Sandra Roberts
Bertie F. Shriver

OUR MISSION:
Alive Hospice provides loving care to people with life-threatening illnesses, support to their

HOSPICE CARE
Embrace Life

GRAND REOPENING

In August 2013, we celebrated the grand reopening of our 15-bed Alive Hospice at **TriStar Skyline Madison Campus** inpatient unit. We were delighted to have **Mayor Karl Dean** with us for the occasion and to see our spruced-up facility!

Mayor Karl Dean at our grand reopening celebration

OUR HERO

Alive Hospice pediatric nurse **Kellye Byrn** was honored as one of the **Nashville Business Journal's 2013 Health Care Heroes.** Kellye, a nurse at Alive Hospice since 2008, described her work this way: "To be able to make a difference in a child's life, especially one facing the end of life, is very rewarding. This is what I was called to do."

Pediatric hospice nurse Kellye Byrn (5 years with Alive Hospice) and Jordyn Luker

HOME HOSPICE CARE

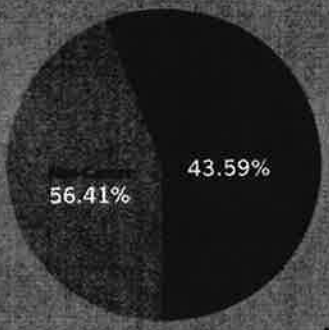
2,369 patients received care in their homes in 2013

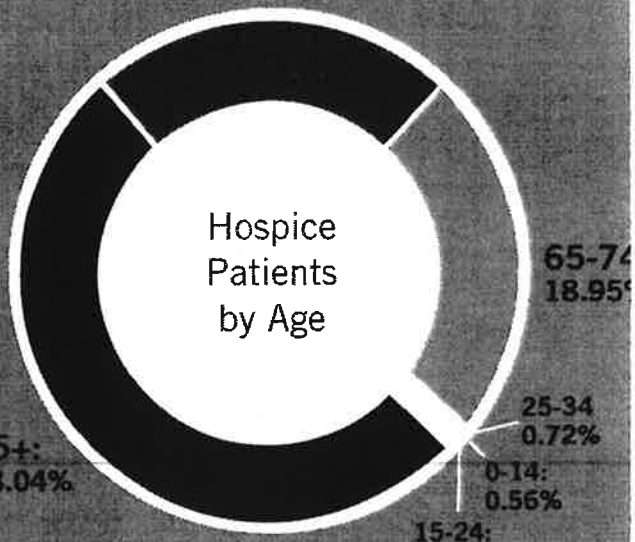
INPATIENT HOSPICE CARE

720 patients served at Alive Hospice Residence Nashville

506 patients served at Alive Hospice at Saint Thomas West Hospital

344 patients served at Alive Hospice at TriStar Skyline Madison Campus





PATIENT CARE AT A GLANCE

3,198 patients and their families received care in 2013

23 pediatric patients and their families received care in 2013

149,508 patient days of care (our highest

409.6 Average daily census

ALIVE GRIEF SUPPORT
Find Peace

Alive Grief Support is here for the entire community with grief counseling for adults and kids, support groups, camps for kids, educational seminars and more. Heartbreak and healing go hand in hand, and our counselors are here with open arms. Click here for more information, or call 615-963-4732.

HOPE FOR HEALING

Our friend **Joni Werthan** believes in what we do, and she gave a generous gift to our grief support services to help healing happen. We unveiled a sign bearing Joni's name at our grief center in November 2013, our grateful acknowledgement of what she has made possible for others: **hope.**

Joni Werthan receives a hug from Alive Hospice co-founder Dr. David Barton

Grief Counselor John Baker (24 years with Alive Hospi and client Brenda Howard

CAMPS

Alive Hospice gave nearly **100 grieving kids and teens**, and an experience they'll never forget in 2013 with our three camps: **Camp Forget-Me-Not** (held in Murfreesboro each year), **Camp Evergreen** (held in White Bluff) and the **Alive Teen Retreat** (held in La Vergne).

Camp Forget-Me-Not | 40 participants
Camp Evergreen | 37 participants
Alive Teen Retreat | 18 participants

Camp Evergreen is a place to find support, friends and fun after a loss.

ALIVE GRIEF SUPPORT AT A GLANCE

611 adults and children received grief support

23 grief support groups

21,909 bereavement mailings

2,998 individual counseling sessions

2,941 calls to the Grief Line (615-963-4732)

3 Grief During the Holidays seminars drew **78** people

VOLUNTEER SERVICES
Give Comfort

Volunteers do so many things for Alive Hospice patients and families and for the agency as a whole! From patient visits, pet therapy and music therapy to knitting and crocheting, creating keepsake audio recordings, tuck-in calls, special events, office support and much more, it's not hard to see why we say volunteers are the heart of Alive Hospice. **Click here for more about volunteer opportunities**

16,603

service hours were given by Alive Hospice volunteers in 2013

Volunteer and Heart of Hospice Award recipient Margot Fray (center)

AN INSPIRATION

Alive Hospice volunteer **Ben Rosenberg** was honored as the **Strobel Volunteer Awards'** 2013 Youth Volunteer award winner. Ben was drawn to Alive Hospice as a junior in high school, demonstrating a maturity far beyond his youth. He's an inspiration to us all!

Rafe, a Border Terrier and four-legged Alive Hospice volunteer, visits patients every Wednesday with his human companions Lee and Jim Holzemer.

Volunteer Ben Rosenberg receives a hug from Alive Hospice Chief Nursing Officer/Chief Operating Officer Barbara Brennan

VOLUNTEER SERVICES AT A GLANCE

406 volunteers

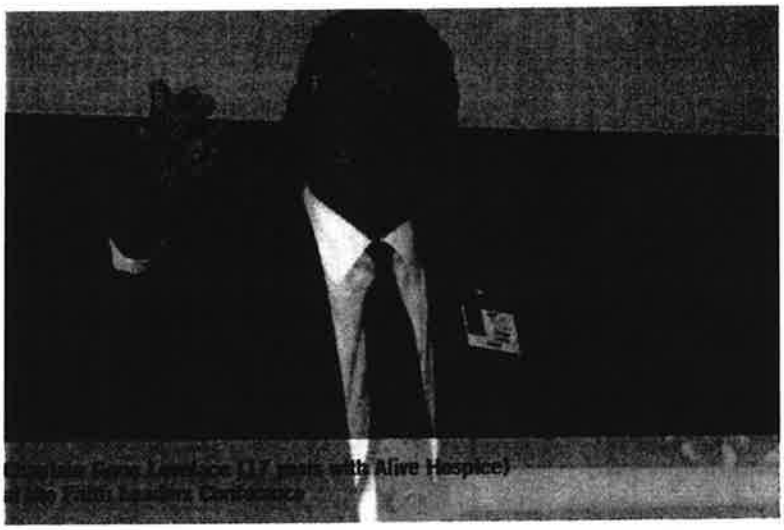
$267,500 cost-savings generated

"I just feel like it is my responsibility to give back by volunteering. I am proud to be part of a group of individuals who give their talents like making greeting cards, afghans, pillows, perform music, and many other activities to help the patients and their families, all because they care."

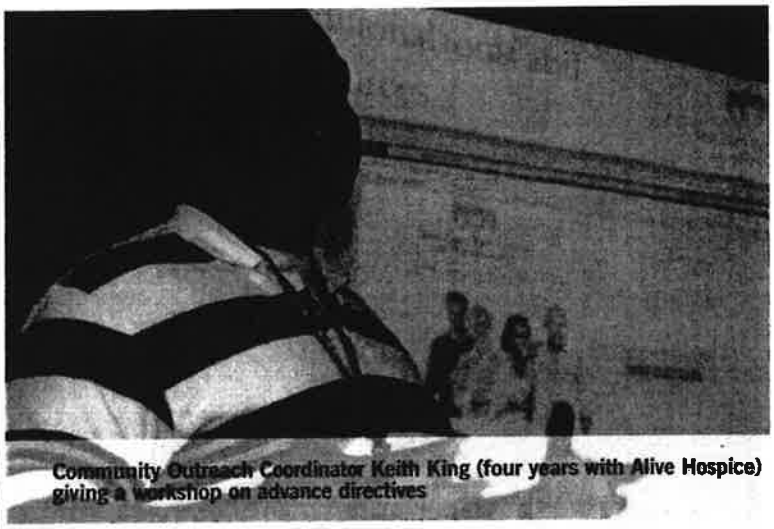
COMMUNITY EDUCATION
Service to the Community

FAITH LEADERS CONFERENCE

Our 4th annual Faith Leaders conference drew nearly **100 people** to learn about topics including **The Healing Power of Forgiveness, Honoring Silence; What Not to Say; Near-Death Awareness; Congregational Grief;** and **Preparing Caregivers, Families and Patients.**



Chaplain Gene Lawrence (17 years with Alive Hospice) at the Faith Leaders Conference



Community Outreach Coordinator Keith King (four years with Alive Hospice) giving a workshop on advance directives

LUNCH AND LEARN SERIES

We expanded our community education focus in 2013 with our **Lunch and Learn Series**, bringing nearly **350 people** onto our campus for presentations on topics including **Compassion Fatigue; Resentment, Forgiveness, Wonder and Letting Go; an interfaith panel discussion** on the end of life; **music therapy**; and more. **Click here to see upcoming topics**

THE GIFT INITIATIVE

We gave **48 workshops** on advance care planning as part of The Gift Initiative of Alive Hospice, reaching more than **950 people** with information and tools to help in completing advance directives. **Click here for more about The Gift Initiative**

6,896

people were reached through Alive Hospice educational [illegible]

158

presentations were given to the community at large and the medical community

KEY PARTNERSHIPS

Alive Hospice enhanced its service to the community with several exciting partnerships in 2013.

en. Bill Frist and Alive Hospice President
nd CEO Anna-Gene O'Neal

JOINT VENTURE WITH ASPIRE HEALTH

In July 2013, Alive Hospice celebrated the launch of a joint venture with **Aspire Health** to provide **palliative care** throughout Middle Tennessee. Aspire was founded by **Sen. Bill Frist** and entrepreneur Brad Smith, who chose Alive Hospice for this partnership in no small part due to our long history of expertise in palliative care. In the venture's first five months alone (from its launch on July 1 to year's end on Dec. 31), Aspire provided palliative care for **437 patients.** For more about Aspire Health, **click here.**

REEVES-SAIN

Alive Hospice was proud to host the **Rutherford County Chamber of Commerce's** Business Before Hours in July, and we had an exciting announcement to make: our new partnership with **Reeves-Sain,** a Murfreesboro institution for more than 30 years! Reeves-Sain is our pharmaceutical provider for Alive Hospice home care patients across our 12-county service area.

Reeves-Sain Co-Founder Shane Reeves, Rutherford Cou
Chamber of Commerce Director of Membership Kelli Be
and Alive Hospice President and CEO Anna-Gene O'Nea

NASHVILLE PUBLIC TELEVISION DOCUMENTARY

Alive Hospice partnered with Nashville Public Television on "Aging Matters," a documentary series focusing on various aspects of aging in America. The series kicked off in September with an intimate look at the end of life with Alive Hospice patients and staff members telling their stories. Click here to view the program online

CELEBRATIONS AND SPECIAL EVENTS

20 YEARS OF ALIVE AT THE BLUEBIRD

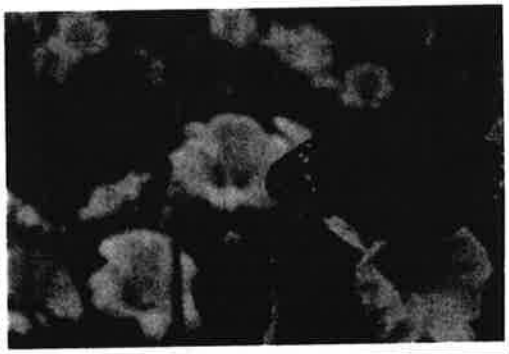
January 2013 marked 20 years of **Alive At The Bluebird** – and more than **$500,000** raised since the series began! Joining us for our 2013 series was **Charles Esten** (Deacon on the hit TV drama "Nashville"), **Kristian Bush, Amy Grant, Vince Gill, Matraca Berg, Jonathan Edwards, Kim Carnes** and **Lori McKenna**, to name just a few.

38 YEARS OF SERVICE

November is National Hospice and Palliative Care Month, and it's also Alive Hospice's anniversary month. We celebrated 38 years of service in Middle Tennessee with a gathering at Alive Hospice Residence Nashville. **Mayor Karl Dean** joined us for the occasion and presented a National Hospice Month proclamation.

arles Esten of the hit TV drama "Nashville," d a featured Alive At The Bluebird artist!

Alive Hospice President and CEO Anna-Gene O'Neal, Board Chair Liz Schatzlein, Mayor Karl Dean and founders Dr. David and Lynn Barton



BUTTERFLY RELEASES

We were delighted to welcome **288 guests** and **307 monarch butterflies** at our 2013 butterfly releases in Nashville and Murfreesboro! These beautiful events are celebrations of loved ones who are gone from our sight, but not from our hearts. Remembrance is an important part of the healing process, and releasing butterflies is one of the most beautiful ways we know to honor the ones we love.

ALIVE HOSPICE MONTH

Lynn and Dr. George Lien hosted a celebration for Alive Hospice at their Murfreesboro home during National Hospice and Palliative Care Month in November. **Mayor Tommy Bragg** presented an Alive Hospice Month proclamation, and we introduced two Murfreesboro physicians who joined our staff: and we introduced two Murfreesboro physicians who joined our staff: **Dr. Nicholas Dieringer,** who is part of our Murfreesboro Team, and

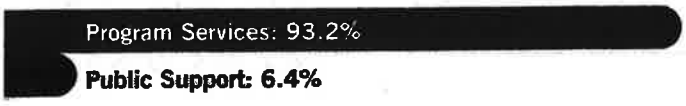
STATEMENTS OF FINANCIAL POSITION

December 31, 2013 and 2012

ASSETS	2013	2012
Current assets		
Cash and cash equivalents	$ 7,481,233	$ 7,835,887
Accounts receivable, net	2,583,395	2,607,925
Pledges receivable, net	299,936	288,297
Prepaid expenses	453,136	336,140
Other current assets	153,075	80,501
Total current assets	10,970,775	11,148,750
Pledges receivable, excluding current portion	48,284	37,442
Investments	1,982,757	1,860,478
Property and equipment, net	10,213,948	10,702,255
Goodwill	554,293	554,293
Investment in Joint Venture	100,100	--
Total Assets	**23,870,157**	**24,303,218**

LIABILITIES AND NET ASSETS		
Current liabilities		
Current installments of long-term debt	---	280,000
Accounts payable	733,886	767,794
Accrued expenses	2,039,042	1,348,291
Total current liabilities	2,772,928	2,396,085
Net assets		
Unrestricted		
Undesignated	**18,461,645**	**19,959,333**
Board designated	445,597	405,200
Total unrestricted net assets	18,907,242	20,000,533
Temporarily restricted	1,025,864	750,493
Permanently restricted	1,164,123	1,156,107
Total net assets	**21,097,229**	**21,907,133**
Total Liabilities and Net Assets	**23,870,157**	**24,303,218**

Sources of Revenue



Allocation of Total Expenses

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Alive Hospice is grateful for support from corporations and individuals who make our mission possible! Thanks to sponsorships, grants and donations, Alive Hospice is able to provide care to all who need it, regardless of insurance coverage status or ability to pay.

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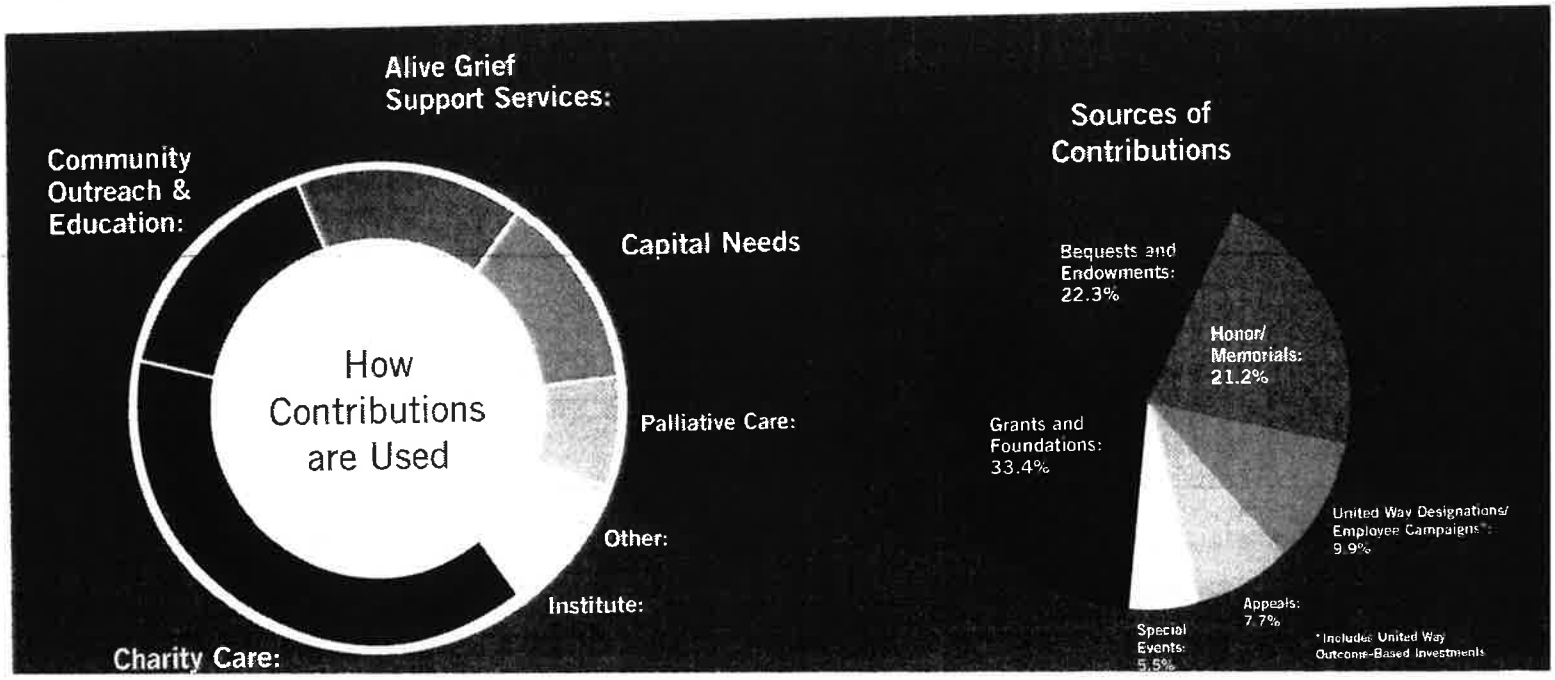

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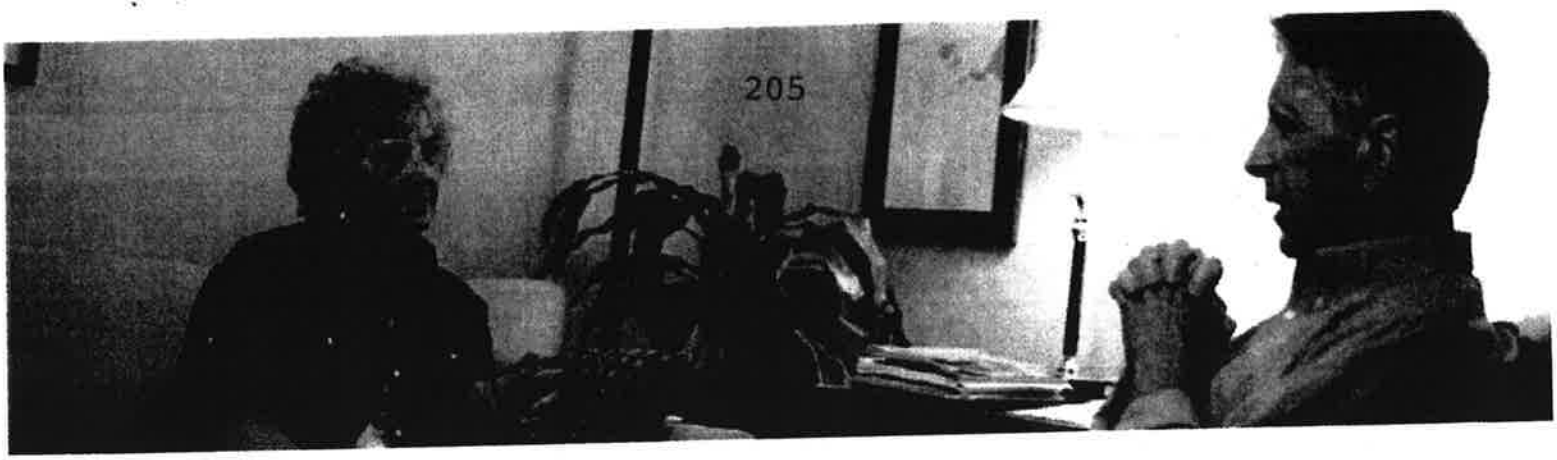

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VANDERBILT UNIVERSITY MEDICAL CENTER

C. Wright Pinson, M.B.A., M.D.
Deputy Vice Chancellor for Health Affairs
Chief Executive Officer, Vanderbilt Health System
Senior Associate Dean for Clinical Affairs

July 7, 2014

Melanie Hill, Executive Director
Health Services and Development Agency
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, TN 37243

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but **close** as well.

Vanderbilt University Medical Center supports this application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

C. Wright Pinson

C. Wright Pinson, MBA, MD
Deputy Vice Chancellor for Health Affairs
CEO of the Vanderbilt Health System

1161 21st Avenue South
D3300 Medical Center North
Nashville, TN 37232-2104

tel 615.343.9324
fax 615.343.2330
wright.pinson@vanderbilt.edu

Vanderbilt Medical Center

Palliative Care

July 2, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Mohana Karlekar, M.D.
Medical Director Palliative Medicine

1211 Medical Center Drive 7232 VUH Nashville, TN 37232
P 615.322.4298 F 615.343.4205

TriStar Skyline
MEDICAL CENTER

TriStarHealth.com
3441 Dickerson Pike
Nashville, TN 37207
(615) 769-2000

July 3, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a residence in Murfreesboro, Tennessee.

Middle Tennessee has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone who is dying, the distance and the travel time to those locations can be burdensome to families.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice also provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Steve Otto

Steve Otto
Chief Executive Officer

SO/th

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July 10, 2014

Melanie Hill, Executive Director
Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37423

RE: The Residence at Alive Hospice Murfreesboro "TRAHM" application number pending

Dear Ms. Hill,

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served out community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

In His Service,

Gordon B. Ferguson, FACHE
President and CEO

1700 Medical Center Parkway
Murfreesboro, Tennessee 37129

p 615-396-4100
STRutherford.com

MissionPoint
HEALTH PARTNERS

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:
MissionPoint Health Partners is a population management company that is part of Ascension Health, the largest Catholic Healthcare company in the country. Part of our mission is to provide care throughout people's lives in the most holistic manner possible. MissionPoint has had a wonderful working relationship with Alive Hospice for the past three years. I write this letter in full support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served the Murfreesboro community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

The Murfreesboro market has healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far. Our goal is to have our members receive the care they need close to their family. This point is even more important when hospice services are needed.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.
Care at the time surrounding death should not only be available to all in need but **close** as well.

I highly support this CON application as it will offer increased access to specialized dedicated health services to this growing community.

Respectfully submitted,

Jordan Asher, MD, MS
Chief Medical Officer and Chief Integration Officer MissionPoint Health Partners

523 Mainstream Drive • Nashville, TN 37228 • 615.284.5700

TENNESSEE ONCOLOGY

www.tnoncology.com

MEDICAL ONCOLOGY/
HEMATOLOGY

John H. Barton Jr., M.D.
Victor G. Gian, M.D.
Mark G. Mainwaring, M.D.
John D. Zubkus, M.D.
Yanjun Ma, M.D.

Jul 02, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37243
C/o Melanie Hill, Executive Director

Regarding the Residence at Alive Hospice, Murfreesboro
Application Number pending

Dear Ms. Hill,

My correspondence to you is in regards to the CON application for Alive Hospice to build a residence in Murfreesboro, TN. I am a local oncologist here in this community and am notifying you on behalf of all the Tennessee Oncology oncologists in Rutherford County. I work with Dr. Victor Gian, Dr. Yanjun Ma, Dr. Darren Mullins and Dr. Mark Mainwaring. Our market is in great need of a dedicated inpatient hospice unit. While we do have outpatient hospice facilities we are in dire need of an inpatient unit as we have traditionally had to send our patient's down to the inpatient units in Nashville, TN. This has caused significant limitations for the patient and patient's caregivers, not only from a cost and time standpoint but also from palliative supportive aspect as well. We have had an outstanding relationship with Alive Hospice for decades and they have been able to help support the dramatic growth which has occurred in Rutherford County over the past decade. Most projections support continued population growth further indicating need for this service. I have personally worked at the inpatient unit at Alive Hospice in Nashville, TN while I was an oncology fellow while training at Vanderbilt University. An inpatient unit provides many of the benefits which cannot be offered in an outpatient setting. Alive Hospice has been our preferred provider as it is a not for profit hospice provider and has provided extensive charity care within our local community. Hospice care should clearly be available not only to those in need but should also be provided in proximity that allows appropriate family support. In summary, the members of the medical oncology community in Rutherford County fully support the CON application for the inpatient hospice unit that is pending in Rutherford County.

Respectively submitted,

John D. Zubkus, M.D.

JDZ/clb

D: Jul 02, 2014
T: Jul 07, 2014

JUL 10 '14 9:52

James A. Nunnery, MD
1927 Cliffview Court
Murfreesboro, TN. 37128
615-890-3004

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

Re: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application # pending

Dear Ms. Hill

I am writing in support of the CON application by Alive Hospice to build a residence facility in Rutherford County.

As a board certified physician in Hospice and Palliative Medicine with a practice dedicated to the treatment of suffering and assistance for patients and their families at the end of life, I see many patients whose families, for one reason or another, cannot provide care in their homes. These patients require a facility that can provide around-the-clock care by dedicated staff.

Currently, the options in our area for patients at the end of life are to be admitted to either a full service hospital, a nursing home or a hospice residence at considerable distance from their home. The first two options are suboptimal because these institutions have other primary goals than hospice care. The hospice residence choices are quite a distance and therefore difficult to reach for many of our patients and their families.

The building of a dedicated hospice residence in our community would provide an optimal solution for many families to the problem of how best to care for dying loved ones.

For these reasons, I wholeheartedly support this CON application.

Respectfully,

James A. Nunnery

James A. Nunnery, MD, FACS
Medical Director of Palliative Medicine
St. Thomas Rutherford Hospital

The City of Murfreesboro
Office of the Mayor

111 West Vine Street
Post Office Box 1139
Murfreesboro, TN 37133-1139

Office: (615) 849-2629
Fax (615) 849-2679
Email: smcfarland@murfreesborotn.gov

MAYOR SHANE MCFARLAND

CITY COUNCIL MEMBERS:

DOUG YOUNG, VICE-MAYOR

MADELYN SCALES-HARRIS

TOBY GILLEY

RICK LALANCE

EDDIE SMOTHERMAN

RON WASHINGTON

July 10, 2014

Health Services and Development Agency
Frost Building, Third Floor
Melanie Hill, Executive Director
161 Rosa L. Parks Blvd.
Nashville, TN 37423

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill,

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population's growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and travel time to those locations is just too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice

and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but close as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Shane McFarland
Mayor

JIM TRACY
SENATOR

14H SENATORIAL DISTRICT
BEDFORD, LINCOLN, MARSHALL,
MOORE & RUTHERFORD

NASHVILLE OFFICE
2 LEGISLATIVE PLAZA
NASHVILLE, TN 37243

Senate Chamber
State of Tennessee

NASHVILLE

TRANSPORTATION
CHAIRMAN
MEMBER OF COMMITTEES
Commerce & Labor

OFFICE (615) 741-1066
FAX (615) 741-2255
1-800-449-8366
EMAIL ADDRESS
sen.jim.tracy@capitol.tn.gov

August 8, 2014

Ms. Melanie Hill, Executive Director
Health Services and Development Agency
161 Rosa L. Parks Boulevard
Nashville, TN 37243

RE: The Residence at Alive Hospice Murfreesboro "TRAHM" (Application number pending)

Dear Melanie:

I wanted to show my support for Alive Hospice and their proposal to build a Residence here in Murfreesboro. Alive Hospice (previously Hospice of Murfreesboro) has faithfully served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue at a strong pace.

In our area, there are dedicated healthcare facilities for all other clinical disciplines – except for hospice. Currently, a hospice patient needing general inpatient care must travel all the way to Nashville or Chattanooga. As you know, when time is of the essence with regard to visitation and/or someone passing on, distance and travel time to those locations are much too far.

Alive Hospice, with its demonstrated expertise in the provision of all levels of care for almost 40 years overall – and 14 years for its Residential based care – is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice provides dedicated pediatric hospice and grief care. In addition, Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. It is also the only not-for-profit hospice in this service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Melanie, specialized care at the time surrounding death should not only be available to all those in need – but should be close as well. Thank you for allowing me this opportunity to support this CON application, as it will offer increased access to specialized dedicated health services in our community.

Best regards,

Jim Tracy

Jim Tracy, Tennessee State Senator
14th Senatorial District

MOTLOW COLLEGE

My Motlow. My Future.

July 9, 2014

Health Services and Development Agency
Attn: Melanie Hill, Executive Director
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice, formerly Hospice of Murfreesboro, has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade, and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone who is dying, the distance and travel time to those locations is just too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited. With a commitment to quality patient care, our agency ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained in both adult and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities and provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in our full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but should be nearby as well.

I support this CON application, as it will offer increased access to specialized, dedicated health services in our community.

Respectfully submitted,

Marylou Apple

Marylou Apple
President

Mark Pirtle Real Estate Investments, LLC

Mark A. Pirtle
Chief Manager

August 14, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Mark A. Pirtle

1639 Medical Center Parkway • Suite 200 • Murfreesboro, TN 37129
Phone: (615) 217-7577 • Fax: (615) 217-5046

JUL 25 '14 PM 3:51

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Debbie R. Cope

DATE: 7/10/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

MHallon MD

DATE:

7/10/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

DATE: 7/11/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Anne Davis

DATE: 7-9-14

NuSirt
BIOPHARMA

July 24, 2014

Melanie Hill, Executive Director
Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37243

RE: The Residence at Alive Hospice Murfreesboro

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Murfreesboro has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

Hospice has seen a significant rise in number of providers, predominately for-profit entities. Alive Hospice is the only not-for-profit hospice in our service area and has provided almost a million dollars of charity care in 2013 alone.

Alive Hospice is one of the oldest hospices in American, Joint Commission accredited, with demonstrated expertise in the provision of all levels of care, for all patients, including pediatrics, regardless of ability to pay.

As Interim CEO of Alive Hospice from November 2010 – March 2012, I know first hand the quality of care rendered at Alive. I strongly support this CON application.

Respectfully submitted,

Barbara A. Cannon
Chief Operating Officer

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Becky Haynes

DATE:

7/10/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Ben Tittsworth Anita L. Tittsworth

DATE: 7/12/14

JUL 15 2014 RECEIVED

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Brenda B Miller
Peter S Miller

DATE:
7-9-14

JUL 25 '14 AM 8:50

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Darlene Henry

DATE: 7/9/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

DATE: 7-9-14

BOULDIN & REED, PLC

ATTORNEYS

G. Sumner R. Bouldin, Jr.
Gregory M. Reed
Kevin R. Bragg

Granville S. R. Bouldin of counsel

Granville S. Ridley (1847-1921)
Granville S. Ridley, Jr. (1893-1982)

sumner.bouldin@bouldinreed.com

July 31, 2014

Melanie Hill, Executive Director
Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423

Re: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Several years ago, a close friend and long time employee was diagnosed with terminal cancer. A single mother with three teenage daughters, Alive made her final days peaceful. Her

daughters were forever grateful. Had inpatient care then been available, the family would have been relieved of much of the stress of her care.

Care at the time surrounding death should not only be available to all in need but close as well. I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Very truly yours,

G. Sumner R. Bouldin, Jr.

GSRB:lh

Family of Medical Services

July 30, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"/Application # Pending

Dear Ms. Hill.

To introduce myself, I am a pharmacist, and co-owner of Reeves-Sain Pharmacy in Murfreesboro, Tennessee. Together with my business partner, Rick Sain, we have owned an independent pharmacy business for more than thirty years in Murfreesboro. I am a seventh-generation resident of Rutherford County, and a fourth-generation pharmacist.

I am personally and professionally aware of a large number of patients, who during the final stages of life are simply not a candidate to remain in his/her home, necessitating admittance to a hospital. A hospital, which in many cases, is not a facility or staff equipped to deal with the nuances of a dying individual, together with any/all family members and friends.

All that being said, with the explosive growth of Rutherford County, the time has come to build a free-standing, in-patient unit that is specifically focused on meeting these critical, sensitive needs of these patients. It is predicted that by the year 2035, there will be an additional one million people move into the Middle Tennessee area. Obviously, thousands and thousands of those individuals will choose Rutherford County to live and work here because of our strong business economy, wide price range of housing and excellent schools.

Rick Sain and I, together with our families and staff, fully support the construction of an Alive Hospice Facility in Rutherford County. Please feel free to contact me, should you have any questions.

Blessings,

W Shane Reeves, Pharm.D.
(o) 615.278.314

1837 Memorial Blvd. – Murfreesboro TN
615.278-0770 ----------www.reevessain.com

Family of Medical Services

July 30, 2014

Health Services and Development Agency
Frost Building, Third Floor, 161 Rosa L. Parks Blvd.
Nashville, Tennessee 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"/Application # Pending

Dear Ms. Hill.

I am writing to you on behalf of Alive Hospice, and the great need in our community and surrounding areas for a residence to be built in Murfreesboro, Tennessee. My wife and I are natives of Bedford County, and we have resided in Murfreesboro for twenty-four years. My business partner, Shane Reeves, and I have been co-owners of Reeves-Sain Family of Medical Services for over thirty years in Murfreesboro. As an independent pharmacy, we have experienced the increased need for end-of-life care throughout our company, which includes infusion, long-term care and retail pharmacies.

Although Alive Hospice has a building in nearby Nashville, families often experience a waiting period because of the large number of Alive Hospice patients in and around the Nashville area. Physical care alone becomes a great burden for families, who typically reach a point of emotional and physical exhaustion in a short period of time.

As our executive assistant, Julie, experienced with her family in 2013, Alive Hospice offers a unique source of education regarding the physical and mental transition of life together with physical comfort and emotional peace. In June of 2013, the Alive Hospice Building in Nashville did not have any available space for new patients. The private, long-term care facility Julie's family chose for their mother experienced air conditioning failure, and it was not repaired or resolved during their stay. Additionally, a staff caregiver (LPN) would not administer the morphine dosage the family doctor and Alive Hospice Staff had ordered, when Julie requested the dose. Many phone calls, and an un-scheduled personal visit by the family's Alive Hospice case manager finally resolved this problem. This is just one family's story, and I am certain there are many families that would absolutely choose an Alive Hospice Facility for this difficult time in their lives.

Shane Reeves and I, together with our families and staff, fully support the construction of an Alive Hospice Facility in Murfreesboro. Please contact me with any questions you may have regarding this application and need.

Warm regards,

Richard H. Sain, Pharm.D.

1837 Memorial Blvd. – Murfreesboro TN
615.278.0770 ---------- www.reevessain.com

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Robert + Billie Bowm

DATE:

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Emily Roberts

DATE: 7/10/2014

JUL 17 '14 4:30:25

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

Jennings Henry

DATE:

7/11/2014

JUL 17 '14 #10

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Jack & Sandy Mitchell

DATE: 7-11-14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

(CHRIS DUNLAP, MD)

DATE: 7-15-2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Joseph Lihk, MD

DATE: 7/9/14.

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Libby Long, MD

DATE: 7/9/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Mark Ahn, M.D.

DATE: 7/8/14

AUG 8 '14 AM 9:36

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Richard Michaelson

Richard D. Michaelson, Jr, MD
303 Minerva Drive
Murfreesboro, TN 37130

DATE:

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Timothy Henschel, MD

DATE: 7-10-14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Catherine Self, President and CEO

DATE: July 7, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Charles Mitchell Murphree

DATE:
07/07/2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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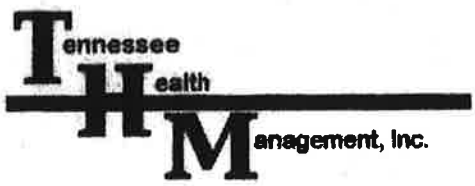
I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

DATE: 7-10-14



Charlie Anderson
Vice President of SNF Operations
Ph.: (731) 847-6343
Fax: (731) 847-4201
canderson@thmgt.com

52 W. Eighth Street
P. O. Box 10
Parsons, TN 38363

JUL 25 '14 AM 9:31

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Cindy L. Flippin

DATE:

July 21, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Dale Clemmer

DATE: 7/24/2014

JUL 16 '14 AM8:51

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

DATE: 7/8/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Joyce Taylor

DATE: 7/8/14

JUL 16 '14 AM 8:50

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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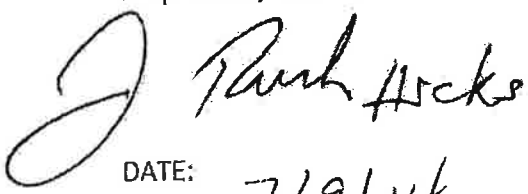
Respectfully submitted,



J Rush Hicks

DATE: 7/9/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Kathy and Pat Ryan

DATE: 7-7-14

I can't say enough about the Alive Hospice and how much that they did for Both of my parents. I will forever remember all the love and support they

JUL 15 PM 4:59

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Lee Ann H

DATE:

7-11-14

JUL 14 '14 AM9:42

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Helen Jennings

Leland Jennings

DATE:

JUL 16 '14 09:42

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

Leslie Akers, NP.C.

DATE: 7/8/14

JUL 15 14 9:57

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Lindsey Fournier

DATE: 7/9/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Lisa Jerry, CEO, Primary Care + Hope Clinic

DATE:

7/17/14

JUL 21 14 AM 9:49

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Marilyn Newsom

DATE: July 12, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Mary B. Richardson

DATE: July 9, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Maryalice Giuseppe

DATE:

JUL 14 '14 AM9:41

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

E D Eastham MD

Edward D. Eastham, MD

DATE:

7/9/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

James A. Kennedy MD

DATE: 7/3/2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

E. H. Hooven III

DATE: 7/11/14

ELIZABETH R. LAROCHE, M.D., FACOG
GYNECOLOGY

305 UPTOWN SQUARE
MURFREESBORO, TN 37129
615-904-1650
FAX: 615-904-0598

August 1, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37423

Melanie Hill, Executive Director

Dear Ms. Hill:

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Respectfully submitted,

Elizabeth R. LaRoche, M.D.

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

[illegible], PGA
HEAD GOLF PROFESSIONAL
STONES RIVER C.C.
DATE: 7/8/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

DATE: 7-9-14

ERNEST G. BURGESS
COUNTY MAYOR

RUTHERFORD COUNTY
TENNESSEE

July 28, 2014

Melanie Hill, Executive Director
Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37243

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

Ernest G. Burgess
Mayor

/vht

ONE PUBLIC SQUARE, SUITE 101, COURTHOUSE • MURFREESBORO, TN 37130 • (615) 898-7745 • FAX (615) 898-7747

Family of Medical Services

July 30, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"/Application # Pending

Dear Ms. Hill.

To introduce myself, I am a pharmacist, and co-owner of Reeves-Sain Pharmacy in Murfreesboro, Tennessee. Together with my business partner, Rick Sain, we have owned an independent pharmacy business for more than thirty years in Murfreesboro. I am a seventh-generation resident of Rutherford County, and a fourth-generation pharmacist.

I am personally and professionally aware of a large number of patients, who during the final stages of life are simply not a candidate to remain in his/her home, necessitating admittance to a hospital. A hospital, which in many cases, is not a facility or staff equipped to deal with the nuances of a dying individual, together with any/all family members and friends.

All that being said, with the explosive growth of Rutherford County, the time has come to build a free-standing, in-patient unit that is specifically focused on meeting these critical, sensitive needs of these patients. It is predicted that by the year 2035, there will be an additional one million people move into the Middle Tennessee area. Obviously, thousands and thousands of those individuals will choose Rutherford County to live and work here because of our strong business economy, wide price range of housing and excellent schools.

Rick Sain and I, together with our families and staff, fully support the construction of an Alive Hospice Facility in Rutherford County. Please feel free to contact me, should you have any questions.

Blessings,

W Shane Reeves, Pharm.D.
(o) 615.278.314

1837 Memorial Blvd. – Murfreesboro TN
615.278-0770 ----------www.reevessain.com

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Michael J Spinoff

DATE: 7-8-14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Mr & Mrs Rucker Collier

DATE: 7/9/2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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DATE: 7/10/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Mary J. Moss, MD

DATE: 7-11-14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Jane W Jones

DATE: 7/9/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Joann H. Moser

DATE:

JUL 15 14 PM 2:57

AUG 15 14 PM 3:01

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Sheila Delaney

DATE: 7/9/14

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

JOHN WELLBORN, being first duly sworn, says that he is the lawful agent of the applicant named in this application, that this project will be completed in accordance with the application to the best of the agent's knowledge, that the agent has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete to the best of the agent's knowledge.

SIGNATURE/TITLE

Sworn to and subscribed before me this 18th day of Aug (Month), 2014 (Year) a Notary

Public in and for the County/State of DAVIDSON

NOTARY PUBLIC

My commission expires March 06 (Month/Day), 2018 (Year).

DONALD SETH ROUSH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

COPY-
SUPPLEMENTAL-1

Alive Hospice
CN1408-037

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

DSG Development Support Group

August 26, 2014

Mark Farber, Assistant Executive Director
Phillip M. Earhart, HSD Examiner
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CN1408-~~[illegible]~~ 277
The Residence at Alive Hospice--Murfreesboro

Dear Mr. Farber:

This letter responds to your recent request for additional information on this application. The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

1. Section A, Applicant Profile, Item 6
The draft lease for the premises is noted. Please submit a fully executed lease agreement or a fully executed Option to Lease agreement.

The applicant expects to submit the executed lease under separate cover on or before August 27.

2. Section A, Applicant Profile, Item 12
Please provide documentation from Medicare and TennCare indicating that two residential hospices can be placed within one hospice provider number.

Attached at the end of this response letter are four pages from the Medicare State Operations Manual that suggest that any number of hospice facilities can share a single provider number. No exceptions for "two residential hospices" are made in these regulations. Section 2084 authorizes a hospice to operate within leased space it does not own. Section 2088 enables a hospice to add multiple locations and participate in Medicare and Medicaid upon providing certain information and assurances and undergoing a review process for that new location.

These have allowed Alive Hospice, Inc. to provide care for years under a single shared provider number in north Nashville, Saint Thomas West, its Davidson and Rutherford home hospice team offices, and its Nashville Residence. All are operated under the

4219 Hillsboro Road, Suite 203
Nashville, TN 37215
jwdsg@comcast.net
Tel 615.665.2022
Fax 615.665.2042

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

same Federal provider number even though there are separate State licenses at the two hospitals, the Residence, and the Alive Hospice home hospice team offices.

It is not possible for a CON applicant to provide a Medicare or TennCare decision letter on this question within the foreseeable future. It may not be possible even to obtain such a decision without an approved CON, as Federal programs do not typically issue hypothetical opinions. So the applicant respectfully suggests that this question be left to the applicant to resolve after CON approval. Any risk to the CON program of Alive's not being able to implement its CON can be addressed in other ways, e.g., by conditioning CON approval on the applicant's providing additional satisfactory assurances within a year.

The applicant would add that this situation does not correspond in any way to the recent Cookeville hospice issues that the HSDA faced. Alive Hospice, Inc. will wholly own this proposed Residence and Alive Hospice, Inc. is already licensed to provide all hospice services in the service area. This is not a Residence whose operator cannot provide hospice care outside of its walls.

3. Section B. Project Description, Item II.A.

a. Since the applicant plans to build-out 15 patient rooms, please explain why the applicant plans to only license ten beds initially. Would it be more cost effective to build-out only ten beds and then add a wing if patient volume increases to support the additional beds?

The applicant has three concerns about such a phased approach in such a small facility. First, a subsequent construction project at such a small building would inevitably create noise and site disturbance that would seriously interfere with the care of dying patients and their families, and would eliminate use of the interior courtyard for a period of time. It would be completely inconsistent with a hospice's need to provide guests with a quiet, peaceful environment.

Second, a later expansion cannot involve "adding a wing". The hospice building design is dictated by a small site. It calls for a building that completely surrounds an interior triangular courtyard, with patient rooms on two sides of the courtyard. Elimination of beds #11-#15 would open a gap in the building. Closing the gap at a later date to add back the five rooms would require demolition of almost-new end walls, and then joining the building ends with new floors, walls, and a roof. This would impose incremental costs such as (1) a second architectural engagement, (2) a second site mobilization by the contractor, (3) building materials that would be more expensive due to small quantity

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

purchasing and due to rising prices over time, and (4) additional building permits and fees.

Third, feedback from the community indicates that more than 10 beds may be needed within just a few years of opening. It does not seem prudent to risk incurring incremental building costs by phasing the project, when all 15 beds may be needed so soon after opening.

b. Based on the description of Project Services on pages 15-16 of the application, it appears that only routine/residential and respite care will be provided at the proposed residential hospice; however your chart on page 17 indicates that general inpatient care can be provided in a residential hospice as well. Please explain.

Table Two on page 17 is correct. Freestanding licensed Residential Hospices can provide GIP level care. The GIP narrative on page 15 failed to include that. A revised page 15R is attached following this page.

c. Are the health care services provided in a residential hospice comparable to services provided in an acute care bed in a hospital, or a skilled nursing bed in a nursing home, or an assisted living bed? Please describe a typical day for a patient in a residential hospice bed.

A Residence can provide several levels of care, as described on pages 15-17 of the application. A patient in a licensed Residential Hospice facility can receive GIP, respite, or routine home care, as needed. A typical day is dependent on the level of care needed by each patient. Each patient has an individualized plan of care. Patients have access to oxygen and suction as needed, they have access to IV; they have medication management through all available routes, and they are cared for 24/7 by registered nurses. A hospice facility may on occasion provide interventional surgical services such as paracentesis or tharcentesis (which involve drawing off congesting internal fluids to make breathing easier), but otherwise a hospice does not provide advanced life support or other surgical interventions.

Routine and respite care patients, if their physical condition permits, are able to freely move around the facility, including enjoying the courtyard for fresh air. The public areas are for use of both the patients and their families, as they choose, just as though they were living at home.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

d. The square footage chart indicates square footage of 17,680 with construction cost of approximately $202/SF, while the Project Cost Chart on page 67 indicates there are 21,600 SF at a construction cost of $4,536,000 or $210/SF. Please address this discrepancy.

The table listing 21,600 SF at $210 PSF on page 67 is not the applicant's Project Cost Chart. It is a table that uses a Project Cost Chart *format* to document the developer's cost for turnkey development of the entire building, only part of which is being leased by the applicant. As the table shows, 78.8% of the building, and hence 78.8% of its total costs, are attributable to the Residence project that is in CON review. That allocated amount of $5,200,841 is shown at the bottom of the table. The first term lease cost was greater, and so under HSDA rules that least outlay was entered on the applicant's Project Cost Chart, which is page 68 of the application.

The architect's Cost PSF table in the attachment is required to address only the construction cost, and only the area occupied by the project being reviewed.

The developer's construction cost was $4,536,000 (21,600 SF X $210). Allocation of 78.8% of it to this project is a construction cost for this project of $3,574,410.

The entire building is 21,600 SF. Allocation of 78.8% of it to this project is a project space of 17,021 SF.

Attached following this page is a revised Cost Per SF Chart correcting the original 17,680 SF figure to the more accurate 17,021 SF total. The data on the chart now correspond to the other data in the application.

4. Section B. Project Description, Item II.BH.

a. It is indicated in you narrative the applicant's inpatient beds will decline from 60 to 45 but in the chart that follows the decline is shown as 60 to 55. Please address this discrepancy.

Alive now has 60 inpatient beds, all in Davidson County. By the end of CY2014, Alive will close 15 of those beds and hopes to have 10 new beds approved in Rutherford County. So in Davidson County, Alive beds are being reduced to 45; but if the Murfreesboro project is approved Alive will operate 55 inpatient beds in both counties.

Attached after this page is a revised page 21R correcting the narrative above Table Three from "45" beds to "55" beds.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

b. You have mentioned several times in the application that Alive Hospice provides almost $1,000,000 annually in charity care. According to the 2013 JAR, Alive Hospice provided $693,738. Are you also including the charity care for the Residence at Alive Hospice-Nashville?

Yes. Alive Hospice, Inc. provided $912,638 in charity care through both its Residence and its other hospice operations. This is shown in the spreadsheet report in the "Miscellaneous" attachment at the end of the CON application. The Residence provided $218,900 in charity care and Alive Hospice, Inc. provided $693,798 of charity care not including the charity care provided by the Residence.

5. Section C, Need, Item 1. (Service Specific Criteria-Hospice Services)

a. Criterion 1. Adequate Staffing
Please compare the applicant's proposed staffing pattern to the national norms mentioned in the applicant's discussion.

There are no national norms for staffing a residential hospice because there are so few nationally (due to their operating deficits). In fact, there are no national norms for any hospices anymore--even in terms of ranges of staffing--although the national organization does provide a wealth of data on national practices. Attached at the end of this response letter are excerpts from NHPCO literature stating that there are now processes, rather than prescriptions, for providing appropriate staffing. It is not possible to offer a national norm or even a range for staffing this facility.

Nor does Medicare provide more than minimal guidance. After the NHPCO staffing material, are attached pages from the Medicare COP (Conditions of Participation) regulation. Medicare requires only one patient care RN per shift when there is even one GIP patient being cared for.

It should be reassuring, however, that the proposed ARH-M facility will clearly exceed minimum staffing expectations, because of its small patient census. It will be staffed 24:7 with registered nurses and at capacity its RN staffing will never be less than a 1:5 nurse to patient ratio--which exceeds the staffing ratio in many acute care hospitals. In addition, patients as well as patient families will be supported by hospice aides, social workers/grief counselors, and a chaplain, as needed.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

b. Criterion 6. Quality Control and Monitoring
Please provide documentation of the applicant's plan for data reporting, quality improvement, and outcome and process monitoring system.

Attached at the end of this response letter is Alive's current 2014 Quality Improvement Plan (QIP), so that the depth of the organization's commitment to data reporting, quality improvement, and outcome/process monitoring is understood. This is an abbreviated document, with confidential metrics about Alive's operation removed.

c. Criterion 12. Types of Care
What levels of care will the applicant be providing in the residential hospice?

Those indicated in Table Two on page 17 of the application: general inpatient care, routine home care, and respite care.

6. **Section C, Need, Item 6.**

a. Table Thirteen-A for 2014 lists 7,674 days. Is that correct?

Yes; but the data to the right of that number are not correct. The average length of stay in Table Thirteen-A on page 60 should be 9.1 days, and the ADC and occupancy should be 21.0 days and 70%, respectively. Attached after this page is revised page 60R making those corrections.

The decline in patient days and ALOS for CY2014 at the Nashville Residence is attributed in part to the decision to close the Saint Thomas West unit by 9/30/14 (a process which began in July with cessation of new admissions). Combined, the Alive Residence in Nashville and the Saint Thomas West unit have 45 hospice beds. Given the decline in admissions at both units, a decision was made to reduce Alive's Davidson County beds to 30 beds, absorbing the Saint Thomas West patients into the Residence, creating economies of scale at the Residence.

A second factor in the decreased utilization in CY2014 has been the installation of piped oxygen and suction in the patient rooms in the Residence in Nashville. The building did not have those, when originally constructed. Beginning in July of 2014, Alive has been installing these pipes and outlets as rooms become vacant, a process that will continue through September of 2014. This is temporarily taking rooms out of service in rotation for most of three months, lowering admissions.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Third, a high proportion of the Saint Thomas West patients have been seriously ill GIP status patients, with stays of only 1-4 days, and some respite patients with stays of 5 days. The influx of those patients from Saint Thomas is temporarily changing the Residence's case mix to higher acuity, shorter length of stay patients. That is lowering the Residence's overall length of stay this year. Once Alive stabilizes the volume in the Residence and at the Alive unit at Skyline Madison, Alive expects its length of stay to return to approximately 11.4 days.

b. According to Table 10 in the application, the primary service area patients for the proposed project accounted for 389 of Alive Hospice's 2,948 patients served in 2013. Assuming that this level of utilization remains constant, the applicant is projecting that 243 patients or over 62% of the patients served in 2013 will use the residential hospice in Murfreesboro. Is this a reasonable assumption? What percentage of patients from the northern portion of the service area utilize the Residence at Alive Hospice-Nashville?

The projected CY2017 census of 243 patients at the Murfreesboro Residence will be drawn not only from Alive's Nashville Residence. It will come from three sources:

(1) ARH-Nashville: Table Ten on page 57 shows that last year 72 (approximately 10%) of the Alive Residence's 758 patients came from Alive's southern sector. The applicant believes that at least 90% of these 72 patients would have used an Alive Residence in Murfreesboro, had it been available. That would mean that in this project's first year, CY2017, approximately 65 patients (27%) of ARH-Murfreesboro's census of 243 patients would come from ARH-Nashville.

In that case, 178 or 73% of the ARH-M's 243 Year One patients would come from other sources.

(2) Table Ten shows that last year Alive cared for 389 non-Residence patients in those five counties, through its Murfreesboro branch office care team. Some of those Alive patients will become unable or unwilling to remain in their private home, through changes in caretakers or in health status. They would be admitted to the ARH-M in Rutherford County. Alive estimates that approximately 45 (almost 12%) of its 389 non-Residence area patients would relocate to the ARH-M.

(3) Last year, in this service area twelve hospice organizations *other than* Alive cared for 1,162 patients (Table Ten: 1,623 total minus 461 Alive patients). For the reasons stated in subsection (2) above, some of these patients will choose to enter the Alive Residence

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

in Murfreesboro. Alive estimates that 134, (almost 12%) of those patients, would move to the Murfreesboro Residence. The impact of 134 patients changing provider will be widely distributed over many agencies with more than a thousand patients, so this project should not have a significant disproportional adverse impact on area hospice organizations.

c. The inpatient unit at Skyline Madison served 354 patients in 2013. Please explain why the applicant expects the volume to increase to 528 in 2014 and then essentially double to 702 in 2017?

There are several factors in that projection. One is that the closure of the Saint Thomas Unit will redirect some patients to Skyline's unit. Another is that Alive's Residence in central Davidson County is expected to operate at very high capacity beginning next year, and some admissions requests in peak periods will be diverted to inpatient beds at the Alive Skyline unit. A third reason is that Skyline Medical Center itself has very high medical-surgical utilization, is proposing to add licensed capacity at its main campus, is opening a trauma center program, and is building its neurosciences programs. Admissions from Skyline itself are expected to grow rapidly. However, the utilization of these programs in future years will not influence the utilization anticipated for the Residence at Murfreesboro, due to the very long drive times between central or north Davidson County, and the five counties of this project's service area around Murfreesboro.

d. Please provide an estimate of where the patients that have historically utilized the Saint Thomas West unit will now go for inpatient hospice care.

Alive projected on page 61 of the application that approximately 75% of Alive's current census at the Saint Thomas West unit will utilize The Residence at Alive Hospice Nashville, in future years. The two facilities are only three miles apart. Of the remaining 25%, some may move to the Alive unit at Skyline; and others too critically ill to be moved can continue to be cared for by Alive in "scatterbeds" at Saint Thomas, which are individual patient rooms at any location in the hospital temporarily designated as a specific hospice patient's residence for care and reimbursement purposes.

e. Please compare historically what residential patients of Alive Hospice was as a percentage of total hospice patients served. If that percentage is appreciably different from what is being proposed for the residential hospice in Murfreesboro, please explain and justify the variation. According to Table 9 in 2013 758 residential hospice patients accounted for only 20% of the hospice patients served by Alive Hospice (hospice and residential hospice combined).

Please see the response to 6(b)above.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

7. Section C., Economic Feasibility, Item 2

a. Please provide letters from community donors expressing an interest donating to the proposed project including the amount of the expected donation.

This is not available before the CON is granted. Substantial informal commitments have been made by benefactors in the community. But these are not written commitments, and as personal communications they are confidential and not to be made public.

b. If the applicant cannot raise the funds to purchase the building by year five of the lease, will the applicant just plan to lease the building for the 20 year period?

Yes.

8. Section C., Economic Feasibility, Item 4 (Historical Data Chart)

a. For the Historical Data Chart for Alive Hospice, Inc., does this include Alive Hospice, The Residence at Alive Hospice, and the inpatient units at St. Thomas and Skyline-Madison? Are the patient volumes reported mutually exclusive to each facility reporting?

The Historic Data Chart for Alive Hospice, Inc. on page 72 includes all of the above locations, and the days indicated at the top of the Chart are for all of those entities combined. The same is true for the Projected Data Chart for Alive Hospice, Inc. on page 78. The patient days correspond to those reported in Joint Annual Reports. (Note that Alive's current 2013 Joint Annual Report is for its CY2012 operational year. So the data in the Year 2013 column of the Historic Data Chart will appear in Alive's 2014 Joint Annual Reports next year.)

The Historic Data Chart for the Residence at Alive Hospice Nashville on page 74, and the Projected Data Chart for the Residence at Alive Hospice Murfreesboro on page 76, provide data only for those specific facilities.

b. Contractual Adjustments almost double between 2011 and 2013. Please explain.

During FY2012 and FY2013, Alive Hospice changed its methodology for estimating the ultimate collectability of accounts receivable. This increased contractual allowances as management evaluated the collectability of receivables more conservatively, and developed new estimation models for determining the net realizable value of its accounts receivable.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

c. There is a large drop in annual Retirement of Principal between 2011 and 2012. Please explain.

The decrease in the annual retirement of principal in FY2011 was due to Alive Hospice making an early payment of $1,246,948 to retire a note payable used to finance an administrative building on Patterson Street in Nashville, close to the main campus.

d. For the Historical Data Chart for the Residence at Alive Hospice there is a 13.7% decline in patient days between 2012 and 2013. What does the applicant believe precipitated this decline? Is this a trend for residential hospice? Will this have a negative impact on the proposed project?

In late 2012, Vanderbilt opened a new "palliative care" unit, which retained in acute care status many patients who normally would have been discharged sooner to Alive Hospice. At the same time, Saint Thomas West's admissions have declined, resulting in fewer transfers to hospice care from that organization. Alive is maintaining its historic market share in Davidson County but that share is on a slightly reduced base of available patients. Third, as mentioned above, the influx of GIP patients from wind-down of the Saint Thomas West unit has shortened lengths of stay at the Residence.

However, at the same time, the Alive patient base in Rutherford County (where Alive has a large branch office) has significantly increased--leading Alive to conclude that Murfreesboro should receive some of the inpatient capacity that Alive is closing in Nashville. For a few years, efficiently utilizing only 45 beds in the northern sector, and l0 new beds in the southern sector (for a two-county total of 55 beds), makes sense for both service areas.

Alive does project that the Nashville Residence will soon regain the levels of utilization it had a few years ago, due to increasing public (and payer) awareness of hospice care, overall population growth, and other factors. In the meantime, bed resources should be reduced slightly and re-distributed southwards to improve access for Alive's entire twelve-county service area.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

9 Section C., Economic Feasibility, Item 7
Please provide Alive Hospice's funds raised through fundraising for each of the three most recent years.

Alive Hospice, Inc.--Fundraising History		
Year	**Total Contributions**	**Unrestricted Amount**
FY2011	$1,686,000	$1,305,000
FY2012	$1,613,000	$1,385,000
FY 2013	$2,029,000	$1,551,000

10. Section C., Orderly Development, Item 3

a. Will the applicant's staffing pattern include counselors, therapists, social workers, pastoral care staff, etc.? If yes, why are those disciplines not include in the staffing chart? Are these disciplines accounted for in the Projected Data Chart.

The submitted Table Eighteen Staffing Chart on page 90 listed the positions that will be newly recruited for the Residence in Murfreesboro. These include its Medical Director, nurses, aides, and clerical staff. Their expenses are included in the Projected Data Chart for the Murfreesboro Residence, on page 76 of the application.

The Residence patients will also have the services of social workers, grief counselors, and chaplains (note therapists). However, those staff already exist in the Rutherford County care team of Alive Hospice, Inc., which will be officed in leased space in the same building with the Residence, and which is not part of this application. There will be very minimal FTE's associated with those categories of staff; and their expenses are included in the Projected Data Chart for Alive Hospice, Inc. on page 78 of the application.

b. Has the applicant selected a Medical Director for the residential hospice? If yes please provide the physician's CV.

One has not been selected.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

11. Proof of Publication
Please submit a copy of the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit which is supplied by the newspaper as proof of the publication of the letter of intent.

Attached at the end of this response letter.

Other Items Submitted By the Applicant

(1) The applicant has revised Tables Eight (p. 55R), Nine (p. 56R), 15-B (p. 83R) and 15-C (p. 84R). The latter two tables appear to have photocopied poorly and better copies are herein submitted.

Also, in Tables 8, 9, and 15-B, data for Hospice Advantage State ID 19704 has replaced Hospice Advantage data with State ID 19724, which should not have been included in the service area compilations.

(2) Additional support letters are provided.

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please FAX or telephone me so that we can respond in time to be deemed complete.

Respectfully,

John Wellborn

John Wellborn
Consultant

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

EXCERPTS FROM STATE MEDICARE OPERATIONS MANUAL

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

State Operations Manual
Chapter 2 - The Certification Process

Table of Contents

(Rev.65, 10-01-10)

2080C - *Hospice Care Services*
2080C.1 - Waiver of Certain Staffing Requirements
2080C.2 - Contracting for Highly Specialized Services
2080C.3 - Hospice Nursing Shortage Provision
2080D - Hospice Required Services
2080D.1 - Hospice Interdisciplinary Group (IDG)
2081 - *Revoking Election of Hospice Care*
2082 - *Discharge from Hospice Care*
2084 - *Hospice Inpatient Services*
2086 - Hospice *Change of Address*
2086A - *Effective Date*
2086B - Administrative Review
2086C - Move After certification Survey
2087 - *Simultaneous Surveys*
2088 - Multiple Locations
2089 - Survey Requirements When the Hospice Provides Care to Residents of a SNF/NF or ICF/MR

2084 - *Hospice Inpatient Services*

(Rev. 65, Issued: 10-01-10, Effective: 10-01-10, Implementation: 10-01-10)

Hospices must make inpatient care available for pain control, symptom management, and respite purposes. This inpatient care may be provided directly by the hospice or indirectly under arrangements made by the hospice. If services are provided under arrangements, the hospice must ensure that the services are in full compliance with all applicable standards relating to inpatient care found at *Section 418.110* and *Section 418.108.*

2084A - Hospice Provides Inpatient Care Directly

(Rev. 65, Issued: 10-01-10, Effective: 10-01-10, Implementation: 10-01-10)

When the hospice provides inpatient care directly, it may do so either in space that it owns or leases or in space shared with a Medicare certified hospital, SNF, or Medicaid certified nursing facility (NF).

- *If the hospice provides care in its own inpatient facility, the care may be provided in space that the hospice either owns or leases from another facility or building. The inpatient unit may consist of several beds, a group of beds, or a wing and must meet all applicable Federal and State requirements and be surveyed for compliance with Section 418.110 prior to providing inpatient care to patients. This survey includes a Life Safety Code survey (which has currently adopted the 2000 edition of the Life Safety Code of the National Fire Protection Association) that must be done both at the time of initial certification of the inpatient facility and at the time of recertification surveys.*

- *If the hospice provides care directly with hospice staff in space shared with a Medicare-certified Hospital, SNF, or a Medicaid certified NF (for respite care only), the SA reviews the agreement and patient files for compliance with Section 418.110(b) and Section 418.110(e) since the location already meets the remaining requirements of Section 418.110 as a Medicare/Medicaid participating facility.*

2084B - Hospice Provides Inpatient Services Under Arrangements

(Rev. 65, Issued: 10-01-10, Effective: 10-01-10, Implementation: 10-01-10)

When the hospice provides inpatient services under arrangements with a Medicare participating hospital or SNF, a Medicaid participating NF (for respite care only), or an inpatient unit of another *Medicare-certified hospice,* a separate survey of each site is not required. In these cases, the SA reviews the agreement and patient files to assure that the standards in Section 418.*110(b) regarding* 24-hour nursing service *and Section 418.110(e) regarding* comfort and privacy of patient and family members are satisfied. However, if in reviewing contracts and other documentation (e.g., clinical records, plans of care), questions arise concerning the contract

with deeming authority. If a prospective provider moves after its location has been surveyed and/or accredited but prior to a certification determination by CMS, the prospective provider's application for certification becomes incomplete. Absent a survey of the new location to which the prospective provider has moved, CMS is unable to determine whether applicable program requirements are met at the new location, and therefore is prevented from completing its review of the pending application. In these circumstances, CMS advises the prospective provider that its application is incomplete. Such an incomplete application is held in abeyance pending receipt of a report of survey of the current location from the SA or a national AO with deeming authority meeting the requirements of and approved by CMS. The decision to hold an incomplete application in abeyance does not qualify as an initial determination as defined in Section 498.3.

2087 – *Simultaneous Surveys*

(Rev. 65, Issued: 10-01-10, Effective: 10-01-10, Implementation: 10-01-10)

If a hospice is established by an entity which participates in the Medicare program as another type of provider (hospital, SNF, HHA), the SA should attempt to coordinate simultaneous certification surveys of these entities, i.e., for compliance with hospice CoPs and for compliance with the other appropriate CoPs/requirements.

NOTE: *Section 1861(dd)(4)(A) of the Act states that if a hospice is approved as being part of another type of provider, with a separate certification number, it shall be considered to meet those CoPs that are common to both the hospice and the other type of provider.*

2088 – Multiple Locations

(Rev. 65, Issued: 10-01-10, Effective: 10-01-10, Implementation: 10-01-10)

When an existing hospice intends to add a multiple location, it must notify CMS, the SA, and, if deemed, it should notify its' approved national AO, in writing, of the proposed location if it expects this location to participate in Medicare or Medicaid. The hospice must also submit a Form CMS-855A Change of Information Request (including all supporting documentation) to its MAC before CMS approval can be granted. The provider must obtain CMS approval of the new location before it is permitted to bill Medicare for services provided from the new location.

Upon receipt of a hospice's notice and request for approval of a multiple location, the CMS RO will carefully evaluate the information, together with any supporting documentation from the hospice and any other relevant information known to the RO in making its decision. If a decision can be made based on the written application and supporting documentation, CMS will grant or deny an approval without requiring a survey. If, however, the RO concludes that circumstances warrant a survey to establish whether the new location complies with all applicable requirements, CMS will advise the provider and will make no further findings until a Medicare certification survey has been completed and submitted to CMS for its review. In either event, CMS will notify the provider of its decision in writing, as appropriate.

In evaluating a hospice's request for approval of a multiple location, the SA and RO should consider the following in determining whether the new location meets all applicable Medicare requirements:

- *Ability of the governing body to manage the location;*
- *Any changes made to the lines of authority, and professional and administrative control;*
- *Ability of the Medical Director to assume responsibility for the medical component of the hospice's patient care at all locations;*
- *Ability of the hospice to monitor and exercise control over services provided by personnel under arrangements or contracts at the multiple location;*
- *Changes in the IDG(s) providing hospice services;*
- *Changes in staffing or the client population, or both;*
- *Changes in the way clinical records are maintained, protected and safeguarded against loss, destruction or unauthorized use; and*
- *Ability of the hospice to provide all hospice services at the multiple location.*

A hospice may not bill Medicare for services provided from a multiple location until the new site or location has been approved by CMS. The fact that a national AO with deeming authority has approved a new site or location will not affect CMS' decision. CMS' determination will be based on its independent application of its regulations to the facts in the case. Services provided before the effective date of approval should not be billed to Medicare.

If the hospice does operate at multiple locations, a deficiency found at any location will result in a compliance issue for the entire hospice.

For further information on hospice multiple locations, see 42 CFR 418.100(f) and 418.116.

2089 – Survey Requirements When the Hospice Provides Care to Residents of a SNF/NF or ICF/MR

(Rev. 65, Issued: 10-01-10, Effective: 10-01-10, Implementation: 10-01-10)

When a SNF or NF is the hospice patient's residence for purposes of the hospice benefit, the SNF or NF must comply with the requirements for participation in Medicare or Medicaid. The Medicare/Medicaid regulations for long term care facilities regarding the completion and submission of the Resident Assessment Instrument/Minimum Data Set (RAI/MDS) data do not change when the resident elects the Medicare Hospice Benefit. This means the SNF or NF must assess the hospice resident using the RAI, and have a care plan and provide the services required under the plan of care. This can be achieved through cooperation between the hospice

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

EXCERPTS FROM NHPCO STAFFING GUIDELINES

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Staffing Guidelines for Hospice Home Care Teams

Table of Contents

Introduction 3

Background 3

Using the Staffing Guidelines for Hospice Home Care Teams 4

Section I. Preparation 6

NHPCO National Summary of Hospice Care 6

Step 1: Review National Summary of Hospice Care Tables 7

Step 2: Review Factors Associated with National Summary of Hospice Care Statistics and Care Model Characteristics 7

Step 3: Review the Other Factors to Consider for Staffing Caseloads 9

Section II: Analysis Process 14

Analysis Instructions 14

Worksheet 1: Factors Associated with Care Delivery Model 17

Worksheet 2: Other Factors to Consider for Staffing Caseloads 19

Section III: Evaluation Process 21

Staff Satisfaction 21

Quality Partners Self-Assessment 21

Family Evaluation of Hospice Care (FEHC) Survey 21

Action Steps for Evaluation Process 22

Section IV: Hospice Program Examples 23

Section V: Glossary of Terms 30

Appendix 32

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SUPPLEMENTAL- # 1
August 26, 2014
11:25am

INTRODUCTION

Background

Guidelines for staffing ratios were introduced by NHPCO as part of the Hospice Service Guidelines published in 1994. The Hospice Service Guidelines document was produced by the NHPCO Standards and Accreditation Committee as an effort to reflect industry practice and provide specific operational guidelines and benchmarks that were not incorporated into the Standards of Practice for Hospice Programs. In addition to staffing ratios, the guidelines included sections on admission and discharge policies and practices, levels of care, scope of services, and facility-based services. The staffing ratios section provided ranges for recommended caseload numbers for clinical staff and proved to be a useful and popular tool for hospice administrators and interdisciplinary team members.

The recommended numbers for staffing ratios in the Hospice Service Guidelines were developed when hospice was still in its formative years and data on hospice operations were sparse. At that time hospice service models were more basic and uniform, and the patient population served was quite different from the population served today by hospice programs. As hospice practice evolved and became more complex, the need for an up-to-date process to determine staffing ratios became evident. To meet that need NHPCO and the Standards and Quality Committee undertook the development of these Staffing Guidelines for Hospice Home Care Teams to provide hospices with a method for setting staffing caseloads that better reflects current practice.

No one "best standard" in the literature regarding hospice staffing caseloads currently exists. Around the nation, hospices have evolved in various directions, creating diverse models of care to serve hospice patients and families. The Staffing Guidelines for Hospice Home Care Teams is based on the recognition of the current diverse nature of hospice care and allows for individualization of staffing caseloads according to the organizational and environmental characteristics specific to each hospice, in much the same way hospices individualize patient care.

The Staffing Guidelines for Hospice Home Care Teams utilizes an assessment process to estimate optimal staffing levels for hospice programs that includes an analysis of the model of care delivery, characteristics of the patient population served, environmental considerations, and other circumstances unique to each hospice. However, it is important to keep in mind that the **primary consideration that should be used by a hospice to determine optimal staffing caseloads is the hospice's ability to meet the needs of patients and families through appropriate use of resources and achieving the quality goals set by the hospice program.**

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SUPPLEMENTAL- # 1
August 26, 2014
11:25am

(For more details on the creation of the Staffing Guidelines for Hospice Home Care Teams see the article titled *NHPCO's New Staffing Guidelines: No Longer a One Size-Fits All Approach* in NHPCO's *Newsline*, March 2011.)

Using the Staffing Guidelines for Hospice Home Care Teams

The purpose of these Guidelines is to help each hospice provider estimate optimal staffing caseloads that conform to their particular situation. The diverse models of hospice care which are driven by variation in patient populations, population density, travel time, and other factors inherent to the uniqueness of each hospice program require an innovative process to determine staffing ratios. The Staffing Guidelines for Hospice Home Care Teams presents a process to analyze these factors so that hospice programs can determine the staffing ratios that are appropriate for their hospice. Through the application of a systematic process grounded in critical thinking, the Guidelines also offers hospices with a mechanism to validate staffing caseload numbers that work best for their specific circumstances.

These guidelines differ from the previously published staffing ratios in that recommended ranges for caseloads are not provided. Instead, using the analysis process delineated in Guidelines, each hospice may determine an ideal caseload number for each discipline, with the understanding that day-to-day variation can be expected due to the changeable and unpredictable nature of hospice operations.

The Staffing Guidelines for Hospice Home Care Teams is divided into the following six sections:

I. **Preparation**

This section describes the NHPCO National Summary of Hospice Care focusing on specific statistics, along and other hospice operational factors to review before beginning the staffing analysis process. There are four steps to this section:

- Review the National Summary of Hospice Care tables (see Appendix) and compare current staffing caseloads to national statistics
- Review the description and table of Care Model Factors to Consider for Staffing Caseloads
- Review the list of Other Factors To Consider for Staffing Caseloads
- Review examples of completed Worksheets 1 and 2 for three hospice programs.

II. **Analysis**

The analysis section includes instructions that outline the specific steps to complete the worksheets using statistics and information provided for Care

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SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Delivery Model Factors and the Other Factors. Complete the analysis to determine whether you should consider staffing caseloads that are smaller or larger than national norms, based on how your hospice's organizational characteristics compare to national norms and the how other organizational and environmental factors apply to your hospice.

- Groundwork – assemble your hospice's data and compare your current staffing caseloads to national caseload statistics
- Worksheets in this section to complete the analysis process:
  - Worksheet 1: Factors Associated with Care Delivery Models and
  - Worksheet 2: Other Factors to Consider for Staffing Caseloads

III. Evaluation

This section describes the importance of ongoing evaluation and includes a discussion of the Quality Assessment and Performance Improvement process (QAPI), the Family Evaluation of Hospice Care (FEHC), and other performance measurement tools that can be used in the evaluation process. Action steps for the evaluation process are provided.

IV. Hospice Program Examples

V. Glossary of Terms

VI. Appendix

The Appendix includes the most recent staffing and caseload information from the National Summary of Hospice Care. The Appendix will be updated yearly when the annual National Summary is released.

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SUPPLEMENTAL- # 1
August 26, 2014
11:25am

CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 65 | **Date: October 1, 2010**

SUBJECT: Revisions to Chapter 2, "The Certification Process," Sections 2080 – 2089 - "Hospices," and Appendix M, "Guidance to Surveyors, Hospices"

I. SUMMARY OF CHANGES: : Chapter 2, Sections 2080 – 2089 has been revised to reflect changes in policies and procedures related to the new regulations at 42 CFR 418.52-116 for hospice providers. Appendix M is also revised.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: October 1, 2010
IMPLEMENTATION DATE: October 1, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
(R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/ TITLE
R	2/Table of Contents
R	2/2080A/Citations
R	2/2080B/Description
R	2/2080C/Hospice Core Services
N	2/2080C.1/Waiver of Certain Staffing Requirements
N	2/2080C.2/Contracting for Highly Specialized Services
N	2/2080C.3/Hospice Nursing Shortage Provision
N	2/2080D/Hospice Required Services
N	2/2080D.1/Hospice Interdisciplinary Group (IDG)
R	2/2081/Revoking Election of Hospice Care
R	2/2082/Discharge from Hospice Care
R	2/2083/Hospice Regulations and Non-Medicare Patients

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

MEDICARE HOSPICE STAFFING STANDARD

AUTHENTICATED U.S. GOVERNMENT INFORMATION GPO

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

those giving the training are documented; and

(6) A method for verifying that the requirements in paragraphs (c)(1) through (c)(5) of this section are met.

(d) *Standard: Inpatient care limitation.* The total number of inpatient days used by Medicare beneficiaries who elected hospice coverage in a 12-month period in a particular hospice may not exceed 20 percent of the total number of hospice days consumed in total by this group of beneficiaries.

(e) *Standard: Exemption from limitation.* Before October 1, 1986, any hospice that began operation before January 1, 1975, is not subject to the limitation specified in paragraph (d) of this section.

[73 FR 32204, June 5, 2008, as amended at 74 FR 39413, Aug. 6, 2009]

§418.110 Condition of participation: Hospices that provide inpatient care directly.

A hospice that provides inpatient care directly in its own facility must demonstrate compliance with all of the following standards:

(a) *Standard: Staffing.* The hospice is responsible for ensuring that staffing for all services reflects its volume of patients, their acuity, and the level of intensity of services needed to ensure that plan of care outcomes are achieved and negative outcomes are avoided.

(b) *Standard: Twenty-four hour nursing services.* (1) The hospice facility must provide 24-hour nursing services that meet the nursing needs of all patients and are furnished in accordance with each patient's plan of care. Each patient must receive all nursing services as prescribed and must be kept comfortable, clean, well-groomed, and protected from accident, injury, and infection.

(2) If at least one patient in the hospice facility is receiving general inpatient care, then each shift must include a registered nurse who provides direct patient care.

(c) *Standard: Physical environment.* The hospice must maintain a safe physical environment free of hazards for patients, staff, and visitors.

(1) *Safety management.* (i) The hospice must address real or potential threats to the health and safety of the patients, others, and property.

(ii) The hospice must have a written disaster preparedness plan in effect for managing the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care. The plan must be periodically reviewed and rehearsed with staff (including non-employee staff) with special emphasis placed on carrying out the procedures necessary to protect patients and others.

(2) *Physical plant and equipment.* The hospice must develop procedures for controlling the reliability and quality of—

(i) The routine storage and prompt disposal of trash and medical waste;

(ii) Light, temperature, and ventilation/air exchanges throughout the hospice;

(iii) Emergency gas and water supply; and

(iv) The scheduled and emergency maintenance and repair of all equipment.

(d) *Standard: Fire protection.* (1) Except as otherwise provided in this section—

(i) The hospice must meet the provisions applicable to nursing homes of the 2000 edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). The Director of the Office of the Federal Register has approved the NFPA 101® 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202–741–6030, or go to: *http://www.archives.gov/federalregister/codeoffederalregulations/ibrlocations.html.* Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in the edition of the Code are incorporated by reference, CMS will publish a notice in the FEDERAL REGISTER to announce the changes.

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

ADDITIONAL SUPPORT LETTERS

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Mark Pirtle Real Estate Investments, LLC

Mark A. Pirtle
Chief Manager

August 14, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Mark A. Pirtle

1639 Medical Center Parkway • Suite 200 • Murfreesboro, TN 37129
Phone: (615) 217-7577 • Fax: (615) 217-5046

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

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August 26, 2014
11:25am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

Keith Palmer

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

Lee M. Golden, Pharm.D

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Brian Biggs
President Hometown Family Medical

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Jessica Jones
Jessica Jones

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Karen Adams

Karen Adams

Relative member of a patient

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Stephanie M Wardell

Stephanie M Wardell

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

Health Services and Development Agency
Frost Building, Third Floor
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Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

Kelli F. Beam
Director of Membership
Rutherford County Chamber of Commerce

SUPPLEMENTAL- # 1
August 26, 2014
11:25am

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

ALIVE HOSPICE, INC.

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.

JAN M. DANFORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 2, 2018

John L Wellborn
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 26th day of August, 2014 witness my hand at office in the County of DAVIDSON, State of Tennessee.

Jan M. D
NOTARY PUBLIC

My commission expires July 2, 2018.

HF-0043

Revised 7/02

COPY-Additional Info. SUPPLEMENTAL-1

Alive Hospice
CN1408-037

DSG Development Support Group

SUPPLEMENTAL- # 1
August 27, 2014
2:50pm

August 26, 2014

Mark Farber, Assistant Executive Director
Phillip M. Earhart, HSD Examiner
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CN1408-[redacted]37
The Residence at Alive Hospice--Murfreesboro

Dear Mr. Farber:

This letter responds to question #1 of your recent request for additional information on this application. The deed was not available until late on August 26.

1. Section A, Applicant Profile, Item 6
The draft lease for the premises is noted. Please submit a fully executed lease agreement or a fully executed Option to Lease agreement.

Three copies of the fully executed lease are attached.

Other Items Submitted By the Applicant

Additional support letters are also attached.

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please FAX or telephone me so that we can respond in time to be deemed complete.

Respectfully,

John Wellborn

John Wellborn
Consultant

4219 Hillsboro Road, Suite 203
Nashville, TN 37215
jwdsg@comcast.net
Tel 615.665.2022
Fax 615.665.2042

SUPPLEMENTAL- # 1
August 27, 2014
2:50pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:
ALIVE HOSPICE, INC

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.

JAN M. DANFORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 2, 2018

Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 26th day of August, 2014, witness my hand at office in the County of DAVIDSON, State of Tennessee.

NOTARY PUBLIC

My commission expires July 2, 2018.

HF-0043

Revised 7/02

COPY-
SUPPLEMENTAL-2

Alive Hospice
CN1408-037

DSG Development Support Group

SUPPLEMENTAL- # 2
August 28, 2014
3:20pm

August 28, 2014

Mark Farber, Assistant Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CN1408-087
The Residence at Alive Hospice--Murfreesboro

Dear Mr. Farber:

This letter responds to your second supplemental request for additional information on this application. The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

1. Section A, Applicant Profile, Item 12
Your response is noted. Please submit as documentation a copy of the email from Marsha Neuenschwander, Department of Health to Jerry Taylor discussing Medicare certification for the proposed project.

In further support of the applicant's August 26 response to question #2 of your first supplemental request, attached after this page is an email string between Alive's attorney for this application, and Marsha Neuenschwander (TDH Director of Certification).

4219 Hillsboro Road, Suite 203
Nashville, TN 37215
jwdsg@comcast.net
Tel 615.665.2022
Fax 615.665.2042

SUPPLEMENTAL # 2
August 28, 2014
3:20pm

Subject: Fwd: Medicare Certification for Alive Hospice
Date: Wednesday, August 27, 2014 at 2:06 PM
From: John Wellborn <jwdsg@comcast.net>
To: John Wellborn <jwdsg@comcast.net>

Sent from my iPhone

Begin forwarded message:

> **From:** "Taylor, Jerry" <jerry.taylor@stites.com>
> **Date:** August 27, 2014, 11:18:13 AM CDT
> **To:** John Wellborn <jwdsg@comcast.net>, Anna-Gene O'Neal <AONeal@alivehospice.org>
> **Subject: Fwd: Medicare Certification for Alive Hospice**
>
> The state certification office has confirmed the Murfreesboro facility can be under the current provider number. (See message below). A copy was sent to Melanie Hill at HSDA. John do you want to check with Mark and see if we need to submit a hard copy? Thanks.
>
> Jerry
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> From: Marsha Neuenschwander <Marsha.Neuenschwander@tn.gov<mailto:Marsha.Neuenschwander@tn.gov>>
> Date: August 27, 2014 at 11:10:02 AM CDT
> To: "Taylor, Jerry" <jerry.taylor@stites.com<mailto:jerry.taylor@stites.com>>
> Cc: "Ann R. Reed" <Ann.R.Reed@tn.gov<mailto:Ann.R.Reed@tn.gov>>, Melanie Hill <Melanie.Hill@tn.gov<mailto:Melanie.Hill@tn.gov>>, Diane Carter <Diane.Carter@tn.gov<mailto:Diane.Carter@tn.gov>>, "Shirley L. Jones" <Shirley.L.Jones@tn.gov<mailto:Shirley.L.Jones@tn.gov>>, Kathy Zeigler <Kathy.Zeigler@tn.gov<mailto:Kathy.Zeigler@tn.gov>>, Vincent Davis <Vincent.Davis@tn.gov<mailto:Vincent.Davis@tn.gov>>, Marsha Neuenschwander <Marsha.Neuenschwander@tn.gov<mailto:Marsha.Neuenschwander@tn.gov>>, "Griffin, Hulio (CMS/CQISCO)

(Hulio.Griffin@cms.hhs.gov<mailto:Hulio.Griffin@cms.hhs.gov>)"
<Hulio.Griffin@cms.hhs.gov<mailto:Hulio.Griffin@cms.hhs.gov>>
Subject: RE: Medicare Certification for Alive Hospice

Good Morning Mr. Taylor,

CMS will recognize this Residential Hospice the same as the other Alive sites. It will be a service of the parent office. They are already established as a parent. TN has the Standards for a Residential Hospice as a separate license, Ann Reed, will give you the policy and procedures on providing a license; but certification will be under the parent.

I am also copying Mr. Hulio Griffin, CMS, if further information or change in policy is needed for the certification piece. However, it would be added to the existing CCN just like all the other Alive sites. Even though it would have a license number different from its parent like the one they already have CMS would not see it as a separate entity requiring a different CCN.

Thank you,
Marsha

Marsha M. Neuenschwander, RN
Director of Certification, Office of Health Care Facilities
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
Phone : 615-532-5229
Fax: 615-253-4356
E-mail:
Marsha.Neuenschwander@tn.gov<mailto:Marsha.Neuenschwander@tn.gov>

From: Taylor, Jerry [mailto:jerry.taylor@stites.com]
Sent: Friday, August 22, 2014 5:15 PM
To: Marsha Neuenschwander
Cc: Ann R. Reed; Melanie Hill
Subject: Medicare Certification for Alive Hospice

*** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. - OIR-Security***

Marsha,

Please recall my message to you and Ann last week regarding the CON application being filed by Alive Hospice for a residential hospice in Rutherford County. For your convenience the substantive text of that message is re-printed below. We have received supplemental questions from the HSDA staff on the CON application, which includes the following question:

2. Section A, Applicant Profile, Item 12

Please provide documentation from Medicare and TennCare indicating that two residential hospices can be placed within one hospice provider number.

Would you please send me a reply message confirming that under the circumstances described below, Alive Hospice could place this second site under its existing provider number (again, assuming it is found to meet all Medicare COP). Our response is due to the HSDA no later than Thursday, August 28 at noon. Please let me know if you have any questions, or need to discuss this further. Thank you so much for your assistance.

[ORIGINAL MESSAGE]:

Alive Hospice will be filing a CON application this month for a second residential Hospice, to be located in Murfreesboro. As you may know Alive currently operates a residential hospice in Nashville. It also provides in-home hospice services in several middle Tennessee counties, including all 5 counties that comprise the proposed service area for the residential hospice in Murfreesboro. In addition, Alive Hospice has branch hospice offices in Madison and in Murfreesboro, and operates inpatient units at St. Thomas West and Skyline Madison campus. All of the existing locations are under the same Medicare provider number.

What originally prompted my question was a situation which occurred in Putnam County some time ago, where a new residential hospice facility got a CON and license, but was subsequently unable to attain Medicare certification because it did not offer a full line of hospice services. That agency had to file a second CON application to be authorized to also provide in-home hospice services. My understanding is that when that CON was approved and the service was licensed, the agency was able to obtain Medicare certification.

After talking with my client Alive Hospice and further discussion with Melanie it seems to me our case is different from the Putnam situation because Alive does provide a full line of hospice services under its provider number, and is licensed to serve all of the counties in the proposed service area for the residential hospice CON. It is my understanding that if the CON is granted and the facility in Murfreesboro is licensed, this Murfreesboro site can be added as an additional service site under the Alive provider number, assuming of course it is found to meet all Medicare COP.

Jerry W. Taylor
Member
Direct: 615-782-2228
Fax: 615-742-0703
jerry.taylor@stites.com<mailto:jerry.taylor@stites.com>
STITES&HARBISON PLLC
401 Commerce Street, Suite 800, Nashville, TN 37219
About Stites & Harbison<http://www.stites.com> | Bio<http://www.stites.com/attorneys/jerry-w-taylor/> | V-Card<http://www.stites.com/attorneys/vcard/jerry-w-taylor>

NOTICE:This message is intended only for the addressee and may contain information that is privileged, confidential and/or attorney work product. If you are not the intended recipient, do not read, copy, retain or forward this message or any attachment. Please notify the sender immediately and delete all copies of the message and any attachments. Neither the transmission of this message or any attachment, nor any error in transmission, constitutes a waiver of any applicable legal privilege. To ensure compliance with requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code.

SUPPLEMENTAL- # 2
August 28, 2014
3:20pm

2. Section C, Need, Item 1. (Service Specific Criteria-Hospice Services)

1. Adequate Staffing

Your response to this item is noted. According to the 2013 NHPCO Facts and Figures, the average patient caseload for a hospice aide was 11.0 patients, 11.3 patients for a nurse care manager, and 26.5 patients for a social worker. How does the applicant's staffing pattern compare?

Actually, the averages you reference are for home care teams, e.g., care delivered in a home setting--not a licensed Residence. The proposed approximate staffing ratios are shown below:

Shift Staffing Ratios--The Residence at Alive Hospice Murfreesboro		
Position	**NHPCO--Home Team**	**This Project--Residence**
Registered Nurse	1 RN to 11.3 patients	1 RN to 5 patients
Hospice Aide	1 Aide to 11.0 patients	1 Aide to 10 patients
Social Worker*	1 SW to 26.5 patients	0.5 SW to 10 patients

**on staff at branch office*

3. Section C., Economic Feasibility, Item 4 (Projected Data Chart)
Where are the building lease costs in the Projected Data Chart for the The Residence at Alive Hospice—Murfreesboro?

They are stated on page 66, paragraph 5, and on line B.1 on the Project Cost Chart ON PAGE 68. Please see the attached worksheet used by the applicant in calculating the Project Cost Chart. It shows the following calculations:

Page 1 of the executed lease lists annual payments for leasing the entire building for 20 years. They will total $13,178,135.55.

The part of the lease payments allocated to the Residence is its 78.8% of the building, or $10,384,370.81. This is the lease outlay listed for the Residence in the Project Cost Chart.

The balance of the lease outlay is being paid for the 21.2% of the building that Alive's Rutherford County branch office will occupy; that is not part of the project.

PROJECT COSTS CHART--THE RESIDENCE AT ALIVE HOSPICE--MURFREESBORO

A. Construction and equipment acquired by purchase:

1. Architectural and Engineering Fe	8.5% of A.5	$	0
2. Legal, Administrative, Consultant Fees (Excl CON Filing)			30,000
3. Acquisition of Site			0
4. Preparation of Site			0
5. Construction Cost			0
6. Contingency Fund			0
7. Fixed Equipment (Not included in Construction Contract		kitcher	150,000
8. Moveable Equipment (List all equipment over $50,000)			250,000
9. Other (Specify)	telecommunications; IS; misc. fees		50,000

B. Acquisition by gift, donation, or lease:

1. Facility (building and land)	(78.8% of Lease Outlay)	10,384,371
2. Building only		0
3. Land only		0
4. Equipment (Specify)		0
5. Other (Specify)		0

C. Financing Costs and Fees:

1. Interim Financing	0
2. Underwriting Costs	0
3. Reserve for One Year's Debt Service	0
4. Other (Specify)	0

D. Estimated Project Cost (A+B+C)		10,864,371
E. CON Filing Fee		24,445
F. Total Estimated Project Cost (D+E)	**TOTAL $**	10,888,816
	ALIVE's Capital Cost	504,445
	Section B FMV	10,384,371

Lessor's Costs = FMV of costs of providing land and building turnkey--GOES IN B.1

Architectural and Engineering Fees	8.5% of A.5	$	385,560
Legal, Administrative, Consultant Fees (Excl CON Filing)			0
Acquisition of Site	$13 PSF X 92,477.88 SF (2.123 acr)		1,202,212
Preparation of Site	in construction $		0
Construction Cost	21,600 SF @ $210 PSF		4,536,000
Contingency Fund	10% of A.5		453,600
Fixed Equipment (Not included in Construction Contract)		Kitchen	
Moveable Equipment (List all equipment over $50,000)			0
Other (Specify)	misc. fees @0.5% of A.5		22,680
	FMV Subtotal		$6,600,052
	Pro Rata--Reviewable SF %		78.80%
			$5,200,840.98

LEASE OUTLAY CALCULATION		
Annual Lease Cost	Year	
$490,433.64	1	
$505,146.65	2	
$520,301.05	3	
$535,910.08	4	
$551,987.38	5	
$568,547.00	6	
$585,603.41	7	
$603,171.52	8	
$621,266.66	9	
$639,904.66	10	
$659,101.80	11	
$678,874.86	12	
$699,241.10	13	
$720,218.33	14	
$741,824.88	15	
$764,079.63	16	
$787,002.02	17	
$810,612.08	18	
$834,930.44	19	
$859,978.36	20	
$13,178,135.55	Outlay 1st term	X 78.8% = $10,384,370.81

SUPPLEMENTAL- # 2
August 28, 2014
3:20pm

SUPPLEMENTAL- # 2
August 28, 2014
3:20pm

We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,

John Wellborn

John Wellborn
Consultant

SUPPLEMENTAL- # 2
August 28, 2014
3:20pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:
Alive Hospice, Inc.

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.

JAN M. DANFORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 2, 2018

John L Wellborn
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 27th day of August, 2014, witness my hand at office in the County of DAVIDSON, State of Tennessee.

Jan M. D
NOTARY PUBLIC

My commission expires July 2, 2018.

HF-0043

Revised 7/02

Copy

ADDITIONAL INFORMATION

Supplemental -2

The Alive Hospice

CN1408-037

DSG Development Support Group

SUPPLEMENTAL #2
August 29, 2014
1:28 pm

August 29, 2014

Mark Farber, Assistant Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CN1408-~~087~~ 037
The Residence at Alive Hospice--Murfreesboro

Dear Mr. Farber:

This letter submits a typographical correction to the Historic Data Chart for the Residence at Alive Hospice--Nashville, which is page 74 of the application.

The column for CY2013 lists 8,194 patient days and the correct entry should be 8,188 days. There are no changes in the numbers below. Attached is revised page 74R with the correction made.

Respectfully,

John Wellborn

John Wellborn
Consultant

4219 Hillsboro Road, Suite 203
Nashville, TN 37215

jwdsg@comcast.net

Tel 615.665.2022
Fax 615.665.2042

SUPPLEMENTAL #2
August 29, 2014
1:28 pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

Alive Hospice, Inc

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.

JAN M. DANFORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 2, 2018

John L Wellborn
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 29th day of August, 2014, witness my hand at office in the County of DAVIDSON, State of Tennessee.

Jan M. D
NOTARY PUBLIC

My commission expires July 2, 2018.

HF-0043

Revised 7/02

ADDITIONAL INFORMATION

The Residence at Alive Hospice Murfreesboro

CN1408-037

DSG Development Support Group

November 11, 2014

Mark Farber, Assistant Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CN1408-087
The Residence at Alive Hospice--Murfreesboro

Dear Mr. Farber:

Pursuant to yesterday's telephone conference with you and Joseph Hampe, Alive's Chief Financial Officer, I am submitting as clarification two sets of additional Projected Data Charts for both Alive Hospice, Inc. and for the Murfreesboro Residence.

The first, which you requested, is a "worst scenario" which shows Alive, Inc.'s and the Residence's financial performance in the very unlikely event that no funds are raised in the coming capital campaign for the Murfreesboro Residence. As you can see, the parent organization remains financially viable even though the Residence's projected loss increases. The capital lease outlay matches the lease document, because a "no funds raised" scenario would make it impossible to prepay the lease and reduce the annual lease payments set forth in the schedule on the first page of the lease.

The second set is a "best case scenario" in which the local campaign is so successful that Alive would be able to pay for the complete project at closing. This is actually more possible than the worst scenario. Alive's community support and advance pledges indicate major contributions will be made.

With these two scenarios "bracketing" the originally submitted Proected Data Charts, you and the Board can see the theoretical range of possible bottom line impacts of the project, on both the parent organization and the Residence project itself. Thereby it will be easier to understand that the project is going to be financially feasisble in any scenario.

Respectfully,

John Wellborn

John Wellborn

4219 Hillsboro Road, Suite 203
Nashville, TN 37215

jwdsg@comcast.net

Tel 615.665.2022
Fax 615.665.2042

PROJECTED DATA CHART-- ALIVE HOSPICE, INC.
(Worst Case Scenario)

Give information for the two (2) years following the completion of this proposal.
The fiscal year begins in January.

			CY 2017	CY 2018
		Patient Days	144,941	148,700
A.	Utilization Data			
B.	Revenue from Services to Patients			
	1. Inpatient Services		$ 0	$ 0
	2. Outpatient Services		0	0
	3. Emergency Services		0	0
	4. Other Operating Revenue (Specify)	See notes page	32,820,245	33,849,346
		Gross Operating Revenue	$ 32,820,245	$ 33,849,346
C.	Deductions for Operating Revenue			
	1. Contractual Adjustments		$ 1,313,550	$ 1,366,092
	2. Provision for Charity Care		1,076,338	1,119,392
	3. Provisions for Bad Debt		122,839	130,209
		Total Deductions	$ 2,512,727	$ 2,615,693
NET OPERATING REVENUE			$ 30,307,518	$ 31,233,653
D.	Operating Expenses			
	1. Salaries and Wages		$ 14,153,840	$ 14,578,455
	2. Physicians Salaries and Wages		1,378,678	1,420,038
	3. Supplies		3,370,900	3,438,318
	4. Taxes		0	0
	5. Depreciation		587,889	599,647
	6. Rent		304,656	319,889
	7. Interest, other than Capital		15,987	15,667
	8. Management Fees		0	0
	a. Fees to Affiliates		0	0
	b. Fees to Non-Affiliates		0	0
	9. Other Expenses (Specify)	See notes page	9,519,493	9,748,119
	Dues, Utilities, Insurance, and Prop Taxes.			
		Total Operating Expenses	$ 29,331,443	$ 30,120,133
E.	Other Revenue (Expenses) -- Net (Specify)		$	$
NET OPERATING INCOME (LOSS)			$ 976,075	$ 1,113,520
F.	Capital Expenditures			
	1. Retirement of Principal		$ 214,072	$ 371,788
	2. Interest		276,362	133,359
		Total Capital Expenditures	$ 490,434	$ 505,147
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES			$ 485,641	$ 608,373

PROJECTED DATA CHART-- THE RESIDENCE AT ALIVE HOSPICE--MURFREESBORO
(Worst Case Scenario)

Give information for the two (2) years following the completion of this proposal.
The fiscal year begins in January.

			CY 2017	CY 2018
A.	Utilization Data	Patient Days	2,774	2,884
B.	Revenue from Services to Patients			
	1. Inpatient Services		$ 0	$
	2. Outpatient Services		0	
	3. Emergency Services		0	
	4. Other Operating Revenue (Specify)	See notes page	1,373,163	1,456,531
		Gross Operating Revenue	$ 1,373,163	$ 1,456,531
C.	Deductions for Operating Revenue			
	1. Contractual Adjustments		$ 54,926	$ 58,261
	2. Provision for Charity Care		109,853	116,522
	3. Provisions for Bad Debt		8,456	8,790
		Total Deductions	$ 173,235	$ 183,573
NET OPERATING REVENUE			$ 1,199,928	$ 1,272,958
D.	Operating Expenses			
	1. Salaries and Wages		$ 731,840	$ 777,837
	2. Physicians Salaries and Wages		182,664	191,797
	3. Supplies		116,065	120,646
	4. Taxes		0	0
	5. Depreciation		0	0
	6. Rent		0	0
	7. Interest, other than Capital		0	0
	8. Management Fees			
	a. Fees to Affiliates		0	0
	b. Fees to Non-Affiliates		0	0
	9. Other Expenses (Specify)	See notes page	493,734	520,946
	Dues, Utilities, Insurance, and Prop Taxes.			
		Total Operating Expenses	$ 1,524,303	$ 1,611,226
E.	Other Revenue (Expenses) -- Net (Specify)		$	$
NET OPERATING INCOME (LOSS)			$ (324,375)	$ (338,268)
F.	Capital Expenditures			
	1. Retirement of Principal		$ 214,072	$ 371,788
	2. Interest		276,362	133,359
		Total Capital Expenditures	$ 490,434	$ 505,147
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES			$ (814,809)	$ (843,415)

PROJECTED DATA CHART-- ALIVE HOSPICE, INC.
(Best Case Scenario)

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in January.

			CY 2017	CY 2018
		Patient Days	144,941	148,700
A.	Utilization Data			
B.	Revenue from Services to Patients			
	1. Inpatient Services		$ 0	$ 0
	2. Outpatient Services		0	0
	3. Emergency Services		0	0
	4. Other Operating Revenue (Specify)	See notes page	32,820,245	33,849,346
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NET OPERATING INCOME (LOSS)			$ 976,075	$ 1,113,520
F.	Capital Expenditures			
	1. Retirement of Principal		$ 0	$ 0
	2. Interest		0	0
		Total Capital Expenditures	$ 0	$ 0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES			$ 976,075	$ 1,113,520

PROJECTED DATA CHART-- THE RESIDENCE AT ALIVE HOSPICE--MURFREESBORO
(Best Case Scenario)

Give information for the two (2) years following the completion of this proposal.
The fiscal year begins in January.

			CY 2017	CY 2018
A.	Utilization Data	Patient Days	2,774	2,884
B.	Revenue from Services to Patients			
	1. Inpatient Services		$ 0	$
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	3. Emergency Services		0	
	4. Other Operating Revenue (Specify)	See notes page	1,373,163	1,456,531
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C.	Deductions for Operating Revenue			
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		Total Operating Expenses	$ 1,524,303	$ 1,611,226
E.	Other Revenue (Expenses) -- Net (Specify)		$	$
NET OPERATING INCOME (LOSS)			$ (324,375)	$ (338,268)
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	1. Retirement of Principal		$ 0	$ 0
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		Total Capital Expenditures	$ 0	$ 0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES			$ (324,375)	$ (338,268)

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

Alive Hospice / Murfreesboro Residence

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.

JAN M. DANFORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 2, 2018

Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 11th day of November, 2014, witness my hand at office in the County of DAVIDSON, State of Tennessee.

NOTARY PUBLIC

My commission expires July 2, 2018.

HF-0043

Revised 7/02

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are ELNEC trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Amber Burnett

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Angela Schwartz
Angela Schwartz

JUL 17 '14 AM 10:07

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

DATE: 7/11/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Anna McCollum

JUL 15 '14 AM 8:59

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Anne Davis

DATE: 7-9-14

NuSirt
BIOPHARMA

July 24, 2014

Melanie Hill, Executive Director
Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37243

RE: The Residence at Alive Hospice Murfreesboro

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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Hospice has seen a significant rise in number of providers, predominately for-profit entities. Alive Hospice is the only not-for-profit hospice in our service area and has provided almost a million dollars of charity care in 2013 alone.

Alive Hospice is one of the oldest hospices in American, Joint Commission accredited, with demonstrated expertise in the provision of all levels of care, for all patients, including pediatrics, regardless of ability to pay.

As Interim CEO of Alive Hospice from November 2010 – March 2012, I know first hand the quality of care rendered at Alive. I strongly support this CON application.

Respectfully submitted,

Barbara A. Cannon
Chief Operating Officer

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Becky Haynes

DATE:

7/10/14

JUL 16 '14 9:48

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Ben Tittsworth Anita L. Tittsworth

DATE: 7/12/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

K. Beth Venable
Speech-Language Pathologist
Murfreesboro, TN Resident

AUG 14 '14 AM 10:19

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Bob Parks

DATE:

8-11-2014

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Bobby Smith
BOBBY SMITH

JUL 15 '14 09:57

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Brenda B Miller
Arthur S Miller

DATE:
7-9-14

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Britta Phillips

VANDERBILT UNIVERSITY MEDICAL CENTER

C. Wright Pinson, M.B.A., M.D.
Deputy Vice Chancellor for Health Affairs
Chief Executive Officer, Vanderbilt Health System
Senior Associate Dean for Clinical Affairs

July 7, 2014

Melanie Hill, Executive Director
Health Services and Development Agency
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, TN 37243

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Vanderbilt University Medical Center supports this application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

C. Wright Pinson

C. Wright Pinson, MBA, MD
Deputy Vice Chancellor for Health Affairs
CEO of the Vanderbilt Health System

1161 21st Avenue South
D3300 Medical Center North
Nashville, TN 37232-2104

tel 615.343.9324
fax 615.343.2330
wright.pinson@vanderbilt.edu

John T. Bobo P. O. Box 169 Shelbyville, TN 37162

AUG 14 14 10:19

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

DATE: 8/11/14

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Shilagra Vazzy, PT

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Suzanne Videonken

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

DATE: 8/12/14

JUL 15 14 AM 8:58

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Darlene Henry

DATE: 7/9/14

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Catherine Player
Catherine Player

BAPTIST
HEALING
TRUST

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Catherine Self, President and CEO

DATE: July 7, 2014

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Chad Hale

Chad Hale

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

CHARLES R BRANDON

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Charles Mitchell Murphree

DATE:
07/07/2014

JUL 15 '14 4:50

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

DATE: 7-10-14

Tennessee Health Management, Inc.

Charlie Anderson
Vice President of SNF Operations
Ph.: (731) 847-6343
Fax: (731) 847-4201
canderson@thmgt.com

52 W. Eighth Street
P. O. Box 10
Parsons, TN 38363

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Christy Brown

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Cindy Pitts

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Cindy J. Flippin

DATE:

July 21, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Cynthia Tempeny

Cynthia Tempeny

JUL 29 '14 AM 8:00

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Dale Alemoor

DATE:
7/24/2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Danny Brown

Danny Brown

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

David Peeler

JUL 25 '14 AM 8:21

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Debbie R. Cope

DATE: 7/10/14

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Debbie Morris
Debbie Morris

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,
Deborah L. Shahan
Deborah L. Shahan

AUG 27 '14 PM 2:28

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Diane Hickman

Diane Hickman

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Diane Wolcott

Diane Wolcott

JUL 16 '14 AM9:49

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

[signature] MD

DATE:

7/10/14

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Donald E. Phillips

Donald E. Phillips

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Donald L Preston

Donald L Preston

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Douglas Jennings

JUL 22 '14 AM8:36

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

(CHRIS DUNLAP, MD)

DATE: 7-15-2014

TENNESSEEONCOLOGY www.tnoncology.com

MEDICAL ONCOLOGY/
HEMATOLOGY

John H. Barton Jr., M.D.
Victor G. Gian, M.D.
Mark G. Mainwaring, M.D.
John D. Zubkus, M.D.
Yanjun Ma, M.D.

Jul 02, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37243
C/o Melanie Hill, Executive Director

Regarding the Residence at Alive Hospice, Murfreesboro
Application Number pending

Dear Ms. Hill,

My correspondence to you is in regards to the CON application for Alive Hospice to build a residence in Murfreesboro, TN. I am a local oncologist here in this community and am notifying you on behalf of all the Tennessee Oncology oncologists in Rutherford County. I work with Dr. Victor Gian, Dr. Yanjun Ma, Dr. Darren Mullins and Dr. Mark Mainwaring. Our market is in great need of a dedicated inpatient hospice unit. While we do have outpatient hospice facilities we are in dire need of an inpatient unit as we have traditionally had to send our patient's down to the inpatient units in Nashville, TN. This has caused significant limitations for the patient and patient's caregivers, not only from a cost and time standpoint but also from palliative supportive aspect as well. We have had an outstanding relationship with Alive Hospice for decades and they have been able to help support the dramatic growth which has occurred in Rutherford County over the past decade. Most projections support continued population growth further indicating need for this service. I have personally worked at the inpatient unit at Alive Hospice in Nashville, TN while I was an oncology fellow while training at Vanderbilt University. An inpatient unit provides many of the benefits which cannot be offered in an outpatient setting. Alive Hospice has been our preferred provider as it is a not for profit hospice provider and has provided extensive charity care within our local community. Hospice care should clearly be available not only to those in need but should also be provided in proximity that allows appropriate family support. In summary, the members of the medical oncology community in Rutherford County fully support the CON application for the inpatient hospice unit that is pending in Rutherford County.

Respectively submitted,

John D. Zubkus, M.D.

JDZ/clb

D: Jul 02, 2014
T: Jul 07, 2014

1840 Medical Center Parkway, Suite 300 | Murfreesboro, TN 37129 | P (615) 848-0488 | F (615) 904-9061

JUL 14 '14 AM9:43

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Joseph Little, MD

DATE: 7/9/14.

JUL 14 14 09:48

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

Libby Long, MD

DATE: 7/9/14

JUL 14 '14 AM 9:01

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Mark Ahris, M.D.

DATE: 7/8/14

AUG 14 2014 9:36

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Richard Michaelson

Richard D. Michaelson, Jr, MD
303 Minerva Drive
Murfreesboro, TN 37130

DATE:

JUL 14 '14 AM 9:40

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Timothy Henschel, MD

DATE: 7-10-14

JUL 14 '14 AM 9:41

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

E D Eastham MD

Edward D. Eastham, MD

DATE:

7/9/14

JUL 8 '14 AM8:53

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

James A. Thennery MD

DATE: 7/3/2014

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

EDDIE R STROPE

JUL 17 '14 AM10:

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

E. H. Hooper III

DATE: 7/11/14

ELIZABETH R. LAROCHE, M.D., FACOG
GYNECOLOGY

305 UPTOWN SQUARE
MURFREESBORO, TN 37129
615-904-1650
FAX: 615-904-0598

August 1, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37423

Melanie Hill, Executive Director

Dear Ms. Hill:

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Respectfully submitted,

Elizabeth R. LaRoche, M.D.

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Emily Roberts

DATE: 7/10/2014

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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August 27, 2014
8:58 am

Health Services and Development Agency
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161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Estel Parker
Estel Parker

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

Ethel Pedigo
Ethel Pedigo

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

Julia Braun

AUG 14 '14 AM 10:19

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

DATE: 8-12-14

Saint Thomas
RUTHERFORD HOSPITAL

Gordon B. Ferguson, FACHE
President and Chief Executive Officer

July 10, 2014

Melanie Hill, Executive Director
Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37423

RE: The Residence at Alive Hospice Murfreesboro "TRAHM" application number pending

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In His Service,

Gordon B. Ferguson, FACHE
President and CEO

1700 Medical Center Parkway
Murfreesboro, Tennessee 37129

p 615-396-4100
STRutherford.com

JUL 17 '14 AM 10:28

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Jennings Henry

DATE:

7/11/2014

AUG 14 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

Henry S. Mattix III

DATE: 08/11/14

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Hollie A Pelham
Hollie A. Pelham

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Ingrid E. Grissom

Ingrid E. Grissom

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Jack & Sandy Mitchell

DATE: 7-11-14

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Jackie Martin

JACKIE MARTIN

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

James D Addis CNT
8-22-14

AUG 27 '14 PM2:59

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Jan Todd

Jan Todd

JUL 15 '14 AM 8:57

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Jane W Jones

DATE: 7/9/14

AUG 27 14 PM 2:18

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Janet Bane

Janet Bane

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted, J. D. Wade

J. D. Wade

JUL 21 '14 AM 9:42

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Jean H. Moser

DATE:

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

Jeanne Meltzer

AUG 27 '14 PM 2:18

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

Jennifer Bane

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
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Melanie Hill, Executive Director

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Respectfully submitted,

Janice B. Metton

JUL 16 '14 AM 8:51

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

DATE: 7/8/14

AUG 14 2014 10:20

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

John Dauley

DATE: 8/11/14

6748 W. Gum Rd.
Murfreesboro, TN. 37127
615/542-0715

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
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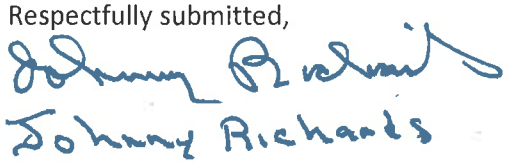
Respectfully submitted,



Johnny Richards

JUL 14 2014 09:00

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
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Respectfully submitted,

Joyce Taylor

DATE: 7/8/14

JUL 15 '14 AM 8:50

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

J Rick Hicks

DATE: 7/9/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Juanita Farless

JUANITA FARLESS

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
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Respectfully submitted,

Judy Spry

JUL 11 14 08:12

Health Services and Development Agency
Frost Building, Third Floor
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Respectfully submitted,

Kathy and Pat Ryan

DATE: 7-7-14

I can't say enough about the Alive Hospice and how much that they did for BOTH of my parents. I will be forever grateful for all the love and support they gave us as a family.

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Katina George

Katina George

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
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Melanie Hill, Executive Director

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Respectfully submitted,

Krista Trail

Health Services and Development Agency
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Melanie Hill, Executive Director

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Respectfully submitted,

Lana Jones

Lana Jones

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
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Respectfully submitted,

Terry Shane Medley LPN

OCT 3 '14 AM 8:09

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
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Melanie Hill, Executive Director

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

[signature] [signature], MD.

DATE: 9/29/14

JUL 16 '14 AM 8:45

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Lee Ann H

DATE:

7-11-14

JUL 14 '14 AM 9:42

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Helen Jennings

Leland Jennings

DATE:

JUL 14 '14 09:42

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Leslie Akers, NP.C.

DATE: 7/8/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Lindsey Fournier

DATE: 7/9/14

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Lisa Bennett

Lisa Bennett

JUL 25 '14 9:51

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

Lisa Jerry, CEO, Primary Care + Hope Clinic

DATE:

7/17/14

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

Lynne Foster

Lynne Foster

JUL 21 '14 AM9:48

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Marilyn Newsom

DATE:

July 12, 2014

August 27, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Mark J. Kwanzant

JUL 15 14 AM 8:55

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Mary B. Richardson

DATE: July 9, 2014

JUL 15 '14 AM 8:49

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Mary Alice Williams

DATE:

JUL 21 '14 09:48

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Mary J. Moss, MD

DATE: 7-11-14

MAYOR SHANE MCFARLAND

CITY COUNCIL MEMBERS:

DOUG YOUNG, VICE-MAYOR

MADELYN SCALES-HARRIS

TOBY GILLEY

RICK LALANCE

EDDIE SMOTHERMAN

RON WASHINGTON

The City of Murfreesboro

Office of the Mayor

111 West Vine Street
Post Office Box 1139
Murfreesboro, TN 37133-1139

Office: (615) 849-2629
Fax (615) 849-2679
Email: smcfarland@murfreesborotn.gov

July 10, 2014

Health Services and Development Agency
Frost Building, Third Floor
Melanie Hill, Executive Director
161 Rosa L. Parks Blvd.
Nashville, TN 37423

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Shane McFarland
Mayor

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Michele Asbury

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Michael Gustr

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Michael J Spinzy

DATE: 7-8-14

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far.

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Mike Bailey

MissionPoint
HEALTH PARTNERS

JUL 16 14 AM 9:02

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:
MissionPoint Health Partners is a population management company that is part of Ascension Health, the largest Catholic Healthcare company in the country. Part of our mission is to provide care throughout people's lives in the most holistic manner possible. MissionPoint has had a wonderful working relationship with Alive Hospice for the past three years. I write this letter in full support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served the Murfreesboro community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

The Murfreesboro market has healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone dying, the distance and the travel time to those locations is just too far. Our goal is to have our members receive the care they need close to their family. This point is even more important when hospice services are needed.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.
Care at the time surrounding death should not only be available to all in need but **close** as well.

I highly support this CON application as it will offer increased access to specialized dedicated health services to this growing community.

Respectfully submitted,

Jordan Asher, MD, MS
Chief Medical Officer and Chief Integration Officer MissionPoint Health Partners

523 Mainstream Drive • Nashville, TN 37228 • 615.284.5700
www.missionpointhealth.org

Vanderbilt Medical Center

Palliative Care

JUL 9 '14 AM 8:54

July 2, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Mohana Karlekar, M.D.
Medical Director Palliative Medicine

1211 Medical Center Drive 7232 VUH Nashville, TN 37232
P 615.322.4298 F 615.343.4205

MOTLOW COLLEGE

My Motlow. My Future.

JUL 16 2014 8:56

July 9, 2014

Health Services and Development Agency
Attn: Melanie Hill, Executive Director
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Care at the time surrounding death should not only be available to all in need but should be nearby as well.

I support this CON application, as it will offer increased access to specialized, dedicated health services in our community.

Respectfully submitted,

Marylou Apple

Marylou Apple
President

JUL 15 14 AM 9:58

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Mr & Mrs Rucker Collier

DATE: 7/9/2014

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

NATHAN Jennings

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

Nicholas Hale

Nicholas Hale

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Noah DeBerry

AUG 27 '14 PM 2:18

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Norma Knox

Norma Knox

JUL 16 '14 AM 8:45

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

DATE: 7/10/14

JUL 16 '14 AM 9:48

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Pam Arcio

DATE: 7/9/14

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Patrick Burdick

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Paulette Osment

Paulette Osment

JUL 15 '14 AM9:57

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Evelyne Peery

DATE:
7-8-2014
Clifford A Peery
7-9-14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Rodell G. Nelson MD FAAD
STONES RIVER DERMATOLOGY MURFREESBORO TENNESSEE

DATE:
11 AUGUST 2014

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are ELNEC trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Randall Holt
RANDALL HOLT

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted, Randal Curtis

Randal Curtis

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Raymond C. Pedigo

Raymond C. Pedigo

AUG 27 '14 PM 3:00

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Rebecca Gray, BRS

Family of Medical Services

July 30, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"/Application # Pending

Dear Ms. Hill.

To introduce myself, I am a pharmacist, and co-owner of Reeves-Sain Pharmacy in Murfreesboro, Tennessee. Together with my business partner, Rick Sain, we have owned an independent pharmacy business for more than thirty years in Murfreesboro. I am a seventh-generation resident of Rutherford County, and a fourth-generation pharmacist.

I am personally and professionally aware of a large number of patients, who during the final stages of life are simply not a candidate to remain in his/her home, necessitating admittance to a hospital. A hospital, which in many cases, is not a facility or staff equipped to deal with the nuances of a dying individual, together with any/all family members and friends.

All that being said, with the explosive growth of Rutherford County, the time has come to build a free-standing, in-patient unit that is specifically focused on meeting these critical, sensitive needs of these patients. It is predicted that by the year 2035, there will be an additional one million people move into the Middle Tennessee area. Obviously, thousands and thousands of those individuals will choose Rutherford County to live and work here because of our strong business economy, wide price range of housing and excellent schools.

Rick Sain and I, together with our families and staff, fully support the construction of an Alive Hospice Facility in Rutherford County. Please feel free to contact me, should you have any questions.

Blessings,

W Shane Reeves, Pharm.D.
(o) 615.278.314

REEVES•SAIN

AUG 6 '14 AM 8:39

Family of Medical Services

July 30, 2014

Health Services and Development Agency
Frost Building, Third Floor, 161 Rosa L. Parks Blvd.
Nashville, Tennessee 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"/Application # Pending

Dear Ms. Hill.

I am writing to you on behalf of Alive Hospice, and the great need in our community and surrounding areas for a residence to be built in Murfreesboro, Tennessee. My wife and I are natives of Bedford County, and we have resided in Murfreesboro for twenty-four years. My business partner, Shane Reeves, and I have been co-owners of Reeves-Sain Family of Medical Services for over thirty years in Murfreesboro. As an independent pharmacy, we have experienced the increased need for end-of-life care throughout our company, which includes infusion, long-term care and retail pharmacies.

Although Alive Hospice has a building in nearby Nashville, families often experience a waiting period because of the large number of Alive Hospice patients in and around the Nashville area. Physical care alone becomes a great burden for families, who typically reach a point of emotional and physical exhaustion in a short period of time.

As our executive assistant, Julie, experienced with her family in 2013, Alive Hospice offers a unique source of education regarding the physical and mental transition of life together with physical comfort and emotional peace. In June of 2013, the Alive Hospice Building in Nashville did not have any available space for new patients. The private, long-term care facility Julie's family chose for their mother experienced air conditioning failure, and it was not repaired or resolved during their stay. Additionally, a staff caregiver (LPN) would not administer the morphine dosage the family doctor and Alive Hospice Staff had ordered, when Julie requested the dose. Many phone calls, and an un-scheduled personal visit by the family's Alive Hospice case manager finally resolved this problem. This is just one family's story, and I am certain there are many families that would absolutely choose an Alive Hospice Facility for this difficult time in their lives.

Shane Reeves and I, together with our families and staff, fully support the construction of an Alive Hospice Facility in Murfreesboro. Please contact me with any questions you may have regarding this application and need.

Warm regards,

Richard H. Sain

Richard H. Sain, Pharm.D.

1837 Memorial Blvd. – Murfreesboro TN
615.278-0770 ----------www.reevessain.com

JUL 21 '14 8:42

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Robert + Billie Bowm

DATE:

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Rob Moffitt, PGA
HEAD GOLF PROFESSIONAL
STONES RIVER C.C.
DATE: 7/8/14

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

RONALD F. BORN

JUL 15 '14 AM 8:57

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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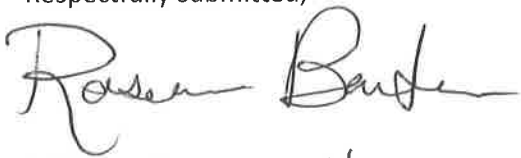
Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,



DATE: 7-9-14

AUG 27 '14 PM 2:15

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Ruby Harrison

ERNEST G. BURGESS
COUNTY MAYOR

RUTHERFORD COUNTY
TENNESSEE

July 28, 2014

Melanie Hill, Executive Director
Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37243

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Ernest G. Burgess
Mayor

/vht

ONE PUBLIC SQUARE, SUITE 101, COURTHOUSE • MURFREESBORO, TN 37130 • (615) 898-7745 • FAX (615) 898-7747

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Ryan Tenpenny

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Sandy Hollandsworth

Sandy Hollandsworth

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Jana Bourne

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Scott Schwartz

JIM TRACY
SENATOR

14H SENATORIAL DISTRICT
BEDFORD, LINCOLN, MARSHALL,
MOORE & RUTHERFORD

NASHVILLE OFFICE
2 LEGISLATIVE PLAZA
NASHVILLE, TN 37243

Senate Chamber
State of Tennessee

NASHVILLE

TRANSPORTATION
CHAIRMAN
MEMBER OF COMMITTEES
Commerce & Labor

OFFICE (615) 741-1066
FAX (615) 741-2255
1-800-449-8366
EMAIL ADDRESS
sen.jim.tracy@capitol.tn.gov

August 8, 2014

Ms. Melanie Hill, Executive Director
Health Services and Development Agency
161 Rosa L. Parks Boulevard
Nashville, TN 37243

RE: The Residence at Alive Hospice Murfreesboro "TRAHM" (Application number pending)

Dear Melanie:

I wanted to show my support for Alive Hospice and their proposal to build a Residence here in Murfreesboro. Alive Hospice (previously Hospice of Murfreesboro) has faithfully served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue at a strong pace.

In our area, there are dedicated healthcare facilities for all other clinical disciplines – except for hospice. Currently, a hospice patient needing general inpatient care must travel all the way to Nashville or Chattanooga. As you know, when time is of the essence with regard to visitation and/or someone passing on, distance and travel time to those locations are much too far.

Alive Hospice, with its demonstrated expertise in the provision of all levels of care for almost 40 years overall – and 14 years for its Residential based care – is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice provides dedicated pediatric hospice and grief care. In addition, Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. It is also the only not-for-profit hospice in this service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Melanie, specialized care at the time surrounding death should not only be available to all those in need – but should be close as well. Thank you for allowing me this opportunity to support this CON application, as it will offer increased access to specialized dedicated health services in our community.

Best regards,

Jim Tracy

Jim Tracy, Tennessee State Senator
14th Senatorial District

Family of Medical Services

July 30, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd.
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"/Application # Pending

Dear Ms. Hill.

To introduce myself, I am a pharmacist, and co-owner of Reeves-Sain Pharmacy in Murfreesboro, Tennessee. Together with my business partner, Rick Sain, we have owned an independent pharmacy business for more than thirty years in Murfreesboro. I am a seventh-generation resident of Rutherford County, and a fourth-generation pharmacist.

I am personally and professionally aware of a large number of patients, who during the final stages of life are simply not a candidate to remain in his/her home, necessitating admittance to a hospital. A hospital, which in many cases, is not a facility or staff equipped to deal with the nuances of a dying individual, together with any/all family members and friends.

All that being said, with the explosive growth of Rutherford County, the time has come to build a free-standing, in-patient unit that is specifically focused on meeting these critical, sensitive needs of these patients. It is predicted that by the year 2035, there will be an additional one million people move into the Middle Tennessee area. Obviously, thousands and thousands of those individuals will choose Rutherford County to live and work here because of our strong business economy, wide price range of housing and excellent schools.

Rick Sain and I, together with our families and staff, fully support the construction of an Alive Hospice Facility in Rutherford County. Please feel free to contact me, should you have any questions.

Blessings,

W Shane Reeves, Pharm.D.
(o) 615.278.314

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a Residence in Murfreesboro, Tennessee. Alive Hospice and previously Hospice of Murfreesboro has served our community for over 30 years. Rutherford and surrounding counties have seen dramatic population growth in the past decade and that growth is forecasted to continue.

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Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Shannon Bacon
Shannon Bacon

JUL 15 '14 AM 9:57

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Sheila Delaney

DATE: 7/9/14

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

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DATE: 7-9-14

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Respectfully submitted,

Shirley Young

Shirley Young

James A. Nunnery, MD
1927 Cliffview Court
Murfreesboro, TN. 37128
615-890-3004

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

Re: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application # pending

Dear Ms. Hill

I am writing in support of the CON application by Alive Hospice to build a residence facility in Rutherford County.

As a board certified physician in Hospice and Palliative Medicine with a practice dedicated to the treatment of suffering and assistance for patients and their families at the end of life, I see many patients whose families, for one reason or another, cannot provide care in their homes. These patients require a facility that can provide around-the-clock care by dedicated staff.

Currently, the options in our area for patients at the end of life are to be admitted to either a full service hospital, a nursing home or a hospice residence at considerable distance from their home. The first two options are suboptimal because these institutions have other primary goals than hospice care. The hospice residence choices are quite a distance and therefore difficult to reach for many of our patients and their families.

The building of a dedicated hospice residence in our community would provide an optimal solution for many families to the problem of how best to care for dying loved ones.

For these reasons, I wholeheartedly support this CON application.

Respectfully,

James A. Nunnery

James A. Nunnery, MD, FACS
Medical Director of Palliative Medicine
St. Thomas Rutherford Hospital

AUG 27 '14 PM 2:18

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Stephanie Alford

Stephanie Alford

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
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Respectfully submitted,

Sue Zimpfer P.T.

BOULDIN & REED, PLC

ATTORNEYS

G. Sumner R. Bouldin, Jr.
Gregory M. Reed
Kevin R. Bragg

Granville S. R. Bouldin of counsel

Granville S. Ridley (1847-1921)
Granville S. Ridley, Jr. (1893-1982)

sumner.bouldin@bouldinreed.com

July 31, 2014

Melanie Hill, Executive Director
Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423

Re: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Several years ago, a close friend and long time employee was diagnosed with terminal cancer. A single mother with three teenage daughters, Alive made her final days peaceful. Her

103 North Maple Street, Murfreesboro, Tennessee 37130 **Telephone** (615) 890-9040 **Fax** (615) 890-9848
Email info@bouldinreed.com

daughters were forever grateful. Had inpatient care then been available, the family would have been relieved of much of the stress of her care.

Care at the time surrounding death should not only be available to all in need but close as well. I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Very truly yours,

G. Sumner R. Bouldin, Jr.

GSRB:lh

TriStar StoneCrest
MEDICAL CENTER

TriStarHealth.com
200 StoneCrest Boulevard
Smyrna, TN 37167
(615) 768-2000

July 24, 2014

Melanie Hill, Executive Director
Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423

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Respectfully submitted,

Louis F. Caputo

Louis F. Caputo, CEO

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Norma Knox

Norma Knox

Health Services and Development Agency
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Respectfully submitted,

Anna McCollum

AUG 27 '14 P2:18

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Stephanie Alford

Stephanie Alford

AUG 27 '14 PM 5:18

Health Services and Development Agency
Frost Building, Third Floor
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Janet Bane

Janet Bane

AUG 27 '14 PM2:18

Health Services and Development Agency
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Jennifer Bare

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Frost Building, Third Floor
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Ruby Harrison

AUG 27 '14 PM2:19

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Lesley J. Miley

AUG 27 '14 PM 2:19

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

Phillie Riggsby

Health Services and Development Agency
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Respectfully submitted,

Amber Burnett

Health Services and Development Agency
Frost Building, Third Floor
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Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Jeanne Meltzer

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Judy Spry

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Lisa Bennett

Lisa Bennett

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
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Melanie Hill, Executive Director

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Respectfully submitted,

Douglas Jennings

August 27, 2014
8:58 am

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Melanie Hill, Executive Director

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Respectfully submitted,

Jackie Martin

JACKIE MARTIN

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Shannon Bacon
Shannon Bacon

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

NATHAN Jennings

August 27, 2014
8:58 am

Health Services and Development Agency
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161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Katina George

Katina George

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Lynne Foster

Lynne Foster

August 27, 2014
8:58 am

Health Services and Development Agency
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Melanie Hill, Executive Director

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Catherine Player
Catherine Player

Health Services and Development Agency
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Melanie Hill, Executive Director

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Respectfully submitted,

Jan Todd

Jan Todd

August 27, 2014
8:58 am

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Frost Building, Third Floor
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Respectfully submitted,

Ryan Tenpenny

August 27, 2014
8:58 am

Health Services and Development Agency
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Respectfully submitted,

Chad Hale

Chad Hale

August 27, 2014
8:58 am

Health Services and Development Agency
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Melanie Hill, Executive Director

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Respectfully submitted,

Nicholas Hale

Nicholas Hale

August 27, 2014
8:58 am

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Respectfully submitted,

Scott Schwartz

Health Services and Development Agency
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Respectfully submitted,

Danny Brown

Danny Brown

August 27, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

Mark J. Kwanzant

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
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Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Paulette Osment

Paulette Osment

August 27, 2014
8:58 am

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Nashville, TN 37423
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Respectfully submitted,

Ingrid E. Grissom

Ingrid E. Grissom

August 27, 2014
8:58 am

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161 Rosa L. Parks Blvd
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Respectfully submitted,

Diane Wolcott

Diane Wolcott

August 27, 2014
8:58 am

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Respectfully submitted,

Hollie A Pelham
Hollie A. Pelham

August 27, 2014
8:58 am

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161 Rosa L. Parks Blvd
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Respectfully submitted,

Randall Holt
RANDALL HOLT

August 27, 2014
8:58 am

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Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Norma DeBerry

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
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Respectfully submitted,

Donald E. Phillips

Donald E. Phillips

August 27, 2014
8:58 am

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Respectfully submitted,

Estel Parker
Estel Parker

August 27, 2014
8:58 am

Health Services and Development Agency
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Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Jerry Zimmerman

August 27, 2014
8:58 am

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Melanie Hill, Executive Director

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Respectfully submitted,

Patrick Burdick
Patrick V. Burdick

August 27, 2014
8:58 am

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Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Johnny Richards

Johnny Richards

August 27, 2014
8:58 am

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Respectfully submitted,

EDDIE R STROPE

August 27, 2014
8:58 am

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Frost Building, Third Floor
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Respectfully submitted, Randal Curtis

Randl Curtis

August 27, 2014
8:58 am

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Respectfully submitted, J. D. Wade

J. D. Wade

August 27, 2014
8:58 am

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Respectfully submitted,

Ronald F. Born

RONALD F. BORN

August 27, 2014
8:58 am

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Respectfully submitted,

David Peeler

David Peeler

August 27, 2014
8:58 am

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Sandy Hollandsworth

Sandy Hollandsworth

August 27, 2014
8:58 am

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161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Debbie Morris
Debbie Morris

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Cynthia Tempesny

Cynthia Tempesny

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
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Respectfully submitted,

Lana Jones
Lana Jones

August 27, 2014
8:58 am

Health Services and Development Agency
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Respectfully submitted,

Bobby Smith
BOBBY SMITH

August 27, 2014
8:58 am

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Frost Building, Third Floor
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Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Shirley Young

Shirley Young

August 27, 2014
8:58 am

Health Services and Development Agency
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Respectfully submitted,

Angela Schwartz
Angela Schwartz

August 27, 2014
8:58 am

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Respectfully submitted,

Donald L Preston

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Respectfully submitted,

Diane Hickman

Diane Hickman

Health Services and Development Agency
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CHARLES R BRANDON

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Respectfully submitted,

Ethel Pedigo
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August 27, 2014
8:58 am

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Raymond C. Pedigo

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Respectfully submitted,

Juanita Farless

JUANITA FARLESS

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
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Respectfully submitted,

Deborah L. Shahan

Deborah L. Shahan

August 27, 2014
8:58 am

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Respectfully submitted,

James D Aadtt CNT
8-22-14

Health Services and Development Agency
Frost Building, Third Floor
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Respectfully submitted,

Jalitha Gunter

Health Services and Development Agency
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Teresa Pirtle

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Respectfully submitted,

Michele Asbury

August 27, 2014
8:58 am

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Respectfully submitted,

Jana Bourne

August 27, 2014
8:58 am

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Respectfully submitted,

Krista Trail

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

Mike Bailey

August 27, 2014
8:58 am

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Jessie B. Metton

August 27, 2014
8:58 am

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Julia Braun

August 27, 2014
8:58 am

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Respectfully submitted,

Cindy Pitts

August 27, 2014
8:58 am

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Respectfully submitted,

Wendy Sadler

August 27, 2014
8:58 am

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Frost Building, Third Floor
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Respectfully submitted,

Michael Gutter

August 27, 2014
8:58 am

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Frost Building, Third Floor
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Britta Phillips

August 27, 2014
8:58 am

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Tonya D Davenport

August 27, 2014
8:58 am

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Christy Brown

August 27, 2014
8:58 am

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Saylor Nelms

August 27, 2014
8:58 am

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Respectfully submitted,

Sue Zimpfer P.T.

August 27, 2014
8:58 am

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Milagros Vazquez, PT

Health Services and Development Agency
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Respectfully submitted,

K. Beth Venable
Speech-Language Pathologist
Murfreesboro, TN Resident

August 27, 2014
8:58 am

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Suzanne Videonker

August 27, 2014
8:58 am

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Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are ELNEC trained for both adults and pediatric care. Alive Hospice supports graduate clinical education through teaching affiliations with several major colleges and universities. Alive Hospice provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

Care at the time surrounding death should not only be available to all in need but **close** as well.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Terry Shane Medley LPN

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

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Respectfully submitted,

Michelle Browning

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

Tamara Dillon

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Respectfully submitted,

Rebecca Gray, BRS

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

Jalitha Gunter

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

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Application number pending

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Respectfully submitted,

Tamara Dillon

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Taylor Nelms

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Teresa Pirtle

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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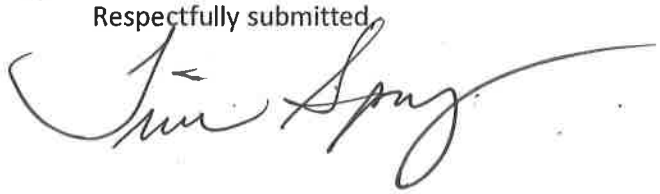
I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,



August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Tonya D Davenport

TriStar Skyline
MEDICAL CENTER

TriStarHealth.com
3441 Dickerson Pike
Nashville, TN 37207
(615) 769-2000

July 3, 2014

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

Dear Ms. Hill:

This is a letter of support for Alive Hospice to build a residence in Murfreesboro, Tennessee.

Middle Tennessee has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility must travel to Nashville or Chattanooga. When time is of the essence for visiting and being with someone who is dying, the distance and the travel time to those locations can be burdensome to families.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost 40 years overall and 14 years for Residential based care, is Joint Commission Accredited, is committed to quality patient care and ensures that all nurses are End-of-Life Nursing Education Consortium (ELNEC) trained for both adults and pediatric care. Alive Hospice also provides dedicated pediatric hospice and grief care. Further, Alive Hospice is the only not for profit hospice in our service area and has provided almost a million dollars of charity care in their full service area in 2013 alone.

I support this CON application as it will offer increased access to specialized dedicated health services in our community.

Respectfully submitted,

Steve Otto

Steve Otto
Chief Executive Officer

SO/th

TriStar StoneCrest
MEDICAL CENTER

TriStarHealth.com
200 StoneCrest Boulevard
Smyrna, TN 37167
(615) 768-2000

July 24, 2014

Melanie Hill, Executive Director
Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Louis F. Caputo, CEO

August 27, 2014
8:58 am

Health Services and Development Agency
Frost Building, Third Floor
161 Rosa L. Parks Blvd
Nashville, TN 37423
Melanie Hill, Executive Director

RE: The Residence at Alive Hospice Murfreesboro "TRAHM"
Application number pending

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Respectfully submitted,

Wendy Sadler

LETTER OF INTENT -- HEALTH SERVICES & DEVELOPMENT AGENCY

The Publication of Intent is to be published in the Tennesseean, which is a newspaper of general circulation in Rutherford County, Tennessee, on or before August 10th, 2014, for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that The Residence at Alive Hospice--Murfreesboro (a proposed residential hospice), to be owned and managed by Alive Hospice, Inc. (a not-for-profit corporation), intends to file an application for a Certificate of Need to establish a ten (10) bed residential hospice facility in a leased building in Murfreesboro, at an estimated cost of $10,889,000 (of which only $504,500 will be an actual capital cost, the balance being lease outlays for up to a twenty-year lease term).

The facility will be located in Murfreesboro, at unaddressed Lot 13, which lies between Williams Drive and Carl Adams Drive, and is bounded by the DCI Dialysis Clinic and by the Murfreesboro Medical Clinic/Surgicenter property at the intersection of Carl Adams Drive and Garrison Drive. The site is very close to Saint Thomas Rutherford Hospital.

The facility will seek licensure as a Residential Hospice, from the Board for Licensing Health Care Facilities. This project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any other facility's licensed bed complements.

The anticipated date of filing the application is on or before August 15, 2014. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

John L. Wellborn 8-6-14 jwdsg@comcast.net

(Signature) (Date) (E-mail Address)

CERTIFICATE OF NEED
REVIEWED BY THE DEPARTMENT OF HEALTH
DIVISION OF POLICY, PLANNING AND ASSESSMENT
615-741-1954

DATE: October 31, 2014

APPLICANT: The Residence at Alive Hospice-Murfreesboro
Unaddressed Lot 13, between Williams Drive and
Carl Adams Drive
Murfreesboro, Tennessee 37129

CN1408-037

CONTACT PERSON: John L. Wellborn, Consultant
Development Support Group
4219 Hillsboro Road, Suite 203
Nashville, Tennessee 37215

COST: $10,889,000

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

SUMMARY:

The applicant, The Residence at Alive Hospice-Murfreesboro, located in Murfreesboro, (Rutherford County), Tennessee, seeks Certificate of Need (CON) approval to establish a ten private bed residential hospice(and five shelled in spaces for future expansion needs), in a leased building located at unaddressed Lot 13, which lies between Williams Drive, and Carl Adams Drive, and bounded by DCI Dialysis Clinic and by the Murfreesboro Medical Clinic/Surgicenter property at the intersection of and Carl Adams Drive and Garrison Drive. The site is located very close to Saint Thomas Rutherford Hospital. This project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any other facility's licensed bed complement.

The applicant will lease a new one-story healthcare building of 21,600 square feet, of which 17,021 square feet (78.8%) of the building will comprise this residential hospice project. The remaining 4,579 square feet (21.2%) will be for the relocation of the full-service Rutherford County branch of Alive Hospice, Inc., which is being relocated from its current location at 1639 Medical Center Parkway.

The sole owner and license of the facility will be the not-for-profit Alive Hospice, Inc. Tennessee's first and one of its largest hospice organizations. Details concerning the organization including an organizational chart and the facilities owned by the facility's parent organization are provided in Attachment A-4.

The total estimated project cost is $10,888,816, including $10,384,371 fair market value. However, because this is leased space, the applicant's total expenditure to implement the project is $504,445 and will be funded from cash reserves as documented by the Chief Financial Officer in Attachment C, Economic Feasibility-2.

GENERAL CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan.*

NEED:
The applicant's proposed service area projections are listed below.

Service Area Population 2014 and 2018

County	2014 Population	2018 Population	% of Increase/ (Decrease)
Bedford	47,368	50,566	6.8%
Cannon	14,125	14,540	2.9%
Coffee	54,273	56,841	4.7%
DeKalb	18,952	19,125	0.9%
Rutherford	293,582	329,446	12.2%
Total	**428,300**	**470,518**	**9.9%**

Source: *Tennessee Population Projections 2010-2020, June 2013 Revision,* Tennessee Department of Health, Division of Policy, Planning, and Assessment

This application is for a licensed freestanding licensed 10-bed residential hospice in Murfreesboro, Rutherford County. The facility's name will be The Residence at Alive Hospice-Murfreesboro. The sole owner and CON applicant is Alive Hospice, Inc., a not-for-profit organization in Nashville. This new facility will provide the same services that Alive Hospice provides now at its separately licensed 30-bed facility residential hospice in Nashville. The proposed new site will seek certification for participation in both Medicare and Medicaid programs under the current Alive Hospice, Inc. Medicare and Medicare provider numbers. This residential facility will not be "a new provider" just because it has its own State license. It will constitute another licensed site of service of an existing provider (Alive Hospice, Inc.) The applicant provides four pages from the Medicare State Operations Manual in Attachment 1; specifically Section 2084, which allows a hospice to operate within leased space it does not own; and Section 2088, which enable a hospice to add multiple locations and participate in Medicare and Medicaid upon providing certain information and assurances and ongoing a review process for the new location.

These Sections have allowed Alive Hospice, Inc. to provide care for years under a shared provider number in North Nashville, Saint Thomas West, its Davidson and Rutherford team offices, and its Nashville Residence. All are operated under the same provider number even though there are separate State license at the two hospitals, the Residence, and the Alive Hospice home hospice team offices.

Alive Hospice's authorized service are includes a 12-county region in Middle Tennessee that also includes the five counties to be served in this proposed new facility. In addition to Alive Hospice, 12 other licensed hospice organizations are licensed to serve one or more of the five primary service area counties contained in this project. None of these organizations in this service area offers a licensed residential hospice; and no provider offers a dedicated pediatric care team.

Alive Hospice proposes to develop a 10-bed inpatient facility in the southern sector (Bedford, Cannon, Coffee, DeKalb, and Rutherford), after closing 15 of its hospital based hospice beds at Saint Thomas West in its northern sector (Davidson, Dickson, Cheatham, Robertson, Rutherford, Williamson, and Wilson). It will not add any new counties to its service area.

Additionally, it is Alive Hospice's expectation that most if not all of its costs will be funded by community donations raised by a capital campaign in the project service area following CON approval. Pre-campaign discussions with potential community donors have given Alive Hospice confidence that this will be successful.

The applicant states residential hospice will provide care for individuals who do not have the ability to seek end-of life-care in a private home or nursing home. A freestanding residential hospice, operated by a proven provider and who is financially accessible such as Alive Hospice in Nashville in needed in the southern sector of this service area. Although Alive Hospice offers residential hospice in Nashville, many families find the daily or frequent trips to be too long; especially when a family member is at the end of their lives.

Residential hospice allows families who care for dying loved ones in their own homes to move them close-by for up to five days of "respite care" status in the Residence, allowing for the family members a much needed rest, maintain close proximity, and having uninterrupted dedicated care.

This project will extend Alive Hospice's mission to provide equitable care to the southern sector by providing the same care options as the northern sector of its service area.

The Residence at Alive Hospice-Nashville's reported the following data for their 30 licensed beds to the Joint Annual Report 0f Hospice in 2012 and 2013.

Joint Annual Report Year	Patients Served	Patient Days	Occupancy on Licensed Beds
2012	764	8,814	80.7%
2013	758	9,499	86.7%

Joint Annual Report of Hospice, 2012 and 2013, Tennessee Department of Health, Office of Policy, Planning, and Assessment

Need Formula. The need for Residential Hospice Services shall be determined by using the following Hospice Need Formula, which shall be applied to each county in Tennessee:

A / B = Hospice Penetration Rate

Where:

A = the mean annual number of Hospice unduplicated patients served in a county for the preceding two calendar years as reported by the Tennessee Department of Health; and

B = the mean annual number of Deaths in a county for the preceding two calendar year as reported by the Tennessee Department of Health.

Note that the Tennessee Department of Health Joint Annual Report of Hospice define "unduplicated patients served" as "number of patients receiving services on day one reporting period plus number of admissions during the reporting period."

Need shall be established in a county (thus, enabling an applicant to include it in the proposed Service Area) if its Hospice Penetration Rate is less than 80% of the Statewide Median Hospice Penetration Rate; further, existing Residential Hospice Service providers in a proposed Service Area must show an average occupancy rate of at least 85%.

Eighty (85%) of the statewide median hospice penetration rate is 0.3.90.

Projected Need for Hospice Services

County	Hospice Patients Served 2011	Hospice Patients Served 2012	Mean	Total Deaths 2011	Total Deaths 2012	Mean	Hospice Penetration Rate	85%
Bedford	161	133	147	403	400	402	0.366	10
Cannon	41	59	50	140	139	140	0.358	4
Coffee	252	240	246	577	595	586	0.420	(18)
DeKalb	86	80	83	203	207	205	0.405	(3)
Rutherford	754	817	786	1,467	1,524	1,496	0.525	(203)
Total								(210)

Source: Joint Annual Report of Hospices 2011-2012, Tennessee Department of Health, Division of Policy, Planning and Assessment

There is a surplus need of 210 in the designated service area per the above criteria.

TENNCARE/MEDICARE ACCESS:
Alive Hospice contracts with both Medicare and Medicaid programs. The applicant has contracts with TennCare MCOs AmeriGroup, United Community Healthcare Plan, and Select/BlueCare.

The following table illustrates the applicant's year one Medicare and Medicaid revenue.

	Medicare	TennCare/Medicaid
Gross Revenue	$757,985	$48,061
% of Gross Revenue	55.2%	3.5%

**Applicant provided figures*

ECONOMIC FACTORS/FINANCIAL FEASIBILITY:
The Department of Health, Division of Policy, Planning, and Assessment has reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine they are mathematically accurate and the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

Project Costs Chart: The Project Costs Chart is located in the application on page 68 of the application. The total project cost is $10,384,371.

Historical Data Chart: The Historical Data Chart is located on page 72 of the application. The applicant reported 148,844, 145,027, 149,488 patient days in 2011, 2012, and 2013, respectively. The applicant reported net operating revenues of ($1,214,112), $530,804, and ($1,373,302), respectively.

Projected Data Chart: The Projected Data Chart is located on page 78 of the application. The applicant projects 144,941 and 148,700 patient days in years one and two, respectively. The total net operating revenue in year one is projected to be $661,873 and $847,013 in year two of the project.

Average Charges Deductions, Net Charges and Income

	CY2017	CY2018
Patient Days	2,774	2,884
Average Gross Charge Per Day	$495	$505
Average Deduction from Operating Revenue	$62	$64
Average Net Charge (Net Operating Revenue	$433	$441
Average Net Operating Income After Expenses,	-$117	-$117

Applicant reported data

The current and proposed rates for Alive hospice services are listed in Table 15-A on page 82 of the application. The project will have no impact on Alive Hospice's rate structure, which has traditionally equaled Medicare reimbursement rates and will continue to do so.

The applicant provides the per diem rates for five Tennessee residential hospices on page 84R of the application.

Alive Hospice's funds raised through fundraising effort for the most recent three years.

	Total Contributions	Unrestricted Amount
FY2011	$1,686,000	$1,305,000
FY2012	$1,613,000	$1,385,000
FY2013	$2,029,000	$1,551,000

Applicant reported data

The applicant knows of no alternative to this project. The applicant considered new construction but this was rejected when it was found that a lease with an option to buy was more cost effective.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:
The applicant provides a list of Alive Hospice's current agreements with area providers on page 88 of the application.

Alive Hospice, Inc. believes this proposed project will not negatively impact current utilization of any other hospice providers in the five county service area.

The applicant's proposed staffing pattern includes 1.0 FTE physician, 4.60 FTE charge nurses, 4.60 FTE registered nurses, 2.25 FTE hospice aides, and 1.0 FTE receptionists for years one and two of the project.

The applicant provides a table outlining their educational and agreements and relationships on page 93 of the application.

The applicant will be licensed by the Tennessee Department of Health, Board for Licensing Healthcare Facilities and accredited The Joint Commission.

SPECIFIC CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan.*

STANDARDS AND CRITERIA APPLICABLE TO BOTH RESIDENTIAL AND HOSPICE SERVICES APPLICATIONS

1. **Adequate Staffing:** An applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed Service Area. In this regard, an applicant should demonstrate its willingness to comply with the general staffing guidelines and qualifications set forth by the National Hospice and Palliative Care Organization.

Alive Hospice utilizes NHPCO resources and tools to inform its staffing decisions; and constantly evaluates staffing patterns thru their internal Quality Assurance and Process Improvement process in terms of their effects on measures of patient outcomes, patient and family satisfaction, and staff satisfaction. There are no national norms for staffing the applicant's proposed staffing pattern includes 1.0 FTE physician, 4.60 FTE charge nurses, 4.60 FTE registered nurses, 2.25 FTE hospice aides, and 1.0 FTE receptionists for years one and two of the project.

2. **Community Linkage Plan:** The applicant shall provide a community linkage plan that demonstrates factors such as, but not limited to, relationships with appropriate health care system providers/services, and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. Letters from physicians in support of an application shall detail specific instances of unmet need for hospice services.

The applicant has provided hospice care to these five service area counties for some time, and has developed strong community linkages. A listing of service area hospitals and nursing homes is available in Section C.III.1.

3. **Proposed Charges:** The applicant shall list its benefit level charges, which shall be reasonable in comparison with those of other similar facilities in the Service Area or in adjoining service areas.

The current and proposed rates for Alive hospice services are listed in Table 15-A on page 82 of the application. The project will have no impact on Alive Hospice's rate structure, which has traditionally equaled Medicare reimbursement rates and will continue to do so.

The applicant provides the per diem rates for five Tennessee residential hospices on page 84 of the application.

4. **Access:** The applicant must demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification. In addition to the factors set forth in HSDA Rule 072011-.01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area.

The applicant provides hospice services in all of its service area counties. Alive Hospice is not requesting any additional counties. The only resource in Alive's service area is their own Residence in Nashville. The applicant demonstrates how this project will reduce drive time for families to Nashville and how area families have limited access.

5. **Indigent Care.** The applicant should include a plan for its care of indigent patients in the Service Area, including

a. Demonstrating a plan to work with community-based organizations in the Service Area to develop a support system to provide hospice services to the indigent and to conduct outreach and education efforts about hospice services.

b. Details about how the applicant plans to provide this outreach.

c. Details about how the applicant plans to fundraise in order to provide indigent and/or charity care.

The applicant has a well-documented record of providing charity care and provides their 2013 Alive Report to the Community to show the scope of their effort. Alive Hospice provides all needed hospice care regardless of insurance coverage status or ability to pay. The total charity care provided currently amounts to between $800,000 and $1,000,000 of care annually.

The applicant details its outreach efforts with the Speakers Bureau Schedule on pages 37a, 37b, and 37c of the application.

6. **Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system. Additionally, the applicant should provide documentation that it is, or intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., and the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for hospice services from the Centers for Medicare and Medicaid Services (CMS) or CMS licensure survey.

Having a QAPI program is mandatory under Medicare Conditions of Participation, Alive's program meets or exceeds requirements for QAPI in Sections 418.58 of the Medicare Conditions of Participation.

7. **Data Requirements:** Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

The applicant agrees to do so.

8. **Education.** The applicant should provide details of its plan in the Service Area to educate physicians, other health care providers, hospital discharge planners, public health nursing agencies, and others in the community about the need for timely referral of hospice patients.

The applicant provides extensive programing for community education throughout the year. It offers workshops, sponsors community events, provides comprehensive grief classes, and offers advanced care planning assistance. In 2013, Alive Hospice held three youth camps for grieving children and teenagers.

All in all, almost 7,000 people were reached through educational programs in 2013.

The applicant details its outreach efforts with the Speakers Bureau Schedule on pages 37a, 37b, and 37c of the application.

Additionally, Alive Hospice began working with Vanderbilt Medical School to establish a Fellowship training program of Vanderbilt physicians who are specializing in Palliative and Hospice Care Medicine.

NEED

Residential HOSPICE SERVICES

DEFINITIONS

9."**Service Area"** shall mean the county or contiguous counties represented on an application as the area in which an applicant intends to provide Hospice Services and/or in which the majority of its service recipients reside. Only counties with a Hospice Penetration Rate that is less than 80 percent of the Statewide Median Hospice Penetration Rate may be included in a proposed Service Area.

Service Area Population 2014 and 2018

County	***2014 Population***	***2018 Population***	***% of Increase/ (Decrease)***
Bedford	*47,368*	*50,566*	*6.8%*
Cannon	*14,125*	*14,540*	*2.9%*
Coffee	*54,273*	*56,841*	*4.7%*
DeKalb	*18,952*	*19,125*	*0.9%*
Rutherford	*293,582*	*329,446*	*12.2%*
Total	***428,300***	***470,518***	***9.9%***

Source: Tennessee Population Projections 2010-2020, June 2013 Revision, Tennessee Department of Health, Division of Policy, Planning, and Assessment

10.**"Statewide Median Hospice Penetration Rate"** shall mean the number equal to the Hospice Penetration Rate (as described below) for the median county in Tennessee.

Eighty (85%) of the statewide median hospice penetration rate is 0.3.90. The applicant's service area penetration rate is illustrated below.

County	***Hospice Penetration Rate***
Bedford	*0.366*
Cannon	*0.358*
Coffee	*0.420*
DeKalb	*0.405*
Rutherford	*0.525*

11. **Need Formula.** The need for Residential Hospice Services shall be determined by using the following Hospice Need Formula, which shall be applied to each county in Tennessee:

A / B = Hospice Penetration Rate

Where:

A = the mean annual number of Hospice unduplicated patients served in a county for the preceding two calendar years as reported by the Tennessee Department of Health; and

B = the mean annual number of Deaths in a county for the preceding two calendar year as reported by the Tennessee Department of Health.

Note that the Tennessee Department of Health Joint Annual Report of Hospice define "unduplicated patients served" as "number of patients receiving services on day one reporting period plus number of admissions during the reporting period."

Need shall be established in a county (thus, enabling an applicant to include it in the proposed Service Area) if its Hospice Penetration Rate is less than 80% of the Statewide Median Hospice Penetration Rate; further, existing Residential Hospice Service providers in a proposed Service Area must show an average occupancy rate of at least 85%.

The following formula to determine the demand for additional hospice service recipient shall be applied to each county included in the proposed service area and the results of each county's calculation should be aggregated for the proposed service area:

Projected Need for Hospice Services

County	***Hospice Patients Served 2011***	***Hospice Patients Served 2012***	***Mean***	***Total Deaths 2011***	***Total Deaths 2012***	***Mean***	***Hospice Penetration Rate***	***85%***
Bedford	*161*	*133*	*147*	*403*	*400*	*402*	*0.366*	*10*
Cannon	*41*	*59*	*50*	*140*	*139*	*140*	*0.358*	*4*
Coffee	*252*	*240*	*246*	*577*	*595*	*586*	*0.420*	*(18)*
DeKalb	*86*	*80*	*83*	*203*	*207*	*205*	*0.405*	*(3)*
Rutherford	*754*	*817*	*786*	*1,467*	*1,524*	*1,496*	*0.525*	*(203)*
Total								*(210)*

Source: Joint Annual Report of Hospices 2011-2012, Tennessee Department of Health, Division of Policy, Planning and Assessment

OHER RESIDENTIAL HOSPICE SERVICES STANDARDS, AND CRITERIA

12. **Types of Care.** An applicant should demonstrate whether or not it will have the capability to provide general inpatient care, respite care, continuous home care, an routine home care to its patients. If it is not planning to provide one or more of these listed types of care, the applicant should explain why.

Alive Hospice already provides all these levels of care.

13. **Expansion from Non-Residential Hospice Services.** An applicant for Residential Hospice Services that provides Hospice Services should explain how the Residential Hospice Services will maintain or enhance the Hospice Services' continuum of care to ensure patients have access to needed services.

The applicant states this is technically not applicable to them as the already provide residential hospice within its authorized area. This is a second such facility proposed primarily to reduce many area residents' drive times to such a group home settings.