ORIGINAL-
-Application
Alive Hospice

CN1408-037

STATE OF TENNESSEE
Health Services and Dev Agency
Office 31607001
8/18/2014 8:55 AM

Cashier: annir0811001
Batch #: 667585
Trans #: 1
Workstation: AF0719WP45

CON Filing Fees

Receipt #: 12897258
HA01 CON Filing Fees $24,445.00
Payment Total: $24,445.00

Transaction Total: $24,445.00

Check 21 $24,445.00

Thank you for your payment.
Have a nice day!

CN1408-037

110583

Security features. Details on back.

Health Services and Dev Agency
Office 31607001

AMOUNT $24,445.00

Receipt #: 12897258
PAID: 8/18/2014
Batch #: 667585
Trans #1 $24,445.00

Void After 120 Days

HA01 CON Filing Fees $24,445.00
Check 21 $24,445.00

THANK YOU FOR YOUR PAYMENT

Pinnacle
87-863-640

DATE 8/12/2014

Twenty Four Thousand Four Hundred Forty Five Dollars and 00 Cents

AUTHORIZED SIGNATURE

Alive Hospice
1718 PATTERSON ST.
NASHVILLE, TN 37203-2926
(615) 327-1085

PAY TO THE ORDER OF
TN Health Serv. & Development Agency
Andrew Jackson BLDG., 9TH Floor
502 Deadrick St.
Nashville TN 37243

⑈110583⑈ ⑆064008637⑆ ⑈5117846⑈

DSG Development Support Group

AUG 15 '14 PM 2:56

August 15, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Frost Building, Third Floor
161 Rosa Parks Boulevard
Nashville, Tennessee 37203

RE: CON Application Submittal
The Residence at Alive Hospice--Murfreesboro
Rutherford County

Dear Mrs. Hill:

This letter transmits an original and two copies of the subject application. The affidavit and filing fee are enclosed.

I am the contact person for this project. Jerry Taylor is legal counsel. Please advise me of any additional information you may need. We look forward to working with the Agency on this project.

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

aged to attend and participate in the conference.

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 $10,889,000 (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.
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

6310 TUPPER PLACE
BRENTWOOD TN 37027
12 ITALIAN MARBLE TOP TABLES, 4 SETS CHINA, GRANDFATHER CLOCK OVER 100 YRS OLD, PORCELAIN DOLL COLLECTION, MADAM ALEXANDER, POND ACCESSORIES, KITCHEN ITEMS, STERLING SILVERWARE, BOOKS, QUEEN RICE BEDROOM SUITE, QUILTS, LINENS, PA HOUSE DINING SUITE, PATIO TABLE & 4 CHAIRS, KITCHEN TABLE & 6 CHAIRS, TOOLS I-65 TO OLD HICKORY BLVD. LEFT BRIDLEWOOD, RIGHT ON TUPPER PLACE

Feed/Seed/Hay

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

Horses

FOR RENT Major Training facility can be used for training or boarding, convenient to 231, Hwy. 99 & I-24, Call 615-512-2523

Horse Supplies

WOOD SHAVINGS made from hardwood lumber. Perfect for horse bedding. $3.50 per 8 cf bag. A.C. Custom Millwork Dover, TN 931 232-4917

Tickets - Events

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 615-566-0779

Public Notices

LOST CAT (615)970-1977 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. $$ Reward if found $$.

Messages

DEALING WITH FORGIVENESS?
ealummcdonald ministry.com
Feedback welcome

Person-To-Person

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 50ish year old single, divorced, secure, white Christian Male who would like to meet you. Please reply with photo to: P.O. Box 280274, Nashville, TN 37228

Singles Activities

#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! 615.399.9456 18+ Use Code 2667

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

Public Notices

0101757852
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 Development Agency, that:

www.tennessean.com, click on Classifieds.

Automotive

Antique/Classic Vehicles

CADILLAC EL DORADO '72 Convertible, black on black, burgundy leather pleated interior, 3" white walls, 2nd owner, 88k mi, Always garaged, Sacrifice $17,000 firm 831-917-6702

NISSAN ZX '90, 2+2, 5 spd, T-tops, light blue, good condition. 138K mi. Only $4500. 615-585-7679

Cars

#1 CASH AUTO BUYER TN 615-767-3484
ABOVE Average Premium Price$ Paid!
100% Free Removal
NON-Running, Damaged & Mechanical Issues
GET CASH 2 DAY!

AAA AUTO RECYCLING
Voted # 1
We Pay The Most. We Buy Junked Broken Down & Wrecked Cars. 615-935-5023

CASH FOR YOUR JUNK CARS, VANS, TRUCKS. Running or not clunkers. Support a Christian ministry. 615-596-1329

FORD FOCUS '07, ZX4SE, 4 dr, auto, 4 cyl, all pwr, remote entry, CD, alloys, 91K mi, no problems. $4500. 615-775-6422

IMPORTANT NOTE: Use caution when asked to wire money for a vehicle.

great cond, 1 owner, $18,500. 615-796-3874

Trucks

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

FORD F150 '06, super cab, auto trans, 4.6L engine, bedliner & bed mat. $5000. Call Jan 615-226-6777

Vans/Minivans

CHRYLSER TOWN & COUNTRY '10, 28,182 mi, XT conversion, Braun lowered floor conversion, $33,000, 423-634-3556

FORD ECONOLINE '05, Conversion, 2-tone gold, high top, tow pkg. Lots of extras. 103K mi. $7500 obo. Call 615-972-5921.

KIA SEDONA '09 103K, loaded, new tires, dual A/C, stow-n-go seat, non-smoker. $7,995. Call 615-403-2838, 851-2800

Vehicle Wanted

PAYING $300 And Up For Complete Cars! FREE TOWING! Call Us Direct Today At 615-290-5208

Recreational Commercial

Boats

ALUMINUM FISHING BOAT 12½', 2011 9.9 HP 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 $2800.00 (815)370-4141 (615)348-6655

PONTOON w/2 axle trailer, 40hp Honda motor, Lowrance GPS, electric trolling motor, as is, $2500, 615-646-5838

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 15th day of August (Month), 2014 (Year) a Notary

Public in and for the County/State of DAVIDSON

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

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

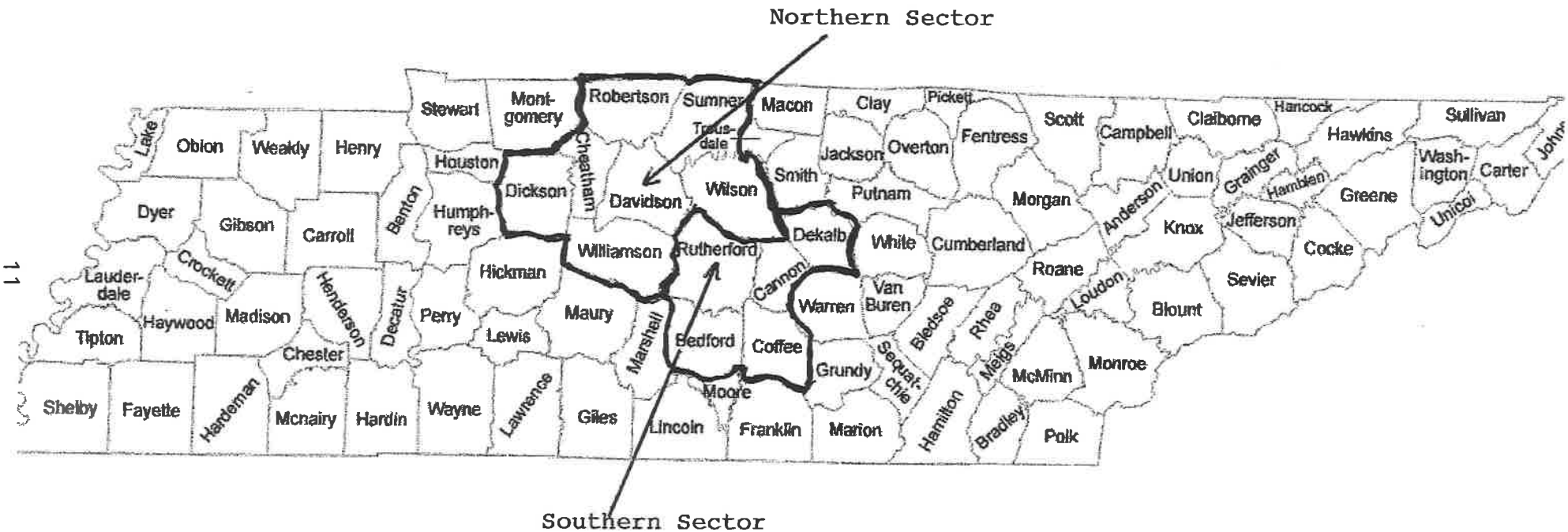
The applicant will lease a new one-story healthcare building of 21,600 SF, which a local developer will construct on this lot. The building currently plans to have two tenants. One will be the licensed AR-M proposed in this application; it will occupy 17,021 SF (78.8%) of the building. The other tenant, 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.

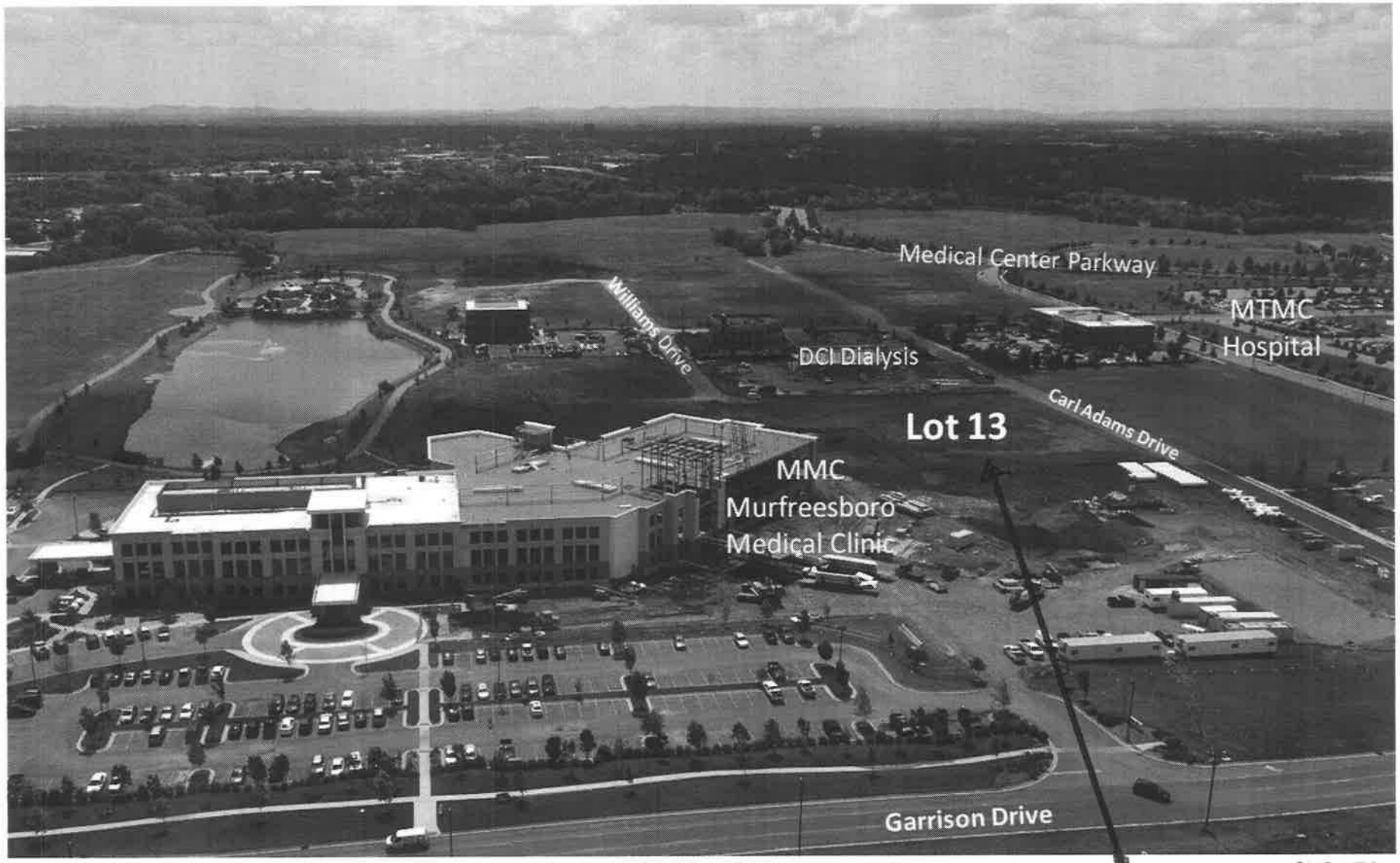
The AR-M will contain 10 private patient rooms, space for expanding into 5 more patient rooms in future years, and all appropriate support spaces. Space provided will exceed minimum requirements of Medicare Conditions of Participation.

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.

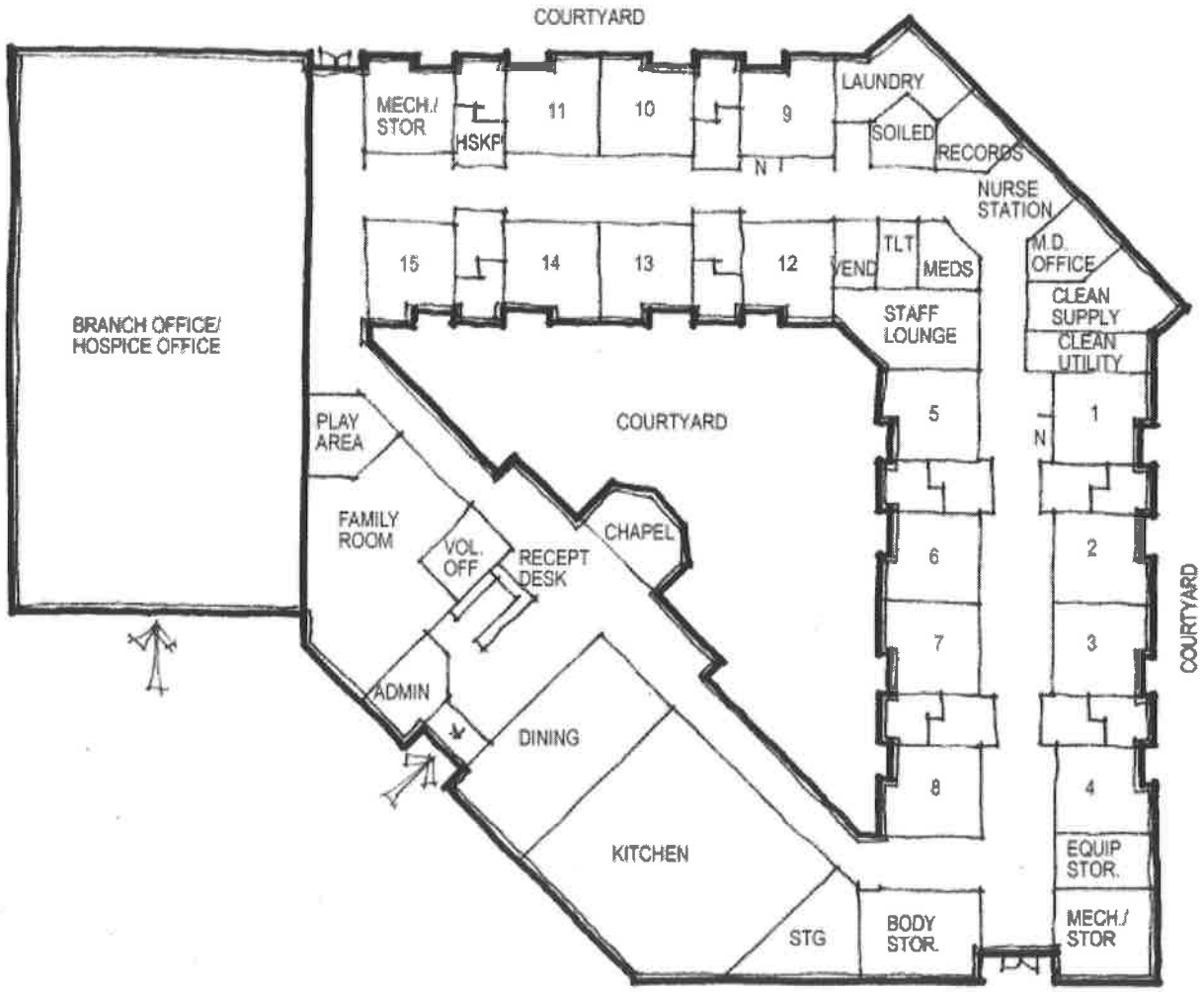
ALIVE HOSPICE
AUTHORIZED SERVICE AREA





AUG 15 '14 PM2:58

THE RESIDENCE AT ALIVE HOSPICE MURFREESBORO



CONCEPTUAL FLOOR PLAN

0 8' 16' 32' 64'

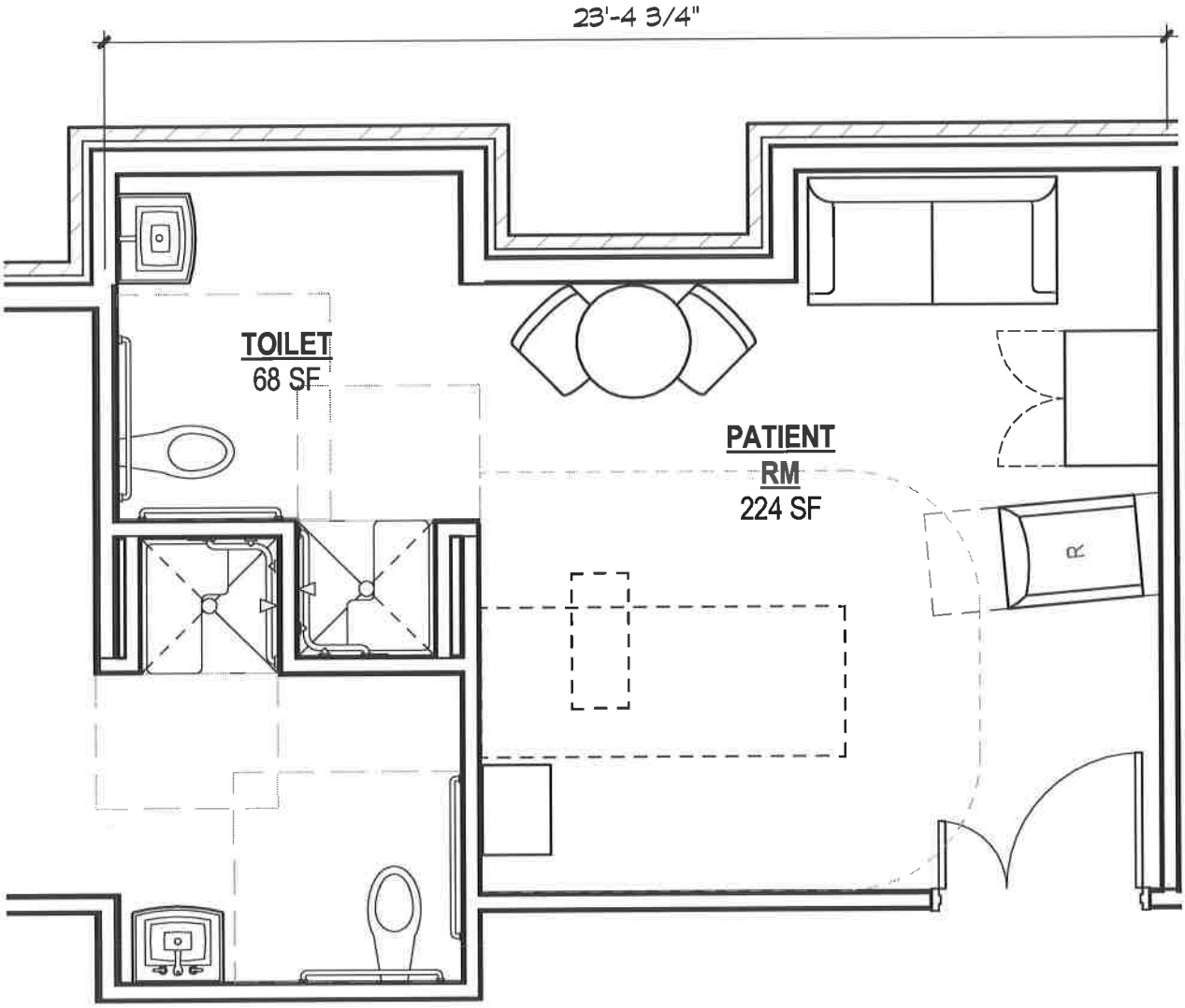
ESa P1201.17

Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN

02/05/2014

ALIVE HOSPICE



1 Enlarged Patient Rm - A

0 1' 2' 4'

ESa

P1201.17

Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN

CONCEPTUAL PLANS FEBRUARY 05, 2014

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)-- Often referred to as GIP, this level of care is provided in an Alive Hospice inpatient unit or a contracted 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.

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 45 inpatient beds. 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. <u>Proposed Charges</u>: 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. <u>Access</u>: 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. <u>Indigent Care</u>: 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.

AUG 15 '14 PM 2:55

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

pyright © 2014, Wolters Kluwer Health. License Agreement & Disclaimer

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 Keams	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.

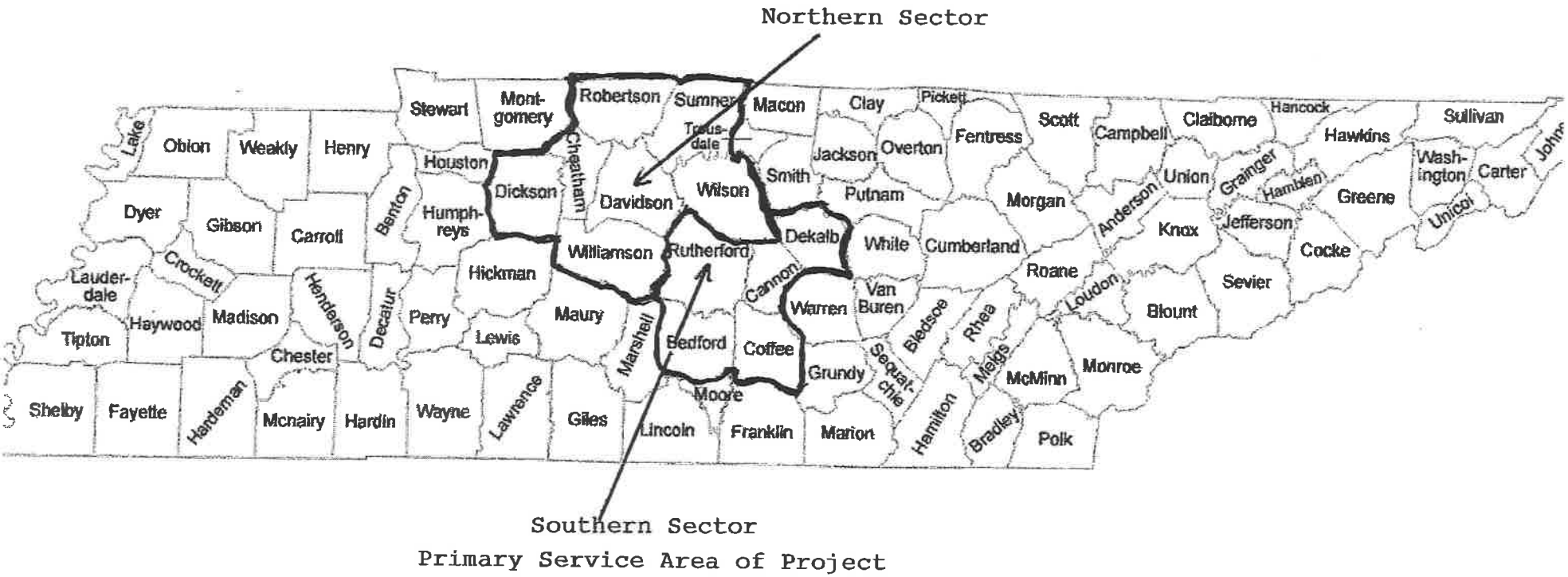
Northern Sector (7)	*Southern Sector (5)*
Cheatham	Bedford
Davidson	Cannon
Dickson	Coffee
Robertson	DeKalb
Sumner	Rutherford
Williamson	
Wilson	

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.

ALIVE HOSPICE
AUTHORIZED SERVICE AREA



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.

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.

Table Eight: 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
19724	Hospice Advantage (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

Table Nine: Utilization of Hospices Authorized to Serve Counties Within the Project's Five-County Primary Service Area										
		2011 JAR			2012 JAR			2013 JAR		
	State ID Number (TDH)	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	19724	25	2,495	99.8	30	3,465	115.5	46	3,198	69.5
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.

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	11.4	24.2	80.7%
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)

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	8,194
A.	Utilization Data			
B.	Revenue from Services to Patients			
1.	Inpatient Services	$		
2.	Outpatient Services			
3.	Emergency Services			
4.	Other Operating Revenue (Specify) See notes page	4,896,984	5,590,565	4,399,155
	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)

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

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)

Table Fifteen-B: 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	19724	$148.00	$863.00	$658.00	$153.00	$148.00	$868.00	$662.00	$154.00	$149.00	$870.00	$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.

Table Fifteen-C: Per Diem Rates of Five Tennessee Residential Hospices					
		2013 JAR			
	State ID Number (TDH)	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.

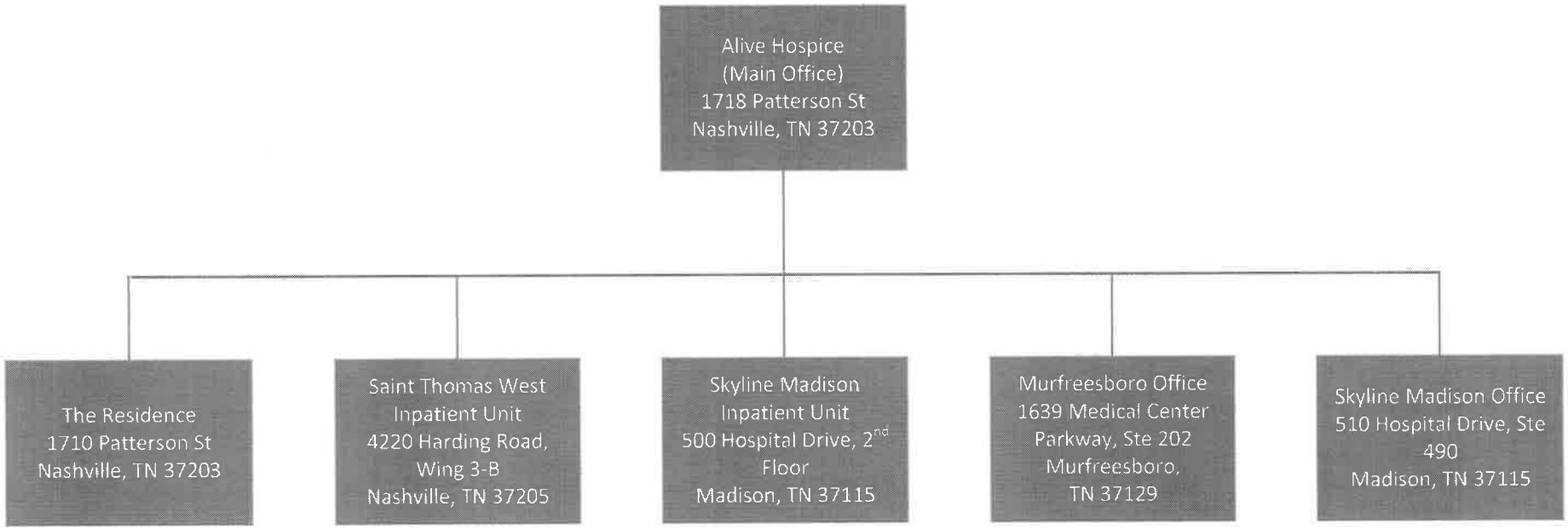
INDEX OF ATTACHMENTS

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	

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

Tennessee Secretary of State

Tre Hargett

Business Services Online > Find and Update a Business Record

Business Information Search

As of June 26, 2014 we have processed all corporate filings received in our office through June 24, 2014 and all annual reports received in our office through June 25, 2014.

Click on the underlined control number of the entity in the search results list to proceed to the detail page. From the detail page you can verify the entity displayed is correct (review addresses and business details) and select from the available entity actions - file an annual report, obtain a certificate of existence, file an amendment, etc.

Search: **1-1 of 1**

Search Name: Alive Hospice, Inc. ◉Starts With ○Contains

Control #:

Active Entities Only: ☐

Search

Control #	Entity Type	Name	Name Type	Name Status	Entity Filing Date	Entity Status
000050358	NCORP	ALIVE HOSPICE, INC. *TENNESSEE*	Entity	Active	11/14/1975	Active

1-1 of 1

Information about individual business entities can be queried, viewed and printed using this search tool for free.

If you want to get an electronic file of all business entities in the database, the full database can be downloaded for a fee by Clicking Here.

Click Here for information on the Business Services Online Search logic.

Division of Business Services
312 Rosa L. Parks Avenue, Snodgrass Tower, 6th Floor
Nashville, TN 37243
615-741-2286
Email | Directions | Hours and Holidays

© 2013 Tennessee Department of State

STATE OF TENNESSEE

CHARTER OF

ALIVE, INC.

ARTICLE 1

The name or style of this Corporation, which shall be a non-share corporation, is to be ALIVE, INC. It shall issue no shares of stock and shall divide no dividends or profits among its directors or officers. Any profits or earnings shall be used exclusively for the purposes of the Corporation herein set forth. In the event of dissolution of the Corporation, all assets of the Corporation shall be distributed to one or more domestic corporations, trusts, societies or organizations engaged in activities substantially similar to those of this Corporation, provided that such distribution shall only be made to organization, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code.

ARTICLE II

The general purposes for which this Corporation is formed, within the purview of the General Corporations Act, Tennessee Code Annotated, Section 48-101 et seq. are for the general welfare of society, and not for individual profit. No substantial part of the activities of the Corporation shall be the carrying on or propaganda or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of these articles, the Corporation shall not carry on any other activity not permitted to be carried on (a) by a corporation exempt from Federal income tax under section 501 (c) (3) of the Internal Revenue Code of 1954; or, (b) by a corporation contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code of 1954.

More specifically the purposes are in general:

1. To operate a Center for services, education and research related to life-threatening illness.
2. To develop and continue to nurture programs and resources in the areas of service, education, and research related to life-threatening illness.
3. To encompass the establishment of a multi-disciplinary, community-based facility, to provide direct and indirect care in support of individuals and families seeking to adapt to life-threatening illnesses.
4. To establish and maintain in the community a resource library.
5. To encourage the coordination of community health-care services, as they relate to dying, death and bereavement.
6. To provide training for students and other caregivers in the community from various health-care disciplines.

7. To provide consultative and educative services to interested groups and individuals.
8. To advance and encourage the systematic examination of issues relating to the intrapersonal, interpersonal, and socio cultural implications of dying, death and bereavement.
9. To work for constructive changes in individual, institutional and community attitudes, policies and climate as they relate to individuals and their families in the context of dying, death and bereavement.
10. To establish a community support organization that might serve as a model for the delivery of multidisciplinary care.

ARTICLE III

The general powers of the Corporation shall be as follows:

A. To sue and be sued by the corporate name.
B. To have and use a common seal, which it may alter at pleasure; if no common seal, the signature of the name of the corporation by a duly authorized officer, shall be legal and binding.
C. To have the power to receive property, real, personal or mixed, by purchase, gift, devise, or bequest, sell the same and apply the proceeds toward the promotion of the objects for which it is created, or hold any such property and apply the income and profits towards such objects.

ARTICLE IV

The time of existence of this Corporation shall be perpetual.

ARTICLE V

The general offices of such Corporation in the City of Nashville, Davidson County, in the State of Tennessee shall be 6559 Jocelyn Hollow Road.

ARTICLE VI

The corporate powers of this Corporation shall be exercised by a Board of Directors.

The Board of Directors will be composed of not less than twelve (12) members, the initial board being the undersigned incorporators.

The size of the Board shall be determined by majority vote of its members, and any vacancy in its membership shall be filled in the same way. The entire membership of the Board of Directors shall not exceed twenty-five (25) in number. All members of the Board shall serve a term of office not to exceed five (5) years. The loss of membership by death or otherwise shall terminate all interests of such member in the Corporation or its Corporate Assets, and there shall be no individual liabilities against the Members for corporate debts but the entire corporate property shall be liable for the claims of creditors.

All Board Members shall serve until the expiration of their respective terms and until their respective successors are selected and qualified.

ARTICLE VII

The officers of the Corporation shall consist of a Chairperson, Vice Chairperson, a Secretary, and a Treasurer (which last two offices may be held by one and the same individual) and such offices, shall be filled by the Board of Directors at such time or times and for such periods, and shall have such duties and powers as the Board of Directors may fix, pursuant to law.

ARTICLE VIII

There shall be an Executive Committee consisting of the Chairperson of the Corporation as Chairperson, the other officers, and the Chairpersons of the Standing Committees. The Executive Committee shall perform such duties and powers as the Board of Directors shall fix, pursuant to law.

The Executive Committee is empowered to carry on the business of the Board of Directors in the name of the Board with all its powers or as the Board of Directors shall fix, pursuant to law.

ARTICLE IX

The annual meeting of the members of the Board of Directors shall be held at such time as may be specified in the Corporation By-Laws. Special meetings of the members may be held upon call of the Chairperson, or in the event of his or her incapacity, of the Secretary or by any five (5) members of the Board. Notice of the time and place of all such special meetings shall be given the members by mail at least ten (10) days before the date of such meeting, but such notice may be waived.

A quorum for meetings of the Board of Directors shall be one-third of its members at the time of the meeting, at least three of which members shall not be members of the Executive Committee.

ARTICLE X

The Board of Directors shall have the power to adopt By-Laws which shall, among other things, specify the duties of the various officers of the Corporation. Such By-Laws shall be adopted and may be amended by the favorable vote of a majority of the members of the Board of Directors present. Amendments may be adopted only at a meeting held at least thirty (30) days after notice setting out in detail the proposed amendments.

ARTICLE XI

The function of the Directors will be to formulate and promote a program for carrying out the purposes of the Corporation. Until otherwise determined, the program may be administered as set forth in the By-Laws.

Board for Licensing Health Care Facilities

State of Tennessee

License No. 0000000324

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

ALIVE HOSPICE, INC. *to conduct and maintain a*

Hospice ALIVE HOSPICE

Located at 1718 PATTERSON STREET, NASHVILLE

County of DAVIDSON *, Tennessee.*

This license shall expire MAY 20 *,* 2015 *, and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

In Witness Whereof, we have hereunto set our hand and seal of the State this 20TH *day of* MAY *,* 2014 *.*

By Vincent J. Davis, MPH

DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By John J. Dreyzehner, MD

COMMISSIONER

Board for Licensing Health Care Facilities

State of Tennessee

License No. 0000000003

No. Beds 0030

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

ALIVE HOSPICE, INC. *to conduct and maintain*

a Residential Hospice THE RESIDENCE/ALIVE HOSPICE

Located at 1710 PATTERSON STREET, NASHVILLE

County of DAVIDSON *, Tennessee.*

This license shall expire APRIL 29 *,* 2015 *, and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder. In Witness Whereof, we have hereunto set our hand and seal of the State this* 29TH *day of* APRIL *,* 2014 *.*

By Vincent J. Davis, MPH

DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By John J. Dreyzehner, MD

COMMISSIONER

Alive Hospice, Inc.

Nashville, TN

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Home Care Accreditation Program

April 12, 2014

Accreditation is customarily valid for up to 36 months.

Rebecca J. Patchin, MD
Chair, Board of Commissioners

Organization ID #39029
Print/Reprint Date: 06/17/2014

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

A.6--Site Control

COMMERCIAL LEASE AGREEMENT

This lease agreement is made this ____ day of _____, 2014, between PIRTLE FAMILY LIMITED PARTNERSHIP, a Tennessee family limited partnership (hereinafter referred to as "Landlord"), and ALIVE HOSPICE, INC., a Tennessee not for profit corporation (hereinafter referred to as "Tenant").

WITNESSETH:

For valuable consideration paid and received, Landlord hereby leases to Tenant, and Tenant hereby leases and hires from Landlord, subject to the terms and conditions hereinafter expressed, certain improved real estate known as Lot 13, Parkway Office Park, located in the City of Murfreesboro, County of Rutherford, Tennessee, which is more particularly described in the attached Exhibit A (the "Land"), along with the improvement constructed thereon, which are more depicted on the attached Exhibit B (the "Building"). Said improved real estate is hereinafter referred to as the "leased premises."

LANDLORD AND TENANT MUTUALLY COVENANT AND AGREE AS FOLLOWS:

1. *Rent*. Tenant shall pay to the Landlord as rent for the leased premises in the following amounts:

Year 1	$40,869.47 per month or	$490,433.64 per annum
Year 2	$42,095.55 per month or	$505,146.65 per annum
Year 3	$43,358.42 per month or	$520,301.05 per annum
Year 4	$44,659.17 per month or	$535,910.08 per annum
Year 5	$45,998.95 per month or	$551,987.38 per annum
Year 6	$47,378.92 per month or	$568,547.00 per annum
Year 7	$48,800.28 per month or	$585,603.41 per annum
Year 8	$50,264.29 per month or	$603,171.52 per annum
Year 9	$51,772.22 per month or	$621,266.66 per annum
Year 10	$53,325.39 per month or	$639,904.66 per annum
Year 11	$54,925.15 per month or	$659,101.80 per annum
Year 12	$56,572.90 per month or	$678,874.86 per annum
Year 13	$58,270.09 per month or	$699,241.10 per annum
Year 14	$60,018.19 per month or	$720,218.33 per annum
Year 15	$61,818.74 per month or	$741,824.88 per annum
Year 16	$63,673.30 per month or	$764,079.63 per annum
Year 17	$65,583.50 per month or	$787,002.02 per annum
Year 18	$67,551.01 per month or	$810,612.08 per annum
Year 19	$69,577.54 per month or	$834,930.44 per annum
Year 20	$71,664.86 per month or	$859,978.36 per annum

Tenant shall pay Landlord the rental stated herein and any other additional payments under this Lease without demand, deduction or offset, payable in lawful money in the United States in advance on or before the first day of each month to Landlord at the address noted in Paragraph 24 hereof, or to such other party or at such other place as Landlord may hereafter from time to time designate in writing. Rent for any partial month at the beginning or end of the Lease term shall be prorated.

2. Commencement and Expiration Dates:

(a) Lease Commencement Date: The Lease Commencement Date shall be the date on which possession of the Premises is delivered to Tenant. Prior to or on the date of possession, Tenant and Landlord shall execute a Commencement and Acceptance Certificate and Memorandum of Lease which shall be appended to this Lease as Exhibit D. Tenant's obligation to pay rent shall commence immediately upon delivery of possession of the Leased Premises to Tenant. Possession of the Leased Premises shall be delivered to Tenant within five (5) business days after all of the following have occurred:

(i) Landlord shall certify in writing that Landlord's contractor has substantially completed construction of the Building, the Tenant Improvements (if Landlord is responsible for installation of the Tenant Improvements) and other work that Landlord is obligated to perform and that such work shall be deemed substantially complete, notwithstanding minor details of construction, mechanical adjustments or decorations which do not materially interfere with Tenant's use of the Premises that remain to be performed (items commonly referred to as "punch-list" items); and

(ii) Landlord or Landlord's contractor has obtained a Certificate of Occupancy (or temporary CO) for the Building; and

(iii) All sanitary, electrical, heating, ventilating and air conditioning systems of the Leased Premises are operational to the extent necessary to provide adequate services to the Leased Premises; and

(iv) Access to the Leased Premises and the parking areas are fully available.

(b) Expiration Date: The Lease shall expire on the date specified in Exhibit D which shall not exceed two hundred forty (240) months from the Commencement Date.

(c) Acceptance: Tenant accepts the Leased Premises in "as is" condition, subject to all laws and regulations without representation by Landlord as to condition, except as expressly specified or required herein.

3. *Security Deposit*. There shall be no Security Deposit required under this Lease.

4. *Triple Net Lease*. This Lease is what is commonly called a "triple-net" Lease, which means that, except as otherwise expressly provided herein, Landlord shall receive all Rent free and clear of any and all other impositions, taxes, liens, charges or expenses of any nature whatsoever in connection with the ownership and operation of the Leased Premises. In addition to the Base Rent, Tenant shall pay to the parties respectively entitled thereto, or satisfy directly, all impositions, insurance premiums, repair and maintenance charges, and any other charges, costs, obligations, liabilities, requirements, and expenses, which arise with regard to the Premises or may be contemplated under any other provision of the Lease during its term, except for costs and expenses expressly made the obligation of Landlord in this Lease.

5. *Tenant's Covenants*. The Tenant, for itself, its successors, and assigns, does hereby covenant with the Landlord, its successors and assigns:

(a) *Use*. The leased premises shall be continuously used during the term hereof by Tenant solely as a hospice care facility. Tenant shall not do or permit anything to be done in or about the Premises or bring or keep anything therein that is not within the permitted use of the Premises or that will in any way increase the existing rate of or affect any fire or other insurance upon the building in which the Premises are located, or any of its contents, or cause a cancellation of any insurance policy covering said building or any part thereof, or any of its contents. Tenants shall not cause, maintain or permit any nuisance in, on or about the Premises. Tenant shall not commit, or allow to be committed, any waste in or upon the Premises. Tenant agrees that it will comply promptly with all restrictions and with all laws and regulations of federal, state and municipal authorities applicable to the leased premises and to the business conducted thereon.

(b) *To Pay Rent.* That the Tenant will pay the said rent at the times and in the manner aforesaid, except only in case of fire or other unavoidable casualty as hereinafter provided, and no set-off or counter-claims may be deducted by Tenant from the rentals due. The burden of proof of full payment shall be upon Tenant. In the event rent is not received by Landlord at the above address by the 5th of the month, a 5% late fee will be charged.

(c) *To Pay Property Taxes.* That the Tenant shall pay in addition to rent any real property, personal property and other ad valorem taxes, and any other levies, charges, impact fees, and local improvement rates and assessments whatsoever assessed or charged against the Leased Premises, the equipment and improvements contained within the leased premises or thereon, or on or in any part thereof, by any lawful taxing authority, including all costs associated with the appeal of any assessment thereof, imposed by reason of improvements made to the premises by or for the benefit of Tenant.

(d) *To Keep Property Insured.* Tenant shall, at the Tenant's expense, obtain and keep in force during the term of this Lease a policy of comprehensive public liability insurance insuring Landlord and Tenant against any liability arising out of the ownership, use, occupancy or maintenance of the Premises. Such insurance shall be in the amount of not less than One Million Dollars ($1,000,000.00) for injury or death of one person in any one accident or occurrence and in the amount of not less than Three Million Dollars ($3,000,000.00) for injury or death of more than one person in any one accident or occurrence. Such insurance shall further insure Landlord and Tenant against liability for property damage of at least Three Million Dollars ($3,000,000). The limit of any such insurance shall not limit the liability of the Tenant hereunder. Tenant may provide this insurance under a blanket policy, provided that said insurance shall have a Landlord's protective liability endorsement attached thereto. If Tenant fails to procure and maintain said insurance, Landlord may, but shall not be required to, procure and maintain same, but at the expense of Tenant. Insurance required hereunder shall be in companies rated A: xiii or better in "Best's Key Rating Guide." Tenant shall deliver to Landlord certified copies of policies or certificates of liability insurance required herein with loss payable clauses satisfactory to Landlord prior to the commencement of each lease year. No policy shall be cancelable or subject to reduction of coverage, without written notice at least thirty (30) days in advance that said policy is to be canceled. All such policies shall be written as primary policies not contributing with and not in excess of coverage which Landlord may carry and shall be written with an insurance carrier satisfactory to Landlord.

Landlord shall carry special form clauses of loss coverage property insurance on the Building in the amount of its full replacement value and such other insurance of such types and amounts as Landlord, in its discretion, shall deem reasonably appropriate. Tenant shall reimburse Landlord for the cost of any such insurance as additional rent.

(e) *To Pay Utilities.* Tenant shall pay all charges for gas, electricity, water, sewage, heat, telephone and other utilities, facilities or service of any kind, rendered, or supplied upon or in connection with the leased premises.

(f) *Not to Injure or Overload.* That Tenant will not injure, overload, or deface or suffer to be injured, overloaded, or defaced the Premises or any part thereof.

(g) *Subordination.* The Tenant hereby agrees to subordinate its rights and interests hereunder to any future financing or mortgage arranged by Landlord at the request of Landlord. Pursuant thereof, Tenant agrees to execute any and all documents necessary to effectuate the purposes of this provision within ten (10) days of Landlord's request.

(h) *Estoppel.* The Tenant agrees, within ten (10) days after written request from Landlord, to execute and deliver to Landlord or designee of Landlord any estoppel information regarding this lease as Landlord or its designee may reasonably request.

(i) *Environmental Compliance/Use.* The Tenant warrants not to cause or permit any Hazardous Materials (as hereinafter defined) to be brought, kept, or used in or about premises by Tenant, its sublessees, agents, employees, contractors, or invitees except in commercial quantities similar to those quantities usually kept on similar premises by others in the same business or profession. The Tenant shall cause all such materials to be stored, used, and disposed of in compliance with all applicable federal, state, and local laws, including, without limitation, laws governing Hazardous Materials. If the presence of any Hazardous Materials on, in, or under the premises caused or permitted by Tenant, its sublessees, agents, employees, contractors, or invitees results in any contamination of the Premises, Tenant shall promptly take all actions, at its sole expense, as are necessary to return the affected area to the condition existing prior to the introduction of any such Hazardous Materials, including, without limitation, any investigation or monitoring of site conditions or any clean up, remediation, response, removal, encapsulation, containment, or restoration work required because of the presence of any such Hazardous Materials on, in, or under the premises or any release or suspected release or threat of release of any such Hazardous Materials in the air, soil, surface water, or ground water.

"Hazardous Materials" as such term is used in this lease means any hazardous or toxic substances, material, or waste regulated or listed pursuant to any federal, state, or local environmental law, including without limitation, the Clean Air Act, the Clean Water Act, the Toxic Substances Control Act, the Comprehensive Environmental Response Compensation and Liability Act, the Resource Conversation and Recovery Act, the Federal Insecticide, Fungicide, Rodenticide Act, the Safe Drinking Water Act, and the Occupational Safety and Health Act as such Acts have been or are hereafter amended from time to time.

execution upon Landlord's or Tenant's interest in this lease or to the Premises, and/or the fixtures, improvements, and furnishings located thereon and Tenant shall cause, at Tenant's sole cost and expense, any such encumbrance to be discharged within fifteen (15) days after notice thereof.

6. *Alterations and Additions*. Unless otherwise specified herein, Tenant shall not make or allow to be made any alterations, additions or improvements to or of the Premises or any part thereof without first obtaining the written consent of Landlord and any alterations, additions or improvements to or of said Premises, including, but not limited to, wall coverings, paneling and built-in cabinet work, but excepting movable furniture and trade fixtures, shall at once become a part of the realty and belong to the Landlord and shall be surrendered with the Premises. In the event Landlord consents to the making of any alterations, additions or improvements to the Premises by Tenant, the same shall be made by Tenant at Tenant's sole cost and expense, but such consent shall not be construed to warrant compliance with any governmental laws or regulations. Tenant shall be solely responsible for obtaining all required permits for any alterations or addition and for paying the necessary fees and fines associated herewith. Failure to obtain proper permits will be deemed a material default of this lease agreement. Upon the expiration or sooner termination of the term hereof, Tenant shall, upon written demand by Landlord, given at least thirty (30) days prior to the end of the term, at Tenant's sole cost and expense, forthwith and with all due diligence, remove any alteration, additions, or improvements made by Tenant, designated by Landlord to be removed, and Tenant shall, forthwith and with all due diligence, at its sole cost and expense, repair any damage to the Premises caused by such removal.

7. *Maintenance and Repairs*. By entry hereunder, Tenant shall be deemed to have accepted the Premises as being in good, sanitary order, condition and repair. Tenant shall, at Tenant's sole cost and expense, keep the Premises and every part thereof in good condition and repair including without limitation, routine cleaning of the leased premises and the maintenance (including the cost and replacement of light bulbs and the cost of cleaning supplies, soap, paper towels, toilet paper, and the like), replacement and repair of any storefront, doors, plate glass, windows, window casements, and glazing; all repairs and maintenance to plumbing, pipes, electrical wiring and conduits, heating, ventilation and air conditioning system, interior walls, ceilings and floors, exterior walls and the roof, structural portions of the Building, parking areas, sidewalks, driveways, lawns and landscaped areas. Unless otherwise set forth herein, Landlord shall have no obligation to make any repairs to the Leased Premises whatsoever. Tenant shall, upon the expiration or sooner termination of this Lease, surrender the Premises to the Landlord in good condition, broom clean, ordinary wear and tear excepted.

8. *Assignment and Subletting*. Tenant shall not either voluntary, or by operation of law, assign, transfer, mortgage, pledge, hypothecate or encumber this Lease or any interest therein, and shall not sublet the said Premises or any part thereof, or any right or privilege appurtenant thereto, or allow any other person (employees, agents, servants and invites of Tenant excepted) to occupy or use the said Premises, or any portion thereof, without first obtaining written consent of Landlord, which consent need not be given and shall be at Landlord's sole and absolute discretion. A consent to one assignment, subletting, occupation or use by another person shall not be deemed to be a consent to any subsequent assignment, subletting, occupation or use by another person. Consent to any such assignment or subletting shall in no way relieve Tenant of any liability under this Lease. Any such assignment or subletting without such consent shall be void, and shall, at the option of the Landlord, constitute a default under the terms of this Lease.

In the event that Landlord shall consent to a sublease or assignment hereunder, Tenant shall pay Landlord reasonable fees and expenses incurred in connection with the review of documents necessary to giving of such consent.

In the event Tenant is a corporation, limited liability company, general or limited partnership, joint venture or other legal entity other than a natural person, any transfer or other change in the ownership stock, membership interest, partnership or joint venture interests, or other ownership interest in Tenant, and/or any change in control of tenant or the power to vote or control the ownership interest in Tenant, whether any such change is by sale, assignment, bequest, inheritance, operation of law or otherwise, without Landlord's prior written consent, which need not be given and shall be at Landlord's sole and absolute discretion, shall be considered an assignment in violation of this section and shall be a default under the terms of this Lease.

9. *Hold Harmless*. Tenant shall indemnify and hold harmless Landlord against and from any and all claims arising from Tenant's use of the Premises or from the conduct of its business and from any activity, work, or other things done, permitted or suffered by Tenant in or about the Premises, and shall further indemnify and hold harmless Landlord

against and from any and all claims arising from any breach or default in the performance of any obligation on Tenant's part to be performed under the terms of this Lease, or arising from any act or negligence of the Tenant, or any officer, agent, employee, guest, or invitee of Tenant, and from all costs, attorney's fees and liabilities incurred in or about the defense of any such claim or any action or proceeding brought thereon. In case any action or proceeding be brought against Landlord by reason of such a claim, Tenant upon notice from Landlord shall defend the same at Tenant's expense by counsel reasonably satisfactory to Landlord. Tenant, as a material part of the consideration to Landlord, hereby assumes all risk of damage to property or injury to persons in, upon or about the Premises, from any cause, and Tenant hereby waives all claims in respect thereof against Landlord. Tenant shall give prompt notice to Landlord in case of casualty or accidents on the Premises.

Landlord or its agents shall not be liable for any loss or damage to persons or property resulting from fire, explosion, falling building materials, steam, gas, electricity, water or rain which may leak from any part of the building or from the pipes, appliances or plumbing works therein or from the roof, street or subsurface or from any other place, or resulting from dampness or any other cause whatsoever. Landlord or its agents shall not be liable to Tenant for interference with light, air, or for any defect in the Premises.

10. *Subrogation*. As long as their respective insurers so permit, Landlord and Tenant hereby mutually waive their respective rights of recovery against each other for any loss insured by fire, extended coverage and other property insurance policies existing for the benefit of the respective parties.

11. *Holding Over*. If Tenant remains in possession of the Premises or any part thereof after the expiration of the term hereof with the express written consent of the Landlord, such occupancy shall be a tenancy from month to month at a rental in an amount as determined under Section 3, plus all other charges payable hereunder, and upon the terms hereof.

In the event Tenant shall hold over the expiration hereof without the express written consent of Landlord, or in the event Tenant is in any respect in default of this Lease at the time of expiration hereof, then Tenant's occupancy subsequent to such expiration shall be deemed that of a tenant at will, with monthly Rent to be twice the amount of the Rent for the last month of the initial term of the Lease, and in no event a tenant from month to month, and such occupancy shall be subject to all the terms and provisions of the Lease, subject to the increase in the amount of Rent. In addition, Tenant shall be responsible for paying the Monthly Adjustments charge.

12. *Tenant's Default*. The occurrence of any one or more of the following events shall constitute a default and breach of this Lease by Tenant:

(a) The vacating or abandonment of the Premises by Tenant.

(b) The failure by Tenant to make any payment of Rent, Adjustments charge, or of any other payments required to be made by Tenant hereunder, as and when due, where such failure shall continue for a period of five (5) days after written notice thereof by Landlord to Tenant.

(c) The failure by Tenant to observe or perform any of the covenants, conditions or provisions of this Lease to be observed or performed by Tenant, other than described in Subsection (b) of this section above, where such a failure shall continue for a period of ten (10) days after written notice thereof by Landlord to Tenant; provided, however, that if the nature of Tenant's default is non-monetary and is such that more than ten (10) days are reasonably required for its cure, then Tenant shall not be deemed to be in default if Tenant commences such cure within said ten (10) day period and thereafter diligently and continuously prosecutes such cure to completion, provided that such cure must in any event be completed within sixty (60) days after such notice, and further provided that in the event of an assignment, subletting or other act in violation of Section 14 above, then no notice or right to cure need be given.

(d) The making by Tenant of any general assignment or general arrangement for the benefit of creditors; or the filing by or against a Tenant of a petition to have Tenant adjudged a bankruptcy debtor, or a petition for reorganization or arrangement under any law relating to bankruptcy (unless, in the case of a petition filed against Tenant, the same is dismissed within sixty (60) days); or the appointment of a trustee or a receiver to take possession of substantially all of Tenant's assets located at the Premises or of Tenant's interest in this Lease, where possession is not restored to Tenant

ORIGINAL-
-Application
Alive Hospice

CN1408-037

DSG Development Support Group

AUG 15 '14 PM 2:58

August 15, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Frost Building, Third Floor
161 Rosa Parks Boulevard
Nashville, Tennessee 37203

RE: CON Application Submittal
The Residence at Alive Hospice--Murfreesboro
Rutherford County

Dear Mrs. Hill:

This letter transmits an original and two copies of the subject application. The affidavit and filing fee are enclosed.

I am the contact person for this project. Jerry Taylor is legal counsel. Please advise me of any additional information you may need. We look forward to working with the Agency on this project.

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

aged to attend and participate in the conference.

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 $10,889,000 (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.
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

6310 TUPPER PLACE
BRENTWOOD TN 37027
12 ITALIAN MARBLE TOP TABLES, 4 SETS CHINA, GRANDFATHER CLOCK OVER 100 YRS OLD, PORCELAIN DOLL COLLECTION, MADAM ALEXANDER, POND ACCESSORIES, KITCHEN ITEMS, STERLING SILVERWARE, BOOKS, QUEEN RICE BEDROOM SUITE, QUILTS, LINENS, PA HOUSE DINING SUITE, PATIO TABLE & 4 CHAIRS, KITCHEN TABLE & 6 CHAIRS, TOOLS I-65 TO OLD HICKORY BLVD. LEFT BRIDLEWOOD, RIGHT ON TUPPER PLACE

Feed/Seed/Hay

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

Horses

FOR RENT Major Training facility can be used for training or boarding, convenient to 231, Hwy. 99 & I-24. Call 615-512-2523

Horse Supplies

WOOD SHAVINGS made from hardwood lumber. Perfect for horse bedding. $3.50 per 8 cf bag. A.C. Custom Millwork Dover, TN 931 232-4917

Tickets - Events

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 615-566-0779

Public Notices

LOST CAT (615)970-1977 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. $$ Reward if found $$.

Messages

DEALING WITH FORGIVENESS?
ealummcdonald ministry.com
Feedback welcome

Person-To-Person

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 50ish year old single, divorced, secure, white Christian Male who would like to meet you. Please reply with photo to: P.O. Box 280274, Nashville, TN 37228

Singles Activities

#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! 615.399.9456 18+ Use Code 2667

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

Public Notices

0101757852

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 Development Agency, that:

www.tennessean.com, click on Classifieds.

Automotive

Antique/Classic Vehicles

CADILLAC EL DORADO '72 Convertible, black on black, burgundy leather pleated interior, 3" white walls, 2nd owner, 88k mi, Always garaged, Sacrifice $17,000 firm 831-917-6702

NISSAN ZX '90, 2+2, 5 spd, T-tops, light blue, good condition. 138K mi. Only $4500. 615-585-7679

Cars

#1 CASH AUTO BUYER TN 615-767-3484
ABOVE Average Premium Price$ Paid!
100% Free Removal
NON-Running, Damaged & Mechanical Issues
GET CASH 2 DAY!

AAA AUTO RECYCLING
Voted # 1
We Pay The Most. We Buy Junked Broken Down & Wrecked Cars. 615-935-5023

CASH FOR YOUR JUNK CARS, VANS, TRUCKS. Running or not clunkers. Support a Christian ministry. 615-596-1329

FORD FOCUS '07, ZX4SE, 4 dr, auto, 4 cyl, all pwr, remote entry, CD, alloys, 91K mi, no problems. $4500. 615-775-6422

IMPORTANT NOTE: Use caution when asked to wire money for a vehicle.

great cond, 1 owner, $18,500. 615-796-3874

Trucks

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

FORD F150 '06, super cab, auto trans, 4.6L engine, bedliner & bed mat. $5000. Call Jan 615-226-6777

Vans/Minivans

CHRYLSER TOWN & COUNTRY '10, 28,182 mi, XT conversion, Braun lowered floor conversion, $33,000. 423-634-3556

FORD ECONOLINE '05, Conversion, 2-tone gold, high top, tow pkg. Lots of extras. 103K mi. $7500 obo. Call 615-972-5921.

KIA SEDONA '09 103K, loaded, new tires, dual A/C, stow-n-go seat, non-smoker. $7,995. Call 615-403-2838, 851-2800

Vehicle Wanted

PAYING $300 And Up For Complete Cars! FREE TOWING! Call Us Direct Today At 615-290-5208

Recreational Commercial

Boats

ALUMINUM FISHING BOAT 12½', 2011 9.9 HP 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 $2800.00 (815)370-4141 (615)348-6655

PONTOON w/2 axle trailer, 40hp Honda motor, Lowrance GPS, electric trolling motor, as is, $2500, 615-646-5838

14 PM 2:56

AUG 15 '14 PM2:56

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

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

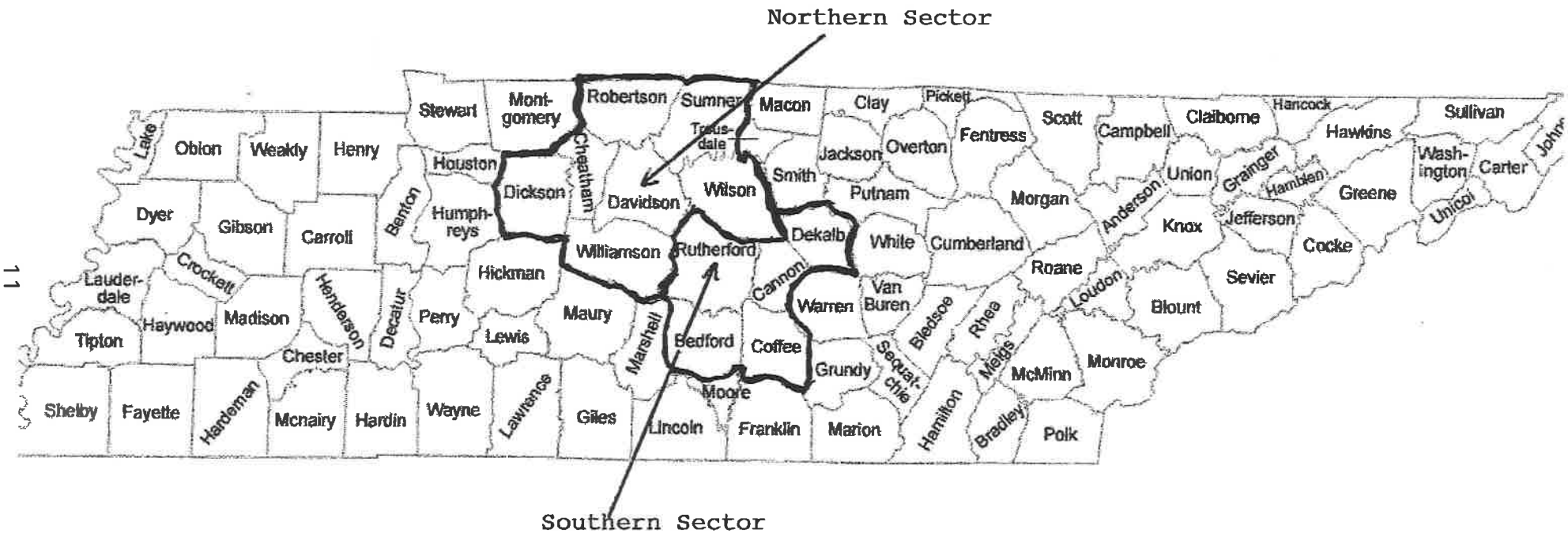
The applicant will lease a new one-story healthcare building of 21,600 SF, which a local developer will construct on this lot. The building currently plans to have two tenants. One will be the licensed AR-M proposed in this application; it will occupy 17,021 SF (78.8%) of the building. The other tenant, 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.

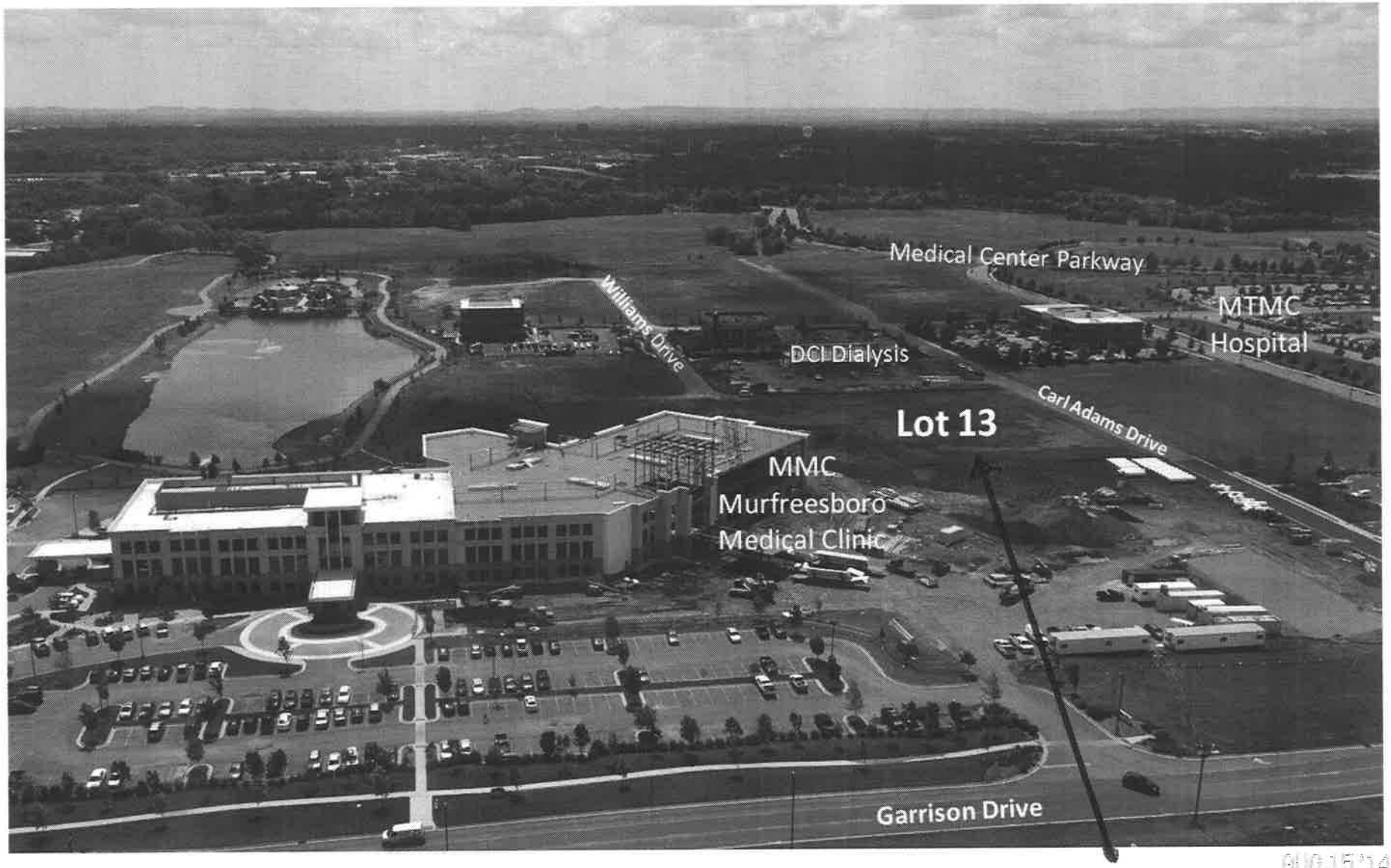
The AR-M will contain 10 private patient rooms, space for expanding into 5 more patient rooms in future years, and all appropriate support spaces. Space provided will exceed minimum requirements of Medicare Conditions of Participation.

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.

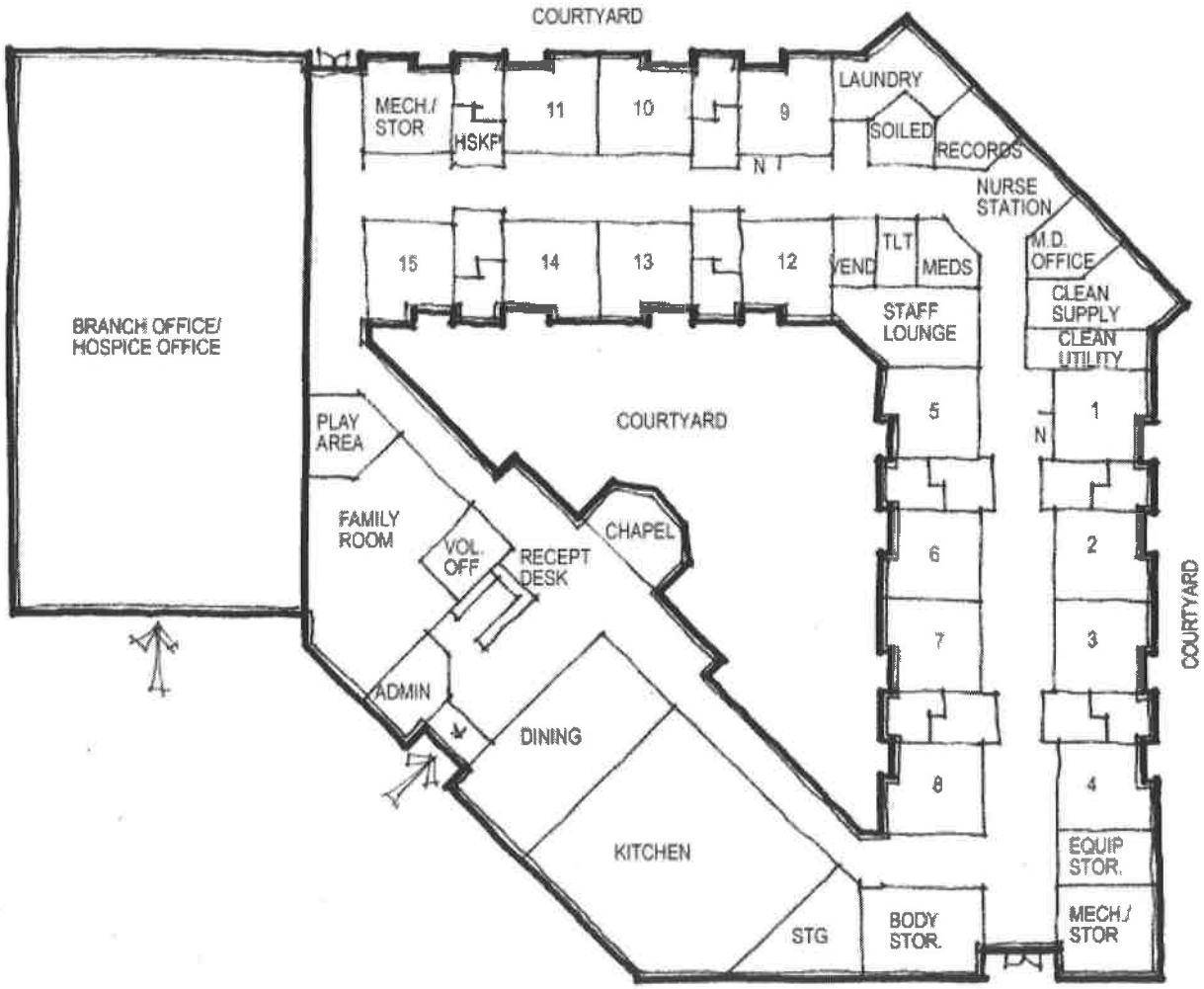
ALIVE HOSPICE
AUTHORIZED SERVICE AREA





AUG 15 '14 PM2:58

THE RESIDENCE AT ALIVE HOSPICE MURFREESBORO



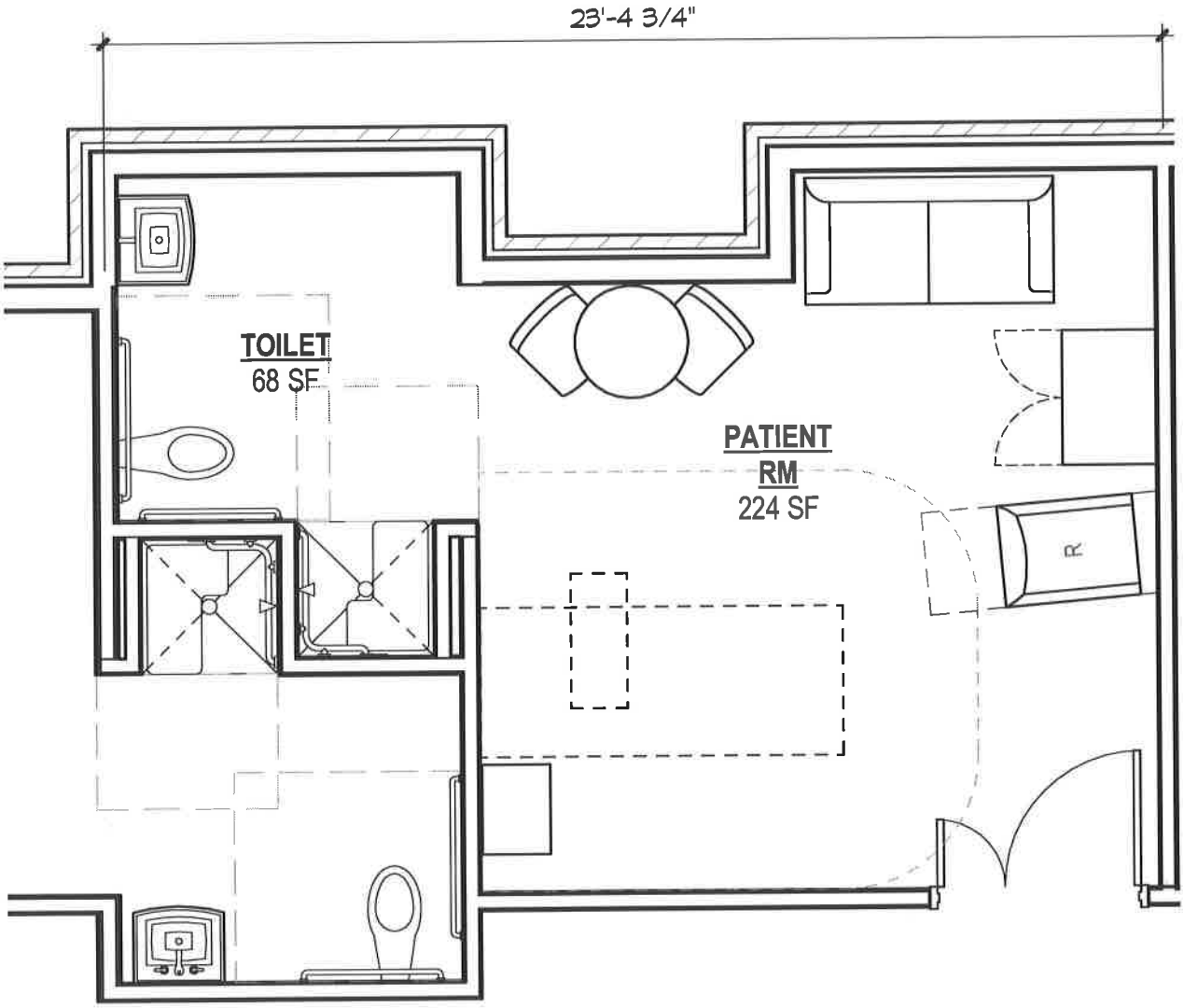
CONCEPTUAL FLOOR PLAN

0 8' 16' 32' 64'

ESa
P1201.17

Alive Hospice Residence Murfreesboro
ALIVE HOSPICE - MURFREESBORO, TN
02/05/2014

ALIVE HOSPICE



1 Enlarged Patient Rm - A

0 1' 2' 4'

ESa

Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN

CONCEPTUAL PLANS FEBRUARY 05, 2014

P1201.17

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)-- Often referred to as GIP, this level of care is provided in an Alive Hospice inpatient unit or a contracted 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.

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 45 inpatient beds. 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.

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

pyright © 2014, Wolters Kluwer Health. License Agreement & Disclaimer

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 Keams	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.

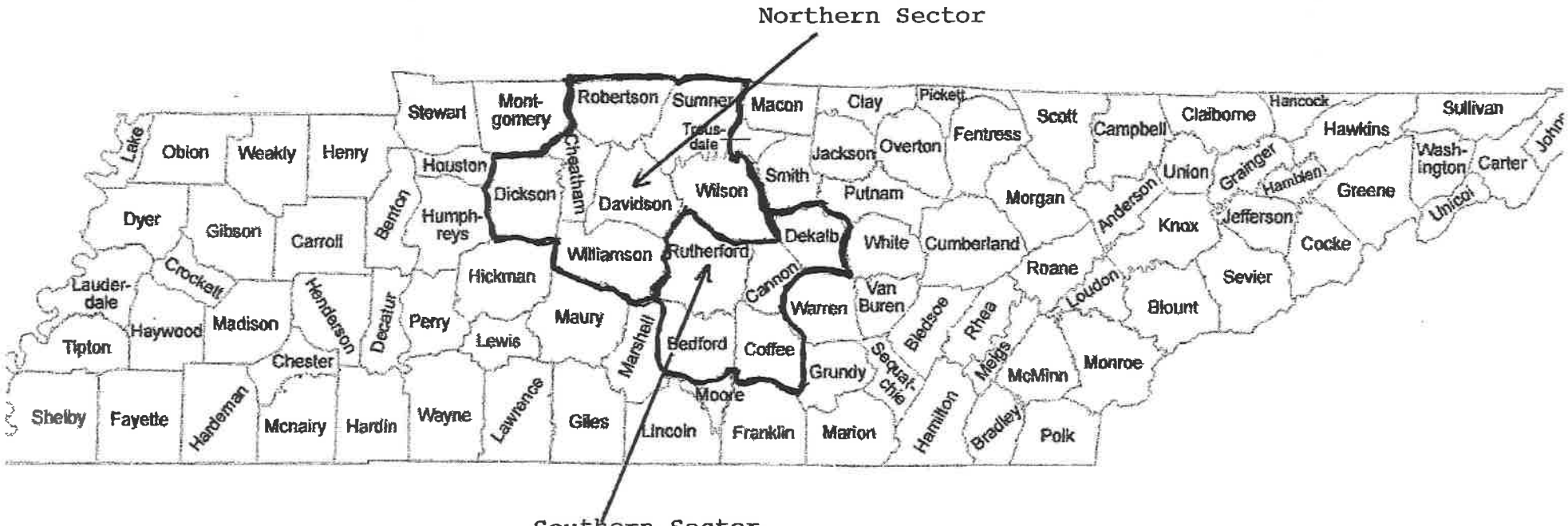
Northern Sector (7)	*Southern Sector (5)*
Cheatham	Bedford
Davidson	Cannon
Dickson	Coffee
Robertson	DeKalb
Sumner	Rutherford
Williamson	
Wilson	

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.

ALIVE HOSPICE
AUTHORIZED SERVICE AREA



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 l2.3% 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.

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(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)

Table Fifteen-B: 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	19724	$148.00	$863.00	$658.00	$153.00	$148.00	$868.00	$662.00	$154.00	$149.00	$870.00	$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.

Table Fifteen-C: Per Diem Rates of Five Tennessee Residential Hospices					
		2013 JAR			
	State ID Number (TDH)	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.

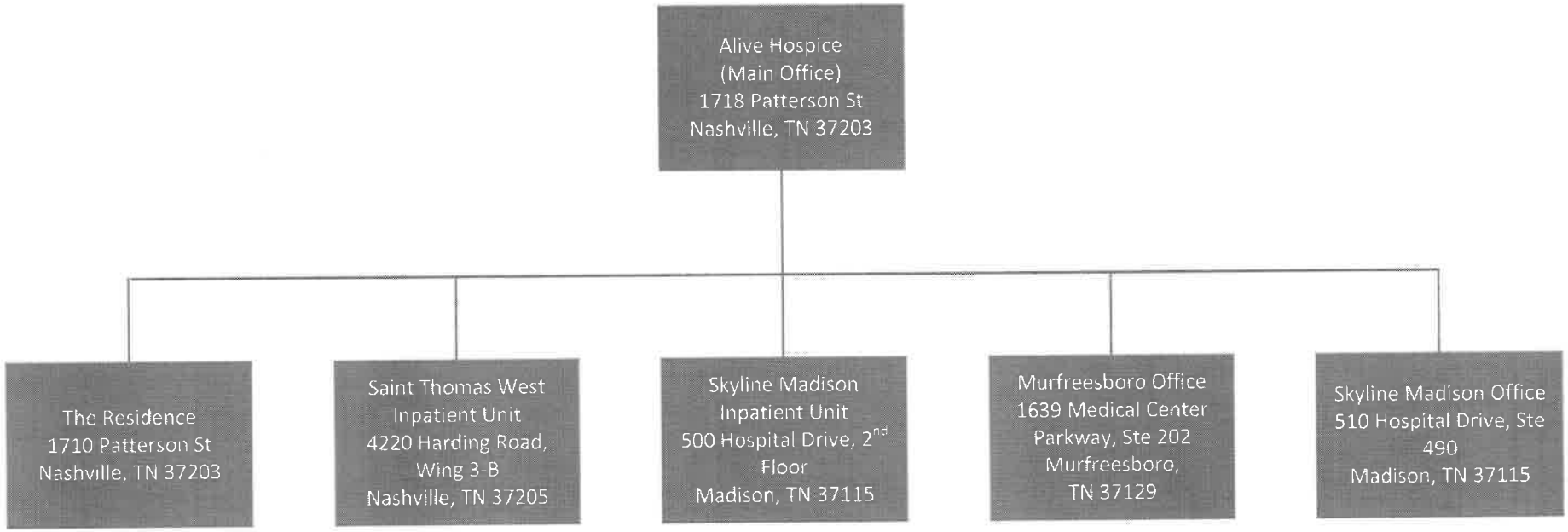
INDEX OF ATTACHMENTS

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	

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

Tennessee Secretary of State

Tre Hargett

Business Services Online > Find and Update a Business Record

Business Information Search

As of June 26, 2014 we have processed all corporate filings received in our office through June 24, 2014 and all annual reports received in our office through June 25, 2014.

Click on the underlined control number of the entity in the search results list to proceed to the detail page. From the detail page you can verify the entity displayed is correct (review addresses and business details) and select from the available entity actions - file an annual report, obtain a certificate of existence, file an amendment, etc.

Search: 1-1 of 1

Search Name: Alive Hospice, Inc. ◉Starts With ○Contains

Control #:

Active Entities Only: ☐

Search

Control #	Entity Type	Name	Name Type	Name Status	Entity Filing Date	Entity Status
000050358	NCORP	ALIVE HOSPICE, INC. *TENNESSEE*	Entity	Active	11/14/1975	Active

1-1 of 1

Information about individual business entities can be queried, viewed and printed using this search tool for free.

If you want to get an electronic file of all business entities in the database, the full database can be downloaded for a fee by Clicking Here.

Click Here for information on the Business Services Online Search logic.

Division of Business Services
312 Rosa L. Parks Avenue, Snodgrass Tower, 6th Floor
Nashville, TN 37243
615-741-2286
Email | Directions | Hours and Holidays

© 2013 Tennessee Department of State

STATE OF TENNESSEE

CHARTER OF

ALIVE, INC.

ARTICLE 1

The name or style of this Corporation, which shall be a non-share corporation, is to be ALIVE, INC. It shall issue no shares of stock and shall divide no dividends or profits among its directors or officers. Any profits or earnings shall be used exclusively for the purposes of the Corporation herein set forth. In the event of dissolution of the Corporation, all assets of the Corporation shall be distributed to one or more domestic corporations, trusts, societies or organizations engaged in activities substantially similar to those of this Corporation, provided that such distribution shall only be made to organization, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code.

ARTICLE II

The general purposes for which this Corporation is formed, within the purview of the General Corporations Act, Tennessee Code Annotated, Section 48-101 et seq. are for the general welfare of society, and not for individual profit. No substantial part of the activities of the Corporation shall be the carrying on or propaganda or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of these articles, the Corporation shall not carry on any other activity not permitted to be carried on (a) by a corporation exempt from Federal income tax under section 501 (c) (3) of the Internal Revenue Code of 1954; or, (b) by a corporation contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code of 1954.

More specifically the purposes are in general:

1. To operate a Center for services, education and research related to life-threatening illness.
2. To develop and continue to nurture programs and resources in the areas of service, education, and research related to life-threatening illness.
3. To encompass the establishment of a multi-disciplinary, community-based facility, to provide direct and indirect care in support of individuals and families seeking to adapt to life-threatening illnesses.
4. To establish and maintain in the community a resource library.
5. To encourage the coordination of community health-care services, as they relate to dying, death and bereavement.
6. To provide training for students and other caregivers in the community from various health-care disciplines.

7. To provide consultative and educative services to interested groups and individuals.
8. To advance and encourage the systematic examination of issues relating to the intrapersonal, interpersonal, and socio cultural implications of dying, death and bereavement.
9. To work for constructive changes in individual, institutional and community attitudes, policies and climate as they relate to individuals and their families in the context of dying, death and bereavement.
10. To establish a community support organization that might serve as a model for the delivery of multidisciplinary care.

ARTICLE III

The general powers of the Corporation shall be as follows:

A. To sue and be sued by the corporate name.
B. To have and use a common seal, which it may alter at pleasure; if no common seal, the signature of the name of the corporation by a duly authorized officer, shall be legal and binding.
C. To have the power to receive property, real, personal or mixed, by purchase, gift, devise, or bequest, sell the same and apply the proceeds toward the promotion of the objects for which it is created, or hold any such property and apply the income and profits towards such objects.

ARTICLE IV

The time of existence of this Corporation shall be perpetual.

ARTICLE V

The general offices of such Corporation in the City of Nashville, Davidson County, in the State of Tennessee shall be 6559 Jocelyn Hollow Road.

ARTICLE VI

The corporate powers of this Corporation shall be exercised by a Board of Directors.

The Board of Directors will be composed of not less than twelve (12) members, the initial board being the undersigned incorporators.

The size of the Board shall be determined by majority vote of its members, and any vacancy in its membership shall be filled in the same way. The entire membership of the Board of Directors shall not exceed twenty-five (25) in number. All members of the Board shall serve a term of office not to exceed five (5) years. The loss of membership by death or otherwise shall terminate all interests of such member in the Corporation or its Corporate Assets, and there shall be no individual liabilities against the Members for corporate debts but the entire corporate property shall be liable for the claims of creditors.

All Board Members shall serve until the expiration of their respective terms and until their respective successors are selected and qualified.

ARTICLE VII

The officers of the Corporation shall consist of a Chairperson, Vice Chairperson, a Secretary, and a Treasurer (which last two offices may be held by one and the same individual) and such offices, shall be filled by the Board of Directors at such time or times and for such periods, and shall have such duties and powers as the Board of Directors may fix, pursuant to law.

ARTICLE VIII

There shall be an Executive Committee consisting of the Chairperson of the Corporation as Chairperson, the other officers, and the Chairpersons of the Standing Committees. The Executive Committee shall perform such duties and powers as the Board of Directors shall fix, pursuant to law.

The Executive Committee is empowered to carry on the business of the Board of Directors in the name of the Board with all its powers or as the Board of Directors shall fix, pursuant to law.

ARTICLE IX

The annual meeting of the members of the Board of Directors shall be held at such time as may be specified in the Corporation By-Laws. Special meetings of the members may be held upon call of the Chairperson, or in the event of his or her incapacity, of the Secretary or by any five (5) members of the Board. Notice of the time and place of all such special meetings shall be given the members by mail at least ten (10) days before the date of such meeting, but such notice may be waived.

A quorum for meetings of the Board of Directors shall be one-third of its members at the time of the meeting, at least three of which members shall not be members of the Executive Committee.

ARTICLE X

The Board of Directors shall have the power to adopt By-Laws which shall, among other things, specify the duties of the various officers of the Corporation. Such By-Laws shall be adopted and may be amended by the favorable vote of a majority of the members of the Board of Directors present. Amendments may be adopted only at a meeting held at least thirty (30) days after notice setting out in detail the proposed amendments.

ARTICLE XI

The function of the Directors will be to formulate and promote a program for carrying out the purposes of the Corporation. Until otherwise determined, the program may be administered as set forth in the By-Laws.

Board for Licensing Health Care Facilities

State of Tennessee

License No. 0000000324

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

ALIVE HOSPICE, INC. *to conduct and maintain a*

Hospice ALIVE HOSPICE

Located at 1718 PATTERSON STREET, NASHVILLE

County of DAVIDSON *, Tennessee.*

This license shall expire MAY 20 *,* 2015 *, and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

In Witness Whereof, we have hereunto set our hand and seal of the State this 20TH *day of* MAY *,* 2014 *.*

By Vincent J. Davis, MPH

DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By John J. Dreyzehner, MD

COMMISSIONER

Board for Licensing Health Care Facilities

State of Tennessee

License No. 0000000003

No. Beds 0030

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

ALIVE HOSPICE, INC. *to conduct and maintain*

a Residential Hospice THE RESIDENCE/ALIVE HOSPICE

Located at 1710 PATTERSON STREET, NASHVILLE

County of DAVIDSON *, Tennessee.*

This license shall expire APRIL 29 *,* 2015 *, and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

In Witness Whereof, we have hereunto set our hand and seal of the State this 29TH *day of* APRIL *,* 2014 *.*

By Vincent J. Davis, MPH

DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By [illegible] MD

COMMISSIONER

Alive Hospice, Inc.

Nashville, TN

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Home Care Accreditation Program

April 12, 2014

Accreditation is customarily valid for up to 36 months.

Rebecca J. Patchin, MD
Chair, Board of Commissioners

Organization ID #39029
Print/Reprint Date: 06/17/2014

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

A.6--Site Control

COMMERCIAL LEASE AGREEMENT

This lease agreement is made this ____ day of _____, 2014, between PIRTLE FAMILY LIMITED PARTNERSHIP, a Tennessee family limited partnership (hereinafter referred to as "Landlord"), and ALIVE HOSPICE, INC., a Tennessee not for profit corporation (hereinafter referred to as "Tenant").

WITNESSETH:

For valuable consideration paid and received, Landlord hereby leases to Tenant, and Tenant hereby leases and hires from Landlord, subject to the terms and conditions hereinafter expressed, certain improved real estate known as Lot 13, Parkway Office Park, located in the City of Murfreesboro, County of Rutherford, Tennessee, which is more particularly described in the attached Exhibit A (the "Land"), along with the improvement constructed thereon, which are more depicted on the attached Exhibit B (the "Building"). Said improved real estate is hereinafter referred to as the "leased premises."

LANDLORD AND TENANT MUTUALLY COVENANT AND AGREE AS FOLLOWS:

1. *Rent*. Tenant shall pay to the Landlord as rent for the leased premises in the following amounts:

Year 1	$40,869.47 per month or	$490,433.64 per annum
Year 2	$42,095.55 per month or	$505,146.65 per annum
Year 3	$43,358.42 per month or	$520,301.05 per annum
Year 4	$44,659.17 per month or	$535,910.08 per annum
Year 5	$45,998.95 per month or	$551,987.38 per annum
Year 6	$47,378.92 per month or	$568,547.00 per annum
Year 7	$48,800.28 per month or	$585,603.41 per annum
Year 8	$50,264.29 per month or	$603,171.52 per annum
Year 9	$51,772.22 per month or	$621,266.66 per annum
Year 10	$53,325.39 per month or	$639,904.66 per annum
Year 11	$54,925.15 per month or	$659,101.80 per annum
Year 12	$56,572.90 per month or	$678,874.86 per annum
Year 13	$58,270.09 per month or	$699,241.10 per annum
Year 14	$60,018.19 per month or	$720,218.33 per annum
Year 15	$61,818.74 per month or	$741,824.88 per annum
Year 16	$63,673.30 per month or	$764,079.63 per annum
Year 17	$65,583.50 per month or	$787,002.02 per annum
Year 18	$67,551.01 per month or	$810,612.08 per annum
Year 19	$69,577.54 per month or	$834,930.44 per annum
Year 20	$71,664.86 per month or	$859,978.36 per annum

Tenant shall pay Landlord the rental stated herein and any other additional payments under this Lease without demand, deduction or offset, payable in lawful money in the United States in advance on or before the first day of each month to Landlord at the address noted in Paragraph 24 hereof, or to such other party or at such other place as Landlord may hereafter from time to time designate in writing. Rent for any partial month at the beginning or end of the Lease term shall be prorated.

2. Commencement and Expiration Dates:

(a) Lease Commencement Date: The Lease Commencement Date shall be the date on which possession of the Premises is delivered to Tenant. Prior to or on the date of possession, Tenant and Landlord shall execute a Commencement and Acceptance Certificate and Memorandum of Lease which shall be appended to this Lease as Exhibit D. Tenant's obligation to pay rent shall commence immediately upon delivery of possession of the Leased Premises to Tenant. Possession of the Leased Premises shall be delivered to Tenant within five (5) business days after all of the following have occurred:

(i) Landlord shall certify in writing that Landlord's contractor has substantially completed construction of the Building, the Tenant Improvements (if Landlord is responsible for installation of the Tenant Improvements) and other work that Landlord is obligated to perform and that such work shall be deemed substantially complete, notwithstanding minor details of construction, mechanical adjustments or decorations which do not materially interfere with Tenant's use of the Premises that remain to be performed (items commonly referred to as "punch-list" items); and

(ii) Landlord or Landlord's contractor has obtained a Certificate of Occupancy (or temporary CO) for the Building; and

(iii) All sanitary, electrical, heating, ventilating and air conditioning systems of the Leased Premises are operational to the extent necessary to provide adequate services to the Leased Premises; and

(iv) Access to the Leased Premises and the parking areas are fully available.

(b) Expiration Date: The Lease shall expire on the date specified in Exhibit D which shall not exceed two hundred forty (240) months from the Commencement Date.

(c) Acceptance: Tenant accepts the Leased Premises in "as is" condition, subject to all laws and regulations without representation by Landlord as to condition, except as expressly specified or required herein.

3. *Security Deposit*. There shall be no Security Deposit required under this Lease.

4. *Triple Net Lease*. This Lease is what is commonly called a "triple-net" Lease, which means that, except as otherwise expressly provided herein, Landlord shall receive all Rent free and clear of any and all other impositions, taxes, liens, charges or expenses of any nature whatsoever in connection with the ownership and operation of the Leased Premises. In addition to the Base Rent, Tenant shall pay to the parties respectively entitled thereto, or satisfy directly, all impositions, insurance premiums, repair and maintenance charges, and any other charges, costs, obligations, liabilities, requirements, and expenses, which arise with regard to the Premises or may be contemplated under any other provision of the Lease during its term, except for costs and expenses expressly made the obligation of Landlord in this Lease.

5. *Tenant's Covenants*. The Tenant, for itself, its successors, and assigns, does hereby covenant with the Landlord, its successors and assigns:

(a) *Use*. The leased premises shall be continuously used during the term hereof by Tenant solely as a hospice care facility. Tenant shall not do or permit anything to be done in or about the Premises or bring or keep anything therein that is not within the permitted use of the Premises or that will in any way increase the existing rate of or affect any fire or other insurance upon the building in which the Premises are located, or any of its contents, or cause a cancellation of any insurance policy covering said building or any part thereof, or any of its contents. Tenants shall not cause, maintain or permit any nuisance in, on or about the Premises. Tenant shall not commit, or allow to be committed, any waste in or upon the Premises. Tenant agrees that it will comply promptly with all restrictions and with all laws and regulations of federal, state and municipal authorities applicable to the leased premises and to the business conducted thereon.

(b) *To Pay Rent.* That the Tenant will pay the said rent at the times and in the manner aforesaid, except only in case of fire or other unavoidable casualty as hereinafter provided, and no set-off or counter-claims may be deducted by Tenant from the rentals due. The burden of proof of full payment shall be upon Tenant. In the event rent is not received by Landlord at the above address by the 5th of the month, a 5% late fee will be charged.

(c) *To Pay Property Taxes.* That the Tenant shall pay in addition to rent any real property, personal property and other ad valorem taxes, and any other levies, charges, impact fees, and local improvement rates and assessments whatsoever assessed or charged against the Leased Premises, the equipment and improvements contained within the leased premises or thereon, or on or in any part thereof, by any lawful taxing authority, including all costs associated with the appeal of any assessment thereof, imposed by reason of improvements made to the premises by or for the benefit of Tenant.

(d) *To Keep Property Insured.* Tenant shall, at the Tenant's expense, obtain and keep in force during the term of this Lease a policy of comprehensive public liability insurance insuring Landlord and Tenant against any liability arising out of the ownership, use, occupancy or maintenance of the Premises. Such insurance shall be in the amount of not less than One Million Dollars ($1,000,000.00) for injury or death of one person in any one accident or occurrence and in the amount of not less than Three Million Dollars ($3,000,000.00) for injury or death of more than one person in any one accident or occurrence. Such insurance shall further insure Landlord and Tenant against liability for property damage of at least Three Million Dollars ($3,000,000). The limit of any such insurance shall not limit the liability of the Tenant hereunder. Tenant may provide this insurance under a blanket policy, provided that said insurance shall have a Landlord's protective liability endorsement attached thereto. If Tenant fails to procure and maintain said insurance, Landlord may, but shall not be required to, procure and maintain same, but at the expense of Tenant. Insurance required hereunder shall be in companies rated A: xiii or better in "Best's Key Rating Guide." Tenant shall deliver to Landlord certified copies of policies or certificates of liability insurance required herein with loss payable clauses satisfactory to Landlord prior to the commencement of each lease year. No policy shall be cancelable or subject to reduction of coverage, without written notice at least thirty (30) days in advance that said policy is to be canceled. All such policies shall be written as primary policies not contributing with and not in excess of coverage which Landlord may carry and shall be written with an insurance carrier satisfactory to Landlord.

Landlord shall carry special form clauses of loss coverage property insurance on the Building in the amount of its full replacement value and such other insurance of such types and amounts as Landlord, in its discretion, shall deem reasonably appropriate. Tenant shall reimburse Landlord for the cost of any such insurance as additional rent.

(e) *To Pay Utilities.* Tenant shall pay all charges for gas, electricity, water, sewage, heat, telephone and other utilities, facilities or service of any kind, rendered, or supplied upon or in connection with the leased premises.

(f) *Not to Injure or Overload.* That Tenant will not injure, overload, or deface or suffer to be injured, overloaded, or defaced the Premises or any part thereof.

(g) *Subordination.* The Tenant hereby agrees to subordinate its rights and interests hereunder to any future financing or mortgage arranged by Landlord at the request of Landlord. Pursuant thereof, Tenant agrees to execute any and all documents necessary to effectuate the purposes of this provision within ten (10) days of Landlord's request.

(h) *Estoppel.* The Tenant agrees, within ten (10) days after written request from Landlord, to execute and deliver to Landlord or designee of Landlord any estoppel information regarding this lease as Landlord or its designee may reasonably request.

(i) *Environmental Compliance/Use.* The Tenant warrants not to cause or permit any Hazardous Materials (as hereinafter defined) to be brought, kept, or used in or about premises by Tenant, its sublessees, agents, employees, contractors, or invitees except in commercial quantities similar to those quantities usually kept on similar premises by others in the same business or profession. The Tenant shall cause all such materials to be stored, used, and disposed of in compliance with all applicable federal, state, and local laws, including, without limitation, laws governing Hazardous Materials. If the presence of any Hazardous Materials on, in, or under the premises caused or permitted by Tenant, its sublessees, agents, employees, contractors, or invitees results in any contamination of the Premises, Tenant shall promptly take all actions, at its sole expense, as are necessary to return the affected area to the condition existing prior to the introduction of any such Hazardous Materials, including, without limitation, any investigation or monitoring of site conditions or any clean up, remediation, response, removal, encapsulation, containment, or restoration work required because of the presence of any such Hazardous Materials on, in, or under the premises or any release or suspected release or threat of release of any such Hazardous Materials in the air, soil, surface water, or ground water.

"Hazardous Materials" as such term is used in this lease means any hazardous or toxic substances, material, or waste regulated or listed pursuant to any federal, state, or local environmental law, including without limitation, the Clean Air Act, the Clean Water Act, the Toxic Substances Control Act, the Comprehensive Environmental Response Compensation and Liability Act, the Resource Conversation and Recovery Act, the Federal Insecticide, Fungicide, Rodenticide Act, the Safe Drinking Water Act, and the Occupational Safety and Health Act as such Acts have been or are hereafter amended from time to time.

execution upon Landlord's or Tenant's interest in this lease or to the Premises, and/or the fixtures, improvements, and furnishings located thereon and Tenant shall cause, at Tenant's sole cost and expense, any such encumbrance to be discharged within fifteen (15) days after notice thereof.

6. *Alterations and Additions*. Unless otherwise specified herein, Tenant shall not make or allow to be made any alterations, additions or improvements to or of the Premises or any part thereof without first obtaining the written consent of Landlord and any alterations, additions or improvements to or of said Premises, including, but not limited to, wall coverings, paneling and built-in cabinet work, but excepting movable furniture and trade fixtures, shall at once become a part of the realty and belong to the Landlord and shall be surrendered with the Premises. In the event Landlord consents to the making of any alterations, additions or improvements to the Premises by Tenant, the same shall be made by Tenant at Tenant's sole cost and expense, but such consent shall not be construed to warrant compliance with any governmental laws or regulations. Tenant shall be solely responsible for obtaining all required permits for any alterations or addition and for paying the necessary fees and fines associated herewith. Failure to obtain proper permits will be deemed a material default of this lease agreement. Upon the expiration or sooner termination of the term hereof, Tenant shall, upon written demand by Landlord, given at least thirty (30) days prior to the end of the term, at Tenant's sole cost and expense, forthwith and with all due diligence, remove any alteration, additions, or improvements made by Tenant, designated by Landlord to be removed, and Tenant shall, forthwith and with all due diligence, at its sole cost and expense, repair any damage to the Premises caused by such removal.

7. *Maintenance and Repairs*. By entry hereunder, Tenant shall be deemed to have accepted the Premises as being in good, sanitary order, condition and repair. Tenant shall, at Tenant's sole cost and expense, keep the Premises and every part thereof in good condition and repair including without limitation, routine cleaning of the leased premises and the maintenance (including the cost and replacement of light bulbs and the cost of cleaning supplies, soap, paper towels, toilet paper, and the like), replacement and repair of any storefront, doors, plate glass, windows, window casements, and glazing; all repairs and maintenance to plumbing, pipes, electrical wiring and conduits, heating, ventilation and air conditioning system, interior walls, ceilings and floors, exterior walls and the roof, structural portions of the Building, parking areas, sidewalks, driveways, lawns and landscaped areas. Unless otherwise set forth herein, Landlord shall have no obligation to make any repairs to the Leased Premises whatsoever. Tenant shall, upon the expiration or sooner termination of this Lease, surrender the Premises to the Landlord in good condition, broom clean, ordinary wear and tear excepted.

8. *Assignment and Subletting*. Tenant shall not either voluntary, or by operation of law, assign, transfer, mortgage, pledge, hypothecate or encumber this Lease or any interest therein, and shall not sublet the said Premises or any part thereof, or any right or privilege appurtenant thereto, or allow any other person (employees, agents, servants and invites of Tenant excepted) to occupy or use the said Premises, or any portion thereof, without first obtaining written consent of Landlord, which consent need not be given and shall be at Landlord's sole and absolute discretion. A consent to one assignment, subletting, occupation or use by another person shall not be deemed to be a consent to any subsequent assignment, subletting, occupation or use by another person. Consent to any such assignment or subletting shall in no way relieve Tenant of any liability under this Lease. Any such assignment or subletting without such consent shall be void, and shall, at the option of the Landlord, constitute a default under the terms of this Lease.

In the event that Landlord shall consent to a sublease or assignment hereunder, Tenant shall pay Landlord reasonable fees and expenses incurred in connection with the review of documents necessary to giving of such consent.

In the event Tenant is a corporation, limited liability company, general or limited partnership, joint venture or other legal entity other than a natural person, any transfer or other change in the ownership stock, membership interest, partnership or joint venture interests, or other ownership interest in Tenant, and/or any change in control of tenant or the power to vote or control the ownership interest in Tenant, whether any such change is by sale, assignment, bequest, inheritance, operation of law or otherwise, without Landlord's prior written consent, which need not be given and shall be at Landlord's sole and absolute discretion, shall be considered an assignment in violation of this section and shall be a default under the terms of this Lease.

9. *Hold Harmless*. Tenant shall indemnify and hold harmless Landlord against and from any and all claims arising from Tenant's use of the Premises or from the conduct of its business and from any activity, work, or other things done, permitted or suffered by Tenant in or about the Premises, and shall further indemnify and hold harmless Landlord

against and from any and all claims arising from any breach or default in the performance of any obligation on Tenant's part to be performed under the terms of this Lease, or arising from any act or negligence of the Tenant, or any officer, agent, employee, guest, or invitee of Tenant, and from all costs, attorney's fees and liabilities incurred in or about the defense of any such claim or any action or proceeding brought thereon. In case any action or proceeding be brought against Landlord by reason of such a claim, Tenant upon notice from Landlord shall defend the same at Tenant's expense by counsel reasonably satisfactory to Landlord. Tenant, as a material part of the consideration to Landlord, hereby assumes all risk of damage to property or injury to persons in, upon or about the Premises, from any cause, and Tenant hereby waives all claims in respect thereof against Landlord. Tenant shall give prompt notice to Landlord in case of casualty or accidents on the Premises.

Landlord or its agents shall not be liable for any loss or damage to persons or property resulting from fire, explosion, falling building materials, steam, gas, electricity, water or rain which may leak from any part of the building or from the pipes, appliances or plumbing works therein or from the roof, street or subsurface or from any other place, or resulting from dampness or any other cause whatsoever. Landlord or its agents shall not be liable to Tenant for interference with light, air, or for any defect in the Premises.

10. *Subrogation*. As long as their respective insurers so permit, Landlord and Tenant hereby mutually waive their respective rights of recovery against each other for any loss insured by fire, extended coverage and other property insurance policies existing for the benefit of the respective parties.

11. *Holding Over*. If Tenant remains in possession of the Premises or any part thereof after the expiration of the term hereof with the express written consent of the Landlord, such occupancy shall be a tenancy from month to month at a rental in an amount as determined under Section 3, plus all other charges payable hereunder, and upon the terms hereof.

In the event Tenant shall hold over the expiration hereof without the express written consent of Landlord, or in the event Tenant is in any respect in default of this Lease at the time of expiration hereof, then Tenant's occupancy subsequent to such expiration shall be deemed that of a tenant at will, with monthly Rent to be twice the amount of the Rent for the last month of the initial term of the Lease, and in no event a tenant from month to month, and such occupancy shall be subject to all the terms and provisions of the Lease, subject to the increase in the amount of Rent. In addition, Tenant shall be responsible for paying the Monthly Adjustments charge.

12. *Tenant's Default*. The occurrence of any one or more of the following events shall constitute a default and breach of this Lease by Tenant:

(a) The vacating or abandonment of the Premises by Tenant.

(b) The failure by Tenant to make any payment of Rent, Adjustments charge, or of any other payments required to be made by Tenant hereunder, as and when due, where such failure shall continue for a period of five (5) days after written notice thereof by Landlord to Tenant.

(c) The failure by Tenant to observe or perform any of the covenants, conditions or provisions of this Lease to be observed or performed by Tenant, other than described in Subsection (b) of this section above, where such a failure shall continue for a period of ten (10) days after written notice thereof by Landlord to Tenant; provided, however, that if the nature of Tenant's default is non-monetary and is such that more than ten (10) days are reasonably required for its cure, then Tenant shall not be deemed to be in default if Tenant commences such cure within said ten (10) day period and thereafter diligently and continuously prosecutes such cure to completion, provided that such cure must in any event be completed within sixty (60) days after such notice, and further provided that in the event of an assignment, subletting or other act in violation of Section 14 above, then no notice or right to cure need be given.

(d) The making by Tenant of any general assignment or general arrangement for the benefit of creditors; or the filing by or against a Tenant of a petition to have Tenant adjudged a bankruptcy debtor, or a petition for reorganization or arrangement under any law relating to bankruptcy (unless, in the case of a petition filed against Tenant, the same is dismissed within sixty (60) days); or the appointment of a trustee or a receiver to take possession of substantially all of Tenant's assets located at the Premises or of Tenant's interest in this Lease, where possession is not restored to Tenant

within thirty (30) days; or the attachment, execution or other judicial seizure of substantially all of Tenant's assets located at the Premises or of Tenant's interest in this Lease, where such seizure is not discharged within thirty (30) days.

13. *Remedies upon Default*. In the event of any such default or breach by Tenant, Landlord may at any time thereafter, in Landlord's sole discretion, with or without further notice or demand and without limiting Landlord in the exercise of a right or remedy which Landlord may have by reason of such a default or breach:

(a) Terminate this Lease by giving written notice to Tenant specifying the date of termination. In such event, Tenant shall immediately surrender the Premises to Landlord. If Tenant fails to do so, Landlord may without prejudice to any other remedy available to Landlord enter upon and take possession of the leased Premises and expel or remove Tenant and any other parties occupying the Premises or any part thereof and any personal property and trade fixtures located therein. Tenant agrees to pay Landlord on demand the amount of all loss and damages suffered by Landlord by reason of such termination, whether caused by the inability to relet the Premises on satisfactory terms or otherwise.

(b) Enter upon and take possession of the Premises without terminating this Lease and without relieving Tenant of Tenant's obligation to make all payments of Rent and other sums owed hereunder. In such event, Landlord may expel or remove Tenant or any person occupying the Premises or any part thereof in any manner permitted by law, and any personal property and trade fixtures located therein, and may relet the Premises for Tenant's account at any rent readily obtainable, and may receive the rent of said Premises. In such event, Tenant shall pay Landlord on demand any deficiency that may arise by reason of such reletting and the expenses of such reletting for the remainder of the term of this Lease, plus all damages to Landlord by reason of Tenant's default under this Lease.

Pursuit of any of the rights and remedies set forth in the preceding paragraphs of this section shall not preclude the pursuit of any other remedies upon default provided by law or equity, or by this Lease. Nor shall pursuit of any remedy provided by this Lease constitute a forfeiture or waiver of any rent due to Landlord hereunder or any damages accruing to Landlord by reason of Tenant's default. Notwithstanding anything else herein contained, however, each remedy set forth herein may be carried out in such a manner, and only if, permitted by then applicable law, but if any remedy is not them permitted by applicable law, Landlord and Tenant shall amend the provisions of such remedy so as to make it permissible, but keeping it as close to its original meaning as possible.

No waiver by Landlord of any violation or breach of any of the terms, provisions, or covenants of this Lease shall be deemed or construed to constitute a waiver of any other covenants contained herein. Forbearance by Landlord to enforce one or more of the remedies herein provided upon event of default shall not be deemed or construed to constitute a waiver of such default.

In every instance of default, Tenant shall bear the cost of Landlord's reasonable expenses, including attorney's fees and other expenses, incurred in any effort to enforce Landlord's rights under this Lease, whether by negotiation, litigation or otherwise.

14. *Default by Landlord*. Landlord shall not be in default unless Landlord fails to perform obligations required of Landlord within a reasonable time, but in no event later than thirty (30) days after written notice by Tenant to Landlord and to the holder of any first mortgage or deed of trust covering the Premises whose name and address shall have theretofore been furnished to Tenant in writing, specifying wherein the Landlord has failed to perform such obligation; provided, however, that if the nature of Landlord's obligation is such that more than thirty (30) days are required for performance, then Landlord shall not be in default if Landlord commences performance within such thirty (30) day period and thereafter diligently prosecutes the same to completion. In no event shall Tenant have the right to terminate this Lease as a result of Landlord's default and no such default shall relieve Tenant of the obligation to pay rent and other sums due hereunder.

15. *Signs*. The Tenant may affix and maintain upon the exterior of the Premises, whether on exterior walls, glass or otherwise, and in the interior of the Premises visible from the exterior, only such signs, advertising placards, names, insignia, trademarks and descriptive material as shall have first received the written approval of the Landlord as to type, size color, location, copy nature, control, and display qualities. Tenant may be allowed to place an exterior sign directly on the facia of the building at its cost, but Tenant must comply with all local ordinances regarding signs. Any fees, fines, or

assessments by the City of Murfreesboro or other governmental authority in regard to the placement of said sign or signs shall be paid by Tenant. The cost of electricity to any exterior sign and the cost of replacement of any light bulbs on any exterior sign shall be paid for by Tenant.

16. *Attorney fees*. Should either party employ legal counsel to enforce any of the provisions herein contained, to exercise any remedies allowed hereunder, to collect any rents or other charges due hereunder, or to protect the rights of either party hereunder, the prevailing party shall be entitled to its reasonable attorney's fees and court costs.

17. *Casualty Loss*. In the event all or a substantial part of the leased Premises are damaged or destroyed by fire or other casualty, and if insurance proceeds are available to fund restoration or repair, Landlord will proceed to restore the same to substantially the same condition existing immediately prior to such damage or destruction unless such damage or destruction is incapable of repair or restoration within one hundred twenty (120) days, in which event Landlord may, at Landlord's option and by written notice given to Tenant within sixty (60) days of such damage or destruction, declare this Lease terminated as of the occurrence of such damage or destruction. To the extent after fire or other casualty that Tenant shall be deprived of the use and occupancy of the leased premises or any portion thereof as a result of any such damage, destruction or repair thereof, Tenant shall be relieved of the same ratable portion of the rent hereunder as the amount of unusable space in the leased premises bears to the gross square footage of the leased premises. Notwithstanding the foregoing, in the event of damage by fire or other casualty resulting from the carelessness, negligence or intentional or other improper conduct of Tenant, or Tenant's agents, employees, contractors or others acting on its behalf, or from the carelessness, negligence or intentional or other improper conduct of Tenant's customers, guests or visitors, Tenant shall have the full liability and responsibility for repairing and/or rebuilding from such casualty loss and for other damages and losses incurred by Landlord.

18. *Condemnation*.

(a) *Substantial Taking*: If twenty percent (20%) or more of the leased premises or of such portions of the Building as may be required for the reasonable use of the leased premises, are taken by eminent domain or sale under threat of condemnation by eminent domain, this Lease shall automatically terminate as of the date title vests in the condemnation authority, and all Rents, and other payment shall be paid to that date.

(b) *Partial Taking*: In case of a taking of less than twenty percent (20%) of the leased premises, or a portion of land not required for the reasonable use of the leased premises, then this Lease shall continue in full force and effect, unless the reduction inhibits reasonable use of or access to the leased premises and the Rent shall be equitably reduced based on the proportion by which the floor area of the leased premises is reduced, such rent reduction to be effective as of the date title to such portion vests in the condemnation authority.

(c) *Awards and Damages*: Landlord reserves all rights to damages to the leased premises for any partial or entire taking by eminent domain, and Tenant hereby assigns to Landlord any right Tenant may have to such damages or awards, and Tenant shall make no claim against Landlord or the condemning authority for damages for termination of the leasehold interest or interference with Tenant's business. Tenant shall have the right, however, to claim and recover from the condemning authority compensation for any loss to which Tenant may be put for Tenant's moving expenses, business interruption or taking of Tenant's personal property , including Tenant's leasehold improvements to the leased premises which were in fact paid for by Tenant, (not including Tenant's leasehold interest), provided that such damages may be claimed only if they are awarded separately in the eminent domain proceedings and not out of or as part of the damages recoverable by Landlord.

19. *Quiet Enjoyment*. Landlord covenants that it has good title to the leased Premises and is under no disability which would impair its right to enter into this Lease. Tenant, upon the payment of the rent herein provided and upon performance of all the terms and conditions hereof, shall quietly have and enjoy the leased premises during the term hereof without hindrance by or disturbance from Landlord or anyone claiming by or through Landlord.

20. *Surrender of Possession*. Upon expiration of the term of this Lease, whether by lapse of time or otherwise, Tenant shall promptly and peacefully surrender the leased premises to Landlord in as good condition as when received by Tenant from Landlord or as thereafter improved, reasonable use and wear and tear excepted.

21. *Removal of Property*. Tenant shall remove all of its moveable property and trade fixtures which can be removed without damage to the leased premises at the termination of this Lease either by expiration of term or other cause, and shall pay Landlord any reasonable damages for injury to the leased premises or Building resulting from such removal. If Tenant shall fail to remove any of its property of any nature whatsoever from the leased premises or the Building at the termination of this Lease or when Landlord has the right of re-entry, Landlord may, in accordance with the provisions of applicable statutes covering commercial landlord and tenant matters, remove and store said property without liability for loss thereof or damage thereto, such storage to be for the account and at the expense of Tenant. If Tenant shall not pay the cost of storing any such Property after it has been stored for a period of thirty (30) days or more, Landlord may, at its option, sell, or permit to be sold, any or all such property at public or private sale, in such manner and at such times and places as Landlord in its sole discretion may deem proper, without notice to Tenant, unless notice is required under applicable statutes, and shall apply the proceeds of such sale; first, to the cost and expense of such sale, including reasonable attorney's fees actually incurred; second, to the payment of the costs or charges for storing any such property; third, to the payment of any other sums of money which may then be or thereafter become due Landlord from Tenant under any of the terms hereof; and fourth, the balance, if any, to Tenant. Tenant shall remain liable for any differences.

22. *Access*. Tenant shall permit Landlord and its agents to enter into and upon the leased premises at any time for the purpose of inspecting the leased premises or for the purpose of cleaning, repairing, altering or improving the leased premises. Nothing contained in this Section shall be deemed to impose any obligation upon the Landlord not expressly stated elsewhere in this Lease. When reasonably necessary Landlord may temporarily close entrances, doors, corridors, elevators or other facilities without liability to Tenant by reason of such closure and without such action by Landlord being construed as an eviction of Tenant or release of Tenant from the duty of observing and performing any of the provisions of this Lease, provided however, that such closure shall not deny or unreasonably restrict Tenant's access to the leased premises. Landlord shall have the right to enter the leased premises for the purpose of showing the leased premises to prospective tenants or purchasers within the period of one hundred eighty (180) days prior to the expiration or sooner termination of the lease term.

23. *Non-Waiver*. Waiver by Landlord of any breach of any term, covenant or condition herein contained shall not be deemed to be a waiver of such term, covenant, or condition; or of any subsequent breach of the same or any other term, covenant, or condition of this Lease, other than the failure of Tenant to pay the particular rental so accepted, regardless of Landlord's knowledge of such preceding breach at the time of acceptance of such Rent.

24. *Notices*. All notices and other communication to be given hereunder by either party shall be in writing and shall be delivered personally, mailed by certified United States mail, postage prepaid, return receipt requested, to the other (and the date of any notice by certified mail shall be deemed to be the date of certification thereof, or forwarded by nationally recognized overnight express delivery service, delivered or addressed to the parties as follows:

Landlord: Pirtle Family Limited Partnership
1639 Medical Center Parkway, Suite 200
Murfreesboro, Tennessee 37129

Tenant: Alive Hospice, Inc.

_____

_____

or at such other address as either party may later designate in writing.

25. *Entire Agreement*. This Lease contains all covenants and agreements between Landlord and Tenant relating in any manner to the Rent, use and occupancy of the leased premises and other matters set forth in this Lease. No prior agreements or understanding pertaining to the same shall be valid or of any force or effect and the covenants and agreements of this Lease shall not be altered, modified or added to except in writing signed by Landlord and Tenant.

26. *Binding Effect*. The terms and provisions of this Lease shall be binding upon and inure to the benefit of the parties hereto and to their respective successors and assigns.

27. *Priority*. Upon demand by Landlord or the holder of any first mortgage or deed of trust now existing or that may hereafter be placed upon the leased premises, Tenant will execute an Agreement of Subordination of Mortgage. In the absence of such Agreement, Tenant agrees that this Lease shall be subordinate to any mortgage or deed of trust now existing or hereafter placed upon the leased premises, including any and all advances to be made thereunder, and interest thereon, and all renewals, replacements or extension thereof. Upon demand by Landlord or any mortgagee as defined above, Tenant shall within ten (10) days of such demand execute and deliver subordination and attornment agreements satisfactory in form and substance to such mortgagee and Tenant, provided that such mortgage agrees, in writing, that it will not disturb Tenant's quiet enjoyment of the leased premises so long as Tenant is not in default of its obligations under this Lease.

28. *Severability*. If any clause or provision of this Lease is or becomes illegal, invalid, or unenforceable because of present or future laws or any rule or regulation of any governmental body or entity, effective during its term, the intention of the Lease shall not be affected thereby, unless such invalidity is, in the sole determination of Landlord, essential to the rights of both parties, in which event Landlord has the right to terminate this Lease on written notice to Tenant.

29. *Headings*. The title to sections of this Lease are not a part of this Lease and shall have no effect upon the construction or interpretation of any part hereof. This Lease shall be construed and governed by the laws of the State of Tennessee.

30. *Time of Essence*. Time is of the essence of this Lease and all provisions hereof.

31. *Limitation of Liability*. The liability of Landlord hereunder is limited to the interest of Landlord in the leased premises. No action shall lie against Landlord, or recovery shall be granted against Landlord for breach hereof, except to the extent of Landlord's interest in the leased premises.

32. *Acceptance*. Tenant accepts the leased premises in "as is" condition, subject to all laws and regulations without representation by Landlord as to condition.

33. *No Broker*. Tenant represents and warrants to Landlord that it has not engaged any broker, finder, or other person who would be entitled to any commission or fees in respect of the negotiation, execution or delivery of this Lease and shall indemnify and hold harmless Landlord against any loss, cost, liability or expense incurred by Landlord as a result of any claim asserted by any other broker, finder, or other person on the basis of any arrangements or agreements made or alleged to have been made by or on behalf of Tenant.

34. *Tenant Improvements.* Landlord shall make the Tenant Improvements set forth in the attached Exhibit C. Landlord shall proceed diligently to make such improvements and Tenant acknowledges that the premises shall be acceptable when such improvements are made.

35. *Purchase Option*. The Tenant shall have the right and option to purchase the Lease Premises at anytime during lease years two, three, four and five (the "Purchase Option Period"), provided at the time of exercise Tenant is not in default in the performance of any material obligation under this lease beyond the period of time allowed to cure the same, and provided further such option to purchase is subject to the following terms and conditions:

(a) Purchase Price. The purchase price for the leased premises shall be $4,000,000.00.

(b) Method of Exercise and Closing. If Tenant elects to exercise the option to purchase, Tenant shall notify Landlord in writing of its exercise of this option during lease years two, three, four, or five. The closing of the purchase will be held in Murfreesboro, Tennessee within 30 days after such notice to Landlord.

(c) Prepayment of Purchase Price. At any time during the Purchase Option Period, Tenant may make partial prepayments toward the Purchase Price to Landlord, which shall be applied to the Purchase Price at

closing. Furthermore, the rent payments due hereunder shall be reduced in the same proportion as prepayments are made toward the Purchase Price (For example, if Tenant prepays $1,000,000.00 (or one-quarter of the Purchase Price) the Rent set forth in Paragraph 2 herein shall be reduced by one-quarter from the date of prepayment forward).

(d) In the event of the purchase of the leased premises by Tenant pursuant to any of the provisions of this lease, Landlord shall convey to Tenant or its designee by its special warranty deed, good, record title to the real property purchased, subject only to (i) all matters of record in the Register's Office for Rutherford County, Tennessee; provided, however, all mortgages and related security documents shall be released; and (ii) real estate taxes which are not delinquent. The purchase price (less any amounts prepaid hereunder) shall be paid in cash at the time of the closing. Tenant shall pay the costs of any title insurance and the cost of recording the deed, including transfer taxes. Landlord shall pay for the cost of closing and preparation of the deed. Each party shall be responsible for the fees of its respective counsel.

Upon the completion of any such purchase, but not prior thereto (whether or not any delay in the completion of or the failure to complete such purchase shall be the fault of Landlord), this lease and all obligations hereunder shall terminate with respect to the premises.

IN WITNESS WHEREOF, the parties hereto have executed this Lease as of the ____ day of _____, 2014.

LANDLORD:
PIRTLE FAMILY LIMITED PARTNERSHIP

By: _____
Mark A. Pirtle, General Partner

TENANT:
ALIVE HOSPICE, INC.

By: _____
Its: _____

EXHIBIT A
THE LAND

EXHIBIT B
THE BUILDING

EXHIBIT C
TENANT IMPROVEMENTS

EXHIBIT D
COMMENCEMENT, ACCEPTANCE AND MEMORANDUM OF LEASE AGREEMENT

Agreement made as of the _____ day of _____, 2014, between Pirtle Family Limited Partnership ("Landlord"), and Alive Hospice, Inc. ("Tenant").

WITNESSETH:

The undersigned hereby acknowledges and confirms that:

(1) The Initial Term of the Lease shall be twenty (20) years with the Commencement Date beginning _____, 20____, and the Initial Term expiring on _____, 20____.

(2) Tenant acknowledges that the Premises has been completed in conformity with the improvements contained in Exhibit C of this Lease (if applicable) and are accepted by Tenant "as is," with all faults and no representations or warranties by Landlord.

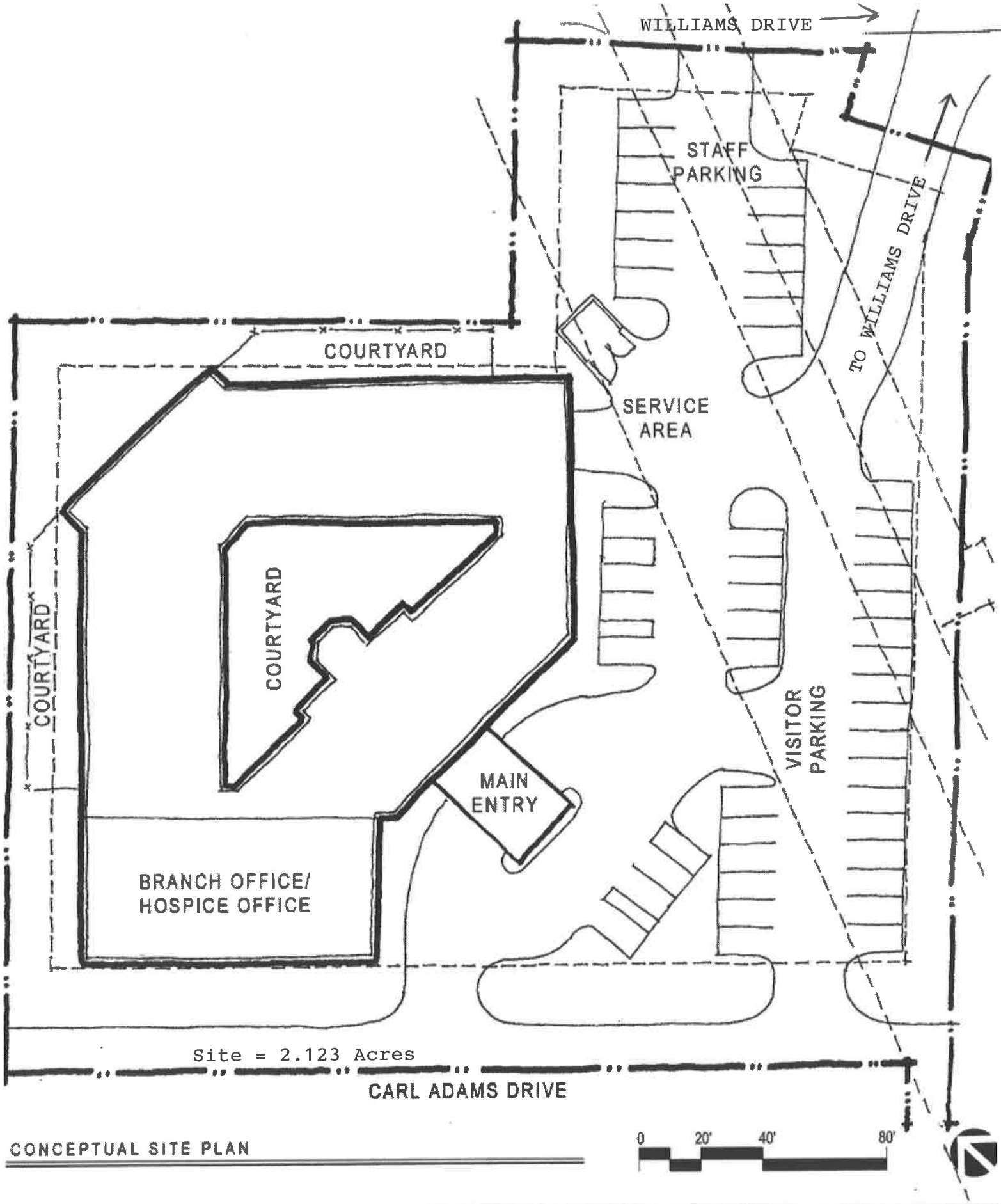
B.II.A.--Square Footage and Costs Per Square Footage Chart

SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART

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			$2,865,415.00
C. Mechanical / Electrical GSF						545	545		$82.00	$44,690.00
D. Circulation / Structure GSF						4,680	4,680		$133.00	$622,440.00
E. Total GSF						17,080	17,080			$3,532,545.00
Renovation										
Canopies							600		$69.70	$41,820.00
GRAND TOTAL										$3,574,365.00

AUG 15 '24 PM 3:00

B.III.--Plot Plan



CONCEPTUAL SITE PLAN

ESa
P1201.17

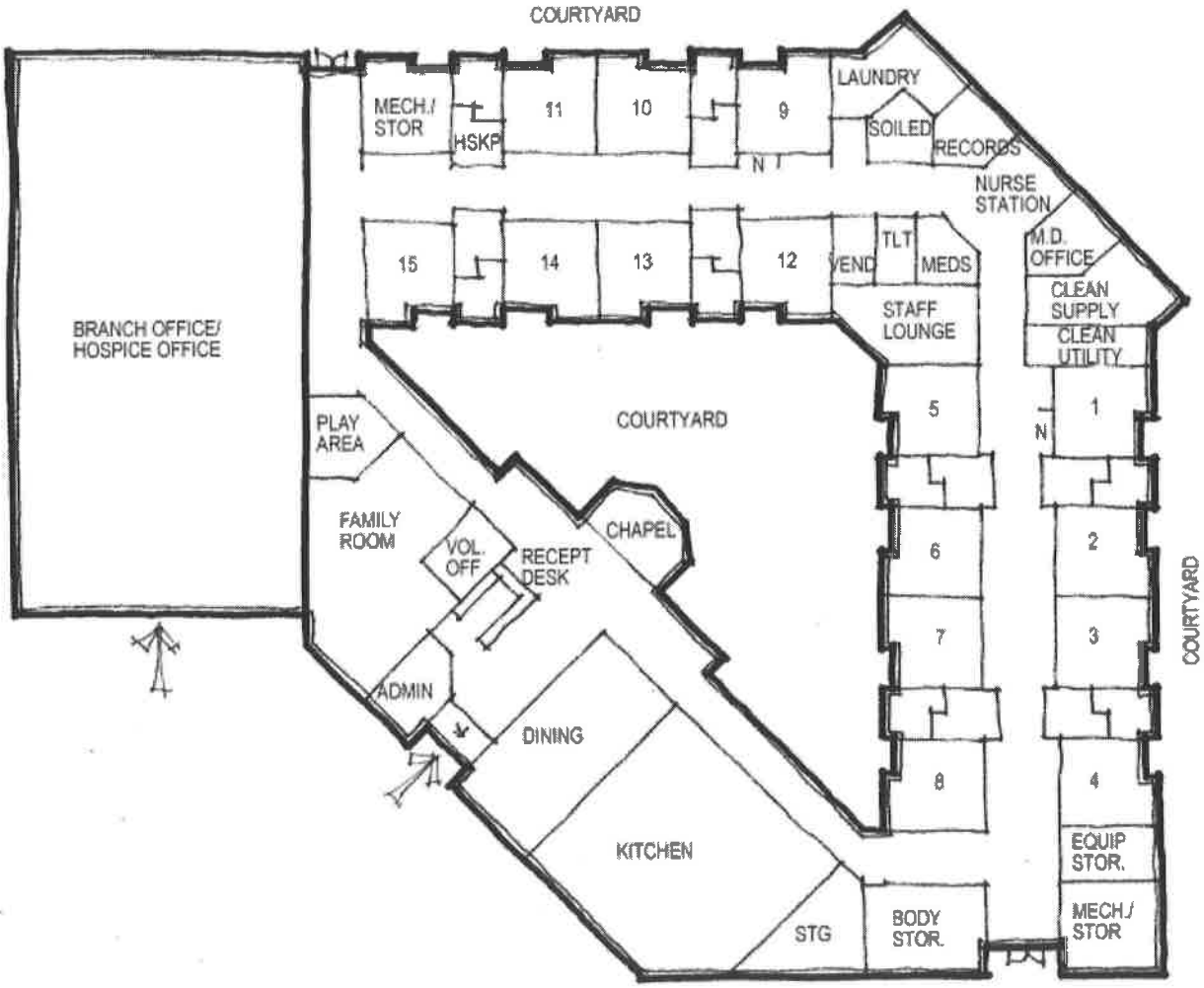
Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN

02/05/2014

ALIVE HOSPICE

B.IV.--Floor Plan



CONCEPTUAL FLOOR PLAN

0 8' 16' 32' 64'

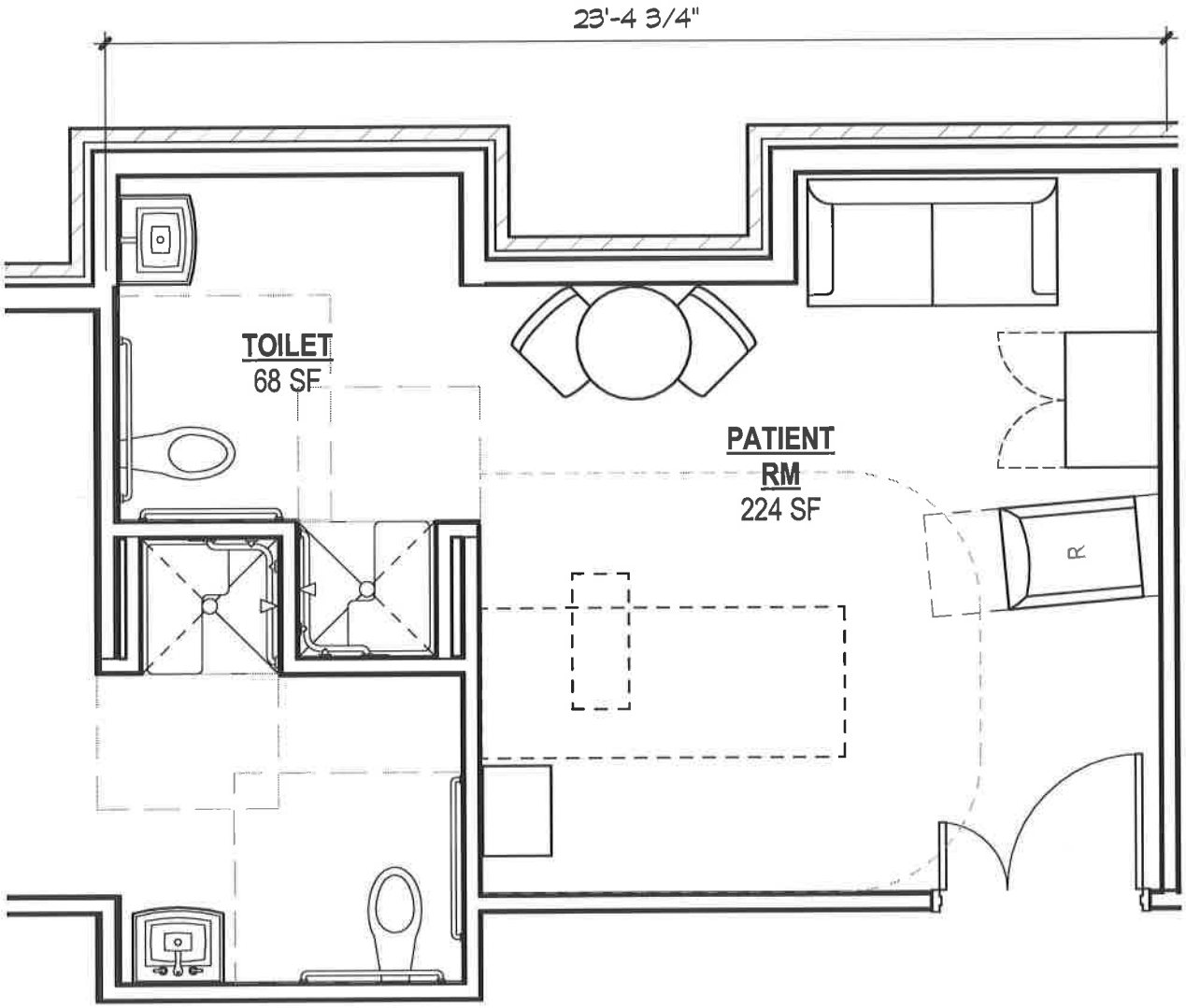
ESa
P1201.17

Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN

02/05/2014

ALIVE HOSPICE



1 Enlarged Patient Rm - A

0 1' 2' 4'

ESa

P1201.17

Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN

CONCEPTUAL PLANS FEBRUARY 05, 2014

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

Copyright © 2014, Wolters Kluwer Health. License Agreement & Disclaimer

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.

AUG 15 '14 P4:00

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.

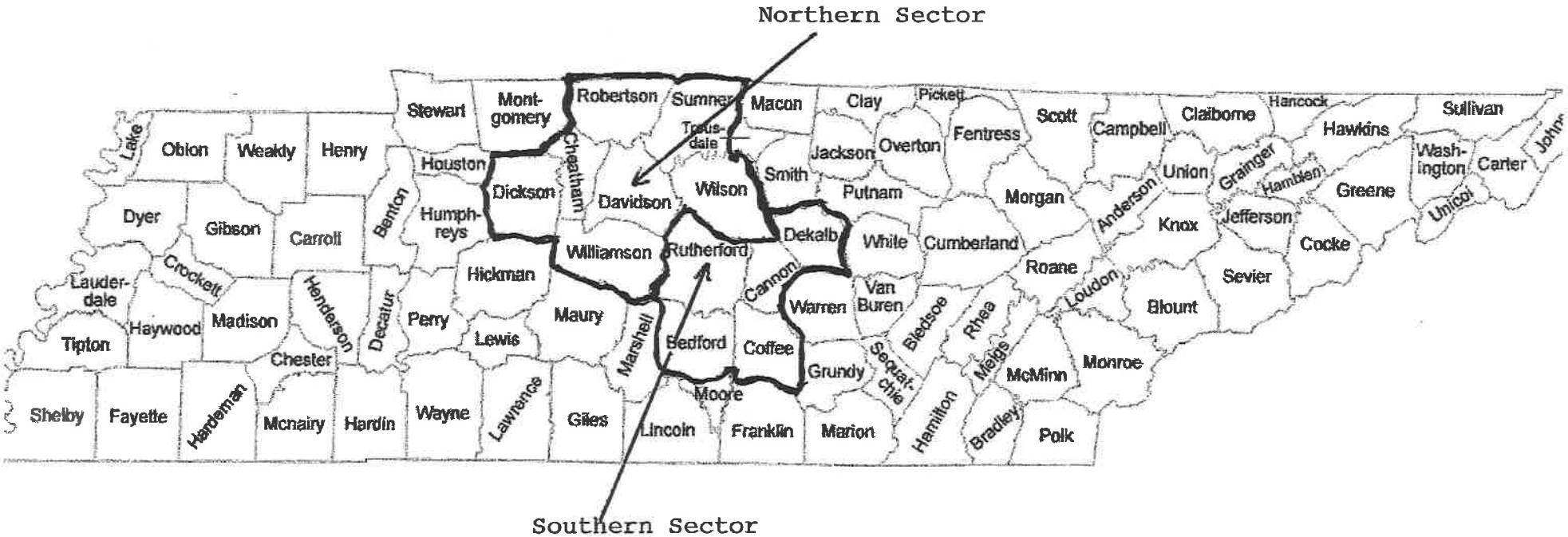
I have read and understand my job description.

_____ _____
Signature Date

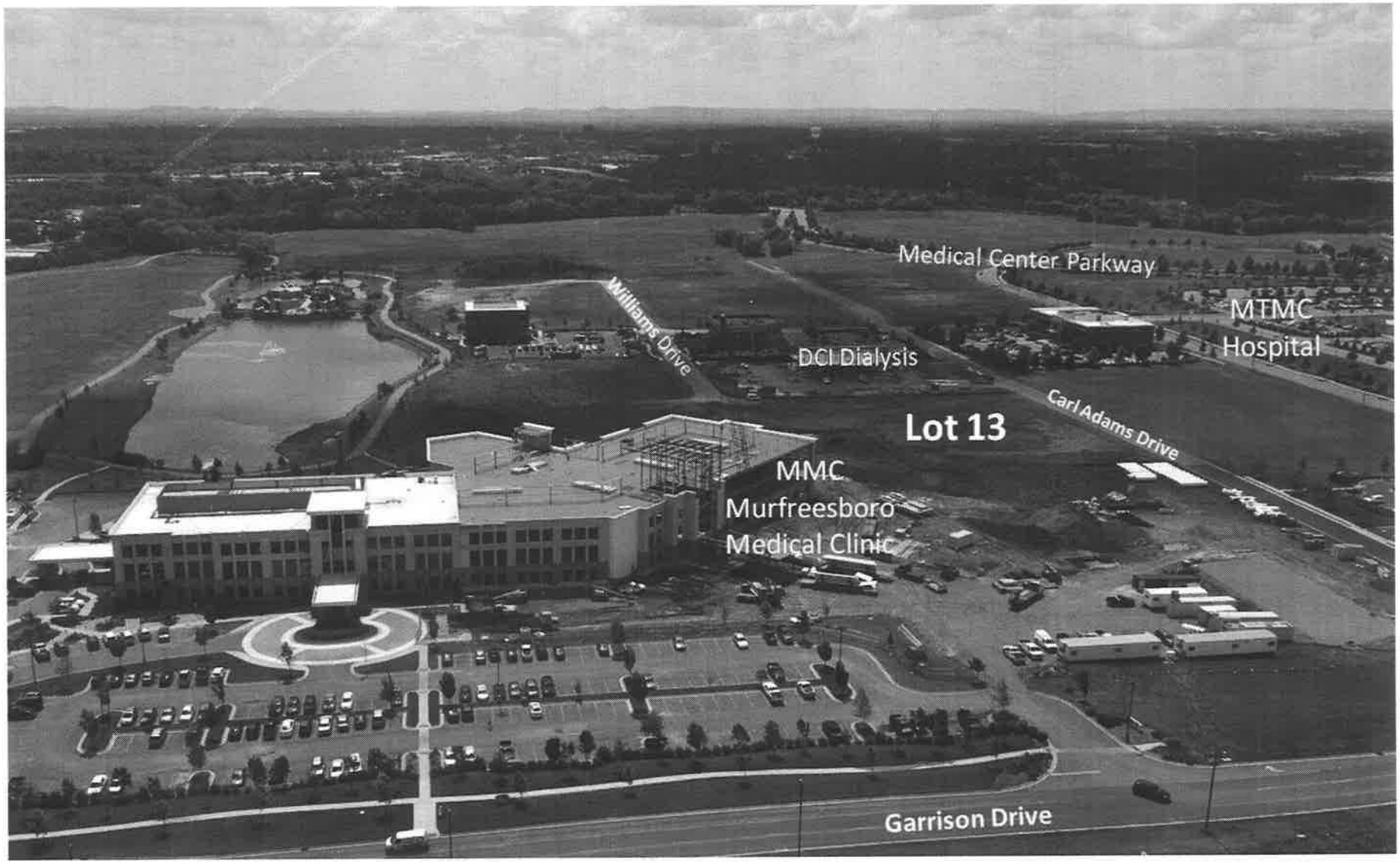
_____
Print Name

C, Need--3
Service Area Maps

ALIVE HOSPICE
AUTHORIZED SERVICE AREA



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

Alive Hospice

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

AUG 15 '14 PM3:00

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

Joseph K. Hampe
Chief Financial Officer

MURFREESBORO OFFICE
1639 Medical Center Pkwy.
Suite 202
Murfreesboro, TN 37129
P 615.896.4663

THE RESIDENCE
1710 Patterson St.
Nashville, TN 37203
P 615.963.4800

SAINT THOMAS WEST INPATIENT UNIT
4220 Harding Rd.
Wing 3-B
Nashville, TN 37205
P 615.222.5151

SKYLINE MADISON INPATIENT UNIT
500 Hospital Dr.
2nd Floor
Madison, TN 37115
P 615.860.6407

SKYLINE MADISON OFFICE
510 Hospital Dr.
Suite 490
Madison, TN 37115
P 615.346.8630

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

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

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.

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.

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.

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.

within thirty (30) days; or the attachment, execution or other judicial seizure of substantially all of Tenant's assets located at the Premises or of Tenant's interest in this Lease, where such seizure is not discharged within thirty (30) days.

13. *Remedies upon Default*. In the event of any such default or breach by Tenant, Landlord may at any time thereafter, in Landlord's sole discretion, with or without further notice or demand and without limiting Landlord in the exercise of a right or remedy which Landlord may have by reason of such a default or breach:

(a) Terminate this Lease by giving written notice to Tenant specifying the date of termination. In such event, Tenant shall immediately surrender the Premises to Landlord. If Tenant fails to do so, Landlord may without prejudice to any other remedy available to Landlord enter upon and take possession of the leased Premises and expel or remove Tenant and any other parties occupying the Premises or any part thereof and any personal property and trade fixtures located therein. Tenant agrees to pay Landlord on demand the amount of all loss and damages suffered by Landlord by reason of such termination, whether caused by the inability to relet the Premises on satisfactory terms or otherwise.

(b) Enter upon and take possession of the Premises without terminating this Lease and without relieving Tenant of Tenant's obligation to make all payments of Rent and other sums owed hereunder. In such event, Landlord may expel or remove Tenant or any person occupying the Premises or any part thereof in any manner permitted by law, and any personal property and trade fixtures located therein, and may relet the Premises for Tenant's account at any rent readily obtainable, and may receive the rent of said Premises. In such event, Tenant shall pay Landlord on demand any deficiency that may arise by reason of such reletting and the expenses of such reletting for the remainder of the term of this Lease, plus all damages to Landlord by reason of Tenant's default under this Lease.

Pursuit of any of the rights and remedies set forth in the preceding paragraphs of this section shall not preclude the pursuit of any other remedies upon default provided by law or equity, or by this Lease. Nor shall pursuit of any remedy provided by this Lease constitute a forfeiture or waiver of any rent due to Landlord hereunder or any damages accruing to Landlord by reason of Tenant's default. Notwithstanding anything else herein contained, however, each remedy set forth herein may be carried out in such a manner, and only if, permitted by then applicable law, but if any remedy is not them permitted by applicable law, Landlord and Tenant shall amend the provisions of such remedy so as to make it permissible, but keeping it as close to its original meaning as possible.

No waiver by Landlord of any violation or breach of any of the terms, provisions, or covenants of this Lease shall be deemed or construed to constitute a waiver of any other covenants contained herein. Forbearance by Landlord to enforce one or more of the remedies herein provided upon event of default shall not be deemed or construed to constitute a waiver of such default.

In every instance of default, Tenant shall bear the cost of Landlord's reasonable expenses, including attorney's fees and other expenses, incurred in any effort to enforce Landlord's rights under this Lease, whether by negotiation, litigation or otherwise.

14. *Default by Landlord*. Landlord shall not be in default unless Landlord fails to perform obligations required of Landlord within a reasonable time, but in no event later than thirty (30) days after written notice by Tenant to Landlord and to the holder of any first mortgage or deed of trust covering the Premises whose name and address shall have theretofore been furnished to Tenant in writing, specifying wherein the Landlord has failed to perform such obligation; provided, however, that if the nature of Landlord's obligation is such that more than thirty (30) days are required for performance, then Landlord shall not be in default if Landlord commences performance within such thirty (30) day period and thereafter diligently prosecutes the same to completion. In no event shall Tenant have the right to terminate this Lease as a result of Landlord's default and no such default shall relieve Tenant of the obligation to pay rent and other sums due hereunder.

15. *Signs*. The Tenant may affix and maintain upon the exterior of the Premises, whether on exterior walls, glass or otherwise, and in the interior of the Premises visible from the exterior, only such signs, advertising placards, names, insignia, trademarks and descriptive material as shall have first received the written approval of the Landlord as to type, size color, location, copy nature, control, and display qualities. Tenant may be allowed to place an exterior sign directly on the facia of the building at its cost, but Tenant must comply with all local ordinances regarding signs. Any fees, fines, or

assessments by the City of Murfreesboro or other governmental authority in regard to the placement of said sign or signs shall be paid by Tenant. The cost of electricity to any exterior sign and the cost of replacement of any light bulbs on any exterior sign shall be paid for by Tenant.

16. *Attorney fees*. Should either party employ legal counsel to enforce any of the provisions herein contained, to exercise any remedies allowed hereunder, to collect any rents or other charges due hereunder, or to protect the rights of either party hereunder, the prevailing party shall be entitled to its reasonable attorney's fees and court costs.

17. *Casualty Loss*. In the event all or a substantial part of the leased Premises are damaged or destroyed by fire or other casualty, and if insurance proceeds are available to fund restoration or repair, Landlord will proceed to restore the same to substantially the same condition existing immediately prior to such damage or destruction unless such damage or destruction is incapable of repair or restoration within one hundred twenty (120) days, in which event Landlord may, at Landlord's option and by written notice given to Tenant within sixty (60) days of such damage or destruction, declare this Lease terminated as of the occurrence of such damage or destruction. To the extent after fire or other casualty that Tenant shall be deprived of the use and occupancy of the leased premises or any portion thereof as a result of any such damage, destruction or repair thereof, Tenant shall be relieved of the same ratable portion of the rent hereunder as the amount of unusable space in the leased premises bears to the gross square footage of the leased premises. Notwithstanding the foregoing, in the event of damage by fire or other casualty resulting from the carelessness, negligence or intentional or other improper conduct of Tenant, or Tenant's agents, employees, contractors or others acting on its behalf, or from the carelessness, negligence or intentional or other improper conduct of Tenant's customers, guests or visitors, Tenant shall have the full liability and responsibility for repairing and/or rebuilding from such casualty loss and for other damages and losses incurred by Landlord.

18. *Condemnation*.

(a) *Substantial Taking*: If twenty percent (20%) or more of the leased premises or of such portions of the Building as may be required for the reasonable use of the leased premises, are taken by eminent domain or sale under threat of condemnation by eminent domain, this Lease shall automatically terminate as of the date title vests in the condemnation authority, and all Rents, and other payment shall be paid to that date.

(b) *Partial Taking*: In case of a taking of less than twenty percent (20%) of the leased premises, or a portion of land not required for the reasonable use of the leased premises, then this Lease shall continue in full force and effect, unless the reduction inhibits reasonable use of or access to the leased premises and the Rent shall be equitably reduced based on the proportion by which the floor area of the leased premises is reduced, such rent reduction to be effective as of the date title to such portion vests in the condemnation authority.

(c) *Awards and Damages*: Landlord reserves all rights to damages to the leased premises for any partial or entire taking by eminent domain, and Tenant hereby assigns to Landlord any right Tenant may have to such damages or awards, and Tenant shall make no claim against Landlord or the condemning authority for damages for termination of the leasehold interest or interference with Tenant's business. Tenant shall have the right, however, to claim and recover from the condemning authority compensation for any loss to which Tenant may be put for Tenant's moving expenses, business interruption or taking of Tenant's personal property , including Tenant's leasehold improvements to the leased premises which were in fact paid for by Tenant, (not including Tenant's leasehold interest), provided that such damages may be claimed only if they are awarded separately in the eminent domain proceedings and not out of or as part of the damages recoverable by Landlord.

19. *Quiet Enjoyment*. Landlord covenants that it has good title to the leased Premises and is under no disability which would impair its right to enter into this Lease. Tenant, upon the payment of the rent herein provided and upon performance of all the terms and conditions hereof, shall quietly have and enjoy the leased premises during the term hereof without hindrance by or disturbance from Landlord or anyone claiming by or through Landlord.

20. *Surrender of Possession*. Upon expiration of the term of this Lease, whether by lapse of time or otherwise, Tenant shall promptly and peacefully surrender the leased premises to Landlord in as good condition as when received by Tenant from Landlord or as thereafter improved, reasonable use and wear and tear excepted.

21. *Removal of Property*. Tenant shall remove all of its moveable property and trade fixtures which can be removed without damage to the leased premises at the termination of this Lease either by expiration of term or other cause, and shall pay Landlord any reasonable damages for injury to the leased premises or Building resulting from such removal. If Tenant shall fail to remove any of its property of any nature whatsoever from the leased premises or the Building at the termination of this Lease or when Landlord has the right of re-entry, Landlord may, in accordance with the provisions of applicable statutes covering commercial landlord and tenant matters, remove and store said property without liability for loss thereof or damage thereto, such storage to be for the account and at the expense of Tenant. If Tenant shall not pay the cost of storing any such Property after it has been stored for a period of thirty (30) days or more, Landlord may, at its option, sell, or permit to be sold, any or all such property at public or private sale, in such manner and at such times and places as Landlord in its sole discretion may deem proper, without notice to Tenant, unless notice is required under applicable statutes, and shall apply the proceeds of such sale; first, to the cost and expense of such sale, including reasonable attorney's fees actually incurred; second, to the payment of the costs or charges for storing any such property; third, to the payment of any other sums of money which may then be or thereafter become due Landlord from Tenant under any of the terms hereof; and fourth, the balance, if any, to Tenant. Tenant shall remain liable for any differences.

22. *Access*. Tenant shall permit Landlord and its agents to enter into and upon the leased premises at any time for the purpose of inspecting the leased premises or for the purpose of cleaning, repairing, altering or improving the leased premises. Nothing contained in this Section shall be deemed to impose any obligation upon the Landlord not expressly stated elsewhere in this Lease. When reasonably necessary Landlord may temporarily close entrances, doors, corridors, elevators or other facilities without liability to Tenant by reason of such closure and without such action by Landlord being construed as an eviction of Tenant or release of Tenant from the duty of observing and performing any of the provisions of this Lease, provided however, that such closure shall not deny or unreasonably restrict Tenant's access to the leased premises. Landlord shall have the right to enter the leased premises for the purpose of showing the leased premises to prospective tenants or purchasers within the period of one hundred eighty (180) days prior to the expiration or sooner termination of the lease term.

23. *Non-Waiver*. Waiver by Landlord of any breach of any term, covenant or condition herein contained shall not be deemed to be a waiver of such term, covenant, or condition; or of any subsequent breach of the same or any other term, covenant, or condition of this Lease, other than the failure of Tenant to pay the particular rental so accepted, regardless of Landlord's knowledge of such preceding breach at the time of acceptance of such Rent.

24. *Notices*. All notices and other communication to be given hereunder by either party shall be in writing and shall be delivered personally, mailed by certified United States mail, postage prepaid, return receipt requested, to the other (and the date of any notice by certified mail shall be deemed to be the date of certification thereof, or forwarded by nationally recognized overnight express delivery service, delivered or addressed to the parties as follows:

Landlord: Pirtle Family Limited Partnership
1639 Medical Center Parkway, Suite 200
Murfreesboro, Tennessee 37129

Tenant: Alive Hospice, Inc.

_____

_____

or at such other address as either party may later designate in writing.

25. *Entire Agreement*. This Lease contains all covenants and agreements between Landlord and Tenant relating in any manner to the Rent, use and occupancy of the leased premises and other matters set forth in this Lease. No prior agreements or understanding pertaining to the same shall be valid or of any force or effect and the covenants and agreements of this Lease shall not be altered, modified or added to except in writing signed by Landlord and Tenant.

26. *Binding Effect*. The terms and provisions of this Lease shall be binding upon and inure to the benefit of the parties hereto and to their respective successors and assigns.

27. *Priority*. Upon demand by Landlord or the holder of any first mortgage or deed of trust now existing or that may hereafter be placed upon the leased premises, Tenant will execute an Agreement of Subordination of Mortgage. In the absence of such Agreement, Tenant agrees that this Lease shall be subordinate to any mortgage or deed of trust now existing or hereafter placed upon the leased premises, including any and all advances to be made thereunder, and interest thereon, and all renewals, replacements or extension thereof. Upon demand by Landlord or any mortgagee as defined above, Tenant shall within ten (10) days of such demand execute and deliver subordination and attornment agreements satisfactory in form and substance to such mortgagee and Tenant, provided that such mortgage agrees, in writing, that it will not disturb Tenant's quiet enjoyment of the leased premises so long as Tenant is not in default of its obligations under this Lease.

28. *Severability*. If any clause or provision of this Lease is or becomes illegal, invalid, or unenforceable because of present or future laws or any rule or regulation of any governmental body or entity, effective during its term, the intention of the Lease shall not be affected thereby, unless such invalidity is, in the sole determination of Landlord, essential to the rights of both parties, in which event Landlord has the right to terminate this Lease on written notice to Tenant.

29. *Headings*. The title to sections of this Lease are not a part of this Lease and shall have no effect upon the construction or interpretation of any part hereof. This Lease shall be construed and governed by the laws of the State of Tennessee.

30. *Time of Essence*. Time is of the essence of this Lease and all provisions hereof.

31. *Limitation of Liability*. The liability of Landlord hereunder is limited to the interest of Landlord in the leased premises. No action shall lie against Landlord, or recovery shall be granted against Landlord for breach hereof, except to the extent of Landlord's interest in the leased premises.

32. *Acceptance*. Tenant accepts the leased premises in "as is" condition, subject to all laws and regulations without representation by Landlord as to condition.

33. *No Broker*. Tenant represents and warrants to Landlord that it has not engaged any broker, finder, or other person who would be entitled to any commission or fees in respect of the negotiation, execution or delivery of this Lease and shall indemnify and hold harmless Landlord against any loss, cost, liability or expense incurred by Landlord as a result of any claim asserted by any other broker, finder, or other person on the basis of any arrangements or agreements made or alleged to have been made by or on behalf of Tenant.

34. *Tenant Improvements.* Landlord shall make the Tenant Improvements set forth in the attached Exhibit C. Landlord shall proceed diligently to make such improvements and Tenant acknowledges that the premises shall be acceptable when such improvements are made.

35. *Purchase Option*. The Tenant shall have the right and option to purchase the Lease Premises at anytime during lease years two, three, four and five (the "Purchase Option Period"), provided at the time of exercise Tenant is not in default in the performance of any material obligation under this lease beyond the period of time allowed to cure the same, and provided further such option to purchase is subject to the following terms and conditions:

(a) Purchase Price. The purchase price for the leased premises shall be $4,000,000.00.

(b) Method of Exercise and Closing. If Tenant elects to exercise the option to purchase, Tenant shall notify Landlord in writing of its exercise of this option during lease years two, three, four, or five. The closing of the purchase will be held in Murfreesboro, Tennessee within 30 days after such notice to Landlord.

(c) Prepayment of Purchase Price. At any time during the Purchase Option Period, Tenant may make partial prepayments toward the Purchase Price to Landlord, which shall be applied to the Purchase Price at

closing. Furthermore, the rent payments due hereunder shall be reduced in the same proportion as prepayments are made toward the Purchase Price (For example, if Tenant prepays $1,000,000.00 (or one-quarter of the Purchase Price) the Rent set forth in Paragraph 2 herein shall be reduced by one-quarter from the date of prepayment forward).

(d) In the event of the purchase of the leased premises by Tenant pursuant to any of the provisions of this lease, Landlord shall convey to Tenant or its designee by its special warranty deed, good, record title to the real property purchased, subject only to (i) all matters of record in the Register's Office for Rutherford County, Tennessee; provided, however, all mortgages and related security documents shall be released; and (ii) real estate taxes which are not delinquent. The purchase price (less any amounts prepaid hereunder) shall be paid in cash at the time of the closing. Tenant shall pay the costs of any title insurance and the cost of recording the deed, including transfer taxes. Landlord shall pay for the cost of closing and preparation of the deed. Each party shall be responsible for the fees of its respective counsel.

Upon the completion of any such purchase, but not prior thereto (whether or not any delay in the completion of or the failure to complete such purchase shall be the fault of Landlord), this lease and all obligations hereunder shall terminate with respect to the premises.

IN WITNESS WHEREOF, the parties hereto have executed this Lease as of the ____ day of _____, 2014.

LANDLORD:
PIRTLE FAMILY LIMITED PARTNERSHIP

By: _____
Mark A. Pirtle, General Partner

TENANT:
ALIVE HOSPICE, INC.

By: _____
Its: _____

EXHIBIT A
THE LAND

EXHIBIT B
THE BUILDING

EXHIBIT C
TENANT IMPROVEMENTS

EXHIBIT D

COMMENCEMENT, ACCEPTANCE AND MEMORANDUM OF LEASE AGREEMENT

Agreement made as of the _____ day of _____, 2014, between Pirtle Family Limited Partnership ("Landlord"), and Alive Hospice, Inc. ("Tenant").

WITNESSETH:

The undersigned hereby acknowledges and confirms that:

(1) The Initial Term of the Lease shall be twenty (20) years with the Commencement Date beginning _____, 20____, and the Initial Term expiring on _____, 20____.

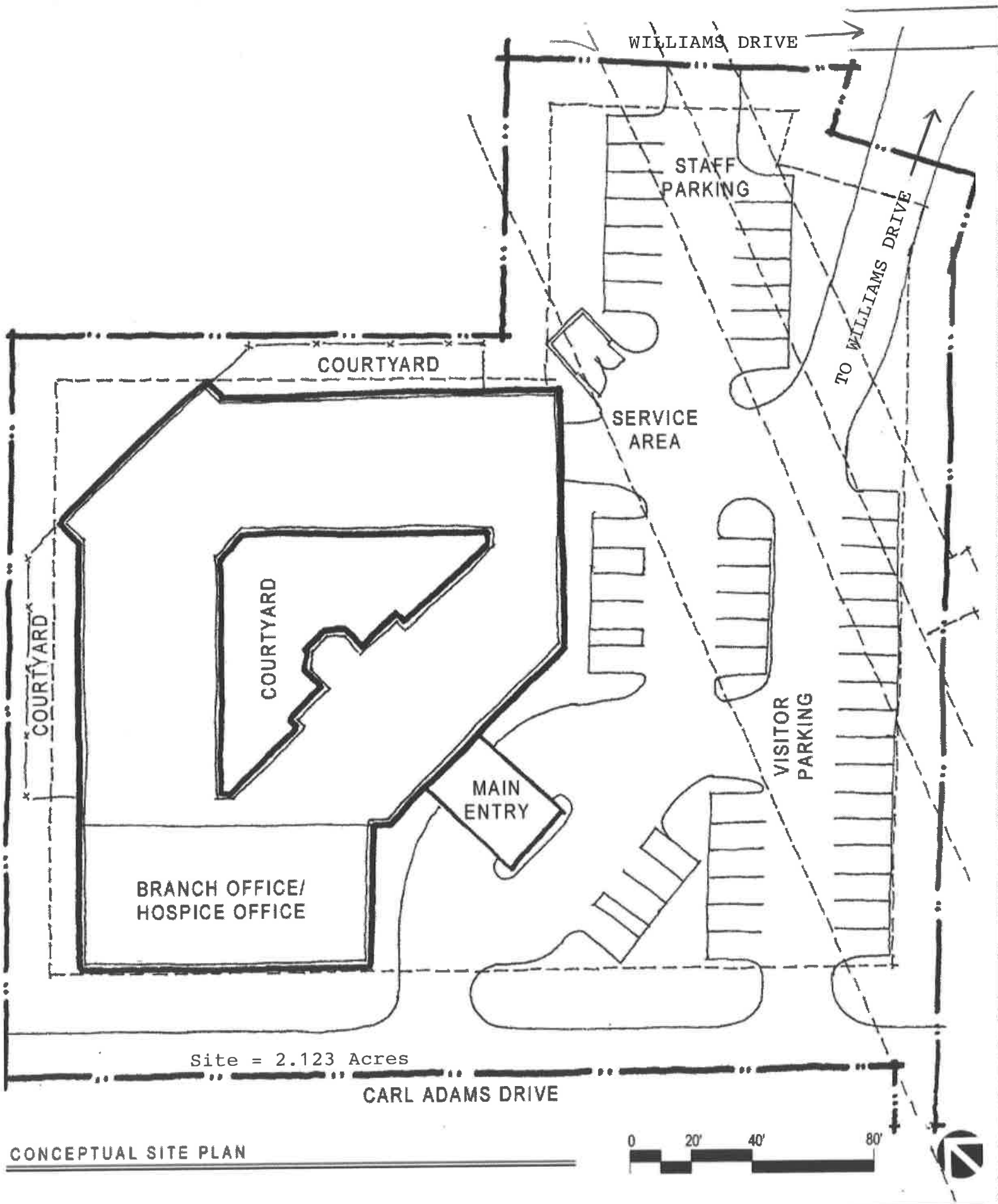
(2) Tenant acknowledges that the Premises has been completed in conformity with the improvements contained in Exhibit C of this Lease (if applicable) and are accepted by Tenant "as is," with all faults and no representations or warranties by Landlord.

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

SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART

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			$2,865,415.00
C. Mechanical / Electrical GSF						545	545		$82.00	$44,690.00
D. Circulation / Structure GSF						4,680	4,680		$133.00	$622,440.00
E. Total GSF						17,080	17,080			$3,532,545.00
Renovation										
Canopies							600		$69.70	$41,820.00
GRAND TOTAL										$3,574,365.00

B.III.--Plot Plan



CONCEPTUAL SITE PLAN

ESa
P1201.17

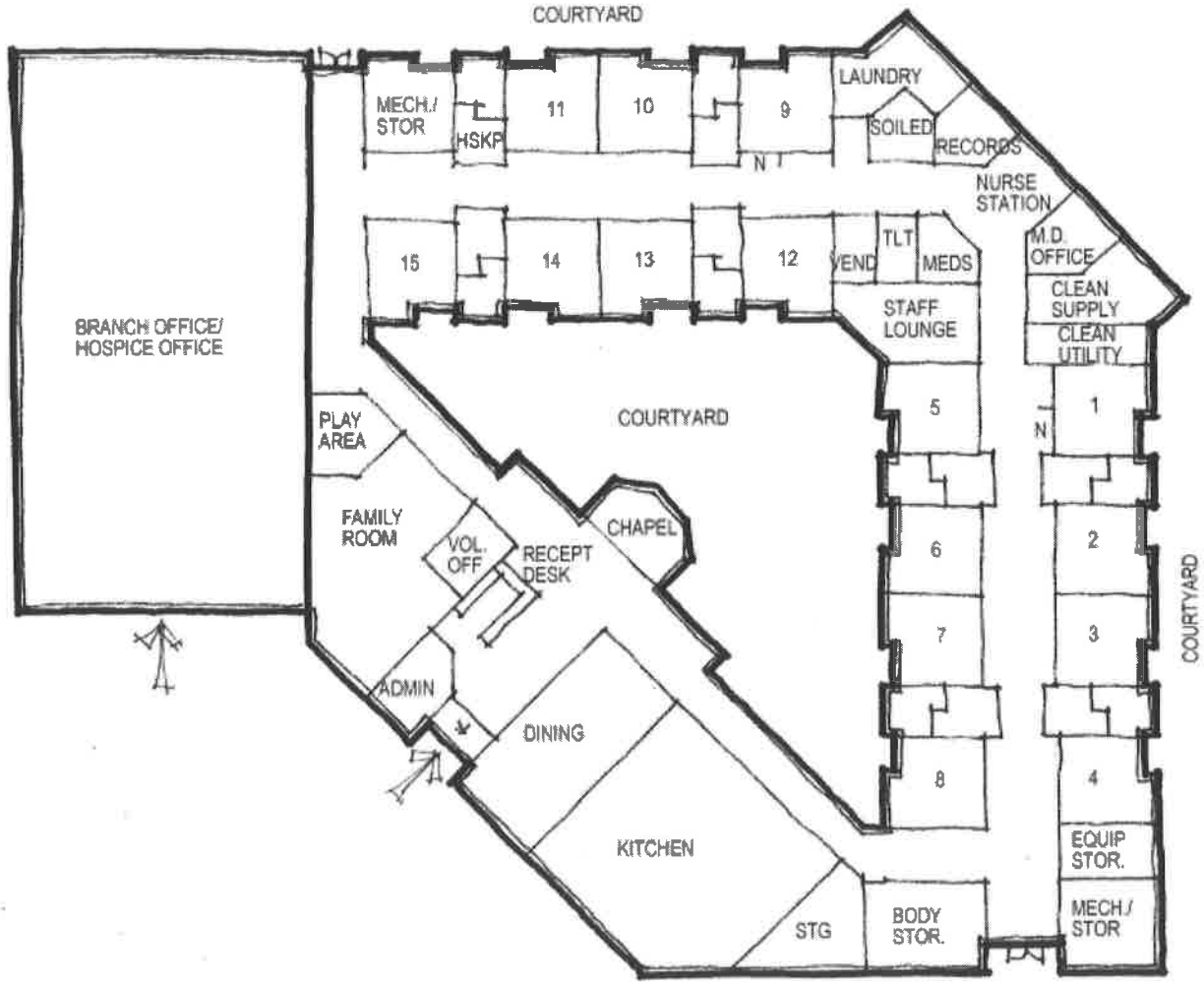
Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN

02/05/2014

ALIVE HOSPICE

B.IV.--Floor Plan



CONCEPTUAL FLOOR PLAN

0 8' 16' 32' 64'

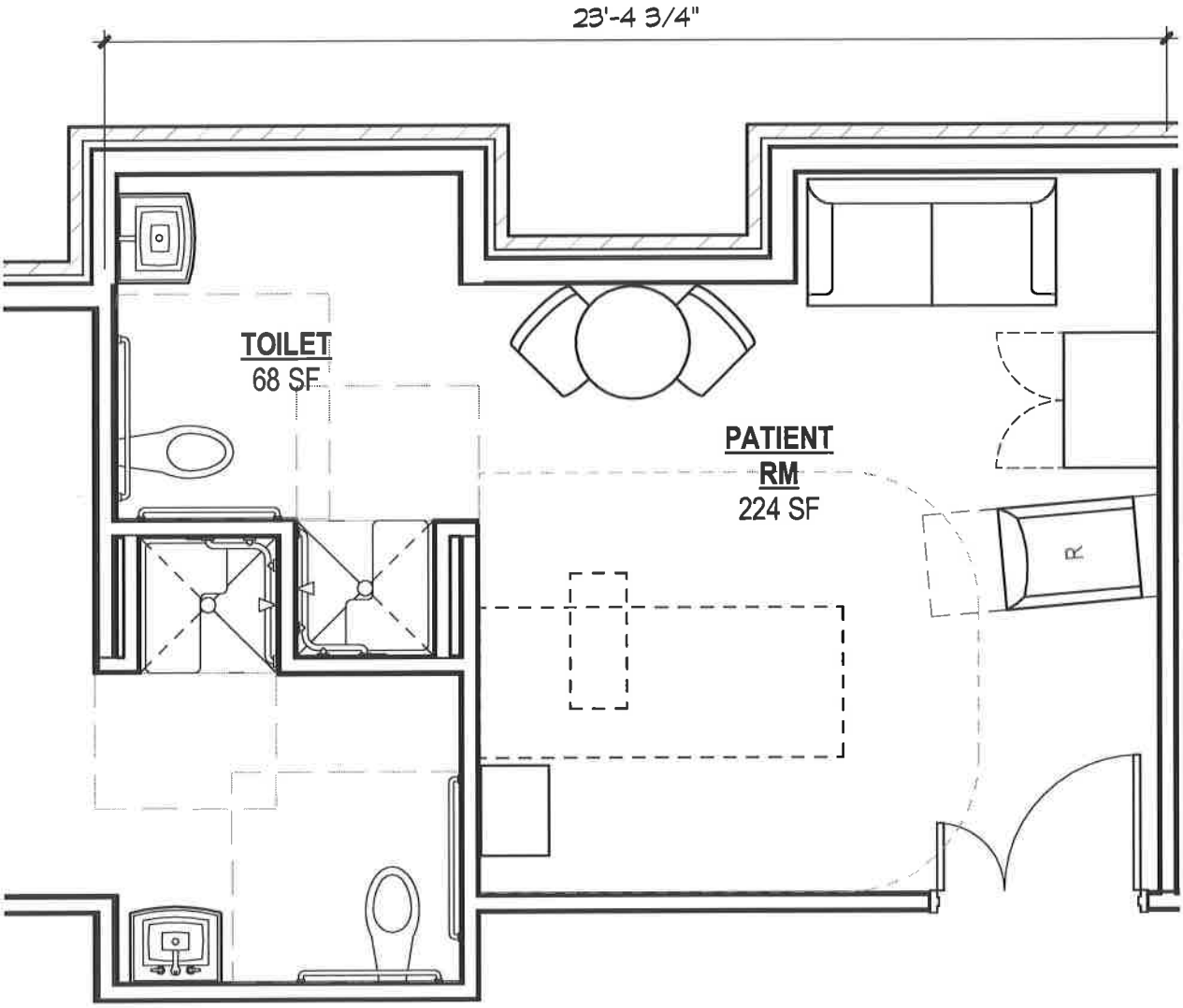
ESa
P1201.17

Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN

02/05/2014

ALIVE HOSPICE



1 Enlarged Patient Rm - A

0 1' 2' 4'

ESa

P1201.17

Alive Hospice Residence Murfreesboro

ALIVE HOSPICE - MURFREESBORO, TN

CONCEPTUAL PLANS FEBRUARY 05, 2014

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

Copyright © 2014, Wolters Kluwer Health. License Agreement & Disclaimer

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.

AUG 15 '14 PM 8:00

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.

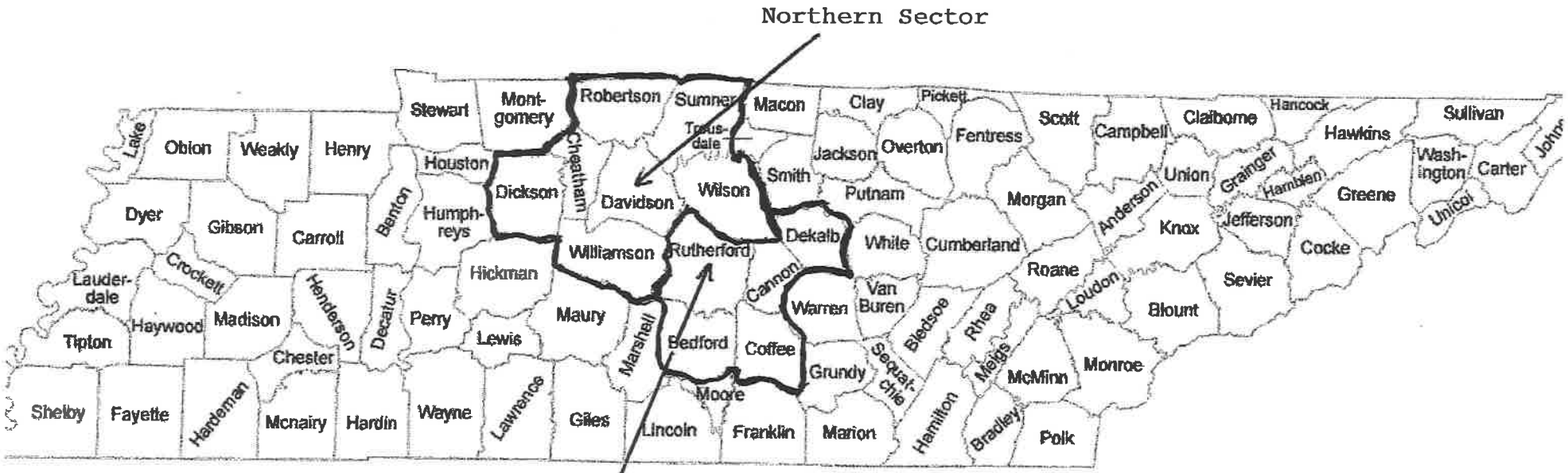
I have read and understand my job description.

_____ _____
Signature Date

_____
Print Name

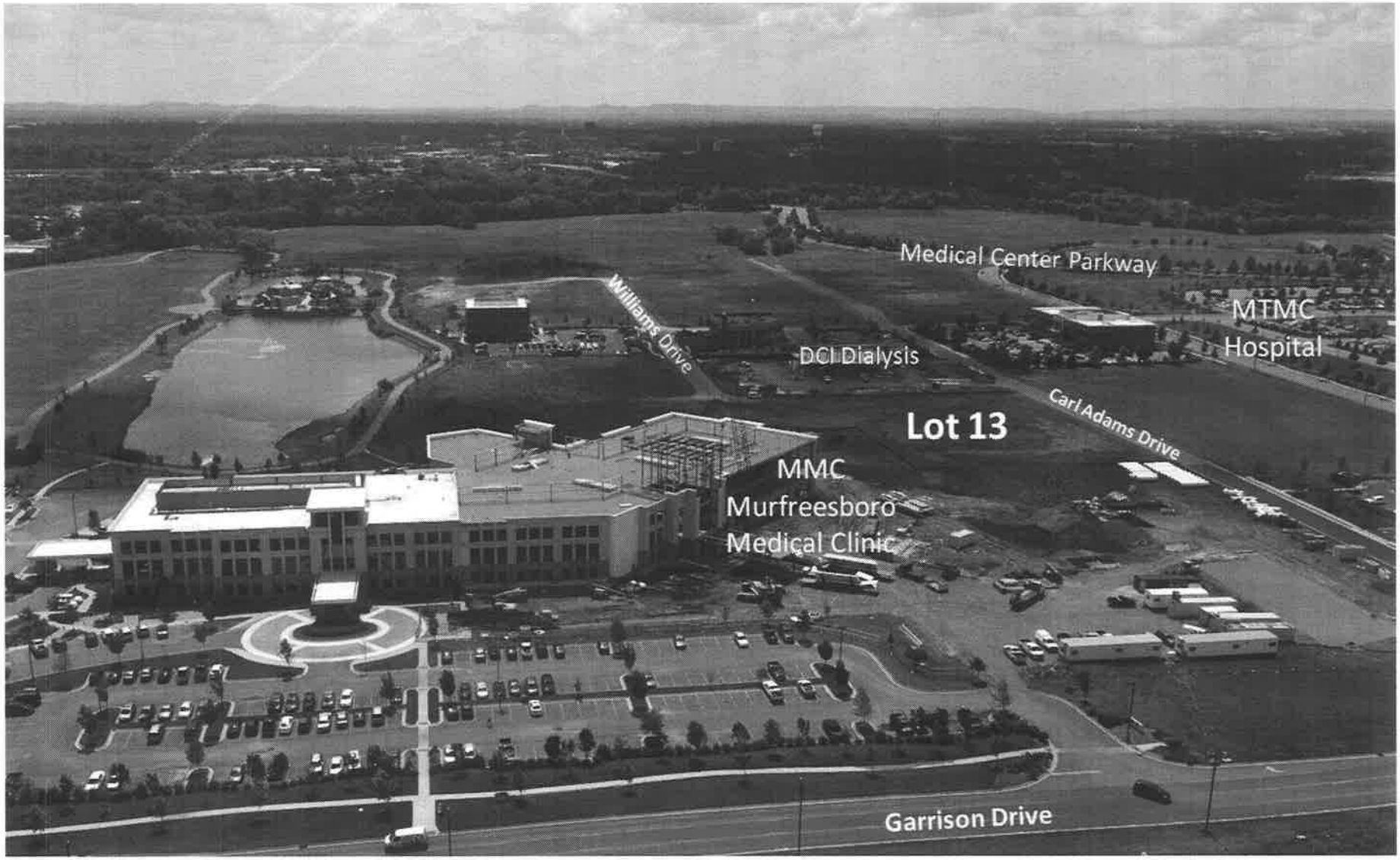
C, Need--3
Service Area Maps

ALIVE HOSPICE
AUTHORIZED SERVICE AREA



Southern Sector
Primary Service Area of Project

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

Alive Hospice

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

AUG 15 14 04:00

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

Joseph K. Hampe
Chief Financial Officer

MURFREESBORO OFFICE
1639 Medical Center Pkwy.
Suite 202
Murfreesboro, TN 37129
P 615.896.4663

THE RESIDENCE
1710 Patterson St.
Nashville, TN 37203
P 615.963.4800

SAINT THOMAS WEST INPATIENT UNIT
4220 Harding Rd.
Wing 3-B
Nashville, TN 37205
P 615.222.5151

SKYLINE MADISON INPATIENT UNIT
500 Hospital Dr.
2nd Floor
Madison, TN 37115
P 615.860.6407

SKYLINE MADISON OFFICE
510 Hospital Dr.
Suite 490
Madison, TN 37115
P 615.346.8630

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

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

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.

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.

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.

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

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		

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 /RM

Diane Carter, RN, LNCC
Public Health Nurse Consultant 2

PDC/rm

Enclosures

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

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.

The Joint Commission
Findings

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

The Joint Commission
Findings

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	$3,288,482	$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	
79605	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	$4,160,857	$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	
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	
52614	Lincoln Medical Home Health and Hospice	Lincoln	$413,554	$5,865	
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	
74624	Caris Healthcare, LP	Robertson	$3,215,176	$8,215	
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	Caris Healthcare, LP	Davidson	$13,903,468	$37,665	
19684	Odyssey (Gentiva) Hospice	Davidson	$9,854,185	$34,069	
75624	Caris 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	

Alive Hospice

ANNUAL REPORT

2013

Serving Middle Tennessee since 1975

Bedford County
Cannon County
Cheatham County
Coffee County
Davidson County
DeKalb County
Dickson County
Robertson County
Rutherford County
Sumner County
Williamson 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*
Denise Alper, *Secretary*
Anna-Gene O'Neal, RN, MSN, MBA, *President and CEO*
Doug Ardoin, M.D.
Virginia Trotter Betts, MSN, JD, RN, FAAN
Sandy Bledsoe
Susan Brownie
James M. Cato, M.D.
Sidney Curry
Lisa Davis
Donna Eskind
Deborah Farringer
Martee J. Harris
David Hawkins
Brian Hemphill, M.D.
Larry Kloess, MHA, FACHE
Lynn Lien
Evans Looney
Rhonda Lowry, M.Div.
Jeff Mastroleo
Scott McWilliams
Frank Morgan
Libby Page
Stephen Riven
Stephen Roberts
Cathryn Rolfe
Will Wright

ADVISORY COMMITTEE

Susan Simons, *Chair*
Leslee B. Alexander
David Barton, M.D.
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 families and service to the community in a spirit of enriching lives.

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

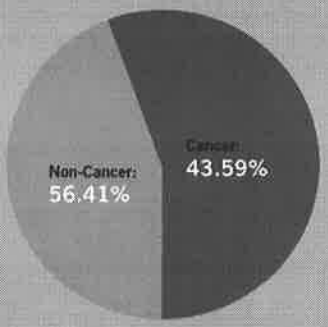
2,369 patients received care in their homes in 2013

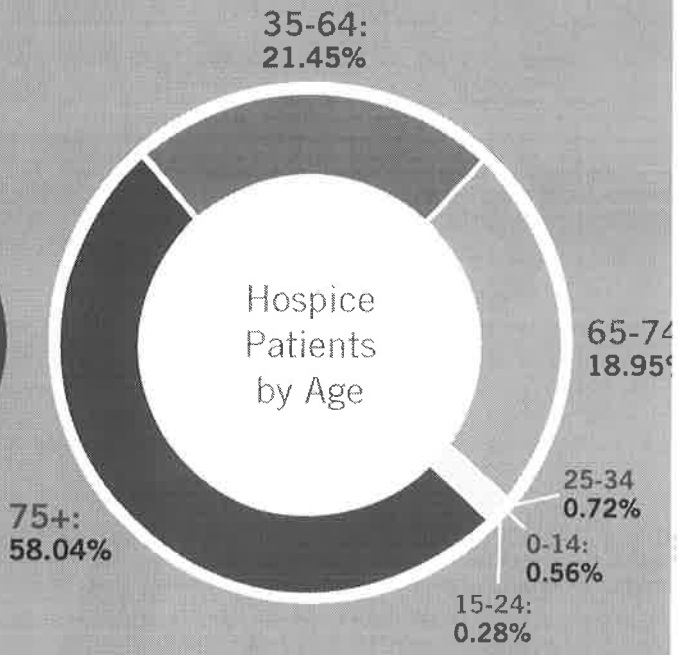
INPATIENT HOSPICE CARE

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





ial Worker Janie Taylor (8 years with Alive

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 since 2010)

409.6 Average daily census

ALIVE GRIEF SUPPORT
Find Peace

2013 ANNUAL REPORT

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

$367,590 cost-savings generated in 2013

"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."

—Volunteer Todd Gregory

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 Lovelace (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 programs in 2013

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.

, Mbu and Dr. Dieringer, Anna-Gene O'Neal

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 **Dr. Prudence Mbu**, who is part of our pediatric team.

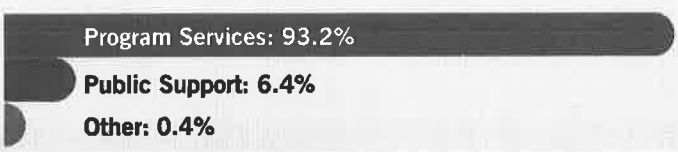
STATEMENTS OF FINANCIAL POSITION

December 31, 2013 and 2012

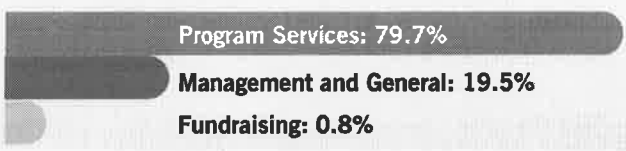
ASSETS	2013	2012
Current assets		
Cash and cash equivalents	$ 7,481,233	$ 7,835,887
Accounts receivable, net	2,583,395	2,607,925
Pledges receivable, net	299,936	288,297
Prepaid expenses	453,136	336,140
Other current assets	153,075	80,501
Total current assets	10,970,775	11,148,750
Pledges receivable, 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

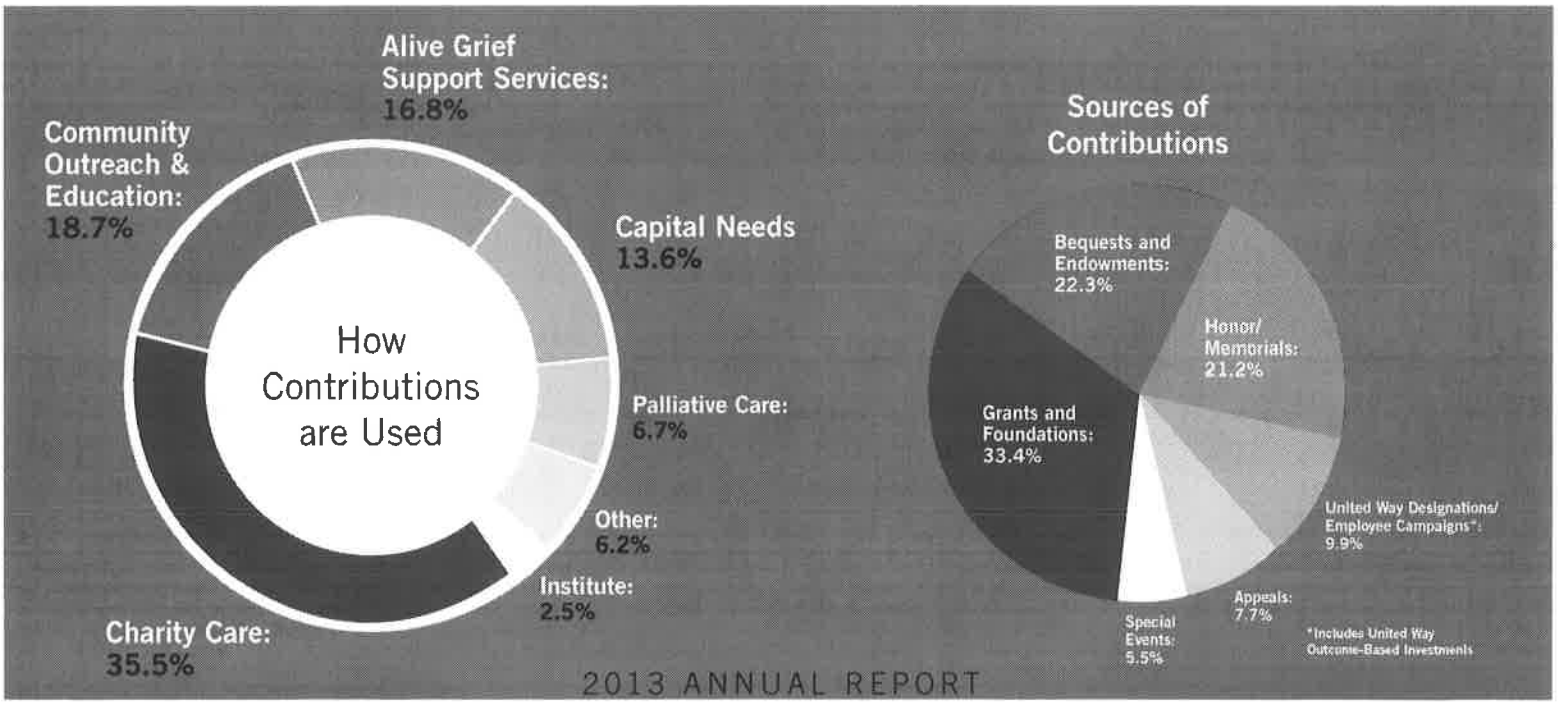


DONOR SUPPORT

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.

2013 Donors by Name

15th Judicial District Bar Association
3rd and Church Health Care
A Grandmother's Wish, LLC
Elizabeth J. Aaron
Ginny Abbott
Hester E. Abbott
Mr. and Mrs. James D. Abernathy Jr.
F.R. Ables
Mr. and Mrs. Herbert S. Abraham
Douglas and Susan Abramson
Academy of Country Music
Charlie and Preston Adair
Aaron and Carolyn Adams
Gary and Cindy Adams
Kyle and Heather Adams
Lee Adams
Sherry D. Adams
Whit Adamson
Diana Adcock
Kay Adcock
Mr. and Mrs. Vernon Adcock
Ronald and Heidi Addlestone
Dickie and Gayle Adkins
Sharon Adkins
Stacie Adonis
Advanced All-Star Advertising, LLC
Mr. and Mrs. Jack E. Agee
James and Brenda Agee
Agency for the Performing Arts Inc. (APA)
Mr. and Mrs. William P. Aiken
Mr. and Mrs. W.B. Akers
Mary Anne Akin
Al Menah Shrine Circus
Al Menah Temple
Aladdin Industries Foundation Inc.
John and Melissa Albert
Van and Andrea Albright
Alcovy High School
Ed and Jean Alderman
Joyce Alexander
Lamar and Honey Alexander
Dwight Lynn Alford
Dr. and Mrs. Robert H. Alford
William C. Alford Jr.
All About Care, LLC
All States Club
Michael Allan
Adela Allen
Arnetta Allen
Dave and Sally Allen
Mike and Ann Allen
Burkley M. Allen
Robert and Sylvia Allen
Tom and Cheryl Allen
Vickie Allen
Mr. and Mrs. Roy Alley
Vivian Alley
Allied Plumbing, LLC
Fred and Clara Allison
Joey and Julie Allison
Allstate The Giving Campaign
Denise Alper
Phyllis Alper
Marshall and Lela Altman
Lou and Ann Alvarez
Mr. and Mrs. Edwin P. Alyea Jr.
Jack and Mary Amburgey
American & Efird LLC
American Legion Auxiliary - Donelson Unit 88
Adrienne Ames
Alberta Ames
Neil and Susan Ames
Becky Ammons
Ken and Felicia Anchor
Ulf and Linda Andersen
Betty Anderson
Betty W. Anderson
Dave and Donna Anderson
Don and Mary Anderson
Dr. and Mrs. Edward E. Anderson
Fred and Betty Anderson
Harry and Floretta Anderson
Holly Anderson
Tom and Valerie Anderson
Ken and Jan Anderson
Mike Anderson
Neil and Glenda Anderson
Mr. and Mrs. Paul W. Anderson
Phyllis Anderson
Robert G. Anderson
Robert L. Anderson
Sylvia Anderson
Dr. William C. Anderson
Karen Andrew
Andrews Cadillac Company
Jay and Becky Andrews
Tommie Andrews
Sandra Andrews
Sue Andrews
Anonymous
Antioch United Methodist Church
Apex Ventures Inc.
Mr. and Mrs. Paul B. Aponte
Patsy J. Apple
Ceclia Arbuckle
Shalene Archer
Charles D. Ardoin Jr.
Risha Arkovitz
Armed Forces Officers' Wives Club
Donna Armes
Bill and Grete Armour
Isabelle Armstrong
Linda Armstrong
Mr. and Mrs. Robert L. Armstrong Jr.
Doug Arnold
Marion K. Arnold
Alan and Judi Aront
Mr. and Mrs. Paul W. Arrington
Arts Center of Cannon County
Steve and Barbara Asbury
Ascend Federal Credit Union
Jordan R. Asher M.D.
Ashley Green Sunshine Fund
Dorothy Ashley
Shapard D. Ashley
Florence Askew



$860,127

in charity care was provided by Alive Hospice in 2013 thanks to donor support!

Jim and Carolyn Askew
Associated General Contractors of Tennessee
Astec Inc.
AT&T Employee Giving Campaign
John and Mary Atthowe
James and Michele Atwell
Donald Atwood
Jackie Atwood
Linda Atwood
Michelle Austelle
Callie Avent
Avenue Bank
Gerald and Blossom Averbuch
Dr. and Mrs. Larry Averbuch
Averitt Air
Nancy Averwater
Katherine B. Avery
Ron and Kathy Avey
Faye Aydell
Brian and Jill Ayers
Laura Ayers
Laura H. Ayers
Nick Azar
Tonia Badasci
Albert and Judy Baer
Judy Baggett
Helen Baggett
Henry W. Baggett Jr.
Cindy Bagsby
Bob and Shane Bagwell
Mark and Kim Baham
Thomas G. Bailey Jr.
Willie T. Bailey Jr.
Williemae Bailey
Betty T. Baird
Larry and Connie Baird
Leigh Ann Baird
Gregory and Suzanne Baker
John Baker
J. B. and Carylon Baker
Laura Baker
Ophelia Baker
Rick and Missy Baker
Rita Baker
Ron and Judy Baker
John and Donna Baldwin
Scott and Renee Baldwin
David Balkon
Frances M. Ball
Josephine Ballantine
Allen Ballard
Dale and Joan Ballard
Allen and Linda Ballenger
Jeanne Ballinger and Irwin Venick
Sam M. Balthrop
Leigh Ann Bandy
Mary L. Bandy
Bank of America United Way Campaign
Bank of Nashville
Baptist Healing Trust
Ann M. Barber
Carole Barber
Jeff and Lori Barber
Joey and Jenny Barber
Michelle Barbero
Cynthia Barbour
Barfield Elementary
Benita Barkley
Herb and Mary Dona Barksdale
Phil and Jean Barksdale
Evelyn Barnes
Mr. and Mrs. Mike Barnes
Jean Barnes
Jim and Barnes
Johnny and Julie Barnes
Martha M. Barnes
Gene and Dolores Barnett
Donald and Deborah Barnett
Jennifer Barnett
James and Janet Barnette
Garland and Donna Barr
Frank and Alice Barrett
Jim and Judy Barrett
Ronnie and Donna Barrett
John and Betty Jane Barringer
Sue Bartlett
Dixie Bartley
Mrs. John W. Barton Jr.
David and Lynn Barton
Ellen K. Barton
Estate of John W. Barton Jr.
The John W. Barton Family
Deria Barzgan
Louisa Basarrate
Geoffrey Bash
Renae Baskette
Donna Baskin
Edith McBride Bass
Mr. and Mrs. James O. Bass Jr.
Norma Bass
Paul and Sue Bass
Mrs. Judy Basse
Dr. and Mrs. John B. Bassel Jr.
Tom and Barbara Bateman
Arlene Bates
Sheila Bates
Lee Ann M. Batey
Grace Bathrick
Martha Batie
Barb Batson
James L. Batte
Susan C. Battis
Vashti Battjes
Mr. and Mrs. Walker Batts
Lucy Baty
Jim and Nanci Bauchiero
Michael and Ingrid Bauer
Baulch Family Foundation
Mr. and Mrs. Robert E. Baulch III
Ellen R. Baum
Jacque Baxter
Linda Bayne
Judi Beadle
Katrin T. Bean
Forrest and Joyce Beasley
Jerry and Johanna Beasley
Margaret Beasley
Martene Beasley
Charles O. Beauchamp, DVM
Mr. and Mrs. John J. Beauchamp
Nancy Beauchamp
Jessie Beaumont
Dr. and Mrs. Dale Beck
Max Becker
Dennis and Nancy Beckett
James and Carolyn Beckner
Bedford Falls Entertainment LLC
June Bedwell
Ronald and Anita Beesley
Pat and Peggy Behan
Bob and Pam Beightol
Michael and Misty Bejma
Bell & Associates Construction, LP
Beverly J. Bell
Henry D. Bell
Jane Bell
Michael and Shannon Bell
Jacky O. Bellar
Martin and Gretchen Belleba
Louis R. Belote
Keith and Schean Belton
Janet Bender
Betsy Bennett
Lynn Bennett
Rowena Norwood Bennett
Ruth Bennett
Bill and Treavie Bennett
Tyler Bensinger
Amber Benson
Marilyn Benson
Ed Benson
Lyle Bentley
Jack and Noroma Benz
Donna Berg
William and Cindy Berg
Elizabeth Berger
Minnie Berlin
Brent and Rebecca Bernath
Mrs. W. Irvin Berry
Cody and Jaclyn Berry
Jaurice Berry
Kenny and Vickie Berry
Bari Bettan
Willie Bettner
Ann Webb Betty
Simran Bhatia-Rutherford
Mike Biederman
Ronald G. Bierman
Brian and Didi Biesman
Cheryl Biggs
Linda Biggs
Daniel and Christy Biles
Kathryn Billingsley
Ruth Ann Binkley
Anthony Birmingham
Dick and Jane Biro
Ann S. Bishop
Joy Bishop
William Bishop
Mallory Bissett
Traci Blackburn
Jason and Debbie Blackston
Charles Bladen
Herbert Bladen
Bill and Mary Ann Blaufuss
Carl and Alicia Blazejewski
Craig and Sandy Bledsoe
J. William Blevins
Jayne Blievernicht
Patrick Block
Peggy Bloechl
Judy Hendrick Bloeser
Blooming Ideas and More
Dot F. Blue
Blue Cross/Blue Shield of Tennessee
The Blue Porch at Arts Center of Cannon County
Bluebird Cafe Inc.
Deborah D. Blunt
BMA Properties
BMWED Local 670
BNY Mellon
Angie Bobo
Sheila Bobo
Natalie Bockian
Don and Carolyn Bodamer
Dr. and Mrs. Frank H. Boehm
Dr. Robert and Marion B. Bogen
Mr. & Mrs. Warren Boguskie
James and Debora Bohlen
Mary Neal Bolch
Donald L. Bolen Jr.
Gary Bolinger
T. A. Bond
Mike and Frieda Bone
JoAnn Booher
Mike and Karen Booten
Harlen and Shirlene Booth
Jim and Diane Booth
Linda Borgerding
Mark and Robin Born
Merle Born
Niles and Stephanie Borop
Becky Borsody
Barbara Ann Bostic
Laurie Bouchard
Edwana Boucher
James Boucher
David and Tara Bower
Kristen Bower
J. D. Bowie
William and Patricia Bowlby
David and Camelia Bowles
Mary K. Bowles
Wilma Bowles
Billie Jo Bowling
Deb Bowling
Lillie D. Bowman
Boyd Funeral Home
Shelby Boyd
Coleman and Nancy Boyd
Johnny and Sarah Boyd
Matt Boyd
Nancy Boyd
John and Cindy Boyens
Clyde and Debbie Boyer
Beverly Kardokus Boyle
Mrs. Fakie Bracey
Carolyn Brackett
William H. Braddy III
James and Louise Bradford
Bradley Arant Boult Cummings LLP
Joseph W. Bradley
Ken and Deanie Bradley
Phillip and R. Lynne Bradley
Sam Bradley
Bill and Carol Bradley
Jack Bradshaw
Lucille Bradshaw
Mary Catherine Bradshaw
Ethel Brady
Janie Brady
Stephanie Brakefield
Bill and Cathy Branch
Martin "Don" Brandes
Deborah Brandle
Chuck and Wendy Brandon
Charles and Martha Brandon
Cheryl Brandon
Doug Brandon
David and Patsie Brann
Nell H. Bransford
Mr. and Mrs. Paul Brass
Robert and Barbara Braswell
Helen Bratcher
George and Delois Bratton
Jim and Gwen Breece
Don Breeding
Scott and Jean Breininger
Barbara T. Brennan
Betty Brent
Tony and Bonny Breuer
Donald and Vera Brewer
Bridgestone Americas Tire Operations, LLC
Bridgestone Americas Trust Fund
Lynndon and Susan Bried
Sandra J. Bried
Betty Briggs
Jim and Norma Bright
Dale and Mary Brinkley
Kathryn G. Brinton
Betty Brooks
John and Ellen Brooks
Leslie Brooks
Tracy Brooks
Don and Kay Brothers
Janice Brougham
Aaron and Gayle Brown
Barbara Brown
Barrie Brown
Billy Brown
Brandon and Jamie Brown
Carl and Shannon Brown
Daryl Brown
Dick Brown
Helen Rose Brown
Isaac Brown
Iva H. Brown
James and Peggy Brown
Jim and Bernita Brown
Jason and Kelly Brown
Jean Brown
Johnnie and Marie Brown
Karen Brown
Kimberly Lee Brown
Laura Beth Brown MSN, RN
Melissa Brown
Morris and Kathy Brown
Nancy R. Brown
Nezalee Brown
Robert A. Brown
Susan and Bill Brownie
Melissa Broyles
Jon and Barbara Bruce
Pepper and Jo Bruce
Margaret Bruner
Angelia Brunner
Angelo and Cynthia M. Bruno
Ruth N. Bruno
Brush Hill Cumberland Presbyterian Church
David and Evi Bruster
Ralph E. Bryan
Pete and Linda Bryant
Royce and Cheryl Bryant
Harriet Bubis
Cathy Buescher
Lori Bullard
Krista Bullington
Robert and Patricia Bullington
Hal and Carol Bumbalough
Horatio and Willie J. Buntin Foundation
Jack and Linda Burch
Sarah Burchett
Wallace Denny Burchett
Marlita Burfurd
Billie Burgess
Chuck and Carole Burgess

Jim and Sandy Burgin
Donald Burgner
George and Lea Burke
Pam Burke
Jim Burkhalter
Mark Burkhart
Carole Burkitt
Naud and Wimberley Burnett
Tommy and Lynn Burnett
Wilton W. Burnett Jr.
George Burnham
Burns Services Inc.
Mrs. Arthur L. Burns Jr.
Frances T. Burns
Mike and Glenda Burns
Norman and Olene Burns
William J. Burns
J.H. and Juanita Burroughs
Marty Burrow
Helen Burrus
Gene and Jamie Burton
Jessie Burton
Elvis H. Butler Jr.
Judith I. Butler
Patricia Butler
Carl and Jimmie Butts
Cathey Butts
James and Mary Jo Butts
Tony and Marlene Butts
William S. Byington
Mr. and Mrs. Roy H. Bynum
Debbie Byram
Robert and Valerie Byrns
Valerie Byrns
C&F International, Incorporated
Peter and Karyl Cafiero
Renata Cafiero
William Cage
John and Suzanne Cain
John E. Cain III
Rebecca Calahan
Betty Caldwell
Bob and Debbie Caldwell
David P. Caldwell
Robert Caldwell
Nicki Calhoun
Mark and Andrea Callanen
Carolyn Weesner Callighan
John Andrew Callis
Lula Gianikas Callis
Mr. and Mrs. Robert Calton Jr.
Theresa R. Calton
Stephen and Lori Camp
A. Stuart Campbell
Chester and Sarah Anne Campbell
Florence Campbell
Howell and Susan Campbell
Jacquelyn Campbell
Martin Campbell
Joseph and Nancy Campbell
Mr. and Mrs. Robert R. Campbell Jr.
Mr. and Mrs. Ron Campbell & John
Scott Campbell
Kim Cannon
MariLynn Canterbury
Rebecca Cantrell
Capital Area United Way
CapStar Bank
Kim Carabetta
Cardinal Health Foundation Inc.
Havy P. Carender Jr.
Phyllis Cargile
Cargill Incorporated
Carr, Riggs & Ingram, LLC
Faye Carlisle
Helen Jean Carlisle
Laurie Carlisle
Susan Carmack
Jeff and Annette Carnes
Alice Carpenter
Bob and Wanda Carpenter
Fay Osment Carpenter
Jane B. Carr
Russ and Terrill Carrigan
Zena Carruthers
Bruce A. Carter
Dr. and Mrs. Frank Carter
Jacqueline Carter
Jural Couey Carter Estate
Kim F. Carter
Larry and Marie Carter
Mary Ann Carter
Janet Cartwright
Rita Caruso
Kevin and Donna Carver
Chris and Tricia Casa Santa
Patricia Casa Santa
John and Ruth Casey
John and Jan Cason
Patrick Cassady
April Cassidy
Mr. and Mrs. Harold J. Castner
Mr. and Mrs. Richard M. Cate
Tommy and Evelyn Cate
Angela Cates
Thomas Cato
Karen Catron
Ella Cauble
William and Elnora Caudell
Lynn and Doris Cawthorne
CedarStone Bank
Genevieve Celentano
Central Insurance
Centro Inc.
Charles and Phyllis Cerney
Mr. and Mrs. Robert J. Chaffin
David and Pam Chamberlin
Mr. and Mrs. Stephen Chambers
Bryan and Cayce Chance
Bob and Trina Chance
Dee Chandler
Kathleen Chapman
Charity Circle of Murfreesboro
Charleston Place Homeowners
Jim and Barbara Charlet
Ed and Dorris Charlton
Jerry and Patty Chatfield
Mary Chauvin
Jean B. Cheatham
Terri Cheatham
CheckVelocity Inc.
James H. Cheek III
Carey E. Cheij
Gordon and Pamela Chenery
Sara Cheney
Mildred Cherry and Family
Bob and Gail Chickey
Martha Choat
Gary Choate
Stacie Chriske
James Christain
Tom Christenbery
Olivia Christians
Dale Christians
Kenneth and Patricia Christinson
Mr. and Mrs. Sam E. Christopher
Lynn A. Chumley
Curtis and Elizabeth Church
John and Joy Churchill
Mary E. Churchwell
Chuy's
Peter Ciaramitaro
City of Eagleville
Jerry and Peggy Claiborne
Jeff and Heather Clapp
Sherry Clapp
James Clapper
Dan and Sue Clark
Dennis and Darlena Clark
Dixie Clark
Donna Clark
Dave and Wanda Clark
Jim and Mary Clark
JoLee Clark
Kenneth R. Clark
Marion and Mary Clark
Mary Clark
Rich and Vicki Clark
Mr. and Mrs. Robert W. Clark
Mr. and Mrs. Shelton D. Clark
Jorene H. Clark
Samuel Dustin Clark Foundation
Class of 61 Reunion (Columbia High School)
D. L. Clay
Joe Ann Clay
Rebecca Clay
Wanda Claybrooks
Clayton Watkins Construction Co. Inc.
Alice Clayton
Debbie Clayton
Clear Creek Church of Christ
Shirley F. Clement
Heather Clementi
Melissa C. Clemons
Barbara ClenDening
Tom Clevenger
Mark and Kathy Clough
Ricky and Cindy Clouse
Cloverland Hall HOA
Julia R. Coale
Cobb County School District
Marc Cobb
William Cobb
Karin Dale Coble
Katherine L. Coble
Don and Dorit Cochron
Glen Cocke
James and Elizabeth Cogswell
Terence Cohan
Murray Cohen
Rick and Pam Cohen
Ruth P. Cohen
Esther Cohn
J. Chase Cole
Louise Cole
Guycell Cole
Mary W. Cole
Nellie Ward Cole
Bettie A. Coleman
Beth Coleman
Dan and Barbara Coleman
Jimmy and Judy Coleman
John Coleman Sr.
Peggy F. Coleman
Philip and Delores Coleman
Sam and Nancy Coleman
David and Teresa Collier
Diana Collier
Virginia Collings
Collins & Company Inc.
Carl and Sandra Collins
Chuck and Paula Collins
Kathryn Collins
John O. Colton
Frank and Mary Colwell
Nancy Colyar
Tom and Amy Comer
Victoria Comer
Communications Workers of America Local 3808
Community Bank & Trust
Community Foundation of Louisville
The Community Foundation of Middle Tennessee
Community Health Systems
Sarah Compton
Gene and Sue Ann Conerly
Brada Conklin
Christina Conklin
Mr. and Mrs. Walton T. Conn
Russell and Jennifer Connelly
Jim and Warneta Conner
Mary G. Conners
Ray and Sally Conti
David and Beth Coode
Alice Cook
Bill and Lanie Cook
James H. Cook
William R. Cook
Judith Cookfair
Ken and Gail Cooksey
Roy Cooksey
Susan Cooksey
Lauren Cooley
Margaret M. Cooley
Alice D. Cooper
David and Sandra Cooper
Jeffery and Laura Cooper
Josh Cooper
Sam and Kathie Cooper
Seth and Suzanne Cooper
Shirley H. Cooper
Coopertown Middle School
Sid and Billie Corban
Mr. and Mrs. Rolland J. Corbin
Andrea Corbitt
Ed and Debbie Corbitt
Mr. and Mrs. Thomas F. Corcoran Jr.
Jenny Corley
Sandra Corley
Jack and Helen Corn
Mr. Clifford Cornell
Cornerstone Commercial Real Estate Services
Corrections Corporation of America
Julie Corrigan
Danelle Corritore
Jeanne Morgan Cortner
Clarice Cote
Carl and Bonnie Cothern
Timothy W. Coulter
Counsel On Call Of Texas, LLC
Anne Courreges
Couture For a Cause Inc.
Covance Inc.
Matt Cowan
Ilene Cowden
Ken Cowell
Beth A. Cox
Carrie Cox
Ellen W. Cox
Gloria B. Cox
Harry and Sharon Cox
Larry Cox
Lloyd and Ruth Cox
Marcella Cox
Nora F. Cox

Ryan Cox
Martha J. Cozzi
Delia A. Crabb
Geneva Crabb
Bruce Isbester Crabtree Jr.
Chuck Craig
Deborah W. Craig
Peggy Craig
Marillyn F. Craig
Dennis and Cathy Craney
Barbara W. Crawford
Darrell and Anne Crawford
Dennis and Jean Crawford
Donice Crawford
John and Becky Crawford
Laura Crawford
Bill and Angie Crawford
Ray and Betty Crecelius
Crestcom
Rob Crichton
Ronald and Nancy Crick
Gary and Bonne Crigger
Dorothy G. Crockarell
Nancy Croney
Margie Cronin
George and Vicki Crosby
Melissa Cross
Flay and Linda Crosswell
Eddie and Tammy Crouch
Luci Crow
Gayle and Lisa Crowe
Joanne M. Crowell
Will and Jean Crowthers
Kathryn Brackett Crump
Lannese Muriel Thompson Crump
Edward and Shirley Crutchfield
Cumberland Region Codes Association
Cumberland Trust & Investment Company
Marie Cundall
Jack and Deane Cunningham
Jim and Claudette Cunningham
Kelly and Mary Cunningham
Mr. and Mrs. Thomas Cunningham
Pam Curran
Brad and Laura Currie
Sidney Curry
Colleen Curtis
Tom and Ann Curtis
Jack Curtis
Custom Fencing
Polly Cuzzort
Janie Daddario
Mr. and Mrs. George W. Dagley
Cynthia A. Dahlgren
Eric Dahlhauser
Jim and Dotty Dake
Frank and Gloria Dale
Helen H. Dale
Mr. and Mrs. Robert V. Dale
Brad and Jackie Dalton
Jimmy and Kay Daniel
Joseph S. Daniel
Nancy Daniel
Winford Daniel
Sharon Dansby
Danzansky-Goldberg Memorial Chapels
Bill and Gay Darnell
Martha Phillips Darrohn
Bob and Ruth Darula
Data Cash Register Company
Patricia Daugherty and John Ossolinski
Beth Davenport
Wanda G. Davenport
Cathie M. Davidson
Michael and Leslie Davidson
Wade Davidson
Deborah Davies
Ed and Betty Davies
Janet Davies
Mrs. W. Lipscomb Davis Sr.
Mrs. A. B. Davis
Beth Davis
Beverly and James Davis
Beth Davis
Mrs. Lipscomb Davis Jr.
Gail Davis
Gary D. Davis
Grant Davis
James and Ellen Davis
James V. Davis
John Davis
Lisa Davis
Mary G. Davis
Nancy Davis
Norman and Melissa Davis
Paul and Teresa Davis
Sally Davis
T. Patrick and Vickie Davis
Terri Davis
Tim and Sara Davis
Kirby and Ann Davis
Willie and Barbara Davis
Bill and Paula Day
Joan Dayton
Lou Ann de Roode
George and Carolyn Deal
Karleen and Betty Dean
Verner Winfield "Red" Dean
Mr. and Mrs. John A. Deane
Gary and Montie Deanhardt
Dinny Dearborn
William R. DeBerry
Jeff Decious
Decker Transfer
Robert and Faye Dedman
Deercrest Homeowners Association
Joe and Val Degati
Georgia M. DeGeorge
Gayle E. DeGroat
Richard and Jean Delbridge
Linda Diehl DeLia
Dell YourCause, LLC
Bill and Mac DeLoache
Deloitte Services LP
Joni C. Delph
David and Jerri DeMarco
Dement Construction Company, LLC
Gordon and Virginia Demerson
Mr. and Mrs. James Demo
Arnold and Rachel Demonbreun
Jim Demos
Rebecca Dempsey
Bob and Becky Dempsey
Mark and Laura Denison
Mr. and Mrs. Charles N. Dennard
Mary Ann Denney
A. D. Denny
Steve and Judy Denny
Ann S. Denson
Rosella DeRiemer
Tina DeSimone
Patricia W. DesPrez
Betty Devine
John and Eileen Devine
Brenda L. Dew
Teddi Dial
Charlie Dick
Lorie Dickenson
Donia Craig Dickerson
Brents and Billie Dickinson
Ellen E. Dickinson
Richard and Emily Dickinson
Dr. James L. Dickson
W. Joe Diehl Jr.
Wally and Lee Lee Dietz
Frances Dillon
Disney Worldwide Services Inc.
Diversified Trust
Dixie Motors Inc.
Reva Dixon
Roger and Cynthia Dixon
Anice Doak
Mr. and Mrs. Norman Dobson
Mrs. Frances Dockins
Harlan Dodson and Margaret Behm
Steven and Carol Dodson
Tracey Doering
Mehvash Doerr
Diane Doherty
John and Pamela Dolle
Donaldson & Brown, CPA's, LLC
Mr. and Mrs. W. D. Duke
Angelia Duncan
Bobby Duncan
Donna Duncan
Jerry and Jane Duncan
Michael Duncan
Rebecca Duncan
Jane Dunderman
Anita Dungan
Bob and Nancy Dunkerley
Darold Dunlap
Billy L. Dunn
Gerald Dunn
Jim H. Dunn
Robert and Donna Dunn
Dr. and Mrs. Winfield C. Dunn
Debra Dunnigan
Charles and Ann DuRall
Durham Realty and Auction Co. Inc.
Frank Fuller and Judy Durham
Terry and Susan Durham
Tim Durham
Carl and Louise Durrenberg
Butch and Corrie Duty
Maggie S. Duty
Nettie Duvall
Ron and Sarah Ellis
Mike and Sandra Ellis
Pat Ellis
Rebecca T. Elrod
Rosalyn Elton
Brian Emerson
Sherry Emigh
Emmet Vaughn Lumber Company
Joan K. Eness
Engaging Solutions, LLC
Sarah L. Engels
Frank Englert III
Enterprise Holdings Foundation
John and Mary Jo Epps
Sheldon Epstein
Equitable Trust
Heidi Erby
David and Vicki Ernst
Kelly Ernst
The Jon Mark Erstine Family
Ervin General Partnership
William J. Ervin
David Erwin
Mr. and Mrs. Robert D. Erwin Jr.
Bob A. Eskew
Annette S. Eskind

Alive Hospice provides care and services to all who need them, regardless of insurance coverage status or ability to pay.

Dot Donnelly Family
Rebecca Donner
David Donovan
Mary Donovan
Jerald and Dee Doochin
Robert Doochin
Ron and BJ Dooley
John and Debbie Dooling
Erl Dordal
Doric Lodge #732 F. & A.M. and Building Company
H. Wayne and Jane Dorris
Patricia C. Dorsey
Eunice W. Doty
Ben and Jo Doubleday
Mary M. Doubler
Randy and Melanie Dover
John and Lynda Dowd
David Downard
Bill and Danya Downey
Daniel and Heidi Drake
Donna Drake
Mary Lou Drake
Ruth Drake
Linda K. Dreaden
Ann M. Drebot
Bob and Phoebe Drews
Nelda Driscoll
Sam Drury
David and Nancy Druzbicki
Ola Faye Dube
Wayne and Dottie Dube
Dubious Diggers Garden Club
Richard Dudek
Dick and Carolyn Dudley
Joe and Carol Duffy
Suzanne S. Dugan
Milbrey Shaw Rogers Dugger
Lisa Duke
Bill and Betsy Duke
Nancy L. Dyar
Rebecca F. Dye
David and Nina Dyer
Dykes Restaurant Supply Inc.
Lisa Dziedzic
Katrice Earles
Earl Swensson Associates Inc.
William Earthman
Tony Easley
Melissa H. Eason
Sarah Hanson East
Allen and Pat Eatherly
Frank J. Ebel Jr.
May Dean Eberling
Judith Echols
Carol Eck
Sara Eckert
Sharon and Jim Eckert-Dorsett
Ed's Supply Co. Inc.
Ray and Polly Edenton
Tom and Cassie Edenton
Wendy Edler
Darryl and Anne Edmonds
Cheryl Edwards
Elizabeth Edwards
Liz Edwards
Loys and Joyce Edwards
Susan Winters Edwards
John W. Egerton
Paul H. Eichman
Mr. and Mrs. Neil Einstman
Bert and Marge Eisner
Clara C. Elam
Tish D. Elam
Elizabeth Elder
Elderly TLC Solutions, LLC
Edith M. Elkins
Juanita Eller
Ruth R. Elliott
Donna Eskind
Jane and Richard Eskind and Family Foundation
Dr. and Ms. Jeffrey B. Eskind Jr.
Mr. and Mrs. Richard J. Eskind
Steven and Laurie Eskind
John Esposito
Damaris Essig
Mr. and Mrs. Alec T. Estes
Alva Estes
Bob and Cassandra Estes
Mr. and Mrs. T. William Estes Jr.
John Estridge
Charlene Estrin
Fern Eubank
Rita Eubank
Stacey Eubanks
Ms. Anne R. Evans
Crystal Evans
Dawn Riggins Evans
Mr. and Mrs. Don Evans
Frank and Bebe Evans
Fred and Julie Evans
Larry and Anne Evans
Walter F. Evans
Bill and Pat Evans
Duncan Eve
Leigh Everett
Janice N. Evers
Bill and Betty Ewen
Helen Ewers
Gloria Ewing
Ezell Foundation
Bobby A. Ezell
Chipper Ezell
Miles and Linda Ezell
Nancy Ezell
Roy and Marian Ezell
Steven and Kate Ezell
William W. Ezell

Ruth E. Faber
Bill and Peggy Faimon
Bill and Linda Fairchild
Falcon Lumber Limited
Mary Falls
Family Staffing Solutions Inc.
Benjamin Fanta
Jill E. Farber
Mary Lou Farinaro
Ray Farler
Farrer Construction Company Inc.
Deborah and John Farringer
Alfred and Carney Farris
Mary W. Farris
Mitchell E. Farris
Jerry and Susan Faulkner
Naomi W. Faust
Federal Correctional Institution
Rita E. Feldman
C. W. and Linda Felts
Edward Ray Felts
Eric Fenichel
Barry and Jamie Feole
Betsy Ferguson
Dr. and Mrs. Harold A. Ferguson
Anita Ferrell
Ann Ferrell
Michael W. Ferrell
Kristi Fetner
Fiberweb Inc.
Fidelity Brokerage Services LLC
Fidelity Charitable Gift Fund
Tracy Field
Thomas R. Fields Jr.
Don and Pat Fiete
Dorothy Fike
Morris and Heather Filson
Shirley Fincannon
Norman and Sherrie Finch
Frederick and Janet Finke
Brent and Charlcie Finley
Sara J. Finley
Cynthia J. Finney
First Baptist Church
First Management Services Inc.
First Southern National Bank
First Tennessee Foundation
First United Methodist Church of Lebanon TN Inc.
First United Pentecostal Church
Donald G. Fischer
Elin J. Fischer
Liana Fischer
James and Royce Fishel
Darrell and Nancy Fisher
Mr. and Mrs. Jeffrey Fisher
Dr. and Mrs. Robert C. Fisher
Mr. and Mrs. Richard H. Fitzgerald
Mark Fitzpatrick
Bob Fitzpatrick
Lee Flair
Bobby L. Flatt
Janet B. Fleck
Doris Fleischer
Mr. and Mrs. Jack Fleischer
Karen Fleming
Peggy Fletcher
Ronald and Rosalyn Fleury
Jerry L. Flora
Gene and Martha Flowers
Karen Flowers
Michael Flowers
John and Caroline Floyd
Bobby A. Flynn
FM Insulation LLC
Sarah Fogel
Roy Fogelstrom
LeighAnn Fohrd
Kim Folse
Ford Motor Credit Company
Alvin and Alice Ford
Carlos and Katie Sue Ford
Janelle Ford
Shirley Ford
Debra Fordham
JoAnne Forehand
Barbara Jo Forkum
Judith Forrest
Lois Forsmo
Ann Hardeman and Combs
Lawson Fort Foundation
Ann S. Fort
Duncan and Karol Fort
Mr. and Mrs. John D. Fort
Tish Fort
Stan and Carol Fossick
Carolyn Foster
The M. Stratton Foster Charitable Foundation
Tom and Judy Foster
Henry W. Foster, M.D.
Madge Foster
Mai Foster
Shirley Foster
Roy and Valerie Fountain
Jim and Evelyn Foutch
Jim and Betsy Fowler
Bill and Igna Fowler
Betty J. Fox
Gilbert Fox
Joy L. Fox
Robert Fox
James and Beth Foxall
Joseph W. Foxall
Mr. and Mrs. Benton Quick Foy Jr.
Francis A. Fragola
Vic and Pat Francescon
Joseph G. C. Francis
Peggy Francis
Sara Jane Francis
Carole Francis
Frank E. Neal Company Inc.
Richard and Linda Frank
Stanley and Phyllis Frank
Steve and Pam Frank
Curtis Franklin Jr.
Franklin Christian Church
Don and Judy Franklin
Elaine Franklin
Lyn Frankum
Frantz Building Services
Ian and Kris Fraser
Cindy Frazier
Karla Frazier
William L. Freeland
Cindy Freeman
Diane Freeman
Dick and Mary Freeman
James Edmond "Jim" Freeman
Jen Freeman
Margaret Freeman
Sandra D. Freeman
Ernest and Stephanie Freudenthal
Mr. and Mrs. John Freund
Charlotte Frey
Kelly Frey
Friends of the Sixth Cavalry Museum Inc.
Lynn Fritz
Annie Frost
James and Jan Fry
The Fugitive Foundation
Mike and Debbie Fulcher
Allen and Mary Fuller
Frances J. Fuller
Kevin and Karyn Fuller
Richard and Sandra Fulton
Bill and Robyn Fulwider
Cynthia J. Funk
Jack and Tracey Fuqua
Joan Furman
Denise Fuson
Barbara E. Futter
FX Salon
Gerald and Connie Gaines
Sara Jean Norton Gaines
Linda Galanek
Gallagher Asphalt
Charles and Carol Gallagher
Jack Gallagher
James and Theresa Gallagher
John and Dorothy Gallagher
Jimmy and Joan Gallivan
Carol Galvin
Gannett Foundation
Garage Coffee
Bob and Emily Gardner
Dennis and Sylvia Gardner
Scott and Shannon Gardner
LuAnn Garner
Willie Lee Garner
Erleen Garr
David W. Garrett
Joey and Rosann Garrett
John Garrett
Margaret A. Garrett
Maggie Garrett
Marijane Garrett
Willard and Helen Garrett
Catherine L. Garrison
Pat Garrison
Mr. and Mrs. Alex Gatewood
Linda Gatlin
Dustin Gault
The GE Foundation
Jeffrey and Evelyn Gearries
Betty Gebhardt
Mr. James H. Geldrich
Genesco Inc.
The General Insurance
Kathy George
Lydia George
Duff and Melissa George
Michael E. Geringer
Lynn and Scott Ghertner
Steve and Patty Ghertner
Clayton Gholson
George Gianikas
Brian Giannone
Homer Gibbs
Gideon United Methodist Church
Amy Gideon
Don and Linda Gidley
Linda Gieseman
Danielle Gilbert
Dorothy B. Gilbert
Harris A. Gilbert
John Gilbert
Kay Gilbert
Pauline Gilbert-Bader
Mary Gilchrist
Craig and Nancy Giles
Pat and Barbara Giles
Roy William Giles Jr.
Charles and Lillian Gill
Martha A. Gill
Timothy Gill
Roseanna Gilley
Evelyn and Charles Gilliam
Leigh Gillig
Rosie Gillotti
Mike Gillum
Jim and June Gilmore
Renee Gilpin
Angela Gimlin
Foncine Giordano
Jean Gipson
Richard Girdler Jr.
J.O. Gist
Peter Giuliano
Give With Liberty
Glasgow & Veazey
Michael and Mary Glasgow
Susan Barbara Leake Glasgow
Hazel Glasscock
David M. Glassford
Glencliff United Methodist Church
Barry and Connie Glenn
Susan Glenn
Rhett Glindmeyer
Bill and Margie Glover
Frank Gluck
Gobbell Hays Partners Inc.
Mr. and Mrs. Gary Gober
Steve Goetzman
Shirley Gold
David Goldberg
Goldman Sachs Philanthropy Fund
Bernie and Gloria Goldstein
Rich and Sharon Gombos
Eva Gomez-Romero
Clemy H. Gonzales
Lori Good
Goodlettsville Elementary School
GoodSearch
David and Gigi Goodwin
Fannie B. Goodwin
Mr. and Mrs. William D. Goodwin
Betty Goostree
Ann L. Gordon
Jeff Gordon, M.D.
Mike and Gregg Gordon
Phyllis Gordon
M. J. Gorham Jr., DDS
Layton and Sue Gossage
George Gould
Jean N. Gould
Melba Goulding
Grace Baptist Church
Tim and Myfanwy Graeff
Betty Graham
Edward W. Graham Jr.
Katherine D. Graham
Lou Chumbley Graham
Tom and Carol Ann Graham
Carol D. Grahovac
Greg and Carlotta Gramas
Gregory M. Grana
Rob and Dee Graning
Joan Grannis
Glen and Jackie Grant
Thomas and Marjorie Grant
Virginia Grant
Brian and Debra Graves
David and Gloria Graves
John E. Graves
Susan Graves
Tom and Neva Graves
Joyce Gray

Mack and Doris Gray
Ray and Lynn Gray
Reba Gray
Dr. and Mrs. Roland W. Gray
Steven and Jennifer Gray
Amy Griffith Graydon
Mrs. John C. Grayson
Jim and Patti Greek
Bart Green
Chuck and Amelia Green
Donald Green
Patricia Riney Green
Ray and Thelma Green
Richard A. Green
Greenbrier Church of Christ
Pamela Greene
Mitzi McDonald Greenwood
David and Gayle Greer
Ronnie and Sandy Greer
Jean Gregory
John W. Gregory Sr.
John and Patricia Gwin
Teresa Haas
Danny Haber, DVM
Mr. and Mrs. William J. Hackett
Betty Hadley
Damien and Meghan Hagedorn
Jerry and Susan Hager
Mr. and Mrs. Patrick M. Hagerty
Jane Haggard
Mr and Mrs. and Louis L. Haggin III
Thomas and Devona Haile
Charles L. Hailey
James E. and Mary Ann Hailey
Greg and Helen Haislip
Scott and Lisa Haislip
Barbara Haley
Bettye Haley
Amanda Harding
Mr. and Mrs. Buddy Hardison
Mildred Hardison
Roy W. Hardy
Jon and Kim Hargett
Mr. and Mrs. Thomas V. Harkins
Harold S. Vanderbilt Bridge Education Association
Mike Harkreader
Hyde and Kathi Harper
Lois W. Harper
Patty Sue Harper
Harpeth Hills Ladies Golf Association
Brad and Jayme Harralson
David and Lisa Harris
Gary and Ann Harris
Grayson W. Harris
J.T. and Terry Jeanne Harris
Janet Harris
Donna Haynes
Jeannette Haynes
Molly M. Haynes
Jane Haynie
Dick and Clemmye Hays
Haywood Hills Baptist Church
Harold and Helen Hazelip
Mr. and Mrs. Hamilton Hazlehurst
HCA Caring for the Community
HCA Management Co.
Mr. E. Anthony Heard III
Sara P. Hearn
Heart of West Michigan United Way
Jason Heckler
Marvin and Ann Hedrick
Louise Heer
Paul Heer
Mr. and Mrs. Scott Heflinger
Kathy Hilderbrand
Annette Hill
Brenda F. Hill
Clarene Hill
Cynthia Hill
George C. Hill
John Hill
Bobby Hill
Reggie Hill
Pegine Hill
Vickie A. Hillis
Diana Hills
Bill and Pat Hines
Judy Hinkle
Kim Hinson
Leesa Hinson
Sam Hirshberg
Mike Hitchcock
Carolyn Hite
Kristin Hittle
Lou and Pat Hnatiw

Grants and donations help Alive Hospice provide hospice care for uninsured and underinsured patients, grief counseling for adults and kids, scholarships for our children's grief camps, music at our memorial services and more.

Larry Gregory
R.B. and Mary Jo Gregson
Gresham, Smith and Partners
Faustina and McKinley Griffin
Georgia Griffin
John and Joyce Griffin
Katherine Griffin
Chuck and Chris Griffith - Outdoor Woodworks LLC
Mr. and Mrs. Greg Griffith
Kim Griffith
Paul and Donna Griffith
Peggy Griggs and Family
John and Patricia Grigsby
Patsy Grigsby
Lucia Grimes
James P. Griner
Emily Grismore
Larry Grissom
Pat Miller Grissom
Steven and Anna Grizzle
Mr. and Mrs. Charles T. Grogan
Ken and Ludine Groomes
Linda Gropp
Patricia Grossman
Roberta Grossman
Group Tickets Plus Inc.
Katherine Grove
Linda Grubb
Steve and Julie Grubbs
Paula Guerette and Michael DeRoche
Kevin Guidry
Danny and Grace Guill
William Guisinger
Gullett, Sanford, Robinson & Martin
Landis B. Gullett Charitable Lead Annuity Trust
Mr. and Mrs. David Gunderson
Stanton and Jean Gunnells
Don and Peggy Gurley
Mary Gurski
Tom and Shelby Guthrie
Bruce and Ann Haley
George and Sue Haley
James R. Haley
Ann Haley
Hall, Booth & Smith PC
Bernice Marie "Bunny" Black Hall
Billy and Bonnie Hall
Charlie Hall
Susan Fritscher Hall
Mr. and Mrs. David Hall
Don and Janet Hall
Elizabeth Hall
Howard and Mary Hall
Patricia W. Hall
Shirley Halloran
Kenneth and Cheryl Ham
Jane Hamby
Justin Hamel
John and Nancy Hamilton
Allie S. Hammers
Michael and Rhonda Hammons
Joseph Hampe
Hampton Avenue Neighborhood Association
Margaret Hampton
Dewey and Peggy Hamrick
Suk Won Han
Bill and Mary Hance
Mr. and Mrs. Arthur S. Hancock
James and JoAnn Hancock
William and Darlene Hand
David Handelman
Charles L. Hankla
Heather Hannahan
Doug Hansel
Richard and Beverly Hanselman
Georgia Hanson
Doris Hardaway
Delores Hardee
Estate of Mabel A. Harden
Laetitia W. Hardin
Ms. Pamela B. Hardin
Robert and Jean Harris
Ron and Carolyn Harris
Shelly Harris
Stacy Harris
Stephen and Susan Harris
Tim and Martee Harris
Jackson Harris, M.D.
Mr. and Mrs. Godwin Harrison
Tess Harrison
Todd and Amy Harrison
Virginia L. Harrison
Annemarie Harrod
Dale Hart
Karen Hart
Patricia and Rodes Hart Foundation
R. Rick Hart
Steve Hart
Jeff and Melodie Hartline
Charles and Betty Hartman
Robb Harvey
Norma Harvison
Aubrey B. Harwell Jr.
Jim and Jane Harwell
Joe and Roxie Harwell
Mr. and Mrs. Robert C. Harwell
John and Heidi Hassenfeld
John and Heidi Hassenfeld Family Foundation
Priscilla Hastey
Dolph and Liz Hatcher
Flavil R. Hatcher
Harris and Barrye Hatcher
Sharon Hatcher
Joyce Hathaway
Hattie B's
George and Barbara Hauser
Bruce and Mary Claire Havel
Mr. David Hawkins
Hawthorn Charitable Foundation
Hayes Pipe Supply Inc.
Faye Hayes
Haynes Chapel United Methodist Church
Art and Debbie Heiman
Kim and Gary Heiman Family Foundation
Evelyn Hein
Merald and Anna Hein
Jason Heiser
Lois Held
Chalene Helmuth
John E. Helton
Paul Hembree
James D. Hemby
Mr. Robert L. Hemminger
Brian and Claire Hemphill
Charlene Henderson
Evelyn Henderson
Olga Henderson
Hendersonville Firefighters Association
Roger Hendrick
The Hendrix Foundation
Steve and Lisa Henke
Jim and Kathie Henning
Catherine Henris
Senator Douglas Henry Jr.
Paul and Dorris Hensley
Penny Henze
Mr. and Mrs. David B. Herbert
Thomas C. Herbert Sr.
Heritage Medical Associates
Dick and Phyllis Herman
Donna Hermann
Thomas A. Hermes
Edward Hernandez
Melissa Herrera
Beverly Herro
Patricia Hertter
Jim and Laurie Hester
Martha K. Hewes
Carol Henderson Hewitt
Ron Hibbard
Bill and Martha Hickerson
Guy and Marci Hicks
Jacque Higdon
John and Emily Higgins
Ann Shipp
Jeff High
Pam Porter Hobbs
Peggy Hobbs
Hodges, Doughty & Carson, PLLC
Mr. and Mrs. Brad Hodges
Tom Bryant and Read Hodges
Sam D. Hodges III
Dave Hodgin
Joe and Lynn Hodgson
Barbara Hodson
Ann Hoffman
Audrey A. Hoffman
Debbie Hogan
John and Ki Hogan
Cody Holbrook
Scott and Shelia Holden
Anne Holder
Mr. and Mrs. James Holeman Jr.
Rachel Holinsky
Lela M. Hollabaugh
Betty Storey Holland
Peggy Hollandsworth
Harris Riley and Carolyn Holliday
Lizzy Holliman
Jacqueline Holling
Cornelia D. Hollister
Steven Hollon
Joe and Mary Holloran
Carol W. Holloway
Ginger Holloway
Jack and Wanda Holloway
Rex and Linda Hollowell
Holly Grove Baptist Church
Chris and Cathy Holm
Darwin and Belinda Holmes
Marilyn Holmes
Tomas and Jody Holmlund
Melissa Holobach
Cheryl A. Holt
Denise Holt
Home Instead Senior Care
Elizabeth M. Honeycutt
Mike and Heidi Honeywell

Honorable Order of the Blue Goose International
Scott and Tisha Hood
Bill and Theresa Hook
Mary V. Hooke
Henry and Alice Hooker
Charles and Christine Hooper
James and Laura Hooper
Estate of Jessie Lou Hooper
Michael and Denise Hooper
Renee Hooper
Vera Hooper
Terry and Vickie Hoover
Tom and Tamra Hoover
Ella Mai Hopkins
Jim and Barbara Hopper
Mike and Linda Hopper
Horn Springs FCE Club
Mr. Francis Horn
Marjorie Cambron Horn
Marty and Kathy Horn
Dick and Connie Horton
Richard Horton
William R. Horton
Gregory and Pamela Hoscheit
John and Pat Hoscheit
Kim M. Hoscheit
Joyce Hoskinds
Steve and Jackie Hough
Houghland Foundation
Debbie House
Sharon Houston
LouAnn Howard
Miss Marjorie G. Howard
Robert and Glenda Howard
Archie and Barbara Howell
Ben and Pat Howell
Mr. and Mrs. John F. Howell
Marjorie Howton
Holly Hoxeng
Clark and Ashley Hubbard
Jason and Sherri Hubbard
Linda Huber
William Overton "Bill" Huckaby
Douglas and Geneva Huddleston
Mr. and Mrs. James Hudson
Jill Yazell Hudson
Julie Hudson
Michael and Lisa Hudson
Ellen Warner Hudson
William Jerry and Annette Hudson
Dennis and Mila Huffer
Betty A. Huffines
Gloria Huffman
John and Sandra Hugar
Tina Huggins
Hooper and Frances Huggins
David Stratton Huggins Jr.
Betty J. Hughes
Jackie Hughes
Jackie Hughes
Larry D. Hughes
Ray Hughes
Shannon Hughes
Ted and Janet Hughes
Paula Hughey
Steve and Janice Hulen
Louis and Gladys Hullett
Humana Foundation
Don and Barbara Hunt
Hunter Marine
Frances C. Hunter
Mary Hunter
Jamie and Betty Hunter
Kay Hunter
Marian Hunter
Mary Hunter
Brett A. Hurt
Robert Hurt
Mr. and Mrs. Harry Hussey
Dr. and Mrs. Joseph W. Huston III
Robert and Barbara Hutchison
Thomas Hutchison Jr.
Adrian and Gaye Ann Hutton
Hylant Group
IBM Employee Services Center
ICD Flooring
Carolyn Sue Ice
Mary C. Ice
J. White Iddings Jr.
Mr. and Mrs. Matt Ikard
InfoWorks
ING Foundation
Bob and Ginger Ingle
Ingram Entertainment
Ingram Industries Inc.
A. Barry and Elizabeth Ingram
David and Trisha Ingram
Estate of James D. Ingram
Larry and Ann Ingram
Tom and Jacque Ingram
Brad and Gloria Insley
Raj Iragavarapu
J. W. and Pam Irvin
Tom and Anne Irvin
Hazel Irwin
Rochelle Isaacs
Mr. and Mrs. Jerry Ishee
Myra M. Ishee
Marie Pierre Isherwood
Nari and Eko Ishii
Shelli Isiminger
Italian American Association
J. Alexander's Restaurant
J. Michaels Clothiers
J. T. Guthrie & Son Inc.
J.G. Business Management Inc.
Jackson National Life Insurance Company
Beverly Jackson
Bonnie Jackson
Chris and Ann Jackson
D.L. Jackson
Elizabeth Jackson
Mary Lee and Granbery Jackson
Mr. and Mrs. Harold Jackson Jr.
Hunter Jackson
Jack and Elizabeth Jackson
Jonathan and Elisa Jackson
Judy B. Jackson
Laura E. Jackson
P.V. Jackson III
Mr. and Mrs. Sam Jackson
Sandra Jackson
Sylvia M. Jackson
Betty Jacobs
Mr. and Mrs. Bob Jacobs
Cheryl Jacobs
Eleanor Jacobs
The James Family
Greg and Patricia James
Megan James
Verble James
Mr. and Mrs. Henry D. Jamison III
Pauletta Janaway
Rick and Sallie Jansen
Mark and Christine Jarrard
Carmelle Jasenovic
Tony and Pamela Jeanette
Bill and Carolyn Jeans
Jennifer Jeffcoat
Barbara Jenkins
Dennis and Gloria Jenkins
Edwin and Virginia Jenkins
Bill and Debra Jenkins
Eva K. Jermakowicz
Joan Jerome
Jewell M. Hale Inc.
Jewell Tobacco Warehouse Inc.
Donna Jewell
Jewish Federation of Nashville and Middle Tennessee
Ruby G. Jinnette
Leroy and Lois Jirikovec
Mr. and Mrs. Neil Jobe
John Bouchard & Sons Co.
Ruby Johns
Annette Johnson
Barbara Johnson
Betty J. Johnson
C. Reid Johnson
Charles Johnson
Dee Johnson
Don and Peggy Johnson
Doug and Lea Johnson
Drue Johnson
Edward and Lucille Johnson
Ellen Johnson
Howard B. Johnson
Jeanine Johnson
Jim and Tory Johnson
Ms. Joan R. Johnson
Joanne C. Johnson
Judy C. Johnson
Keith and Nancy Johnson
Louise Johnson
Lucy R. Johnson
Patricia Johnson
Juanita Johnson
Bob and Cindy Johnson
Shelia Johnson
Steve Johnson
Anne Johnson
Ann M. Johnston
Crews Johnston III
Robert Johnston
Betty Jo Jones
Eddie Jones
Carol Jones
Cornellia Jones
Denise Jones
Evelyn Jones
Gene and Brenda Jones
George Jones
James and Robbie Jones
Jan Jones
Joan Jones
Joan S. Jones
Kathy Allen Jones
Linda Jones
Lynn Jones
Marjorie Jones
Marjory Jones
Martha Jones
Millie Jones
Norman Jones
Madeleine Jones
Randy and Sylvia Jones
Rick and Carla Jones
Dolores A. Jones
Robert and Paula Jones
Ruth Jones
Steven Jones
Kathy Jones
Larry and Carolyne Jordan
Randall and Elizabeth Jordan
Jeffrey Jowdy
Jimmy and Doretha Jowers
Frederick E. Joyce, M.D.
Leon and Suellen Joyner
JustGive.org
Robert Kail
Rosemarie C. Kalil
Frances Kaminitz
Carole M. Kammerud
Elaine Kaplan
Mark and Hillary Kaplan
Dave Kardokus
Sylvia Karnowsky
Brad and Harriet Karro
Dr. and Mrs. Martin Katahn
Phyllis Feldman Katzoff
Kaufman Lynn Construction Inc.
Jerry Kaufman
Patti V. Kaulback
Barbara Kaye
Jim and Holly Keating
Bill and Margaret Keeling
Stephen and Judith Keller
Peggy F. Kelly
Stu and Lynne Kelly
Alex Kelso
Roy and Betty Kemp
Bill Kemp
Ron and Janice Kempf
Kennedy Investments Inc.
Mrs. Carolyn Kennedy
Mary Neal Kennedy
Rick Kennedy and Jim Harness
Robbie Marie Kennedy
Teresa Kennedy
John Kenning
Cheryl Kent
Linda Kent
Yoneko Kenyon
Alfred M. Kerr Jr.
Joe and Mary Frances Kerr
George Kersey Jr.
Janice Kesler
Ann Kesley
Todd Kessler
Dan and Claire Key
Danny and Mary V.B. Key
Mona Key
Paula and Jay Kholos
Ginny Kilgore
Ty A. Kilgore
Kelly Killian
Miller Kimbrough
Michael P. Kimery
Daphne Kimmel
Walter and Ruth Kindrat
Billy and Peggy King
Dan and Evelyn King
Gladys King
Lillian Sasser King
Lloyd and Wanda King
Shana King
Thomas E. King
Sandra Kingdon
Paul and Lydia Kingsborough
Jack and Lydia Kinirons
Randy and Peggy Kinnard
Dennis and Gayle Kinyon
Mr. and Mrs. Mike Kipp
Bruce and Jodi Kirby
Val Kirby
Frank and Jane Kirchner
Ken and Janice Kirchner
Stephanie Kirk
Millie Kirkham
Mr. and Mrs. James F.

Kirkpatrick Jr.
Mr. and Mrs. Robert L. Kirkpatrick Jr.
Daniel J. Kirn
Mr. and Mrs. Robert Kitchel
Tory Kitchell
Marty and Jane Kittrell
Kiwanis Club of Hopkinsville
Larry and Karen Kloess
Terry and Lindsey Kluender
Jennifer Knapp
Drake and Eileen Knapp
L. C. Knies
Cynthia Knight
Ron and Kaye Knox
William Hugh Knox III
George and Cindy Koberlein
Jack and Rachel Koch
Philip and Sharon Koenigs
J. Alan and Louise Kohr
William and Carolyn Kolz
George Kontos
William Shane Konves
Grace Kopf
Joseph Kosinski
David and Teresa Kosson
Gregg and Deborah Kotzman
KPMG Community Giving
Kenneth R. Kraft
Tina Kraft
Stephen D. Krau
Dick and Brenda Krause
Angelika Krawczyk
Maria Krebs
Linda Kreuzwieser
Janice Krohn
Tim and Patty Krouse
Heloise Werthan Kuhn
Donna Kumar
Amy Kurland
Wendy Kurland
Robert and Joyce Laben
Laboratory Corp. of America
Leslie Lackey
Vaden Lackey Jr.
Libby Lacock
Lacuniak Family
Betty Ladd
James R. Ladd
Ladies Golf Association of the Clarksville Country Club
Dave Lafferre
Don and Dennise Lafferre
Mr. and Mrs. Randolph M. LaGasse
Rob and Christie Laird
Lakeshore Estates Inc.
Heartland, The Meadows
Sandy Landrum
Lallie W. Lane
Raleigh and Becky Lane
Martin and Susan Lang
Kathy Langan
Bill and Nancy Langdon
Bill Langford
Danita Langley
Marie Langley
Pamela Langley
Thomas M. Langley
Dorothy C. Langreck
Warren and Alma Jo Langston
Ed and Maye Lankford
Elizabeth Lankford
Ellen LaPenna
Steve and Leslye Lapidus
Susan LaPorte
Betty Larabee
Jean Larabee
George Largay
Donna LaRosa
Anne V. Larsen
Roland and Winifred Larsen
David and Susie Larson
Lennart A. Larson Jr.
Gerry Lashlee
Beverly Lassiter
James and Syble Latta
Lattimore Black Morgan & Cain, PC
Deborah Laurain
Gail Lavely
Bob Law
Joseph E. Lawler
Charles and Sandra Lawrence
Gary Lawrence
Mr. and Mrs. Risley P. Lawrence
Tom and Carolyn Lawrence
Bill and Lynne Lawrence
Arthur Lawson
Graylin Lawson
Mike and Elinor Lawson
Sandra Lawson
Barbara Layden
Leading Edge Communications
K. O. League
Ms. Alison Clinton Lee
Beverly Lee
Brandon Lee
Carl Lee
Charles and Kathy Lee
Dickey Lee
Harry E. Lee
Kathryn K. Lee
Steve and Deborah Lee
Eleanor H. Lemons
Mr. and Mrs. Darryn Lene
Allen Lentz
Leonard and Roxanne Lenz
Theodore W. Lenz
Frank and Jackie Leonard
Josh and Karen Lerman
Catherine Leser
Monica Lester
Pattie F. Lester
Les Leverett
Levine Group Inc.
Carolyn and Larry Levine
Mr. and Mrs. Michael Levine
Sally M. Levine
Stacey Levine
Farrel Levy
Joyce A. Levy
Lisa Levy
Ralph and Randi Levy
Phillip and Sherry Lewellen
Anita Lewis
Bill and Bee Bee Lewis
Fred Herb Lewis
Jo Ann Lewis
Rick and Denise Lewis
Bob and Wylodene Lewis
Susan J. Lewis
Margaret Lewter
Gwen Liebeler
George and Lynn Lien
LifePoint Hospitals Inc.
LifeWay
Janice Ligetti
Laura Lynn Lilley
Dr. and Mrs. Robert C. Lineberger
Lillian Link
Bill Link
Linkfour Enterprises Inc.
Lionsgate Entertainment Company
Jo Ann Lippe
Lipscomb University
Sam and Mary Ann Lipshie
Bob and Nancy Lischer
Jean G. Litterer
Joe and Lois Little
Mike and Jan Little
Sarah G. Little
Mr. and Mrs. Welch Livingston
Mr. Bill Lloyd
Ruthie Loar
Mark Lobstein
Nina Locasha
Evelyn Lochamy
Virginia Locke
Inge Loewenstein
Anthony Frank Lorino
Cherryll Love
Jessica Love
Loveless Cafe
Lovell Communications Inc.
Donna Lovell
William and Laura Loving
Al Lovvorn
Nancy Lovvorn
Beverly Lowe
Heidi D. Lowenthal
Rhonda Lowry
Lynn Lozier
Lawrence D. Lubow
Aeron Lucas
Ann Lucas
Maggie Lucy
Patricia Lundell
Deborah Lunn
Rodney Lunn
Randy and Ann Luther
George and Amy Lynch
James Lynch
Jamie Lynch
Mrs. Joseph B. Lynch
Mary Lynch
Lynches River Electric Cooperative Inc.
Frankie Lyons
Mr. and Mrs. Herman Maass
Garry Mac
Bruce and Jane MacDonald
Frances Machanoff
William R. and Maria T. MacKay
Mary MacKinnon
Susan MacLaughlin
Robert D. Macmillan, M.D.
Peter MacNichols
Bert and Trudy Madden
Mr. and Mrs. William Maddox
Drew and Judy Maddux
Joe and Anne Maddux
Sandra Maddux
Chris and Leslie Mader
Mr. David E. Madsen
Allison Magera
Emily Magid
Susan Maguigan
Alexander Maier
Jim and Jane Main
Harvey Major
Jeff and Ginny Mallard
Bob and Marcia Mallard
Andrew and Tina Mallett
Buddy and Lucy Malone
Pamela Malone
Sue Maloney
John and Rose Mann
Louis and Susan Mannen
Barbara Manners
Joseph and Jacqueline Manning
Dan and Lynn Mantel
Dawn Mantel
Dennis and Jane Mantel
Mildred Manz
Map Sales and Services
Ed and Jane Marcoe
Pat Marcum
Yvette D. Mardis
Robert and Ruby Margo
Fay Marko
Hughey and Jessie Marks
Mark Simmons Interiors
Marriott International Inc.
Shelia Marsh
Joe and Jan Marshall
Judy Marshall
James Martin
Jane Martin
Jerry Martin
Wade and Debbie Martin
Mary Martin
Mr. and Mrs. Phil Martin
Tom and Rachel Martin
Ron and Angie Martin
Tracey Martin
Victor Martin
Louis and Diana Martinez
Carolyn Martz
Katrina Marzorati
Edward and Carol Mascolo
Barbara Mason
Bob Mason
Graham and Susan Mason
Ken and Carolyn Mason
Oscar and Dot Mason
Anna Massey
Dr. and Mrs. Ralph W. Massie
Nick and Kitty Master
Donnie and Mary Ann Masters
Steven and Rosanne Matassa
Susan E. Kay Matelich
Mike and Leanne Matheny
Alice Casey Mathews
John and Barbara Mathieson
Betty Mathis
Gary Mathis
Tom and Betsy Matlock
Paul E. Matrisian
Linda L. Matthews
Marie Mattox
Joan L. Maupin
Maury Hills Church of Christ

Alive Hospice provides approximately 58% of the charity hospice care given in our 12-county service and 24% of charity hospice care in the state of Tennessee!

Lakoff & Co., PC
Carolyn Lallemand
Lou and Dot LaMarche
Ed and Mary Margaret Lambert
Robert and Kathy Lambert
Amy Lamping
Richard and Susie Lampkin
Becky Lance
Sims and Gail Lance
Cheryl Landreth
Victor and Kathy Lee
Sally Leffler
Ed and Leann Legako
Lynn Legler Lancaster
Marilyn Lehew
Lana K. Lehman
Kyle Lehning
Fred and Holly Lehrer
Ken and Bev Leiser
Tammie Leith
Susie Leming-Lee
Don and Jessica Loftis
Helen Logvinov
James and Gina LoMonaco
Bob and Marian Long
Chris and Libby Long
Jimmy and Alice Long
Sandra Long
Sheila Long
Anne Longhurst
Mr. Evans Looney
Tony Lorenzen
Craig and Lindy Mamer
William and Jean Mammosser
Robert and Cindy Manas
Zvi and Diane Manas
Bob and Abby Mandeiros
Gerald and Alicia Mandel
Andrea Maneschi
Catherine Mangrum
George and Roberta Mangrum
Jane Manley
Phillip A. Maxey
Dale and Becky Maxfield
William and Judith Maxfield
Jack and Lynn May
Syd Mayberry
Victoria K. Mayes
Elizabeth R. Mayhall
Jean C. Maynard
Robert P. Maynard
Andrew Mayo
The Kenneth Mayo family

Diane Mazzara
Charlie and Betty McAlexander
John and Betty McAlister
R. Michael McAlister
David McAllister
Donna B. McArthur
Sandra McArthur
The Rob McCabe family
Tom and Patricia McCabe
Jim McCafferty
Sheila McCall
Printha McCallum
John and Christine McCarthy
Robert McCauley
Lane and Kim McClanahan
William T. McClanahan Jr.
Judge Amanda McClendon
Ginger R. McClendon
Mary Ann McCloskey
Judith McClung
Mary Ann McCoin
Bob and Sharon McComb
Alda Marie McCook
Helen McCord-Mills
Bill and Debbie McCormick
Mary Corrine McCormick
Tommy and Lisa McCormick
Julie McCown
Pat McCoy
Mr. and Mrs. William A. McCree III
Mr. and Mrs. Jerry McCulloch
Jacquelyn E. McCullough Trust
John and Mary McCullough
Gordon and Nancy McDaniel
Luther and Catherine McDaniel
Michael and Jennifer McDaniel
Ed and JoAnn McDaniel
Suzanne McDaniel
Nancy Black McDearmon
Donald and Frances McDonald
Michelle McDonald
Patricia P. McDonald
Wylie and Debbie McDougall
Kay McDowell
James McElhaney
James K. McFadden
Miriam F. McFadden
Tom and Dianne McFarland
Mr. and Mrs. Gerald W. McFarlin
Hope McFarlin
Jessie McFerrin
Jonathan and Kate McGee
Nicholas and Melanie McGinn
Mr. and Mrs. Paul H. McGinness
Ruth McGinness
Dorothy C. McGinnis
Tim and Mary Lou McGonagle
Clifford K. McGown Sr.
Karla McGuire
Sam and Nancy McGuire
Joseph M. McHenry
Megan McIntyre
MacKenzie W. McKaskle and family
John A. McKee
Leanna McKee
Michael McKee and Paul Cook
Paul and Janice McKinney
Dale and Cheryl McLean
Sandra McLeroy
Reba McMahon
Marilyn McMillan
Mr. and Mrs. Mike McMillen
Brittie McMillon
Jimmy and Doris McMinnis
Wilma McNabb
Mrs. Anne M. McNair
Gene and Bettye McNeil
Mr. and Mrs. Robert E. McNeilly Jr.
Warner McNeilly
Grace A. McPherson
Warren and Beverly McPherson
Carol McQueen
Sam and Sandra McSeveney
R. Clayton McWhorter
Scott McWilliams
William D. Meacham
Amy Meador
Gerald and Judy Meador
Jim and Ann Meador
Phil and Nancy Meador
John and Stacey Meadows
Joyce Meadows
Pat and Cile Meagher
Dick and Bobbye Meaux
Mechanical Resource Group LLC
Medical Construction Group
Medical Reimbursements of America Inc.
Sherry Meehan
Kim Meek
Mellow Mushroom
The Memorial Foundation
The Melting Pot
David and Christine Melton
Menche's Frozen Yogurt
Menchie's
Greg and Madelyn Mencio
Joan Mensinger
Glenda Merhoff
Becky Merin
Max and Mary Merrell
The Meridian Group
Helen Merrill
Walter Merrill
Elizabeth L. Merritt
Judy Merritt
Michelle Merritt
Merryman-Farr, LLC
Leon and Sue Ann Mertz
Jean Messemer
Judith A. Messer
David and Kate Metcalf
Metro Fire Department Engine Co. 34
Metro Medical Supply Inc.
Metro Public Health Department
Meyer Capel
Tracy Meyer
Darryl Meyers
Cecilia A. Michalik
Patsy Michon
Microsoft Matching Gifts Program
Middle Tennessee Code Officials Association
Middle Tennessee Iris Society
Mid-Tennessee Gem & Mineral Society
Daniel and Melissa Milam
Mile High United Way
Miles Enterprises LLC
Mr. and Mrs. Joe H. Miles
Casey Miley
Ava M. Miller
Buzzy Miller
David Miller
David and Janet Miller
Gary and Kathlyn Miller
Glenna Miller
Greg and Barbara Miller
Greg Miller
Bridgie & Janice Miller
Jason Miller
Joe and Rosemarie Miller
Les Miller
Judith Miller
Julie Miller
Mary Miller
Mike and Mag Miller
Nelson and Mary Miller
Peggy R. Miller
Richard and Sharalena Miller
Dick and Betty Ruth Miller
Vickie Miller
Mr. and Mrs. William C. Miller
Miller's Grocery
John S. Millrany
Ron and Michelle Mills
Lula Mai Mills
Suellen Milton
Dr. and Mrs. F. Michael Minch
Terry and Sandy Minix
Wilma L. H. Minter
Betty J. Miraldi
Jack and Isabel Misner
Dave and Cyndi Misner
Sara Misner
Allen and Dale Mitchell
Anne Alexander Mitchell
Don and Anne Mitchell
Dorris A. Mitchell
Jay and Denise Mitchell
John and Leeanne Mitchell
Joseph and Jane Mitchell
Phil and Donna Mitchell
Frances Mitchell-Venson
Diana Mitchell-Yonts
Eddith Moats
Robert and Carol Mode
Bob and Laura Modrowski
Linda Molohon
Estate of Ruth Gordon Monday
Les and Lisa Mondelli
Monell's
Shelley Money
Ellen Montwori
Alice M. Moody
Leon and Ann Moody
Wes and Mary Moody
Barbara Mook
D. Troy Moon
Amy Trachte Moore
Betty Moore
Carol Moore
Mary Ann Moore
Bill Moore
James and Dorothy Moore
Joe and Patricia Moore
John and Marie Moore
Mr. and Mrs. John W. Moore Jr.
Stephen and Melissa Moore
Susan Moore
W.L. Moore
George and Sandra Moorman
Michelle Moran
Gordon and Judy Moreau
Henry Frank Morehead
Morgan Stanley Smith Barney
MorganStanley SmithBarney
Abigail L. Morgan
David K. Morgan
Frank Morgan
Mack and Dee Morgan
Kathi G. Morgan
Muff Morgan
Richard Morgan
Morningside Ladies Club
Rock and Linda Morphis
The Morris Family
D. Randy and Patricia D. Morris
Loretta S. Morris
Patricia Morris
James and Lauraette Morrow
Gregg and Cathy Morton
William D. Moseley
Dr. and Mrs. Robb E. Moses
Tom and Kay Mosier
Lori Mosley
David and Margaret Moss
Rob and Ellen Mossack
Craig and Terri Mosse
Kathleen Mott
Susan Mott-Coles
Patrick Moulton
MPRM, LLC
MSB Cockayne Fund Inc.
Walt and Ann Marie Mucha
Ellen Mullen
Mullins Clemmons & Mayes, PLLC
Mary C. Mullins
Christopher and Verda Mundy
Patricia Mundy
Ken and Carla Murdock
Matt and Kitty Murfree
Bill and Mary Jean Murphy
Jimmy and Joyce Murphy
Joe and Kimberly Murphy
Lauren Murphy
Colleen Murray
Richard and Nora Murray
Tom and Jeanne Murrell
Joe and Anne Muscat
My Tribute Gift Foundation Inc.
Dr. and Mrs. Kevin J. Myers
Ronald and Dollene Myles
Weldon and Judi Myrick
Lucille C. Nabors
Marsha R. Nager
Jeremy and Valerie Nagoshiner
Torrey Nance
Thomas Nankervis
Mr. and Mrs. Robert H. Napier
Paul and Maureen Napoli
Marge Naron
Drs. Maris F. and Shelley H. Nasatir
Valerie Nasatir
NASG
Harold and Patsy Nash
Nashville Fire Department Station 37 "B" Shift
Nashville Fire Fighters & FSEA Local 140
Nashville Predators Foundation
Nashville Seniors Invitational Golf
Nashville Spring Service Inc.
Nashville Zoo Inc.
National Electric Co. Inc.
National Philanthropic Trust
Nationwide United Way Campaign
Barry and Rita Nauman

Andrew and Lisa Naylor
Helen Naylor
NCI Information Systems Inc.
Coleen Neal
Mr. Frank E. Neal
Lurline Neal
Mary Neal
Eva (Judy) Neely
Virginia Neely
Sandra Neese
David and Debbie Neese
Mrs. A. B. Neil Jr.
Robert O. Nellums
Ann O. Nelms
Beverly G. Nelson
Chas and Betty Nelson
Donald and Rachel Nelson
Marilyn F. Nelson
Randy Nelson
Sara H. Nelson
Mrs. William H. Nelson
Bettie Nesbitt
Faye Nestor
Donzetta Nethery
Dorothy Nettles
Network for Good
New Hope Baptist Church
Gillian Newell
Karen Newman
Ted and Carole Newman
Delrhea Newsom
Del Newson
Glenda "Bell" Newton
Larry and Gale Newton
Eric and Amy Nicholas
Deborah Nichols
Nicholson Foundation
Juanita S. Nicholson
Robert E. "Bobby" Nicholson
Carolyn Nickell
Nissan North America Inc.
Jay Nixon
Bobbie Noblett
Tom and LuAnn Noelke
Wanda F. Nokes
Molly C. Nolen
Gene and Maria Nordan
Charles and Ann Nored
Gennette Norman
Harold and Carolyn Norman
Mr. and Mrs. Jack Norman Jr.
Nancy Norman
Normandy United Methodist Church
Richard and Judy Norment
Margaret S. Norris
Ruth Norris
Steve and Missy Norris
Cindy Norrod
Alana Northcott
Steve and Myra Northcutt
Bob and Phyllis Norwood
Joyce Norwood
Richard and Susan Norwood
Noshville Delicatessen
Jenene Novotny
Jessica Nuckols
Michael C. Nunan
Barbara Nunnally
Robert and Mary Jo Nye
Debra Oaks
Amy O'Bryan
Catherine Beasley O'Bryan
Oaklawn FWB Church, Heaven Bound SS Class
Douglas G. Odom Jr.
Linda Odom
Wayne and Judy Officer
Off the Bone
Robert Ogdin
Edna G. Ogle
Wayne C. Oglesby
Wills and Mary Jane Oglesby
Ryan and Diane Ogrodny
Michael and Nancy O'Hara
Alyssa Olans
Old Hickory Bunch
Mr. and Mrs. Russell Oldfield Jr.
Beulah M. Oldham
Karen Olive
Gordon and Donna Oliver
Hunt and Debbye Oliver
Sandra J. Olson
Ron and Betty Jean O'Nan
Anna Gene and Scott O'Neal
Jessie O'Neal
Linda O'Neal
Vicki Onuliak
Cindi Ordonez
Bill Orgain
John F. Orman Jr.
Pete and Marion O'Rourke
David and Sandra Orr
Donald C. Orr
Johnny and Mary Orr
Fred and Kathi Oster
Shelly Osterhoudt
Frank and Barbara Outhier
Glenn and Laura Overbey
James R. Overby
Linda Overstreet and Roma Heard
Paje Owens
Glen Oxford
William R. Oxford Sr.
Murat Ozgener
P J Lumber Company Inc.
Vernon and Janette Pacer
Mr. and Mrs. John E. Paden
Rosemary S. Padgett
Paducah Bank and Trust Company
Irene C. Page
Libby R. Page
Ted and Louise Pailet
Ophelia and George Paine
Dr. and Mrs. Ed Palmer
Mr. and Mrs. Joe B. Palmer III
Dave and MC Palmeri
Pangaea
Chris and Jody Para
Mr. and Mrs. Dorris N. Pardue
Cheryl Parker
Martha R. Parker
John and Janet Parker
Mack A. Parker
Mike and Kennie Parker
Mr. and Mrs. Robert E. Parker
Shara Parker
Mr. and Mrs. Thomas J. Parker
Joanne Parkinson
Allen and Alice Ann Parks
Dian Sweatt Parks
Bic and Catherine Parma
Janie E. Parmley
Parris Manufacturing Company
Nancy H. Parrish
Mr. and Mrs. W.V. Parrish
Robie Parsley
Al and Deb Partee
Ben Partin
Jimmy and Betty Partin
Edna Partlow
Sara Parton
Robert H. Paslay
Larry and Jan Pass
Joseph Pate
Mike and Trish Pate
Barbara J. Patterson
Carol Patterson
David Patterson
Ronald and Lynn Patterson
Shirley C. Patterson
Greg and Lisa Patton
Jeffrey and Mary P. Patton
Betty Paul
Elizabeth Paul
Daniel and Karen Paulin
Russ and Vanessa Pavlik
Pax World Mutual Funds
M. Carr Payne Jr.
Neil and Tammy Peace
Walton Peace
Marvin and Roberta Peach
Andrew R. Peacock
Ilene H. Peak
Mike Pearigen
Lynnie Pearson
Greg Pease
Mr. Robert K. Pease
Fred and Sarah Peay
Don and Debby Pebworth
Brandon Pedigo
Kendra Pedigo
Elinor Peek
Bill and Stacie Peek
Bill and Lisa Peerman
Pegram Church of Christ
Pegram United Methodist Church
Wayne and Ellie Pelaez
Joyce Pemberton
Franklin and Micki Pendleton
Jim and Barbara Pendleton
Micki and Franklin Pendleton
Charlie and Connally Penley
William and Dana Pentecost
Performance Food Group
Phillip D. Perkerson
Ray and Margie Perkins
Mr. and Mrs. James W. Perkins Jr.
Coleman and Lacy Perry
Edith Perry
James and Lynn Perry
Lesa Perry
Linwood and Jackie Perry
Sally G. Perry
Susan A. Perry
William and Dorothy Perry
Gordon and Jean Peters
Evon Peterson
Meg Peto
Jim and Dorothy Petrone
Jane Petropoulos
Bob and Beatrix Petter
Bill and Bee Pettersen
Joe S. Petty
Richard and Mary Ann Peugeot
Mike and Rebecca Pezzoni
Frank Pfleuger
Bernice L. Pharr
Barbara Phillips
Mrs. Barbara Gregg Phillips
Chuck and Lee Phillips
John R. Phillips Jr.
Louie M. and Betty M. Phillips Foundation
Paul L. Phillips
Dick and Betty Philpot
Phipps Construction Company Inc.
Skipper and Nancy Phipps
Ann Picataggio
Mr. and Mrs. Paul A. Pickney
Anita C. Pierce
Camilla Pierce
Elizabeth Pierce
Gregg and Paula Piercey
David and Debbie Pigna
Honey Pike
Mr. and Mrs. J. Fred Pilkerton Jr.
Mr. and Mrs. Arthur S. Pinkerton
Howard Pinkerton
Pinnacle Financial Partners
Maurice W. Pinson
Betty D. Pinto
Norman and Shirley Piper
Aaron Pirtle
Del Pirtle
Tom and Betty Pirtle
James and Kathryn Pitcairn
Dave and Jackie Pitt
Brian and Megan Pitts
Pizza Perfect
Betty Plank
Susie Plant
Wayne and Rosemary Plorin
Jacquelyn Poen-Jaco
Nicole Pogue
Ann Poindexter
Mary Pokley
Mr. and Mrs. David Polan
Reda Polk
Craig and Cathy Polkow
Adam Pollack
Annette Pollack
Edwin and Harriet Polley
Laura L. Pollock
Randy and Kim Pomeroy
Phil and Dot Ponder
David Poe
Carol H. Poole
Jean Pope
Richard M. Pope
Chuck and Gale Porter
Jim and Bobbie Porter
Jared and Meaghan Porter
Lindsey Porter
Ronald D. Porter
Sam M. Porter Jr.
Sanom Poss
June P. Post
James and Betty Poston
Virginia Potter
Cheri Potts
Sonnie and Virginia Potts
Jennifer Poulos
Casey Pounds
Charles and Lila Powell
Charles and Jamie Powell
Jim and Sandy Powell
Jimmy and Sue Powell
R. L. and Dottie Powell
Edna Powers
Jerry and Wanda Pratt
Precision Fabrics Group Inc.
Paul T. K. Prentiss Jr.
Presbyterian Publishing Corporation
Mr. and Mrs. Peter S. Pressman
Mr. and Mrs. A. E. Price
Ann H. Price
Anne Y. Price
Evan Price
John Price
Pamela J. Price
Bill and Mary Helen Price
Denise Primm
David and Holly Pring
Mrs. David Y. Proctor Jr.
Doris Jean Provow
Kristin Pruitt
Alvina L. Pryor
Bob and Vernelle Puckett
Tracy Puett
Katie Pugh
Michael and Constance Pullen
Don Pulley
Randy and Michelle Purcell
Marilyn Purdy
Purity Foundation
Larry Purnell
Deborah Pursley
Bill and Connie Putman
Steve and Linda Putney
Alice Pye
Cynthia Qualls
Reni and Suzanne Quick
Ms. Pat Quinlivan
R.F. Moeller Jeweler Inc.
Lon F. Raby
Chuck and Joyce Racine
Jim and Marilyn Rackard
Ron and Jane Rada
Mr. and Mrs. Bart Rader
Randy Rader
Dr. Eric L. Raefsky and Ms. Victoria A. Heil
Ragland Corporation
Jim and Lynn Ragland
Mr. and Mrs. John L. Ragsdale
John and Buffy Raines
A. C. Rainey
Mr. and Mrs. William R. Rainey
Clark and Frances Rains
Faye Ralston
Dorothy Ramsay
Bets Ramsey
Charlie and Shirley Ramsey
Sandra Randall
Lydia Rando
Jo Ann Rankin
Nancy A. Ransom
David and Molly Raper
Mary Jo Rapetti
Mrs. Virginia Rapoport
Walter Rasdall
Joan K. Raskin
William and Betty Ratliff
Dean Ray
Grandison and Teddy Ray
Kecia Ray
Leland and Brenda Ray
Raymond James and Associates Inc.
Raymond Zimmerman Family Foundation
Joseph H. Reagan
Lula Reaves
Craig and Elizabeth Reavis
Jim and Denise Reber
Brenda B. Rector
Ray and Karen Rector
Howard and Dorothy Redman
Helen W. Reed
Les and Sandra Reed
Wayne Reed
James Reese
Robert L. Reeves
Susan Reeves
Jim Regan
Dr. and Mrs. Eugene M. Regen Jr.
Bill and Bobbie Regen
Regions Bank
Regions Bank Private Wealth Management
Regions Private Banking
Carol Rehder

Steven and Gail Rehling
Al and Rachel Reid
Carol B. Reid
Johnel Reid
T.W. and Elizabeth Reilly
Trudy Reilly
Bonnie Nichols Reimels
Laura Reinert
David and Judy Reinhardt
Renaissance Charitable Foundation Inc.
Jeannette D. Renwick
Therese M. Reule
Betty Revlett
Reynolds Family Foundation
Cecil and Landa Reynolds
Doug and Suzanne Reynolds
Michael and Barbara Reynolds
Oscar and Eunice Reynolds
Bobby and Kay Reynolds
Sally Reynolds
Brittany Rhinehart
Lois C. Rhoads and Reverend Robert I. Rhoads
Marie Riccitelli
Connie Rice
Donald R. Rice
Jimmy and Lisa Rice
Margie R. Rice
Theron J. Rice Sr.
Richards & Richards Office Records Management Inc.
Ken Richards
Mr. and Mrs. N. Jerre Richards Jr.
Roger and Linda Richards
Dan and Barbara Richardson
Delores Richardson
Larry and Shirley Richardson
Robert E. Richie
Mark and Kathy Rick
Nancy P. Rick
Stephen and Emmie Rick
Jan Ricketts
Jeanne F. Riddell
Carla Riddle
Sue Rieger
Mr. and Mrs. Louis Rieke
Mr. Glenn A. Rieuf Jr.
Mary Ann Riggins
Tyler and Libby Riggins
Cort Riggs
Dennis and Kelley Riley
Dorothy M. Rima
Rebecca Riney
Rio Grande Fence Co. Inc.
Robert Riordan
Mr. and Mrs. Doyle R. Rippee
Mike Rippetoe
Daisy Rippy
John and Margaret Ristuccia
Ferris and Wanda Ritchey
Jay and Barbara Rittenberg
Connie Ritter
Mrs. William K. Ritter Jr.
Stephen S. Riven
Donna Rizzo
RJF, a Marsh & McLennan Agency LLC Company
David and Linda Roach
Robert and Beverley Roach
Jack and Charlotte Robbins
Kathleen Robbins
Dorothy Roberts
Hardy and Viki Roberts
Joe Roberts and Caren Williams
John R. Roberts
Judy Roberts
Mr. and Mrs. Kenneth L. Roberts
Peggy Roberts
Stephen Roberts
Jean T. Robertson
John and Jenny Robertson
Dale and Donna Robinson
Margaret Ann Robinson
The Margaret Ann and Walter Robinson Foundation
Marie D. Robinson
Estate of Marizona Robinson
Neal and Jody Robinson
Jeanette Roch
John and Carol Rochford
William Rochford
Ruth Rodgers
Buddy and Katherine Rogers
Juanita Rogers
M. C. Rogers
Cathryn J. Rolfe
Bob and Kathy Rolfe
Leanna Rolla
C. B. Rollins III & Delinda Rollins Charitable Lead Unitrust
James M. Rollins
John and Maile Romanowski
Myra E. Romeo
Betty J. Rooker
Ed and Vera Rooker
Mrs. Duke J. Rose
Kathleen Roselli
Mr. and Mrs. Philip Roseman
Dr. Howard and Betty Lee Rosen
Bernie and Terry Rosenblum
Jamie Rosenfeld
John A. Roth
Rebecca Roth
Richard and Johanna Rothberg
Russell and Alice Rothman
Marty and Martha Rothschild
Mr. and Mrs. Robert C. Rourke
Susan Rowan
Mrs. Fred Rowe
Mike and Mary Anne Rowe
Marjorie Rowell
Dr. Rob Roy
Hiasaura Rubenstein
Cherie Rudolph
Mason and Kelly Rudolph
Mary Frances Rudy
Mike and Ginger Ruehlen
Renee Ruiz
Harlan H. and Martha Rundle
Bill Runyon
Patricia A. Rush
Tracy Rusin
Russell's Pest Control
Charles and Susan Russell
Georgianna Russell
Sherman Russell and Family
Virginia E. Russell
Vincent Russo Jr.
Claudette A. Ryan
Bette E. Ryan
Estate of Elizabeth Atwood Ryan
Kelly and Pat Ryan
Nancy Ryan
Pat and Kathy Ryan
Larry T. Rychen
Kirk Ryder and Lucy Carter
Tommy and Linda Rye
S.C. Manufacturers Alliance
Estelle Sack
Gary and Sherrie Sadler
Karen Sadler
Teresa Sadler
David and Quincy Salam
John and Christine Salvage
Sam's Sports Bar & Grill, LLC
Sam's Sports Grill-Hendersonville, LLC
Sam's Sports Grill-Murfreesboro, LLC
Jessica Anchor Samuels
Karol Sanders
Ken and Anne Hopkins Sanders
Martine Sanders
Rebecca Sanders
Richard J. Sanders
Martin and Glynis Sandler
Sandy Shores Inc.
Alma Sanford
Betty Sanford
Jay and Sandy Sangervasi
David and Katherine Sano
Angela Sarola
Savage Lumber Co. Inc.
Don E. Savage
Susan Savage and Stephen Mallett
Janet Savoie
Cynthia Sawyer
Don Sawyer
Mr. and Mrs. John F. Sawyer
Scales Elementary School
Deniece Scales
Mr. and Mrs. R.T. Scantlebury
Robert and Jayne Scarlett
Rick and Lynn Scarola
Colleen Scarpelli
Katharine L. Scates
Mark Schaffel
Jeff Schall
Robert and Debra Schamberg
Estate of Sidney W. Schatten
Liz Schatzlein
Rose Marie Schell
Joseph and Susan Schipani
Helen Schley
Tatyana Schmidt
Jack C. Schmitt
Schneider Electric North America Foundation
John and Judy Schneider
Katy Schneider
Sally Schneider
Jason and Kristi Schnell
Melinda Schoch
Melissa Schoemer
Paul and Darnell Schoen
Tony and Bobbie Schofield
Marion Schow
Brian Schreiber
Christi Schroader
Jim Schroeder
Katherine Schroh
Drs. David and Katharine Schull
James and Suzanne Schulman
Barbara J. Schulz
Deborah Schumann
George Schutt
Schwab Charitable Fund
Marvin and Ellen Schwartz
Catherine Sconiers
Jimmy and Louise Scott
Ronnie and Elaina Scott
Mr. Jud Scott, CPA
Mary Anne and Tom Kitchens
Sherry Scott
Steve and Gena Scott
Rhea Scott
Mr. and Mrs. Addison B. Scoville III
Vonda Scruggs
Tom and Carol Seador
B.J. Seals
Barbara L. Seay
James and Lorinda Seeley
Shawn and Gail Seibold
Seigenthaler Public Relations
Nancy Sellars
Chris and Vanessa Sellers
Blythe Semmer
Peter and Emily Serio
SESAC Inc.
Sessions Paving Company
Jenny Settle
John and Karen Seufert
Seyfarth Shaw LLP
Pete and Peggy Shack
Dea Shackelford
Darlene Shadden
John and Karen Shafer
Mike and Pam Shampain
David and Jennifer Shane
Juanita Shaver
Dan Shaw
Norman and Gloria Shaw
Joan B. Shayne
Jeffrey Shearer
Martha Shedden
Marcia B. Sheegog
Sheet Metal Workers Local 177
Elaine Sheets
Shell Oil Company Foundation Matching Gifts
Mary Louise Shell
Ms. Beth Shelton
Toni Shepard
Rachel Shepard
Stephen and Nancy Shepard
Betty Sheridan
Sherrard & Roe, PLC
Tom and Dana Sherrard
Billy and Charlene Sherrill
Steve and Nancy Shiflet
Emma Shoaf
Anne Shockley
Judith E. Shockley
B. Kyle and Angela Shofner
Sherri Shofner
Merle and Geraldine Short
Jerry and Margie Shouse
Bill and Barbara Shouse
Tommy and Pam Shriber
Don and Bertie Shriver
Shuffs Music Sales & Studios
David and Billie Shulhafer
Bob and Phyllis Shulman
Shur Brite Car Wash
John and Susan Shuster
Amy Sibulkin
Steve and Terri Sieckhaus
Tom and Michelle Sieckhaus
Crea Sielbeck
Miss Doris Silber
Dennis Silkwood
Steve and Carol Silver
Valerie Silver
SIOR Eastern Tennessee Chapter
Bill and Sue Simmons
Ralph and Stephanie Simmons
Genevieve Simons
Luke and Susan Simons
Jean Simpson

Meredith Simpson
Robert and Dianne Simpson
Mary Maude Sims
Ruth Sims
Jere and JJ Sinclair
Ruth R. Sinquefield
Lois Sinz
Dickie and Suzi Sittel
Leon and Patricia Sitter
Hank Sitzman
Pamela Sixfin
Mary Skinner
Nancy Skinner and Mike Sage
Christine Skold
Robert Skucy
Skyline Auxiliary of Skyline Medical Center
Tom and Susan Slater
Carolyn Slayden
Trevor and Libby Sledge
Maurice Sleigh
Jay and Patsy Sloan
Melvin and Beverly Sloan
Robert Sloan
Mr. and Mrs. Irvin L. Small
Geoffrey and Sally Smallwood
Chris and Jahn Smiley
Jerry C. Smiley
Smith Funeral Home
Smith, Brown & Groover Inc.
Smith, Wiles Co., P.C.
Alice J. Smith
Barbara Owen Smith Family Foundation
Brad Smith
Carole Smith
Charles F. Smith Jr.
Christine Smith
David and Gardner Smith
David Smith
Donald and Deborah Smith
E. Dan and Sue Smith
E. Raymond and Helen Smith
Elizabeth J. Smith
Mr. and Mrs. Gary Lee Smith
Helen Smith
Jeanne Cilley Smith
Jerry and Betty Nicks Smith
Joyce Smith
Karen M. Smith
Mr. and Mrs. Lanty L. Smith
Larry and Virginia Smith
Ms. Leone Smith
Lester and Kathryn Smith
Lois J. Smith
Martha W. Smith
Melissa Smith
Nina M. Smith
Ollie and Mina Smith
Oscar Ray Smith
Peggy Smith
Mrs. Gerald Smith
Rachel Smith
Randy and Lisa Smith
Becky Smith
Rickey and Margaret Smith
Roy and Carol Smith
Ruth A. Smith, Ph.D.
Seth and Elynor Smith
Shannon Smith
Thomas L. Smith Jr.
W. Frank Smith III
Ruth A. Smith
Rosella Smith
Toni Smithson
Smoky Mountain Rodeo Association
Stuart Smothers
Smyrna Bowling Center
Smyrna Church of Christ
Debbie Snedegar
Dr. and Mrs. James D. Snell Jr.
Danny and Jan Snider
Martha Snyder
Eloise D. Sobolewski & Grant
Ann Soderquist
Scott Sohr
Carol Solesby
Evelyn Solin
John Sonday
Phyllis Songer
Soroptimist International of Franklin
Gary and Patty Soule
South Central Tennessee Development District
Miriam Southerland
Southern Oncology Inc.
Southern Textile Association Inc.
Dennie and Ruby Spann
Albert Speach
Judy Speed
Nan Speller
Bill and Elaine Spence
Calvin and Darlene Spence
Brad, Amanda & Owen Spencer
Evelyn Petrucelli Spencer
Sperry's Restaurant
Sperry's Restaurant Cool Springs
Barbara Speyer
Mr. and Mrs. Stuart Speyer
Dr. and Mrs. Anderson Spickard Jr.
Michael A. and Linda Spier
John Spight
Estate of Lillian W. Spight
Janice L. Spillman
Sherri Spinelli
Bernice Spitzer
Anita Spiva
Spotland Productions
Jimmy and Frances Spradley
R. Wendell Spragins
Bill and Jane Ann Sprague
Ronald and Linda Springer
Harry and Betty Sprinkle
Karen G. Sprinkle
Christopher and Sunny Spyridon
Jane Srygley
Mollie St. John
Buddy and Margo Stack
George and Julie Stadler
Mr. and Mrs. James R. Stadler
Donna Staed
James and Kitty Stafford
StagePost Studios
Bill and Carol Stage
Reva Staggs
Mary Lane Futrell Stain
Steve and Anna Stallins
Wende Stambaugh
Bonnie J. Stamper
Adell H. Stamps
Dave and Carole Stanfield
Mr. and Mrs. Lindon B. Stanley
Natalia Starzynski
State Of Tennessee Department of Transportation
State Volunteer Mutual Insurance Company
Judy Steagald
Mrs. Allen Steele
Louise Steele
Peggy Steele
Tom and Katie Steele
Betty Steely
Helen J. Stein
Stevan and Patrice Steinhart
James Steinhebel
Dick and Loretto Steinmetz
Bob and Gerri Steltjes
Frank E. Stenberg
The Family of Marc and Terry Stengel
Patricia G. Stengel
Stephens Brothers Auto Interior LLC
Jack and Donna Stephens
Jacky and Jean Stephens
Jo Ann Stephens
Teela Stephens
Jana Stephenson
Louise W. Stephenson
Nola Stephenson
James and Janet Sterchi
Paul and Gloria Sternberg
Edward C. Stevens
Frank W. Stevens Jr.
John W. Stevens
Lem B. Stevens Jr.
Karen Stevenson
Grace Stewart
James and Martha Stewart
Mr. and Mrs. John F. Stewart
Barry and Leslie Stillman
Christine Stinson
Phil and Betty Stinson
Ginny Stohl
Ira and Betty Stoker
Jean Stoker
Wendy Stoker
Dana Stoller
Charles M. Stone Jr.
David Stone
Mizella Stone
Stones River Church of Christ
Deborah E. Story
Mr. and Mrs. Roddy L. Story Jr.
Wade and Wanda Story
Colette Strassburg
Leon and Charlotte Strauss
Al and Ruth Starr Strayhorn
Dr. and Mrs. William David Strayhorn
Street Dixon Rick Architecture, PLC
Robert and Ann Street
Troy Street
Mr. and Mrs. Gene Stribling
Charles S. Stribling
Doug and Lyn Strickland
Robert Strickland
Howard and Hope Stringer
Paul and Janice Stroessner
Jack and Gail Stroud
Karen R. Strupp, Ph.D.
Lottie Strupp
Dorthy F. Stuart
Herbert and Peggy Stuart
Phil and Eve Stuart
Bonnie Stuck
Billie Stuck
Stuller Family Foundation
Betty Ann Stumb
Robin Borck Sturgis
Norma Jean Suiter
Lorna Sullins
Sullivan Electric
Curtis and Leigh Sullivan
Lisa Sullivan
Regina Sullivan
Steve Sullivan
Thomas and Sheryl Sullivan
Wes and Wendy Sullivan
Bessie B. Summar
D.W. and M.J. Sumner
Sunday Yard Sale
Sun Life Financial
SunTrust Banks Inc.
SunTrust Computershare
SunTrust Foundation
SunTrust United Way Campaign
Dan and Aileen Surface
Tom and Elizabeth Surface
Susan G. Komen Greater Nashville
Marilyn Sutherland
Barrett B. Sutton
Barrett B. Sutton Jr.
Craig and Kristi Sutton
Don D. Swain
Ron and Susan Swang
Renee Swanson
Mr. and Mrs. George H. Sweeney
James R. Sweeney Jr.
Matt & Judy Sweeney
Wayne D. Sweet
Barbara Swift
Steve Swift
Mr. and Mrs. William H. Swiggart III
Sandra Symes-Gilbert
Mark and Debra Szyperski
T & T Family Foundation
Marty Tabner
Janet Tabor
Frank and Jane Tacker
Evelyn Tade
Joe and Bonnie Taggert
Sharon Taguchi
Ernestine Talbert
Steven and Heather Taliaferro
Jack and Evelyn Talkington
Samuel W. Talley
Mazell Tambornini
Beth Tannenbaum
Helen R. Tanner
Howard and Anita Taradash
Mrs. Fred Tarkington
Wilson and Connie Tate
Taylor Funeral Home Inc.
Carol Taylor
Connie Jane Taylor
Cy and Stacey Taylor
David and Debra Taylor
Dean G. Taylor
Dovie Young Taylor
Ed and Tena Taylor
J. W. and Helen Taylor
Kelli Taylor
Cathy Taylor
Kimberly R. Taylor
Dr. and Mrs. Lowell W. Taylor
Mark and Lorraine Taylor
Peggy Taylor
Phillip Taylor
Bob and Nancy Taylor
Mr. and Mrs. Steven H. Taylor
Reverend and Mrs. Tim Taylor
Walter and Patsy Taylor
Wayne and Linda Taylor
Whitley and Phyllis Taylor
Mr. and Mrs. Billy Taylor
Bill and Pam Teas
Mr. and Mrs. Charlie L. Teasley
TelecomPioneers
Jacqueline M. Telford-Meguiar
Peter Tempkins
Temple Ohabai Sholom
Eleanor Templeton
Mr. and Mrs. J. Lillard Templeton

Thank you for your support! You make our mission possible.

Terry and Carol Templeton
Tenant Building Group, LLC
Tenant Building Group, LLC
Jim and Pam Terrell
Paul E. Teschan
Elton J. Tester
Dwight Tew
Textron Salaried Retirees
Allison Thigpen
Julie A. Thomas
Carole Thomas
Judy G. Thomas
Pat Thomas
William Steve Thomas
Brad Thomason
Carol Ann Thomason
Dr. and Mrs. David D. Thombs
Thompson Appalachian Hardwoods Inc.
Andrea Thompson
Carl and Polly Thompson
Carol Thompson
Carol J. Thompson
David M. Thompson and Jane R. Talley
Diana R. Thompson
Dorothy Thompson
Elaine Thompson
Mr. and Mrs. Howard A. Thompson
Jack Thompson
Jodi Thompson
John and Faye Thompson
Betsy Thompson
Mark and Joan Thompson
Martha C. Thompson
Mary P. Thompson
Mary Palmer Thompson
Nancy Thompson
Fred and Judi Thompson
Ed and Jo Thornton
Jimmy and Becky Thornton
John and Nancy Thorpe
John Thrash
C.T. and Sheila Thurman
Diane Thurston
Clay and Boo Tidwell
Duel M. Tidwell
James Tidwell
Mike Tidwell
Stan and Julia Tidwell
Ms. Lori H. Tigert
Robert William Tilford
Andy and Arleen Timbs
Tonya Timbs
Ruby Timmons
Tioga Hardwoods Inc
Richard and Peggy Tippens
Ancel Tipton Jr. M.D., PLLC
Mr. and Mrs. John H. Tipton Jr.
Donald Tisdale
Beth Toberman
Mr. and Mrs. Robert H. Tobler
Mr. Michael Todd
James N. Tokarski
Noel and Rebecca Tolbert
Wayne and Vickie Tomlinson
Lillian Tom-Orme
Ritchie and Wendy Tompkins
Leon Tonelson
John and Ann Tormey
Town & Country Golf Association
Town of Coopertown
Andrew and Jan Townes
Billie J. Townsend
Phyllis Townsend
Tracy Toy
Laurence O. Trabue Jr.
Lucinda T. Trabue
Martha J. Trammell
Leslie E. Traughber Jr.
Travelers
Ken and Shaila Travis
Brian and Millie Tremlett
Barbara Trewhitt
Trice Hughes Inc.
Roy and Mary Trice
William Edward Trickett
Cathy K. Trigg
Mary Trimble
Connie Mack Tripp
Drew Trotman
Robert Trotter
Bill and Mila Truan
Don and Susan Truex
Phyllis Truhel
Truist
Earl and Ina Trundy
TrustCore Financial Inc.
Rosemary Trusty
Truxton Trust
Wayne Tucker
John and Mary Jo Tuley
Jon Tumen
Tune, Entrekin & White, P.C.
Mr. John C. Tune
Travis and Linda Turk
Edward and Edith Turkington
Barbara Turner
Cal Turner Family Foundation
Scott and Meg Turner
Davis W. Turner
Ellen Turner
Glenn and Margaret Turner
Doug and Melinda Turner
Martha J. Turner
Sue Turner
James and Sandra Turney
Phyllis J. Turpen
Tusculum Church of Christ
Gail Tweedy
Two Rivers Seniors Golf Association
Dan Tyler
Randy and Gina Tynes
Kurtis Ullein
Roger and Susan Underwood
Martha B. Underwood
United Food and Commercial Workers -- Local 1995
United Methodist Publishing House
United Way of Central Indiana Inc.
United Way of Central Ohio
United Way of Greater Cincinnati
United Way of Greater Knoxville
United Way of Greater Milwaukee
United Way of Greater Philadelphia & SNJ
United Way of Greater Rochester
United Way of Lawton/Fort Sill
United Way of Metropolitan Nashville
United Way of Rutherford and Cannon Counties Inc.
United Way of Sumner County
United Way of the Coastal Empire
United Way of the Greater Clarksville Region Inc.
United Way of the Midlands
United Way of Williamson County
United Way of Wilson County
Unum Group
Alan D. and Connie Upright
Mr. and Mrs. O. D. Upshaw Jr.
Sherry U'Sellis
US Bank
Richard and Laura Valdez
Carolyn Valent
Robert A. Valosik
Eleanor Van Cleave
Bob and Lea Van Cleave
Jan van Eys, M.D., Ph.D.
Myra Sue Van Hook
Peter Van Hoven
Ed and Gayle Vance
Larry and Carol Vance
Patricia Vance
Sandra Vandergriff
The Vanguard Group
Jack and Wanda VanHooser
Gary and Peggy Vann
Tammie Vann
James and Carol Vanorsdel
Laura Vantrease
Robert Vantrease
Mr. Edward Vanvoorhees
Edie Vaughn
Tim and Ellen Vaughn
Wayne and Sandra Vaught
Alys Venable
Verizon Foundation
Verona Elementary School
Paige Vick
Mr. and Mrs. James F. Vienneau
Mr. Jerry B. Viering
Glen and Kim Vincent
Daniel and Jessica Viner
George Vlahakis
Jacque and Jean Voegeli
Alexandra Von Hoffmann
David and Barbara Voron
Melody Voyles
Vultee Church of Christ
Bill and Anna Wadlington
Betty J. Wagner
Hilary Wagner
Mr. and Richard C. Wagner
John and Lynda Wagster
Juanita Waits
Virginia Wakefield
W. F. Waldkirch Jr.
Steve and Barbara Waldrep
Ronald and Janet Waldron
Roy L. Waldron
Robert H. Waldschmidt
John D. Walker
Dr. and Mrs. Joseph A. Walker Sr.
Marie J. Walker
Mary Walker
Mildred Walker
Stephanne Walker
Tommy and Tammy Walker
Randy and Lisa Wall
Ann Wallace
Anne B. Wallace
Anne Bransford Wallace Foundation
Charles D. Wallace Sr.
Jeanne Wallace
Jerry and Doris Wallace
Larry and Mary Ann Wallace
Renee E. Wallace
Scott and Donna Wallace
Mrs. Walter Wallace
Waller Lansden Dortch & Davis LLP
Penelope Waller
Elizabeth C. Walls
James and Janet Walls
Kevin M. Walsh
Mark Walter
Sandra J. Walton
Carol Walz
Beth Wammack
A. J. and Jean Ward
Alice Ward
Ben and Susan Ward
Irene Ward
Mr. and Mrs. James C. Ward III
Jim and Susanne Ward
Kevin Ward
Ms. Pat Y. Ward
Scott Ward
Lorraine Ware
Bill and Janet Warfield
Imogene Warner
Billy and Joyce Warner
Jay and Teri Warner
John and Peggy Warner
Mr. and Mrs. Robert J. Warner Jr.
Billy and Frances Warpool
Mr. and Mrs. J. Arch Warren
Kimberly A. Warren
Neil and Penny Warren
Anne Washburn
Washington Foundation
Ruth Wassynger
Carolyn Waters
Jamye Waters
Mr. and Mrs. William T. Watkins Sr.
David and Faye Watson
Ron Watson and Jeff Corvin
Joe Watson
Grace Watts
Russ and Evelyn Watts
Ken Wavering
Cary Way
Tim and Shelia Wayman
David Weatherman
Paul Weathington
Nicky Weaver
Shelia Weaver
Elizabeth C. Weaver
James A. Webb III
Mr. and Mrs. Kenneth E. Webb
Leslie and Jane Webb
Melba M. Webb
Mike and Jamie Webb
Anne H. Webber
Dwayne and Pat Webber
Ms. Betty J. Weber
Barton Webster
Carol Webster
William Weddington
Teresa L. Weekly
Danny and Annette Weeks
Mr. and Mrs. Charles T. Wehby
Mr. and Mrs. H. Martin Weingartner
Susan Weinstein
Donnie and Alice Weiss
Meg Weiss
Sandra Welborn
Gayle Welch
Carolyn Welden
Donna Weldon
Steve and Debra Weldon
Jerome G. Welkom
David and Ginny Welles
Wells Fargo Advisors, LLC
Wells Fargo Bank, N.A.
Ann Harwell Wells
Charlie and Johnnie Wells
Dennis J. Wells, DDS
Joan W. Wells
Michael Wells
Leanne Welsh
Max and Julie Wender
Sharlene Wendler
Steven and Vanesa Wenz
Joni Werthan
Wesleys Chapel UMW
West End Home Foundation
West End Methodist Church
West Nashville Cumberland Presbyterian Church
Axson and Ann West
Gary and Jan West
Larry J. West
Penny West
Westchester Group Investment Management Inc.
David and Brooks Westerhoff
Misty S. Whaley
Charles Wheeler
Steve and Meredia Wheeler

Donna Whidby
Mr. and Mrs. R.C. Whitaker
Anne D. White
Austin and Nancy White
Charles P. White
Colleen White
Dudley B. White
Jim and Jane White
Mr. and Mrs. James L. White
Mr. and Mrs. Jerry A. White
Joe and Debby White
Mack and Jan White
Nancy M. White
Mr. and Mrs. Paul C. White
L.C. Whitefield
Andrew J. Whitelaw
Daniela Whitenack
Daniel and Rosie Whitlow
Dave and Camille Whitson
Paula Whitson
Sue S. Whitson
Joe and Beth Whitson
Barbara B. Whittemore
Karen Whittier
Ed and Pat Whittington
Cindy Whitworth
Eleanor Whitworth
WholeCare Connections
Nancy Wickersham
Wil Ro Inc.
Charline Wilhite
Sue Churchill and John Wilhoit
Pat Wilkerson
Percy and Virginia Wilkins
Larry and Sandra Wilkinson
Jack and Rena Willey
Alys Williams
Brian and Sarah Williams
Caroline Haley Williams
David and Terryl Williams
Donald E. Williams
Doug and Carol Williams
Jim and Julia Williams
James Auburn Williams
Jerry and Mary Ellen Williams
Marcia Williams
Michael and Margaret Williams
Norvel Ray and Peggy Jane Williams
Reca L. Williams
Roger and Juli Williams
Terry and Carol Williams
Virginia S. C. Williams
Walter M. Williams Jr.
Dr. W. Carter Williams Jr.
Williamson County Newcomers Club
The David G. Williamson Jr. Family
Steve and Barbara Williamson
Mr. and Mrs. Russell L. Willis
Ridley and Irene Wills
Mr. and Mrs. Ridley Wills III
Wilson County Chapter AARP #5023
Wilson County Motors
Candace Wilson
Cathy Wilson
Connie Wilson
David Steven and Suzanne S. Wilson
Hal E. Wilson
Henry Wilson
Mr. and Mrs. J. David Wilson
Jean E. Wilson
Brad and Mona Wilson
Martha Wilson
Mike and Lisa Wilson
Paula R. Wilson
Penelope Wilson
Bob and Hester Wilson
Tommy and Carol Ann Wilson
Wade and Tracy Wilson
James and June Winchester
Ann B. Windrow
Norm and Sandra Windt
Virginia Winfrey
Amy Winkleblack
Orval and Beverly Winters
Mr. and Mrs. Larry G. Wirth
Mrs. Bill M. Wise
Elizabeth D. M. Wise
Roger and Reda Witherow
Louise Withers
Dr. and Mrs. Frank G. Witherspoon
John A. Witherspoon Jr.
Mr. and Mrs. Donald J. Witman
Sylvia L. Wohler
Leona G. Wolery
Willis Ann Wolff
Lewis and Judy Wolhar
Sally Wolkoff
Nancy L. Wolpe
Price B. Womack
Royce Womack
Women of Harpeth
Presbyterian Church
David and Beth Wood
Don and Cathy Wood
James and Cynthia Wood
Kandi Wood
Katherine M. Wood
Mr. and Mrs. Lewis F. Wood Jr.
Renee Wood
Shannon Wood
Charly and Wendy Woodall
Mike and Cindy Woodall
Tom and Carol Woodard
Roger and Ashley Woodman
Woodmont Investment Counsel, LLC
Bob and Judy Woods
C. L. Woods
Miriam Woods
Bob and Barbara Woolf
Helen J. Woolfolk
Mrs. E. H. Woolwine Jr.
Janis Wootten
Mr. and Mrs. James Woracheck
Cheryl Workman
Bob and Jayne Workman
World Outreach Church
Mr. Alan J. Wormer
Dr. Charles E. Worrell
Novice Wray
Dr. and Mrs. Taylor M. Wray Jr.
Chris and Patty Wright
Elizabeth P. Wright
Edna R. Wright
John Wright
Mark and Sheri Wright
Mr. and Mrs. Monte Wright
Pleas and Kathryn Wright
Robert and Edwina Wright
Will and Eileen Wright
William and JoAnn Wyatt
Rich Wyckoff
Scott and Rita Wyllie
Charles E. Yancey Jr.
Glenn Yarbrough
Dora Yates
Sharon Yates
Dale and Marny Yenzer
Mr. and Mrs. Bobby Yingling
Pat and Jenny Yokom
Peggy Sue York
Brent Young
Cathy Young
Dianne Young
Dorothy Parrish Young
Jo Ann Young
Kevin and Karen Young
Kitty Gillespie Young
Michelle Young
Monty and Linda Young
Mr. and Mrs. Robert B. Young
Susan Lyell Young
Neoma Youree
George and Norene Yowell
Jerry and Helen Zachry
Chip Zahn
Bud and Barbara Zander
Barry and Linda Zeitlin
Shirley Zeitlin
Dorothy Zellner
Al & Zach Zettergren
Edwin Zimmerle
George and Jacque Zimmerman
Pamela L. Zimmerman
Raymond and Etta Zimmerman
Brigitta Zimmermann
Mike and Nancy Zoretic

Midmonth Report for April 2014

* This report is a count of people taken in the middle of the month for which the report was run.
* This report is run three months after the month of the report in an effort to reduce fluctuations in the results.

MCO	REGION	Total
Awaiting MCO assignment		284
AMERIGROUP COMMUNITY CARE	Middle Tennessee	205,653
BLUECARE	East Tennessee	217,403
BLUECARE	West Tennessee	180,607
TENNCARE SELECT	All	46,415
UnitedHealthcare Community Plan	East Tennessee	204,800
	Middle Tennessee	206,228
	West Tennessee	179,638
Grand Total		**1,241,028**

	Female				Female	Male				Male	
COUNTY	0 - 18	19 - 20	21 - 64	65 -->	Total	0 - 18	19 - 20	21 - 64	65 -->	Total	Grand Total
ANDERSON	3,860	275	3,425	592	8,152	3,983	206	1,690	258	6,137	14,289
BEDFORD	3,355	218	2,410	241	6,224	3,559	123	1,012	107	4,801	11,025
BENTON	888	74	873	134	1,969	967	63	459	70	1,559	3,528
BLEDSOE	732	56	662	116	1,566	841	42	390	51	1,324	2,890
BLOUNT	5,385	409	4,735	651	11,181	5,480	275	2,155	290	8,199	19,380
BRADLEY	5,141	400	4,629	635	10,804	5,493	230	2,053	270	8,046	18,850
CAMPBELL	2,692	233	3,131	646	6,702	2,813	178	1,749	363	5,103	11,805
CANNON	669	46	655	121	1,492	753	52	297	50	1,152	2,643
CARROLL	1,667	181	1,730	336	3,913	1,852	121	868	141	2,982	6,895
CARTER	2,921	234	2,761	702	6,618	3,087	166	1,432	260	4,946	11,564
CHEATHAM	1,812	148	1,528	172	3,660	1,921	97	701	73	2,793	6,453
CHESTER	935	75	860	149	2,019	963	64	355	62	1,444	3,463
CLAIBORNE	1,859	170	1,987	545	4,561	1,979	123	1,213	245	3,560	8,121
CLAY	491	34	437	107	1,069	508	23	283	82	896	1,965
COCKE	2,574	193	2,538	440	5,745	2,645	143	1,427	224	4,439	10,184
COFFEE	3,193	220	2,795	377	6,586	3,236	124	1,232	165	4,757	11,343
CROCKETT	1,016	80	791	206	2,093	982	53	375	76	1,486	3,578
CUMBERLAND	2,883	208	2,479	495	6,065	3,016	172	1,271	211	4,670	10,735
DAVIDSON	37,068	2,304	28,982	3,191	71,546	38,115	1,710	11,234	1,499	52,557	124,103
DECATUR	602	62	580	199	1,442	676	29	351	66	1,122	2,564
DEKALB	1,242	66	1,095	187	2,591	1,317	54	566	101	2,039	4,629
DICKSON	2,555	210	2,332	287	5,383	2,757	155	964	110	3,985	9,368
DYER	2,461	235	2,359	427	5,482	2,611	162	990	148	3,911	9,393
FAYETTE	1,681	122	1,381	288	3,472	1,767	88	622	140	2,618	6,089
FENTRESS	1,239	120	1,252	359	2,971	1,362	91	832	171	2,455	5,426
FRANKLIN	1,792	146	1,635	255	3,827	1,884	109	755	101	2,848	6,675
GIBSON	2,959	257	2,891	613	6,719	3,208	186	1,288	260	4,943	11,662
GILES	1,431	112	1,283	236	3,061	1,424	86	643	97	2,250	5,312
GRAINGER	1,314	106	1,151	285	2,855	1,318	84	713	148	2,263	5,118
GREENE	3,204	265	3,327	724	7,519	3,467	149	1,709	369	5,694	13,214

	Female				Female	Male				Male	
COUNTY	0 - 18	19 - 20	21 - 64	65 -->	Total	0 - 18	19 - 20	21 - 64	65 -->	Total	Grand Total
GRUNDY	1,065	89	1,091	221	2,467	1,160	77	611	128	1,977	4,443
HAMBLEN	4,022	237	2,937	511	7,707	4,090	172	1,330	219	5,812	13,519
HAMILTON	15,667	1,197	14,258	2,214	33,336	16,452	824	5,814	871	23,961	57,298
HANCOCK	492	53	534	148	1,228	553	49	309	71	981	2,209
HARDEMAN	1,604	131	1,590	328	3,654	1,610	91	793	162	2,655	6,309
HARDIN	1,589	127	1,545	377	3,639	1,664	96	809	202	2,771	6,410
HAWKINS	3,069	250	2,992	572	6,883	3,183	167	1,523	260	5,132	12,015
HAYWOOD	1,396	103	1,400	277	3,176	1,521	88	461	109	2,179	5,355
HENDERSON	1,642	136	1,564	271	3,613	1,719	97	668	103	2,587	6,199
HENRY	1,886	171	1,741	279	4,078	2,019	111	849	101	3,079	7,157
HICKMAN	1,378	124	1,309	186	2,996	1,564	111	712	80	2,466	5,462
HOUSTON	388	26	408	120	942	454	22	208	65	750	1,692
HUMPHREYS	959	79	884	149	2,072	988	43	440	62	1,533	3,605
JACKSON	613	55	618	143	1,428	667	38	357	91	1,153	2,581
JEFFERSON	2,882	197	2,444	490	6,013	3,021	129	1,206	199	4,555	10,568
JOHNSON	929	75	925	286	2,215	984	55	606	150	1,794	4,009
KNOX	17,681	1,200	16,384	2,359	37,623	18,462	839	7,075	1,008	27,383	65,007
LAKE	427	45	527	146	1,145	523	30	245	68	867	2,012
LAUDERDALE	1,895	168	1,794	303	4,159	1,961	123	740	126	2,949	7,108
LAWRENCE	2,330	199	2,079	395	5,003	2,576	136	1,032	157	3,901	8,905
LEWIS	687	61	598	118	1,464	729	49	275	50	1,104	2,567
LINCOLN	1,746	130	1,470	288	3,634	1,821	110	726	114	2,771	6,405
LOUDON	2,153	141	1,638	269	4,201	2,182	87	786	110	3,165	7,366
MACON	1,691	120	1,400	239	3,450	1,729	87	685	111	2,612	6,061
MADISON	6,033	473	5,650	824	12,980	5,992	307	2,008	322	8,629	21,610
MARION	1,628	136	1,614	238	3,616	1,660	93	704	125	2,581	6,198
MARSHALL	1,576	107	1,362	157	3,201	1,668	77	563	67	2,374	5,575
MAURY	4,324	299	3,650	526	8,798	4,561	220	1,470	187	6,438	15,237
MCMINN	2,844	223	2,572	498	6,138	2,983	142	1,194	204	4,522	10,660
MCNAIRY	1,656	155	1,712	393	3,916	1,769	121	938	192	3,020	6,935
MEIGS	711	72	649	84	1,516	743	48	346	47	1,184	2,700
MONROE	2,619	217	2,406	497	5,738	2,852	137	1,250	245	4,483	10,221
MONTGOMERY	7,469	535	6,527	644	15,175	7,799	327	2,215	225	10,566	25,741
MOORE	203	19	152	47	420	254	17	75	15	361	781
MORGAN	1,166	89	969	185	2,410	1,217	66	524	104	1,911	4,321
OBION	1,834	132	1,731	296	3,993	1,941	77	694	103	2,815	6,808
OVERTON	1,151	106	999	257	2,513	1,258	80	570	140	2,048	4,561
PERRY	518	40	408	82	1,048	524	33	241	41	839	1,887
PICKETT	233	16	223	92	564	291	8	136	35	470	1,034
POLK	895	76	873	148	1,993	946	64	450	76	1,536	3,529
PUTNAM	3,830	350	3,414	722	8,317	3,948	219	1,799	308	6,275	14,591
RHEA	2,274	152	1,880	331	4,637	2,284	130	916	124	3,454	8,090
ROANE	2,396	188	2,513	516	5,613	2,690	121	1,372	218	4,400	10,013
ROBERTSON	3,453	218	2,477	359	6,507	3,639	136	988	157	4,920	11,427
RUTHERFORD	11,787	890	8,836	967	22,480	12,294	549	3,139	407	16,389	38,869
SCOTT	1,769	145	1,750	381	4,045	1,848	111	979	194	3,132	7,177
SEQUATCHIE	959	73	852	145	2,029	972	60	462	52	1,546	3,574
SEVIER	4,786	333	3,560	456	9,134	5,166	191	1,494	155	7,005	16,139
SHELBY	69,261	5,401	57,868	6,517	139,048	71,019	4,006	17,936	2,520	95,480	234,528

	Female				Female	Male				Male	
COUNTY	0 - 18	19 - 20	21 - 64	65 -->	Total	0 - 18	19 - 20	21 - 64	65 -->	Total	Grand Total
SMITH	1,027	91	908	163	2,190	1,039	43	428	62	1,572	3,762
STEWART	646	58	664	111	1,479	704	35	326	51	1,117	2,596
SULLIVAN	7,208	545	7,345	1,280	16,379	7,660	401	3,708	568	12,337	28,715
SUMNER	6,919	487	5,804	757	13,966	7,242	347	2,270	310	10,169	24,135
TIPTON	3,442	305	2,844	353	6,944	3,588	224	1,047	139	4,997	11,941
TROUSDALE	487	40	414	80	1,021	467	41	193	40	741	1,761
UNICOI	876	62	877	264	2,078	996	49	407	113	1,565	3,644
UNION	1,306	100	1,000	160	2,565	1,260	72	571	84	1,988	4,553
VAN BUREN	289	20	261	61	630	326	16	166	46	555	1,185
WARREN	2,623	207	2,238	426	5,493	2,712	127	1,088	180	4,107	9,600
WASHINGTON	5,136	388	5,242	951	11,717	5,285	296	2,515	400	8,496	20,213
WAYNE	745	62	714	174	1,695	795	49	362	71	1,277	2,972
WEAKLEY	1,695	190	1,668	320	3,873	1,770	118	794	109	2,791	6,664
WHITE	1,604	128	1,432	305	3,469	1,684	94	811	118	2,707	6,176
WILLIAMSON	2,759	165	1,994	328	5,245	2,930	119	784	137	3,970	9,214
WILSON	4,341	309	3,699	469	8,817	4,463	208	1,495	179	6,345	15,162
Grand Total	344,285	25,967	300,574	45,974	716,799	358,850	18,366	127,314	19,698	524,228	1,241,028

Bedford County, Tennessee

People QuickFacts	Bedford County	Tennessee
Population, 2013 estimate	45,901	6,495,978
Population, 2010 (April 1) estimates base	45,058	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	1.9%	2.4%
Population, 2010	45,058	6,346,105
Persons under 5 years, percent, 2013	6.8%	6.2%
Persons under 18 years, percent, 2013	26.3%	23.0%
Persons 65 years and over, percent, 2013	14.2%	14.7%
Female persons, percent, 2013	50.6%	51.2%
White alone, percent, 2013 (a)	87.7%	79.1%
Black or African American alone, percent, 2013 (a)	8.2%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	1.0%	0.4%
Asian alone, percent, 2013 (a)	1.2%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.2%	0.1%
Two or More Races, percent, 2013	1.8%	1.7%
Hispanic or Latino, percent, 2013 (b)	11.7%	4.9%
White alone, not Hispanic or Latino, percent, 2013	77.9%	74.9%
Living in same house 1 year & over, percent, 2008-2012	88.8%	84.4%
Foreign born persons, percent, 2008-2012	7.6%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	11.1%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	77.1%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	12.7%	23.5%
Veterans, 2008-2012	3,041	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	25.2	24.1
Housing units, 2013	18,435	2,840,914
Homeownership rate, 2008-2012	69.2%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	10.5%	18.2%
Median value of owner-occupied housing units, 2008-2012	$117,100	$138,700
Households, 2008-2012	16,142	2,468,841
Persons per household, 2008-2012	2.76	2.51
Per capita money income in past 12 months (2012 dollars), 2008-2012	$19,245	$24,294
Median household income, 2008-2012	$39,635	$44,140
Persons below poverty level, percent, 2008-2012	18.9%	17.3%

Business QuickFacts	Bedford County	Tennessee
Private nonfarm establishments, 2012	752	130,592[1]
Private nonfarm employment, 2012	12,019	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	0.8%	1.9%[1]
Nonemployer establishments, 2012	2,889	471,026
Total number of firms, 2007	3,958	545,348
Black-owned firms, percent, 2007	S	8.4%

AUG 15 '14 PM 3:01

Cannon County, Tennessee

People QuickFacts	Cannon County	Tennessee
Population, 2013 estimate	13,775	6,495,978
Population, 2010 (April 1) estimates base	13,801	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	-0.2%	2.4%
Population, 2010	13,801	6,346,105
Persons under 5 years, percent, 2013	5.1%	6.2%
Persons under 18 years, percent, 2013	20.8%	23.0%
Persons 65 years and over, percent, 2013	17.8%	14.7%
Female persons, percent, 2013	50.6%	51.2%
White alone, percent, 2013 (a)	96.5%	79.1%
Black or African American alone, percent, 2013 (a)	1.5%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.2%	0.4%
Asian alone, percent, 2013 (a)	0.3%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%
Two or More Races, percent, 2013	1.4%	1.7%
Hispanic or Latino, percent, 2013 (b)	1.6%	4.9%
White alone, not Hispanic or Latino, percent, 2013	95.0%	74.9%
Living in same house 1 year & over, percent, 2008-2012	89.9%	84.4%
Foreign born persons, percent, 2008-2012	1.7%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	2.9%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	76.6%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	12.6%	23.5%
Veterans, 2008-2012	1,011	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	33.5	24.1
Housing units, 2013	6,014	2,840,914
Homeownership rate, 2008-2012	77.8%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	4.4%	18.2%
Median value of owner-occupied housing units, 2008-2012	$114,300	$138,700
Households, 2008-2012	5,323	2,468,841
Persons per household, 2008-2012	2.56	2.51
Per capita money income in past 12 months (2012 dollars), 2008-2012	$18,652	$24,294
Median household income, 2008-2012	$40,998	$44,140
Persons below poverty level, percent, 2008-2012	16.4%	17.3%

Business QuickFacts	Cannon County	Tennessee
Private nonfarm establishments, 2012	164	130,592[2]
Private nonfarm employment, 2012	1,444	2,344,047[2]
Private nonfarm employment, percent change, 2011-2012	4.0%	1.9%[2]
Nonemployer establishments, 2012	1,023	471,026
Total number of firms, 2007	1,264	545,348
Black-owned firms, percent, 2007	F	8.4%

Coffee County, Tennessee

People QuickFacts	Coffee County	Tennessee
Population, 2013 estimate	53,357	6,495,978
Population, 2010 (April 1) estimates base	52,795	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	1.1%	2.4%
Population, 2010	52,796	6,346,105
Persons under 5 years, percent, 2013	6.0%	6.2%
Persons under 18 years, percent, 2013	24.0%	23.0%
Persons 65 years and over, percent, 2013	16.6%	14.7%
Female persons, percent, 2013	51.4%	51.2%
White alone, percent, 2013 (a)	92.9%	79.1%
Black or African American alone, percent, 2013 (a)	3.7%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.4%	0.4%
Asian alone, percent, 2013 (a)	1.0%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%
Two or More Races, percent, 2013	1.9%	1.7%
Hispanic or Latino, percent, 2013 (b)	3.9%	4.9%
White alone, not Hispanic or Latino, percent, 2013	89.5%	74.9%
Living in same house 1 year & over, percent, 2008-2012	85.5%	84.4%
Foreign born persons, percent, 2008-2012	2.9%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	4.7%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	81.7%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	18.5%	23.5%
Veterans, 2008-2012	4,441	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	22.1	24.1
Housing units, 2013	23,408	2,840,914
Homeownership rate, 2008-2012	68.5%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	13.7%	18.2%
Median value of owner-occupied housing units, 2008-2012	$119,200	$138,700
Households, 2008-2012	21,056	2,468,841
Persons per household, 2008-2012	2.48	2.51
Per capita money income in past 12 months (2012 dollars), 2008-2012	$20,109	$24,294
Median household income, 2008-2012	$38,151	$44,140
Persons below poverty level, percent, 2008-2012	20.6%	17.3%

Business QuickFacts	Coffee County	Tennessee
Private nonfarm establishments, 2012	1,212	130,592[1]
Private nonfarm employment, 2012	19,309	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	3.0%	1.9%[1]
Nonemployer establishments, 2012	3,541	471,026
Total number of firms, 2007	5,398	545,348
Black-owned firms, percent, 2007	1.8%	8.4%

DeKalb County, Tennessee

People QuickFacts	DeKalb County	Tennessee
Population, 2013 estimate	19,164	6,495,978
Population, 2010 (April 1) estimates base	18,723	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	2.4%	2.4%
Population, 2010	18,723	6,346,105
Persons under 5 years, percent, 2013	5.7%	6.2%
Persons under 18 years, percent, 2013	22.6%	23.0%
Persons 65 years and over, percent, 2013	16.9%	14.7%
Female persons, percent, 2013	50.4%	51.2%
White alone, percent, 2013 (a)	96.0%	79.1%
Black or African American alone, percent, 2013 (a)	2.1%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.3%	0.4%
Asian alone, percent, 2013 (a)	0.4%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	0.1%
Two or More Races, percent, 2013	1.2%	1.7%
Hispanic or Latino, percent, 2013 (b)	7.3%	4.9%
White alone, not Hispanic or Latino, percent, 2013	89.6%	74.9%
Living in same house 1 year & over, percent, 2008-2012	87.2%	84.4%
Foreign born persons, percent, 2008-2012	5.9%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	6.6%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	74.1%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	13.8%	23.5%
Veterans, 2008-2012	1,352	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	24.5	24.1
Housing units, 2013	9,362	2,840,914
Homeownership rate, 2008-2012	73.4%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	7.9%	18.2%
Median value of owner-occupied housing units, 2008-2012	$105,400	$138,700
Households, 2008-2012	7,102	2,468,841
Persons per household, 2008-2012	2.58	2.51
Per capita money income in past 12 months (2012 dollars), 2008-2012	$20,396	$24,294
Median household income, 2008-2012	$36,713	$44,140
Persons below poverty level, percent, 2008-2012	19.0%	17.3%

Business QuickFacts	DeKalb County	Tennessee
Private nonfarm establishments, 2012	289	130,592[1]
Private nonfarm employment, 2012	4,760	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	-15.3%	1.9%[1]
Nonemployer establishments, 2012	1,311	471,026
Total number of firms, 2007	1,726	545,348
Black-owned firms, percent, 2007	S	8.4%

Rutherford County, Tennessee

People QuickFacts	Rutherford County	Tennessee
Population, 2013 estimate	281,029	6,495,978
Population, 2010 (April 1) estimates base	262,604	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	7.0%	2.4%
Population, 2010	262,604	6,346,105
Persons under 5 years, percent, 2013	6.7%	6.2%
Persons under 18 years, percent, 2013	25.3%	23.0%
Persons 65 years and over, percent, 2013	9.3%	14.7%
Female persons, percent, 2013	50.7%	51.2%
White alone, percent, 2013 (a)	80.4%	79.1%
Black or African American alone, percent, 2013 (a)	13.5%	17.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.5%	0.4%
Asian alone, percent, 2013 (a)	3.2%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%
Two or More Races, percent, 2013	2.3%	1.7%
Hispanic or Latino, percent, 2013 (b)	7.0%	4.9%
White alone, not Hispanic or Latino, percent, 2013	74.3%	74.9%
Living in same house 1 year & over, percent, 2008-2012	81.1%	84.4%
Foreign born persons, percent, 2008-2012	6.6%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	9.7%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	89.1%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	27.9%	23.5%
Veterans, 2008-2012	19,076	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	26.8	24.1
Housing units, 2013	106,433	2,840,914
Homeownership rate, 2008-2012	68.2%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	20.0%	18.2%
Median value of owner-occupied housing units, 2008-2012	$160,100	$138,700
Households, 2008-2012	95,347	2,468,841
Persons per household, 2008-2012	2.71	2.51
Per capita money income in past 12 months (2012 dollars), 2008-2012	$24,939	$24,294
Median household income, 2008-2012	$55,105	$44,140
Persons below poverty level, percent, 2008-2012	13.0%	17.3%

Business QuickFacts	Rutherford County	Tennessee
Private nonfarm establishments, 2012	4,602	130,592[1]
Private nonfarm employment, 2012	86,256	2,344,047[1]
Private nonfarm employment, percent change, 2011-2012	4.4%	1.9%[1]
Nonemployer establishments, 2012	17,993	471,026
Total number of firms, 2007	20,939	545,348
Black-owned firms, percent, 2007	6.1%	8.4%

SUPPORT LETTERS

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

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

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
www.missionpointhealth.org

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

1840 Medical Center Parkway, Suite 300 | Murfreesboro, TN 37129 | P (615) 848-0488 | F (615) 904-9061

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

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

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

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,

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.

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,

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.

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,

Becky Haynes

DATE:

7/10/14

JUL 15 '14 A9:48

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:

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,

Ben Tittsworth Anita L. Tittsworth

DATE: 7/12/14

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

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,

Brenda B Miller
Robert S Miller

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:

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,

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:

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,

Shery Sweller

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:

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 thirty 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 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 too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost forty years over all and fourteen 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.

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

REEVES•SAIN

AUG 5 '14 AM 9:35

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

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

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,

Robert + Billie Bowen

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.

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,

Emily Roberts

DATE: 7/10/2014

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,

Jennings Henry

DATE:

7/11/2014

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,

Jack & Sandy Mitchell

DATE: 7-11-14

JUL 22 '14 AM 8:13

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,

(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

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,

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

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,

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

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 Ahris, M.D.

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:

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,

Richard Michaelson

Richard D. Michaelson, Jr, MD

DATE:

303 Minerva Drive
Murfreesboro, TN 37130

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,

Timothy Henschel, MD

DATE: 7-10-14

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.

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,

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

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,

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

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: 7-10-14

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

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,

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

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,

Dale Clemmons

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

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: 7/8/14

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:

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,

Joyce Taylor

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:

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,

J Rank 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:

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,

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.

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,

Lee Ann H

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.

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,

Helen Jennings
Leland Jennings
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.

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,

Leslie Akers, FNP.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:

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,

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

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,

Lisa Jerry, CEO, Primary Care + Hope Clinic

DATE:

7/17/14

JUL 21 '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

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,

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

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,

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

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,

Maryalice Giveens

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.

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,

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

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,

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

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,

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:

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 in 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,

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

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,

Todd Mullins, PGA
HEAD GOLF PROFESSIONAL
STONES RIVER C.C.
DATE: 7/8/14

JUL 15 '14 4:57

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:

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,

Rosa Barton

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:

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,

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

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,

Michael J Spinzy

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:

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,

Mr & Mrs Rucker Collier

DATE: 7/9/2014

JUL 15 '14 AM8:48

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:

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: 7/10/14

JUL 21 '14 AM 9:45

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:

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,

Mary T. 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

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,

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

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,

Jean H. Moser

DATE:

JUL 15 '14 AM 9:57
AUG 15 '14 PM 8:02

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 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,

Sheila Delaney

DATE: 7/9/14

State of Tennessee
Health Services and Development Agency
Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax: 615-741-9884

August 22, 2014

John Wellborn, Consultant
Development Support Group
4219 Hillsboro Road, Suite 210
Nashville, TN 37215

RE: CN1408-037
The Residence at Alive Hospice--Murfreesboro

Dear Mr. Wellborn:

This will acknowledge our August 15, 2014, receipt of your application for a Certificate of Need to establish a ten (10) bed residential hospice at an unaddressed site, which lies between Williams Drive and Carl Adams Drive in Murfreesboro (Rutherford County).

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 12:00 noon, Thursday, August 28, 2014. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

---

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.

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.

3. **Section B. Project Description, Item II.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?

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.

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.

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.

4. Section B. Project Description, Item II.B.

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.

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?

5. Section C, Need, Item 1. (Service Specific Criteria-Hospice Services)

1. Adequate Staffing

Please compare the applicant's proposed staffing pattern to the national norms mentioned in the applicant's discussion.

6. Quality Control and Monitoring

Please provide documentation of the applicant's plan for data reporting, quality improvement, and outcome and process monitoring system.

12. Types of Care

What levels of care will the applicant be providing in the residential hospice?

6. **Section C, Need, Item 6.**

Table Thirteen-A for 2014 lists 7,674 days. Is that correct?

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 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?

Please provide an estimate of where the patients that have historically utilized the Saint Thomas West unit will now go for inpatient hospice care

.

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)

7. **Section C., Economic Feasibility, Item 2**

Please provide letters from community donors expressing an interest donating to the proposed project including the amount of the expected donation.

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?

8. **Section C., Economic Feasibility, Item 4 (Historical Data Chart)**

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?

Contractual Adjustments almost double between 2011 and 2013. Please explain

There is a large drop in annual Retirement of Principle between 2011 and 2012. Please explain.

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?

9. Section C., Economic Feasibility, Item 7

Please provide Alive Hospice's funds raised through fundraising for each of the three most recent years.

10. Section C., Orderly Development, Item 3

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?

Has the applicant selected a Medical Director for the residential hospice? If yes please provide the physician's CV.

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.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is October 21, 2014. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. ɜ 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party

opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Mark A. Farber
Deputy Director

MAF
Enclosure

State of Tennessee
Health Services and Development Agency
Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax: 615-741-9884

August 28, 2014

John Wellborn, Consultant
Development Support Group
4219 Hillsboro Road, Suite 210
Nashville, TN 37215

RE: CN1408-037
The Residence at Alive Hospice--Murfreesboro

Dear Mr. Wellborn:

This will acknowledge our August 26, 2014, receipt of supplemental information to your application for a Certificate of Need to establish a ten (10) bed residential hospice at an unaddressed site, which lies between Williams Drive and Carl Adams Drive in Murfreesboro (Rutherford County).

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 12:00 noon, Friday, August 29, 2014. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

---

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.

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?

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?

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is October 21, 2014. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. ɔ 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Mark A. Farber
Deputy Director

MAF
Enclosure

ORIGINAL-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: CN1408-037
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.

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

AUG 28 '14 PM 3:15

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

ORIGINAL-
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

SUPPLEMENTAL- # 1
August 27, 2014
2:50pm

COMMERCIAL LEASE AGREEMENT

This lease agreement is made this 26th day of August, 2014, between PIRTLE FAMILY LIMITED PARTNERSHIP, a Tennessee family limited partnership (hereinafter referred to as "Landlord"), and ALIVE HOSPICE, INC., a Tennessee not for profit corporation (hereinafter referred to as "Tenant").

WITNESSETH:

For valuable consideration paid and received, Landlord hereby leases to Tenant, and Tenant hereby leases and hires from Landlord, subject to the terms and conditions hereinafter expressed, certain improved real estate known as Lot 13, Parkway Office Park, located in the City of Murfreesboro, County of Rutherford, Tennessee, which is more particularly described in the attached Exhibit A (the "Land"), along with the improvement constructed thereon, which are more depicted on the attached Exhibit B (the "Building"). Said improved real estate is hereinafter referred to as the "leased premises" or the "Premises.".

LANDLORD AND TENANT MUTUALLY COVENANT AND AGREE AS FOLLOWS:

1. *Rent*. Tenant shall pay to the Landlord as rent for the leased premises in the following amounts:

Year 1	$40,869.47 per month or	$490,433.64 per annum
Year 2	$42,095.55 per month or	$505,146.65 per annum
Year 3	$43,358.42 per month or	$520,301.05 per annum
Year 4	$44,659.17 per month or	$535,910.08 per annum
Year 5	$45,998.95 per month or	$551,987.38 per annum
Year 6	$47,378.92 per month or	$568,547.00 per annum
Year 7	$48,800.28 per month or	$585,603.41 per annum
Year 8	$50,264.29 per month or	$603,171.52 per annum
Year 9	$51,772.22 per month or	$621,266.66 per annum
Year 10	$53,325.39 per month or	$639,904.66 per annum
Year 11	$54,925.15 per month or	$659,101.80 per annum
Year 12	$56,572.90 per month or	$678,874.86 per annum
Year 13	$58,270.09 per month or	$699,241.10 per annum
Year 14	$60,018.19 per month or	$720,218.33 per annum
Year 15	$61,818.74 per month or	$741,824.88 per annum
Year 16	$63,673.30 per month or	$764,079.63 per annum
Year 17	$65,583.50 per month or	$787,002.02 per annum
Year 18	$67,551.01 per month or	$810,612.08 per annum
Year 19	$69,577.54 per month or	$834,930.44 per annum
Year 20	$71,664.86 per month or	$859,978.36 per annum

Tenant shall pay Landlord the rental stated herein and any other additional payments under this Lease without demand, deduction or offset, payable in lawful money in the United States in advance on or before the first day of each month to Landlord at the address noted in Paragraph 24 hereof, or to such other party or at such other place as Landlord may hereafter from time to time designate in writing. Rent for any partial month at the beginning or end of the Lease term shall be prorated.

Landlord and Tenant hereby acknowledge and agree that the foregoing rental amounts and the Option Purchase Price are based on Landlord's estimated cost to complete Landlord's Work (as defined in Exhibit C below) of $6,000,000. In the event that the actual cost to complete Landlord's Work is less or more than $6,000,000.00, Landlord and Tenant shall work in good faith to adjust the rental rate and Option Purchase Price accordingly. In the event Landlord and Tenant do not mutually approve the rental rate and the Option Purchase Price within one hundred eighty (180) days following the Effective Date, Tenant shall have the right to terminate this Lease.

2. Commencement and Expiration Dates:

(a) Lease Commencement Date: The "Lease Commencement Date" shall be the Delivery Date (as defined below). Within thirty (30) days following the Lease Commencement Date, Tenant and Landlord shall execute a Commencement and Acceptance Certificate and Memorandum of Lease which shall be appended to this Lease as Exhibit D. Tenant's obligation to pay rent shall commence on the Lease Commencement Date. The "Delivery Date" shall be the date on which all of the following have occurred:

(i) Landlord shall have delivered a Certificate of Completion (AIA Document F704-2000) executed by Landlord's architect, confirming that the construction of the Building has been completed in substantial accordance with applicable laws and zoning ordinances and with the Final Plans (defined below), notwithstanding minor details of construction, mechanical adjustments or decorations which do not materially interfere with Tenant's use of the Premises that remain to be performed (items commonly referred to as "punch-list" items); and

(ii) Landlord or Landlord's contractor has obtained a Certificate of Occupancy for the Building; and

(iii) All sanitary, electrical, heating, ventilating and air conditioning systems of the Leased Premises are operational and in good working order to the extent necessary to provide adequate services to the Leased Premises; and

(iv) Access to the Leased Premises and the parking areas are fully available; and

(v) Landlord has delivered actual and exclusive possession of the Leased Premises to Tenant in broom clean condition with Landlord's Work complete, free of debris, hazardous substances, legal violations, with keys to the Leased Premises and with the roof watertight and free of leaks, and with the improvements shown on the Site Plan attached hereto as Exhibit A-1, including the paving and striping of all parking areas, entrances and exits, and access drives, substantially completed in accordance with the Site Plan and in usable form, and Landlord and Tenant have walked through the Leased Premises and Tenant has accepted same.

(b) Expiration Date: The Lease shall expire two hundred forty (240) months from the Commencement Date.

(c) Acceptance: Tenant accepts the Leased Premises in "as is" condition, subject to all laws and regulations without representation by Landlord as to condition, except as expressly specified or required herein, and subject to latent defects and punch-list items.

3. *Security Deposit*. There shall be no Security Deposit required under this Lease.

4. *Triple Net Lease*. This Lease is what is commonly called a "triple-net" Lease, which means that, except as otherwise expressly provided herein, Landlord shall receive all Rent free and clear of any and all other impositions, taxes, liens, charges or expenses of any nature whatsoever in connection with the ownership and operation of the Leased Premises. In addition to the Base Rent, Tenant shall pay to the parties respectively entitled thereto, or satisfy directly, all impositions, insurance premiums, repair and maintenance charges, and any other charges, costs, obligations, liabilities, requirements, and expenses, which arise with regard to the Premises or may be contemplated under any other provision of the Lease during its term, except for costs and expenses expressly made the obligation of Landlord in this Lease.

5. *Tenant's Covenants*. The Tenant, for itself, its successors, and assigns, does hereby covenant with the Landlord, its successors and assigns:

(a) *Use*. The leased premises shall be continuously used during the term hereof by Tenant solely as a

hospice care facility and related healthcare uses. Tenant shall not do or permit anything to be done in or about the Premises, or bring or keep anything therein that is not within the permitted use of the Premises or that will in any way increase the existing rate of or affect any fire or other insurance upon the building in which the Premises are located, or any of its contents, or cause a cancellation of any insurance policy covering said building or any part thereof, or any of its contents. Tenants shall not cause, maintain or permit any nuisance in, on or about the Premises. Tenant shall not commit, or allow to be committed, any waste in or upon the Premises. Tenant agrees that it will comply promptly with all restrictions and with all laws and regulations of federal, state and municipal authorities applicable to the leased premises and to the business conducted thereon. Notwithstanding anything contained herein to the contrary, Tenant shall only be responsible for the cost and expense of complying with any laws, rules, regulations or similar requirements to the extent it relates to Tenant's specific business activities and the interior of the Leased Premises, and in all events, Tenant shall not be responsible for compliance that requires structural changes or alterations, which are the responsibility of Landlord. Notwithstanding anything contained herein to the contrary, Landlord hereby represents and warrants to Tenant that, as of the Lease Commencement Date, the Leased Premises is in compliance with any applicable governmental laws, ordinances, regulations or orders including, but not limited to, the Americans with Disabilities Act and any environmental laws, and hereby agrees to indemnify, defend and hold Tenant harmless with respect to the foregoing.

(b) *To Pay Rent.* That the Tenant will pay the said rent at the times and in the manner aforesaid, except only in case of fire or other unavoidable casualty as hereinafter provided, and no set-off or counter-claims may be deducted by Tenant from the rentals due. The burden of proof of full payment shall be upon Tenant. In the event rent is not received by Landlord at the above address by the 5th of the month, a 5% late fee will be charged.

(c) *To Pay Property Taxes.* That the Tenant shall pay prior to delinquency in addition to rent any real property, personal property and other ad valorem taxes, and any other levies, charges, impact fees, and local improvement rates and assessments whatsoever assessed or charged against the Leased Premises, the equipment and improvements contained within the leased premises or thereon, or on or in any part thereof, by any lawful taxing authority, including all costs associated with the appeal of any assessment thereof, imposed by reason of improvements made to the premises by or for the benefit of Tenant. Notwithstanding any terms of this Lease to the contrary, nothing contained in this Section or elsewhere in this Lease shall obligate Tenant to pay (i) any income, profit, franchise, excise or similar taxes that may be imposed upon or assessed against Landlord with respect to the Leased Premises, the Rent or income derived from this Lease, under any law now in force or hereafter enacted, or (ii) to pay any inheritance, estate, succession, gift or any form of property transfer tax or indebtedness tax which may be assessed or levied against Landlord or any mortgagee of Landlord (excluding any real estate assessments based on value after a transfer to a third party).

(d) *To Keep Property Insured.* Tenant shall, at the Tenant's expense, obtain and keep in force during the term of this Lease a policy of commercial general liability insurance insuring Landlord and Tenant against any liability arising out of the ownership, use, occupancy or maintenance of the Premises. Such insurance shall be in the amount of not less than One Million Dollars ($1,000,000.00) for injury or death of one person in any one accident or occurrence and in the amount of not less than Three Million Dollars ($3,000,000.00) for injury or death of more than one person in any one accident or occurrence. Such insurance shall further insure Landlord and Tenant against liability for property damage of at least Three Million Dollars ($3,000,000). The limit of any such insurance shall not limit the liability of the Tenant hereunder. Tenant may provide this insurance under a blanket policy, provided that said insurance shall have a Landlord's protective liability endorsement attached thereto. If Tenant fails to procure and maintain said insurance, Landlord may, but shall not be required to, procure and maintain same, but at the expense of Tenant. Insurance required hereunder shall be in companies rated A: xiii or better in "Best's Key Rating Guide." Tenant shall deliver to Landlord certified copies of policies or certificates of liability insurance required herein with loss payable clauses satisfactory to Landlord prior to the commencement of each lease year. No policy shall be cancelable or subject to reduction of coverage, without written notice at least thirty (30) days in advance that said policy is to be canceled. All such policies shall be written as primary policies not contributing with and not in excess of coverage which Landlord may carry and shall be written with an insurance carrier satisfactory to Landlord.

Landlord shall carry special form clauses of loss coverage property insurance on the Building in the amount of its full replacement value and with a commercially reasonable deductible. Tenant shall reimburse Landlord for the cost of any such insurance as additional rent.

(e) *To Pay Utilities.* Tenant shall pay all charges for gas, electricity, water, sewage, heat, telephone and other utilities, facilities or service of any kind, rendered, or supplied upon or in connection with the leased premises, provided that Landlord, and not Tenant, shall be responsible for the costs of any initial "tap fees" or one time lump sum sewer or water connection fees for the Leased Premises.

(f) *Not to Injure or Overload.* That Tenant will not injure, overload, or deface or suffer to be injured, overloaded, or defaced the Premises or any part thereof.

(g) *Subordination.* The Tenant hereby agrees to subordinate its rights and interests hereunder to any future financing or mortgage arranged by Landlord at the request of Landlord. Pursuant thereof so long as such mortgagee or beneficiary shall agree (on its own behalf and on behalf of any purchaser at foreclosure) not to disturb Tenant's possession of the Premises under this Lease, and Tenant agrees to execute any and all customary and commercially reasonable documents necessary to effectuate the purposes of this provision within ten (10) business days of Landlord's request.

(h) *Estoppel.* The Tenant agrees, within ten (10) business days after written request from Landlord, to execute and deliver to Landlord or designee of Landlord any customary and commercially reasonable estoppel information regarding this lease as Landlord or its designee may reasonably request.

(i) *Environmental Compliance/Use.* The Tenant warrants not to cause or permit any Hazardous Materials (as hereinafter defined) to be brought, kept, or used in or about premises by Tenant, its sublessees, agents, employees, contractors, or invitees except in commercial quantities similar to those quantities usually kept on similar premises by others in the same business or profession. The Tenant shall cause all such materials to be stored, used, and disposed of in compliance with all applicable federal, state, and local laws, including, without limitation, laws governing Hazardous Materials. If the presence of any Hazardous Materials on, in, or under the premises caused or permitted by Tenant, its sublessees, agents, employees, contractors, or invitees results in any contamination of the Premises, Tenant shall promptly take all actions, at its sole expense, as are necessary to return the affected area to the condition existing prior to the introduction of any such Hazardous Materials, including, without limitation, any investigation or monitoring of site conditions or any clean up, remediation, response, removal, encapsulation, containment, or restoration work required because of the presence of any such Hazardous Materials on, in, or under the premises or any release or suspected release or threat of release of any such Hazardous Materials in the air, soil, surface water, or ground water.

"Hazardous Materials" as such term is used in this lease means any hazardous or toxic substances, material, or waste regulated or listed pursuant to any federal, state, or local environmental law, including without limitation, the Clean Air Act, the Clean Water Act, the Toxic Substances Control Act, the Comprehensive Environmental Response Compensation and Liability Act, the Resource Conversation and Recovery Act, the Federal Insecticide, Fungicide, Rodenticide Act, the Safe Drinking Water Act, and the Occupational Safety and Health Act as such Acts have been or are hereafter amended from time to time.

(j) *No liens.* The Tenant shall not permit any lien, judgment, writ, assessment, charge, attachment, or execution upon Landlord's or Tenant's interest in this lease or to the Premises, and/or the fixtures, improvements, and furnishings located thereon and Tenant shall cause, at Tenant's sole cost and expense, any such encumbrance to be discharged or bonded over within fifteen (15) days after notice thereof.

6. *Alterations and Additions*. Unless otherwise specified herein, Tenant shall not make or allow to be made any alterations, additions or improvements to or of the Premises or any part thereof without first obtaining the written consent of Landlord, which consent shall not be unreasonably withheld, conditioned or delayed, and any alterations, additions or improvements to or of said Premises, including, but not limited to, wall coverings, paneling and built-in cabinet work, but excepting movable furniture, equipment and trade fixtures, shall at once become a part of the realty and belong to the Landlord and shall be surrendered with the Premises. In the event Landlord consents to the making of any alterations, additions or improvements to the Premises by Tenant, the same shall be made by Tenant at Tenant's sole cost and expense, but such consent shall not be construed to warrant compliance with any governmental laws or regulations. Tenant shall be solely responsible for obtaining all required permits for any alterations or addition and for paying the necessary fees and fines associated herewith. Upon the expiration or sooner termination of the term hereof, Tenant shall, upon written demand

by Landlord, given at least thirty (30) days prior to the end of the term, at Tenant's sole cost and expense, forthwith and with all due diligence, remove any alteration, additions, or improvements made by Tenant, designated by Landlord to be removed, and Tenant shall, forthwith and with all due diligence, at its sole cost and expense, repair any damage to the Premises caused by such removal.

Notwithstanding anything contained herein to the contrary, Tenant shall be permitted to make alterations in the Leased Premises so long as they do not affect the building structure or any building systems not installed by Tenant and do not cost in excess of $15,000 in each instance. Any other alterations shall require Landlord's approval, which shall not be unreasonably withheld, conditioned or delayed.

7. *Maintenance and Repairs*. By acceptance of the Leased Premises, Tenant shall be deemed to have accepted the Premises as being in good, sanitary order, condition and repair, subject to latent defects, punch-list items and this Section 7. Tenant shall, at Tenant's sole cost and expense, keep the Premises and every part thereof in good condition and repair including without limitation, routine cleaning of the leased premises and the maintenance (including the cost and replacement of light bulbs and the cost of cleaning supplies, soap, paper towels, toilet paper, and the like), replacement and repair of any storefront, doors, plate glass, windows, window casements, and glazing; all repairs and maintenance to above ground plumbing, pipes, electrical wiring and conduits, heating, ventilation and air conditioning system, interior walls, ceilings and floors, exterior walls and the roof, structural portions of the Building, parking areas, sidewalks, driveways, lawns and landscaped areas. Unless otherwise set forth herein, Landlord shall have no obligation to make any repairs to the Leased Premises whatsoever. Tenant shall, upon the expiration or sooner termination of this Lease, surrender the Premises to the Landlord in good condition, broom clean, ordinary wear and tear, damage by casualty and condemnation excepted. Landlord shall, at Landlord's sole cost and expense, keep the structural portions of the Premises and every part thereof in good condition and repair including without limitation, all repairs, replacements and maintenance to below ground plumbing, pipes, electrical wiring and conduits, structural components of the interior walls, ceilings and floors, exterior walls and the roof, slab, foundation, and repaving and replacement of the parking areas, sidewalks, driveways.

8. *Assignment and Subletting*. Tenant shall not either voluntary, or by operation of law, assign, transfer, mortgage, pledge, hypothecate or encumber this Lease or any interest therein, and shall not sublet the said Premises or any part thereof, or any right or privilege appurtenant thereto, or allow any other person (employees, agents, servants and invites of Tenant excepted) to occupy or use the said Premises, or any portion thereof, without first obtaining written consent of Landlord, which consent shall not be unreasonably withheld, conditioned or delayed. A consent to one assignment, subletting, occupation or use by another person shall not be deemed to be a consent to any subsequent assignment, subletting, occupation or use by another person. Consent to any such assignment or subletting shall in no way relieve Tenant of any liability under this Lease. Any such assignment or subletting without such consent shall be void, and shall, at the option of the Landlord, constitute a default under the terms of this Lease.

In the event that Landlord shall consent to a sublease or assignment hereunder, Tenant shall pay Landlord reasonable fees and expenses incurred in connection with the review of documents necessary to giving of such consent, not to exceed $500.

9. *Hold Harmless*. Except as resulting from Landlord's and Landlord's agent's and employee's negligence, willful misconduct and violation of laws, and subject to Section 10 below, Tenant shall indemnify and hold harmless Landlord against and from any and all third party claims arising from Tenant's use of the Premises or from the conduct of its business and from any activity, work, or other things done, permitted or suffered by Tenant in or about the Premises, and shall further indemnify and hold harmless Landlord against and from any and all third party claims arising from any breach or default in the performance of any obligation on Tenant's part to be performed under the terms of this Lease, or arising from any act or negligence of the Tenant, or any officer, agent, employee, guest, or invitee of Tenant, and from all costs, attorney's fees and liabilities incurred in or about the defense of any such claim or any action or proceeding brought thereon. In case any action or proceeding be brought against Landlord by reason of such a claim, Tenant upon notice from Landlord shall defend the same at Tenant's expense by counsel reasonably satisfactory to Landlord. Except as resulting from Landlord's and Landlord's agent's and employee's negligence, willful misconduct and violation of laws, and subject to Section 10 below, Tenant, as a material part of the consideration to Landlord, hereby assumes all risk of damage to property or injury to persons in, upon or about the Premises, from any cause, and Tenant hereby waives all claims in respect thereof against Landlord. Tenant shall give prompt notice to Landlord in case of material casualty on the Premises.

Landlord or its agents shall not be liable for any loss or damage to persons or property resulting from fire, explosion, falling building materials, steam, gas, electricity, water or rain which may leak from any part of the building or from the pipes, appliances or plumbing works therein or from the roof, street or subsurface or from any other place, or resulting from dampness or any other cause whatsoever. Landlord or its agents shall not be liable to Tenant for interference with light, air, or for any defect in the Premises.

10. *Subrogation*. Landlord and Tenant hereby waive all rights of recovery and causes of action that either has or may have or that may arise hereafter against the other for any damage to premises, property or business caused by any perils covered or coverable by the property insurance required under this Lease, or for which either party may be reimbursed as a result of insurance coverage affecting any loss suffered by it; provided, however, that the foregoing waivers shall be ineffective if they invalidate any policy of insurance of the parties hereto, now or hereafter issued. Subject to the remaining provisions of this Section, Landlord and Tenant shall each cause all insurance policies obtained by it pursuant to this Lease to provide that the insurance company waives all right of recovery by way of subrogation against Landlord and Tenant in connection with any damage, loss, or injury covered by such policy. If any policy does not permit such a waiver, and if the party to benefit therefrom requests that such a waiver be obtained, the other party agrees to obtain an endorsement to its insurance policies permitting such waiver of subrogation if it is commercially available and if such policies do not provide therefor. If an additional premium is charged for such waiver, the party benefiting therefrom, if it desires to have the waiver, agrees to pay to the other the amount of such additional premium promptly upon being billed therefor.

11. *Holding Over*. If Tenant remains in possession of the Premises or any part thereof after the expiration of the term hereof with the express written consent of the Landlord, such occupancy shall be a tenancy from month to month at a rental in an amount as determined under Section 3, plus all other charges payable hereunder, and upon the terms hereof.

In the event Tenant shall hold over the expiration hereof without the express written consent of Landlord, or in the event Tenant is in any respect in default of this Lease at the time of expiration hereof, then Tenant's occupancy subsequent to such expiration shall be deemed that of a tenant at will, with monthly Rent to be 150% the amount of the Rent for the last month of the initial term of the Lease, and in no event a tenant from month to month, and such occupancy shall be subject to all the terms and provisions of the Lease, subject to the increase in the amount of Rent.

12. *Tenant's Default*. The occurrence of any one or more of the following events shall constitute a default and breach of this Lease by Tenant:

(a) The vacating or abandonment of the Premises by Tenant.

(b) The failure by Tenant to make any payment of Rent or of any other payments required to be made by Tenant hereunder, as and when due, where such failure shall continue for a period of five (5) days after written notice thereof by Landlord to Tenant.

(c) The failure by Tenant to observe or perform any of the covenants, conditions or provisions of this Lease to be observed or performed by Tenant, other than described in Subsection (b) of this section above, where such a failure shall continue for a period of thirty (30) days after written notice thereof by Landlord to Tenant; provided, however, that if the nature of Tenant's default is such that more than thirty (30) days are reasonably required for its cure, then Tenant shall not be deemed to be in default if Tenant commences such cure within said thirty (30) day period and thereafter diligently and continuously prosecutes such cure to completion, provided that such cure must in any event be completed within sixty (60) days after such notice.

(d) The making by Tenant of any general assignment or general arrangement for the benefit of creditors; or the filing by or against a Tenant of a petition to have Tenant adjudged a bankruptcy debtor, or a petition for reorganization or arrangement under any law relating to bankruptcy (unless, in the case of a petition filed against Tenant, the same is dismissed within sixty (60) days); or the appointment of a trustee or a receiver to take possession of substantially all of Tenant's assets located at the Premises or of Tenant's interest in this Lease, where possession is not restored to Tenant within thirty (30) days; or the attachment, execution or other judicial seizure of substantially all of

Tenant's assets located at the Premises or of Tenant's interest in this Lease, where such seizure is not discharged within thirty (30) days.

13. *Remedies upon Default*. In the event of any such default or breach by Tenant, Landlord may at any time thereafter, in Landlord's sole discretion, with or without further notice or demand and without limiting Landlord in the exercise of a right or remedy which Landlord may have by reason of such a default or breach:

(a) Terminate this Lease by giving written notice to Tenant specifying the date of termination. In such event, Tenant shall immediately surrender the Premises to Landlord. If Tenant fails to do so, Landlord may without prejudice to any other remedy available to Landlord enter upon and take possession of the leased Premises and expel or remove Tenant and any other parties occupying the Premises or any part thereof and any personal property and trade fixtures located therein. Tenant agrees to pay Landlord on demand the amount of all actual loss and damages suffered by Landlord by reason of such termination, whether caused by the inability to relet the Premises on satisfactory terms or otherwise.

(b) Enter upon and take possession of the Premises without terminating this Lease and without relieving Tenant of Tenant's obligation to make all payments of Rent and other sums owed hereunder. In such event, Landlord may expel or remove Tenant or any person occupying the Premises or any part thereof in any manner permitted by law, and any personal property and trade fixtures located therein, and may relet the Premises for Tenant's account at any rent readily obtainable, and may receive the rent of said Premises. In such event, Tenant shall pay Landlord on demand any deficiency that may arise by reason of such reletting and the expenses of such reletting for the remainder of the term of this Lease, plus all actual damages to Landlord by reason of Tenant's default under this Lease.

Pursuit of any of the rights and remedies set forth in the preceding paragraphs of this section shall not preclude the pursuit of any other remedies upon default provided by law or equity, or by this Lease. Nor shall pursuit of any remedy provided by this Lease constitute a forfeiture or waiver of any rent due to Landlord hereunder or any damages accruing to Landlord by reason of Tenant's default. Notwithstanding anything else herein contained, however, each remedy set forth herein may be carried out in such a manner, and only if, permitted by then applicable law, but if any remedy is not them permitted by applicable law, Landlord and Tenant shall amend the provisions of such remedy so as to make it permissible, but keeping it as close to its original meaning as possible.

No waiver by Landlord of any violation or breach of any of the terms, provisions, or covenants of this Lease shall be deemed or construed to constitute a waiver of any other covenants contained herein. Forbearance by Landlord to enforce one or more of the remedies herein provided upon event of default shall not be deemed or construed to constitute a waiver of such default.

In every instance of default, Tenant shall bear the cost of Landlord's reasonable expenses, including attorney's fees and other expenses, incurred in any effort to enforce Landlord's rights under this Lease, whether by negotiation, litigation or otherwise.

Notwithstanding anything contained herein to the contrary, in no event shall Tenant be responsible for punitive or consequential damages.

14. *Default by Landlord*. Landlord shall not be in default unless Landlord fails to perform obligations required of Landlord within a reasonable time, but in no event later than thirty (30) days after written notice by Tenant to Landlord and to the holder of any first mortgage or deed of trust covering the Premises whose name and address shall have theretofore been furnished to Tenant in writing, specifying wherein the Landlord has failed to perform such obligation; provided, however, that if the nature of Landlord's obligation is such that more than thirty (30) days are required for performance, then Landlord shall not be in default if Landlord commences performance within such thirty (30) day period and thereafter diligently prosecutes the same to completion. Notwithstanding the foregoing, in the event Landlord's breach creates an emergency situation, or is of such a nature that impairs Tenant's ability to operate at the Leased Premises (which shall include by way of illustration and not limitation, obstructions or disruptions to: common areas, parking, access to the Leased Premises or the Building, visibility, utilities, roof leaks, health and safety and quiet enjoyment), then Landlord shall be required to remedy such breach as soon as commercially reasonable and in any event

without delay. In the event of a default by Landlord that remains uncured after the expiration of the cure period set forth above, Tenant, at its option, without further notice or demand, shall have the right to any one or more of the following remedies in addition to all other rights and remedies provided at law or in equity or elsewhere herein: (w) to remedy such default or breach and deduct the costs thereof (including attorneys' fees) from the installments of Rent next falling due; (x) to pursue the remedy of specific performance; (y) to seek money damages for loss arising from Landlord's failure to discharge its obligations under this Lease (provided, that in no event shall Landlord be responsible for punitive or consequential damages); and (z) to terminate this Lease. Nothing herein contained shall relieve Landlord from its obligations hereunder, nor shall this Section be construed to obligate Tenant to perform Landlord's repair obligations.

15. *Signs*. The Tenant may affix and maintain upon the exterior of the Premises, whether on exterior walls, glass or otherwise, and in the interior of the Premises visible from the exterior, only such signs, advertising placards, names, insignia, trademarks and descriptive material as shall have first received the written approval of the Landlord as to type, size color, location, copy nature, control, and display qualities. Tenant may be allowed to place an exterior sign directly on the facia of the building at its cost, but Tenant must comply with all local ordinances regarding signs. Any fees, fines, or assessments by the City of Murfreesboro or other governmental authority in regard to the placement of said sign or signs shall be paid by Tenant. The cost of electricity to any exterior sign and the cost of replacement of any light bulbs on any exterior sign shall be paid for by Tenant.

16. *Attorney fees*. Should either party employ legal counsel to enforce any of the provisions herein contained, to exercise any remedies allowed hereunder, to collect any rents or other charges due hereunder, or to protect the rights of either party hereunder, the prevailing party shall be entitled to its reasonable attorney's fees and court costs.

17. *Casualty Loss*. In the event all or a substantial part of the leased Premises are damaged or destroyed by fire or other casualty, Landlord will proceed to restore the same to substantially the same condition existing immediately prior to such damage or destruction unless such damage or destruction is incapable of repair or restoration within one hundred twenty (120) days, in which event either party may, at such party's option and by written notice given to the other party within sixty (60) days of such damage or destruction, declare this Lease terminated as of the occurrence of such damage or destruction. To the extent after fire or other casualty that Tenant shall be deprived of the use and occupancy of the leased premises or any portion thereof as a result of any such damage, destruction or repair thereof, Tenant shall be relieved of the same ratable portion of the rent hereunder as the amount of unusable space in the leased premises bears to the gross square footage of the leased premises.

18. *Condemnation*.

(a) *Substantial Taking*: If twenty percent (20%) or more of the leased premises or of such portions of the Building as may be required for the reasonable use of the leased premises, are taken by eminent domain or sale under threat of condemnation by eminent domain, this Lease shall automatically terminate as of the date title vests in the condemnation authority, and all Rents, and other payment shall be paid to that date.

(b) *Partial Taking*: In case of a taking of less than twenty percent (20%) of the leased premises, or a portion of land not required for the reasonable use of the leased premises, then this Lease shall continue in full force and effect, unless the reduction inhibits reasonable use of or access to the leased premises and the Rent shall be equitably reduced based on the proportion by which the floor area of the leased premises is reduced, such rent reduction to be effective as of the date title to such portion vests in the condemnation authority.

(c) *Awards and Damages*: Landlord reserves all rights to damages to the leased premises for any partial or entire taking by eminent domain, and Tenant hereby assigns to Landlord any right Tenant may have to such damages or awards, and Tenant shall make no claim against Landlord or the condemning authority for damages for termination of the leasehold interest or interference with Tenant's business. Tenant shall have the right, however, to claim and recover from the condemning authority compensation for any loss to which Tenant may be put for Tenant's moving expenses, business interruption or taking of Tenant's personal property , including Tenant's leasehold improvements to the leased premises which were in fact paid for by Tenant, (not including Tenant's leasehold interest), provided that such damages may be claimed only if they are awarded separately in the eminent domain proceedings and not out of or as part of the damages recoverable by Landlord.

19. *Quiet Enjoyment*. Landlord covenants that it has good title to the leased Premises and is under no disability which would impair its right to enter into this Lease. Tenant, upon the payment of the rent herein provided and upon performance of all the terms and conditions hereof, shall quietly have and enjoy the leased premises during the term hereof without hindrance by or disturbance from Landlord or anyone claiming by or through Landlord.

20. *Surrender of Possession*. Upon expiration of the term of this Lease, whether by lapse of time or otherwise, Tenant shall promptly and peacefully surrender the leased premises to Landlord in as good condition as when received by Tenant from Landlord or as thereafter improved, reasonable use and wear and tear, damage by casualty and condemnation excepted.

21. *Removal of Property*. Tenant shall remove all of its moveable property and trade fixtures which can be removed without damage to the leased premises at the termination of this Lease either by expiration of term or other cause, and shall pay Landlord any reasonable damages for injury to the leased premises or Building resulting from such removal. If Tenant shall fail to remove any of its property of any nature whatsoever from the leased premises or the Building at the termination of this Lease or when Landlord has the right of re-entry, Landlord may, in accordance with the provisions of applicable statutes covering commercial landlord and tenant matters, remove and store said property without liability for loss thereof or damage thereto, such storage to be for the account and at the expense of Tenant. If Tenant shall not pay the cost of storing any such Property after it has been stored for a period of thirty (30) days or more, Landlord may, at its option, sell, or permit to be sold, any or all such property at public or private sale, in such manner and at such times and places as Landlord in its sole discretion may deem proper, without notice to Tenant, unless notice is required under applicable statutes, and shall apply the proceeds of such sale; first, to the cost and expense of such sale, including reasonable attorney's fees actually incurred; second, to the payment of the costs or charges for storing any such property; third, to the payment of any other sums of money which may then be or thereafter become due Landlord from Tenant under any of the terms hereof; and fourth, the balance, if any, to Tenant. Tenant shall remain liable for any differences.

22. *Access*. Tenant shall permit Landlord and its agents to enter into and upon the leased premises at any time on reasonable prior written notice for the purpose of inspecting the leased premises or for the purpose of cleaning, repairing, altering or improving the leased premises, so long as the same does not materially interfere with Tenant's business operations in the Leased Premises. Nothing contained in this Section shall be deemed to impose any obligation upon the Landlord not expressly stated elsewhere in this Lease. Landlord shall have the right to enter the leased premises for the purpose of showing the leased premises to prospective tenants or purchasers within the period of one hundred eighty (180) days prior to the expiration or sooner termination of the lease term. Notwithstanding any of Landlord's rights to enter the Leased Premises pursuant to the terms of this Lease, Landlord shall not cause Tenant to in any way violate any laws, regulations or ordinances intended to protect the rights and privacy of Tenant's patients, including those relating to any and all patient records, which at any time, Tenant shall be able to secure in locked storage units or remove from the Premises. Notwithstanding anything contained herein to the contrary, to ensure the privacy of Tenant's patients, neither Landlord nor any of Landlord's partners, members, shareholders, directors, officers, employees, contractors or agents may enter the Leased Premises unless accompanied by a representative of Tenant, with the exception of emergencies.

23. *Non-Waiver*. Waiver by Landlord of any breach of any term, covenant or condition herein contained shall not be deemed to be a waiver of such term, covenant, or condition; or of any subsequent breach of the same or any other term, covenant, or condition of this Lease, other than the failure of Tenant to pay the particular rental so accepted, regardless of Landlord's knowledge of such preceding breach at the time of acceptance of such Rent.

24. *Notices*. All notices and other communication to be given hereunder by either party shall be in writing and shall be delivered personally, mailed by certified United States mail, postage prepaid, return receipt requested, to the other (and the date of any notice by certified mail shall be deemed to be the date of certification thereof, or forwarded by nationally recognized overnight express delivery service, delivered or addressed to the parties as follows:

Landlord: Pirtle Family Limited Partnership
1639 Medical Center Parkway, Suite 200
Murfreesboro, Tennessee 37129

Tenant: Alive Hospice, Inc.
1718 Patterson Street
Nashville, TN 37203
Attn: Anna-Gene O'Neal

With a copy to: Bass, Berry & Sims PLC
150 Third Avenue South
Suite 2800
Nashville, TN 37201
Attn: Anna Grizzle

or at such other address as either party may later designate in writing.

25. *Entire Agreement*. This Lease contains all covenants and agreements between Landlord and Tenant relating in any manner to the Rent, use and occupancy of the leased premises and other matters set forth in this Lease. No prior agreements or understanding pertaining to the same shall be valid or of any force or effect and the covenants and agreements of this Lease shall not be altered, modified or added to except in writing signed by Landlord and Tenant.

26. *Binding Effect*. The terms and provisions of this Lease shall be binding upon and inure to the benefit of the parties hereto and to their respective successors and assigns.

27. *Priority*. Upon demand by Landlord or the holder of any first mortgage or deed of trust now existing or that may hereafter be placed upon the leased premises, Tenant will execute a customary and commercially reasonable agreement of Subordination of Mortgage provided that such mortgage agrees, in writing, that it will not disturb Tenant's quiet enjoyment of the leased premises so long as Tenant is not in default of its obligations under this Lease. In the absence of such Agreement, Tenant agrees that this Lease shall be subordinate to any mortgage or deed of trust now existing or hereafter placed upon the leased premises, including any and all advances to be made thereunder, and interest thereon, and all renewals, replacements or extension thereof. Notwithstanding anything contained herein to the contrary, the subordination provisions set forth above shall not be effective with respect to any mortgage or deed of trust unless and until the applicable mortgagee or beneficiary thereunder shall execute with Tenant a non-disturbance and attornment agreement reasonably acceptable to Tenant under which said mortgagee or beneficiary shall agree (on its own behalf and on behalf of any purchaser at foreclosure) not to disturb Tenant's possession of the Leased Premises under this Lease, except in accordance with the terms hereof. Landlord represents that there are no mortgages, deeds of trust or ground leases currently encumbering the Land other than _____. Contemporaneously with the execution of this Lease, Landlord agrees to provide Tenant a non-disturbance and attornment agreement in form reasonably acceptable to Tenant.

28. *Severability*. If any clause or provision of this Lease is or becomes illegal, invalid, or unenforceable because of present or future laws or any rule or regulation of any governmental body or entity, effective during its term, the intention of the Lease shall not be affected thereby, unless such invalidity is, in the sole determination of Landlord, essential to the rights of both parties, in which event Landlord has the right to terminate this Lease on written notice to Tenant.

29. *Headings*. The title to sections of this Lease are not a part of this Lease and shall have no effect upon the construction or interpretation of any part hereof. This Lease shall be construed and governed by the laws of the State of Tennessee.

30. *Time of Essence*. Time is of the essence of this Lease and all provisions hereof.

31. *Limitation of Liability*. The liability of Landlord hereunder is limited to the interest of Landlord in the leased premises. No action shall lie against Landlord, or recovery shall be granted against Landlord for breach hereof, except to the extent of Landlord's interest in the leased premises.

32. *Acceptance*. Tenant accepts the leased premises in "as is" condition, subject to all laws and regulations without representation by Landlord as to condition.

33. *No Broker*. Tenant represents and warrants to Landlord that it has not engaged any broker, finder, or other person who would be entitled to any commission or fees in respect of the negotiation, execution or delivery of this Lease and shall indemnify and hold harmless Landlord against any loss, cost, liability or expense incurred by Landlord as a result of any claim asserted by any other broker, finder, or other person on the basis of any arrangements or agreements made or alleged to have been made by or on behalf of Tenant.

34. *Landlord's Work.* Landlord shall complete Landlord's Work as set forth in the attached Exhibit C.

35. *Purchase Option*. The Tenant shall have the right and option to purchase the Lease Premises at anytime during lease years two, three, four and five (the "Purchase Option Period"), provided at the time of exercise Tenant is not in default in the performance of any material obligation under this lease beyond the period of time allowed to cure the same, and provided further such option to purchase is subject to the following terms and conditions:

(a) Purchase Price. The purchase price for the leased premises shall be $4,000,000.00 (the "Option Purchase Price").

(b) Method of Exercise and Closing. If Tenant elects to exercise the option to purchase, Tenant shall notify Landlord in writing of its exercise of this option during lease years two, three, four, or five. The closing of the purchase will be held in Murfreesboro, Tennessee within 30 days after such notice to Landlord.

(c) Prepayment of Purchase Price. At any time during the Purchase Option Period, Tenant may make partial prepayments toward the Purchase Price to Landlord, which shall be applied to the Purchase Price at closing. Furthermore, the rent payments due hereunder shall be reduced in the same proportion as prepayments are made toward the Purchase Price (For example, if Tenant prepays $1,000,000.00 (or one-quarter of the Purchase Price) the Rent set forth in Paragraph 2 herein shall be reduced by one-quarter from the date of prepayment forward).

(d) In the event of the purchase of the leased premises by Tenant pursuant to any of the provisions of this lease, Landlord shall convey to Tenant or its designee by its special warranty deed, good, record title to the real property purchased, subject only to (i) all matters of record in the Register's Office for Rutherford County, Tennessee; provided, however, all mortgages and related security documents shall be released; and (ii) real estate taxes which are not delinquent. The purchase price (less any amounts prepaid hereunder) shall be paid in cash at the time of the closing. Tenant shall pay the costs of any title insurance and the cost of recording the deed, including transfer taxes. Landlord shall pay for the cost of closing and preparation of the deed. Each party shall be responsible for the fees of its respective counsel.

Upon the completion of any such purchase, but not prior thereto (whether or not any delay in the completion of or the failure to complete such purchase shall be the fault of Landlord), this lease and all obligations hereunder shall terminate with respect to the premises.

Contemporaneously with the execution of this Lease, the parties shall execute and record a memorandum evidencing the foregoing option in the land records in Rutherford County, Tennessee.

36. *Contingency*. Landlord and Tenant acknowledge that due to the nature of Tenant's operations, certain consents, regulatory licenses, permits and/or approvals may be necessary in order for Tenant to commence and maintain its business operations at the Leased Premises for its intended use, including, without limitation, consent from Tenant's Board of Directors, third party consents (including, without limitation, necessary architect's certificates) and federal, state and local governmental and regulatory licenses, certificates of need, permits and

approvals needed by Tenant in its sole reasonable discretion for the operation of the Leased Premises for its intended use (collectively, "Consents"). Notwithstanding anything to the contrary herein, Tenant shall have the right to terminate this Lease upon fifteen (15) days prior written notice to Landlord if Tenant has not received all such Consents at any time after the execution of this Lease or if such Consents contain any conditions unacceptable to Tenant in its sole discretion. The "Effective Date" hereunder shall be the date that Tenant shall have received a certificate of need from the applicable governmental authority.

SUPPLEMENTAL- # 1
August 27, 2014
2:50pm

IN WITNESS WHEREOF, the parties hereto have executed this Lease as of the 25th day of August, 2014.

LANDLORD:
PIRTLE FAMILY LIMITED PARTNERSHIP

By: _____
Mark A. Pirtle, General Partner

TENANT:
ALIVE HOSPICE, INC.

By: Anna Marie O'Neal
Its: CEO/ president

EXHIBIT A
THE LAND

[PLEASE PROVIDE]

EXHIBIT A-1
SITE PLAN

[PLEASE PROVIDE]

EXHIBIT B
THE BUILDING

[Attach Elevations]

EXHIBIT C
WORK LETTER

1. **Landlord's Work.**

1.1. **Landlord' Work.** Landlord shall, in a good and workmanlike manner, at Landlord's sole risk and expense and in compliance with all applicable codes, laws, regulations and ordinances, construct on the Land the Building, interior build-out and the supporting and related improvements, including, but not limited to the driveways, curbs, parking lots, sidewalks, paving, fencing, handrails, lighting and landscaping (collectively, the "Exterior Installations"; the Building and the Exterior Installations on the Land are sometimes collectively referred to herein as the "Improvements") substantially in accordance with the Final Plans (as defined below) ("Landlord's Work"). Specifically, Landlord's Work shall include Landlord delivering to Tenant the Building in "turn-key" condition.

1.2. **Preparation of Final Plans.** Within sixty (60) days following the Effective Date, Landlord shall provide Tenant with a copy of (a) Site and Building Plans and Specifications (collectively, the "Plans and Specifications"), (b) construction schedules, and (c) any other ancillary documents in Landlord's possession which describe the Improvements Tenant desires to be constructed (collectively, the "Construction Documents"). Landlord's architect shall produce, based upon the Construction Documents and Landlord's Construction Budget, preliminary architectural drawings (the "Preliminary Drawings") and shall deliver the same to Tenant. Tenant shall have fifteen (15) business days following confirmed receipt of the Preliminary Drawings to review the same and to notify Landlord of any requested changes. Landlord shall then make such changes as it approves and resubmit the revised Preliminary Drawings to Tenant for approval. Tenant shall have ten (10) business days following confirmed receipt of the revised Preliminary Drawings to review the same and to notify Landlord of any requested changes. This process shall continue until the Preliminary Drawings are approved by Tenant. Upon Tenant approval, Landlord's architect shall produce final architectural drawings (the "Architectural Drawings") to be used by Landlord, together with the Plans and Specifications, for the construction of the Improvements. If Tenant fails to respond to Landlord within any ten (10) business day period as described above, Landlord shall provide a second notice, and if Tenant fails to respond within three (3) business days following the second notice, Tenant shall be deemed to have approved the Preliminary Drawings so submitted by Landlord, and such Preliminary Drawings shall then be deemed to be the Architectural Drawings. The Architectural Drawings, together with the Plans and Specifications, as may be revised, shall be collectively referred to as the Final Plans (the "Final Plans"). In the event Landlord and Tenant do not approve (i) the Final Plans and (ii) the cost of Landlord's Work within one hundred eighty (180) days following the Effective Date, either party shall have the right to terminate this Lease.

1.3. **Permits and Approvals**. Landlord shall, at its sole cost and expense, secure all necessary approvals, licensing and building permits required for the construction of the Improvements in accordance with the Final Plans and shall provide Tenant with written notice thereof (the "Permitting Approval Notice") not later than seven (7) business days after the date on which all such approvals, licensing and building permits have been secured. Together with the Permitting Approval Notice, Landlord shall provide to Tenant two (2) complete sets of copies of the Final Plans bearing thereon the stamp of approval of the applicable governmental authority(ies) that shall have issued the approvals, licensing and building permits for the Improvements. Landlord shall notify Tenant of any hearings, meetings and the like at which any approvals, permits or licenses pertaining to the construction of the Improvements are being discussed.

1.4. **Punch List Work**. Upon completion of Landlord's Work by Landlord, Landlord and Tenant shall coordinate a "walk through" of the Premises and Landlord and Tenant shall complete a punch list indicating any deficiencies that are then. The Punch List may be updated during the one-year period following the Lease Commencement Date and Landlord shall cause any construction defects to be replaced or repaired. The Punch List shall not include paint touch-up resulting from ordinary wear and tear or from Tenant's moving of its furniture, fixtures and equipment into the Premises. Landlord shall promptly commence and diligently prosecute until completed the items set forth in the Punch List.

1.5. **Limited Warranty**. Landlord warrants to Tenant that (i) Landlord's Work will be of good quality, free from faults and defects in all material respects, and (iii) the Building and Landlord's Work shall comply in all material respects with all applicable laws, codes and regulations, including by way of example, but not as a limitation, environmental, zoning, building and land use laws, codes and regulations.

1.6. **Notice**. Notwithstanding anything to the contrary contained herein, Landlord agrees to keep Tenant reasonably apprised of Landlord's contractor's progress and work on the Premises and shall respond promptly to Tenant's reasonable requests for information. Landlord hereby agrees to (i) permit Tenant to periodically visit the Premises at reasonable times during construction and have reasonable access thereto and (ii) meet with a representative of Tenant upon request.

1.7. **Warranties.** Landlord warrants that when possession of the Premises is delivered to Tenant: (i) the structure, heating, air conditioning, lighting, electrical, plumbing, sewer, and all other systems and fixtures serving the Premises will be in good condition and working order; (ii) utilities, including but not limited to gas, water, electricity, sewer, and telephone, will be available to the Premises in capacities not less than those set forth in the Final Plans, and will be connected to mains and all utility meters will be set and activated within publicly dedicated rights-of-way or perpetual, non-exclusive easements benefiting the Property; (iii) the Premises shall conform to the Final Plans and all applicable building codes, laws, ordinances, rules, and regulations of any governmental authority, or other applicable agency; (iv) the paving and striping of parking areas, entrances and exits, access drives, sidewalks, lighting and landscaping, is

completed; and (v) Tenant, its employees, and invitees will have adequate access to the Building from publicly dedicated roadways via the common area, including access, as depicted on the Site Plan.

1.8. **Compliance with Laws.** Landlord agrees that if at any time any governmental authority having jurisdiction over the Property shall determine that the Premises or the Building shall not have been constructed in compliance with any applicable building code, law, ordinance, rule, or regulation of such governmental authority, and such governmental authority shall request compliance therewith, and if failure to comply shall in any way affect the right of Tenant to use or occupy the Premises, or affect any other right of Tenant under this Lease, or impose any obligation upon Tenant, then Landlord shall, upon receipt of notice of such determination, cause such repairs, alterations, or other work to be done so as to bring about the compliance requested; provided, however, if such noncompliance shall be the result of improvements constructed or installed by Tenant, then Tenant shall be responsible for bringing about such compliance. Except to the extent such noncompliance is caused by Tenant as aforesaid, if Tenant shall be deprived of the use and enjoyment of the whole or any part of the Premises or the common area as a result of such noncompliance, all rent or other amounts which shall otherwise be due and payable under this Lease shall abate on a per diem basis in proportion to such deprivation.

1.9. **Access Before Commencement Date**. Upon delivery of evidence of the required insurance, Tenant and its agents/contractors shall have access to the Premises for the purposes of moving its equipment into the Premises beginning thirty (30) days prior to the Lease Commencement Date. During Tenant's access to the Premises prior to the Lease Commencement Date, Tenant shall comply with all terms provisions of this Lease (to the extent applicable), except that Tenant shall not be obligated to pay Rent prior to the Lease Commencement Date.

SUPPLEMENTAL- # 1
August 27, 2014
2:50pm

EXHIBIT D
COMMENCEMENT, ACCEPTANCE AND MEMORANDUM OF LEASE AGREEMENT

Agreement made as of the 25th day of August, 2014, between Pirtle Family Limited Partnership ("Landlord"), and Alive Hospice, Inc. ("Tenant").

WITNESSETH:

The undersigned hereby acknowledges and confirms that:

(1) The Initial Term of the Lease shall be twenty (20) years with the Commencement Date beginning _____, 20____, and the Initial Term expiring on _____, 20____.

(2) Tenant acknowledges that the Premises has been completed in conformity with the improvements contained in Exhibit C of this Lease (if applicable) and are accepted by Tenant "as is," with all faults and no representations or warranties by Landlord.

(3) All capitalized terms used herein shall have the same definition as in the Lease.

(4) As hereby amended, the Lease Agreement dated _____, 2014, is in all respects ratified and confirmed.

(5) In the event this document is recorded, its recording is intended solely to give notice of the Lease and is not a complete summary of the terms and conditions thereof. Any successor in interest to the Landlord shall take the Lease subject to all the terms and conditions of same, as amended herein. Except as to the amendment made herein, this document shall not be used in interpreting provisions of the Lease.

IN WITNESS WHEREOF, the Landlord and Tenant have hereunto set their signatures, on the 25th day of August, 2014.

PIRTLE FAMILY LIMITED PARTNERSHIP

By: _____
Mark A. Pirtle, General Partner

ALIVE HOSPICE, INC.

By: Anna Gene Oxsed
Title: CEO/president

State of _____)
)
County of _____)

Personally appeared before me, a notary public in and for the state and county aforementioned, Mark A. Pirtle with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged himself to be General Partner of Pirtle Family Limited Partnership and that he as such General Partner executed the foregoing instrument for the purposes therein contained, by signing the name of the partnership by himself as General Partner.

WITNESS MY HAND and official seal at office in _____, _____, on this the _____ day of _____, 2014.

_____
Notary Public
My commission expires:_____

State of Tennessee)
)
County of Rutherford)

Personally appeared before me, a notary public in and for the state and county aforementioned, _____ with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged himself to be _____ of Alive Hospice, Inc. and that he/she as such _____ executed the foregoing instrument for the purposes therein contained, by signing the name of the company by himself/herself as _____.

WITNESS MY HAND and official seal at office in _____, Tennessee, on this the _____ day of _____, 2014.

_____

Notary Public
My commission expires:_____

13115461.3

ORIGINAL

ADDITIONAL INFORMATION

Supplemental -2

The Alive Hospice

CN1408-037

SUPPLEMENTAL #2
August 29, 2014
1:28 pm

DSG Development Support Group

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

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)

SUPPLEMENTAL #2
August 29, 2014
1:28 pm

AUG 29 2014 1:28

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

Allen 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

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

September 1, 2014

John L. Wellborn, Consultant
Development Support Services
4219 Hillsboro Road, suite 210
Nashville, TN 37215

RE: Certificate of Need Application -- The Residence at Alive Hospice--Murfreesboro - CN1408-037

Dear Mr. Wellborn:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need for the establishment of a ten (10) bed residential hospice at unaddressed Lot 13, which lies between Williams Drive and Carl Adams Drive in Murfreesboro (Rutherford County). Project cost is $10,888,816.00.

Please be advised that your application is now considered to be complete by this office. Your application is being forwarded to the Tennessee Department of Health and/or its representative for review.

In accordance with Tennessee Code Annotated, §68-11-1601, et seq., as amended by Public Chapter 780, the 60-day review cycle for this project will begin on September 1, 2014. The first sixty (60) days of the cycle are assigned to the Department of Health, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the sixty (60) day period, a written report from the Department of Health or its representative will be forwarded to this office for Agency review within the thirty (30)-day period immediately following. You will receive a copy of their findings. The Health Services and Development Agency will review your application on November 19, 2014.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,

Melanie M. Hill
Executive Director

MMH:mab

cc: Trent Sansing, CON Director, Division of Health Statistics
Jerry W. Taylor, Esq.

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

MEMORANDUM

TO: Trent Sansing, CON Director
Office of Policy, Planning and Assessment
Division of Health Statistics
Andrew Johnson Tower, 2nd Floor
710 James Robertson Parkway
Nashville, Tennessee 37243

FROM: Melanie M. Hill
Executive Director

DATE: September 1, 2014

RE: Certificate of Need Application
The Residence at Alive Hospice--Murfreesboro - CN1408-037

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a sixty (60) day review period to begin on September 1, 2014 and end on November 1, 2014.

Should there be any questions regarding this application or the review cycle, please contact this office.

MMH:mab

Enclosure

cc: John L. Wellborn, Consultant
Jerry W. Taylor, Esq.

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-
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-~~087~~ 077
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

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.

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

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.

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

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. 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. <u>Criterion 1. Adequate Staffing</u>
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.

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.

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.

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

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.

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.

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 10 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.

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.

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

ADDITIONAL REVISED TABLES

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

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.

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
AUG 26 2014

Table Fifteen-C: Per Diem Rates of Five Tennessee Residential Hospices					
		2013 JAR			
	State ID Number (TDH)	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.

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 Core 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

© 2013 NHPCO

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.**

© 2013 NHPCO

(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

© 2013 NHPCO

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.

© 2013 NHPCO

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

ALIVE HOSPICE QUAPI PLAN

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

Alive Hospice
QAPI Plan 2014

Quality Assessment and Performance Improvement (QAPI) Program Description 2014

I. Introduction

Alive Hospice's commitment to QAPI

Alive Hospice has a reputation for conducting itself in accordance with the highest level of business and community ethics, and in compliance with applicable governing laws. Alive Hospice's QAPI Program has been developed in accordance with applicable law. This program will further enable Alive Hospice to be known as the provider of high quality, cost-effective hospice care to the residents of the Middle Tennessee area by providing for the ongoing, systematic, and objective monitoring and evaluation of patient care and operations with the goal of continuously improving processes and outcomes.

Board's Resolution to develop a QAPI program

ALIVE HOSPICE GOVERNING BODY RESOLUTION

The Board of Directors of Alive Hospice, its governing body, assumes full legal responsibility for approving, implementing and monitoring policies governing the organization. The Board is committed to ensuring that this hospice program provides care and services of the highest quality and safety, and that it continually strives to improve its performance.

As evidence of this commitment, the governing body authorizes the ongoing Quality Assessment and Performance Improvement (QAPI) program that is effective, ongoing, Agency-wide and data-driven. In particular, the program will meet or exceed the requirements for QAPI in the Medicare's Condition of Participation (§418.58) and its related standards.

The Board resolves to allocate sufficient financial and personnel resources to ensure the effectiveness of the QAPI program at Alive Hospice.

_____
Chair, Alive Hospice Board of Directors

_____
Date

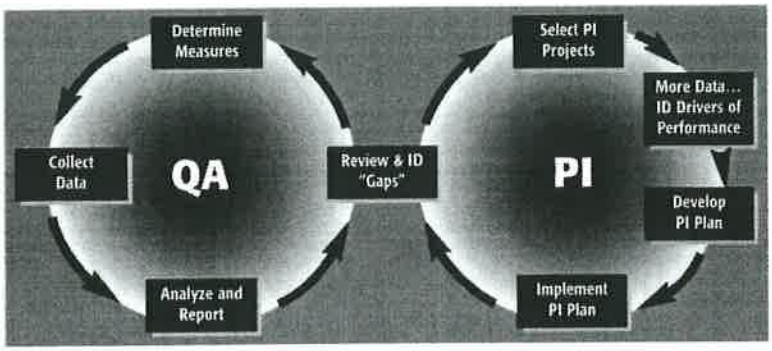
Alive Hospice

II. QAPI PROCEDURE

POLICY TITLE: Quality Assessment and Performance Improvement (QAPI)

POLICY STATEMENT: Alive Hospice implements and maintains an effective, ongoing, Agency-wide and data-driven quality assessment and performance improvement (QAPI) program that reflects the complexity of the organization and services provided under contract.

PROCEDURES:



1. The QAPI program includes processes for collecting, measuring, analyzing, and tracking relevant data, including data related to patient care, adverse patient events, and other aspects of performance.

2. Alive Hospice collects data used to monitor the effectiveness and safety of services and the quality of care. This process identifies opportunities for organizational improvement.

3. Performance improvement activities focus on high-risk, high-volume or problem-prone areas that affect end-of-life care outcomes.

4. Performance improvement activities track adverse patient events, analyze their causes and implement preventive actions and mechanisms that include feedback and learning throughout the Agency.

5. As a result of its quality assessment activities, Alive Hospice takes actions aimed at performance improvement and measures and monitors improved performance to ensure that improvements are sustained.

6. The number and scope of performance improvement projects conducted annually reflects the scope, complexity and past performance of the Agency.

7. Documentation of the QAPI program includes:

- Evidence that demonstrates the operation of Alive Hospice's QAPI program;
- All performance improvement projects being conducted;
- The reasons for conducting each project;
- Measurable progress achieved during performance improvement projects; and
- The outcome of each performance improvement project.

8. Alive Hospice's governing body ensures that the QAPI program is developed, implemented and maintained and delegates leadership and management of the program to the Quality & Compliance Committee and the Director of Quality Operations and Director of Regulatory Compliance.

9. The Leadership Team, which includes representatives from all disciplines, directs and assists in the management of on-going quality assessment and performance improvement activities through regularly scheduled meetings.

10. The Director of Quality Operations and Director of Regulatory Compliance ensure the overall implementation of the program and regularly reports activities and findings to the Quality & Compliance Committee. The chair of the Quality & Compliance Committee reports to the governing body.

11. Alive Hospice's employees are accountable and responsible for the quality of care and services within their respective departments and are expected to participate in the hospice's QAPI program.

12. Improvements in processes or outcomes as a result of the QAPI program are communicated throughout the Agency and documented in meeting minutes of the Quality & Compliance Committee.

13. Documentary evidence of the functioning and effectiveness of Alive Hospice's QAPI program is maintained by the Director of Quality Operations and Director of Regulatory Compliance.

Role and Responsibilities of the Governing Body

The Board of Directors of Alive Hospice, its governing body, is responsible for ensuring that a QAPI program is in place, that it operates efficiently, and that it leads to improvements in care, services, and patient outcomes. In addition, the governing body must ensure that the organization allocates sufficient resources for planning, implementation, and maintenance of the QAPI program. The Leadership Team and Directors must oversee all elements of the QAPI program, and with the Board of Directors, must create a culture of quality and safety throughout the organization.

The Board of Directors of Alive Hospice, its governing body, assumes full legal responsibility for approving, implementing and monitoring policies governing the organization. The Board is committed to ensuring that Alive Hospice provides care and services of the highest quality and safety, and that it continually strives to improve its performance.

As evidence of this commitment, the governing body authorizes the ongoing QAPI program that is effective, ongoing, Agency-wide and data-driven. In particular, the program will meet or exceed the requirements of the proposed QAPI condition of participation (§418.58) and its related standards.

The Board resolves to allocate sufficient financial and personnel resources to ensure the effectiveness of the QAPI program at Alive Hospice.

Alive Hospice

Assigned Responsibilities

QAPI Responsibilities			
Function/Element	**Responsibility to Direct**	**Oversight Responsibility**	**Participates**
Determination of program scope and selection of specific measures	Governing Body, Leadership Team	Quality & Compliance Committee	Leadership Team and Directors
Overall Program Direction	Quality & Compliance Committee, Director of Quality Operations, Director of Regulatory Compliance	Quality & Compliance Committee, Director of Quality Operations, Director of Regulatory Compliance	Director of Quality Operations, Director of Regulatory Compliance
Data collection	Quality & Compliance Committee, Directors	Director of Quality Operations, Director of Regulatory Compliance, PI & Training Department	All staff
Data analysis and actionable reporting	Quality & Compliance Committee, Directors	Quality & Compliance Committee, Director of Regulatory Compliance, Director of Quality Operations	Quality & Compliance Committee, Leadership Team, Directors
Identify performance improvement opportunities	Governing Body, Quality & Compliance Committee, PI & Training Department, Directors	Governing Body, Quality & Compliance Committee, Leadership Team, Directors	All staff contribute ideas
Prioritize opportunities and select performance improvement projects	Governing Body, Quality & Compliance Committee, PI &Training Department	Governing Body, Quality & Compliance Committee, Directors	All staff contribute ideas
Review other information, determine drivers of performance and develop a plan to improve performance	Quality & Compliance Committee, Director of Quality Operations, Director of Regulatory Compliance, and/or PI & Training Department	PI & Training Department, Director of Quality Operations, Director of Regulatory Compliance	PI & Training Department, Director of Quality Operations, Director of Regulatory Compliance
Implement performance improvement Plan	Quality & Compliance Committee, Leadership Team, Director of Regulatory Compliance, Director of Quality Operations	PI & Training Department, Directors	Designated staff

Alive Hospice

QAPI Responsibilities			
Function/Element	**Responsibility to Direct**	**Oversight Responsibility**	**Participates**
Document projects and monitor effectiveness	Governing Body, Quality & Compliance Committee, Director of Regulatory Compliance, Director of Quality Operations and/or PI & Training Department	PI & Training Department, Director of Quality Operations, Director of Regulatory Compliance	PI & Training Department

Staff Education and Training

The Director of Quality Operations and Director of Regulatory Compliance will be responsible for the staff education and training program, and will provide the QAPI training. This training will occur during the initial new employee orientation and then annually thereafter. The teaching methods that will be used are noted below:

Formal Methods	Informal Methods
Inservices Instructor-led Presentations Online (i.e. Healthstream e-learning)	Newsletters
Presentations	Email
Videos	Bulletin Boards
Skills Lab	
Department Meetings	Supervision
Team Meetings	Intranet (Launchpad)

Alive Hospice

III. Program Scope

The Governing Body of Alive Hospice has reviewed and approved monitoring and measurement of the following areas related to patient/family outcomes, processes of care, hospice services, and operations. The following performance improvement activities focus on areas that are high risk, high volume and/or problem-prone.

HR – High Risk - care or services placing patients or the facility at risk for adverse affects
HV – High Volume - occurring frequently or affecting large number of patients
PP – Problem Prone - tend to produce problems for patients/families or the facility

Framework for Quality Indicator Measurement

High-Risk, Volume and/or Problem-Prone	Selected Quality Indicators For 2014	Goal/ Data Source
HR, HV, PP	Bowel Regimen with Opioids	98%/ Medical Record Audit
HV, PP	Pain Screening	98%/ Medical Record Audit
HR, PP	Pain Assessment	98%/ Medical Record Audit
HV	Dyspnea Screening	98%/ Medical Record Audit
HR, PP	Dyspnea Treatment	98%/ Medical Record Audit
HV	Treatment Preferences	98%/ Medical Record Audit
HV	Beliefs & Values Addressed	98%/ Medical Record Audit

The Chief Medical Officer, Director of Regulatory Compliance and Director of Quality Operations and others will conduct a Root Cause Analysis as indicated for severe adverse or sentinel events. A corrective action plan will be written. Any changes in procedures and/or staff training, as indicated by the Root Cause Analysis will occur promptly. Reports will be made to the Leadership Team and Quality & Compliance Committee.

IV. Program Data

The selected quality assessment indicators are noted above in the Quality Indicator Matrix. Quality Indicator definitions, recording information, and calculations can be found in Attachment A. Once data are collected by the responsible individual, the aggregate data will be reported to the Quality & Compliance Committee of the Board and Alive Hospice Leadership and Staff.

V. Performance Improvement Projects

Process for Identifying Performance Improvement Opportunities

Guidelines to Trigger/Identify Performance Improvement Opportunities:

- Trends in poor performance direction for three months
- Fails to meet (or exceed) the benchmark or performance goal/threshold for three months; and/or
- Results close to the threshold/benchmark on the poor performance side for three months. (This pattern indicates that performance is 'borderline' and, because it is consistently so, suggests that a slight change in procedure may significantly improve performance.

Opportunities for performance improvement may also be identified in areas without a formal internal quality indicator review. In addition, staff and directors are encouraged to report recurring challenges to quality or efficiency that they experience, as well as their perceptions of barriers to high quality outcomes. Further, staff

may decide that performance should be improved based on their knowledge of or experience with the practices of other organizations.

Number and Scope of Performance Improvement Projects to be Conducted Annually
Alive Hospice will conduct, at a minimum, three performance improvement projects during the year.

Prioritizing Performance Improvement Opportunities/Implementing Performance Improvement Projects.
Performance improvement projects will be selected based on an analysis of data from Quality Assessment activities and the analysis of unexpected outcomes. The selection will be prioritized based on those activities that will most impact patient safety and quality of care.

The duties of the Performance Improvement Project Team are to:

A. Establish the membership;
B. Meet on a regular basis until the issue is resolved;
C. Maintain a record of the minutes, data collection, and root cause analysis, etc., to submit to the Director of Quality Operations and Director of Regulatory Compliance at the completion of the team;
D. Submit a final report with recommendations to the Leadership Team and Quality & Compliance Committee.

VI. Reporting and Documentation

Data collection is on-going and the Director of Quality Operations will report monthly and quarterly results to the Leadership Team and Quality & Compliance Committee. Results of data collection and performance improvement projects will be communicated to staff via (but not limited to) the following methods:

- Team Meetings
- Launchpad
- HealthStream
- Email

PI & Training Department will maintain:

- Quality Indicator Data Collection, Recording and Calculation Protocol
- Audit Results

Director of Quality Operations will maintain:

- Quality Indicator Data Collection, Recording and Calculation Protocol
- Performance Improvement & Training Records
- Performance Improvement Opportunity Identification

Executive Office Manager will maintain:

- Quality & Compliance Committee Minutes

VII. Program Evaluation

An annual evaluation of the QAPI program will occur to ensure its continued effectiveness. Attachment C will be utilized for this purpose. Findings will be presented to the staff, Quality and Compliance Committee and Alive Hospice Board.

Alive Hospice

ATTACHMENT A

Quality Measures 2014

CMS has developed and tested a hospice patient-level item set to be used by all hospices to collect and submit standardized data items about each patient admitted to hospice. This standardized data collection tool, Hospice Item Set (HIS), will support quality reporting and will be used to collect data on seven NQF endorsed measures. Implementation is proposed to begin **July 1, 2014** and affects FY 2016 payment determination. Alive Hospice will collect data on these metrics throughout 2014 with full data collection beginning July 1, 2014.

The Measures

The rule proposes the following measures:

1. Patients treated with an Opioid who are Given a Bowel Regimen (NQF #1617)
    a. Description: Patients Treated with an Opioid who are Given a Bowel Regimen
    b. Numerator: Patients from the denominator that are given a bowel regimen or there is documentation as to why this was not needed within 24 hours of new opioid Rx
    c. Denominator: Vulnerable adults who are given a new prescription for an opioid
    d. Exclusions: Less than 18 years old
    e. Guideline: Constipation is one of the most common opioid-related adverse effects. Most patients develop some degree of constipation after opioid initiation or dose increases, and resolution of constipating effects of opioids often does not occur with continued exposure. In older adults or other patients with additional reasons to develop constipation, we recommend routinely considering initiation of a bowel regimen before the development of constipation. Though most evidence is anecdotal, bowel regimens including increased fluid and fiber intake, stool softeners, and laxatives are often effective. There is insufficient evidence to recommend oral opioid antagonists to prevent or treat opioid-induced bowel dysfunction in persons with CNCP, though randomized trials suggest some potential benefits over placebo.
2. Hospice and Palliative Care – Pain Screening (NQF #1634)
    a. Description: Percentage of hospice or palliative care patients who were screened for pain during the hospice admission evaluation / palliative care initial encounter.
    b. Numerator: Patients who are screened for the presence or absence of pain (and if present, rating of its severity) using a standardized quantitative tool during the admission evaluation for hospice / initial encounter for palliative care
    c. Denominator: Patients enrolled in hospice for 7 or more days OR patients receiving hospital-based palliative care for 1 or more days
    d. Exclusions: Patients with length of stay < 7 days in hospice, or < 1 day in palliative care; No risk adjustment
    e. Guideline: Pain, other symptoms, and side effects are managed based upon the best available evidence, with attention to disease-specific pain and symptoms, which is skillfully and systematically applied. Regular, ongoing assessment of pain, non-pain symptoms (including but not limited to shortness of breath, nausea, fatigue and weakness, anorexia, insomnia, anxiety, depression, confusion, and constipation), treatment side effects, and functional capacities are documented through a systematic process. Validated instruments, where available, should be utilized. Symptom assessment in children and cognitively impaired patients should be performed by appropriately trained professionals with appropriate tools

Alive Hospice

3. Hospice and Palliative Care – Pain Assessment (NQF #1637)
    a. Description: Percentage of hospice or palliative care patients who screened positive for pain and who received a clinical assessment of pain within 24 hours of screening.
    b. Numerator: Patients who received a comprehensive clinical assessment to determine the severity, etiology and impact of their pain within 24 hours of screening positive for pain
    c. Denominator: Patients enrolled in hospice OR receiving palliative care who report pain when pain screening is
    d. done on the admission evaluation / initial encounter
    e. Exclusions: Patients with length of stay < 1 day in palliative care or < 7 days in hospice, patients who were not screened for pain. Patients who screen negative for pain are excluded from the denominator; No risk adjustment
    f. Guideline: Pain, other symptoms, and side effects are managed based upon the best available evidence, with attention to disease-specific pain and symptoms, which is skillfully and systematically applied. Regular, ongoing assessment of pain, non-pain symptoms (including but not limited to shortness of breath, nausea, fatigue and weakness, anorexia, insomnia, anxiety, depression, confusion, and constipation), treatment side effects, and functional capacities are documented through a systematic process. Validated instruments, where available, should be utilized. Symptom assessment in children and cognitively impaired patients should be performed by appropriately trained professionals with appropriate tools
4. Hospice and Palliative Care – Dyspnea Treatment (NQF #1638)
    a. Description: Percentage of patients who screened positive for dyspnea who received treatment within 24 hours of screening
    b. Numerator: Patients who screened positive for dyspnea who received treatment within 24 hours of screening
    c. Denominator: Patients enrolled in hospice for 7 or more days OR patients receiving palliative care who report dyspnea when dyspnea screening is done on the admission evaluation / initial encounter
    d. Exclusions: Palliative care patients with length of stay < 1 day or hospice patients with length of stay < 7 days, patients who were not screened for dyspnea, and/or patients with a negative screening; No risk Adjustment
    e. Guideline: Pain, other symptoms, and side effects are managed based upon the best available evidence, with attention to disease-specific pain and symptoms, which is skillfully and systematically applied. Regular, ongoing assessment of pain, non-pain symptoms (including but not limited to shortness of breath, nausea, fatigue and weakness, anorexia, insomnia, anxiety, depression, confusion, and constipation), treatment side effects, and functional capacities are documented through a systematic process. Validated instruments, where available, should be utilized. Symptom assessment in children and cognitively impaired patients should be performed by appropriately trained professionals with appropriate tools.
5. Hospice and Palliative Care – Dyspnea Screening (NQF #1639)
    a. Description: Percentage of hospice or palliative care patients who were screened for dyspnea during the hospice admission evaluation / palliative care initial encounter.
    b. Numerator: Patients who are screened for the presence or absence of dyspnea and its severity during the hospice admission evaluation / initial encounter for palliative care
    c. Denominator: Patients enrolled in hospice for 7 or more days OR patients receiving hospital-based palliative care for 1 or more days.
    d. Exclusions: Patients with length of stay < 7 days in hospice, or < 1 day in palliative care; No risk adjustment

e. Guideline: Pain, other symptoms, and side effects are managed based upon the best available evidence, with attention to disease-specific pain and symptoms, which is skillfully and systematically applied. Regular, ongoing assessment of pain, non-pain symptoms (including but not limited to shortness of breath, nausea, fatigue and weakness, anorexia, insomnia, anxiety, depression, confusion, and constipation), treatment side effects, and functional capacities are documented through a systematic process. Validated instruments, where available, should be utilized. Symptom assessment in children and cognitively impaired patients should be performed by appropriately trained professionals with appropriate tools.

6. Hospice and Palliative Care- Treatment Preferences (NQF #1641)
   a. Description: Percentage of patients with chart documentation of preferences for life sustaining treatments.
   b. Numerator: Patients whose medical record includes documentation of life sustaining preferences
   c. Denominator: Seriously ill patients enrolled in hospice OR receiving specialty palliative care in an acute hospital setting.
   d. Exclusions: Patients with length of stay < 1 day in palliative care or < 7 days in hospice
   e. Guideline:
7. Beliefs/Values Addressed (if desired by patient) (NQF #1647)
   a. Description: Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss.
   b. Numerator: Patients with clinical record documentation of spiritual/religious concerns or documentation that the patient/ caregiver/ family did not want to discuss
   c. Denominator: Total number of patient's discharged from hospice care during the designated reporting period
   d. Exclusions: None; No risk adjustment

Guideline: National Consensus Project Guidelines (2009) Guideline 5.1: Spiritual and existential dimensions are assessed and responded to based upon the best available evidence, which is skillfully and systematically applied. National Consensus Project and National Quality Forum Framework and Preferred Practices for Palliative and Hospice Care Preferred Practice 20: Develop and document a plan based on an assessment of religious, spiritual, and existential concerns using a structured instrument, and integrate the information obtained from the assessment into the palliative care plan.

Alive Hospice

Attachment B

National Patient Safety Goals (NPSG) – 2014

Purpose: Established in 2002 by the Patient Safety Advisory Group and The Joint Commission to help accredited organizations address specific areas of concern related to patient safety
The NPSG for 2014 have not changed from 2013. Education for staff happens in staff meetings and NPSG are posted in all inpatient units.
Goals/Actions for 2014:

1. Improve the accuracy of patient identification by using at least 2 patient identifiers when providing care, treatment and services.
    a. Home Teams: Use name and date of birth then facial recognition
    b. IPU: Patient name, date of birth, medical record number on ID band
    c.
2. Improve the safety of using medications by maintaining and communicating accurate patient medication information (medication reconciliation).
    a. Monthly audit of 33% of charts for the month.
    b. Staff education about obtaining an accurate list of medications at the first contact with the patient and performing medication reconciliation:
        i. Home Teams: On each subsequent visit, ask patient/caregiver about changes in medications
        ii. IPU: On admission
        iii. All: Full reconciliation at any change in level of care
3. Reduce the risk of healthcare associated infections by complying with the CDC or WHO hand hygiene guidelines (hand washing).
    a. Monthly audits of all observations done during the month.
    b. Education to all staff about infection prevention.
4. Reduce the risk of patient harm resulting from falls.
    a. Monitor environment
    b. Fall risk assessment
    c. Patient and caregiver teaching
5. Identify safety risks inherent in the patient population associated with home oxygen therapy.
    a. Monitor environment
    b. Patient and caregiver teaching about fire prevention especially with the use of oxygen.

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

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,

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

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,

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

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,

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

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,

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

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,

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

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,

Karen Adams

Karen Adams

[illegible] mother 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

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,

Stephanie M Wardell

Stephanie M Wardell

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

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,

Kelli F. Beam
Director of Membership
Rutherford County Chamber of Commerce

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

AUG 26 2014

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

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

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,

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.

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.

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,

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:

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,

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.

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,

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

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,

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

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,

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

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,

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

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,

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

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,

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

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,

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:

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

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

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: 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

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,

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.

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,

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

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,

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

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: 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

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,

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

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,

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.

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,

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

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,

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

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,

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

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,

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

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: 7-10-14

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

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,

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

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,

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

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,

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:

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,

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.

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,

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

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,

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

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,

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

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,

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

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

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.

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,

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

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,
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

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,

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

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,

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:

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,

[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

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,

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

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,

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

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,

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:

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,

(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:

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,

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:

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,

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

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 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

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,

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

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,

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

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,

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

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,

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

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,

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

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,

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:

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 in 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,

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

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,

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:

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,

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.

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,

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

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,

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

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,

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

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: 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

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

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

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,

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:

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,

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

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,

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

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,

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

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,

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

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,

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

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,

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

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,

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

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,

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

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,

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

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, 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.

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,

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

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,

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

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,

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

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,

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.

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,

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

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: 7/8/14

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

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,

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"
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.

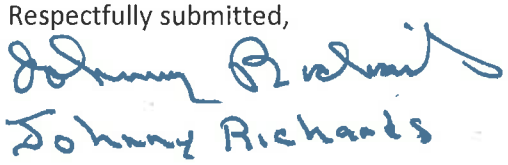
Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville 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,



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"
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,

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

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,

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

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,

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"
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,

Judy Spry

JUL 11 14 08:12

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,

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

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,

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

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,

Krista Trail

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,

Lana Jones

Lana Jones

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.

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

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:

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,

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

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,

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

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,

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:

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,

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,

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

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,

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:

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,

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:

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,

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

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,

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

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,

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

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,

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

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,

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

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,

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

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

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,

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

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,

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

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,

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.

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,

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.

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,

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:

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

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:

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

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:

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,

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:

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,

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:

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,

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:

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,

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.

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,

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:

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: 7/10/14

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:

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,

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:

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,

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

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,

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:

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,

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

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,

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

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,

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.

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, 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:

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,

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:

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,

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.

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,

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.

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,

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:

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,

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:

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.

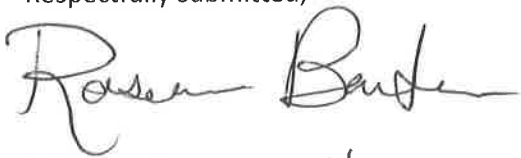
Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville 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: 7-9-14

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:

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,

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:

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,

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:

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,

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:

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,

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:

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,

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.

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,

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.

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,

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

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,

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

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,

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

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: 7-9-14

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:

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,

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

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,

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"
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,

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

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 thirty 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 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 too far.

Alive Hospice, with demonstrated expertise in the provision of all levels of care for almost forty years over all and fourteen 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.

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

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,

Jalitha Gunter

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,

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"
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,

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

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,

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

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.

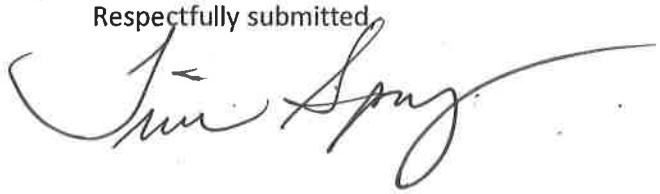
Our market has dedicated healthcare facilities for all other clinical disciplines except for hospice. Currently, a hospice patient needing general inpatient care, seeking hospice respite care, or desiring a hospice residential environment, all in a dedicated hospice facility, must travel to Nashville 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,



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.

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,

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

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,

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

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,

Wendy Sadler