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HEALTH FACILITIES COMMISSION
JANUARY 24, 2024
APPLICATION REVIEW

NAME OF PROJECT: Interim Healthcare of Montgomery County

PROJECT NUMBER: CN2311-026

ADDRESS: 540 Heritage Pointe Drive, Suite A
Clarksville (Montgomery County), TN 37042

LEGAL OWNER: Erica and Francisco Pahua
4484 North Pinson Road
Portland (Robertson County), TN 37148

OPERATING ENTITY: N/A

CONTACT PERSON: Erica Pahua
(615) 989-6753

DATE FILED: December 1, 2023

PROJECT COST: \$23,400

PURPOSE FOR FILING: The initiation of in-home hospice services.

Staff Review

Note to Commission members: This staff review is an analysis of the statutory criteria of Need, Consumer Advantage Attributed to Competition, and Quality Standards, including data verification of the original application and, if applicable, supplemental responses submitted by the applicant. Any Health Facilities Commission Staff comments will be presented as a "Note to Commission members" in bold italic.

PROJECT DESCRIPTION

This application is for the establishment of a home care organization and the initiation of in-home hospice services, serving patients in Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson Counties. The address of the project will be 540 Heritage Pointe Dr., Clarksville (Montgomery County), Tennessee 37042.

Executive Summary

- If approved, the proposed project will begin providing services in the proposed six-county service area in October 2024.
- The applicant currently operates a healthcare staffing agency as well as a licensed personal support services agency (licensed by the Department of Mental Health and Substance Abuse Services) at the proposed home health and hospice site at 540 Heritage Pointe Drive, Clarksville, TN 37042. The applicant was approved at the September 2023 Commission meeting for a newly established home health agency (CN2306-019A, Interim Healthcare of Montgomery County) with a service area consisting of Cheatham, Montgomery, and Robertson Counties.
- The applicant is an independently owned franchisee of Interim Healthcare which is a national provider of home care, hospice, palliative care, pediatric care, healthcare staffing, and specialized care with over 300 locations nationally including four locations in Tennessee that includes the applicant's location in Montgomery County.
- The applicant is a minority owned business, whose owner has experience working as both a home health and hospice nurse. This application proposes to focus on the delivery of hospice services to the Hispanic population of the service area.
- The applicant states that it will leverage its existing relationships and infrastructure as a healthcare staffing agency and personal support services agency to expand its services to include hospice services.

Levels of Hospice Care to be offered by the Applicant

Hospice Levels of Care	Yes	No
Routine Home Care	X	
General Inpatient Care	X	
Continuous Home Care	X	
Respite Care	X	

Source: CN2311-026, Attachment 1NR2, Page 19

- The applicant states that while it will be offering all four levels of care required by CMS, general inpatient care will be contracted through a third-party rather than being provided directly by the applicant.
- The franchising entity for the applicant, Interim Healthcare Inc. will provide the applicant licensing and certification application and compliance assistance, policy development, office set-up and staff selection, quality assurance tools, development of bereavement and volunteer programs, consultant services related to staff training on day-to day operations, leadership roles, clinical documentation Medicare certification, coding / billing and general support, as well as strategic planning, educational and marketing services.

- Please see application Attachment 1E. for the applicant's executive summary overview that includes project description, ownership, service area, existing similar service providers, project cost, and staffing.

Consent Calendar: ☐ Yes ☒ No

- Executive Director's Consent Memo Attached: ☐ Yes ☒ Not applicable

Facility Information

- The proposed home office for the applicant will be located at 540 Heritage Pointe Drive, Suite A., Clarksville, TN 37042. No patient care will be provided on the premises.
- The 1,000 square foot proposed home office is currently being leased from the landlord, White and Stafford, LLC, to Interim Healthcare of Montgomery County, LLC, through July 1, 2024. See Attachments 9A Lease and 10.A. Floor Plan.

Ownership

The applicant is owned by Pahua Health Inc. which is jointly owned by Erica Pahua (50%) and Francisco Pahua (50%).

Project Cost Chart

- The total project cost is \$23,400. Of this amount, the highest line-item costs of the project are Building Lease Costs (\$20,400).
- For additional information, please refer to the Project Cost Chart on Page 10 of the application.

NEED

The applicant provided the following supporting the need for the proposed project:

- The applicant is proposing to place a special emphasis on serving the Hispanic population of the service area.
- The applicant cites the language barriers, cultural insensitivity, lack of health insurance and inadequate support during end-of-life care among the hospice eligible Hispanic population as supporting the need for more focused services.
- The applicant cites population growth as well as the need for improved access for rural communities, specifically parts of Robertson and Cheatham Counties, and its experience in reaching underserved minority communities.
- The applicant has provided (23) letters of support with representation from one (1) physician, sixteen (16) nurse practitioners/registered nurses, one (1) executive director of a local senior center, one (1) Masters Social Worker (MSW), two (2) existing clients, one (1) pastor, and one (1) representative from an out of state Interim Healthcare affiliate. One (1) letter of support is from the President of the National Association of Hispanic Nurses TN Chapter.

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(For applicant discussion, see the Original Application, Attachment 2.E. and Attachments 1N, 2N, 3N, and 4NR.)

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

Hospice Services:

All applicable criteria and standards were met except for the following:

- Did not meet the standard of #17. **Need Formula:** “Preference should be given to applications that include in a proposed service area only counties with a Hospice Penetration Rate that is less than 80% of the Statewide Median Hospice Penetration Rate (SMHPR); however an application may include a county or counties that meet or exceed the SMHPR if the applicant provides good reason, as determined by the Health Facilities Commission (HFC), for the inclusion of any such county and: 1) if the HFC finds that such inclusion contributes to the orderly development of the healthcare system in any such county, and 2) if the HFC finds that such inclusion is not intended to include a county or counties that meet(s) or exceed(s) the SMHPR solely for the purpose of gaining entry into such county or counties. Letters of support from referring physicians in any such county noting the details of specific instances of unmet need should be provided by the applicant.”

This project proposes to initiate hospice services in a six-county service area – Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson Counties which cumulatively show a surplus capacity of (1,863) hospice admissions according to the standard of 80% of the Statewide Median Hospice Penetration Rate (SMHPR). Individually, each of the six counties show a surplus of patients above the Statewide Median Hospice Penetration Rate at 80%: Cheatham County (66), Davidson County (808), Montgomery County (70), Robertson County (60), Rutherford County (326), and Williamson County (532). The applicant is requesting consideration outside of the need formula with respect to its targeting of an underserved Hispanic population. The applicant provides a detailed response to the type of strategies it is proposing to implement in response to Criterion #17 as well as other parts of the application. Letters of support related to need in the service area are provided by the applicant in Attachment – Letters of Support. See Attachment 1NR2 Hospice Services Standards and Criteria, Pages 22 - 25.

- Did not meet the standard of #18. **Assessment Period:** “After approval by the HSDA of a hospice services CON application, no new hospice services CON application – whether for the initiation of services or for the expansion of services – should be considered for any county that is added to or becomes part of a Service Area until JAR data for hospice services can be analyzed and assessed by the Division to determine the impact of the approval of the CON.”
This project proposes to initiate hospice services in six counties, once of which overlaps

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with the service area of a recently approved CON (CN2306-016A Heart and Soul Hospice, LLC) in Williamson County. Heart and Soul Hospice projected to serve 40 hospice patients in Williamson County is Year One (2024) in its application. CN2306-016A was approved on August 23, 2023, and has not yet been reported in the Joint Annual Reports for Hospice. See Attachment 1NR2 Hospice Services Standards and Criteria, Pages 25 and 26.

Please see attached for a full listing of the criteria and standards and the applicant's responses.

Service Area Demographics

- The proposed service area consists of Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson Counties (see Attachment 2N for a county level map).
- The target population is the adult population age 65 and older. (See Attachment 3NR2 for more demographic detail.)

County	2023 Population	2027 Population	2023 Population 65+	2027 Population 65+	% Change 65+	Median Household Income	% of Persons Below Poverty Level	TennCare %
Cheatham	41,692	42,304	7,365	8,293	12.6%	\$69,132	8.6%	18.7%
Davidson	722,445	742,241	98,327	106,767	8.6%	\$66,047	15.0%	21.8%
Montgomery	227,061	243,942	23,975	27,584	15.0%	\$63,768	10.8%	23.4%
Robertson	74,699	77,702	12,672	14,395	13.6%	\$67,597	10.5%	21.0%
Rutherford	363,690	396,434	44,100	52,325	18.6%	\$72,985	8.7%	20.2%
Williamson	264,071	288,952	40,172	47,379	17.9%	\$116,492	4.0%	6.3%
Service Area Total	1,693,658	1,791,575	226,611	256,743	13.3%			19.1%
Tennessee Total	7,071,060	7,282,134	1,290,989	1,413,040	9.5%	\$58,516	13.6%	24.2%

Source: The University of Tennessee Center for Business and Economic Research Population Projection Data Files, Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

- The proposed service area projects a 4-year growth rate (2023-2027) among residents age 65+ and over of (13.3%) which is higher than the statewide rate of (9.5%). The latest 2023 percentage of (19.1%) of service area residents enrolled in the TennCare program is lower than the (24.2%) statewide average. None of the six proposed service area counties has a TennCare program enrollment rate higher than the statewide rate.
- The applicant highlights the underutilization of hospice services by the Hispanic population among Medicare decedents who used hospice services (50.8% White vs. 33.3% Hispanic) as well as the high demand for translators among the Hispanic population on Page 1 of Attachment 4NR.

- The applicant has provided data on the Hispanic population of the service area in the following table:

County	2023 Population TOTAL	2027 Population TOTAL	2023 Population Hispanic	2027 Population Hispanic	% of Total Population Hispanic
Cheatham	41,692	42,304	1,751	1,777	4.2%
Davidson	722,445	742,241	78,747	80,904	10.9%
Montgomery	227,061	243,942	25,658	27,565	11.3%
Robertson	74,699	77,702	6,275	6,527	8.4%
Rutherford	363,690	396,434	36,369	39,643	10.0%
Williamson	264,071	288,952	13,996	15,314	5.3%
Service Area Total	1,693,658	1,791,575	162,795	171,731	9.6%
Tennessee Total	7,071,060	7,282,134	452,548	466,057	6.4%

Source: U.S. Census Bureau 2020 Census ([census.gov](https://www.census.gov)), Tennessee Department of Health: Population Estimates 2023-2027 (<https://www.tn.gov/content/dam/tn/health/documents/population/CON-Population-Estimates-4-reports-2023-2027.pdf>)

- The Hispanic population of the service area represents approximately (9.6%) of the total population for 2023 which is higher than the statewide percentage of (6.4%). Montgomery (11.3%) and Davidson (10.9%) Counties have the highest percentage of Hispanic residents.
- Please see Attachment 4NR, as well as Supplemental #1, Pages 3 - 4, in the application for special needs of the service area population including health disparities.

Service Area- Historical Utilization (In-Home Hospice Agencies)

- Utilization for the (23) licensed in-home hospice agencies which reported serving patients in the service area from 2020-2022 is detailed in the table below:

Utilization of Service Area In-Home Hospice Agencies 2020-2022

Hospice Agency	County	State ID	2020	2021	2022	Total Patients 2020-2022	% Change 2020-2022
Adoration Hospice (fka Hospice Advantage)	Davidson	19704	244	242	421	907	73%
Alive Hospice	Davidson	19624	2,150	2,349	2,276	6,775	6%
Amedisys Hospice (Central Pike)	Davidson	19674	342	299	353	994	3%
Aseracare Hospice-McKenzie	Carroll	09645	326	100	369	795	13%
Aseracare Hospice-Nashville	Davidson	19604	127	48	153	328	20%
Avalon Hospice	Davidson	19694	1,051	920	867	2,838	-18%
Caris Healthcare	Davidson	19714	504	447	439	1,390	-13%
Caris Healthcare	Robertson	74624	137	176	141	454	3%
Caris Healthcare	Fayette	24606	-	-	1	1	NA
Caris Healthcare	Hamilton	33653	-	-	1	1	NA
Caris Healthcare, LP	Knox	47682	-	-	1	1	NA
Caris Healthcare, LP	Rutherford	75624	195	175	201	571	3%
Comfort Care Hospice of Middle Tennessee	Robertson	74614	82	132	208	422	154%
Encompass Health Hospice	Davidson	19724	93	114	57	264	-39%
Guardian Hospice of Nashville, LLC	Williamson	94614	211	270	167	648	-21%
Heart and Soul Hospice, LLC	Davidson	19744	-	-	49	49	NA
Highpoint Hospice (TN In Home Partners II, LLC)	Sumner	83614	30	42	51	123	70%
Hospice Compassus- The Highland Rim	Coffee	16604	-	-	1	1	NA
Hospice of Chattanooga, Inc.	Hamilton	33613	-	-	1	1	NA
Kindred Hospice	Davidson	19684	497	387	385	1,269	-23%
Tennessee Quality Hospice	Madison	57615	74	106	108	288	46%
Tennova Home Health and Hospice - Clarksville	Montgomery	63604	236	264	349	849	48%
Willowbrook Hospice	Williamson	94604	700	804	779	2,283	11%
TOTAL			6,999	6,875	7,378	21,252	5.4%

Source: CN2311-026, Attachment 5NR2

Note: Utilization Table has been modified by staff to remove data for two residential hospice facilities in the service area: The Residence at Alive Hospice (Davidson) - ID 19614 and The Residence at Alive Hospice (Rutherford) - ID 75784

- From 2020-2022 five of the twenty-three hospice agencies represented (68.4%) of the total volume of hospice patients residing in the service area. Five hospice agencies reported serving only one patient in 2022.
- The five highest volume providers were Alive Hospice - ID 19624 (6,775 patients served - 31.8% of total patients from the service area); Avalon Hospice - ID 19694 (2,838 patients served - 13.3% of total patients from the service area); Willowbrook Hospice - ID 94604 (2,283 patients served - 10.7% of total patients from the service area); Caris Healthcare - ID 19714 (1,390 patients served - 6.5% of total patients from the service area); and Kindred Hospice - ID 19684 (1,269 patients served - 5.9% of total patients from the service area).
- The number of patients receiving hospice services has increased by (5.4%) from 2020-2022.

Applicant's Historical and Projected Utilization

Since this application is for a new provider, the applicant does not have any historical utilization in the proposed six-county service area for hospice services. The applicant's projected hospice utilization is detailed in the tables below:

Projected Utilization - Interim Healthcare of Montgomery County - Hospice

Service Area County	Projected Utilization Year 1 (2024)	Total Cases
Cheatham	1	2%
Davidson	21	42%
Montgomery	8	16%
Robertson	3	6%
Rutherford	10	20%
Williamson	7	14%
Grand Total	50	100%

Source: CN2311-026, Application, Page 12

- The applicant projects that out a total of 50 patients in Year 1 (2024) that (42%) of hospice patient utilization will originate from Davidson County, followed by Rutherford County (20%), Montgomery County (16%), and Williamson County (14%).

Projected Patients and Patient Days by Level of Hospice Care Year 1 and Year 2

Hospice Levels of Care	Patients Year 1	Patient Days Year 1	Patients Year 2	Patient Days Year 2	Total Patients Year 1 - Year 2	Total Patient Days Year 1- Year 2	% Change Patients Year 1- Year 2	% Change Patient Days Year 1- Year 2
Routine Home Care	49	3,430	99	6,930	148	10,360	100%	100%
General Inpatient Care	N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A
Continuous Home Care	1	70	1	70	2	140	0%	0%
Respite Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	50	3,500	100	7,000	150	10,500	100%	100%

Source: CN2311-026, Application, Page 17

- The applicant projects that its overall utilization for the six-county service area will be primarily through routine home care, increasing by (100%) from Year 1 (2024) to Year 2 (2025) of the project.

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

Charges

- The applicant's proposed charges for its hospice agency are listed on Page 24. The applicant's unit of measure for calculating charge information is patient days.

	Projected Data Chart - Hospice	
	Year 1 (2024)	Year 2 (2025)
Gross Charges	\$130	\$130
Deduction from Revenue	\$7	\$7
Average Net Charges	\$123	\$123

Source: CN2311-026, Application, Page 24.

- The applicant projects that its Average Net Charges for hospice care will remain the same at \$123 per patient day from Year 1 (2024) to Year 2 (2025).

2022 Comparison of Licensed Hospice Agencies in the Project Service Area Net Charge/Patient Day

Hospice Agency	County	State ID	2022 Patient Days	2022 Net Revenue	Net Charge (Net Revenue/Patient Days)
Adoration Hospice (fka Hospice Advantage)	Davidson	19704	56,488	\$9,509,780	\$168.35
Alive Hospice	Davidson	19624	132,620	\$21,485,534	\$162.01
Amedisys Hospice (Central Pike)	Davidson	19674	36,180	\$3,694,539	\$102.12
Aseracare Hospice-McKenzie	Carroll	09645	121,090	\$10,591,527	\$87.47
Aseracare Hospice-Nashville	Davidson	19604	20,036	\$2,171,412	\$108.38
Avalon Hospice	Davidson	19694	541,143	\$80,579,206	\$148.91
Caris Healthcare	Davidson	19714	142,397	\$16,996,480	\$119.36
Caris Healthcare	Robertson	74624	24,157	\$3,154,939	\$130.60
Caris Healthcare, LP (Knox)	Knox	47682	135,007	\$13,439,501	\$99.55
Caris Healthcare, LP (Murfreesboro)	Rutherford	75624	74,456	\$9,103,318	\$122.26
Caris Healthcare (Fayette)	Fayette	24606	31,821	\$2,697,922	\$84.78
Caris Healthcare (Hamilton)	Hamilton	33653	25,641	\$3,191,601	\$124.47
Comfort Care Hospice of Middle Tennessee	Robertson	74614	12,937	\$2,271,426	\$175.58
Encompass Health Hospice	Davidson	19724	6,528	\$1,037,716	\$158.96
Guardian Hospice of Nashville, LLC	Williamson	94614	11,088	\$4,224,132	\$380.96
Heart and Soul Hospice, LLC	Davidson	19744	2,711	\$326,915	\$120.59
Highpoint Hospice (TN In Home Partners II, LLC)	Sumner	83614	32,026	\$3,562,278	\$111.23
Hospice Compassus - The Highland Rim	Coffee	16604	96,921	\$17,516,249	\$180.73
Hospice of Chattanooga, Inc.	Hamilton	33613	228,516	\$37,817,285	\$165.49
Kindred Hospice	Davidson	19684	30,068	\$4,802,746	\$159.73
Tennessee Quality Hospice	Madison	57615	89,644	\$18,627,936	\$207.80
Tennova Home Health and Hospice - Clarksville	Montgomery	63604	15,969	\$2,365,990	\$148.16
Willowbrook Hospice	Williamson	94604	109,792	\$9,772,454	\$89.01
Average of Service Area Hospice Agencies			1,977,236	\$278,940,886	\$141.07
Interim Healthcare of Montgomery County	Montgomery		3,500	\$455,000	\$130.00

Source: CN2311-026, Attachment 1NR2, Page 10

- The applicant's projected Net Revenue per Patient Day hospice care in Year One is lower (\$130) than the reported average of other area providers (\$141.07) in 2022. See Attachment 1NR2, Page 10 for the above referenced tables. Its proposed charges would be twelfth lowest among the twenty-three service area providers.
- The four area providers with the lowest charges are Caris Healthcare (Fayette) – ID 24606 (\$84.78), Aseracare Hospice-McKenzie – ID 09645 (\$87.47), Willowbrook Hospice – ID 94604 (\$89.01), and Caris Healthcare, LP (Knox) – ID 47682 (\$99.55).

2022 Comparison of Medicare per Diem Rates by Level of Hospice Care

Hospice Agency	County	State ID	Routine Hospice Care	Continuous Hospice Care	General Inpatient	Respite Care
Adoration Hospice (fka Hospice Advantage)	Davidson	19704	\$174	\$1,462	\$1,068	\$473
Alive Hospice	Davidson	19624	\$186	\$1,322	\$982	\$437
Amedisys Hospice (Central Pike)	Davidson	19674	\$161	\$500	\$500	\$429
Aseracare Hospice-McKenzie	Carroll	09645	\$149	\$500	\$912	\$413
Aseracare Hospice-Nashville	Davidson	19604	\$159	\$500	\$500	\$429
Avalon Hospice	Davidson	19694	\$186	\$1,322	\$982	\$437
Caris Healthcare	Davidson	19714	\$186	\$1,322	\$982	\$437
Caris Healthcare	Robertson	74624	\$186	\$1,322	\$982	\$437
Caris Healthcare, LP (Knox)	Knox	47682	\$177	\$1,243	\$933	\$416
Caris Healthcare, LP (Murfreesboro)	Rutherford	75624	\$186	\$1,322	\$982	\$437
Caris Healthcare (Fayette)	Fayette	24606	\$183	\$1,298	\$967	\$430
Caris Healthcare (Hamilton)	Hamilton	33653	\$184	\$1,303	\$970	\$432
Comfort Care Hospice of Middle Tennessee	Robertson	74614	\$186	\$1,322	\$982	\$437
Encompass Health Hospice	Davidson	19724	\$175	\$1,463	\$1,068	\$474
Guardian Hospice of Nashville, LLC	Williamson	94614	\$186	\$1,320	\$982	\$437
Heart and Soul Hospice, LLC	Davidson	19744	\$199	\$1,432	\$1,046	\$461
Highpoint Hospice (TN In Home Partners II, LLC)	Sumner	83614	\$159	\$1,432	\$951	\$433
Hospice Compassus – The Highland Rim	Coffee	16604	\$199	\$1,432	\$1,045	\$461
Hospice of Chattanooga, Inc.	Hamilton	33613	\$177	\$1,396	\$936	\$420
Kindred Hospice	Davidson	19684	\$186	\$1,322	\$982	\$437
Tennessee Quality Hospice	Madison	57615	\$174	\$1,239	\$922	\$414
Tennova Home Health and Hospice - Clarksville	Montgomery	63604	\$155	\$1,236	\$891	\$441
Willowbrook Hospice	Williamson	94604	\$156	\$1,296	\$961	\$429
Average of Service Area Hospice Agencies			\$177	\$1,231	\$936	\$437
Interim Healthcare of Montgomery County	Montgomery		\$186	\$1,300	\$982	\$430

Source: CN2311-026, Attachment 1NR2 - Hospice, Page 11

- The applicant's reported Medicare Per Diem Rates for Routine Home Care in Year 1 (2024) are higher (\$186) than the reported average of other area providers (\$177.00) in 2022. See Attachment 1NR2 - Hospice, Page 11 for the above referenced tables.
- The applicant identifies the following specific programs which are provided outside of the traditional hospice benefit (See Supplemental #1, Item 3C, Page 3 for additional detail regarding these programs):

- **Community Health Navigators:** Employment of Community Health Navigators, who possess cultural and linguistic skills that align with the communities we serve, including proficiency in Spanish.
- **Rural Outreach Program:** An initiative ensures that quality hospice and home health services are accessible to all, including rural residents, where healthcare resources are often limited.
- **Culturally Sensitive Care Training:** Staff training which includes understanding and respecting diverse cultural beliefs and practices, ensuring care is delivered with empathy and understanding of each patient's unique background.
- **Telehealth Services:** To enhance accessibility, we plan to integrate telehealth services, offering virtual consultations and check-ins.

Project Payor Mix

	Percentage of Gross Operating Revenue - Hospice						
	Medicare	Medicaid	Commercial	Self-Pay	Other	Total	Charity Care
Year 1	89%	7%	2%	2%	0%	100%	2%
Year 2	87%	9%	2%	2%	0%	100%	2%

Source: CN2311-026, Application, Page 26.

- Please refer to Item 10C. in the Consumer Advantage section of the application for specific Payor Mix information for the applicant's hospice agency.

Agreements

- The applicant states that it plans to contract with several commercial payors in response to Item 2.C. on Pages 19 & 20 of the application.
- The applicant states that it intends to contract with all Managed Care Organizations (MCOs) serving the area including Amerigroup, BlueCare, and UnitedHealthcare Community Plan.
- The applicant states that it has established verbal agreements with its skilled care referral partners to facilitate transfer agreement and it anticipates formalizing these agreements into official documents once our Certificate of Need (CON) is approved. See Page 19 of the application.

Staffing

- The applicant's Year One proposed staffing for its hospice agency includes the following:

	Year One
Direct Patient Care Positions	12.0
Non-Patient Care Positions	3.0
Contractual Staff	4.0
Total	19.0

Source: CN2311-026, Application, Page 30R

- Direct Care positions for the applicant in Year One of the hospice project includes the following: Registered Nurse (4.0 FTEs); Nursing Aide, CNA (6.0 FTEs); Social Worker (0.5 FTEs); Chaplain (0.5 FTEs); Medical Director (0.25 FTE); and Director of Nursing (0.75 FTE).
- Non-Patient Care positions includes the following: Executive Director (1.0 FTE); and Business Office Staff (2.0 FTEs).
- The applicant states that the 4.0 FTE positions listed as Contractual Staff represent part-time, as-needed (PRN) roles, not full-time equivalents. These positions are intended to establish a pool of on-call staff, including per diem nurses and nursing aides, who can be scheduled flexibly in response to fluctuating patient care needs. This ensures continuous, adaptable coverage in line with the variable demands of hospice care, paralleling the staffing models used in our home health and personal care & support services.
- Please refer to Item 8Q. on Page 30 of the application for additional detail regarding project staffing.
- The applicant states that its staffing plan will exceed the general staffing requirements and qualifications of the National Hospice and Palliative Care Organization (NHPCO).
- The applicant states that it will employ an Advanced Practice Registered Nurse (APRN) as Director of Nursing for hospice agencies.
- The applicant states the following in Supplemental #1, Page 9 regarding its staffing commitments for the project, “the projected staff positions for Interim Healthcare of Montgomery County’s new hospice agency are a mix of exclusive and shared commitments. Specifically, the roles of Social Worker, Chaplain, and Medical Director will be exclusively dedicated to our hospice services. However, during our startup phase, other positions including RNs, Nursing Aides, and administrative roles will be shared with our other service lines (home health and personal support services). This approach ensures a balanced and efficient allocation of resources while establishing our hospice care services.”

QUALITY STANDARDS

- The applicant commits to obtaining and/or maintaining the following:

Licensure	Certification	Accreditation
Health Facilities Commission	Medicare/TennCare	Community Health Accreditation Partner (CHAP)

Source: CN2311-026, Application, Page 28.

- The applicant will apply for Licensure through the Health Facilities Commission, Certification through Medicare and TennCare, and accreditation through Community Health Accreditation Partner (CHAP).
- The applicant states that it will utilize the services of its Franchisor – Interim Healthcare Inc., which include access to licensing and compliance specialists, to support it through the licensure and accreditation process. Services will also include access to policy and form development, compliance with quality and regulatory standards, continuing education on industry best practice standards, operations, patient care, ethical issues, infection control, documentation, and Medicare reimbursement requirements and coding fundamentals.
- The applicant states that it has experience as a healthcare staffing agency with hiring the type of staff needed to operate this hospice agency including Aides, CNAs, LPNs, and RNs. The applicant's hiring and training processes are detailed in response to Attachment 1NR2, Pages 1 & 2 as well as Supplemental #1, Page 7.
- The applicant states that it currently employs three Spanish speaking Latina nurses with Home Care experience and that it intends to employ an additional three Spanish-speaking nurses on a per diem basis for its hospice agency.

Application Comments

Application Comments may be filed by the Department of Health, Department of Mental Health, and Substance Abuse Services, and the Department of Intellectual and Developmental Disabilities. The following department(s) filed comments with the Commission and are attached:

- ☐ Department of Health
- ☐ Department of Mental Health and Substance Abuse Services
- ☐ Department of Intellectual and Developmental Disabilities
- ☒ **No comments were filed**

Should the Agency vote to approve this project, the CON would expire in two years.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT:

There are no other Letters of Intent, or pending applications on file for this applicant.

Outstanding Certificates of Need

Project Name	Interim Healthcare of Montgomery County, CN2306-019A (<i>Partial Approval for Home Health Only</i>)
Project Cost	\$23,400
Denied Date	September 27, 2023
Description	The establishment of a home care organization and the initiation of home health services and in-home hospice services with an office located at 540 Heritage Pointe Drive Suite A, Clarksville (Montgomery County), TN 37042. The proposed service area consists of Cheatham, Montgomery, and Robertson Counties. The applicant is owned in equal partnership between Erica Pahua (50%) and Francisco Pahua (50%)
Reason for Denial	The Commission voted to approve part of the Certificate of Need for the project. The Commission voted to approve for the establishment of a home care organization and the initiation of home health services and voted to deny the Certificate of Need for the initiation of in-home hospice services.

Denied Applications

Project Name	Interim Healthcare of Montgomery County, CN2306-019A (<i>Partial Approval for Home Health Only</i>)
Project Cost	\$23,400
Denied Date	September 27, 2023
Description	The establishment of a home care organization and the initiation of home health services and in-home hospice services with an office located at 540 Heritage Pointe Drive Suite A, Clarksville (Montgomery County), TN 37042. The proposed service area consists of Cheatham, Montgomery, and Robertson Counties. The applicant is owned in equal partnership between Erica Pahua (50%) and Francisco Pahua (50%)
Reason for Denial	The Commission voted to approve part of the Certificate of Need for the project. The Commission voted to approve for the establishment of a home care organization and the initiation of home health services and voted to deny the Certificate of Need for the initiation of in-home hospice services.

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no other Letters of Intent or pending applications on file for other health care organizations in the service area proposing this type of service.

Denied Applications

Project Name	AHC Home & Hospice of Nashville, LLC, CN2302-005D
Project Cost	\$155,859
Denied Date	May 24, 2023
Description	The establishment of a home care organization to initiate in-home hospice services to be officed at an existing nursing home facility, AHC Nashville, LLC, d/b/a Advanced Health Care of Nashville, located at 627 19 th Ave. North, Nashville (Davidson County), TN 37203. The 7-county service area counties include Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, and Wilson Counties. The applicant was owned by New AHC Holdings, LLC., which is owned by The Larry Miller Company.
Reason for Denial	The project was denied on the grounds that it did not demonstrate need in the service area or offer consumer advantage.

Outstanding Certificates of Need

Project Name	Shalom Hospice, CN2203-014A
Project Cost	\$740,000
Approval Date	May 25, 2022
Description	The establishment of a home care organization and the initiation of in-home hospice services. The applicant's parent office will be located at 5409 Maryland Way, Suite 212, Brentwood (Williamson County), TN 37027. The proposed service area includes Davidson, Rutherford, and Williamson Counties. The applicant, Shalom Hospice, LLC, is owned and managed by The Stern Family Trust (90%) and Samuel Stern (10%).
Project Status	Project Status Update July 17, 2023: Shalom Hospice was licensed at the end of calendar year 2022 and began initial operations shortly thereafter. It achieved both Medicare certification and National Institute of Jewish Hospice NIJH accreditation in February 2023. Since becoming fully operational, it is serving patients residing in all three counties, has achieved a 25 percent Jewish population to date which is increasing (in contrast with less than 1% of the population being Jewish) and is engaging with the Jewish community as outlined in its community linkage plan included within its CON application. A final project report is pending.
Expiration	July 1, 2024

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Project Name	Heart and Soul Hospice, LLC., CN2306-016A
Project Cost	\$42,960
Approval Date	August 23, 2023
Description	The initiation of hospice services. The hospice will be headquartered at the principal office location at 402 BNA Drive, Suite 305, Nashville, TN 37217. The service area consists of Sumner County, Williamson County, Wilson County, Tennessee. The applicant is owned by a partnership between David Turner (50%), Andre L. Lee, DPA (25%) and Reverend Sandy McClain (25%).
Project Status	Project Status: This project was recently approved.
Expiration	October 1, 2025

TPP (1/15/2024)

CRITERION AND **STANDARDS**

Original Application

NOTE: Supplemental responses to criterion and standards follows in the supplemental attachments.

Attachment 1NR2

STANDARDS AND CRITERIA APPLICABLE TO HOSPICE

***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. Importantly, the applicant must document that such qualified personnel are available for hire to work 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.*

Interim Healthcare of Montgomery County has long understood the pivotal role staffing plays in delivering compassionate and high-quality care. Leveraging our unique advantage as both a staffing and home care provider, we've distilled our approach into several foundational pillars:

Recruitment and Retention: As a staffing provider, we specialize in recruiting and hiring quality healthcare providers, our robust infrastructure ensures a consistent pool of qualified professionals. Our existing relationships in servicing local nursing facilities underscores our capacity to provide consistent care. Moreover, by offering a nurturing work environment characterized by growth opportunities and a team-based approach, we maintain a low turnover rate. We firmly believe that employee satisfaction is a precursor to superior patient care.

Training & Development: Every member of our team undergoes comprehensive training, with continuous opportunities for skill enhancement. Through our education portal, we provide ongoing education and conduct competency assessments. Through tools like Healthstream, the Interim Healthcare Learning Center and Interim Healthcare University we ensure our staff remains at the forefront of best practices.

Continuity of Care: Interim Healthcare Inc. is the oldest Home Care company in the US. Founded in 1966, Interim HealthCare Inc. is unique in combining the commitment of local ownership with the support of a national organization that develops innovative programs and quality standards. Offering the full continuum of care, is what Interim Healthcare Inc. is best known for. Interim Healthcare of Montgomery County, currently provides personal care and support services, staffing, pediatric home care and has recently obtained its Home Health CON with the goal to one day be able to provide the full continuum of care that Interim Healthcare Inc. is known for.

Leadership's Commitment: Erica Pahua, our owner and an Advanced Practice nurse, brings a depth of understanding about the profound influence adequate staffing exerts on healthcare quality. Guided by her leadership, our mission aligns with and aims to

exceed the staffing guidelines and qualifications proposed by the National Hospice and Palliative Care Organization (NHPCO).

Steadfast Commitment: At the heart of our operations is a commitment to the Middle Tennessee community. We pledge not just to meet but to elevate the healthcare standards, ensuring that every patient receives the compassion, expertise, and dignity they deserve.

In summation, with a blend of experience, dedication, and strategic positioning, Interim Healthcare of Montgomery County stands poised to provide unparalleled hospice care. Our deep roots in the community, combined with a track record of excellence in staffing and home care, fortify our resolve to adhere to the highest standards set by NHPCO, ensuring the health and well-being of our beloved community.

2. Community Linkage Plan: *The applicant should 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 ensuring continuity of care focusing on coordinated, integrated systems. Letters from physicians in support of an application should detail specific instances of unmet need for hospice services.*

Interim Healthcare's legacy, dating back to 1966, has cemented our reputation as a trusted home care provider. Our unique and comprehensive range of services guarantees continuity of care and a dedication to delivering personalized care right at our patients' homes.

The Interim Healthcare Advantage:

Comprehensive Services: Through our personal care and support, staffing, and skilled nursing services we have been able to prove our ability to provide reputable, reliable and comprehensive services. Through the 330 plus Interim Healthcare Inc. locations throughout the US, who employ nurses, therapists, aides, companions and other healthcare professionals who provide 25 million hours of home care to 200,000 people each year, as well as telehealth and care coordination services, to meet a variety of home health, senior care, hospice, palliative care, pediatric care and healthcare staffing needs we have a well proven system of providing comprehensive services that has been successful for over 57 years.

Dedication to the Community: Interim Healthcare of Montgomery County is an active participant in the local community. Whether it's volunteering at senior centers, engaging in local Alzheimer's committees, coordinating and participating in local health fairs or offering pet therapy, our engagement goes beyond medical care. We are well known in

our community because we are present. The majority of our clients come from community referral partners who know and trust our ability to deliver quality care.

Additionally, Erica participates in the TN Health Disparities task force, is an active member of the Hispanic Chamber of Commerce, actively assists with promoting and growing the Tennessee Hispanic Nurses Association and closely works with the members of NAHN in order to coordinate and promote health literacy within the Hispanic community.

The Continuity of Care Imperative: Continuity of care is deeply rooted in all that we do. Running our personal care and support line allows us to deeply understand our patient's health status, values, and goals. Personal care and support staff often serves as frontline observers of a patient's evolving health journey. Their consistent presence and continuous engagement empowers them to detect subtle shifts in a patient's condition that may signal the need for more specialized care, such as hospice services. Our Long-term relationships with our clients means that we can recognize when it's time for higher levels of care and we can have the often difficult conversation vital for treatment decisions and outcomes. Hence improving admission rates and allowing patients and their families to benefit from the comprehensive support, pain management, and emotional care provided by hospice teams at an earlier stage, improving overall quality of life and ensuring that individuals receive appropriate end-of-life care.

Bridging the Hospice Gap: Hospice, unfortunately, is still surrounded by misconceptions and fears. We seek to change this narrative by educating our communities through health fairs, community talks, lunch and learns and by educating the families we currently serve within our personal care and support line. Studies state that when patients interact with familiar healthcare providers, their comfort and trust levels significantly increase. Therefore, our goal is to demystify the concept of Hospice and underline its value. Through our community linkage plan, we'll deepen the understanding and acceptance of Hospice, especially within minority groups unfamiliar with its benefits. We know that because of our culture we can understand, relate to and educate minorities and therefore have a great impact on hospice utilization rates within our minority communities.

This is especially important because according to the Journal of Palliative Medicine, "studies consistently document lower rates of hospice use for minority older adults than for whites across diagnoses, geographic areas, and settings of care, including nursing homes" (J Palliat Med. 2013 Nov; 16(11): 1329–1334). Factors contributing to disparities include: racial and ethnic differences in knowledge, cultural beliefs, language barriers, absence of minority staff, interpreters, lack of community outreach to diverse communities and mistrust of the healthcare system due to past injustices.

Studies like those published in the American Academy of Family Physicians (AAFP), John Hopkins Medicine publication, Journal of Palliative Care, The American Medical

Association and the National Library of Medicine have all highlighted the racial disparities that exist at the end of life. According to the AAFP, “Successful end-of-life care relies on trusting relationships between healthcare providers and patients. Trust in healthcare providers is associated with higher patient satisfaction, better perceived quality of care, enhanced treatment adherence, improved satisfaction, and higher quality of life with fewer symptoms. Extra effort is needed to build trust with minority patients in interracial settings. Research shows that building trust depends on communication skills and knowledge about the patient. Successful communication in end-of-life care includes the assessment of patients' values, beliefs, and preferences before life-altering decisions need to be made” (*Am Fam Physician*. 2021;104(4):346-347). It is very difficult to form a relationship with a provider who does not understand your culture nor speaks your language. For this reason, we know that we can bridge the gap of healthcare disparities that affects our minority communities. Minorities want providers who can represent them, who look like them, who can understand them and whom they can trust. We have the ability to be that provider. Not only can we educate our community on what Hospice is but we can provide quality care to those families most in need of a support system.

A Community-Centric Approach: Racial and ethnic disparities in health care are well-documented. From disease prevention to end of life care, study after study confirms that patients from racial and ethnic minorities have less access and receive lower quality care. Therefore, it is so important to support Minority healthcare providers who are willing to serve their own communities. In multiple studies published by The National Library of Medicine “results were largely similar across minority groups. Both Black and Latino families reported low hospice utilization because of lack of awareness of hospice. Latinos were more likely to report language barriers, while African Americans were more likely to report mistrust of the system. However, African Americans and Latinos were both highly receptive to end-of-life care that would provide relief for patients and caregivers and emphasize spirituality and family consensus. Concluding that, Improving awareness of hospice services would likely increase utilization by both groups (Born W, Greiner KA, Sylvia E, Butler J, Ahluwalia JS. Knowledge, attitudes, and beliefs about end-of-life care among inner-city African Americans and Latinos. *J Palliat Med*. 2004 Apr;7(2):247-56. Doi:b 10.1089/109662104773709369. PMID: 15130202.).

Both Erica and Francisco come from humble minority backgrounds. They both are first generation Hispanic Americans whose parents immigrated to the US for a better opportunity. They both understand what it means to be a child translating for a parent who does not understand the language and barely understands the culture. Therefore, they both know the severity of having access to healthcare providers whose background aligns with the community. For that reason, a primary goal is to reach out to and educate minority groups, especially the Latino community, making them aware of the hospice services they might have never considered.

As a Minority owned Home Care company we have the ability to touch clients who would otherwise disregard Hospice due to the lack of understanding or due to mistrust for the healthcare system. Minorities want to be represented by their fellow minorities. Having minority owned businesses opens the door to providing services to patients who would otherwise never consider care due to lack of trust for traditionally owned healthcare providers.

Enhancing Access, Awareness, and Quality of Care:

In order to enhance access to hospice services, increase community awareness, and improve the quality of end-of-life care for patients and their families Interim Healthcare of Montgomery County will do the following:

Healthcare Providers: Interim Healthcare of Montgomery county currently has relationships with discharge planners and social workers from local hospitals, skilled nursing facilities and primary care offices. Particular emphasis will be placed on Minority providers like Sanitas Medical Center, Hispanic Family Foundation, the National Association of Hispanic Nurses, Meharry Salt-Wagon Mobile Clinic, Meharry Medical Center, Matthew Walker Clinic and Neighborhood Health Clinics. Additionally, Healthcare providers will be educated on the usage of Hospice care and the incredible resource that hospice truly is. Education on the importance of timely referrals will be provided as well as how to have the conversation of hospice care that is often avoided by many healthcare providers. For our Spanish speaking clients, we will have that conversation. Our referral partners will be taught to call us to have the important conversation of Hospice care in a culturally competent way that supports each family through their journey. Lastly, given that Interim Healthcare of Montgomery county already services families through their Personal Care and Support Service line, emphasis will be placed on educating our care providers on appropriate admission criteria and signs that could indicate our clients may benefit from a higher level of care.

Social Service Agencies: Interim Healthcare will connect with local agencies that provide support services to patients and families, such as senior centers, support groups and religious organizations. Emphasis will be placed on religious organizations. Minority churches will be educated on what hospice is and the support it provides. Hospice is often misunderstood within many communities but especially in minority communities. Therefore, Interim will focus on education and support of minorities in need. Caregiver support groups are a place where family members who are mentally exhausted from the pressures that come when caring for an ill loved one come to seek resources and support. Often these family members do not recognize how much support hospice can provide and how it can contribute to the families stability and well being. Efforts will be placed on educating our families and community.

Community Organizations: Interim Healthcare of Montgomery County will partner with community organizations such as the Senior Services Network, Geriatric Councils, the Hispanic Chamber of Commerce, Hispanic Family Foundation, the National Association of Hispanic Nurses, Meharry Salt-Wagon Mobile Clinic, Church volunteer groups and advocacy organizations like Conexion Americas and Casa Azafran, Matthew Walker Clinic and Neighborhood Health Clinics to raise awareness and promote volunteer involvement in hospice activities.

Religious Institutions: Interim Healthcare will place a large emphasis on minority churches in order to promote educational services. Emphasis will be placed on the fact that Hospice is a resource available to families in need of support. Education will be provided in order to ensure that minority communities understand that Hospice is a resource. This is especially important, as our culture closely aligns with the resources that are provided by in-home Hospice. For example, it is culturally unacceptable for our culture to place our parents in facilities. We highly value the end of life in a home care setting. However, we are also a culture who fears your mainstream healthcare system. We, as a culture, place significant importance on spirituality as the primary means of coping. For that reason, it is so important to bring education to our religious institutions. Our culture values the end of life at home, we could benefit tremendously from Hospice services, we just need to be educated on the fact that they exist.

Educational Institutions: Interim Healthcare of Montgomery county will collaborate with universities such as Meharry and Vanderbilt, Nursing schools such as Galen College of Nashville, Vanderbilt University of Nursing , and LPN schools such as Tennessee College of Applied Technology in order to educate medical personnel on the benefits of hospice as well as to offer educational opportunities for students and professionals interested in end-of-life care.

Funeral Homes: Interim Healthcare of Montgomery County has relationships with local funeral homes experienced in properly handling and transporting remains to Latin American countries as is often the tradition for many Hispanic families. Additionally, we have relationships with funeral homes who can facilitate culturally competent bereavement support in Spanish.

Outreach, Education, and Volunteerism:

Public Presentations: Interim Healthcare will offer educational presentations to community groups, senior centers, and other organizations with particular emphasis to organizations like Conexion Americas and Casa Azafran whose mission is to build a welcoming community and to create opportunities where Latino families can belong and feel welcomed. Additionally, using the support of active members of the Latino community like members from the Hispanic

Chamber of Commerce and the Hispanic Family Foundation, we plan to to increase awareness about hospice care, its benefits, and how to access services throughout our Minority communities

Community Events: We actively participate in community events and will continue to participate in health fairs, community festivals, community support groups and other local events that help us engage with the public, distribute informational materials, and address questions or concerns about Home Care. We participate in events hosted at Plaza Mariachi and we will continue to participate in these events in order to educate our communities in a language we both understand.

Media Engagement: We have relationships with local media outlets and can create education campaigns to share expert perspectives on hospice care, creating a positive narrative. We currently participate in our local magazine. Currently, our focus is on educating our community about personal care and support. However, after obtaining our CON, we will also focus on highlighting the incredible resource that Hospice provides for patients and families in need of support. We will continue to educate the public in general but most importantly highlight how hospice closely aligns to our Latino roots and our cultural beliefs regarding the importance of caring for our loved ones at home.

Online Presence: We will continue to maintain an informative and user-friendly website, active social media profiles, and online resources to provide accessible information about hospice services, eligibility criteria, and frequently asked questions. We will use Spanish speaking outlets such as La Noticia Newspaper, Televisa Univision and La Campana as well as relationships already formed with Latino influencers and Hispanic members in leadership positions with online presence to spread education regarding end-of-life support.

Volunteer Programs: Interim Healthcare of Montgomery County will establish a robust volunteer program to provide companionship, emotional support, and practical assistance to patients and families. Interim will recruit volunteers from diverse backgrounds and provide comprehensive training on hospice philosophy, communication skills, and bereavement support. Using already established relationships with Pastors and members within leadership roles in religious institutions, we will educate the community not only on Hospice utilization but also on how the members of the church can also give back by volunteering.

Volunteer Recognition: We will recognize and appreciate the contributions of volunteers through regular appreciation events, newsletters, and acknowledgment in local publications and/or social media platforms.

Collaborative Care Coordination and Continuous Improvement:

Referral Network: As an active participant in the community, we currently have an established streamlined process for receiving and managing referrals from healthcare providers and community partners to ensure timely access to services. Through our personal care and support service line we are capable of starting services within 24 hrs of referral and plan to continue these best practices through all of our service lines. Through our high standards we have built our reputation and have great relationships with discharge planners, social workers, nurses and ancillary staff.

Care Coordination Meetings: We currently hold regular staff meetings every Tuesday to discuss the status of our clients. During these meetings we discuss any changes in the status of our clients and explore possibilities to better support the families we serve. We plan to continue these meetings. We plan to continue to include our Healthcare Providers, Social worker, Case Manager and other interdisciplinary staff members in order to facilitate communication, address patient needs, and enhance the coordination of care.

Bereavement Support Services: We currently have a great working relationship with Mental Health America. For our Spanish speaking clients, we are able to refer to Illumina Therapy & Tri-Synergy Counseling. Additionally, our Clients have the ability to participate in our local support group hosted by Brookdale Senior Living. Moreover, our plan is to continue to provide support services for our families as well as continue to develop a more robust bereavement support group to offer comprehensive grief counseling and support to patients' families after the loss of a loved one.

Feedback Mechanisms: We currently provide our families with surveys about services. Additionally, both Erica and our patient coordinator both have relationships with each family and we ensure that all of our families are able to voice any concerns that might arise. We will continue to implement mechanisms such as these in order to collect feedback from patients, families, and community partners to assess the quality of services, identify areas for improvement, and address concerns promptly.

Performance Metrics: We currently have and track key performance indicators (KPIs) in order to monitor the effectiveness of the community linkage plan, such as the number of referrals, patient satisfaction scores, and community engagement metrics.

Continuous Training: We currently provide ongoing training and education to staff members to ensure they stay updated with best practices and with their

communication skills. Interim Healthcare Inc, has a robust learning center. We also use Care Academy training as well as The Interim Healthcare Inc University.

Our reach is extensive and poised for further expansion with the introduction of our Hospice service line. Through ongoing education initiatives, we aim to extend our impact to communities that may not be reached by other Hospice agencies. The implementation of our Community Linkage Plan is designed to foster stronger partnerships with key stakeholders in minority communities, heighten community awareness, and ultimately elevate the quality of care provided to patients and their families. According to The Center to Advance Palliative Care, addressing the lack of cultural competency is crucial in mitigating disparities in end-of-life care among minority groups. A minority owned Hospice will play a key role in predicting a more diverse patient population in Middle TN.

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

Hospice reimbursement is primarily dictated by the payment systems and regulations established by government programs, primarily Medicare, which is administered by the Centers for Medicare & Medicaid Services (CMS) in the United States. Our pricing will fall in line with industry standards as is dictated by Federal and State guidelines and regulations. The following comparison chart is an estimation of proposed charges. Our goal is to align with industry standards while delivering exceptional value to our community.

Hospice Agency - 2022	Home County	State ID	Total Patient Days (2022)	Total Gross Revenue (2022)	Net Charge / Patient Day
Adoration Hospice (fka Hospice Advantage) (Davidson)	Davidson	19704	56,488	\$9,509,780	\$168.35
Alive Hospice (Davidson)	Davidson	19624	132,898	\$21,485,534	\$161.67
Amedisys Hospice (Central Pike) (Davidson)	Davidson	19674	36,180	\$3,694,539	\$102.12
Aseracare Hospice-McKenzie (Carroll)	Carroll	9645	121,090	\$10,591,527	\$87.47
Aseracare Hospice-Nashville (Davidson)	Davidson	19604	20,036	\$2,171,412	\$108.38
Avalon Hospice (Davidson)	Davidson	19694	541,143	\$80,579,206	\$148.91
Caris Healthcare (Davidson)	Davidson	19714	142,397	\$16,996,480	\$119.36
Caris Healthcare (Robertson)	Robertson	74624	24,157	\$3,154,939	\$130.60
Caris Healthcare, LP (Knox)	Knox	47682	135,007	\$13,439,501	\$99.55
Caris Healthcare, LP (Murfreesboro)	Rutherford	75624	74,456	\$9,103,318	\$122.26
Caris Healthcare (Fayette)	Fayette	24606	31,821	\$2,697,922	\$84.78
Caris Healthcare (Hamilton)	Hamilton	33653	25,641	\$3,191,601	\$124.47
Comfort Care Hospice of Middle Tennessee (Robertson)	Robertson	74614	12,937	\$2,271,426	\$175.58
Encompass Health Hospice (Davidson)	Davidson	19724	6,528	\$1,037,716	\$158.96
Guardian Hospice of Nashville, LLC (Williamson)	Williamson	94614	11,088	\$4,224,132	\$380.96
Heart and Soul, LLC (Davidson)	Davidson	19744	2,711	\$326,915	\$120.59
Highpoint Hospice (TN In Home Partners II, LLC) (Sumner)	Sumner	83614	32,026	\$3,562,278	\$111.23
Hospice Compassus- The Highland Rim	Coffee	16604	96,921	\$17,516,249	\$180.73
Hospice of Chattanooga, Inc. (Hamilton)	Hamilton	33613	228,516	\$37,817,285	\$165.49
Kindred Hospice (Davidson)	Davidson	19684	30,068	\$4,802,746	\$159.73
Tennessee Quality Hospice (Madison)	Madison	57615	89,644	\$18,627,936	\$207.80
Tennova Home Health and Hospice - Clarksville (Montgomery)	Montgomery	63604	15,969	\$2,365,990	\$148.16
The Residence at Alive Hospice (Davidson)	Davidson	19614	8,825	\$6,756,271	\$765.58
The Residence at Alive Hospice (Rutherford)	Rutherford	75784	2,936	\$1,939,356	\$660.54
Willowbrook Hospice (Williamson)	Williamson	94604	109,792	\$9,772,454	\$89.01
TOTAL			1,989,275	\$287,636,513	\$144.59
Interim Healthcare of Montgomery County (Montgomery)	Montgomery	-	3,500	\$455,000	\$130.00

Hospice Agency	Home County	State ID	Routine Hospice Care	Continuous Hospice Care	General Inpatient	Respite Inpatient
Adoration Hospice (fka Hospice Advantage) (Davidson)	Davidson	19704	\$ 174.00	\$ 1,462.00	\$ 1,068.00	\$ 473.00
Alive Hospice (Davidson)	Davidson	19624	\$ 186.00	\$ 1,322.00	\$ 982.00	\$ 437.00
Amedisys Hospice (Central Pike) (Davidson)	Davidson	19674	\$ 161.00	\$ 500.00	\$ 500.00	\$ 429.00
Aseracare Hospice-McKenzie (Carroll)	Carroll	9645	\$ 149.00	\$ 500.00	\$ 912.00	\$ 413.00
Aseracare Hospice-Nashville (Davidson)	Davidson	19604	\$ 159.00	\$ 500.00	\$ 500.00	\$ 429.00
Avalon Hospice (Davidson)	Davidson	19694	\$ 186.00	\$ 1,322.00	\$ 982.00	\$ 437.00
Caris Healthcare (Davidson)	Davidson	19714	\$ 186.00	\$ 1,322.00	\$ 982.00	\$ 437.00
Caris Healthcare (Robertson)	Robertson	74624	\$ 186.00	\$ 1,322.00	\$ 982.00	\$ 437.00
Caris Healthcare, LP (Knox)	Knox	47682	\$ 177.00	\$ 1,243.00	\$ 933.00	\$ 416.00
Caris Healthcare, LP (Murfreesboro)	Rutherford	75624	\$ 186.00	\$ 1,322.00	\$ 982.00	\$ 437.00
Caris Healthcare (Fayette)	Fayette	24606	\$ 183.00	\$ 1,298.00	\$ 967.00	\$ 430.00
Caris Healthcare (Hamilton)	Hamilton	33653	\$ 184.00	\$ 1,303.00	\$ 970.00	\$ 432.00
Comfort Care Hospice of Middle Tennessee (Robertson)	Robertson	74614	\$ 186.00	\$ 1,322.00	\$ 982.00	\$ 437.00
Guardian Hospice of Nashville, LLC (Williamson)	Williamson	94614	\$ 186.00	\$ 1,320.00	\$ 982.00	\$ 437.00
Heart and Soul, LLC (Davidson)	Davidson	19744	\$ 199.00	\$ 1,432.00	\$ 1,046.00	\$ 461.00
Highpoint Hospice (TN In Home Partners II, LLC) (Sumner)	Sumner	83614	\$ 159.00	\$ 1,432.00	\$ 951.00	\$ 433.00
Hospice Compassus- The Highland Rim	Coffee	16604	\$ 199.00	\$ 1,432.00	\$ 1,045.00	\$ 461.00
Hospice of Chattanooga, Inc. (Hamilton)	Hamilton	33613	\$ 177.00	\$ 1,396.00	\$ 936.00	\$ 420.00
Kindred Hospice (Davidson)	Davidson	19684	\$ 186.00	\$ 1,322.00	\$ 982.00	\$ 437.00
Tennessee Quality Hospice (Madison)	Madison	57615	\$ 174.00	\$ 1,239.00	\$ 922.00	\$ 414.00
Tennova Home Health and Hospice - Clarksville (Montgomery)	Montgomery	63604	\$ 155.00	\$ 1,236.00	\$ 891.00	\$ 441.00
The Residence at Alive Hospice (Davidson)	Davidson	19614	\$ 186.00	\$ 1,322.00	\$ 982.00	\$ 437.00
The Residence at Alive Hospice (Rutherford)	Rutherford	75784	\$ 186.00	\$ 1,322.00	\$ 982.00	\$ 437.00
Willowbrook Hospice (Williamson)	Williamson	94604	\$ 156.00	\$ 1,296.00	\$ 961.00	\$ 429.00
TOTAL			\$ 177.75	\$ 1,228.63	\$ 934.25	\$ 435.46
Interim Healthcare of Montgomery County (Montgomery)	Montgomery	-	\$ 186.00	\$ 1,300.00	\$ 982.00	\$ 430.00

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.

Interim Healthcare of Montgomery County is deeply committed to guaranteeing comprehensive healthcare access across our expanded Service Areas. Drawing upon our experience in Montgomery, Cheatham, and Robertson Counties, we are poised to amplify our reach and ensure that the residents of the counties we serve receive equal and efficient care. Here's how our legacy and vision converge to promote equitable access:

Widening Geographical Presence:

Proven Operations: As a trusted home care provider in Montgomery, Cheatham, and Robertson Counties, our reputation is a testament to our dedication and efficacy. We aim to extend our services to the mentioned counties in Middle Tennessee due to the significant concentration of the Hispanic population in these areas. By focusing on minorities, we strive to address the unique healthcare needs of the Hispanic community, offering services that are specifically tailored to our cultural preferences and values. It is crucial for us to ensure that more minorities have the opportunity to benefit from our specialized care, promoting inclusivity and improving accessibility to culturally sensitive healthcare. Our commitment to serving these areas is driven by the belief that by reaching communities with a higher minority population, we can make a meaningful impact on the health disparities affecting middle Tennessee.

Emphasis on Healthcare Disparities:

Minority Ownership and Community Commitment: Being a minority-owned business, we possess a profound understanding of healthcare disparities, especially among minority communities. We pledge to continually address these disparities through targeted education, outreach, and the delivery of culturally-sensitive care.

Holistic Healthcare Approach:

Diverse Care Services: Our minority outreach showcases our dedication to bringing diversity to healthcare. Our primary focus remains on serving a

broader demographic. We are set on diversifying our services to cater to the multifaceted needs of the residents of middle Tennessee.

Community Education and Advocacy: Our mission extends beyond care provision to encompass community engagement. Through outreach and educational programs, we aim to demystify healthcare concepts, ensuring the community is well-informed and can make empowered decisions.

Community-Centric Approach:

Local Engagement and Feedback: Our deep-rooted presence in Montgomery, Cheatham, and Robertson Counties has instilled in us the importance of community engagement. As we expand into our Hospice service line, we'll employ a similar model – regular networking and community outreach events will be set up, ensuring we remain responsive to local needs and aspirations.

Augmenting Healthcare Ecosystems: With the goal of creating an integrated healthcare ecosystem, we plan to introduce and enhance services that complement the existing healthcare infrastructures. By doing so, we strive to offer a seamless care experience for all residents.

In essence, Interim Healthcare of Montgomery County, backed by a rich history and a clear vision, is committed to bridging healthcare gaps across our expanded service lines. We blend proven strategies with innovative solutions, ensuring every community member, regardless of age or background, receives empathetic and top-notch care.

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

- a. Demonstration of 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.*

At Interim Healthcare of Montgomery County, we affirm our commitment to delivering high-quality healthcare services, including hospice care, to all individuals, irrespective of their economic backgrounds. Our established track record of serving diverse clientele categories bears testament to this dedication.

Existing Commitments and Collaborations:

a. Engagement with TennCare/CHOICES: Interim Healthcare is already deeply integrated into the TennCare ecosystem. We proudly serve Pediatric TennCare Clients across all three MCOs. Similarly, for our geriatric population, we extend our services to clients under the TennCare CHOICES program.

b. Diverse Clientele Base: Our commitment to serving every segment of society is evident in our current client distribution. We cater to TennCare/CHOICES clients across all three MCOs, private pay clients, Veterans, as well as Commercial insurance.

Collaborative Community Partnership:

a. Engagement with Local Community Organizations: We intend to amplify our services by partnering with local community organizations, charitable foundations, and government agencies that cater to indigent individuals. Our aim is to pool resources and knowledge to create an efficient and accessible care network.

b. Shared Platform for Service Delivery: By creating a collaborative platform, we hope to act as a central nexus for service referrals, feedback, and continuous improvement for hospice care delivery for the indigent.

Outreach and Education for the Underserved:

a. Awareness Campaigns: We will roll out awareness campaigns to educate indigent populations on the benefits and availability of hospice services, ensuring they are well-informed and can easily access care.

b. Community Health Worker Training: To bridge any potential information gap, we will train community health workers to serve as ambassadors. Embedded within communities, they will facilitate the connection between indigent individuals and our services.

Financial Support Mechanisms:

a. Flexible Payment Structures: We are devoted to providing care to clients across the economic spectrum. With this in mind, we'll implement mechanisms like sliding fee scales to accommodate the varying financial capabilities of our clientele.

b. Dedicated Fund for Indigent Care: A specialized fund will be established, aimed at covering hospice service costs for those unable to pay. This fund will be

supported by organizational contributions, community donations, and potential grants.

Continuous Feedback and Adaptation:

a. Feedback Channels: Community feedback platforms will be established to gather insights and continuously refine our approach, ensuring our indigent care strategy remains effective and beneficial.

Our mission at Interim Healthcare of Montgomery County is to serve all members of our community. Our indigent care strategy, built on existing commitments and future plans, ensures no one is left behind, echoing our ethos of comprehensive, compassionate care.

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, another accrediting body with deeming authority for hospice services from the Centers for Medicare and Medicaid Services (CMS) or CMS licensing survey, and/or other third party quality oversight organization. The applicant should inform the HSDA of any other hospice agencies operating in other states with common ownership to the applicant of 50% or higher, or with common management, and provide a summary or overview of those agencies' latest surveys/inspections and any Department of Justice investigations and/or settlements.*

Interim Healthcare of Montgomery County has adopted our Franchisor's comprehensive quality control system monitoring process to ensure the delivery of exceptional healthcare services. As part of this plan, we are committed to seeking accreditation from the Community Health Accreditation Partner (CHAP), a respected accrediting body known for its stringent standards and commitment to quality.

As part of our strong quality control system, we have in place a framework that encompasses various key elements. This includes rigorous recruitment, hiring, and training processes to ensure that healthcare providers possess the necessary qualifications and expertise. Regular competency assessments are conducted to evaluate the ongoing proficiency of staff members, guaranteeing the highest level of care delivery.

In addition, we foster a culture of continuous learning and improvement, encouraging staff to stay updated with the latest research, best practices, and technological advancements in healthcare. We will continue to actively engage in quality improvement

initiatives, regularly reviewing and updating our policies, procedures, and protocols to reflect evidence-based practices and industry standards.

To monitor the effectiveness of our quality control system, we will implement a comprehensive monitoring process. This will involve ongoing performance evaluations, patient feedback mechanisms, and regular audits to assess compliance with internal policies, external regulations, and CHAP standards. By closely monitoring our operations, we can identify areas for improvement, address any issues promptly, and ensure that quality standards are consistently met.

Seeking accreditation from CHAP is a key part of our commitment to quality control. CHAP accreditation signifies our dedication to meeting and exceeding the highest standards of care. By undergoing this rigorous accreditation process, we demonstrate our accountability and commitment to providing exceptional services that align with industry best practices.

Additionally, in order to obtain CMS certification, we will work closely with our Franchisor and our Hospice Consultant to ensure that we are compliant with CMS requirements and Conditions for Participation. In order to do this, we will adopt our Franchisor's Policies and Procedures and implement operational guidelines successfully used by over 50 Interim Healthcare Hospices Nationwide. Additionally, we will adopt our Franchisor's Quality Assessment and Performance Improvement (QAPI) program to ensure that our clients continuously receive the highest quality care. Additionally, upon receiving our CON we will begin onboarding our Medical Director and ancillary staff. The owner is currently part of the National Association of Hispanic Nurses (NAHN) and has identified Latino nurses experienced in Hospice care that are eager to collaborate and address disparities affecting minorities in healthcare. Furthermore, using the help of our Franchisor and our Hospice consultant, we will submit an application to CMS and prepare for a CMS survey. Based on our Franchisors 57 years of experience, we anticipate CMS will review our application, conduct a site visit to assess policies and procedures as well as compliance and best practices and grant certification.

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.*

Interim Healthcare of Montgomery County is fully committed to complying with the request 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. As an organization that values transparency and accountability, they utilize industry-standard Electronic Medical

Record (EMR) and reporting systems, which facilitate efficient and accurate data collection and reporting.

By utilizing EMR systems, we maintain comprehensive up-to-date records of patient care, service delivery, and operational data. These systems enable us to securely store and retrieve information, ensuring data integrity and confidentiality. With our EMR capabilities, we can easily generate reports and extract the required statistical data in a timely manner.

We recognize the importance of timely and accurate reporting to regulatory agencies and understand the significance of compliance with regulatory requirements. We are committed to providing the requested information to the Department of Health and/or the Health Services and Development Agency promptly, adhering to the specified timeframes and format.

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.*

To educate physicians, other healthcare providers, hospital discharge planners, public health nursing agencies, and others in the community about the need for timely referral of hospice patients, Interim Healthcare of Montgomery County plans to implement the following strategies:

a. **Educational Workshops and Seminars:** We plan to continue to organize educational workshops and seminars targeted for healthcare providers, hospital discharge planners, and public health nursing agencies. These sessions will cover topics such as the benefits of hospice care, eligibility criteria, the referral process, and the importance of timely referrals.

b. **Continuing Education Programs:** We will collaborate with medical associations, nursing organizations, and other professional groups to offer continuing education programs on end-of-life care and hospice services. Using the resources provided by our Franchisor, we will provide accredited courses that address the specific needs of healthcare providers and highlights the benefits of early hospice referral. This will help healthcare professionals fulfill their continuing education requirements while increasing their knowledge and awareness of hospice care.

c. **Physician Outreach and Engagement:** We will implement targeted outreach strategies to engage physicians and increase their understanding of the value of hospice care. This can include one-on-one meetings, grand rounds

presentations, and participation in medical conferences or symposiums. We will provide evidence-based research, case studies, and success stories that demonstrate the positive impact of timely hospice referrals on patient outcomes and quality of life.

d. Collaborative Partnerships: We will continue to establish and nourish our existing partnerships with hospitals, healthcare systems, discharge planners, social workers, business development representatives, nurses and medical groups to promote the importance of timely hospice referrals. We will engage in joint educational initiatives, share educational materials, and participate in interdisciplinary meetings or case conferences to discuss end-of-life care options. We will foster open communication channels between hospice staff and healthcare providers to address any concerns or misconceptions regarding hospice care. Importantly, we will continue to reinforce education for our personal care and support staff to ensure that we are referring our clients to the appropriate level of care in a timely manner.

e. Educational Resources and Materials: We will provide informative materials, such as brochures, pamphlets, and online resources, that healthcare providers can distribute to their patients and colleagues. These resources will emphasize the benefits of hospice care, signs indicating the appropriateness of a referral, and contact information for the hospice company. We will ensure that the materials are easily accessible, user-friendly, and available in Spanish to ensure members of our minority groups are better served.

f. Webinars and Online Training: We will utilize webinars and online training platforms to reach a broader audience of healthcare providers and professionals. We will take advantage of webinars hosted by our Franchisor, on topics related to end-of-life care, hospice services, and timely referrals. Using the Interim Healthcare Learning Center, we will offer online modules or courses that healthcare providers can complete at their convenience, providing them with essential knowledge and practical strategies for initiating hospice referrals while providing them with CEUs as an incentive to complete our trainings.

g. Case Studies and Data Sharing: We will share anonymized case studies and data that demonstrate the positive outcomes associated with timely hospice referrals. We will highlight the impact on patient satisfaction, symptom management, caregiver support, and healthcare costs. This evidence-based approach can help build confidence and reinforce the importance of early referral.

h. Networking and Collaboration Events: We will continue to participate in networking events, conferences, or interdisciplinary forums where healthcare providers, hospital discharge planners, public health nursing agencies, and other stakeholders can come together to discuss end-of-life care and hospice services.

These events facilitate dialogue, knowledge sharing, and collaboration among professionals, ultimately enhancing understanding and promoting timely referrals.

i. **Support groups and grief camps:** Using the resources provided to us by Mental Health America we will plan to start our own support groups and grief camps specific for primary caregivers. We will continue to support organizations like the Alzheimer's association. We will also refer our clients to community support groups like those hosted at our local Brookdale Senior living as well as in our local churches. We will educate the organizers and facilitators of these meetings regarding home care and its ability to improve quality of life for both patient and their primary caregivers.

By implementing these strategies, we will effectively educate healthcare providers, discharge planners, public health nursing agencies, and other community stakeholders about the importance of timely referrals for hospice patients. This education will promote a comprehensive approach to end-of-life care, leading to improved patient outcomes and enhanced quality of life.

Interim Healthcare of Montgomery County is committed to delivering quality Home Care for its community. Our franchisor has 57 years of experience providing the full continuum of care, from personal care and support to staffing to home health to hospice. A large part of Interim Healthcare's success is that their owners are local and fully invested in the education and wellbeing of their community. As we broaden our offerings in the domain of hospice care, our approach will continue to reflect that used in our current service lines and that is that we are fully invested in our community.

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.*

Below is a detailed breakdown of the levels of hospice care we are equipped to provide:

Hospice Levels of Care	Provided by Interim Healthcare
Routine Home Care	Yes
General Inpatient Care	Yes
Continuous Home Care	Yes
Respite Care	Yes

While we will be offering all four levels of care required by CMS, it is important to note that CMS does not mandate that all services be offered directly by the hospice agency. Instead, it is common practice to contract for General Inpatient Care and Respite Care.

With the exception of Alive Hospice, it is common practice for hospice providers like Caris and Accent care to subcontract their General inpatient care. Our strategy aligns with these common practices and aligns with Medicare Conditions of Participation (COPs). By contracting with well established local certified providers, we ensure that our focus continues to remain on in-home hospice care while still ensuring that all four care levels are accessible to our patients.

Importantly, according to the NHPCO - General inpatient care is 1.0% of days used by level of care. Inpatient respite is 0.2%. While in-home hospice care is 98.7% of the type of level of care provided to Hospice Clients.

13. Continuum of Care regarding the 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 series. An applicant should provide assurances that it understand and will comply with any existing Medicare reimbursement requirements (e.g the provision of different levels of hospice care, including any total patient care day allowances) and evidence that there are a sufficient number of potential hospice service recipient that will enable it to so comply*

This Criteria is not applicable for this application

14. Assessment Period: *After approval by the HSDA of a residential hospice services CON application, no new residential hospice services CON application - whether for the initiation of services or for the expansion of services - should be considered for any county that is added to or becomes part of a services area until JAR data for residential hospice services can be analyzed and assessed by the Division to determine the impact of the approval of the CON.*

This Criteria is not applicable for this application

15. Service Area *shall mean the county or contiguous countries represented on an application as the area in which an applicant intends to provide Hospice Services and/or in which the majority of its service recipients reside.*

Service Area Demographics

Demographic Variable/Geographic Area	Total Population - Current Year 2023	Total Population - Projected Year 2027	Total Population - % Change
Cheatham	41,692	42,304	1.47%
Davidson	722,445	742,241	2.74%
Montgomery	227,061	243,942	7.43%
Robertson	74,699	77,702	4.02%
Rutherford	363,690	396,434	9.00%
Williamson	264,071	288,952	9.42%

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

The Statewide Median Hospice Penetration Rate (SMHPR) is a benchmark that indicates the average rate at which hospice services are utilized within a given state. For Tennessee, based on the data found in the 2022 JAR, the SMHPR is calculated to be 0.566 or 56.6%, representing the ratio of the mean annual number of hospice patients served to the mean annual number of deaths in the state.

17. Need Formula: The need for Hospice Services should be determined by using the following hospice need formula, which should be applied to each county in Tennessee.

County Name	Hospice Patients Served (A)			Total Hospice Deaths (B)			Hospice Penetrat ion Rate	Hospice Penetration Rate and Patient Need/(Surplus)	
	2020	2021	Mean	2020	2021	Mean	Mean Number of Patients /Mean Number of Deaths	(Median Rate)*80 %	(Median Rate)*85 %
								0.411	0.436
Cheatham	280	234	257	419	509	464	0.554	(66)	(55)
Davidson	3,055	3,083	3,069	5,547	5,457	5,502	0.558	(808)	(670)
Montgomery	798	663	731	1,507	1,705	1,606	0.455	(70)	(30)
Robertson	369	433	401	786	874	830	0.483	(60)	(39)
Rutherford	1,311	1,355	1,333	2,319	2,582	2,451	0.544	(326)	(265)
Williamson	1,186	1,109	1,148	1,478	1,515	1,497	0.767	(532)	(495)

TOTAL	6,999	6,877	6,938	12,056	12,642	12,349	0.562	(1,863)	(1,554)
Tennessee	44,011	45,022	44,517	75,666	81,575	78,621	0.566	(12,203)	(10,238)

Source: Joint Annual Report - Hospice Agencies and Tennessee Department of Health, Division of Policy, Planning and Assessment - Hospice Agency Need Projections (available upon request)

a. For a hospice that is initiating hospice services:

- i. The Hospice Penetration Rate for the entire proposed Service Area is less than 80% of the SMHPR;*

AND

- ii. There is a need shown for at least 100 total additional hospice service recipients in the proposed Service Area, provided, however, that every county in the Service Area shows a positive need for additional hospice service recipients.*

While the hospice need formula, based on the data provided, indicates a surplus in the proposed service areas of Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson counties, we believe that these numbers do not fully capture the nuanced needs of these communities.

Tennessee, like many states, grapples with substantial health disparities, particularly among minority populations. The magnitude of this issue prompted the establishment of the Tennessee Health Disparities Task Force, addressing the disproportionate healthcare challenges faced by individuals in minority and vulnerable communities. Multiple studies consistently underscore disparities in access to quality healthcare, cultural competence, and health outcomes. Minorities, encompassing African Americans, Hispanics, and other underrepresented groups, frequently encounter obstacles such as limited access to palliative care services, lower utilization rates, and divergent health outcomes.

Notably, Tennessee is home to a growing Hispanic population. Research indicates that minorities may experience heightened healthcare disparities, attributed in part to barriers like language and cultural differences impeding access to care. As highlighted by Zacnita Vargas, President of The National Hispanic Nurses Association, “Minority communities are in desperate need for providers that look like them, speak the same language, understand the culture, and acknowledge the barriers and health disparities we face when trying to seek healthcare” (The Tennessean, 2021). This highlights the importance of having healthcare providers who can truly understand and represent the community.

Within our Latino culture, the preference is strongly for home care over nursing homes or other facilities—placing our loved ones in a nursing home is culturally unacceptable. Hospice care aligns seamlessly with our cultural values, offering the opportunity to care for our loved ones at home. By serving as a valuable resource, we aim to contribute to a more comfortable and culturally appropriate end-of-life experience, positively impacting our community. Recognizing that minorities often underutilize hospice services due to a lack of understanding, we are

committed to addressing this issue through comprehensive education programs. These initiatives are designed to raise awareness, dispel misconceptions, and enhance accessibility, fostering greater acceptance of essential end-of-life services within our community.

Our agency, certified as a minority-owned and operated healthcare provider, actively collaborates with local healthcare organizations, community leaders, and advocacy groups to comprehend the specific health challenges faced by minority communities. For instance, Erica participates in the Tennessee Health Disparities Task Force meetings and is an engaged member of The National Association of Hispanic Nurses in Tennessee, which is dedicated to “promoting safe, quality healthcare delivery to Latino communities and individuals” (nahnnet.org, 2023). Through these affiliations, we contribute to health fairs providing healthcare education for minority communities and collaborate with local Hispanic advocacy groups such as Conexion Americas and the Hispanic Chamber of Commerce. Our ability to communicate in the language and understand the culture enables us to engage with local Latino churches, networking events and local leaders, furthering our commitment to education and breaking barriers in access and hospice utilization rates among minorities.

Our agency's heritage and cultural insight position us to reach minority communities in ways that other agencies struggle to achieve. This unique perspective empowers us to provide materials in Spanish, integrate traditional beliefs regarding end-of-life care, and, most importantly, foster trust between healthcare providers and patients, resulting in an experience that feels familiar and comforting.

By focusing on the distinctive healthcare needs of minorities, our hospice agency distinguishes itself in the market. This specialization enables us to offer tailored services that competitors cannot provide, affording consumer advantage of culturally sensitive end-of-life care.

Our agency's commitment to cultural competence aims to enhance patient satisfaction, increase utilization rates, and positively impact the overall well-being of minority patients. By directly addressing health disparities, we not only meet the unique needs of minority populations but also contribute to overall community health improvement. This consumer advantage is rooted in the positive impact on patient well-being and satisfaction, along with an increase in hospice utilization rates among minorities.

Our Hospice agency is attuned to the specific needs of the minority community in Tennessee, actively addressing health disparities through culturally competent care. Research consistently demonstrates that culturally tailored care leads to improved patient outcomes. Our involvement within our community showcases our unwavering commitment to providing quality hospice services tailored to the unique aspects of Latino culture, ultimately enhancing the well-being of this population in our state.

Establishing a Hospice agency focused on addressing health disparities among minorities in Tennessee is not only a compassionate response to a critical need but also imperative for providing culturally competent end-of-life care. Through an emphasis on quality standards and

providing a consumer advantage through specialization and community engagement, our aim is to make a lasting positive impact on the health outcomes of minority populations in our state.

Addressing Surplus with Quality and Choice:

The surplus indicated in the hospice penetration rates suggests that there is currently more hospice service availability than utilized. However, this doesn't necessarily reflect the quality, accessibility, or cultural appropriateness of those services.

Introducing Interim Healthcare of Montgomery County as a new hospice provider will not only address potential qualitative gaps in current services but will also provide patients and families with more choices. This aligns with our commitment to improving patient outcomes and satisfaction.

Cultural and Language Specific Care:

Our proposed hospice service aims to focus on minority communities, particularly the Hispanic population, which is often underserved in healthcare. We believe our ability to offer culturally sensitive care and communication in patients' native languages is a crucial service that is not sufficiently provided by current providers.

This unique offering underscores the need for our services, despite the numerical surplus indicated by the standard formula.

Competition Enhances Quality:

The presence of multiple providers in a healthcare market leads to improvements in service quality and innovation. By granting this CON, the Health Facilities Commission would foster an environment that incentivizes existing providers to elevate their standards of care.

Additionally, competition often leads to more patient-centric services, as providers strive to meet specific needs and preferences of the community, which can be diverse and dynamic.

In summary, while the numerical data might suggest a surplus of hospice services in the proposed service areas, Interim Healthcare of Montgomery County believes that the introduction of our hospice services will fill qualitative gaps not represented in the figures. We are committed to offering culturally sensitive care, enhancing choice for patients and families, and driving quality improvements through diversity. We believe that our presence in the market will positively impact patient outcomes and overall quality of care in these communities.

It's essential to recognize the dynamic nature of healthcare needs within our communities, especially when it comes to hospice care. While some may view new hospice agencies as competition, the reality is more nuanced. Tennessee's ranking of 37th in the nation for hospice care and 42nd for health outcomes in older adults underscores a clear need for improvement and expansion in hospice services.

There are numerous community members who continue to lack adequate healthcare and resources, often due to limited access and awareness. By introducing Interim Healthcare of Montgomery County's hospice services, we aim to bridge these gaps. Our focus is not just on providing care but also on educating the community about the availability and benefits of hospice care, thereby enhancing understanding and accessibility.

The process of vetting healthcare agencies through the CON system is undoubtedly crucial for maintaining high standards. However, it is equally important to acknowledge that having a variety of healthcare options is essential for consumer choice. A diverse healthcare market drives providers to continually improve their services, leading to enhanced quality of care and increased affordability. Competition in healthcare promotes innovation, superior patient outcomes, and incentivizes providers to focus on patient-centered care.

Moreover, options in healthcare foster transparency, empowering patients to make informed decisions based on quality, compassion, and value. In a competitive environment, healthcare systems are driven to provide higher standards of care, pushing forward medical advancements and benefiting individuals and communities with better health outcomes.

Our aging population further emphasizes the need for high-quality hospice care. By 2040, there will be more than 80 million Americans age 65 or older, further highlighting the need for an increase in compassionate, competent hospice care. Tennessee's current standings in elder care and hospice services highlight an urgent need for improvement. Interim Healthcare of Montgomery County is committed to playing a significant role in this enhancement by providing a valuable option for hospice care in our community.

Through education, outreach, and high-quality care, Interim Healthcare of Montgomery County aspires to transform the perception and utilization of hospice services. We aim to ensure that families in our community have access to the compassionate, dignified end-of-life care they deserve. By granting this Certificate of Need, the Health Facilities Commission will be endorsing a much-needed service that promises to enhance the quality of life for our community's most vulnerable members in their final days.

18. Assessment Period: *After approval by the HSDA of a hospice services CON application, no new hospice services CON application — whether for the initiation of services or for the expansion of services — should be considered for any county that is added to or becomes part of a Service Area until JAR data for hospice services can be analyzed and assessed by the Division to determine the impact of the approval of the CON.*

Assessment Period Rationale: *This Standard is designed to ensure that the impact of the provision of hospice services as a result of the approval of a new CON is accounted for in any future need calculations for a Service Area.*

Recent CON Approvals in the Service Area:

Two recent CON approvals for hospice services in the service area include Shalom Hospice LLC (CN2302-014) and Heart and Soul Hospice LLC (CN2306-016).

Shalom Hospice LLC (CN2302-014):

Service Area Utilization (2023): In Davidson County, they served 12 patients; in Rutherford County, they served 9 patients; and in Williamson County, they served 3 patients, totaling 24 patients across these counties.

Focus: Shalom Hospice primarily serves the Jewish community, addressing their unique cultural and religious needs in hospice care.

Heart and Soul Hospice LLC (CN2306-016):

Service Area Utilization (2023): In Davidson County, they served 151 patients; in Robertson County, 5 patients; and in Rutherford County, 11 patients, totaling 167 patients across these counties.

Focus: Heart and Soul Hospice concentrates on serving the African American population, catering to their specific cultural and healthcare requirements.

Interim Healthcare of Montgomery County's Project:

Comparative Focus: While Shalom Hospice and Heart and Soul Hospice focus on specific communities (Jewish and African American, respectively), our project at Interim Healthcare of Montgomery County is mission-driven to address the Hispanic/Latino population's healthcare needs.

Growth & Representation: The Latino/Hispanic community in Tennessee, with a 65% growth over the last decade, represents a significant portion of the state's population. Despite this, there is a noticeable gap in culturally sensitive hospice care for this community.

Addressing Disparities: Our Latino-Owned Hospice initiative is tailored to meet the cultural and linguistic needs of the Latino community, aligning with the essential criteria for a Certificate of Need in Tennessee. This includes recognizing the need based on underutilization rates and cultural sensitivity, ensuring quality healthcare provisions, and offering a consumer advantage.

Projected Utilization: Our focus on the Latino/Hispanic community, considering their underrepresentation in hospice care and the fastest-growing minority status in the U.S., is expected to significantly contribute to hospice service utilization in the service area counties. Our project anticipates a responsive increase in hospice utilization among the Latino/Hispanic population across Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson counties.

While Shalom and Heart and Soul Hospices have laid down important pathways in serving specific communities, our project at Interim Healthcare of Montgomery County seeks to fill a vital gap in the hospice care spectrum by focusing on the burgeoning Latino/Hispanic population.

Our mission aligns with the overarching goal of providing equitable, culturally competent, and compassionate end-of-life care to all segments of our diverse society.

We acknowledge and understand the Assessment Period policy as outlined by the HSDA. We agree that a thorough evaluation of the impact of newly approved hospice services, based on JAR data, is crucial before considering any further CON applications for either initiation or expansion of hospice services in the defined Service Area. This approach ensures that future need calculations for hospice services are informed by actual service impacts and community needs.

LETTER OF INTENT



**State of Tennessee
Health Facilities Commission**

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www.tn.gov/hsda

Phone: 615-741-2364

hsda.staff@tn.gov

LETTER OF INTENT

The Publication of Intent is to be published in The Leaf Chronicle which is a newspaper of general circulation in Montgomery County, as well as The Tennessean which is a newspaper of general circulation in Cheatham, Davidson, Montgomery, Robertson, Rutherford and Williamson Counties, Tennessee, on or before 11/06/2023 for one day.

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Interim Healthcare of Montgomery County, a/an newly formed entity owned by Pahua Health Inc. with an ownership type of Corporation (For Profit) and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a Home Care Organization and the initiation of In-Home Hospice services, serving patients in Cheatham, Davidson, Montgomery, Robertson, Rutherford and Williamson Counties.. The address of the project will be 540 Heritage Pointe Dr., Clarksville, Montgomery County, Tennessee, 37042. The estimated project cost will be \$23,400.

The anticipated date of filing the application is 12/01/2023

The contact person for this project is CEO Erica Pahua who may be reached at Pahua Health Inc. dba Interim Healthcare of Montgomery County - 540 Heritage Pointe Dr. Suite A, Clarksville, Montgomery County, Tennessee, 37042 – Contact No. 818-317-3013.

Erica Pahua

11/06/2023

epahua@interimhealthcare.com

Signature of Contact

Date

Contact's Email Address

The Letter of Intent must be received between the first and the fifteenth day of the month. If the last day for filing is a Saturday, Sunday, or State Holiday, filing must occur on the next business day. Applicants seeking simultaneous review must publish between the sixteenth day and the last day of the month of publication by the original applicant.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health

Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

hsda.staff@tn.gov

PUBLICATION OF INTENT

The following shall be published in the “Legal Notices” section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Interim Healthcare of Montgomery County, a/an newly formed entity owned by Pahua Health Inc. with an ownership type of Corporation (For Profit) and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a Home Care Organization and the initiation of In-Home Hospice services, serving patients in Cheatham, Davidson, Montgomery, Robertson, Rutherford and Williamson Counties.. The address of the project will be 540 Heritage Pointe Dr., Clarksville, Montgomery County, Tennessee, 37042. The estimated project cost will be \$23,400.

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ORIGINAL **APPLICATION**



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

hsda.staff@tn.gov

CERTIFICATE OF NEED APPLICATION

1A. Name of Facility, Agency, or Institution

Interim Healthcare of Montgomery County

Name

540 Heritage Pointe Dr.

Montgomery County

Street or Route

County

Clarksville

Tennessee

37042

City

State

Zip

<https://montgomerytn.interimhealthcare.com/>

Website Address

Note: The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.

2A. Contact Person Available for Responses to Questions

Erica Pahua

APRN / Owner

Name

Title

Interim Healthcare of Montgomery County

epahua@interimhealthcare.com

Company Name

Email Address

4484 N Pinson Rd

Street or Route

Portland

Tennessee

37148

City

State

Zip

Co-Owner

818-317-3013

Association with Owner

Phone Number

3A. Proof of Publication

Attach the full page of newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent. (Attachment 3A)

Date LOI was Submitted: 11/06/23

Date LOI was Published: 11/06/23

RESPONSE: Please see Attachment 3A

4A. Purpose of Review *(Check appropriate box(es) – more than one response may apply)*

- ☒ Establish New Health Care Institution
- ☐ Relocation
- ☐ Change in Bed Complement
- ☐ Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- ☐ Initiation of MRI Service
- ☐ MRI Unit Increase
- ☐ Satellite Emergency Department
- ☐ Addition of Therapeutic Catheterization
- ☐ Positron Emission Tomography (PET) Service
- ☒ Initiation of Health Care Service as Defined in §TCA 68-11-1607(3)

Initiation of HealthCare services

- ☐ Burn Unit
- ☐ Neonatal Intensive Care Unit
- ☐ Open Heart Surgery
- ☐ Organ Transplantation
- ☐ Cardiac Catheterization
- ☐ Linear Accelerator
- ☐ Home Health
- ☒ Hospice
- ☐ Opiate Addiction Treatment Provided through a Non-Residential Substitution-Based Treatment Section for Opiate Addiction

Please answer all questions on letter size, white paper, clearly typed and spaced, single sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate “N/A” (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable item Number on the attachment, i.e. Attachment 1A, 2A, etc. The last page of the application should be a completed signed and notarized affidavit.

5A. Type of Institution *(Check all appropriate boxes – more than one response may apply)*

- ☐ Hospital
- ☐ Ambulatory Surgical Treatment Center (ASTC) – Multi-Specialty
- ☐ Ambulatory Surgical Treatment Center (ASTC) – Single Specialty
- ☐ Home Health
- ☒ Hospice
- ☐ Intellectual Disability Institutional Habilitation Facility (ICF/IID)
- ☐ Nursing Home
- ☐ Outpatient Diagnostic Center
- ☐ Rehabilitation Facility
- ☐ Residential Hospice
- ☐ Nonresidential Substitution Based Treatment Center of Opiate Addiction

☐ Other

Other -

Hospital -

6A. Name of Owner of the Facility, Agency, or Institution

Pahua Health Inc.

Name

4484 N Pinson Rd

818-317-3013

Street or Route

Phone Number

Portland

Tennessee

37148

City

State

Zip

7A. Type of Ownership of Control (Check One)

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Partnership
- ☒ Corporation (For Profit)
- ☐ Corporation (Not-for-Profit)
- ☐ Government (State of TN or Political Subdivision)
- ☐ Joint Venture
- ☐ Limited Liability Company
- ☐ Other (Specify)

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's website at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx>. If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. (Attachment 7A)

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

RESPONSE: Interim Healthcare of Montgomery County is structured as a for profit c-corporation with an equal ownership split between co-owners Erica Pahua and Francisco Pahua, each holding a 50% ownership stake. The organizational chart reflects a straightforward structure with the two co-owners at the helm, responsible for all strategic and operational decisions.

8A. Name of Management/Operating Entity (If Applicable)

Name

Street or Route

County

City	State	Zip
-------------	--------------	------------

Website Address

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. (Attachment 8A)

9A. Legal Interest in the Site

Check the appropriate box and submit the following documentation. (Attachment 9A)

The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.

- ☐ Ownership (Applicant or applicant's parent company/owner) – Attach a copy of the title/deed.
 - ☒ Lease (Applicant or applicant's parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
 - ☐ Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
 - ☐ Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
 - ☐ Letter of Intent, or other document showing a commitment to lease the property - attach reference document
 - ☐ Other (Specify)
-

RESPONSE: Interim Healthcare of Montgomery County operates under a lease agreement for the premises located at 540 Heritage Pointe Dr, Suite A, Clarksville, TN 37042. The terms of the lease include a monthly payment of \$1,700, which secures our legal interest in the site and ensures the continuity of our operations without the complications of property ownership.

10A. Floor Plan

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page. (Attachment 10A)

- Patient care rooms (Private or Semi-private)
- Ancillary areas
- Other (Specify)

RESPONSE: See Attachment 10A

11A. Public Transportation Route

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/clients. (Attachment 11A)

RESPONSE: See Attachment 11A

12A. Plot Plan

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter size sheet of white paper, legibly labeling all requested information. It **must** include:

- Size of site (in acres);
- Location of structure on the site;
- Location of the proposed construction/renovation; and
- Names of streets, roads, or highways that cross or border the site.

(Attachment 12A)

RESPONSE: Not Applicable

13A. **Notification Requirements**

- TCA §68-11-1607(c)(9)(B) states that “... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested.” Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.
 - ☐ Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
 - ☐ Notification in process, attached at a later date
 - ☐ Notification not in process, contact HFC Staff
 - ☒ Not Applicable
- TCA §68-11-1607(c)(9)(A) states that “... Within ten (10) days of the filing of an application for a nonresidential substitution based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of the municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution based treatment center for opiate addiction has been filed with the agency by the applicant.
 - ☐ Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
 - ☐ Notification in process, attached at a later date
 - ☐ Notification not in process, contact HFC Staff
 - ☐ Not Applicable

EXECUTIVE SUMMARY

1E. Overview

Please provide an overview not to exceed **ONE PAGE** (for 1E only) in total explaining each item point below.

- Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes.

RESPONSE:

Interim Healthcare of Montgomery County is seeking approval to establish an in-home Hospice service in Cheatham, Davidson, Montgomery, Robertson, Rutherford and Williamson Counties, with an office located at 540 Heritage Pointe Drive, Suite A, Clarksville TN 37042. Hospice services provided will place an emphasis on providing care to underserved populations focusing on minority groups.

- Ownership structure

RESPONSE: Interim Healthcare of Montgomery County is a dba of Pahua Health Inc., a Tennessee for-profit C-Corporation owned 50% by Erica Pahua and 50% by Francisco Pahua. Erica Pahua, a 50% owner, is an Advanced Practice Nurse with 15 years of experience. Her extensive background in healthcare, coupled with her deep understanding of the Hispanic population, uniquely positions her to lead and manage a hospice service that focuses on meeting the needs of minorities in Tennessee. Erica's passion for educating the local community as well as making hospice services accessible for seniors is evident in her commitment to providing compassionate care and improving the quality of life for those in need. Francisco Pahua, a 50% owner, has a background as both a Marketing Creative Director and Director of IT which has equipped him with the skills needed to develop effective strategies and educational outreach for local communities, raising awareness about home health and hospice services. His expertise in information technology and creative direction allows him to leverage digital platforms, deliver impactful messaging, and promote the significance of these services.

- Service Area

RESPONSE: Cheatham, Davidson, Montgomery, Robertson, Rutherford and Williamson County.

- Existing similar service providers

RESPONSE: While there are several hospice providers in the proposed service area, a significant distinction lies in the cultural nuances of care delivery. The imperative for providers who intimately understand and respect cultural distinctions, especially within the Hispanic community, is paramount. As a certified Minority owned provider, Interim Healthcare of Montgomery County is positioned to deliver culturally sensitive care. By embracing the language, traditions, and values of the Hispanic population, we not only provide culturally competent services but also communicate effectively in our native language. This fluency goes beyond words—it's about building trust, understanding unspoken needs, and offering a holistic care approach that encompasses physical, emotional, and cultural well-being. Our commitment to culturally sensitive care and linguistic proficiency ensures that the Hispanic community and other minorities receive quality care tailored to our unique needs.

- Project Cost

RESPONSE: \$23,400

- Staffing

RESPONSE: At Interim Healthcare of Montgomery County, we pride ourselves on our multifaceted approach to healthcare. Not only do we specialize in staffing nursing facilities with top-tier healthcare providers, but we're also a dedicated Home Care company providing personal care and support as well as private duty nursing. With our

well-established infrastructure and a devoted team of healthcare professionals already engaged with local nursing facilities, we ensure unparalleled expertise. With our recent CON for Home Health, we are increasing our professional staff to meet the community's needs. Additionally, Erica is an active participant of The National Association of Hispanic Nurses (NAHN). NAHN is the nation's leading professional society for Latino nurses. Through this society Erica has been able to make many relationships with local and out of state Latino Nurses that believe in promoting and providing equal access to healthcare for our Hispanic communities. Moreover, both Erica and Francisco are committed to continuous training and education. Interim Healthcare Inc, the Franchisor, is accustomed to offering all four levels of healthcare (Staffing, Personal Care and Support, Home Health and Hospice). Therefore, they provide their franchisees with access to The Interim Healthcare University, which allows for nurses to easily cross train between home care specialties. Interim Healthcare of Montgomery County currently has an existing cross-training program that readies our team for diverse roles, ensuring that patients receive a holistic and comprehensive care experience. Our goal is to consistently deliver high-quality services with a focus on continuity of care. Given our background in both staffing and home care, we ensure the availability of personnel in our proposed service areas. With our network of Hispanic nurses, we are prepared to bridge the gap of healthcare inequality for minorities in middle Tennessee. Our adaptability in swiftly recruiting and training additional staff as needs emerge, is evident by our ability to staff our local healthcare partners. This experience positions us as a nimble and proactive healthcare provider, fully capable of staffing not only quality nurses but also nurses that can reflect the demographics of the patients we will be serving. Erica Pahua, our owner and an Advanced Practice Nurse, is dedicated to upholding high standards for staffing and home care services. Her experience as a nurse puts her in the position to understand the importance of not only meeting the staffing guidelines set by the National Hospice and Palliative Care Organization but also striving to surpass them.

2E. Rationale for Approval

A Certificate of Need can only be granted when a project is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers

Provide a brief description not to exceed ONE PAGE (for 2E only) of how the project meets the criteria necessary for granting a CON using the data and information points provided in criteria sections that follow.

- Need

RESPONSE: Interim Healthcare of Montgomery County is uniquely poised to fulfill a critical need in our expanded service areas - providing culturally sensitive and responsive hospice care. With our existing foothold in personal care and staffing, we have cultivated strong relationships with local healthcare providers, making us an ideal candidate to expand into hospice services. Continuity of Care: Our long-standing presence in the community has fostered deep trust and understanding with our patients, an essential foundation for introducing and managing hospice care. This continuity ensures informed, compassionate, and seamless transitions for patients and their families, particularly vital in hospice care. Our ability to communicate effectively and respect the cultural nuances, especially within the Hispanic community, adds a layer of personalized care that is critically important in hospice settings.

- Quality Standards

RESPONSE: Quality Standards: As a proven provider of top-tier healthcare services, Interim Healthcare of Montgomery County upholds stringent quality standards. Our comprehensive approach to staff recruitment, training, and ongoing evaluation ensures the highest levels of expertise and care. Our commitment to quality extends beyond meeting industry standards; we are actively pursuing accreditation from the Community Health Accreditation Partner (CHAP), reflecting our dedication to excellence in hospice care.

- Consumer Advantage

- Choice

RESPONSE: We are dedicated to educating our community about the benefits and resources of in-home hospice care. By offering patient-centered care that respects individual needs and involves patients and families in decision-making, we provide significant advantages in choice, access, and affordability. Our efforts to enhance health literacy and foster partnerships are aimed at improving health outcomes and reducing preventable diseases, thereby advancing health equity and enhancing the overall quality of care in our service areas.

- Improved access/availability to health care service(s)

RESPONSE: The expansion of our service area to include Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson Counties is in direct response to the identified need for hospice care that is both culturally attuned and comprehensive. This expansion allows us to leverage our experience, infrastructure, and community relationships to provide exceptional hospice care across a broader geographic area.

- Affordability

RESPONSE: We are committed to making hospice care affordable and accessible to all, particularly those who are underserved. Through educational initiatives and collaborations, we aim to promote health literacy, enabling patients to navigate their care options effectively. Our expansion of services reflects our dedication to reducing healthcare disparities and supports our ongoing efforts to deliver cost-effective care without compromising quality.

3E. Consent Calendar Justification

- ☐ Letter to Executive Director Requesting Consent Calendar (Attach Rationale that includes addressing the 3 criteria)

☒ Consent Calendar NOT Requested

If Consent Calendar is requested, please attach the rationale for an expedited review in terms of Need, Quality Standards, and Consumer Advantage as a written communication to the Agency's Executive Director at the time the application is filed.

4E. PROJECT COST CHART**A. Construction and equipment acquired by purchase:**

1. Architectural and Engineering Fees
2. Legal, Administrative (Excluding CON Filing Fee),
Consultant Fees
3. Acquisition of Site
4. Preparation of Site
5. Total Construction Costs
6. Contingency Fund
7. Fixed Equipment (Not included in Construction Contract)
8. Moveable Equipment (List all equipment over \$50,000 as
separate attachments)
9. Other (Specify): _____

B. Acquisition by gift, donation, or lease:

1. Facility (inclusive of building and land)
2. Building only
3. Land only
4. Equipment (Specify): _____
5. Other (Specify): _____

C. Financing Costs and Fees:

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

**D. Estimated Project Cost
(A+B+C)**

\$20,400

E. CON Filing Fee

\$3,000

**F. Total Estimated Project Cost
(D+E)****TOTAL**

\$23,400

GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with TCA §68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to completion or duplication would be positive for consumers.” In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

NEED

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

- 1N.** Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. <https://www.tn.gov/hsda/hsda-criteria-and-standards.html> (Attachment 1N)

RESPONSE:

See Attachment 1N

- 2N.** Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable. (Attachment 2N)

RESPONSE:

See Attachment 2N

Complete the following utilization tables for each county in the service area, if applicable.

PROJECTED UTILIZATION

Unit Type: ☐ Procedures ☐ Cases ☒ Patients ☐ Other _____		
Service Area Counties	Projected Utilization Recent Year 1 (Year = 2024)	% of Total
Cheatham	1	2.00%
Rutherford	10	20.00%
Davidson	21	42.00%
Montgomery	8	16.00%
Robertson	3	6.00%
Williamson	7	14.00%
Total	50	100%

3N. A. Describe the demographics of the population to be served by the proposal.

RESPONSE:

See Attachment 3N

B. Provide the following data for each county in the service area:

- Using current and projected population data from the Department of Health.
(www.tn.gov/health/health-program-areas/statistics/health-data/population.html);
- the most recent enrollee data from the Division of TennCare
(<https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>),
- and US Census Bureau demographic information
(<https://www.census.gov/quickfacts/fact/table/US/PST045219>).

RESPONSE:

See Attachment 3N

- 4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE:

Interim Healthcare of Montgomery County recognizes the diverse and specific healthcare needs of our service area, encompassing Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson Counties. Our focus is particularly acute on addressing the health disparities faced by racial and ethnic minorities, especially within the rapidly growing Hispanic population, as well as rural, uninsured, underinsured, elderly, women, TennCare or Medicaid recipients, and low-income groups.

Hispanic Community Focus: The latest data highlights a critical concern within the Hispanic community—hospice utilization rates are the lowest among this demographic when compared to other racial and ethnic groups. As seen in the attached chart, only 33.3% of Hispanic Medicare decedents utilized hospice services, underscoring a significant gap in end-of-life care.

(See Attachment 4N)

Several barriers contribute to this disparity within the Hispanic community. Language and cultural barriers stand at the forefront, with a considerable number of Hispanic adults reliant on translators for healthcare communication. This challenge is compounded by the fact that 46% of Hispanic adults have reported needing a translator for a friend or family member during medical appointments. Such linguistic hurdles can lead to miscommunication, misunderstanding, and ultimately, a reluctance to seek out and utilize hospice services.

Poverty also plays a significant role, as higher poverty levels within Hispanic communities can limit access to healthcare services, including hospice care. Economic constraints may force individuals to prioritize immediate and urgent healthcare needs over hospice services, which are often perceived as less critical.

The recent immigrant status of some Hispanic individuals further exacerbates these barriers. The fear associated with legal status is a poignant reality, with nearly 30% of Hispanic adults expressing that concerns over legal repercussions inhibit their willingness to seek healthcare services.

At Interim Healthcare of Montgomery County, we are acutely aware of these barriers and are proactively working to overcome them. We aim to bridge the gap in hospice utilization through targeted outreach and education initiatives that are sensitive to the cultural and linguistic needs of the Hispanic community. By fostering a healthcare environment that respects cultural differences, speaks the language of our patients, and offers a supportive presence, we strive to make hospice care more accessible and acceptable to our Hispanic patients.

Our commitment extends beyond providing care. We understand the importance of trust and empathy in healthcare, especially concerning legal fears that may deter families from seeking necessary services. Therefore, we are dedicated to creating a safe, welcoming space that does not hinder access to compassionate hospice care.

By acknowledging and addressing these barriers head-on, we are poised to significantly improve the hospice utilization rates among Hispanics in our service area, ensuring that all members of the community receive the dignified care they deserve at the end of life.

Rural and Underserved Populations: Rural areas within our service area, notably parts of Robertson and Cheatham Counties, often lack adequate hospice services. Our localized approach aims to bring high-quality, accessible hospice care to these communities, addressing geographic isolation and enhancing healthcare equity.

Addressing Healthcare Disparities: We are committed to initiatives that specifically target healthcare disparities. Our business plan includes the development of educational programs and collaborations with community organizations to raise awareness about hospice care and its benefits. We intend to dispel misconceptions about hospice care, particularly in communities where it has traditionally been underutilized.

Elderly, Women, and Low-Income Groups: Our services are designed to be inclusive, catering to the specific needs of the elderly, women, and low-income individuals. By accepting a range of insurance options, including TennCare and Medicaid, we ensure that our hospice services are accessible to uninsured and underinsured individuals.

Overall, Interim Healthcare of Montgomery County's business plan is firmly rooted in understanding and meeting the unique needs of our service area's population. Our commitment to providing culturally competent, accessible, and compassionate hospice care is unwavering. We aim to be a beacon of support and quality care for all, especially for those who have historically faced barriers in accessing hospice services.

-
- 5N. Describe the existing and approved but unimplemented services of similar healthcare providers 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. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days. Average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.

RESPONSE:

(Reference Attachment 5NR)

The utilization trends for existing hospice providers in our service area show significant variability. For instance, Adoration Hospice and Comfort Care Hospice of Middle Tennessee have seen substantial increases in utilization rates, while providers like Amedisys Hospice (Central Pike) and Guardian Hospice of Nashville, LLC have experienced notable declines.

These trends suggest gaps in service delivery, especially among providers not based locally.

Interim Healthcare of Montgomery County aims to address these service gaps. Our focus includes a significant emphasis on the Hispanic community, a group currently underrepresented in hospice utilization.

Our presence in the hospice sector aims to enhance service accessibility and quality in Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson Counties, offering an inclusive healthcare option for the region.

-
- 6N.** Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two 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.

RESPONSE:

Because Interim Healthcare of Montgomery County is proposing to initiate hospice services, there is no historical utilization data specific to this service line. However, we have developed projections for our anticipated hospice service utilization for the years 2024 and 2025, based on a thorough analysis of the regional needs and market dynamics.

Projected Annual Utilization:

For the year 2024, we estimate hospice patient utilization to be approximately 50 patients.

For the year 2025, we project an increase to approximately 100 patients.

Interim Healthcare of Montgomery County	Patients 2024	Patient Days 2024	Patients 2025	Patient Days 2025	Total Patients 2024-2025	Total Patient Days 2024-2025	% Change Patients 2024-2025	% Change Patient Days 2024-2025
	50	3,500	100	7,000	150	10,500	100%	100%

Hospice Levels of Care	Patients Year 1	Patient Days Year 1	Patients Year 2	Patient Days Year 2	Total Patients Year 1- Year 2	Total Patient Days Year 1- Year 2	% Change Patients Year 1- Year 2	% Change Patient Days Year 1- Year 2
Routine Home Care	49	3430	99	6930	148	10,360	100%	100%
General Inpatient Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Continuous Home Care	1	70	1	70	2	140	0%	0%
Respite Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	50	3,500	100	7,000	150	10,500	100%	100%

Methodology for Utilization Projections:

Population Analysis: We began by analyzing the projected population for each county in our service area. We used the latest county-level population growth rates to project the population for 2024 and 2025.

Hospice Utilization Rates: We then reviewed historical hospice utilization rates within the service area and state benchmarks. We used a conservative estimate of the state's average hospice utilization rate as a baseline to understand potential hospice needs in our target population, specifically focusing on the elderly demographic, which is more likely to require hospice services.

Market Penetration Rate: Our market penetration rate estimates for 2024 and 2025 are based on a careful analysis of the competitive landscape, our outreach strategies, and the unique positioning of Interim Healthcare of Montgomery County in the healthcare market. While we anticipate a gradual increase in market share from 2024 to 2025, specific percentages are not provided at this stage. This is due to the dynamic nature of healthcare service demand and our commitment to adaptively responding to the community's evolving needs. Our focus is on establishing a strong presence in the market and building trust within the community, which we believe will naturally lead to an increase in our market share over time.

Assumptions: Our calculations are based on assumptions of stable population growth, consistent state-level hospice utilization trends, and our strategic plans for market penetration. We recognize that variables such as changes in demographics, emerging competition, healthcare policy shifts, and community health trends could impact these projections. However, we believe our estimates are realistic and grounded in a solid understanding of our service area's characteristics and needs.

Referral Sources and Community Partnerships: To support our projections, we considered established relationships with local healthcare providers, community organizations, and other referral sources. These partnerships will be crucial for understanding community needs and facilitating patient referrals to our hospice services.

In summary, while these projections provide a guide to anticipated utilization, they will be subject to continuous review and adjustment as we respond to actual service demands, community feedback, and changes in the healthcare landscape. Our goal is to meet the hospice care needs of our community effectively and compassionately, adapting as necessary to serve our patients best.

- 7N.** Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.

RESPONSE:

We've secured our Home Health license this November and are actively expanding to ensure seamless care for our patients. This development is integral to our plan for a full continuum of care, complementing our ongoing CON efforts.

CON Number	Project Name	Date Approved	Expiration Date
CN2306-019	Interim Healthcare of Montgomery County Home Health	9/27/2023	9/17/2024

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area.

- 1C.** List all transfer agreements relevant to the proposed project.

RESPONSE: We have established verbal agreements with our skilled care referral partners to facilitate transfer agreements. These preliminary understandings are crucial for ensuring seamless and effective care transitions for our patients, especially those requiring more specialized or intensive levels of care. We anticipate formalizing these agreements into official documents once our Certificate of Need (CON) is approved.

- 2C.** List all commercial private insurance plans contracted or plan to be contracted by the applicant.

- ☒ Aetna Health Insurance Company
- ☐ Ambetter of Tennessee Ambetter
- ☒ Blue Cross Blue Shield of Tennessee
- ☐ Blue Cross Blue Shield of Tennessee Network S
- ☐ Blue Cross Blue Shiled of Tennessee Network P
- ☐ BlueAdvantage
- ☐ Bright HealthCare
- ☐ Cigna PPO
- ☐ Cigna Local Plus
- ☐ Cigna HMO - Nashville Network
- ☐ Cigna HMO - Tennessee Select
- ☐ Cigna HMO - Nashville HMO
- ☐ Cigna HMO - Tennessee POS
- ☐ Cigna HMO - Tennessee Network
- ☐ Golden Rule Insurance Company
- ☐ HealthSpring Life and Health Insurance Company, Inc.
- ☒ Humana Health Plan, Inc.
- ☐

Humana Insurance Company

- ☒ John Hancock Life & Health Insurance Company
- ☐ Omaha Health Insurance Company
- ☐ Omaha Supplemental Insurance Company
- ☐ State Farm Health Insurance Company
- ☒ United Healthcare UHC
- ☐ UnitedHealthcare Community Plan East Tennessee
- ☒ UnitedHealthcare Community Plan Middle Tennessee
- ☐ UnitedHealthcare Community Plan West Tennessee
- ☒ WellCare Health Insurance of Tennessee, Inc.
- ☒ Others

RESPONSE: VA

- 3C. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.

RESPONSE:

Interim Healthcare of Montgomery County is dedicated to enhancing the healthcare landscape through unique programming, service lines that promote continuity of care, and staffing practices tailored to the specific needs of our service area, in particular the Hispanic community.

Community Health Navigators: Central to our approach is the employment of Community Health Navigators, who possess cultural and linguistic skills that align with the communities we serve, including proficiency in Spanish. This is particularly vital for our growing Hispanic population, ensuring effective communication and navigation through the healthcare system's complexities.

Rural Outreach Program: Through our personal care and support service we have been able to overcome geographical barriers in remote areas. We will continue to implement similar practices within the areas we already service. This initiative ensures that quality hospice and home health services are accessible to all, including rural residents, where healthcare resources are often limited.

Culturally Sensitive Care Training: We are committed to providing culturally sensitive care, particularly for the Hispanic community. Our staff training includes understanding and respecting diverse cultural beliefs and practices, ensuring care is delivered with empathy and understanding of each patient's unique background.

Telehealth Services: To enhance accessibility, we plan to integrate telehealth services, offering virtual consultations and check-ins. This is especially beneficial for patients with transportation challenges or those preferring remote interactions due to cultural preferences.

Impact on Consumer Charges and Choices: The introduction of Interim Healthcare of Montgomery County into the market is expected to have a positive effect on consumer charges and choices. By offering tailored services, especially for underserved groups like the Hispanic community, we foster

choice, which typically leads to improved pricing and improved service quality. Our strategic and cost-effective service models are designed to avoid significant increases in consumer charges. Instead, our focus is on improving access and quality of care for diverse populations.

In summary, our proposal aims to enrich the healthcare system by introducing innovative, culturally attuned services that address unmet needs, particularly in the Hispanic and rural communities. We believe that our presence will encourage other providers to elevate their standards of care, resulting in a more competitive and diverse healthcare environment that benefits all consumers.

- 4C. Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

RESPONSE:

Recognizing the critical role of human resources in hospice care, we are committed to recruiting and retaining skilled clinical staff, including nurses, physicians, and ancillary care providers from diverse backgrounds. We will adhere to the licensing requirements of the State of Tennessee, CMS guidelines, and standards set by accrediting agencies such as the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities. Our focus extends to ongoing professional development, ensuring our team remains up to date with the latest in hospice care practices and innovations.

As a healthcare staffing agency, we have the capacity to provide staffing to home health and hospice agencies in our area. We have experience in offering staffing solutions to a broad spectrum of healthcare facilities within this region. Our expertise ranges from long-term care facilities, memory care facilities and rehabilitation centers. This network and our familiarity with the healthcare landscape in the service areas uniquely positions us to effectively manage our own home health and hospice agency.

- 5C. Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

RESPONSE:

Interim Healthcare of Montgomery County is unwavering in our commitment to uphold the highest standards set by healthcare regulatory bodies, including stringent guidelines and requirements for hospice care providers established by the state of Tennessee and federal regulations, particularly those outlined by the Centers for Medicare & Medicaid Services (CMS).

Our recent accomplishments in 2023 reflect this commitment to compliance and excellence in patient care. Successfully applying for and passing the state survey, we earned a pediatric home health license, demonstrating our capacity to meet and exceed rigorous standards in the home health sector. Additionally, we received a Certificate of Need for Home Health in September 2023, acknowledging our dedication to expanding services to meet community needs.

This achievement attests to our ability to fulfill CMS and state regulations concerning Clinical Leadership, Physician Supervision, Quality Assurance Programs, Policies and Procedures, Record Keeping, Clinical Staffing Requirement and Staff Education.

The granting of our Home Health license not only reinforces our commitment to our vision for continuity of care but also demonstrates our ability to fulfill the licensing requirements for the proposed hospice project, reinforcing our commitment to delivering exceptional and compliant end-of-life care services.

PROJECTED DATA CHART

- ☒ Project Only
☐ Total Facility

Give information for the *two (2)* years following the completion of this proposal.

	Year 1	Year 2
	<u>2024</u>	<u>2025</u>
A. Utilization Data		
Specify Unit of Measure <u>Other : Patient Days</u>	<u>3500</u>	<u>7000</u>
B. Revenue from Services to Patients		
1. Inpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
2. Outpatient Services	<u>\$455,000.00</u>	<u>\$910,000.00</u>
3. Emergency Services	<u>\$0.00</u>	<u>\$0.00</u>
4. Other Operating Revenue (Specify) _____	<u>\$0.00</u>	<u>\$0.00</u>
Gross Operating Revenue	<u>\$455,000.00</u>	<u>\$910,000.00</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	<u>\$0.00</u>	<u>\$0.00</u>
2. Provision for Charity Care	<u>\$9,100.00</u>	<u>\$18,200.00</u>
3. Provisions for Bad Debt	<u>\$13,650.00</u>	<u>\$27,300.00</u>
Total Deductions	<u>\$22,750.00</u>	<u>\$45,500.00</u>
NET OPERATING REVENUE	<u>\$432,250.00</u>	<u>\$864,500.00</u>

- 7C. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Historical and Projected Data Charts of the proposed project.

Project Only Chart

	Previous Year to Most Recent Year	Most Recent Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge (<i>Gross Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$130.00	\$130.00	0.00
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)	\$0.00	\$0.00	\$6.50	\$6.50	0.00
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$123.50	\$123.50	0.00

- 8C. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

RESPONSE:

Proposed Charges for Hospice Project:

At Interim Healthcare of Montgomery County, our focus is on providing accessible and high-quality hospice care. Our proposed average charge per patient day for hospice services is set at \$130. This rate is carefully determined to balance affordability with the need to sustain high-quality care standards.

Comparison with Market Rates:

To contextualize our proposed charges, we have analyzed the market rates of existing hospice agencies within our service area. Our analysis indicates that the average net charge per patient day across various agencies is approximately \$144.75, with charges ranging from \$87.47 to as high as \$765.58. Our proposed rate of \$130 positions us competitively within this spectrum, offering a more affordable option while maintaining the quality of care.

Impact on Revenue and Existing Patient Charges:

We anticipate that the implementation of our hospice services will generate a stable revenue stream, ensuring the sustainability of our operations. Importantly, the introduction of hospice care will not necessitate adjustments to existing charges for other services, as it represents a new and distinct service line.

This approach allows us to offer a comprehensive suite of healthcare solutions without impacting the affordability of our existing services. We are committed to maintaining transparency in our pricing and will work closely with our patients to ensure they understand their coverage and potential out-of-pocket costs.

Our proposed charge for hospice care is a strategic decision to offer high-quality care at competitive rates. This pricing approach is intended to make our services accessible to a broader segment of our community, particularly those who are economically disadvantaged or underserved. We will continuously monitor and adjust our rates as necessary to align with industry standards and community needs, reaffirming our commitment to delivering exceptional care at affordable prices.

-
- 9C.** Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas, or to proposed charges of recently approved Certificates of Need.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE:

See Attachment 9C

- 10C.** Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

**Applicant's Projected Payor Mix
Project Only Chart**

Payor Source	Year-2024		Year-2025	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	\$404,950.00	89.00	\$791,700.00	87.00
TennCare/Medicaid	\$31,850.00	7.00	\$81,900.00	9.00
Commercial/Other Managed Care	\$9,100.00	2.00	\$18,200.00	2.00
Self-Pay	\$9,100.00	2.00	\$18,200.00	2.00
Other(Specify)				
Total	\$455,000.00	100%	\$910,000.00	100%
Charity Care	\$9,100.00		\$18,200.00	

**Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

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.

RESPONSE: Our project is committed to serving a wide range of patients, including those covered by Medicare, TennCare/Medicaid, and the medically indigent. Our anticipated revenue is based on a balanced mix of payor sources, ensuring we cater to the needs of various patient groups. We project a significant portion of our operating revenue to come from Medicare and Medicare Managed Care, followed by TennCare/Medicaid, with Commercial/Other Managed Care and Self-Pay also contributing.

QUALITY STANDARDS

- 1Q.** Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.

☒ Yes

☐ No

- 2Q.** The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.

- Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application?

☒ Yes

☐ No

- Does the applicant commit to obtaining and maintaining all applicable state licenses in good 3tanding?
 - ☒ Yes
 - ☐ No

- Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?
 - ☒ Yes
 - ☐ No

3Q. Please complete the chart below on accreditation, certification, and licensure plans. Note: if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.

Credential	Agency	Status (Active or Will Apply)	Provider Number or Certification Type
Licensure	☒ Health Facilities Commission/Licensure Division	Active	0000000654
	☐ Intellectual & Developmental Disabilities	Active	L000000033423
	☒ Mental Health & Substance Abuse Services		
Certification	☒ Medicare	Will Apply	Q078391
	☒ TennCare/Medicaid	Active	
	☐ Other _____		
Accreditation(s)	CHAP – Community Health Accreditation Partner	Will Apply	

4Q. If checked “TennCare/Medicaid” box, please list all Managed Care Organization’s currently or will be contracted.

- ☐ AMERIGROUP COMMUNITY CARE- East Tennessee
- ☒ AMERIGROUP COMMUNITY CARE - Middle Tennessee
- ☐ AMERIGROUP COMMUNITY CARE - West Tennessee
- ☐ BLUECARE - East Tennessee
- ☒ BLUECARE - Middle Tennessee
- ☐ BLUECARE - West Tennessee
- ☐ UnitedHealthcare Community Plan - East Tennessee
- ☒ UnitedHealthcare Community Plan - Middle Tennessee
- ☐ UnitedHealthcare Community Plan - West Tennessee
- ☒ TENNCARE SELECT HIGH - All
- ☒ TENNCARE SELECT LOW - All
- ☐ PACE
- ☐ KBB under DIDD waiver
- ☐ Others

5Q. Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?

- ☒ Yes
- ☐ No

6Q. For an existing healthcare institution applying for a CON:

- Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future.

- ☐ Yes
- ☐ No
- ☒

— N/A

- Has the entity been decertified within the prior three years? If yes, please explain in detail. (This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility.)

- ☐ Yes
- ☐ No
- ☒ N/A

7Q. Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.

Has any of the following:

- Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);
- Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or.

Been subject to any of the following:

- Final Order or Judgement in a state licensure action;

☐ Yes

☒ No
- Criminal fines in cases involving a Federal or State health care offense;

☐ Yes

☒ No
- Civil monetary penalties in cases involving a Federal or State health care offense;

☐ Yes

☒ No
- Administrative monetary penalties in cases involving a Federal or State health care offense;

☐ Yes

☒ No
- Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services;

☐ Yes

☒ No
- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or

☐ Yes

☒ No
- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.

☐ Yes

☒ No

8Q. Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.

☒ Existing FTE not applicable (Enter year)

Position Classification	Existing FTEs(enter year)	Projected FTEs Year 1
A. Direct Patient Care Positions		
RN	0.00	4.00
Nursing Aide	0.00	9.00
Social Worker	0.00	2.00
Chaplain	0.00	2.00
Nursing Director	0.00	1.00
Medical Director	0.00	0.25
Total Direct Patient Care Positions	N/A	18.25

B. Non-Patient Care Positions		
Executive Director	0.00	1.00
Business Office Staff	0.00	3.00
Total Non-Patient Care Positions	N/A	4
Total Employees (A+B)	0	22.25

C. Contractual Staff		
Contractual Staff Position	0.00	24.00
Total Staff (A+B+C)	0	46.25

DEVELOPMENT SCHEDULE

TCA §68-11-1609(c) provides that activity authorized by a Certificate of Need is valid for a period not to exceed three (3) years (for hospital and nursing home projects) or two (2) years (for all other projects) from the date of its issuance and after such time authorization expires; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificate of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need authorization which has been extended shall expire at the end of the extended time period. The decision whether to grant an extension is within the sole discretion of the Commission, and is not subject to review, reconsideration, or appeal.

- Complete the Project Completion Forecast Chart below. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
- If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the “good cause” for such an extension.

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HFC action on the date listed in Item 1 below, indicate the number of days from the HFC decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date (Month/Year)
1. Initial HFC Decision Date		01/24/24
2. Building Construction Commenced		01/23/24
3. Construction 100% Complete (Approval for Occupancy)		01/23/24
4. Issuance of License	180	07/21/24
5. Issuance of Service	210	08/20/24
6. Final Project Report Form Submitted (Form HR0055)	365	01/22/25

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

Attachment 3A

AFFIDAVIT OF PUBLICATION

0005850149

Newspaper The Tennessean

State of Tennessee

Account Number NAS-0000005143

Advertiser INTERIM HEALTHCARE OF MONTGOME

INTERIM HEALTHCARE OF MONTGOME
4484 N PINSON RD
PORTLAND, TN
37148

Linda Turt

Sales Assistant for the above mentioned newspaper,

hereby certify that the attached advertisement appeared in said newspaper on the following dates:

11/01/23

Linda TurtSubscribed and sworn to before me this 1st day of November 2023Maria Verhagen

Notary Public

exp. 8.25.26

MARIAH VERHAGEN
Notary Public
State of Wisconsin

0005850149

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Interim Healthcare of Montgomery County, a/an newly formed entity owned by Pahua Health Inc. with an ownership type of Corporation (For Profit) and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a Home Care Organization and the initiation of In-home Hospice services serving patients in Cheatham, Davidson, Montgomery, Robertson, Rutherford and Williamson Counties. The address of the home office will be 540 Heritage Pointe Dr., Suite A, Clarksville, Montgomery County, Tennessee, 37042. The estimated project cost will be \$23,400.

The anticipated date of filing the application is 12/01/2023

The contact person for this project is CEO Erica Pahua who may be reached at Pahua Health Inc. dba Interim Healthcare of Montgomery County - 540 Heritage Pointe Dr. Suite A, Clarksville, Montgomery County, Tennessee, 37042 - Contact No. 818-317-3013.

Pursuant to T.C.A. §68-11-1607 (c)(1)(A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 503 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov.

AFFIDAVIT OF PUBLICATION

0005850148

Newspaper Leaf Chronicle

State of Tennessee

Account Number NAS-0000005143

Advertiser INTERIM HEALTHCARE OF MONTGOME

INTERIM HEALTHCARE OF MONTGOME
4484 N PINSON RD
PORTLAND, TN
37148

Linda Tuttle

Sales Assistant for the above mentioned newspaper,

hereby certify that the attached advertisement appeared in said newspaper on the following dates:

11/01/23

Linda TuttleSubscribed and sworn to before me this 1 day of November 2023Mariah Verhagen

Notary Public

exp. 8.25.26

MARIAH VERHAGEN
Notary Public
State of Wisconsin

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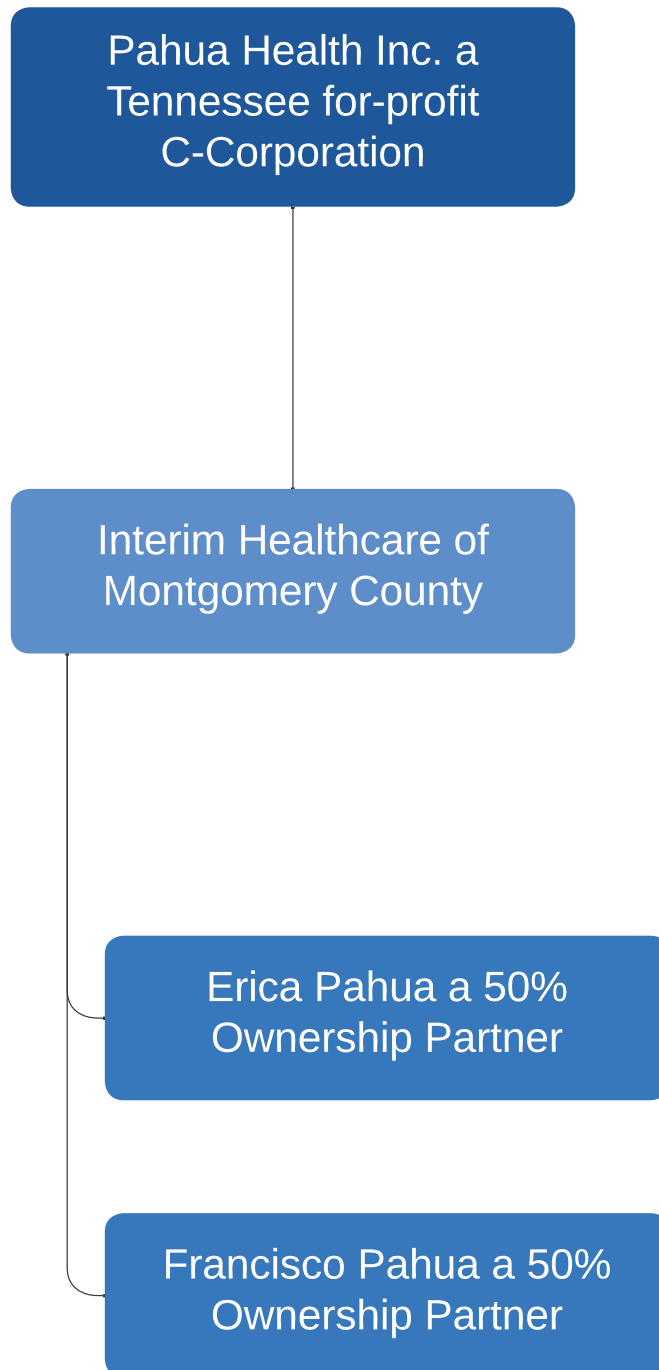
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Attachment 7A

Ownership Structure of Interim Healthcare of Montgomery County



**CHARTER
FOR-PROFIT CORPORATION**

SS-4417

**Tre Hargett**
Secretary of State**Division of Business Services**
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$100.00

For Office Use Only

-FILED-

Control # 001303372

The undersigned, acting as incorporator(s) of a for-profit corporation under the provisions of the Tennessee Business Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: Pahua Health Inc

(Note: Pursuant to the provisions of T.C.A. §48-14-101(a)(1), each corporation name must contain the words *corporation, incorporated, or company* or the abbreviation *corp., inc., or co.*)

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: None

4. The name and complete address of its initial registered agent and office located in the State of Tennessee is:

ERICA PAHUA
4484 N PINSON RD
PORTLAND, TN 37148-8565
ROBERTSON COUNTY

5. Fiscal Year Close Month: December

Period of Duration: Perpetual

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

7. The corporation is for profit.

8. The number of shares of stock the corporation is authorized to issue is: 1,000,000

9. The complete address of its principal office is:

4484 N PINSON RD
PORTLAND, TN 37148-8565
ROBERTSON COUNTY

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

**CHARTER
FOR-PROFIT CORPORATION**

SS-4417

**Tre Hargett**
Secretary of State**Division of Business Services**
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$100.00

For Office Use Only

-FILED-

Control # 001303372

The name of the corporation is: Pahua Health Inc**10. The complete mailing address of the entity (if different from the principal office) is:**4484 N PINSON RD
PORTLAND, TN 37148-8565**11. List the name and complete address of each incorporator:**

Title	Name	Business Address	City, State, Zip
Incorporator	Erica M Pahua	4484 N PINSON RD	PORTLAND, TN 37148-8565
Incorporator	Francisco Pahua	4484 N PINSON RD	PORTLAND, TN 37148-8565

12. Professional Corporation: (required if the additional designation of "Professional Corporation" is entered in section 3.)☐ I certify that this is a Professional Corporation.**Licensed Profession:****13. Other Provisions:***(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)*

Electronic

Signature

Erica M Pahua

Printed Name

Incorporator

Title/Signer's Capacity

Apr 8, 2022 2:52PM

Date



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

FRANCISCO PAHUA
FRANCISCO PAHUA
4484 N PINSON RD
PORTLAND, TN 37148

June 29, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0536337

Issuance Date: 06/29/2023
Copies Requested: 1

Document Receipt

Receipt # : 008217448

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3853754952

\$20.00

Regarding: Pahua Health Inc

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 04/08/2022

Status: Active

Duration Term: Perpetual

Business County: ROBERTSON COUNTY

Control # : 1303372

Date Formed: 04/08/2022

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Pahua Health Inc

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 061471021



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Filing Information

Name: Pahua Health Inc

General Information

SOS Control #	001303372	Formation Locale:	TENNESSEE
Filing Type:	For-profit Corporation - Domestic	Date Formed:	04/08/2022
	04/08/2022 2:52 PM	Fiscal Year Close	12
Status:	Active		
Duration Term:	Perpetual		

Registered Agent Address
ERICA PAHUA
4484 N PINSON RD
PORTLAND, TN 37148-8565

Principal Address
4484 N PINSON RD
PORTLAND, TN 37148-8565

The following document(s) was/were filed in this office on the date(s) indicated below:

Date Filed	Filing Description	Image #
01/30/2023	2022 Annual Report	B1329-3393
05/03/2022	Assumed Name	B1207-7116
New Assumed Name Changed From: No Value To: Interim Healthcare of Montgomery County		
04/08/2022	Initial Filing	B1197-7971

Active Assumed Names (if any)	Date	Expires
Interim Healthcare of Montgomery County	05/03/2022	05/03/2027

Attachment 9A

COMMERCIAL OFFICE LEASE**May 9, 2022**

This office lease agreement is between White & Stafford LLC, (lessor) the owner of the Limited Liability Company which is located at Clarksville, Tennessee and operates its principal at 2687 Townsend Ct., Suite C, Clarksville, TN 37043 and between the lessee Interim Healthcare of Montgomery County (lessee) which has a mailing address of 4484 N. Pinson Rd., Portland, TN 37148.

The office space which is to be considered for lease is located at 540 Heritage Pointe Dr., Suite A, Clarksville, TN 37042.

This office space is approximately 1000 square feet within a one-story building.

No permanent decorative changes are permitted within the office.

Lessor and lessee shall each have a key to the leased office.

Lessee will be responsible for cleaning of the office.

Both of the parties agreed on the legitimate terms & conditions, whereas the lessee agrees to lease the office space and the lessor is interested to put the particular office location for lease.

The fixed rent to be paid by the lessee is \$1,700.00 payable monthly on the 1st of each month beginning July 1, 2022. A security deposit of \$1,700.00 will be collected on June 1, 2022 in order to hold the office space for lease and is non-refundable in the event the Lessee does not occupy the space. The Lessor is responsible for taxes, maintenance and building insurance. Lessee is responsible for general maintenance (furnace filters, light bulbs, window cleaning and trash pickup) on the property. Lessee will notify Lessor in a timely manner of any maintenance issues.

The term of this lease will be from July 1, 2022 to July 1, 2024. Lessee will give Lessor 30 -day notice of vacating the space. If Lessee should break the lease, Lessee will be responsible for two months of rent (\$3,400). Lessee will give 30-day notice of renewal of lease.

White & Stafford will give the Lessor the right of first offer to buy the property at 540 Heritage Pointe Drive, Clarksville, TN 37042. The right holder will have the option to make an offer on the property anytime during the lease term. The seller is free to accept or reject the offer.

WHITE & STAFFORD, LLC

Trudy Stafford, Member

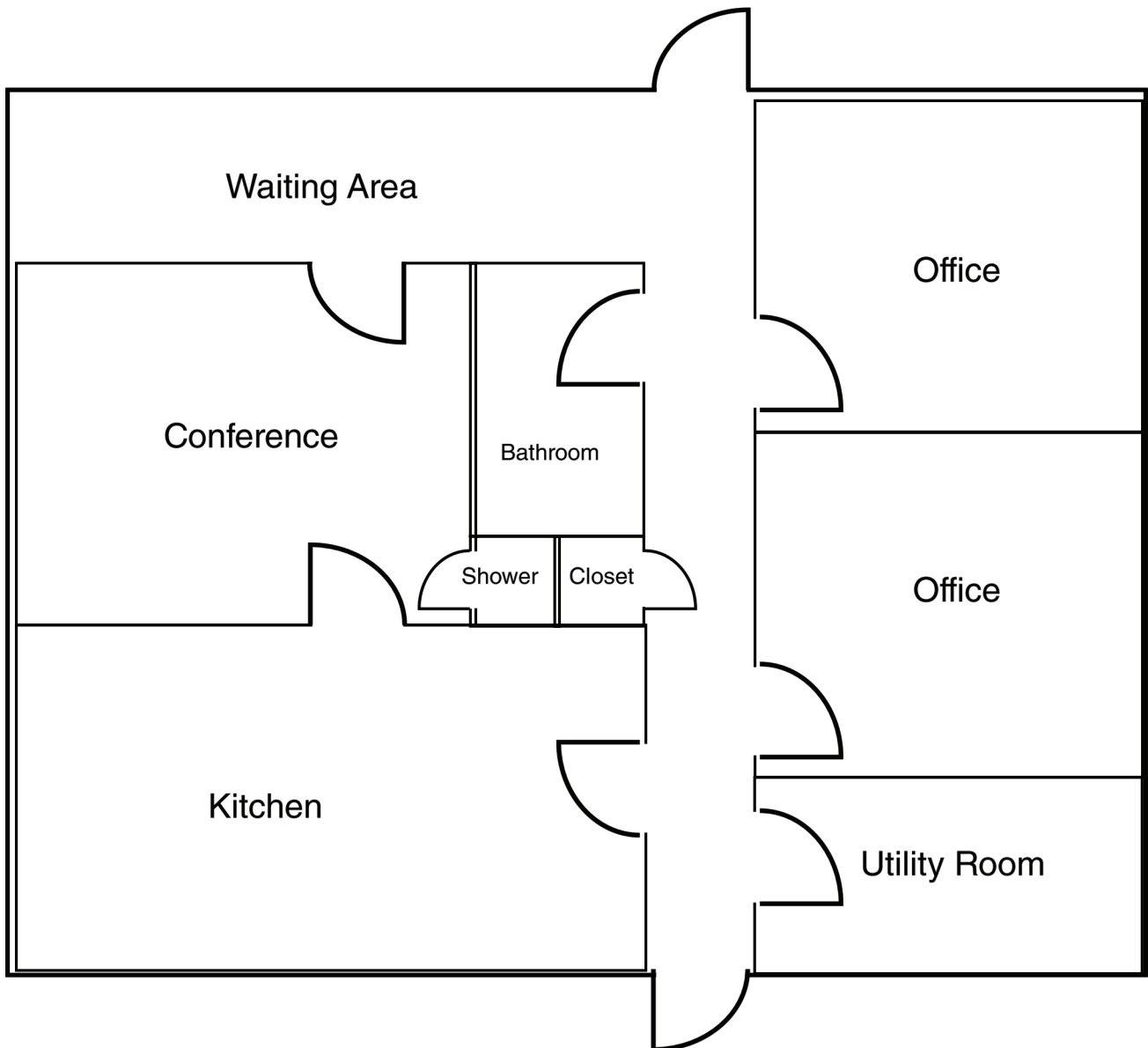
Date:

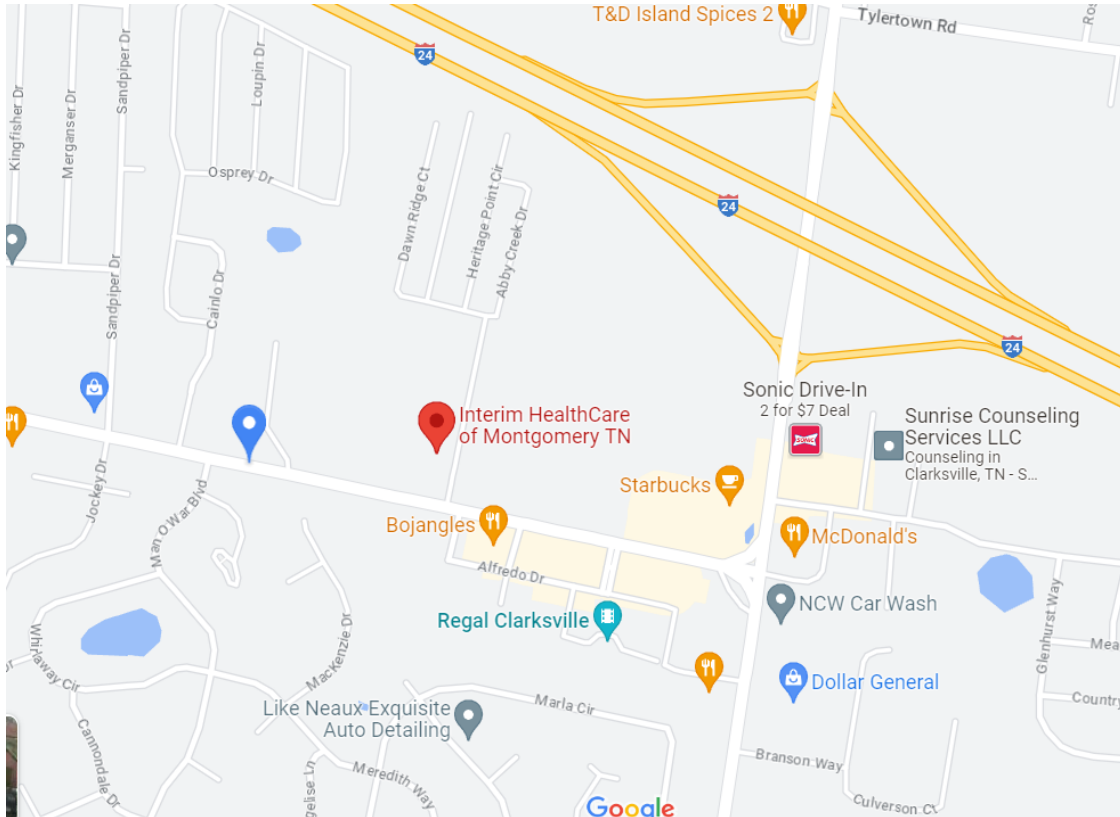
5/9/2022

**INTERIM HEALTHCARE OF
MONTGOMERY COUNTY**

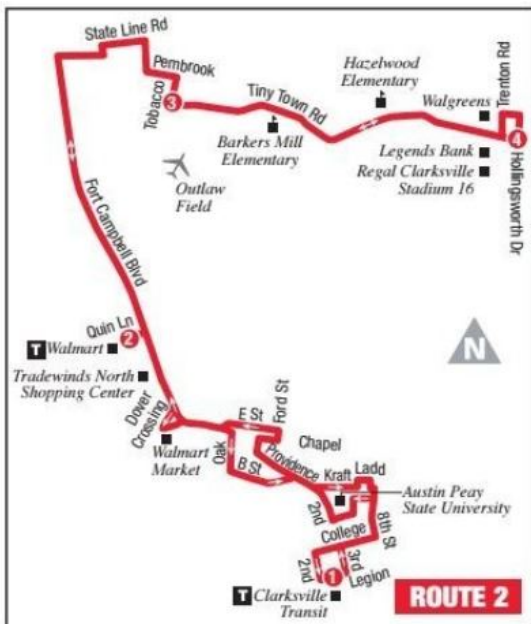
Erica Pahua, Owner

Attachment 10A



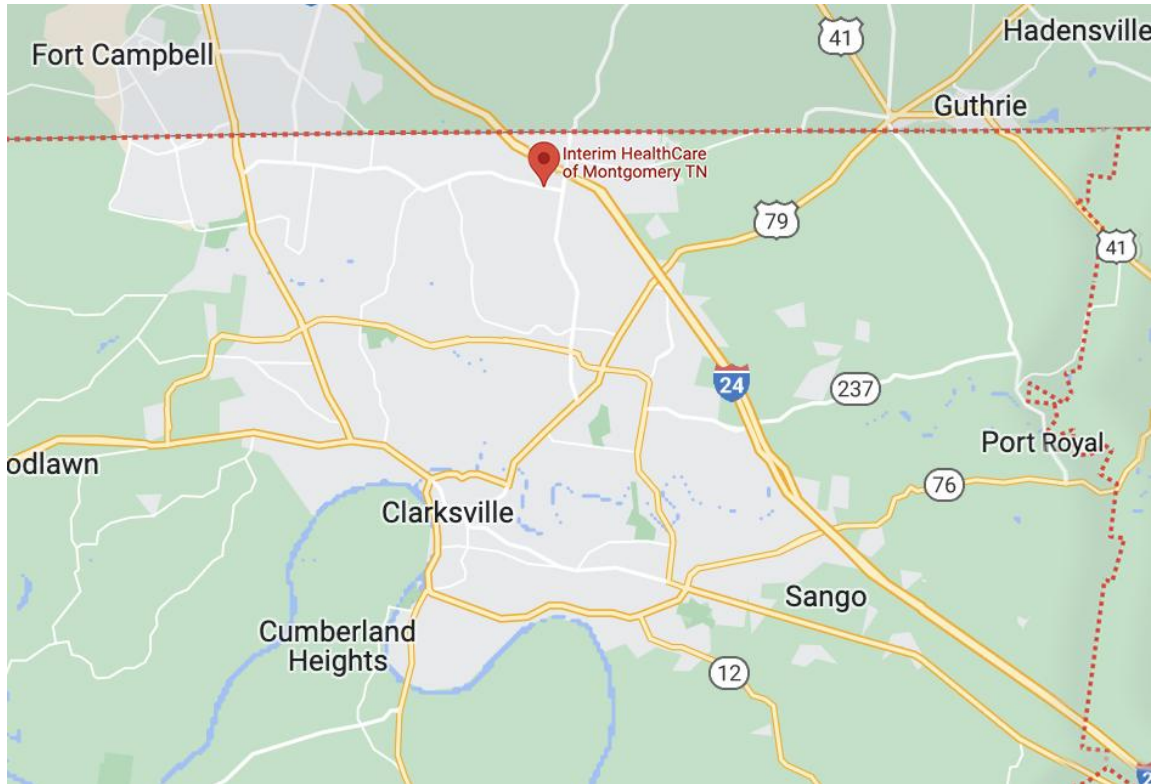


Interim Healthcare of Montgomery County has leased space at 540 Heritage Pointe Dr. Clarksville, TN for its main office. It's location is in close proximity to Tiny Town Road which is part of Route 2 in Clarksville's Transit System.



ROUTE 2: Tiny Town Road • Monday – Saturday							
1	2	3	4	3	2	1	
BUS LEAVES Transit Center	Bus Leaves Walmart North	Bus Leaves Tobacco & Tiny Town Rd.	Bus Leaves Hollingswood Dr.	Bus Leaves Tobacco & Tiny Town Rd.	Bus Leaves Walmart North	BUS ARRIVES Transit Center	
A.M.	6:30	6:57	7:16	7:25	7:33	7:57	8:20
	7:30	7:57	8:16	8:25	8:33	8:57	9:20
	8:30	8:57	9:16	9:25	9:33	9:57	10:20
	9:30	9:57	10:16	10:25	10:33	10:57	11:20
	10:30	10:57	11:16	11:25	11:33	11:57	12:20
	11:30	11:57	12:16	12:25	12:33	12:57	1:20
P.M.	12:30	12:57	1:16	1:25	1:33	1:57	2:20
	1:30	1:57	2:16	2:25	2:33	2:57	3:20
	2:30	2:57	3:16	3:25	3:33	3:57	4:20
	3:30	3:57	4:16	4:25	4:33	4:57	5:20
	4:30	4:57	5:16	5:25	5:33	5:57	6:20
	5:30	5:57	6:16	6:25	6:33	6:57	7:20
	6:30	6:57	7:16	7:25	7:33	7:57	8:20

Shaded trips operate on Saturday



Interim Healthcare of Montgomery County emphasizes the strategic placement of our proposed office at 540 Heritage Pointe Dr, Suite A, Clarksville, TN 37042. This location, while not serving as a point of patient care, is crucial for the operational management and coordination of our planned in-home hospice services.

Located with convenient access to I-24, this office site is optimally positioned for efficient staff deployment across Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson Counties. The easy access to major roadways is essential for our hospice care teams, ensuring that they can quickly and reliably reach patients in their homes, providing the timely and compassionate care that is the hallmark of hospice service.

In anticipation of expanding our services and improving accessibility, we are considering the establishment of a satellite office in Williamson County. This potential expansion is aimed at enhancing service delivery in the densely populated areas of Davidson, Rutherford, and Williamson Counties. By reducing travel times for our hospice care staff, we can increase our capacity to respond promptly to our patients' needs.

The opening of a satellite office would represent a significant step in our growth strategy, demonstrating our commitment to meeting the evolving healthcare needs of our community. It is a forward-thinking approach to ensure that, upon licensure, we will be able to provide efficient, high-quality hospice care to a wider patient base.

The proposed service area for Interim Healthcare of Montgomery County's hospice services includes Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson Counties.

Unit Type: Hospice Patients		
Service Area Counties	Projected Utilization Year 1 (Year=2024)	% of Total
Cheatham	1	2%
Davidson	21	43%
Montgomery	8	15%
Robertson	3	6%
Rutherford	10	20%
Williamson	7	14%
Total	50	100%

This expansion is driven by several key factors:

Community Need: Our comprehensive analysis, incorporating state and federal data along with insights from local healthcare stakeholders, indicates a pressing need for expanded hospice services in these counties. Particularly, we noted gaps in service availability and accessibility, especially in underserved and rural areas.

Demographic Trends: These counties are experiencing notable demographic shifts, including an increase in the elderly population. This trend underscores the growing need for hospice care services to support aging residents and their families.

Rural and Minority Focus: Our experience in providing healthcare services in rural communities positions us uniquely to understand and address the distinct challenges faced in these areas. Moreover, as a minority-owned business, we bring a vital perspective and commitment to serving the diverse racial and ethnic communities within these counties, ensuring culturally sensitive and inclusive care.

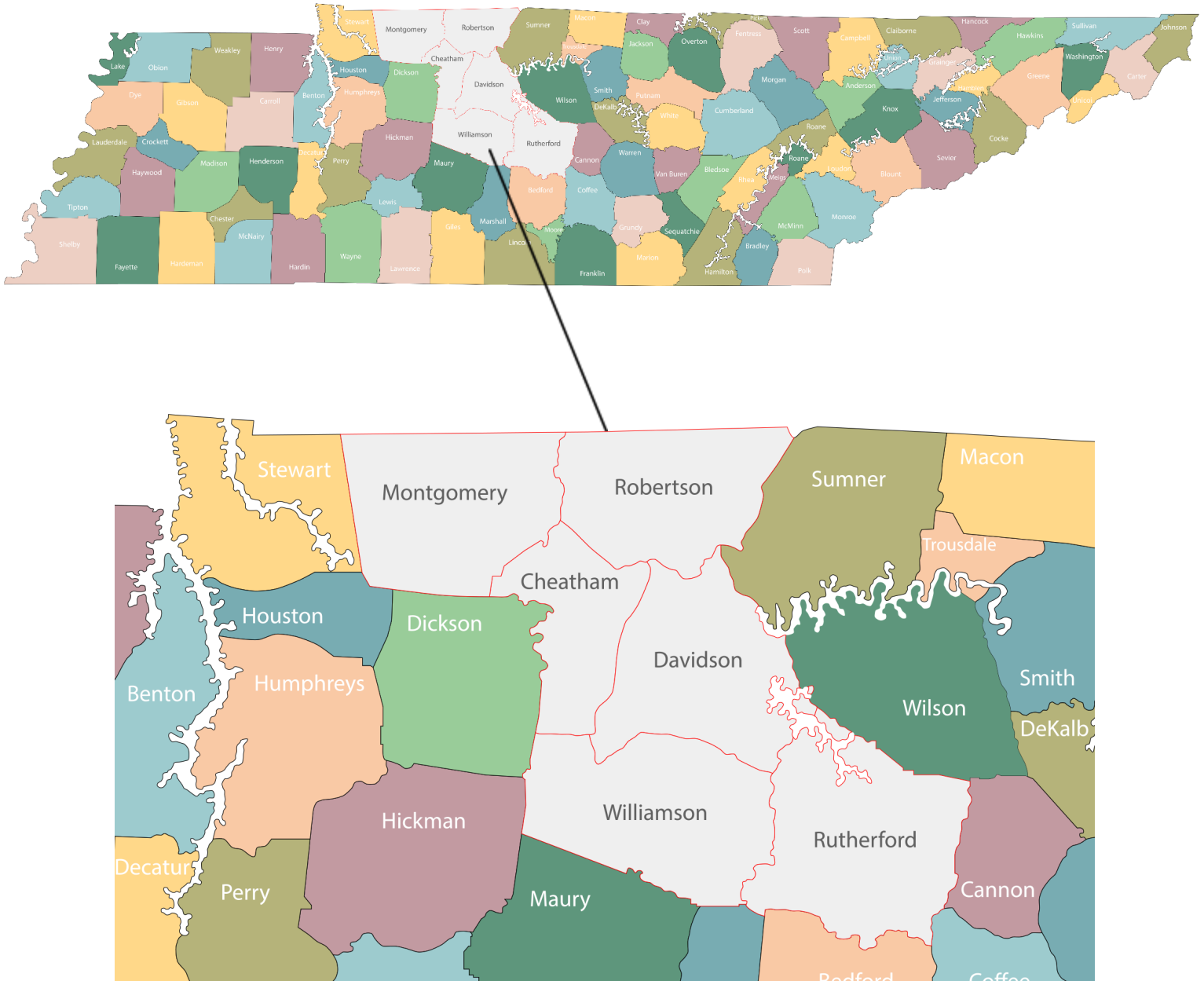
Existing Infrastructure and Experience: Leveraging our existing infrastructure and experience in providing healthcare services in these areas, we are well-prepared to extend our hospice care services efficiently and effectively. Our established presence and understanding of local healthcare landscapes enable us to respond swiftly and appropriately to the specific needs of each county.

Strategic Expansion: While our primary focus currently encompasses Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson Counties, we are strategically positioned for future expansion. Our goal is to adapt and grow in response to evolving community needs and to extend our reach where our services can make the most significant impact.

Please refer to the attached map for a visual representation of our proposed service area. The shaded regions indicate the counties where we aim to provide hospice services, reflecting our commitment to enhancing the quality of end-of-life care across this diverse and growing region.

Proposed Service Area

Cheatham, Davidson, Montgomery, Robertson, Rutherford & Williamson Counties



In summary, Interim Healthcare of Montgomery County is dedicated to fulfilling the hospice care needs in these counties. We are committed to providing high-quality, compassionate, and culturally responsive hospice care, ensuring that residents across these counties have access to the dignified and supportive end-of-life care they deserve.

The proposed service area for Interim Healthcare of Montgomery County's hospice services includes Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson Counties.

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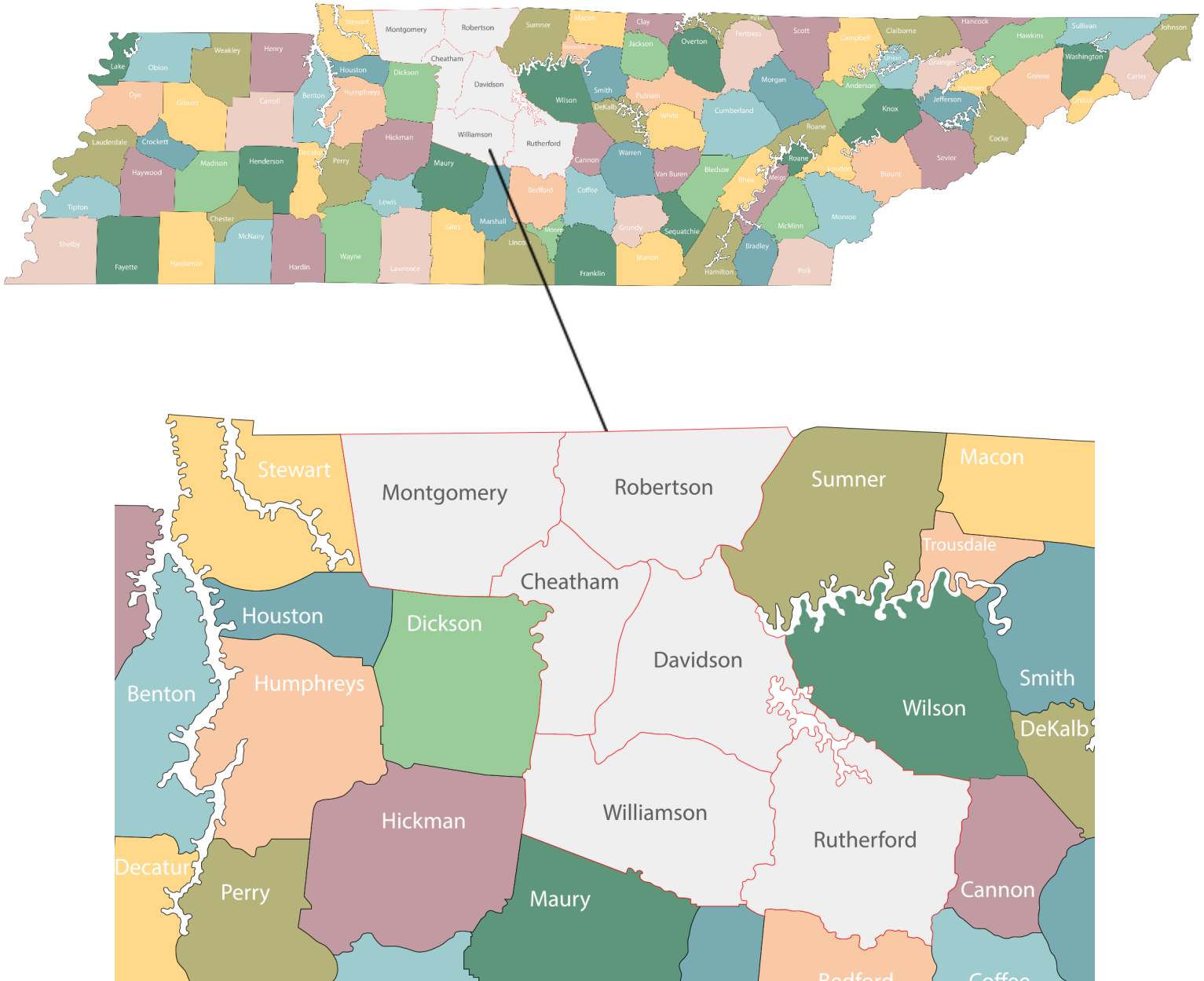
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Attachment 3NR2

Demographic Variable/Geographic Area	Department of Health/Health Statistics						
	Total Population - 2023	Total Population - Projected Year 2027	Total Population - % Change	*Target Population- 65+	Target Population-	Target Population-	Target Population 2027 as % of Total
				Current Year 2023	Project Year 2027	% Change 2023-2027	
Cheatham	41,692	42,304	1.47%	7,365	8,293	12.60%	19.60%
Davidson	722,445	742,241	2.74%	98,327	106,767	8.58%	14.38%
Montgomery	227,061	243,942	7.43%	23,975	27,584	15.05%	11.31%
Robertson	74,699	77,702	4.02%	12,672	14,395	13.60%	18.53%
Rutherford	363,690	396,434	9.00%	44,100	52,325	18.65%	13.20%
Williamson	264,071	288,952	9.42%	40,172	47,379	17.94%	16.40%
Service Area Total	1,693,658	1,791,575	5.78%	226,611	256,743	13.30%	14.33%
State of TN Total	7,071,060	7,282,134	2.99%	1,290,989	1,413,040	9.45%	19.40%

Source: U.S. Census Bureau 2020 Census (census.gov), Tennessee Department of Health: Population Estimates 2023-2027

(<https://www.tn.gov/content/dam/tn/health/documents/population/CON-Population-Estimates-4-reports-2023-2027.pdf>)

Our proposed service area for hospice services encompasses six counties: Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson. The demographic data for these counties, as detailed below, demonstrates a growing and aging population, emphasizing the need for increased hospice services.

Cheatham County has a projected population growth of 1.47% from 2023 to 2027, with the elderly population (65+) increasing by 12.60%. By 2027, seniors will constitute 19.60% of the county's population.

Davidson County is expected to see a 2.74% rise in total population, with an 8.58% increase in the elderly demographic. Seniors will make up 14.38% of the population by 2027.

Montgomery County will experience a significant 7.43% growth in total population. The senior population is projected to grow by 15.05%, representing 11.31% of the total population in 2027.

Robertson County will have a total population increase of 4.02%, with the elderly population growing by 13.60%, accounting for 18.53% of the county's population by 2027.

Rutherford County is expected to witness a 9.00% population increase, with the elderly demographic growing by 18.65%. By 2027, seniors will constitute 13.20% of the population.

Williamson County anticipates a 9.42% increase in its overall population. The senior population will increase by 17.94%, making up 16.40% of the county's population by 2027.

Service Area Total: Across the six counties, the total population is projected to grow by 5.78% from 2023 to 2027. The elderly population is expected to see a 13.30% increase, comprising 14.33% of the total population by 2027.

State of Tennessee Total: Comparatively, the State of Tennessee is expected to see a total population growth of 2.99% during the same period, with the elderly population increasing by 9.45%, representing 19.40% of the total population by 2027.

Implications for Hospice Services:

These demographic trends indicate a significant and growing need for hospice services in our proposed service area. With the elderly population - our primary target for hospice care - increasing both in number and as a percentage of the total population, there is a clear and present need for expanded hospice care services to meet the demands of this aging demographic. Interim Healthcare of Montgomery County is well-positioned to meet these needs, offering tailored and compassionate hospice care to the elderly population in these six counties.

Demographic Variable/Geographic Area	Census Bureau			TennCare	
	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees*	TennCare Enrollees as % of Total
Cheatham	\$69,132.00	3,586	8.60%	7,809	18.73%
Davidson	\$66,047.00	108,367	15.00%	157,510	21.80%
Montgomery	\$63,768.00	24,523	10.80%	53,146	23.41%
Robertson	\$67,597.00	7,843	10.50%	15,727	21.05%
Rutherford	\$72,985.00	31,641	8.70%	73,565	20.23%
Williamson	\$116,492.00	10,563	4.00%	16,708	6.33%
Service Area Total	\$76,003.50	145,655	8.60%	324,465	19.16%
State of TN Total	\$58,516.00	940,451	13.30%	1,710,681	24.19%

*Sources: U.S. Census Bureau 2020 Census (census.gov),
TN.gov TennCare Enrollment Data October 2023
(https://www.tn.gov/content/dam/tn/tenncare/documents2/fte_202310.pdf)

Demographic and Socio-Economic Overview of the Service Area

The expanded service area for Interim Healthcare of Montgomery County includes six counties: Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson. This section provides an overview of key socio-economic indicators for these counties:

Median Household Income:

The median household income across the service area is \$76,003.50, substantially higher than Tennessee's state average of \$58,516.

Williamson County exhibits the highest median income (\$116,492), followed by Rutherford (\$72,985), Robertson (\$67,597), Davidson (\$66,047), Cheatham (\$69,132), and Montgomery (\$63,768).

Persons Below Poverty Level:

The service area has 145,655 individuals living below the poverty level, equating to 8.60% of the total population. This is lower than Tennessee's average of 13.30%.

Davidson County has the largest number of individuals below poverty level (108,367), followed by Rutherford (31,641), Montgomery (24,523), Williamson (10,563), Robertson (7,843), and Cheatham (3,586).

TennCare Enrollees:

There are 324,465 TennCare enrollees in the service area, representing 19.16% of the total population, slightly lower than the state average of 24.19%.

The highest number of TennCare enrollees is in Davidson County (157,510), followed by Rutherford (73,565), Montgomery (53,146), Williamson (16,708), Robertson (15,727), and Cheatham (7,809).

The demographic data for the expanded service area highlights a higher median household income compared to the state average, yet also reveals a significant proportion of the population living below the poverty level and reliant on TennCare. This socio-economic landscape underscores the need for accessible and affordable hospice care services. It is especially crucial for economically disadvantaged or underserved segments of the population, aligning with Interim Healthcare of Montgomery County's commitment to providing comprehensive and compassionate hospice care.

Hispanic Population Statistics:

Geographic Area	Department of Health/Health Statistics x 2022 Census Demographic Data				
	Total Population - 2023	Total Population - Projected Year 2027	% of Hispanic Population	Estimated Total Hispanic Population - 2023	Estimated Total Hispanic Population - 2027
Cheatham	41,692	42,304	4.20%	1,751	1,777
Davidson	722,445	742,241	10.90%	78,747	80,904
Montgomery	227,061	243,942	11.30%	25,658	27,565
Robertson	74,699	77,702	8.40%	6,275	6,527

Rutherford	363,690	396,434	10%	36,369	39,643
Williamson	264,071	288,952	5.30%	13,996	15,314
Service Area Total	1,693,658	1,791,575		162,795	171,731
State of TN Total	7,071,060	7,282,134	6.40%	452,548	466,057

Sources: U.S. Census Bureau 2020 Census (census.gov), Tennessee Department of Health: Population Estimates 2023-2027

(<https://www.tn.gov/content/dam/tn/health/documents/population/CON-Population-Estimates-4-reports-2023-2027.pdf>)

The Hispanic population is a rapidly growing demographic across the counties, with its representation ranging from 4.20% in Cheatham to 11.30% in Montgomery County. By 2027, the estimated Hispanic population in the service area will reach 171,731, reinforcing the need for culturally competent hospice care that addresses language barriers, cultural sensitivities, and healthcare practices unique to the Hispanic community.

Data shows that Latinos have historically underutilized hospice services, highlighting an opportunity for Interim Healthcare of Montgomery County to bridge this gap and offer much-needed care.

Incorporating these demographic insights, Interim Healthcare of Montgomery County is dedicated to expanding its hospice services to meet the specific needs of an aging and culturally diverse population. We are committed to addressing the disparities in hospice care utilization, particularly among the Hispanic community, by providing culturally sensitive care, employing bilingual staff, and engaging in targeted outreach programs.

By focusing on these service areas with a growing Hispanic population, Interim Healthcare aims to improve access to hospice care for all, but especially for those who have been underserved due to language and cultural barriers, socioeconomic challenges, and the lack of targeted healthcare services.

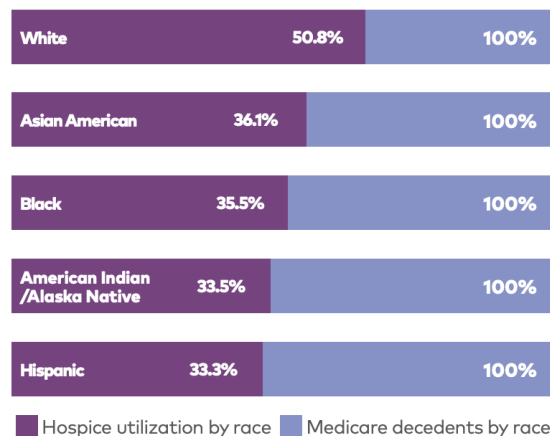
Attachment 4NR

- 4N.** Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

Interim Healthcare of Montgomery County recognizes the diverse and specific healthcare needs of our expanded service area, encompassing Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson Counties. Our focus is particularly acute on addressing the health disparities faced by racial and ethnic minorities, especially within the rapidly growing Hispanic population, as well as rural, uninsured, underinsured, elderly, women, TennCare or Medicaid recipients, and low-income groups.

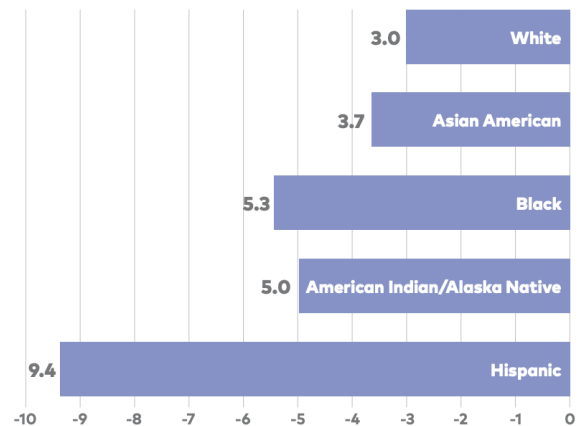
Hispanic Community Focus: The latest data highlights a critical concern within the Hispanic community—hospice utilization rates are the lowest among this demographic when compared to other racial and ethnic groups. As seen in the attached chart, only 33.3% of Hispanic Medicare decedents utilized hospice services, underscoring a significant gap in end-of-life care.

Figure 9: Share of Medicare decedents who used hospice, by race



Source: MedPAC March 2022 Report to Congress, Table T1-3

Figure 10: Percentage point change of decedents who use hospice, by race



Several barriers contribute to this disparity within the Hispanic community. Language and cultural barriers stand at the forefront, with a considerable number of Hispanic adults reliant on translators for healthcare communication. This challenge is compounded by the fact that 46% of Hispanic adults have reported needing a translator for a friend or family member during medical appointments. Such linguistic hurdles can lead to miscommunication, misunderstanding, and ultimately, a reluctance to seek out and utilize hospice services.

Poverty also plays a significant role, as higher poverty levels within Hispanic communities can limit access to healthcare services, including hospice care. Economic constraints may force individuals to prioritize immediate and urgent healthcare needs over hospice services, which are often perceived as less critical.

The recent immigrant status of some Hispanic individuals further exacerbates these barriers. The fear associated with legal status is a poignant reality, with nearly 30% of Hispanic adults expressing that concerns over legal repercussions inhibit their willingness to seek healthcare services.

At Interim Healthcare of Montgomery County, we are acutely aware of these barriers and are proactively working to overcome them. We aim to bridge the gap in hospice utilization through targeted outreach and education initiatives that are sensitive to the cultural and linguistic needs of the Hispanic community. By fostering a healthcare environment that respects cultural differences, speaks the language of our patients, and offers a supportive presence, we strive to make hospice care more accessible and acceptable to our Hispanic patients.

Our commitment extends beyond providing care. We understand the importance of trust and empathy in healthcare, especially concerning legal fears that may deter families from seeking necessary services. Therefore, we are dedicated to creating a safe, welcoming space that does not hinder access to compassionate hospice care.

By acknowledging and addressing these barriers head-on, we are poised to significantly improve the hospice utilization rates among Hispanics in our service area, ensuring that all members of the community receive the dignified care they deserve at the end of life.

NHPCO Facts and Figures 2022 Edition

State or County Level Data on Poverty Levels Among Hispanics Over 65:

While specific county-level data on poverty levels among Hispanics over 65 in our service area is not available in the NHPCO's 2022 Facts and Figures report, the national trend of 33.3% hospice utilization among Hispanic Medicare decedents is indicative of potential challenges in access and utilization within this demographic. This national trend likely reflects the situation in Middle Tennessee as well, suggesting the need for focused hospice care outreach and services in these communities.

Challenges for the Hispanic Population Related to Insurance Coverage Impacting Hospice Access:

The report does not directly address insurance coverage challenges for elderly Hispanics impacting hospice service access. However, the national trend of lower

hospice utilization rates among Hispanic Medicare decedents, as documented by NHPCO, can be seen as indicative of similar challenges in Middle Tennessee. These challenges may include insurance coverage and eligibility issues that need to be addressed to improve hospice care accessibility for the Hispanic community in our service areas.

Projected Patients Requiring Bilingual Staff:

Considering the NHPCO's data and our focus on the Hispanic community, a significant portion of our hospice patients in Middle Tennessee is expected to benefit from bilingual staff services. While the NHPCO data is national and not specific to individual counties, it reflects a broader trend that is likely applicable to our service areas. Our project is committed to bridging this gap by providing culturally sensitive and language-specific hospice care.

This underscores the importance of understanding and addressing the unique needs of the Hispanic community in hospice care, particularly in Middle Tennessee. The national trends reported by NHPCO serve as a valuable indicator for planning and implementing our hospice services, ensuring they are inclusive and sensitive to the needs of diverse populations.

2022 Hospice Utilization by Agency & County "Other" Category

		Cheatham	Davidson	Montgomery	Robertson	Rutherford	Williamson	TOTAL
Adoration Hospice (fka Hospice Advantage) (Davidson)	19704	0	3	0	0	0	3	6
Alive Hospice (Davidson)	19624	3	49	0	3	19	13	87
Amedisys Hospice (Central Pike) (Davidson)	19674	1	39	0	1	1	6	8
Aseracare Hospice-McKenzie (Carroll)	9645	1	0	25	1	0	0	27
Aseracare Hospice-Nashville (Davidson)	19604	0	2	0	0	19	0	21
Avalon Hospice (Davidson)	19694	2	5	19	7	13	3	49
Caris Healthcare (Davidson)	19714	0	19	0	0	0	11	30
Caris Healthcare (Robertson)	74624	0	0	2	4	0	0	6
Caris Healthcare (Fayette)	24606	0	0	0	0	0	0	0
Caris Healthcare (Hamilton)	33653	0	0	0	0	0	0	0
Caris Healthcare, LP (Knox)	47682	0	0	0	0	0	0	0
Caris Healthcare, LP (Rutherford)	75624	0	1	0	0	9	0	10
Comfort Care Hospice of Middle Tennessee (Robertson)	74614	1	1	0	0	0	0	2
Guardian Hospice of Nashville, LLC (Williamson)	94614	0	4	0	0	0	3	7
Encompass Health Hospice	19724	0	37	0	0	0	0	37

(Davidson)								
Heart and Soul, LLC (Davidson)	19744	0	1	0	0	0	0	1
Highpoint Hospice (TN In Home Partners II, LLC) (Sumner)	83614	0	2	0	0	0	0	2
Hospice Compassus- The Highland Rim	16604	0	0	0	0	0	1	1
Hospice of Chattanooga, Inc.	33613	0	0	0	0	0	0	0
Kindred Hospice (Davidson)	19684	0	13	0	0	0	0	13
Tennessee Quality Hospice (Madison)	57615	0	0	3	0	0	0	3
Tennova Home Health and Hospice - Clarksville (Montgomery)	63604	1	0	14	1	0	0	16
The Residence at Alive Hospice (Davidson)	19614	0	22	0	0	0	2	24
The Residence at Alive Hospice (Rutherford)	75784	0	3	0	0	11	2	16
Willowbrook Hospice (Williamson)	94604	0	14	1	2	22	23	62
		9	215	64	19	94	67	468

Source: 2022 Tennessee Department of Health JAR

The hospice penetration rates across the six counties of Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson indicate diverse utilization trends. In 2022, a total of 8,768 hospice patients were served across these counties, with the highest number in Davidson County (3,838 patients) and the lowest in Cheatham County (276 patients).

When considering the 'other' category, which includes patients not identified as either white or black and could potentially include Hispanic individuals, there were 468 such patients across the counties, with Davidson again having the highest number (215 patients).

These statistics suggest that while Davidson County has a higher overall utilization of hospice services, there may be under-representation or lower penetration rates of these services among minority groups, including the Hispanic community, across all counties. Our project aims to specifically focus on increasing awareness and utilization of hospice services within these minority communities, particularly the Hispanic population, to ensure equitable access to care.

Rural and Underserved Populations: Rural areas within our service area, notably parts of Robertson and Cheatham Counties, often lack adequate hospice services. Our localized approach aims to bring high-quality, accessible hospice care to these communities, addressing geographic isolation and enhancing healthcare equity.

Addressing Healthcare Disparities: We are committed to initiatives that specifically target healthcare disparities. Our business plan includes the development of educational

programs and collaborations with community organizations to raise awareness about hospice care and its benefits. We intend to dispel misconceptions about hospice care, particularly in communities where it has traditionally been underutilized.

Elderly, Women, and Low-Income Groups: Our services are designed to be inclusive, catering to the specific needs of the elderly, women, and low-income individuals. By accepting a range of insurance options, including TennCare and Medicaid, we ensure that our hospice services are accessible to uninsured and underinsured individuals.

Overall, Interim Healthcare of Montgomery County's business plan is firmly rooted in understanding and meeting the unique needs of our service area's population. Our commitment to providing culturally competent, accessible, and compassionate hospice care is unwavering. We aim to be a beacon of support and quality care for all, especially for those who have historically faced barriers in accessing hospice services.

Attachment 5NR2

Hospice Agency	Home County	State ID	2020	2021	2022	Total	% Change 2020-2022
Adoration Hospice (fka Hospice Advantage) (Davidson)	Davidson	19704	244	242	421	907	73%
Alive Hospice (Davidson)	Davidson	19624	2,150	2,349	2,276	6,775	6%
Amedisys Hospice (Central Pike) (Davidson)	Davidson	19674	342	299	353	994	3%
Aseracare Hospice-McKenzie (Carroll)	Carroll	9645	326	100	369	795	13%
Aseracare Hospice-Nashville (Davidson)	Davidson	19604	127	48	153	328	20%
Avalon Hospice (Davidson)	Davidson	19694	1,051	920	867	2,838	-18%
Caris Healthcare (Davidson)	Davidson	19714	504	447	439	1,390	-13%
Caris Healthcare (Robertson)	Robertson	74624	137	176	141	454	3%
Caris Healthcare (Fayette)	Fayette	24606	-	-	1	1	N/A
Caris Healthcare (Hamilton)	Hamilton	33653	-	-	1	1	
Caris Healthcare, LP (Knox)	Knox	47682		-	1		
Caris Healthcare, LP (Rutherford)	Rutherford	75624	195	175	201	571	3%
Comfort Care Hospice of Middle Tennessee (Robertson)	Robertson	74614	82	132	208	422	154%
Encompass Health Hospice (Davidson)	Davidson	19724	93	114	57	264	-39%
Guardian Hospice of Nashville, LLC (Williamson)	Williamson	94614	211	270	167	648	-21%
Heart and Soul, LLC (Davidson)	Davidson	19744	-	-	49	49	N/A
Highpoint Hospice (TN In Home Partners II, LLC) (Sumner)	Sumner	83614	30	42	51	123	70%
Hospice Compassus- The Highland Rim (Coffee)	Coffee	16604	-	-	1	1	N/A
Hospice of Chattanooga, Inc.	Hamilton	33613	-	-	1	1	N/A
Kindred Hospice (Davidson)	Davidson	19684	497	387	385	1,269	-23%
Tennessee Quality Hospice (Madison)	Madison	57615	74	106	108	288	46%
Tennova Home Health and Hospice - Clarksville (Montgomery)	Montgomery	63604	236	264	349	849	48%
The Residence at Alive Hospice (Davidson)	Davidson	19614	882	887	1,048	2,817	19%
The Residence at Alive Hospice (Rutherford)	Rutherford	75784	333	351	342	1,026	3%
Willowbrook Hospice (Williamson)	Williamson	94604	700	804	779	2,283	11%
TOTAL			8,214	8,113	8,768	25,094	8%

- 6N.** Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two 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.

Because Interim Healthcare of Montgomery County is proposing to initiate hospice services, there is no historical utilization data specific to this service line. However, we have developed projections for our anticipated hospice service utilization for the years 2024 and 2025, based on a thorough analysis of the regional needs and market dynamics.

Projected Annual Utilization:

For the year 2024, we estimate hospice patient utilization to be approximately 50 patients.

For the year 2025, we project an increase to approximately 100 patients.

Interim Healthcare of Montgomery County	Patient s 2024	Patient t Days 2024	Patient s 2025	Patient t Days 2025	Total Patients 2024-2025	Total Patient Days 2024-2025	% Change Patients 2024-2025	% Change Patient Days 2024-2025
	50	3,500	100	7,000	150	10,500	100%	100%

Hospice Levels of Care	Patient s Year 1	Patient t Days Year 1	Patient s Year 2	Patient t Days Year 2	Total Patients Year 1- Year 2	Total Patient Days Year 1- Year 2	% Chan ge Patien ts Year 1- Year 2	% Change Patient Days Year 1- Year 2
Routine Home Care	49	3430	99	6930	148	10,360	100%	100%
General Inpatient Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Continuous Home Care	1	70	1	70	2	140	0%	0%
Respite Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	50	3,500	100	7,000	150	10,500	100%	100%

Methodology for Utilization Projections:

Population Analysis: We began by analyzing the projected population for each county in our service area. We used the latest county-level population growth rates to project the population for 2024 and 2025.

Hospice Utilization Rates: We then reviewed historical hospice utilization rates within the service area and state benchmarks. We used a conservative estimate of the state's average hospice utilization rate as a baseline to understand potential hospice needs in our target population, specifically focusing on the elderly demographic, which is more likely to require hospice services.

Market Penetration Rate: Our market penetration rate estimates for 2024 and 2025 are based on a careful analysis of the competitive landscape, our outreach strategies, and the unique positioning of Interim Healthcare of Montgomery County in the healthcare market. While we anticipate a gradual increase in market share from 2024 to 2025, specific percentages are not provided at this stage. This is due to the dynamic nature of healthcare service demand and our commitment to adaptively responding to the community's evolving needs. Our focus is on establishing a strong presence in the market and building trust within the community, which we believe will naturally lead to an increase in our market share over time.

Assumptions: Our calculations are based on assumptions of stable population growth, consistent state-level hospice utilization trends, and our strategic plans for market penetration. We recognize that variables such as changes in demographics, emerging competition, healthcare policy shifts, and community health trends could impact these projections. However, we believe our estimates are realistic and grounded in a solid understanding of our service area's characteristics and needs.

Referral Sources and Community Partnerships: To support our projections, we considered established relationships with local healthcare providers, community organizations, and other referral sources. These partnerships will be crucial for understanding community needs and facilitating patient referrals to our hospice services.

In summary, while these projections provide a guide to anticipated utilization, they will be subject to continuous review and adjustment as we respond to actual service demands, community feedback, and changes in the healthcare landscape. Our goal is to meet the hospice care needs of our community effectively and compassionately, adapting as necessary to serve our patients best.

Attachment 9CR

Hospice Agency - 2022	Home County	State ID	Total Patient Days (2022)	Total Gross Revenue (2022)	Net Charge / Patient Day
Adoration Hospice (fka Hospice Advantage) (Davidson)	Davidson	19704	56,488	\$9,509,780	\$168.35
Alive Hospice (Davidson)	Davidson	19624	132,898	\$21,485,534	\$161.67
Amedisys Hospice (Central Pike) (Davidson)	Davidson	19674	36,180	\$3,694,539	\$102.12
Aseracare Hospice-McKenzie (Carroll)	Carroll	9645	121,090	\$10,591,527	\$87.47
Aseracare Hospice-Nashville (Davidson)	Davidson	19604	20,036	\$2,171,412	\$108.38
Avalon Hospice (Davidson)	Davidson	19694	541,143	\$80,579,206	\$148.91
Caris Healthcare (Davidson)	Davidson	19714	142,397	\$16,996,480	\$119.36
Caris Healthcare (Robertson)	Robertson	74624	24,157	\$3,154,939	\$130.60
Caris Healthcare, LP (Knox)	Knox	47682	135,007	\$13,439,501	\$99.55
Caris Healthcare, LP (Murfreesboro)	Rutherford	75624	74,456	\$9,103,318	\$122.26
Caris Healthcare (Fayette)	Fayette	24606	31,821	\$2,697,922	\$84.78
Caris Healthcare (Hamilton)	Hamilton	33653	25,641	\$3,191,601	\$124.47
Comfort Care Hospice of Middle Tennessee (Robertson)	Robertson	74614	12,937	\$2,271,426	\$175.58
Encompass Health Hospice (Davidson)	Davidson	19724	6,528	\$1,037,716	\$158.96
Guardian Hospice of Nashville, LLC (Williamson)	Williamson	94614	11,088	\$4,224,132	\$380.96
Heart and Soul, LLC (Davidson)	Davidson	19744	2,711	\$326,915	\$120.59
Highpoint Hospice (TN In Home Partners II, LLC) (Sumner)	Sumner	83614	32,026	\$3,562,278	\$111.23
Hospice Compassus- The Highland Rim	Coffee	16604	96,921	\$17,516,249	\$180.73
Hospice of Chattanooga, Inc. (Hamilton)	Hamilton	33613	228,516	\$37,817,285	\$165.49
Kindred Hospice (Davidson)	Davidson	19684	30,068	\$4,802,746	\$159.73
Tennessee Quality Hospice (Madison)	Madison	57615	89,644	\$18,627,936	\$207.80
Tennova Home Health and Hospice - Clarksville (Montgomery)	Montgomery	63604	15,969	\$2,365,990	\$148.16
The Residence at Alive Hospice (Davidson)	Davidson	19614	8,825	\$6,756,271	\$765.58
The Residence at Alive Hospice (Rutherford)	Rutherford	75784	2,936	\$1,939,356	\$660.54
Willowbrook Hospice (Williamson)	Williamson	94604	109,792	\$9,772,454	\$89.01
TOTAL			1,989,275	\$287,636,513	\$144.59
Interim Healthcare of Montgomery County (Montgomery)	Montgomery	-	3,500	\$455,000	\$130.00

Letters of Support

To the members of the State of Tennessee Health Facilities Commission,

I am writing in support of Erica and Francisco Pahua of Interim HealthCare in establishing in-home hospice to serve the people of Middle Tennessee. I along with my business partner Dawn Baker, RN (Registered Nurse) have a similar story of expanding our healthcare services from personal care and support to home health and in-home hospice. We own Interim HealthCare in Charleston, SC (South Carolina) and from 2006 until 2017 we only provided personal care and support services due to the Certificate of Need laws in the State. We had always hoped to be able to provide the full continuum of care to our clients, patients, and community as we believe many people prefer to stay with a company they know and trust throughout their healthcare journey.

Personal care and support is not an easy service line, we may be with our patients for up to 24 hours a day. We assist our patients with their most intimate needs from bathing and dressing to assisting with toileting and eating. We get to know our patients' families and friends and often their physicians as we accompany them to their medical appointments. It makes perfect sense that when these patients require home health due to a fall or in-home hospice after progression of a disease that they would want to stay with the healthcare team they feel most comfortable with.

Dawn and I knew we had the infrastructure, support, and ability to provide these services but lacked a CON. Interim HealthCare is the country's oldest home care provider and has the policies and procedures and operation manuals to guide you to success. Most importantly they have a team dedicated to assisting you with obtaining licensure, certification, and accreditation. They guide you through contracting, billing, and ongoing support both clinically and operationally. In 2017, we were finally granted our CON (Certificate of Need) and currently run a 5-star home health company. This year we opened our in-home hospice and are currently preparing to open a second one in a neighboring state.

Erica and Fransico do run a successful personal care and support company, and they will run a successful home health and in-home hospice. They are entrepreneurs who are dedicated to the communities they serve. Their clients, patients and referral sources are their community members and neighbors. Small business owners already show an initiative, dedication, and drive to succeed as owning your own business is as challenging as it is rewarding.

Home health and hospice are based on a physician referral but really comes down to patient choice. We believe that the more companies the patient can choose from the better for everyone.

Thank you for your time and consideration as I show my support for Erica and Fransico Pahua.

Paula Tharp, Co-Owner
Interim HealthCare Charleston, SC
ptharp@interimhealthcare.com
(843)-568-7272



Smyrna, October 6th, 2023

TO WHOM IT MAY CONCERN

I am writing to express my wholehearted support for the inclusion of Latino healthcare providers within our community. As a Latino doctor, currently serving the Latino population, I know how crucial it is for the Latino community to be represented within our communities.

The Latino community is diverse not only in its cultural heritage but also in its unique healthcare needs and preferences. It is paramount to recognize the importance of cultural competence and the ability to effectively communicate in Spanish within the healthcare setting. By incorporating Latino healthcare providers, you ensure that the community's language and cultural nuances are fully understood and respected.

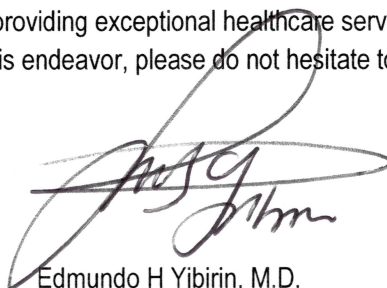
Additionally, having Latino healthcare providers creates a sense of trust and comfort for patients. Many members of the Latino community are more likely to seek healthcare services when they can communicate with providers who understand their background, traditions, and values. This, in turn, leads to better care, as patients are more likely to follow through with recommendations regarding their care.

Furthermore, Latino healthcare providers can play a vital role in health education and outreach efforts specific to this community. They can bridge the gap by facilitating workshops, addressing misconceptions, and promoting a proactive approach to healthcare. This outreach not only benefits individuals but contributes to the overall well-being of the entire community.

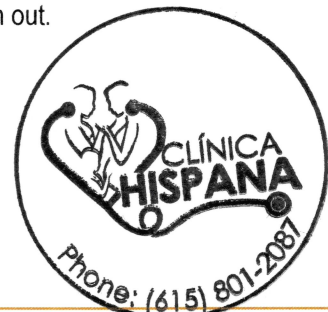
Inclusivity is a cornerstone of providing equitable healthcare, and offering Latino healthcare providers as an option is a significant step towards achieving this goal. It is an investment in the well-being of our Latino community members, ensuring that they receive care that is not only of high quality but also culturally sensitive.

I firmly believe that by embracing diversity in healthcare provision, we can create a more inclusive and effective healthcare system that truly meets the needs of all community members. I commend your commitment to having an open mind about the needs of our Latino community. I am confident that by offering Latino healthcare providers, you will further enhance the quality and accessibility of care.

Thank you for your dedication to providing exceptional healthcare services to our diverse community. If there is any way I can support or contribute to this endeavor, please do not hesitate to reach out.



Edmundo H Yibirin, M.D.



I am writing to express my strong support for the establishment of a Latino-Owned Hospice agency. As an Advanced Practice Nurse with a specialization in hospice and palliative care, and as a member of the Latino community myself, I believe that this initiative is crucial in addressing the unique healthcare needs of our community.

From my experience, minorities, including Latinos, often underutilize hospice services resulting in increased utilization of emergency room services and increased suffering at the end of life. Supporting a Latino-Owned Hospice can play a pivotal role in reversing this trend by providing culturally sensitive care that aligns with the values and beliefs of the community, thereby fostering greater acceptance of hospice services.

As a member of this community, I have found there is a distinct advantage in building trust within this community due to an inherent understanding of the culture. This cultural sensitivity is a key factor in establishing rapport and bridging the gaps in care that are frequently encountered by minority populations.

This community is faced with several challenges, ranging from health literacy, financial insecurity, and fears of stigmatism due to lack of representation of minorities in healthcare settings. These barriers often prompt them to delay their treatment until their disease has reached advanced stages, often resulting in a need for these services, however few members of this community are able to receive the gift of hospice care. A Latino-Owned Hospice Care has the potential to bridge this gap by providing clear and culturally tailored information about hospice and palliative care services, empowering individuals and families to make informed decisions about end-of-life care.

As previously stated, minorities, including Latinos, often underutilize hospice services resulting in increased utilization of emergency room services and increased suffering at end of life. Supporting a Latino-Owned Hospice can play a pivotal role in reversing this trend by providing culturally sensitive care that aligns with the values and beliefs of the community, thereby fostering greater acceptance of hospice services. By providing culturally sensitive hospice care, Interim Healthcare aims to minimize emergency room visits, and decrease overall healthcare costs.

The underutilization of hospice services among Latinos is often rooted in a lack of understanding of available services and a minority owned Hospice is well-positioned to promote awareness and understanding of available hospice services within the Latino community. By conducting outreach and educational programs, this hospice agency can empower individuals to make informed choices that align with their cultural preferences.

Our culture highly values the ability to care for loved ones in a home setting over placement in care facilities as this is deemed culturally unacceptable. These needs and goals are best understood by a minority owned hospice company. For that reason, I know that Interim Healthcare can have a positive impact in our community. Through proper education, they can be

the resource our community needs in order to have a more comfortable and culturally appropriate end-of-life experience.

In conclusion, I wholeheartedly support the establishment of a Latino-Owned Hospice Care and believe that its commitment to cultural sensitivity and community engagement will significantly enhance the quality of end-of-life care for the Latino population. By addressing the unique needs and preferences of our community, this hospice agency has the potential to make a profound and positive impact on the well-being of Latino individuals and families.

Thank you for considering this important initiative, and I trust that you will recognize the value it brings to our community's healthcare landscape.

As an Advanced Certified Hospice and Palliative Nurse and a Latina working in Oncology as an Advanced Practice Nurse, I typically refer to Hospice between 1-3 times a month. It would be an honor to collaborate with Erica and her team.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nataly Bailey', with a stylized flourish at the end.

Nataly Bailey, ACHPN, AGPCNP-BC

Death is a daunting topic. But death is an unavoidable topic and a harsh reality for those of us who work in healthcare. As a latina in healthcare, I grew up with an ear in both camps: western medicine with all of its powerful medications and the home remedies of our mamas and abuelas. There were always superstitions and spirituality intertwined with one's health: el mal de ojo, getting sick because one went outside with wet hair, or walked around the house with no socks. I learned not to discount the wisdom found in some of the health traditions passed down from generation to generation, while being able to shed light on biological truths and diseases that my family never had the resources to learn about.

It wasn't until personal encounters with death and dying that I was able to understand the complexities around how my culture faces death, copes with it, and navigates the process for their loved ones. I found that here, in this area, there was a lot of misunderstanding with medicine and miscommunications. Two of my family members faced cancer diagnoses, well advanced and aggressive in nature, dying months after initial diagnosis. As a nurse, I understood that quantity and quality of life are very different things, and I am happy that I was able to share with family members about what hospice and palliative care are. However, the resources available to them came late in their care and I know things would have been different had a culturally competent provider had an initial conversation about what care options were possible for them and explained them in a way that acknowledged and addressed the fear and superstitions that sometimes pervade beliefs around death (that morphine will kill them, that talking about palliative care makes death undeniable for the family unit, etc.)

My community deserves to die with dignity; we all deserve that. It is bittersweet for me to reflect on the painful loss of my loved ones, but I am grateful that they were both ultimately able to die in their own homes surrounded by family, something that is only possible because palliative and hospice care exists. Bringing conversations about end-of-life care to my community and increasing culturally competent providers will help dispel the taboo that exists around this topic and further heal the mistrust between medical establishments and marginalized communities.

As a nurse with Home Care experience and as a Latina, it would be an honor for me to be able to give back to my Hispanic community by supporting Erica as one of her Home Care nurses.

Un abrazo,

 Izel León

Dear Members of the Health Facilities Commission,

I hope this letter finds you well. I am writing to highlight the pressing issue of Hispanic representation in healthcare, a matter of significant concern for the growing Latino community. As a dedicated healthcare professional serving this community, I have witnessed firsthand the challenges that arise due to the lack of adequate representation and the profound impact that Latino healthcare providers can have on healthcare outcomes for this population.

Our Latino community is growing at an unprecedented rate, and with that growth, comes a critical need for increased healthcare resources. The existing healthcare infrastructure has not kept pace with this demographic expansion, creating disparities in healthcare access, quality, and overall patient experience. The consequences of this underrepresentation are particularly evident when it comes to language barriers.

Language is a fundamental barrier that can significantly hinder healthcare access and outcomes for Spanish-speaking individuals. Many members of the Latino community face linguistic challenges when seeking medical care. These language barriers can result in misunderstandings, miscommunications, and inadequate healthcare delivery. In this context, Latino healthcare providers play a pivotal role in bridging these language gaps.

Latino healthcare providers are not only proficient in Spanish but also intimately familiar with the cultural nuances and values of their community. This unique combination enables them to communicate effectively with Latino patients, ensuring clear and accurate healthcare discussions. In turn, this fosters trust and rapport, which are vital components of a successful patient-provider relationship.

For example, several months ago, I saw an elderly patient with End Stage Chronic Kidney Disease. I recommended hospice, and at first, the patient and her family were very hesitant. They strongly believed that if the patient accepted hospice services, it meant she was dying. Having a Latino background and being fluent in Spanish allowed me to accurately explain hospice and its benefits, which in turn caused the patient and her family to agree to this service. Without this connection, the patient would have declined hospice, which would have led to poorer health outcomes.

Latino patients often find comfort and a sense of relatability when receiving care from providers who share their cultural background and experiences. Patients tend to be more receptive to healthcare recommendations when they can relate to their providers. A Latino provider can understand the cultural context and beliefs that shape a patient's health decisions, making it more likely for patients to follow medical advice and engage in preventive care.

In essence, having Hispanic representation in healthcare is not merely a matter of diversity; it is a matter of ensuring equitable access to healthcare, addressing language barriers, and building trust within our Latino community. By incorporating more Latino healthcare providers, we create

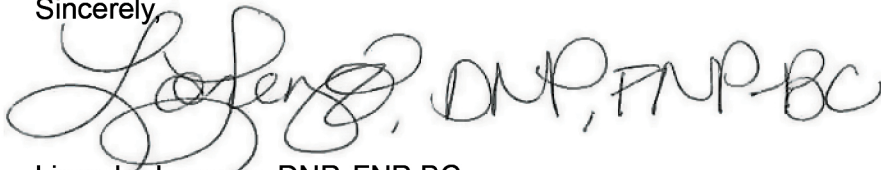
opportunities for more inclusive and culturally sensitive care, ultimately leading to better health outcomes.

I urge the Health Facilities Commission to prioritize and promote Hispanic representation in healthcare. By recognizing the importance of diversity and cultural competence, we can enhance the quality and accessibility of healthcare services for the growing Latino community.

Thank you for your attention to this vital issue, and I hope that you will consider these points as you make decisions that impact healthcare delivery within our community. If there are any opportunities for collaboration or if I can provide further insights, please do not hesitate to contact me.

As a Provider serving our Minority community, It would be my pleasure to collaborate with Erica. I typically refer an average of 1-2 Patients to Hospice on a monthly basis. It will be my pleasure to refer my Clients to a Hospice that not only speaks the language but also understands the culture.

Sincerely,

A handwritten signature in black ink, reading "Lorenzo, DNP, FNP-BC". The signature is written in a cursive, flowing style.

Lisandra Lorenzo, DNP, FNP-BC

Dear Esteemed Members of the Health Facilities Commission Board,

I trust this letter finds you in good health and high spirits. I am writing to you as a passionate advocate for equitable healthcare representation, particularly for the vibrant and rapidly growing Latino population in our great state.

The Latino community, a crucial segment of our society, continues to grapple with disparities in accessing quality healthcare and achieving proportional representation among healthcare providers. Urgent action is needed to bridge these gaps and establish a healthcare system that is not only diverse but also culturally competent, fostering health equity for all.

I ask urgently for your support to foster a healthcare landscape that mirrors the rich diversity of our state. Actively promoting Latino representation in healthcare is paramount to understanding and addressing the unique needs of the Latino community, resulting in improved patient outcomes and satisfaction.

During the challenging times of the 2020 pandemic, I served as a registered nurse, providing assistance to the Latino community as they navigated our healthcare system. It became painfully evident that language barriers, cultural insensitivity, lack of health insurance, and inadequate support during end-of-life care were pervasive issues. The statistics speak volumes; Hispanics/Latinos, comprising 5.6% of Tennessee's total population, account for a staggering 17.5% of the total uninsured population in the state. The lack of healthcare access will only increase health disparities experienced among this population.

Driven by these experiences and the heartfelt stories of patients, I took it upon myself to establish the Tennessee Chapter of the National Association of Hispanic Nurses (NAHN) in 2021. It is with a deep sense of duty that I bring forth the urgent need for your support in advocating for the Latino community by endorsing and nurturing Latino-owned healthcare businesses. These businesses, led by licensed expert providers have the capacity, skills, and knowledge to engage and educate the Latino community. Support of Latino-owned healthcare practices will undoubtedly contribute to breaking down barriers to access, fostering trust, and ultimately improving health outcomes.

As the President of the National Association of Hispanic Nurses – Tennessee Chapter, I call for the Health Facilities Commission Board to take proactive steps in championing the cause of Latinos in healthcare. By doing so, we can collectively shape a healthcare system that not only acknowledges but celebrates the diverse needs of our state.

Your attention to this matter is not just appreciated; it is vital. I am confident that our collective efforts will lead to a positive impact, creating a more inclusive and effective healthcare landscape for the benefit of all Tennesseans.

Thank you for your commitment to this crucial cause. I eagerly anticipate the transformative changes that will result from our united endeavors. If you would like to further discuss this matter, feel free to contact me via email: nahntn21@gmail.com

Sincerely,



Zacnita Vargas-Avalos, BSN, RN

President of the National Association of Hispanic Nurses TN Chapter

November 2023

Subject: Hospice Consultant Support for Pahu Health Inc.

Dear Health Facilities Commission Board Members,

I am delighted to present an overview of the comprehensive support system that we, as the Interim Healthcare Franchisor, provide to support Interim Healthcare Hospices across our network. Our commitment to excellence is reflected in the array of services and resources designed to empower franchisees, with a special focus on the valuable contributions of our seasoned clinical hospice consultants.

As Erica and Francisco's designated hospice consultant, I am personally committed to ensuring that they receive the highest level of support and guidance to facilitate the delivery of top-quality hospice care.

My role is to serve as their dedicated point of contact, addressing any inquiries or needs that may arise and providing personalized assistance to guarantee their success.

In addition to my individualized support, we extend a range of resources accessible through our Intranet, ensuring that information is at their fingertips whenever required. Our offerings encompass a variety of training tools, including webinars, orientation courses, and checklists, all available electronically. We understand the importance of keeping our franchisees up to date, and we facilitate this through timely and relevant information dissemination.

To streamline operational compliance, we provide template manuals covering all necessary policies and procedures at the Federal level. Beyond regulatory essentials, our support extends to operational guidelines for aspects such as bereavement, volunteering, spiritual support, and complementary therapies. For the latter, including animal-assisted and massage therapies, we provide not only guidance but also form templates to simplify implementation.

A cornerstone of our support structure is the Learning Center, an online platform offering 24/7 access to all orientation and training materials. This ensures that our team can enhance their skills and knowledge at their own pace and convenience.

Central to our initiative is the Online Resource and Collaboration Area (ORCA) available on our Intranet. This dedicated space caters to the specific needs of franchisees and their staff, covering Volunteer Coordination, Complementary Therapies, Contract

Templates, various Forms & Supporting Documents, Finance and Accounting Guidance, Quality Improvement Training and Guidance, Manuals, Orientation information, Regulatory and Compliance Guidance, Sales assistance, and more.

I am confident that with my guidance and our comprehensive support system in place, we will collectively ensure the success of Erica and Francisco. We firmly believe that our Franchise model strikes the perfect balance, delivering clear and continuous guidance for start-up, orientation, operations, regulations, and compliance. Simultaneously, it empowers our franchisees to meet the unique needs of their communities, ensuring that patients and their families receive optimal end-of-life care.

Thank you for affording us the opportunity to showcase the robust support system we have in place. I look forward to working closely with you to contribute to the success of Erica and Francisco.

Sincerely,
Tammy Fox RN, BSN, MS
Interim Healthcare Inc.

Johnna Hudgins, RN
Case Manager Director
100 NorthCrest Drive
Springfield, TN 37172
Johnna.hudgins@HCAhealthcare.com
615.982.4545

I am writing to advocate for the need to expand the availability of home health and hospice in our area. As a Case Manager, I am witness to the growing demand for quality home care services and the challenges faced by patients and their families in accessing suitable care options.

Home health agencies play a vital role in providing personalized care to individuals facing chronic illnesses, disabilities, and recovery from medical procedures. These agencies empower patients to regain their independence and live with dignity within the comfort of their homes.

Similarly, hospice agencies provide invaluable comfort and support to patients nearing the end of their lives. By delivering compassionate care, they ensure that individuals and their families navigate this challenging journey with dignity and peace.

Unfortunately, our current healthcare infrastructure falls short in meeting the growing demand for these services. Patients face limited resources, delaying them from the care they urgently require.

With the aging population and the increasing number of individuals with chronic illnesses, there is a necessity for a greater range of home care services. While there are currently a few reputable home care companies in our area, the demand far exceeds the supply. By welcoming new home care companies to our community, we can address the gap in healthcare access and ensure that individuals receive timely and appropriate care in the comfort of their own homes.

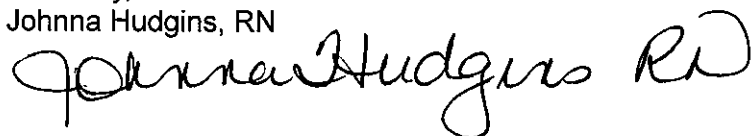
By expanding home health and hospice agencies, we can transform lives, reduce hospital readmissions, and provide cost-effective care that aligns with our values of compassion and empathy.

Therefore, I strongly urge the consideration and support for the establishment of additional home care companies in our area. As a professional dedicated to advocating for the safe discharge of my patients, I know there's a growing demand for home care services and how important it is to have options.

Thank you for your attention to this matter.

Should you have any further questions or require additional information, please do not hesitate to contact me.

Sincerely,
Johnna Hudgins, RN

A handwritten signature in black ink that reads "Johnna Hudgins RN". The signature is fluid and cursive, with the first name "Johnna" being more prominent and the last name "Hudgins" and "RN" following in a similar style.

Case Manager Director

Tennessee Health Facilities Commission
501 Deaderik Street
Andrew Jackson Building, 9th floor
Nashville TN 37243

Letter of Support for Interim Healthcare of Montgomery County

Dear Tennessee Health Facilities Commission,

I am writing this letter to express my unwavering support for Interim Healthcare and its commitment to providing culturally sensitive home care services. As a minority family, we understand firsthand the challenges faced by individuals who require care that respects and embraces their unique cultural background.

When it comes to healthcare, it is essential to consider the specific cultural values, traditions, and beliefs that shape an individual's identity. We firmly believe that by recognizing and honoring these cultural nuances, the quality of care can be greatly enhanced, fostering a sense of trust, comfort, and overall well-being for those receiving care.

Having encountered numerous healthcare providers in the past, we can attest to the profound impact of receiving care from professionals who truly understand and appreciate our cultural heritage. Interim Healthcare's dedication to cultural competence and its emphasis on delivering care that is sensitive to our traditions and values is both commendable and necessary.

We have been impressed by Interim Healthcare's desire to build a diverse team of caregivers who are not only highly skilled but also understanding of the communities they serve. Their commitment to recruiting and training staff members who are well-versed in our culture gives us confidence that our loved ones will be in capable and understanding hands.

We welcome diversity in healthcare because we know it can only have a positive impact in the lives of other minority families. By recognizing and embracing culture, we can foster an environment where our unique needs and preferences are not only understood but celebrated.

Please know that we fully support Interim Healthcare and its mission to deliver culturally sensitive home care services. We are grateful for the difference they are making in our community and for the compassionate care they provide to our loved ones.

Warm regards,

A handwritten signature in cursive script that reads "Melissa Brown". The signature is written in dark ink and is positioned above the printed name.

Melissa Brown

Current Client of Interim Healthcare of Montgomery County

April Thomas
RN Case Manager
100 Northcrest Dr
Springfield, TN 37172
april.thomas3@hcahealthcare.com
615.698.3682

I am writing to you as a dedicated Case Manager in hopes to shed light on a crucial aspect of the home health and hospice landscape. While it may seem that there are an adequate number of agencies serving our community, it is important to recognize that each agency has distinct partnerships with insurance providers, creating differences and limitations in the services they can offer.

It is imperative to acknowledge that even with multiple agencies present, their insurance affiliations are unique and restricted. This distinction directly impacts the choice of providers available to patients, limiting their options based on the specific insurance coverage they hold. Therefore, while it may appear that there are numerous agencies available, each one caters to a specific subset of patients based on the insurances they accept.

By embracing multiple options for Home Care providers, we demonstrate our commitment to ensuring accessible care for as many patients as possible. By allowing diversity in Home Care, we empower patients to receive quality home health and hospice services without the added burden of limiting access.

As a Case Manager, it is my responsibility to advocate for the best interests of my patients, and that includes considering additional options for Home Care. It is my goal to continue to confidently refer patients knowing that they will have access to a comprehensive array of services without being constrained by restrictions to healthcare options.

I commend your considerations for embracing a diverse range of Home Care providers because doing so contributes to enhancing the options available to patients seeking home health and hospice services. This commitment to expanding access is a testament to our society's dedication to adequate patient care and support.

Thank you for your attention to this matter. Should you have any further questions or wish to discuss, please do not hesitate to contact me. I look forward to the possibility of additional options for Home Care in our community because our community deserves to receive the highest quality of care.

Sincerely,

A handwritten signature in black ink that reads "April Thomas RN". The signature is written in a cursive, flowing style.

April Thomas, RN
Case Manager

June 2023

Letter of Support for Interim Healthcare of Montgomery County

To Whom it May Concern,

I am writing to express my support for Interim Healthcare and its decision to expand into the realm of home health and hospice services, particularly in light of the increasing aging population and the pressing need for quality care providers.

As the aging population continues to grow, the demand for specialized and compassionate care for seniors becomes even more crucial. Interim Healthcare's expansion into home health and hospice services would help meet the evolving needs of this demographic. By extending their services, Interim Healthcare would fulfill the desire for personalized and dignified care that promotes independence and enhances the overall well-being of older adults.

Interim Healthcare's long standing reputation for delivering exceptional healthcare services positions them as a trusted provider in the industry. Their commitment to recruiting and training highly skilled healthcare professionals ensures that seniors receiving care will benefit from the expertise and compassionate approach that Interim Healthcare is renowned for. By expanding into home health and hospice services, Interim Healthcare is further strengthening their ability to meet the unique needs of seniors and provide them with the comprehensive care they deserve.

The aging population deserves quality care providers who understand their distinct needs and can provide tailored solutions that enhance their quality of life. Interim Healthcare's decision to expand into home health and hospice services exemplifies their commitment to serving this population and ensuring that seniors can age with dignity, comfort, and support.

In light of these considerations, I wholeheartedly endorse Interim Healthcare's expansion into home health and hospice services. Their dedication to excellence, compassion, and person-centered care positions them as an invaluable resource in meeting the growing needs of our aging population.

Sincerely,

 RV

June 2023

Letter of Support for Interim Healthcare of Montgomery County

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In light of these considerations, I wholeheartedly endorse Interim Healthcare's expansion into home health and hospice services. Their dedication to excellence, compassion, and person-centered care positions them as an invaluable resource in meeting the growing needs of our aging population.

Sincerely,



Lisa Fleming RN

June 2023

Letter of Support for Interim Healthcare of Montgomery County

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In light of these considerations, I wholeheartedly endorse Interim Healthcare's expansion into home health and hospice services. Their dedication to excellence, compassion, and person-centered care positions them as an invaluable resource in meeting the growing needs of our aging population.

Sincerely,

Theresa Marsh, RN

June 2023

Letter of Support for Interim Healthcare of Montgomery County

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In light of these considerations, I wholeheartedly endorse Interim Healthcare's expansion into home health and hospice services. Their dedication to excellence, compassion, and person-centered care positions them as an invaluable resource in meeting the growing needs of our aging population.

Sincerely,

Joy Mitchell, RN
Case Manager

June 2023

Letter of Support for Interim Healthcare of Montgomery County

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Sincerely,

Alexia Jones, MSW

June 2023

Letter of Support for Interim Healthcare of Montgomery County

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In light of these considerations, I wholeheartedly endorse Interim Healthcare's expansion into home health and hospice services. Their dedication to excellence, compassion, and person-centered care positions them as an invaluable resource in meeting the growing needs of our aging population.

Sincerely,

Amber Knuckles, RN

June 2023

Letter of Support for Interim Healthcare of Montgomery County

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In light of these considerations, I wholeheartedly endorse Interim Healthcare's expansion into home health and hospice services. Their dedication to excellence, compassion, and person-centered care positions them as an invaluable resource in meeting the growing needs of our aging population.

Sincerely,

A handwritten signature in cursive script, reading "Ann McLeavey RN". The signature is written in dark ink and is positioned below the "Sincerely," text.

June 2023

Letter of Support for Interim Healthcare of Montgomery County

To Whom it May Concern,

I am writing to express my support for Interim Healthcare and its decision to expand into the realm of home health and hospice services, particularly in light of the increasing aging population and the pressing need for quality care providers.

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Sincerely,

A handwritten signature in black ink, appearing to read "Adam RN". The signature is fluid and cursive, with the letters "A", "d", "a", "m" being prominent. The "RN" is written in a slightly different style, possibly indicating a registered nurse.

June 2023

Letter of Support for Interim Healthcare of Montgomery County

To Whom it May Concern,

I am writing to express my support for Interim Healthcare and its decision to expand into the realm of home health and hospice services, particularly in light of the increasing aging population and the pressing need for quality care providers.

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Sincerely,

Kathleen Hynoh, RN

Carole Spanel
580 Stratford Way
Clarksville TN 37043
Caspanel@yahoo.com
(303) 877- 6902
June 22, 2023

Subject: Letter of Support for Interim Healthcare for the addition of Home Health and Hospice Services

To Whom it May Concern:

I wanted to take a moment to express my support for the addition of home health and hospice services to complement the personal care and support services my Mom is currently receiving from Interim Healthcare. As someone who has seen firsthand the positive impact of home care services, I truly believe that integrating these services seamlessly will greatly improve the well-being and quality of life of seniors in our community.

By bringing together home health and hospice services with the existing care from Interim Healthcare, we can create a comprehensive support system that meets the evolving healthcare needs of our seniors.

Continuity of care is essential for a smooth transition between different healthcare services. When we make it easy for families to move between home care, home health, and hospice services, we provide them with a consistent and coordinated care experience. This continuity builds trust between care providers and family members, enabling better communication, shared knowledge, and effective collaboration throughout their care journey.

Moreover, this collaboration among all service lines will result in an integrated and patient-centered care network. By working together, we can improve outcomes and enhance the quality of care provided.

Thank you for considering my request and for your unwavering commitment to delivering exceptional care. If you need any additional information or documentation, please feel free to reach out to me.

Sincerely,



Carole Spanel

Sheri Link
Executive Director
Byrum-Porter Senior Center
9123 Hwy 49 E,
Orlinda TN 37141
6/29/2023

Tennessee Health Facilities Commission
501 Deaderik Street
Andrew Jackson Building, 9th floor
Nashville TN 37243

Dear Tennessee Health Facilities Commission,

I am writing to express my support for the establishment of a new home health and hospice agency. As the Director of Byrum-Porter Senior Center, I have the privilege of witnessing firsthand the importance of quality healthcare within our senior community.

The senior population is growing at an unprecedented rate, and with it, the need for specialized care and support. The fact that Home Health and Hospice agencies focus on delivering high-quality services directly to seniors in the privacy of their home is commendable and aligns perfectly with our mission to enhance the well-being and independence of older adults.

In my experience working with seniors, I have observed the challenges they face in maintaining their health and dignity as they age. Many seniors prefer to receive care in the comfort of their own home, surrounded by familiar faces and the warmth of their cherished memories. The commitment to delivering personalized care in a home setting resonates deeply with our seniors and their families.

Furthermore, Providing compassionate end-of-life care requires a delicate balance of expertise, empathy, and support, and I have every confidence that Erica in partnership with Interim Healthcare will excel in this important aspect.

I am particularly impressed by Interim Healthcare's comprehensive approach, which aims to offer a range of services, such as skilled nursing, physical therapy, emotional support, pain management and home care aides all under one umbrella. Providing these services will ensure that seniors receive the holistic care they deserve. This multidisciplinary approach not only addresses the immediate medical needs of our seniors but also supports their overall well-being.

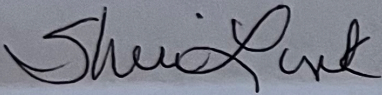
As the Director of Byrum Senior Center, I wholeheartedly endorse Interim Healthcare's desire to expand and serve our community.

I believe that their commitment to excellence and compassionate care will greatly benefit our senior community. I am confident that, with their expertise and dedication, they will make a positive difference in the lives of countless seniors and their families.

Should you require any assistance or collaboration from our Senior Center, please do not hesitate to reach out. We stand ready to welcome additional healthcare support within our community and we look forward to working together towards the shared goal of improving the lives of our senior population.

Thank you for your dedication and commitment to providing exceptional healthcare.

Sincerely,

A handwritten signature in black ink, appearing to read "Sheri Link". The signature is fluid and cursive, with the first name "Sheri" being more prominent than the last name "Link".

Sheri Link
Executive Director
Byrum-Porter Senior Center



State of Tennessee

Health Facilities Commission

Board for Licensing Health Care Facilities

License No. 0000000654

This is to certify that a license is hereby granted by the Health Facilities Commission to
PAHUA HEALTHCARE DBA INTERIM HEALTHCARE OF MONTGOMERY COUNT to conduct and
maintain a Home Health Agency

INTERIM HEALTHCARE OF MONTGOMERY COUNTY

Located at 540 HERITAGE POINTE DRIVE SUITE A, CLARKSVILLE

County of MONTGOMERY, Tennessee.

The license shall expire SEPTEMBER 17, 2024 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 Health Facilities Commission, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the Health Facilities Commission issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State
this 8TH day NOVEMBER, 2023.



HFC

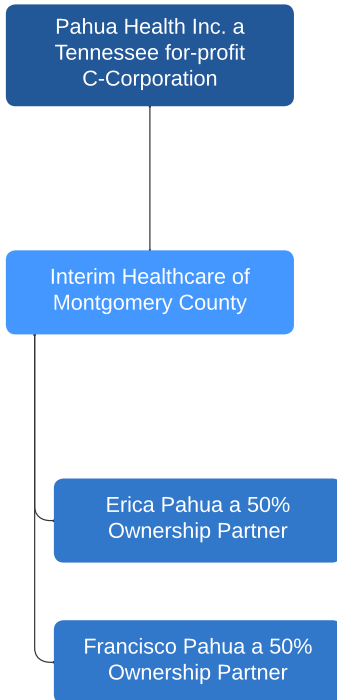
PEDIATRIC
HOME HEALTH AGENCY
HOMEMAKERS SERVICES
SPEECH THERAPY
OCCUPATIONAL THERAPY
SKILLED NURSING
HOME HEALTH AID SERVICES
MEDICAL SOCIAL SERVICES
PHYSICAL THERAPY

By Caroline R. Owens, Esq., C.H.C.
Director, Licensure & Regulation

By [Signature]

Executive Director

Ownership Structure of Interim Healthcare of Montgomery County



Project Name : Interim Healthcare of Montgomery County

Supplemental Round Name : 1

Due Date : 12/12/2023

Certificate No. : CN2311-026

Submitted Date : 12/13/2023

1. 3A. Proof of Publication

Please attach the full page of newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent as Attachment 3AR.

Response : Please see Attachment 3AR:

<https://drive.google.com/file/d/1sT2TRXRS9a7IQxAQE1mcvqXu723F5Vbk/view?usp=sharing>

2. 4A. Purpose of Review

Please select "Establishment of a New Healthcare Institution" as well in response to 4A.

Response : **4A. Purpose of Review** *(Check appropriate box(es) – more than one response may apply)*

☒ Establish New Health Care Institution

Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)

Change in Bed Complement

☒ Initiation of Health Care Service as Defined in §TCA 68-11-1607(3) Specify: Hospice

Relocation

Initiation of MRI Service

MRI Unit Increase

Satellite Emergency Department

Addition of ASTC Specialty

Initiation of Cardiac Catheterization

Addition of Therapeutic Catheterization

Establishment/Initiation of a Non-Residential Substitution Based Opioid Treatment Center

Linear Accelerator Service

3. 1E. Overview

Does the applicant have past experience providing hospice services?

Response : Yes, the applicant began her nursing career as a bedside registered nurse in the Medical Surgical Unit. Using this experience, she was able to contribute to Home Care. She has worked as both a Home Health and Hospice nurse, further witnessing the impact that Home Care has on the family dynamic. Additionally, in 2022 she completed the Heart for Hospice Training, solidifying the fundamentals needed in order to successfully open and run a well established Hospice. Most importantly, she decided to partner with Interim Healthcare Inc, who are great partners in ensuring that their franchisees are well prepared to run multiple service lines. Some of their services include: ensuring that we are prepared to complete our state licensing application and federal medicare application, they help to ensure that we are compliant with state specific policies and procedures, as well as assist in providing all operational material, they provide hands-on assistance with completion of accrediting body requirements, they assist with office set-up and staff selection, they assist in completion of orientation and competency, they provide contract templates and guidance with securing required contracts, they provide quality assurance tools, they help develop our bereavement and volunteer development programs, they provide on-site visits to prepare for pre-licensure and accreditation survey, they assign a Hospice consultant that assists in training for day to day operations, leadership roles, clinical documentation, medicare accreditation, coding/billing and general support. Additionally, we have access to neighboring Hospice owners/operators. More specifically, we have a great relationship with our neighbors in South Carolina who run a very successful home care practice that runs all four business lines (Personal Care Services, Home Health, Hospice and Staffing) throughout multiple counties. In the past we have been able to visit them and get hands-on experience. We speak to them on a weekly to biweekly basis. Moreover, our franchisor provides strategic financial planning including education on cap allowances and calculations, education on how to understand capitalization reports, P&L reports, staff utilization, and cost reports. We further have access to strategic marketing education as well as access to Advanced education resources including our Interim Healthcare intranet with exclusive educational material and videos.

4. 2N. Service Area

What percentage of the patients served are projected to be Hispanic in Years 1 & 2 of the project?

Response : Our goal is to address the healthcare needs of minorities, with a particular focus on educating and supporting the Hispanic community about home care and end-of-life care resources. While we aim to serve all community members, our roots and expertise uniquely position us to cater to the Hispanic population. We plan to extend our service areas to include counties with higher minority populations, utilizing key community centers like Plaza Mariachi in Davidson County for outreach and education. Our collaboration with influential community leaders, such as Pastor Gerardo from the Association of Hispanic Pastors in Middle Tennessee, is pivotal in breaking down stigmas and misconceptions surrounding hospice care. We estimate that approximately 60% of our hospice clientele will be minorities, reflecting our targeted outreach initiatives. The remaining 40% will likely come from families we currently serve through our Personal Care and Support Line, ensuring a comprehensive approach to community healthcare needs.

5. 4N. Special Needs of Service Area

The applicant's detailing of disparities in hospice utilization among Hispanic patients nationally is noted. If possible, please discuss the Hispanic community focus of the project in the context of the service area counties and the hospice penetration rate among Hispanics in each county.

Response : The hospice penetration rates across the six counties of Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson indicate diverse utilization trends. In 2022, a total of 8,768 hospice patients were served across these counties, with the highest number in Davidson County (3,838 patients) and the lowest in Cheatham County (276 patients).

When considering the 'other' category, which includes patients not identified as either white or black and could potentially include Hispanic individuals, there were 468 such patients across the counties, with Davidson again having the highest number (215 patients).

These statistics suggest that while Davidson County has a higher overall utilization of hospice services, there may be under-representation or lower penetration rates of these services among minority groups, including the Hispanic community, across all counties. Our project aims to specifically focus on increasing awareness and utilization of hospice services within these minority communities, particularly the Hispanic population, to ensure equitable access to care.

See Attachment 4NR

6. 4N. Special Needs of Service Area

The table referenced on Page 15 of the application did not upload correctly. Please resubmit the table in response to Item 4N and provide a data source citation.

Response : See Attachment 4NR

7. 4N. Special Needs of Service Area

Please provide source citations for the referenced data included in response to Item 4N.

Is any state or county level data available documenting higher poverty levels among Hispanics, specifically regarding Hispanics over the age of 65 in the project service area?

Is there any data available documenting the challenges for the Hispanic population related to insurance coverage status or eligibility impacting the rate of Hispanics age 65+ accessing hospice services?

How many projected patients does the applicant anticipate will require bilingual staff?

Response : State or County Level Data on Poverty Levels Among Hispanics Over 65:

While specific county-level data on poverty levels among Hispanics over 65 in our service area is not available in the NHPCO's 2022 Facts and Figures report, the national trend of 33.3% hospice utilization among Hispanic Medicare decedents is indicative of potential challenges in access and utilization within this demographic. This national trend likely reflects the situation in Middle Tennessee as well, suggesting the need for focused hospice care outreach and services in these communities.

Challenges for the Hispanic Population Related to Insurance Coverage Impacting Hospice Access:

The report does not directly address insurance coverage challenges for elderly Hispanics impacting hospice service access. However, the national trend of lower hospice utilization rates among Hispanic Medicare decedents, as documented by NHPCO, can be seen as indicative of similar challenges in Middle Tennessee. These challenges may include insurance coverage and eligibility issues that need to be addressed to improve hospice care accessibility for the Hispanic community in our service areas.

Projected Patients Requiring Bilingual Staff:

Considering the NHPCO's data and our focus on the Hispanic community, a significant portion of our hospice patients in Middle Tennessee is expected to benefit from bilingual staff services. While the NHPCO data is national and not specific to individual counties, it reflects a broader trend that is likely applicable to our service areas. Our project is committed to bridging this gap by providing culturally sensitive and language-specific hospice care.

This underscores the importance of understanding and addressing the unique needs of the Hispanic community in hospice care, particularly in Middle Tennessee. The national trends reported by NHPCO serve as a valuable indicator for planning and implementing our hospice services, ensuring they are inclusive and sensitive to the needs of diverse populations.

See Attachment 4NR

8. 5N. Unimplemented services

Please make reference to Attachment 5N in the response to Item 5N of the main application document.

Response : The utilization trends for existing hospice providers in our service area show significant variability. For instance, Adoration Hospice and Comfort Care Hospice of Middle Tennessee have seen substantial increases in utilization rates, while providers like Amedisys Hospice (Central Pike) and Guardian Hospice of Nashville, LLC have experienced notable declines.

These trends suggest gaps in service delivery, especially among providers not based locally.

Interim Healthcare of Montgomery County aims to address these service gaps. Our focus includes a significant emphasis on the Hispanic community, a group currently underrepresented in hospice utilization.

Our presence in the hospice sector aims to enhance service accessibility and quality in Cheatham, Davidson, Montgomery, Robertson, Rutherford, and Williamson Counties, offering an inclusive healthcare option for the region.

Please see attachment 5NR for Reference:

https://drive.google.com/file/d/1JFy32ezrhIYFvUryenTRQX5lGYjJoKIA/view?usp=drive_link

9. 6N. Utilization and/or Occupancy Statistics

Does the applicant plan to submit letters of support from potential referral sources and community partners documenting the number of referrals that might be made during the first two years of the project?

Response : Yes, one of our referral partners is an Advanced Practice Nurse certified in Hospice and Palliative care, she is a Latina working in Oncology and estimates her referrals to be between 1-3 a month, her practice is currently located in Rutherford County. Our other referral is Dr. Lorenzo, she works with Minorities in Davidson County and estimates approximately 1 or 2 referrals per month. We also have letters from Case Managers, although they did not provide a specific number of referrals they can attest to the need for more diversity among providers. Additionally, although Pastor Gerardo doesn't provide a specific number of referrals, he does attest to how open our leaders of the church are to learning about resources available and he gives great insight on how a Latino owned Home care agency can bring much needed education to minority communities.

10. 3C. Effects of Competition and/or Duplication

Is the culturally sensitive care training referenced in response to Item 3C a curriculum developed in house by the applicant or by a third-party?

Response : Our culturally sensitive care training, especially tailored for the Hispanic community, is a unique blend of in-house development and third-party online learning platforms. While the core of the training program was developed internally, we also incorporate specialized modules from external online platforms. This combination ensures a comprehensive understanding and respect for diverse cultural beliefs and practices.

11. 3C. Effects of Competition and/or Duplication

Can the applicant provide any additional detail available regarding the challenges faced by rural residents of the proposed service area in accessing hospice services, based on it experience as a personal support services agency?

Response : Absolutely, as a Personal Care and Support Agency we have great relationships with our local Senior Centers. We are witness to the difference in services that Montgomery County receives in comparison to Cheatham and Robertson County. Seniors in Montgomery County are visited by multiple vendors, from personal care and support, to home health, to hospice, to DME, to financial services and facility care. The Seniors in this county receive the benefit of choice. Unfortunately, this is not the same for Cheatham and Robertson County. As the Seniors in Robertson County pointed out in their support letter, they too would love the benefit of choice.

12. 3C. Effects of Competition and/or Duplication

Does the applicant currently offer telehealth services through its personal support services agency?

How does it plan to integrate telehealth into its hospice services?

Response : Our current Electronic Medical Records (EMR) system for Personal Care and Support does not include telehealth services for our personal care clients. However, we are in the process of transitioning to a new EMR system for the newly added Home Health service line. This new system will enable us to offer HIPAA-compliant telehealth visits.

We plan to extend this capability to our hospice services as well. It's important to note that these telehealth visits would be supplementary and not billable. They are not intended to replace in-person visits but rather to enhance our client experience by allowing our nurses to interact with our clients more promptly and effectively. This integration of telehealth into hospice services is an initiative to improve our care delivery and increase accessibility for our clients.

13. 4C. Accessibility to Human Resources

Does the applicant's existing staffing agency provide staff for any existing hospice agencies in the service area?

Does the applicant have any experience working within a hospice agency in an administrative capacity?

In the applicant's experience as a staffing agency, what experience does it have with hiring, training and supervising all relevant staff position types that will be required to operate a hospice agency?

Response : Typically Hospice agencies require less assistance from staffing agencies because their nursing core tends to be smaller. For example, a team of 3-4 nurses is capable of covering a census of 30-40 patients. For that reason, our staffing service tends to focus on larger facilities like skilled nursing facilities and assisted living facilities whose turnover rate is often high due to their patient acuity and the nurse patient ratio. Through our staffing service line we have experience hiring Aides, CNAs, LPNs and RNs as well as allied healthcare providers like PT and OT. Our process includes identifying candidates, interviewing candidates, drug and background screening, completing all skills checklists, ensuring all training is completed with the use of HealthStream and Interim University. In addition to providing training, we also provide supervision and quality assurance in order to ensure we provide the highest quality candidates to our clients. Erica and Francisco have administrative experience running a successful staffing and personal care and support agency. In addition, the applicant's franchisor has 57 years of experience. Interim Healthcare is the nation's first Home Care company and for over five decades it continues to be a very successful franchise providing all four levels of Home Care. Part of their success can be attributed to the training and support they offer their franchisees.

14. 5C. License/Certification

Please discuss the role of the franchising entity, Interim Healthcare, in the development of policies, quality assurance and performance improvement, contracting of third-party services, etc.

Response : Our franchising entity, Interim Healthcare, plays a pivotal role in shaping and supporting our hospice operations across various facets. Our Franchisor has a team of licensing specialists who are dedicated to helping their franchisees complete their state and federal Home Hospice license application as well as successfully preparing us for our license inspections. Interim Healthcare's Hospice Licensing and Compliance Specialists serve as guides through each step of the Hospice licensure process to ensure we are abiding by all State Hospice standards and requirements.

In addition to licensing, our Franchisor has compliance specialists that ensure our policies and procedures are aligned with state and federal regulations. Their support includes hospice policy manuals that are written to meet our State, Federal and Accreditation standards. In addition, they include all of our operation forms and documents needed in order to operate our in-home Hospice and to stay compliant with State and Federal regulations. Additionally, they provide us with a seasoned Hospice Consultant that will guide us through the process of successfully operating our Hospice.

Moreover, they provide continuous education. Through the Interim Healthcare University, we are able to take courses to ensure we are up to date and knowledgeable regarding best practices. We are also able to attend live training hosted by our Interim Healthcare Nursing Specialists who are up to date in this ever changing industry. They also provide training for our nurses and ancillary staff that includes information on infection control, HIPPA, ethical issues, patient care, documentation, and compliance. They assist in cross training our Home Health nurses that are interested in also providing Hospice care. Through their intranet, they provide a series that ensures our staff is knowledgeable about Hospice care and is properly trained. Through their intranet they also provide many resources from direct patient care to sales and marketing. Importantly, some of their education covers Hospice coding in order to improve our understanding of Medicare Reimbursement requirements and coding fundamentals. Additionally, they conduct monthly webinars that include education about operations, patient care and business development. Our Hospice consultant ensures that we have all the building blocks necessary to provide quality care. From helping us troubleshoot any possible challenges to sharing her expertise to help us thrive.

Our Franchisor not only assists with the completion of required state licensing and the federal Medicare application but they also ensure we are prepared for the completion of our accrediting body (CHAP). They provide us with contract templates and guidance with securing required contracts to meet all criteria for CMS certification. Additionally they have developed quality assurance programs that include tools for monitoring and tracking quality care. They assist in setting up bereavement and volunteer programs. They perform mock on-site visits for pre-licensure survey and accreditation survey. Most importantly, they provide ongoing resources needed for agency operations and continuous success.

15. 3Q. Accreditation/Certification/Licensure Plans

Please discuss the plan to license this hospice project through the Tennessee Department of Intellectual and Developmental Disabilities and the Tennessee Department of Mental Health and Substance Abuse Services.

Please remove those agencies from Item 3Q. if the hospice agency will not be licensed through them.

Response : As a Home Care Provider for Children with Disabilities our intent is to apply for the DIDD program. However, this does not apply for our Hospice service line and will be removed from the application.

16. 8Q. Staffing

Please remove the existing FTEs data as this is a new hospice provider.

Please confirm whether the projected staff positions reflect an exclusive commitment to this hospice agency, or a shared commitment to this and other agencies operated by the applicant, i.e. home health, personal support services, etc.

Response : Hospice

Position Classification		Existing FTEs 2023	Projected FTEs Year 1
A. Direct Patient Care Positions			
	<i>RN</i>	-	4
	<i>Nursing Aide</i>	-	9
	<i>Social Worker</i>	-	2*
	<i>Chaplain</i>	-	2*
	<i>Medical Director</i>	-	.25*
	<i>Director of Nursing</i>	-	1
	Total Direct Patient Care Positions	-	18.25
B. Non-Patient Care Positions			
	<i>Executive Director</i>	-	1
	<i>Business Office Staff</i>	-	3
	Total Non-Patient Care Positions	-	4
	Total Employees	-	22.25
	<i>(A+B)</i>	-	
C. Contractual Staff		-	24
	Total Staff	-	46.25
	<i>(A+B+C)</i>	-	

* Exclusive to Hospice. All other positions are shared during the startup phase.

The projected staff positions for Interim Healthcare of Montgomery County's new hospice agency are a mix of exclusive and shared commitments. Specifically, the roles of Social Worker, Chaplain, and Medical Director will be exclusively dedicated to our hospice services. However, during our startup phase, other positions including RNs, Nursing Aides, and administrative roles will be shared with our other service lines (home health and personal support services). This approach ensures a balanced and efficient allocation of resources while establishing our hospice care services.

17. 3N. Demographics

There appear to be errors in Attachment 3N, for the following items:

Target Population % Change 2023-2027 for Rutherford and Williamson Counties (Page 1)

Please add source citations for the demographic tables included with Attachment 3N. including the tables on Pages 2 & 3.

Please clarify whether the table on Page 3 represents the total Hispanic population or the Hispanic population age 65+.

Please revise and resubmit Attachment 3N. (labeled as Attachment 3NR).

Response : Please see attachment 3NR:

https://drive.google.com/file/d/1xkMEXCL_H6ThOkDTpc83kN66MSTTr2e2/view?usp=sharing

18. 5N. Unimplemented services

Please re-label the header of Attachment 5N to show 5N instead of Attachment 4N.

Please revise the following items in the utilization table which appear to contain errors:

Amedisys Hospice (Central Pike) - ID 19674 (2022)

Encompass Health Hospice (Davidson) - ID 19724 (2022)

Guardian Hospice of Nashville, LLC (Williamson) - ID 94614 (2022)

Tennessee Quality Hospice (Madison) - ID 57615 (2022)

Tennova Home Health and Hospice - Clarksville (Montgomery) - ID 63604 (2020)

Please revise and resubmit Attachment 5N (labeled as Attachment 5NR).

Response : Please see attachment 5NR:

<https://drive.google.com/file/d/1JFy32ezrhlYFvUryenTROX5IGYjJoKIA/view?usp=sharing>

19. 5N. Unimplemented services

Attachment 5N appears to be missing the following hospice agencies in 2020, 2021, 2022:

16604 Hospice Compassus- The Highland Rim

24606 Caris Healthcare

33613 Hospice of Chattanooga, Inc,

33653 Caris Healthcare

47682 Caris Healthcare

Please revise and resubmit Attachment 5N (labeled as Attachment 5NR).

Response : Please see attachment 5NR:

<https://drive.google.com/file/d/1JFy32ezrhLYFvUryenTRQX5IGYjJoKIA/view?usp=sharing>

20. 9C. Other Facilities Charges

Please label the Year "2022" represented in Attachment 9C.

The table provided in Attachment 9C appears to be missing the following providers:

ID 16604 - Hospice Compassus- The Highland Rim

ID 24606 - Caris Healthcare

ID 33613 - Hospice of Chattanooga, Inc,

ID 33653 - Caris Healthcare

ID 47682 - Caris Healthcare

ID 74624 - Caris Healthcare

ID 75624 - Caris Healthcare L,P, Murfreesboro

Please include the applicant's projected values for Patient Days and Total Gross Revenue used to calculate Net Charge per Patient Day.

Please revise and resubmit Attachment 9C. (labeled as Attachment 9CR).

Response : Please see attachment 9CR:

https://drive.google.com/file/d/1prc_DZuKSElvOKawBqNfSDbORgPhWEct/view?usp=sharing

21. 1N. Criteria and Standards

Attachment 1N. Hospice Criterion #1 Adequate Staffing, Page 1

Please discuss the applicant's history through its staffing agency with the types of positions that will be required for this project.

Does the applicant have any documentation to demonstrate that the number of qualified personnel required for this project will be available in the six-county service area.

Is the applicant a member of the National or Tennessee Hospice and Palliative Care Organization (NHPCO).

Response : Please discuss the applicant's history through its staffing agency with the types of positions that will be required for this project.

As a staffing agency we have extensive experience in hiring roles crucial for this hospice project. Our staffing process is efficient, ensuring rapid and thorough vetting of candidates. We excel in recruiting Home Health Aides, CNAs, LPNs, and RNs. Our streamlined process includes same-day interviews, reference checks, drug and background screenings, skills assessments, and comprehensive onboarding. Utilizing tools like Care Academy, HealthStream, and Interim Healthcare's Learning Academy, we ensure that our staff meet all necessary requirements for a seamless integration into their roles.

Does the applicant have any documentation to demonstrate that the number of qualified personnel required for this project will be available in the six-county service area.

Yes, one of our supporting letters is from one of our Latina nurses with Home Care experience. She will be a great asset to our team helping us cover our Latino and Nashville areas. Our other support letter is from our Montgomery County Nurse. She is currently part of our Montgomery County team and works very closely with both Erica and Francisco, covering both admissions and compliance.

To further enhance our service capability, we employ three Spanish-speaking nurses on a per diem basis. They currently cover staffing assignments in Robertson County as well as in facilities in the Nashville metro area. In addition, Erica is part of the National Hispanic Nurses Association in

Tennessee with incredibly talented Hispanic Nurses, many with Home Health/Hospice experience and others with inpatient geriatric experience. All of these nurses understand the importance of advocating for our community and would love the opportunity to get involved in our project. Their commitment to community involvement aligns perfectly with our project's goals.

Lastly, Erica has experience as a Hospice nurse, with this experience she intends to serve as a resource nurse to cover all counties serviced. Importantly, our expected Census is only 50 patients per year. It is very reasonable for our core ratio of 3-4 nurses to service these 6 counties. As an example, Gentiva's Montgomery County core is typically 6 nurses and their average census ranges from 40-50 patients a month. Alive divides their coverage in Teams covering different counties. For example, their Northern Counties that include Springfield, Greenbrier, White House and Goodlettsville are covered by one team of 4-5 nurses and their census typically ranges from 50-60 patients. Another example would be Amedisys, who has a core of 4 nurses for a census of 34-45 patients in their Nashville area. Similarly, they have 5 nurses as part of their core team for their Montgomery county area serving approximately 30-40 patients. These are just some examples in order to get a better idea of how many nurses we truly need. We only anticipate 4-5 patients per month and our plan is to grow slowly. Therefore our core of three nurses with 3 per diem staff ensures that we can comfortably cover these 6 counties. Of note, none of the Hospices in the Nashville area have a Spanish speaking nurse.

Is the applicant a member of the National or Tennessee Hospice and Palliative Care Organization (NHPCO).

While we are not currently members of the National or Tennessee Hospice and Palliative Care Organization (NHPCO), it is our intention to join as we advance in our certification process. We are aware of the benefits of NHPCO membership, as seen in our fellow Interim Healthcare Hospice providers, and plan to align ourselves with these industry-leading practices.

22. 1N. Criteria and Standards

Attachment 1N. Hospice Criterion #2 Community Linkage Plan, Page 2

Please confirm whether the applicant intends to provide any letters of support for the application detailing specific instances of unmet need for hospice services in the service area.

Response : Yes. In our letter from Zacnita Vargas, President of the Hispanic Nurses Association she highlights her experience as a nurse. In her letter Zacnita describes her experience during the 2020 pandemic where she witnessed how "painfully evident" it is that our community suffers from language barriers, cultural insensitivity, lack of health insurance and inadequate support during end-of-life care. Zacnita is incredibly active in the Latino community and is a voice for minorities. In an interview for the Tennessean she points out that minorities want to be heard and be represented by people that look like them. Her goal when founding the TN NAHN chapter was to serve and advance the well-being of Hispanic communities in Tennessee by "educating, advocating, and developing professional and

leadership opportunities for Hispanic nurses". She is incredibly supportive of this project because she understands that this is an opportunity for a Latina nurse to make an impact on the health disparities that affect minorities.

Additionally, in the letter from Izel she points out how her family was able to benefit from Hospice because she is a nurse capable of breaking barriers. She gives the example of her Uncle and points out that had she not been a nurse, her family may not have known about the resources available to them. She gives examples of beliefs that are present within our Latino community and further points out the impact that culturally sensitive education can make for a family deciding to move forward on accepting help from a system who has betrayed them.

Similarly, Pastor Gerardo explains the dire need for resources within our community and the disconnect in culture that exists from other Hospice agencies. He provides the example of his church member who would never have accepted Hospice if Pastor Gerardo was not available to translate. He states that nobody from the agency spoke Spanish. He points out how he was able to help this family understand what the service they were receiving meant and questions what the outcome would have been had he not been available to bridge the cultural gap. He highlights that if we educate more members of leadership on the resources available then we could make a difference in the lives of many families. He highlights the underutilization of Hospice due to lack of information.

Lastly, Dr. Lorenzo provides an example of how she was able to coordinate Hospice care for one of her Hispanic patients. She points out that her patient would not have been an acceptant of Hospice had she not been part of his care team. She believes that had she not been able to provide culturally sensitive counseling he would never have accepted Hospice care.

All of our support letters capture the underutilization of Hospice within minorities due to lack of understanding and education. Our supporters point out how our current Hospice agencies are not meeting the needs for end-of-life support for our minority communities. Sadly, they cannot connect on the same level that a minority owned Hospice can. They don't speak the language and they don't understand the culture.

23. 1N. Criteria and Standards

Attachment 1N. Hospice Criterion #3 Proposed Charges, Page 9-10

Please provide a comparison of Medicare per Diem rates for the levels of hospice care for all area providers:

Routine Hospice Care

Continuous Hospice Care

General Inpatient

Respite Inpatient

Please incorporate the required revisions to the Charges table provided on Pages 9-10 of Criterion #3. See Item 9C (Supplemental #1) for missing data to include in response to Criterion #3.

Response : Please See Attachment 1NR, Page 11.

<https://drive.google.com/file/d/1RxaRgS6JgmvxxR6G5s1L5LI00aLU5GSI/view?usp=sharing>

24. 1N. Criteria and Standards

Attachment 1N. Hospice Criterion #18, Assessment Period

Please respond to Hospice Services Criteria and Standards Item #18. Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

Response : We acknowledge and understand the Assessment Period policy as outlined by the HSDA. We agree that a thorough evaluation of the impact of newly approved hospice services, based on JAR data, is crucial before considering any further CON applications for either initiation or expansion of hospice services in the defined Service Area. This approach ensures that future need calculations for hospice services are informed by actual service impacts and community needs.

See Attachment 1NR, Page 26:

<https://drive.google.com/file/d/1RxaRgS6JgmvxxR6G5s1L5LI00aLU5GSI/view?usp=sharing>

Project Name : Interim Healthcare of Montgomery County

Supplemental Round Name : 2

Certificate No. : CN2311-026

Due Date : 12/14/2023

Submitted Date : 12/14/2023

1. 3A. Proof of Publication

The attachment for 3A. must include an Affidavit from the publisher of the publication of intent or a full-page image of the tear sheet of the newspapers published. Please resubmit Attachment 3A so that is satisfies this requirement. An example of a publisher's affidavit is provided below:

Knoxville NEWS SENTINEL

PART OF THE USA TODAY NETWORK

BASS BERRY SIMS PLC
100 THIRD AVENUE SOUTH 2800

NASHVILLE, TN 37201

State of Wisconsin }
County of Brown }

Before me, the undersigned, a Notary Public in and for said county this day personally came said legal clerk first duly sworn, according to law, says that he/she is a duly authorized representative of The Knoxville News-Sentinel, a daily newspaper published at Knoxville, in said county and state, and that the advertisement of

(The Above-Referenced)

of which the annexed is a copy, was published in said paper in the issues dated

09/15/2023

and that the statement of account herewith is correct to the best of his/her knowledge, information, and belief

Opna Heritz
Legal Clerk

Subscribed and sworn to before me this October 14 2023

Amy Kokott
Notary Public

6/30/2025
My commission expires

AMY KOKOTT
Notary Public
State of Wisconsin

Publication Cost: \$241.72
Ad No: 0005444512
Customer No: 1314730

of Affidavits: 1

This is not an invoice

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with F.C.A. § 48-10-101 et seq., and the Rules of the Health Facilities Commission, that Carolina Healthcare of America, Inc., a proposed home care organization with its principal office to be located at 408 South Ross Street, Suite 100, Knoxville, Tennessee 37903, in Knox County, owned by Paragon Healthcare, Inc., with an ownership type of corporation, intends to file an application for a Certificate of Need for the establishment of a home care organization and the provision of home health services located in Knox County and related nursing services for patients of children in need of Paragon Healthcare, Inc. The estimated project cost is \$184,885.

The applicant seeks licensure by the Board for Licensing Health Care Facilities as a home care organization in the following proposed service areas: Alzheimer, Stroke, Blood, Bowel, Cancer, Diabetes, Dementia, Fractures, Heartburn, Hernia, Infection, Incontinence, Intestine, Kidney, Liver, Multiple Sclerosis, Musculoskeletal, Nervous System, Respiratory, Skin, Speech, Trauma, Vision and other services under F.C.A. § 48-10-101(a)(2). The applicant hereby certifies that the information is a different service and is not subject to Certificate of Need review.

The anticipated date of when the application is on or before November 1, 2023.

The contact person for this project is Daniel Carter, who may be reached at Advanced Healthcare Advisory, Inc., 4000 Sandcastle Drive, Suite 100, Chapel Hill, North Carolina, 27517 (only 919) 934-1199.

Upon written request for informational parties, a total First Finding review meeting shall be conducted. Written requests for a hearing shall be sent to:

Health Facilities Commission
Andrew Jackson Building, 15th Floor
600 Broadway Street
Nashville, TN 37203

Pursuant to F.C.A. § 48-10-101(a)(1), (2), any healthcare institution applying to receive a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regular scheduled Health Facilities Commission meeting at which the application is properly submitted and file any other written notice to oppose the application with file a written objection with the Health Facilities Commission or in order to the consideration of the application to the Commission, or their action in order to receive a Certificate of Need.

Response : Please See Revised Attachment 3A

2. 3N. Demographics

The revised attachment for 3NR includes a modified table on Page 1 of the attachment. Please provide a demographics table that displays the population change % for the total population and population age 65% as it was formatted in the original application, but with the requested revisions to the Target Population % Change 2023-2027 in Rutherford and Williamson Counties. Please revise and resubmit Attachment 3NR (labeled as Attachment 3NR2). See table below for reference.

Demographic Variable/Geographic Area	Department of Health/Health Statistics						
	Total Population - 2023	Total Population - Projected Year 2027	Total Population - % Change	*Target Population- 65+	Target Population-	Target Population-	Target
				Current Year 2023	Project Year 2027	% Change 2023-2027	Population 2027 as % of Total
Cheatham	41,692	42,304	1.47%	7,365	8,293	12.60%	19.60%
Davidson	722,445	742,241	2.74%	98,327	106,767	8.58%	14.38%
Montgomery	227,061	243,942	7.43%	23,975	27,584	15.05%	11.31%
Robertson	74,699	77,702	4.02%	12,672	14,395	13.60%	18.53%
Rutherford	363,690	396,434	9.00%	44,100	52,325	2.26%	13.20%
Williamson	264,071	288,952	9.42%	40,172	47,379	2.73%	16.40%
Service Area Total	1,693,658	1,791,575	5.78%	226,611	256,743	13.30%	14.33%
State of TN Total	7,071,060	7,282,134	2.99%	1,290,989	1,413,040	9.45%	19.40%

Response : Error on first chart is noted and fixed through the resubmission of Attachment 3NR2

3. 5N. Unimplemented services

The revised Attachment 5NR Page 1 appears to include one remaining error in the following item:

2022 - Amedisys Hospice (Central Pike) - ID 19674 (should be 353)

Please revise and resubmit Attachment 5NR (labeled as Attachment 5NR2).

Response : Correction has been made and resubmitted as Attachment 5NR2.

4. 1N. Criteria and Standards

Attachment 1N. Hospice Criterion #18, Assessment Period

Please address the CONs which have been approved for hospice services in the service area recently including the following:

CN2302-014 - Shalom Hospice LLC

CN2306-016 - Heart and Soul Hospice LLC

Please discuss the projected utilization in each of the service area counties and whether that utilization has been reported through the Joint Annual Reports at this time. Those applications can be found at the following website: [Waiting Room \(tn.gov\)](http://WaitingRoom.tn.gov).

Please revise and resubmit Attachment 1NR (labeled as Attachment 1NR2).

Response : Please see attachment 1NR2.