HEALTH FACILITIES COMMISSION
OCTOBER 23, 2024
APPLICATION REVIEW

NAME OF PROJECT:	Quality Hospice
PROJECT NUMBER:	CN2408-022
ADDRESS:	341 West Central Avenue, Suite B Jamestown (Fentress County), TN 38556
LEGAL OWNER:	All Care Plus, Inc. 341 B West Central Avenue Jamestown (Fentress County), TN 38556
OPERATING ENTITY:	N/A
CONTACT PERSON:	Jerry Taylor, Attorney Thompson Burton PLLC (615) 275-8988
DATE FILED:	August 23, 2024
PROJECT COST:	$46,000
PURPOSE FOR FILING:	Addition of five (5) service area counties to hospice license #621

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 addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown (Fentress County), Tennessee 38556.

Executive Summary

- If approved, the applicant projects the proposed project will open for service in January 2025.
- The applicant proposes to establish hospice services in five East Tennessee counties: Anderson, Campbell, Cumberland, Putnam, and Roane, adding to its existing seven-county service area.
- The five new counties will be managed from two different offices. The applicant's Fentress County hospice office will oversee Cumberland and Putnam Counties and its Scott County branch office will oversee Anderson, Campbell, and Roane Counties. No new branch offices are proposed.
- The applicant currently has home health or Private Duty offices in all five of the proposed expansion counties and projects that there will be overlap between its home health and hospice patients within the proposed service area.
- The applicant is a family-owned agency that does not operate outside of the East Tennessee area.
- The applicant states that in the counties where it currently operates both home health and hospice services, approximately (16%) of is home health patients served ultimately transition to its hospice services.
- The applicant offers all four levels of hospice care. It states that general inpatient and respite care will be provided through contracts with appropriate facilities.
- The applicant cites its high-quality ratings achieved as reported through Medicare Compare, receiving 5-Star ratings for each of the counties it currently services. The applicant also cites it scoring a 10 out of 10 rating on Certification and Survey Provider Enhanced Reports (CASPER) report for the period of January 2021-December 2022.
- The applicant highlights its provision of specialty services to hospice patients which are not offered by other hospice providers in the proposed service area including: Wound Ostomy Continent Nursing for wound healing, ostomies and incontinent patients for stabilization and comfort, psychiatric nursing, and respiratory therapy.

Note to Commission members: The applicant states that while it is not currently accredited and does not intend to pursue third-party accreditation for its projected service area, it will accept a condition, if required by the Health Facilities Commission, to obtain Community Health Accreditation Program, Inc., Accreditation Commission for Health Care, or another accrediting body with deeming authority for hospice services from CMS or state licensing survey, and/or other third-party quality oversight organization, for Hospice projects. (See Supplemental #1, Question #, Page 5).

- The applicant anticipates providing care in the settings listed below:

Location of Care	Yes	No	% of Patients
Home	X		97%
Assisted Living Facility	X		0%
Nursing Facility	X		2%
Skilled Nursing Facility		X	0%
Inpatient Hospital Facility	X		1%
Other (group homes, shelters, etc.)		X	0%

*The applicant will offer services within Assisted Living Facilities but does not project any utilization in Year 1 of the project.

- Please see application Item 1E. on Page 6 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 utilize approximately 1,710 square feet of space at its Jamestown office location. No patient care will be provided on the premises.
- The project site is currently being leased from the owner, The Sewell Family Revocable Living Trust, to Quality Hospice, for an initial 60-month lease term. See Attachments 9A – Lease Agreement and 10A Floor Plan.

Ownership

- The applicant, Quality Hospice is owned by All Care Plus, Inc.

Project Cost Chart

- The total project cost is $46,000. Of this amount, the highest line-item costs of the project are Legal, Administrative and Consultant Fees ($40,000), and Publication Fees ($3,000).
- For additional information, please refer to the Project Cost Chart on Page 9 of the original application.

NEED

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

- The applicant cites the need to support continuity of care for its home health patients who may wish to transition into hospice services within the same agency.
- The need to provide patients with access to specialized nursing services including wound care specialists, psychiatric nursing, and respiratory care therapists that are not currently available through other service area hospice agencies.
- The need to provide patient access to a locally owned provider that is established in the community and is therefore well positioned to recruit and retain qualified staff and leverage community connections to support quality patient care.

(For applicant discussion, see the Original Application, Item 2.E., Pages 7 & 8)

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

Hospice Services:
All applicable criteria and standards were met except for the following which is only partially met:

- Partially met 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 HSDA, for the inclusion of any such county and: 1) if the HSDA finds that such inclusion contributes to the orderly development of the healthcare system in any such county, and 2) if the HSDA 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 five-county service area – Anderson, Campbell, Cumberland, Putnam, and Roane Counties, which cumulatively show a surplus capacity of (604) hospice admissions according to the standard of 80% of the Statewide Median Hospice Penetration Rate (SMHPR). Individually, four of the five counties show a Statewide Median Hospice Penetration Rate above 80%: Anderson County (391), Roane County (131), Campbell County (76), and Putnam County (26). One of the five counties shows a Statewide Median Hospice Penetration Rate below 80%: Cumberland County (26).*
- **b. For a hospice that is expanding its existing Service Area: "i. There is a need shown of at least 40 additional hospice service recipients in each of the new counties being added to the existing Service Area."** *None of the counties in the*

service area demonstrates a need for at least 40 new hospice recipients. The applicant requests special consideration for approval outside of the Need Formula based upon the demonstration of factors stated in Attachment 1N, Pages 9 & 10 which mirror the need considerations highlighted throughout the application including continuity of care, the specialized nursing services offered by the applicant, the existing track record of providing quality hospice care in counties that are contiguous to the newly proposed counties, the local ownership of the agency contributing to between networking and staffing success, and the demand expressed from major referral sources such as Cookeville Regional Medical Center ("CRMC"). ***See Attachment 1.N. Hospice Services Standards and Criteria, Pages 7-10.***

- 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 five counties, one of which overlaps with the service area of a recently approved CON (CN2303-009A – Hospice of Chattanooga Holdings, LLC) in Cumberland County.* Hospice of Chattanooga Holdings, LLC *projected to serve 47 hospice patients in Cumberland County in Year 1 (2024) and 57 hospice patients in Year 2 (2025) according to its CON application. CN2303-009A was approved on May 24, 2023, and has not yet reported in the Joint Annual Reports for Hospice because of completing the project on July 8, 2024. 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 Anderson, Campbell, Cumberland, Putnam, and Roane Counties (*see Attachment 2N for a county level map*).
- The target population is the adult population age 18 and older. (*See Attachment 3NR for more demographic detail.*)

County	2024 Population	2028 Population	2024 Population 18+	2028 Population 18+	% Change 18+	Median Household Income	% of Persons Below Poverty Level	TennCare %
Anderson	78,892	79,863	62,783	63,747	1.5%	$60,633	13.1%	21.0%
Campbell	39,557	39,128	31,763	31,508	-0.8%	$48,258	20.4%	29.4%
Cumberland	64,464	66,753	54,012	56,190	4.0%	$56,002	14.0%	19.8%
Putnam	84,778	88,381	66,405	69,317	4.4%	$54,371	19.1%	22.3%
Roane	54,007	53,893	44,348	44,405	0.1%	$66,460	13.2%	21.4%
Service Area Total	**321,698**	**328,018**	**259,311**	**265,167**	**2.3%**	**$57,145**	**15.8%**	**22.2%**
Tennessee Total	**7,125,908**	**7,331,859**	**5,565,604**	**5,736,895**	**3.1%**	**$64,035**	**13.3%**	**20.1%**

Source: CN2408-022, Attachment 3N, 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 (2024-2028) among residents age 18+ and over of (2.3%) which is lower than the statewide rate of (3.1%).
- The latest 2024 percentage of (22.2%) of service area residents enrolled in the TennCare program is higher than the (20.1%) statewide average. One of the five proposed service area counties, Cumberland County, has a lower TennCare program enrollment rate (19.8%) than the statewide average.

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

Utilization for the (14) licensed in-home hospice agencies from 2021-2023 operating in the five-county service area is detailed in the table below:

Utilization of Service Area In-Home Hospice Agencies 2021-2023

Hospice Agency	State ID	2021	2022	2023	Total Patients 2021-2023	% of Total Patients 2021-2023	% Change in Patients 2021-2023
Amedisys Hospice an Adventa Company	10601	0	0	0	0	0%	0%
Avalon Hospice	19694	323	270	280	873	10.5%	-13.3%
Univ. of TN Med. Ctr Home Health/Hospice Service	32603	0	0	0	0	0%	0%
Caris Healthcare	33653	0	1	0	1	0%	0%
Amedisys Hospice an Adventa Company	47602	778	1,108	1,281	3,167	38.2%	64.7%
Caris Healthcare	47682	201	219	178	598	7.2%	-11.4
Covenant Homecare	47632	205	237	304	746	9.0%	48.3%
Tennova Healthcare Hospice	47642	29	40	49	118	1.4%	69.0%
UTMCK-Home Care Services: Hospice & Home Care	47662	244	217	248	709	8.6%	1.6%
Suncrest Home Health & Hospice	13603	3	1	8	12	0.1%	166.7%
Hospice of Cumberland County	18604	189	164	185	538	6.5%	-2.1%
Kindred Hospice	71604	158	180	263	601	7.3%	66.5%
Caris Healthcare	75624	293	277	244	814	9.8%	-16.7%
Home Health Care of East Tennessee and Hospice	06613	30	42	32	104	1.3%	6.7%
Total, Licensed Hospice Agency Patients		**2,453**	**2,756**	**3,072**	**8,281**	**100%**	**25.2%**

Source: CN2408-022, Attachment 5NR

- The number of patients receiving hospice services in the proposed service area has increased by (25.2%) from 2021-2023.
- From 2021-2023 only eight of the fourteen hospice agencies serviced more than (1.4%) of the total patients served representing (97.2%) of the total volume of hospice patients residing in the service area.
- The three highest volume providers were Amedisys Hospice an Adventa Company – ID 47602 (3,167 patients served – 38.2% of total patients from the service area); Avalon Hospice – ID 19694 (873 patients served – 10.5% of total patients from the service area); and Caris Healthcare – ID 75624 (814 patients served – 9.8% of total patients from the service area).

Utilization of Service Area In-Home Hospice Agencies by County of Residence 2023

Hospice Agency	State ID	Anderson	Campbell	Cumberland	Putnam	Roane	2023 Total Patients
Amedisys Hospice an Adventa Company	10601	0	0	NL	NL	NL	0
Avalon Hospice	19694	57	29	98	44	52	280
Univ. of TN Med. Ctr Home Health/Hospice Service	32603	0	0	NL	NL	0	0
Caris Healthcare	33653	NL	NL	NL	NL	0	0
Amedisys Hospice an Adventa Company	47602	663	299	39	0	280	1,281
Caris Healthcare	47682	135	8	NL	NL	35	178
Covenant Homecare	47632	165	16	NL	NL	123	304
Tennova Healthcare Hospice	47642	18	31	NL	NL		49
UTMCK-Home Care Services: Hospice & Home Care	47662	139	71	NL	NL	38	248
Suncrest Home Health & Hospice	13603	NL	8	NL	NL	NL	8
Hospice of Cumberland County	18604	NL	NL	185	NL	NL	185
Kindred Hospice	71604	NL	NL	1	262	0	263
Caris Healthcare	75624	NL	NL	143	99	2	244
Home Health Care of East Tennessee and Hospice	06613	4	NL	NL	NL	28	32
Total, Licensed Hospice Agency Patients		**1,181**	**462**	**466**	**405**	**558**	**3,072**

Source: CN2408-022, Attachment 5NR, NL – Not Licensed in the County.

- The largest number of hospice patients were served in Anderson County in 2023 (1,181) followed by Roane County (558) and Cumberland County (466).

Applicant's Historical and Projected Utilization

There is no historical utilization for the applicant in the service area for this project. The following table indicates the applicant's projected hospice utilization by number of cases in Year 1 (2025).

Projected Utilization – Quality Hospice

Service Area County	Projected Utilization Year 1 (2025)	Total Cases
Cumberland	51	40.2%
Roane	30	23.6%
Anderson	18	14.2%
Putnam	18	14.2%
Campbell	10	7.8%
Total	**127**	**100%**

Source: CN2408-022, Application, Page 11

- The applicant projects that (63.8%) of patient utilization will originate from Cumberland County and Roane County combined.

Note to Commission members: The applicant's projection methodology is based upon its historical conversion rate of home health patients to hospice patients in counties where it currently offers both service lines and applying that rate to the proposed service area

counties. However, the applicant is not currently licensed as a full provider of home health services in one of the proposed service area counties, Cumberland County, where it is licensed to serve only pediatric and EEOICPA patients. Therefore, the projections for Cumberland County are a rough estimate, whereas the other four counties are based on conversion rates being applied to actual home health patients.

Projected Utilization – Quality Hospice

	Year 1 (2025)	Year 2 (2026)
Admissions	127	132
Average Length of Stay - ALOS (Days)	55	55
Patient Days	6,985	7,314

Source: CN2408-022, Attachment 6N

- The applicant is projecting an average length of stay for patients of 55 days in Year 1 (2025) and Year 2 (2026).
- The applicant states that approximately 10% of its projected patients are expected to be serve by its hospice agency alone, without having previously been served by its affiliate home health agency.
- The applicant's projections are based on the historical rate of conversions from its home health services to its hospice services in those counties which it currently has both available of (16%).
- The applicant applied a conservative 8% rate to its home health patients residing within the proposed service area of the project for 2023.
- The applicant has applied a 4.7% growth rate from Year 1 to Year 2.

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

Charges

- The applicant's proposed charges are listed on Page 20. The applicant's unit of measure for calculating charge information is patient days.

	Projected Data Chart	
	Year 1	Year 2
Gross Charges	$244.24	$244.16
Deduction from Revenue	$10.57	$10.57
Average Net Charges	$233.67	$233.60

Source: CN2408-022, Application, Page 20.

- The applicant's average net charges are projected to remain the same from Year 1 to year 2 of the project.

Average per Diem Charges of Hospices in PSA and Quality Hospice 2023

Hospice Agency	Home County	State ID	Total Patient Days	Total Net Revenue	Average Charge per Day
Home Health Care of East Tennessee, Inc,	Bradley	06613	73,878	$12,366,558	$167.39
Amedisys Hospice an Adventa Company	Carter	10601	266,987	$27,237,152	$102.02
Suncrest Hospice	Claiborne	13603	43,857	$3,326,003	$75.84
Hospice of Cumberland County	Cumberland	18604	7,095	$1,092,554	$153.99
Avalon Hospice	Davidson	19694	546,515	$88,701,381	$162.30
University of TN Medical Center Hospice Services	Hamblen	32603	67,859	$8,529,096	$125.69
Amedisys Hospice an Adventa Company	Knox	47602	313,327	$37,810,441	$120.67
Covenant Homecare	Knox	47632	39,985	$7,311,520	$182.86
Tennova Healthcare Hospice	Knox	47642	13,113	$1,921,883	$146.56
University of TN Medical Center Home Care Services - Hospice	Knox	47662	177,557	$21,881,929	$123.24
Caris Healthcare	Knox	47682	82,816	$13,237,868	$159.85
Kindred Hospice	Putnam	71604	23,794	$3,723,763	$156.50
Caris Healthcare LP, Murfreesboro	Rutherford	75624	52,924	$8,989,855	$169.86
Quality Hospice	Fentress	25604	14,570	$2,478,828	$170.13
TOTAL			**1,709,707**	**$236,130,003**	**$138.11**

Source: CN2408-022, Attachment 1N(3).

- The applicant's reported average charge per patient day ($170.13) is higher than the average or other licensed hospice agencies in the service area ($138.11). See Attachment 1N(3).

2023 Comparison of Licensed Hospice Agencies in the Project Service Area Medicare Per Diem Rates by Service Category

Hospice Agency	State ID	Routine Home Care	Continuous Home Care	General Inpatient Care	Respite Care
Home Health Care of East Tennessee, Inc.	06613	$203	$1,463	$1,068	$474
Amedisys Hospice an Adventa Company	10601	$150	$500	$846	$411
Suncrest Hospice	13603	$153	$500	$500	$419
Hospice of Cumberland County	18604	$184	$1,293	$969	$432
Avalon Hospice	19694	$193	$1,368	$1,016	$452
University of TN Medical Center Hospice Services	32603	$153	$500	$900	$358
Amedisys Hospice An Adventa Company	47602	$139	$500	$909	$383
Covenant Homecare	47632	$183	$1,296	$970	$432
Tennova Healthcare Hospice	47642	$157	$500	$936	$336
University of TN Medical Center Home Care Services	47662	$157	$500	$911	$405
Kindred Hospice	71604	$183	$1,293	$970	$452
Caris Healthcare L.P. Murfreesboro	75624	$192	$1,368	$1,016	$452
Quality Hospice	25604	$190	$1,330	$1,000	$446
Average		**$172**	**$955**	**$924**	**$419**

Source: CN2408-022, Attachment 1N, Page 3R

- The applicant's Medicare per diem rates for Routine Home Care ($190) are higher than the average service area provider rate of ($172).

Project Payor Mix

	Percentage of Gross Operating Revenue						
	Medicare	**Medicaid**	**Commercial**	**Self-Pay**	**Other**	**Total**	**Charity Care**
Year 1	96.0%	2.5%	1.0%	0.5%	0.0%	**100%**	0.8%

Source: CN2408-022, Application, Page 21

- Please refer to Item 10C. in the Consumer Advantage section of the application for specific Payor Mix information.
- A full list of in-network payors is included as Item 2.C.
- The applicant's Charity Care policy is included as Attachment 1N, Criterion 5.

Note to Commission members: The applicant identifies the following scenarios when charity care may be required for its hospice patients: "(1). A nursing facility patient does not have or loses his or her private or government health insurance. Quality is providing hospice care in the nursing facility, which means it must bill the payor for room and board, and then reimburse the facility. Quality would continue services even though it cannot bill a 3rd party for payment. (2). A patient is in hospice due to a work-related accident or injury and is receiving workers comp benefits. If those benefits are exhausted, Quality would continue to provide services as charity care. (3). A patient has only state Medicaid/TennCare coverage which only covers room and board in nursing home but not hospice services. Quality would continue to provide hospice services as charity care."

Agreements

- The applicant states that it plans to contract with service area nursing homes, hospitals, but has not identified facilities yet.
- The applicant states that it intends to contract with all Managed Care Organizations (MCOs) serving the area including WellPoint (formerly Amerigroup), BlueCare, UnitedHealthcare Community Plan, and TennCare Select.

Staffing

The applicant's Year One proposed staffing includes the following:

	Year One
Direct Patient Care Positions	24.0
Non-Patient Care Positions	8.0
Contractual Staff	0.0
Total	**32.0**

Source: CN2408-022, Attachment 8QR.

- Direct Care positions includes the following: Field Nurses (12.5 FTEs); Nurse's Aides (7.0 FTEs); Social Workers (2.0 FTE); and Chaplain/Pastoral (2.5 FTE).

- Non-Patient Care positions includes the following: Administrator (1.0 FTE); Assistant Administrator (1.0 FTEs); Clerical/Billing Staff (4.0 FTEs); and Business Development Staff (2.0 FTEs).
- The Medical Director for Quality Hospice is Dr. Josh Thompson who has been in that role since 2019.
- The Wound Ostomy Continent Nursing employee is an in-house employee.
- The applicant states that a volunteer coordinator position is included within the FTEs associated with the Business Development staff.
- The applicant states that its nurses are trained and proficient in dietary and nutrition counseling and that no specific nutritionist positions are included in the staff projections.
- Please refer to Attachment 8QR. of the application for additional detail regarding project staffing.

QUALITY STANDARDS

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

Licensure	Certification	Accreditation
Health Facilities Commission	Medicare/TennCare	NA

Source: CN2408-022, Application, Page 23.

- The applicant will apply for Licensure through the Tennessee Health Facilities Commission, Certification through Medicare and TennCare.
- The applicant does not plan to pursue any third-party accreditation but has stated that it will accept a condition on the CON if required, to obtain accreditation through an organization with CMS deeming authority.
- The applicant highlights it's 5-star rating 2022 and 2023 Medicare Compare reports for each of the seven counties it serves as well as its 5-Star 2023 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Quality Hospice rating.
- The applicant also highlights that it scored a perfect "10" on the Certification and Survey Provider Enhanced Reports (CASPER) report for the two-year period of CY2021-CY2022.

Application Comments
Application Comments may be filed by the Department of Health, Department of Mental Health, and Substance Abuse Services, and the Department of Disability and Aging. 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 Disability and Aging
☒ **No comments were filed**

Should the Commission 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, outstanding applications, denied applications, or pending applications on file for this applicant.

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:
There are no other Letters of Intent, Pending, Outstanding or Denied applications on file for other entities proposing this type of service.

TPP (10/15/2024)

CRITERIA AND STANDARDS

Attachment 1N -- Responses to Standards and Criteria

RESIDENTIAL HOSPICE SERVICES AND HOSPICE SERVICES

STANDARDS AND CRITERIA APPLICABLE TO TOTAL 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.

RESPONSE: Quality Hospice is uniquely positioned to hire, train, and retain staff from the local area. The owners of Quality Hospice, the Allreds, are lifelong residents of Fentress County. They are the founders and have been the owners of Quality Hospice since it began serving the area in 2012. The Allreds are also the owners of Quality Home Health which has been serving the area since 1984. The owners and the company have has extensive business networks and are able to locate available qualitied nurses and other caregivers who will join the staff of Quality Hospice and be assigned to serve patients when and where they are needed. The applicant's home office is in Fentress County, and it has a branch office in Scott County. These offices are well positioned geographically so that caregivers can be responsive to patient needs and provide services in a timely and efficient manner.

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 assuring 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.

RESPONSE: 2023 was a year of celebration for Quality Hospice, marking its 10- year anniversary. The organization took the opportunity to look back and conduct a self-evaluation of the factors contributing to its success, which includes a 50% growth in the census. In doing so it realized while the reason for its success is multi-faceted, an important factor was the transition over the past year or so from traditional marketing approach to community education – encompassing both the community at large, and area referral sources

Videos of employees speaking of their roles at Quality Hospice Care were posted on Facebook, the website was updated to include more educational information about hospice services, and articles were published in local newspapers, Quality Hospice held a roundtable discussion with key team members, including visiting staff, to determine the most frequently asked questions regarding hospice care and the services provided by hospice. This discussion led to the development of 18 short, one-line FAQs called the "Did You Know?" The items on the "Did You

Know" list are at the core of the community education efforts.

The leadership of Quality Hospice has learned to never assume that referral sources understand what hospice is or the Medicare Hospice Benefit and conditions of participation. Education and collaboration are key to tearing down barriers to a more seamless transition into hospice care. Our education to providers, nursing home partners and hospitals has focused on the "who, what, when, where and how" to complement a patient-centered approach in caring for persons meeting criteria for hospice services. Education to non-referral clinical sources such as durable medical equipment companies and pharmacies has focused on proactive approaches to enhance communication and hardwire processes when providing services to a Quality Hospice Care patient.

In addition to its community education activities, Quality Hospice is integrated into the medical community by way of its contracts with area nursing homes and hospitals to provide hospice services to patients in those facilities.

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.

RESPONSE: The current charges and Medicare reimbursement amounts for Quality Hospice are shown below.

QUALITY HOSPICE CHARGES AND MEDICARE REIMBURSEMENT - 2023					
	Routine Home Care (per day) Days 1-60	**Routine Home Care (per day) Days 61+**	**Cont Home Care (per hour)**	**Gen Inpt Care (per day)**	**Inpt Respite Care (per day)**
Hospice Charges	$185.00	$145.00	$55.00	$970.00	$435.00
Hospice Reimbursement	$183.44	$144.96	$53.88	$969.69	$432.06

The table below, which is also shown in Attachment 9C shows the 2023 Medicare reimbursement rates by type of service for each of the existing hospice providers in the PSA. 2023 is the most recent year for which all agencies had a report on file. Medicare rates are set by CMS based on numerous factors. The agency has no direct role in setting the amount of the Medicare payment rate.

MEDICARE CHARGES OF HOSPICE AGENCIES IN PSA - 2023					
Agency	**Home County**	**Routine Hospice Care**	**Continuous Hospice Care**	**General Inpatient**	**Resite Inpatient**
Home Health Care of East Tennessee, Inc.	Bradley	$203	$1,463	$1,068	$474
Amedisys Hospice an Adventa Company	Carter	$150	$500	$846	$411
Suncrest Hospice (No JAR on File)	Claiborne	NR	NR	NR	NR
Hospice of Cumberland County	Cumberland	$184	$1,293	$969	$432
Avalon Hospice	Davidson	$193	$1,368	$1,016	$452
Quality Hospice	Fentress	$190	$1,330	$1,000	$446
University of TN Medical Center Hospice Services (No JAR	Hamblen	NR	NR	NR	NR
Amedisys Hospice An Adventa Company	Knox	$139	$500	$909	$383
Covenant Homecare	Knox	$183	$1,296	$970	$432
Tennova Healthcare Hospice	Knox	$157	$500	$936	$336
University of TN Medical Center Home Care Services	Knox	$157	$500	$911	$405
Caris Healthcare	Knox	$183	$1,293	$970	$432
Caris Healthcare (No JAR on File)	McMinn	NR	NR	NR	NR
Caris Healthcare (No JAR on File)	Putnam	NR	NR	NR	NR
Kindred Hospice (No JAR on File)	Putnam	NR	NR	NR	NR
Caris Healthcare L.P. Murfreesboro (No JAR on File)	Rutherford	NR	NR	NR	NR
Average		$174	$1,004	$960	$420

Shown below and also in Attachment 1N(3) are the average per diem charges for each of the agencies licensed to serve the PSA, and Quality's average per diem charge. Since the biggest payor category for hospice agencies is Medicare, and because the Medicare rates are set by CMS and not by the agencies, a comparison of the per diem charges is not particularly relevant or useful.

Average Per Diem Charges of Hospices in PSA and Quality Hospice					
Hospice Agency	**Home County**	**State ID**	**Total Days**	**Total Gross Revenue**	**Average Charge per Day**
Home Health Care of East Tennessee, Inc,	Bradley	06613	73,878	$12,366,558	$167.39
Amedisys Hospice an Adventa Company-	Carter	10601	266,987	$27,237,152	$102.02
Suncrest Hospice	Claiborne	13603	43,857	$3,326,003	$75.84
Hospice of Cumberland County	Cumberland	18604	7,095	$1,092,554	$153.99
Avalon Hospice	Davidson	19694	546,515	$88,701,381	$162.30
University of TN Medical Center Hospice Services	Hamblen	32603	67,859	$8,529,096	$125.69
Amedisys Hospice An Adventa Company	Knox	47602	313,327	$37,810,441	$120.67
Covenant Homecare	Knox	47632	39,985	$7,311,520	$182.86
Tennova Healthcare Hospice	Knox	47642	13,113	$1,921,883	$146.56
University ot TN Medical Center Home Care Services - Hospice	Knox	47662	177,557	$21,881,929	$123.24
Caris Healthcare	Knox	47682	82,816	$13,237,868	$159.85
Kindred Hospice	Putnam	71604	23,794	$3,723,763	$156.50
Caris Healthcare L,P, Murfreesboro	Rutherford	75624	52,924	$8,989,855	$169.86
Quality Hospice	Fentress	25604	14,570	$2,478,828	$170.13
TOTAL			**1,709,707**	**$236,130,003**	**$138.11**
Source: Joint Annual Report - Hospice Agencies					

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.

RESPONSE: Quality Hospice is perfectly positioned to serve all of the proposed service area. Quality's sister agency, Quality Home Health, has been providing home health services in 4 of the 5 proposed service area counties since 1984. Quality Hospice is locally owned by the Allred family, who are life-long residents of Fentress County. The applicant's home office is in Fentress County and it has a branch office in Scott County. These offices are well positioned geographically so that caregivers can be responsive to patient needs and provide services in a timely and efficient manner.

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.

RESPONSE: There is very little need for charity care for hospice benefits. Almost all patients are covered by governmental programs (Quality has 96% Medicare and 2.5% TennCare patient mixes). Only 0.5% of the patient mix is self-pay.

a. Please see the discussion of Quality's community linkage plan for a description of how it coordinates care and education through various organizations in the local communities.

b. Pleased see the discussion ion the community linkage plan.

c. With the limited need for charity care, there is no need to fundraise specifically for that purpose.

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.

Rationale: This information will help inform the HSDA about the quality of care the applicant's common ownership and/or management provides in other states and the likelihood of its providing similar quality of care in Tennessee.

RESPONSE: Quality Hospice has a strong Quality Assurance and Performance Improvement program through with it monitors its performance via certain quality benchmarks, and then develops and implements strategies for performance improvement if appropriate.

A more public quality assessment program is Medicare Compare, which rates all providers of a given service based on numerous factors. Medicare Compare uses a "star" rating system where 1 star is the lowest and 5 stars is the highest. Quality Hospice consistency ranks high in the star ratings, and in 2022 it was awarded 5 stars for each of the 7 counties in the current service area.

Quality Hospice is licensed by the HFC Division of Licensure, and it will always meet or exceed all licensing standards.

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.

RESPONSE: Quality Hospice will comply with all such reporting requirements.

7. 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.

RESPONSE: The leadership of Quality Hospice has learned to never assume that referral sources understand what hospice service and the Medicare Hospice Benefit are. Education and collaboration are key to tearing down barriers to a more seamless transition into hospice care. Quality does a substantial amount of community education and outreach to physician offices, nursing home partners, and hospitals focused on the "who, what, when, where and how" to complement a patient-centered approach in caring for persons meeting criteria for hospice services. Education to non-referral clinical sources such as durable medical equipment companies and pharmacies has focused on proactive approaches to enhance communication and hardwire processes when providing services to a Quality Hospice Care patient.

These educational activities can be provided in-person in a health care facility or medical practice, through videos that are made available to various organizations to share with their members/constituents and/or posted on Facebook or other social media outlets, and through

brochures left in various provider offices with permission.

HOSPICE SERVICES (IN-HOME)

DEFINITIONS

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

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.

ADDITIONAL SPECIFIC STANDARDS AND CRITERIA FOR HOSPICE SERVICES

Note that, while a "need formula" is set forth below, the decision to approve a CON application hereunder should be determined by the cumulative weight **of all** standards and criteria, including those set forth earlier herein.

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:

A / B = Hospice Penetration Rate Where:

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

and

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

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

Need should be established in a Service Area as follows:

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.

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 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 HSDA, for the inclusion of any such county and: 1) if the HSDA finds that such inclusion contributes to the orderly development of the healthcare system in any such county, and 2) the HSDA 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.

RESPONSE: Not applicable; Quality Hospice is an existing hospice provider seeking to add counties to its service area, not a proposed new agency seeking to "initiate" hospice services.

b. For a hospice that is expanding its existing Service Area:

i. There is a need shown of at least 40 additional hospice service recipients in each of the new counties being added to the existing Service Area.

Taking into account the above guidelines, the following formula to determine the demand for additional hospice service recipients should be applied to each county, and the results should be aggregated for the proposed service area:

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

RESPONSE: The calculated need or surplus in each of the PSA counties is shown below. This is the most recent calculation table available from Health Statistics.

	Hospice Patients Served			Total Hospice Deaths*			Hospice Penetration Rate	Hospice Penetration Rate and Patient Need/(Surplus)	
County Name	2021	2022	Mean	2021	2022	Mean	Mean Number of Patients/Mean Number of Deaths	(Median Rate)*80% 0.445	(Median Rate)*85% 0.473
Anderson	776	989	883	1,139	1,070	1,105	0.799	(391)	(361)
Campbell	360	396	378	715	645	680	0.556	(76)	(57)
Cumberland	470	437	454	1,152	1,005	1,079	0.420	26	56
Putnam	420	467	444	975	877	926	0.479	(32)	(6)
Roane	427	546	487	842	757	800	0.609	(131)	(109)
Source: Division of Health Statistics									

Although none of the proposed new service area counties show a need of 40 or more, there are several reasons why this proposal by Quality Hospice demonstrates a need to add the proposed 5 counties to its service area:

- Quality already provides home health services in 4 of the 5 counties. Allowing it to also provide hospice services will provide for true continuity of care for its patients and allow them to remain under the care of the agency and caregivers with whom the patient and/or the family is familiar.

- Quality already provides both home health and hospice services in counties which are contiguous to the proposed new service area counties. This means Quality has experience in delivering both service lines of care, and also has name recognition and a reputation for excellent care in the proposed service area counties.

- Quality has specialized nurses who provide types and levels of care that few, if any, of the existing hospice providers offer. The specialty services and personnel currently available at Quality Hospice are:

  1. WOCN – Wound Ostomy Continent Nursing for wound healing, ostomies and incontinent patients for stabilization and comfort.

  2. Psychiatric nursing – A certified psychiatric nurse on staff to provide insight on medication, moods, understanding their hospice journey.

  3. Respiratory therapist – A sister company through common ownership, Buckeye Home Medical, has a respiratory therapist who is available to Quality Hospice patients as needed.

  Allowing Quality to serve the 5 additional counties will make these services accessible to patients who may not otherwise be able to access these services in the home setting.

- Quality has home and branch offices in counties contiguous to the proposed new service area counties, which will also prompt and efficient service to patients.

- Quality is a local company. The owners of Quality Hospice, the Allreds, are lifelong residents of Fentress County. They are the founders and have been the owners of Quality Hospice since it began serving the area in 2012. The Allreds are also the owners of Quality Home Health which has been serving the area since 1984. Quality is well known in the service area, and has extensive personal and business connections which will facilitate healthy utilization of its hospice services.

- Quality is uniquely positioned to hire, train, and retain staff from the local area. Because it is a local company which has been providing some form of home care since 1984, the owners and management team have extensive business networks and are able to locate available qualified nurses and other caregivers to join the staff of Quality Hospice.

- Putnam County is the home of Cookeville Regional Medical Center ("CRMC"), which refers significant numbers of patients from the inpatient setting to in home hospice services. CRMC has expressed a desire to refer patients to Quality but cannot do so until and unless Quality is licensed for Putnam County. Adding Putnam County to Quality's service area will give patients an additional choice for a high-quality hospice provider.

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.

RESPONSE: N/A.

Average Per Diem Charges of Hospices in PSA and Quality Hospice					
Hospice Agency	**Home County**	**State ID**	**Total Days**	**Total Gross Revenue**	**Average Charge per Day**
Home Health Care of East Tennessee, Inc,	Bradley	06613	73,878	$12,366,558	$167.39
Amedisys Hospice an Adventa Company-	Carter	10601	266,987	$27,237,152	$102.02
Suncrest Hospice	Claiborne	13603	43,857	$3,326,003	$75.84
Hospice of Cumberland County	Cumberland	18604	7,095	$1,092,554	$153.99
Avalon Hospice	Davidson	19694	546,515	$88,701,381	$162.30
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Caris Healthcare L,P, Murfreesboro	Rutherford	75624	52,924	$8,989,855	$169.86
Quality Hospice	Fentress	25604	14,570	$2,478,828	$170.13

Attachment 1N(3)

TOTAL			**1,709,707**	**$236,130,003**	**$138.11**

Source: Joint Annual Report - Hospice Agencies

MEDICARE CHARGES OF HOSPICE AGENCIES IN PSA - 2023					
Agency	Home County	Routine Hospice Care	Continuous Hospice Care	General Inpatient	Resite Inpatient
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Avalon Hospice	Davidson	$193	$1,368	$1,016	$452
Quality Hospice	Fentress	$190	$1,330	$1,000	$446
University of TN Medical Center Hospice Services	Hamblen	$153	$500	$900	$358
Amedisys Hospice An Adventa Company	Knox	$139	$500	$909	$383
Covenant Homecare	Knox	$183	$1,296	$970	$432
Tennova Healthcare Hospice	Knox	$157	$500	$936	$336
University of TN Medical Center Home Care Services	Knox	$157	$500	$911	$405
Caris Healthcare	Knox	$183	$1,293	$970	$432
Caris Healthcare (No JAR on File)	McMinn	NR	NR	NR	NR
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Kindred Hospice	Putnam	$183	$1,293	$970	$432
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Average		$174	$1,004	$960	$420

Shown below and also in Attachment 1N(3) are the average per diem charges for each of the agencies licensed to serve the PSA, and Quality's average per diem charge. Since the biggest payor category for hospice agencies is Medicare, and because the Medicare rates are set by CMS and not by the agencies, a comparison of the per diem charges is not particularly relevant or useful.

Average Per Diem Charges of Hospices in PSA and Quality Hospice					
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Quality Hospice	Fentress	25604	14,570	$2,478,828	$170.13
TOTAL			**1,709,707**	**$236,130,003**	**$138.11**

Source: Joint Annual Report - Hospice Agencies

Quality Hospice Care
www.QualityHospice.org
when quality time really matters

All Care Plus, Inc. d/b/a Quality Hospice Care

PROVISION OF CHARITY CARE / SERVICES

All Care Plus, Inc. d/b/a Quality Hospice Care accepts payment for services from Medicare, Veterans Administration, private pay and other payers as contracted. Patients referred to the agency without insurance coverage that are unable to privately pay, will be evaluated and accepted on a case by case basis for determination of available staffing and resources to adequately meet the patient needs at time of referral.

Attachment 1N Criterion 5

2011-2012 Hospice Rates and Projected Need

County Name	Hospice Patients Served			Total Hospice Deaths*			Hospice Penetration Rate	Hospice Penetration Rate and Patient Need/(Surplus)	
	2021	2022	Mean	2021	2022	Mean	Mean Number of Patients/Mean Number of Deaths	(Median Rate)*80%	(Median Rate)*85%
							0.443	0.471	
Anderson	776	989	883	1,139	1,070	1,105	0.799	(393)	(363)
Bedford	324	316	320	600	522	561	0.570	(71)	(56)
Benton	120	122	121	310	240	275	0.440	1	8
Bledsoe	90	95	93	166	141	154	0.603	(24)	(20)
Blount	932	1065	999	1,751	1,773	1,762	0.567	(218)	(169)
Bradley	890	1010	950	1,481	1,260	1,371	0.693	(343)	(305)
Campbell	360	396	378	715	645	680	0.556	(77)	(58)
Cannon	82	69	76	192	188	190	0.397	9	14
Carroll	252	256	254	452	454	453	0.561	(53)	(41)
Carter	416	687	552	905	832	869	0.635	(167)	(143)
Cheatham	234	232	233	509	440	475	0.491	(23)	(10)
Chester	88	90	89	248	210	229	0.389	12	19
Claiborne	279	364	322	563	468	516	0.624	(93)	(79)
Clay	50	50	50	129	133	131	0.382	8	12
Cocke	379	430	405	680	693	687	0.589	(100)	(81)
Coffee	451	477	464	808	826	817	0.568	(102)	(79)
Crockett	80	95	88	203	197	200	0.438	1	7
Cumberland	470	437	454	1,152	1,005	1,079	0.420	24	54
Davidson	3083	3008	3,046	5,457	5,055	5,256	0.579	(717)	(571)
Decatur	110	110	110	205	178	192	0.574	(25)	(20)
DeKalb	119	131	125	302	264	283	0.442	0	8
Dickson	414	408	411	688	622	655	0.627	(121)	(103)
Dyer	241	329	285	591	509	550	0.518	(41)	(26)
Fayette	156	132	144	518	522	520	0.277	86	101
Fentress	110	118	114	352	292	322	0.354	29	38
Franklin	341	359	350	613	591	602	0.581	(83)	(67)
Gibson	321	424	373	848	750	799	0.466	(19)	4
Giles	321	269	295	491	438	465	0.635	(89)	(76)
Grainger	209	201	205	352	322	337	0.608	(56)	(46)
Greene	695	985	840	1,172	1,056	1,114	0.754	(346)	(316)
Grundy	126	149	138	225	219	222	0.619	(39)	(33)
Hamblen	625	634	630	1,049	910	980	0.643	(196)	(168)
Hamilton	3961	3524	3,743	4,163	3,888	4,026	0.930	(1,959)	(1,848)
Hancock	54	51	53	120	112	116	0.453	(1)	2
Hardeman	164	176	170	355	366	361	0.472	(10)	(0)
Hardin	282	288	285	484	422	453	0.629	(84)	(72)
Hawkins	406	615	511	984	944	964	0.530	(83)	(57)
Haywood	95	117	106	273	235	254	0.417	7	14
Henderson	181	188	185	412	407	410	0.451	(3)	8
Henry	248	327	288	535	533	534	0.538	(51)	(36)
Hickman	162	156	159	322	367	345	0.462	(6)	3
Houston	54	91	73	132	105	119	0.612	(20)	(17)
Humphreys	156	155	156	314	241	278	0.560	(33)	(25)

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

Hospice Death - *all deaths minus all accidents, suicides, homicides and infant deaths where infants did not die of accidents or homicide in the same given time period (in this case, one calendar year)*

~Per the Tennessee State Health Plan

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

8/15/2024

2011-2012 Hospice Rates and Projected Need

County Name	Hospice Patients Served			Total Hospice Deaths*			Hospice Penetration Rate	Hospice Penetration Rate and Patient Need/(Surplus)	
	2021	2022	Mean	2021	2022	Mean	Mean Number of Patients/Mean Number of Deaths	(Median Rate)*80%	(Median Rate)*85%
							0.443	0.471	
Jackson	62	61	62	164	199	182	0.339	19	24
Jefferson	526	775	651	830	756	793	0.820	(299)	(277)
Johnson	117	184	151	272	275	274	0.550	(29)	(22)
Knox	3262	4078	3,670	5,073	4,910	4,992	0.735	(1,459)	(1,320)
Lake	29	36	33	131	89	110	0.295	16	19
Lauderdale	139	151	145	345	306	326	0.445	(1)	8
Lawrence	486	468	477	651	652	652	0.732	(188)	(170)
Lewis	105	106	106	203	178	191	0.554	(21)	(16)
Lincoln	285	258	272	520	502	511	0.531	(45)	(31)
Loudon	461	606	534	756	818	787	0.678	(185)	(163)
McMinn	552	585	569	873	771	822	0.692	(204)	(182)
McNairy	157	235	196	419	451	435	0.451	(3)	9
Macon	67	110	89	310	322	316	0.280	52	60
Madison	529	682	606	1,197	1,118	1,158	0.523	(93)	(61)
Marion	265	329	297	440	423	432	0.688	(106)	(94)
Marshall	266	252	259	429	367	398	0.651	(83)	(72)
Maury	949	1,136	1,043	1,104	1,099	1,102	0.946	(554)	(524)
Meigs	137	153	145	195	206	201	0.723	(56)	(51)
Monroe	331	371	351	749	669	709	0.495	(37)	(17)
Montgomery	663	1,005	834	1,705	1,544	1,625	0.513	(114)	(69)
Moore	29	36	33	89	77	83	0.392	4	7
Morgan	116	162	139	307	307	307	0.453	(3)	6
Obion	182	218	200	471	439	455	0.440	2	14
Overton	152	153	153	373	330	352	0.434	3	13
Perry	63	64	64	135	103	119	0.534	(11)	(7)
Pickett	21	17	19	71	98	85	0.225	18	21
Polk	167	181	174	321	276	299	0.583	(42)	(33)
Putnam	420	467	444	975	877	926	0.479	(33)	(8)
Rhea	364	457	411	523	471	497	0.826	(190)	(177)
Roane	427	546	487	842	757	800	0.609	(132)	(110)
Robertson	433	523	478	874	853	864	0.554	(95)	(72)
Rutherford	1355	1467	1,411	2,582	2,319	2,451	0.576	(325)	(257)
Scott	140	170	155	357	299	328	0.473	(10)	(1)
Sequatchie	138	220	179	213	179	196	0.913	(92)	(87)
Sevier	744	768	756	1,327	1,152	1,240	0.610	(207)	(173)
Shelby	4419	4367	4,393	9,618	8,312	8,965	0.490	(421)	(173)
Smith	91	145	118	254	253	254	0.465	(6)	1
Stewart	64	101	83	188	180	184	0.448	(1)	4
Sullivan	1749	2064	1,907	2,517	2,388	2,453	0.777	(820)	(752)
Sumner	1207	1261	1,234	2,100	1,950	2,025	0.609	(337)	(281)
Tipton	244	234	239	734	735	735	0.325	86	107
Trousdale	58	69	64	136	98	117	0.543	(12)	(8)
Unicoi	201	309	255	352	312	332	0.768	(108)	(99)
Union	139	181	160	319	258	289	0.555	(32)	(24)

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

Hospice Death - *all deaths minus all accidents, suicides, homicides and infant deaths where infants did not die of accidents or homicide in the same given time period (in this case, one calendar year)*

~Per the Tennessee State Health Plan

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

8/15/2024

2011-2012 Hospice Rates and Projected Need

	Hospice Patients Served			Total Hospice Deaths*			Hospice Penetration Rate	Hospice Penetration Rate and Patient Need/(Surplus)	
County Name	**2021**	**2022**	**Mean**	**2021**	**2022**	**Mean**	**Mean Number of Patients/Mean Number of Deaths**	**(Median Rate)*80%**	**(Median Rate)*85%**
							0.443	0.471	
Van Buren	48	42	45	137	89	113	0.398	5	8
Warren	318	314	316	569	563	566	0.558	(65)	(50)
Washington	1100	1430	1,265	1,778	1,627	1,703	0.743	(511)	(464)
Wayne	137	131	134	248	246	247	0.543	(25)	(18)
Weakley	147	268	208	465	460	463	0.449	(3)	10
White	159	168	164	450	432	441	0.371	32	44
Williamson	1109	1143	1,126	1,515	1,530	1,523	0.740	(451)	(409)
Wilson	786	919	853	1,409	1,346	1,378	0.619	(242)	(204)
Unknown	0	0	0						
Tennessee	*45,022*	*50,301*	*47,662*	*81,575*	*75,416*	*78,496*	*0.607*	*(12,884)*	*(10,711)*

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics. *Death Statistical System, 2018-2022. Nashville, Tennessee. 2021-2022 JAR Hospice (not including Residential Hospice) data used for patient data.*

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

Attachment 1N - Hospice Need & Surplus

LETTER OF INTENT

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

LETTER OF INTENT

The Publication of Intent is to be published in The News Sentinel which is a newspaper of general circulation in Anderson County, Campbell County, and Roane County, the Crossville Chronicle which is a newspaper of general circulation in Cumberland County, and the Herald Citizen which is a newspaper of general circulation in Putnam County., Tennessee, on or before 08/15/2024 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 Quality Hospice, a/an Hospice Agency owned by All Care Plus, 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 addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown, Fentress, Tennessee, 38556. The estimated project cost will be $46,000.

The anticipated date of filing the application is 09/02/2024

The contact person for this project is Attorney Jerry Taylor who may be reached at Thompson Burton PLLC - One Franklin Park, 6100 Tower Circle, Suite 200, Franklin, Tennessee, 37067 – Contact No. 615-716-2297.

Jerry Taylor	08/09/2024	jtaylor@thompsonburton.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 Quality Hospice, a/an Hospice Agency owned by All Care Plus, 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 addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown, Fentress, Tennessee, 38556. The estimated project cost will be $46,000.

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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

Quality Hospice
Name

341 West Central Avenue, Suite B | Fentress
Street or Route | **County**

Jamestown | Tennessee | 38556
City | **State** | **Zip**

https://qualityhospice.org/
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

Jerry Taylor | Attorney
Name | **Title**

Thompson Burton PLLC | jtaylor@thompsonburton.com
Company Name | **Email Address**

One Franklin Park, 6100 Tower Circle, Suite 200
Street or Route

Franklin | Tennessee | 37067
City | **State** | **Zip**

Attorney | 615-275-8988
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: 08/09/24

Date LOI was Published: 08/15/24

RESPONSE: The Publication of Intent was published in 3 newspapers of general circulation in the 5 PSA counties: The Crossville Chronicle (Cumberland County); The Citizen Herald (Putnam County), and The News Sentinel (Anderson, Campbell, and Roane Counties). The publication dates are: The Crossville Chronicle 8-9-24; The Herald Citizen 8-14-24, The News Sentinel 8-15-24. Proof of Publication from each newspaper is in 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

All Care Plus, Inc.

Name

341 B West Central Avenue		615-275-8988
Street or Route		**Phone Number**
Jamestown	Tennessee	37027-8281
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: The owner of the applicant is All Care Plus, Inc., which is a Tennessee corporation. Its shareholders are: Paula Allred, 50% Fred Allred, 50% Copies of the corporate formation documents for All Care Plus, Inc. are attached as Attachment 7A.

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: A copy of the lease agreement for the home office is attached as Attachment 9A.

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: A floor plan is attached as 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: The home office is in Jamestown. However, no patient care is provided in the home office of Quality Hospice. Hospice patients receive care in their homes. Public transportation is available through the Upper Cumberland Human Resources Agency. The types of transportation services available are shown on 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: A plot plan is attached as Attachment 12A.

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:

  Quality Hospice seeks authorization to add 5 counties – Anderson, Campbell, Cumberland, Putnam and Roane – to its current 7 county hospice service area. Its home office is in Fentress County, which is contiguous to Putnam and Cumberland Counties, and there is a branch office in Scott County which is contiguous to Anderson and Campbell counties. The proposed expanded service area can be efficiently served from the existing offices, so no new branch office will be required.

- Ownership structure

  RESPONSE: The owner of the applicant is All Care Plus, Inc., which is a Tennessee corporation. Its shareholders are: Paula Allred, 50% Fred Allred, 50%

- Service Area

  RESPONSE: The service area for the purposes of this application are the five proposed new service counties: Anderson, Campbell, Cumberland, Putnam, and Roane Counties. The applicant's sister agency, Quality Home Health, already provides comprehensive home health services in four of these counties, and it provides home health services in Campbell County which are limited to pediatric patients and patients covered by the EEOICPA program. Furthermore, each of the proposed service area counties is contiguous to a county in which the applicant already provides hospice services.

- Existing similar service providers

  RESPONSE: In 2023 there were 15 agencies licensed to provide hospice services in at least one of the PSA counties. Only 2 agencies are licensed to serve all five PSA counties. There were 3 agencies licensed to serve only one PSA county, and 3 licensed to serve only two PSA counties. There were 4 agencies which were licensed to serve one or more counties but did not report any patients in one or more of those counties. So, although there is a total of 15 agencies licensed to the serve the service area, on average there are only 8.4 agencies licensed to serve each county in the PSA.

- Project Cost

  RESPONSE: The only costs of the project are legal and consulting fees, and the fees to newspapers for publishing the Notice of Intent. The total project cost, not including the application fee is $43,000.00.

- Staffing

  RESPONSE: Quality Hospice currently has 17 FTE staff in direct patient care roles, serving its current 7 county service area. If the 5 counties are added to the license Quality will hire an additional 3.0 FTE direct patient care staff, for a total of 20 FTE direct patient care positions. Quality currently has 8 FTE staff in non-patient care positions, and there will be no change if the 5 counties are added to the license.

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: There are several reasons why there is a demonstrated need to add the 5 counties to Quality Hospice's current 7 county service area: • Quality already provides home health services in 4 of the 5 counties. Allowing it to also provide hospice services will provide for true continuity of care for its patients and allow them to remain under the care of the agency and caregivers with whom the patient and/or the family are familiar. • Quality already provides both home health and hospice services in counties which are contiguous to the proposed new service area counties. This means Quality has experience in delivering both service lines of care, and also has name recognition and a reputation for excellent care in the proposed service area counties. • Quality has specialized nurses who provide types and levels of care that few, if any, of the existing hospice providers offer. These include a wound care specialist, a psychiatric nurse, and a respiratory care therapist. Allowing Quality to serve the 5 additional counties will make these services accessible to patients who may not otherwise be able to access these services in the home setting. • Quality has home and branch offices in counties contiguous to the proposed new service area counties, which will also prompt and efficient service to patients. • Quality is a local company. The owners of Quality Hospice, the Allreds, are lifelong residents of Fentress County. They are the founders and have been the owners of Quality Hospice since it began serving the area in 2012. The Allreds are also the owners of Quality Home Health which has been serving the area since 1984. The Quality Hospice ownership and company are well known in the service area, and have extensive personal and business connections which will facilitate healthy utilization of its hospice services. • Quality is uniquely positioned to hire, train, and retain staff from the local area. Because it is a local company which has been providing some form of home care since 1984, the owners and management team have extensive business networks and are able to locate available qualified nurses and other caregivers to join the staff of Quality Hospice. • Putnam County is the home of Cookeville Regional Medical Center ("CRMC"), which refers significant numbers of patients from the inpatient setting to in home hospice services. CRMC has expressed a desire to refer patients to Quality but cannot do so until and unless Quality is licensed for Putnam County. Adding Putnam County to Quality's service area will give patients being discharged from CRMC an additional choice for a high-quality hospice provider.

- Quality Standards

  RESPONSE: For Quality Hospice, "Quality" is more than just its name. In a field dominated by large chain organizations, Quality Hospice is a local, family-owned agency. Quality Hospice uses this to its advantage to provide the highest level of quality care and services to its patients. Being locally owned assures there are a lot of community connections and familiarity between patients and Quality. This is especially important in the hospice arena, because there is a lot of stigma or hesitancy to use hospice services among many rural people. Being owned by a local family which the patients' families may know or know of helps to lower these barriers to care. Quality Hospice is the recipient each year of numerous awards and accolades from the communities it serves. Also, Quality consistency ranks high in the Medicare Compare star ratings and other 3rd party quality assessments. On the 2022 and 2023 Medicare Compare reports, Quality Hospice earned a 5-star rating for each of the seven counties it serves. On the 2023 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Quality Hospice received a 5 out-of-5 stars rating. For the two-year period 01/01/21-12/31/22 Quality Hospice scored a perfect "10" on the Certification and Survey Provider Enhanced Reports (CASPER) report. Please see Attachment 6Q. Quality Hospice also offers certain specialty services and personnel not available from other local hospice agencies. These include: 1. WOCN –

Wound Ostomy Continent Nursing for wound healing, ostomies and incontinent patients for stabilization and comfort. 2. Psychiatric nursing – A certified psychiatric nurse on staff to provide insight on medication, moods, understanding their hospice journey. 3. Respiratory therapist – A sister company through common ownership, Buckeye Home Medical, has a respiratory therapist who is available to Quality Hospice patients as needed.

- Consumer Advantage
  - Choice

    RESPONSE: The goal and intent of adding the 5 counties to the license is to enable Quality Hospice to provide a full continuum of care to patients transitioning from its home health services to hospice care. Its sister agency Quality Home Health provides home care in 5 of the 7 counties also served by Quality Hospice, and Quality Home Health serves 4 of the 5 counties sought to be added to the license.

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

    RESPONSE: On average, 16% of the Quality Home Health patients served in the current Quality Hospice counties transition to Quality Hospice when their medical condition declines. Adding the 5 counties to the Quality Hospice license will likewise give the Quality Home Health patients in those counties a choice to transition into Quality Hospice. This creates a seamless continuity of care, which is beneficial to the patients both clinically and emotionally.

  - Affordability

    RESPONSE: Quality's Medicare per diem rates are comparable to other hospice agencies in the region. Since most of the hospice patients are Medicare enrollees, the rates are determined and set by CMS. Comparisons of average charges is not helpful as to hospice services because the Medicare rates are set by CMS and are dependent on several provider-specific considerations.

3E. Consent Calendar Justification

- ☐ Letter to Executive Director Requesting Consent Calendar (Attach Rationale that includes addressing the 3 criteria)
- ☑ Consent Calender 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	$40,000
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): Publication fees	$3,000

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)		$43,000
E. CON Filing Fee		$3,000
F. Total Estimated Project Cost (D+E)	**TOTAL**	$46,000

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:

Responses to the Criteria and Standards are attached as 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:

The service area for the purposes of this application are the five proposed new service counties: Anderson, Campbell, Cumberland, Putnam, and Roane Counties. The applicant's sister agency, Quality Home Health, already provides comprehensive home health services in 4 of these 5 counties (home health services in Campbell County are limited to pediatric and federal DOL patients). Furthermore, each of the proposed service area counties is contiguous to a county in which the applicant already provides hospice services. A map of the proposed service area is attached as 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 = 2025)	% of Total
Cumberland	51	40.16%
Anderson	18	14.17%
Roane	30	23.62%
Campbell	10	7.87%
Putnam	18	14.17%
Total	127	100%

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

RESPONSE:

A table reflecting selected population and demographic characteristics of the PSA counties is attached as 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:

A table reflecting the referenced data is attached as 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:

The economic indicators of the PSA counties as reflected in the table in Attachment 3N show that the PSA is economically disadvantaged as compared to the state as a whole. Compared to the state averages, the PSA has a lower median household income, a higher poverty rate, and a higher proportion of the population who are TennCare enrollees. Quality Hospice participates in both TennCare and Medicare. These programs account for 98.5% of the payor mix, which means the services are available to almost all economically disadvantaged individuals who quality for and seek 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:

In 2023 there were 15 agencies licensed to provide hospice services in at least one of the PSA counties. Only 2 agencies are licensed to serve all five PSA counties. There were 3 agencies licensed to serve only one PSA county, and 3 licensed to serve only two PSA counties. There were 4 agencies which were licensed to serve one or more counties but did not report any patients in one or more of those counties. So, although there is a total of 15 agencies licensed to the serve the service area, on average there are only 8.4 agencies licensed to serve each county in the PSA. Detailed utilization data for each of the existing hospice agencies in the PSA for the past 3 years is reflected on Attachment 5N.

There are no unimplemented CON-approved projects for hospice services in the service area.

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:

The applicant has not provided hospice services in the service area counties, so there is no historical hospice utilization data for the PSA. However, Quality does provide home health services in 4 of the 5 proposed new hospice service area counties.

The home health and hospice utilization from five “dual service”” counties as reported in the 2023 Joint Annual Reports (the most recent year for which both home health and hospice utilization is available), and the “conversion rate” (the percentage of home health patients who also received hospice services from Quality) is shown below:

PATIENTS IN DUAL SERVICE COUNTIES - 2023

Current Dual Service Co.	HH Pts. Served	Hospice Pts. Served	HH to Hospice Conversion Rate
Fentress	670	96	14%
Morgan	160	32	20%
Overton	232	43	19%
Pickett	118	13	11%
Scott	395	71	18%
Total/Average	**1575**	**255**	**16%**

Source: 2023 JAR

The average conversion rate in 2023 was 16%. To calculate the projections for the first two years, the applicant conservatively applied 50% of the conversion rate (8%), to the number of home health patients served in each PSA county in 2023. The product of that is the projected number of patients in Year 1, which is 127. Quality is not licensed for comprehensive home health services in Campbell County (Quality provides hospice services to only pediatrics and federal DOL patients in Campbell County). The projected number of patients from Campbell County is a rough estimate, taking into account the fact that Quality served 71 hospice patients from neighboring Scott County in 2022.

To calculate the projected number of days the applicant applied its historical ALOS (55 days) to the number of projected patients to get the projected total days of care. Approximately 96% of Quality's current hospice patients received Routine Care, and so 96% of the total days is the projected Routine care days. Similarly, a cumulative 4% of the total days were days of care for the other three categories of care, i.e., Continuous Care, General Inpatient, and Respite Care. The respective percentages of the total days were allocated to days for those categories. Please see the table reflecting the projection methodology and the resulting projections attached Attachment 6N. The applicant applied a modest 4.7% growth rate to the Year 1 days and projects 7,315 total days in Year 2.

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:

Not applicable.

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: Quality Hospice has transfer agreements with 4 hospitals in its current 7 county service area, those being Livingston Regional Hospital in Overton County, Big South Fork Medical Center in Scott County, Roane Medical Center in Roane County, and Methodist Medical Center in Anderson County. If this CON is granted, the applicant expects to enter into transfer agreements with Cookeville Regional Medical Center in Putnam County and Cumberland Medical Center in Cumberland County.

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: Since the applicant's payor mix includes only 1% commercial insurance, it is not practical for it to be in network with commercial health plans. Most plans are willing to contract with Quality on a case-by-case basis when one of its enrollees is receiving hospice care.

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:

Any negative impact on existing providers should be minimal and is far outweighed by the benefits this proposal will bring to consumers. This application seeks authorization for Quality to provide hospice services primarily to its own patients for whom it is already providing home health services. Quality provides home health service in 4 of the 5 proposed new counties, and the projected patient days in Year 1 represents patients who receive home health services from Quality, and then need to transition to hospice care.

An important benefit this proposal brings to consumers is that it will allow continuity of care for patients who receive home health services from Quality and then need to transition into hospice care. Even if the particular care-givers in the hospice program are different from those in the home health program, the patient is happy with the care they have received in the past, and are much more comfortable staying with Quality rather than having to be discharged and then admitted into a new hospice service provider with which the patient and the family may not be familiar. This continuity of care also optimizes patient care because the patients' health records are already in the Quality system and can be more readily and easily accessed.

Another consumer benefit which Quality would bring to the service are certain specialty services which most hospice agencies do not offer. Thes specialty services are:

1. WOCN – Wound Ostomy Continent Nursing for wound healing, ostomies and incontinent patients for stabilization and comfort.

2. Psychiatric nursing – A certified psychiatric nurse is on staff to provide insight on medication, moods, and on understanding the patient's hospice journey.

3. Respiratory Therapists – A sister company through common ownership, Buckeye Home Medical, has a respiratory therapist who is available to the applicant as needed for pulmonary stabilization.

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:

If the CON is granted the applicant will need an additional 3.0 FTE direct patient care positions. Quality Hospice is an experienced provider of hospice services, having been licensed and serving Tennessee patients since 2012. Quality already provides hospice services in 7 counties, 5 of which are contiguous to the proposed new service counties. Quality will ensure that all clinical staffing is maintained at a level to enable it to effectively and efficiently provide services to its patients. It is licensed by the Health Facilities Commission and will always meet or exceed all applicable standards.

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:

Quality Hospice is licensed as a home care organization, authorized to provide hospice and home health services. Quality Hospice is an experienced provider of hospice services, having been licensed and serving Tennessee patients since 2012. Quality already provides hospice services in 7 counties, 5 of which are contiguous to the proposed new service counties. Quality will assure that all clinical staffing is maintained at a level to enable it to as to effectively and efficiently provide services to its patients. Quality is licensed by the Health Facilities Commission and will always meet or exceed all applicable standards.

HISTORICAL DATA CHART

☑ Total Facility
☐ Project Only

Give information for the last *three (3)* years for which complete data are available for the facility or agency.

	Year 1	Year 2	Year 3
	2021	2022	2023
A. Utilization Data			
Specify Unit of Measure Other : Patient Days	13441	11819	15674
B. Revenue from Services to Patients			
1. Inpatient Services	$0.00	$0.00	$0.00
2. Outpatient Services	$2,123,035.00	$2,037,171.00	$2,618,983.00
3. Emergency Services	$0.00	$0.00	$0.00
4. Other Operating Revenue (Specify) _____	$0.00	$0.00	$0.00
Gross Operating Revenue	$2,123,035.00	$2,037,171.00	$2,618,983.00
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	$62,784.00	$67,866.00	$84,463.00
2. Provision for Charity Care	$0.00	$0.00	$0.00
3. Provisions for Bad Debt	$9,532.00	$67,168.00	$48,434.00
Total Deductions	$72,316.00	$135,034.00	$132,897.00
NET OPERATING REVENUE	$2,050,719.00	$1,902,137.00	$2,486,086.00

PROJECTED DATA CHART

☑ Project Only
☐ Total Facility

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

	Year 1	Year 2
	2025	2026
A. Utilization Data		
Specify Unit of Measure Other : Patient Days	6985	7314
B. Revenue from Services to Patients		
1. Inpatient Services	$0.00	$0.00
2. Outpatient Services	$1,706,025.00	$1,785,810.00
3. Emergency Services	$0.00	$0.00
4. Other Operating Revenue (Specify) _____	$0.00	$0.00
Gross Operating Revenue	$1,706,025.00	$1,785,810.00
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$51,181.00	$53,574.00
2. Provision for Charity Care	$15,086.00	$15,800.00
3. Provisions for Bad Debt	$7,543.00	$7,900.00
Total Deductions	$73,810.00	$77,274.00

NET OPERATING REVENUE	$1,632,215.00	$1,708,536.00

PROJECTED DATA CHART

☑ Total Facility
☐ Project Only

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

	Year 1	**Year 2**
	2025	2026
A. Utilization Data		
Specify Unit of Measure Other : Patient Days	23443	24266
B. Revenue from Services to Patients		
1. Inpatient Services	$0.00	$0.00
2. Outpatient Services	$4,455,957.00	$4,618,240.00
3. Emergency Services	$0.00	$0.00
4. Other Operating Revenue (Specify)	$0.00	$0.00
Gross Operating Revenue	$4,455,957.00	$4,618,240.00
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$139,867.00	$144,921.00
2. Provision for Charity Care	$15,086.00	$15,800.00
3. Provisions for Bad Debt	$58,399.00	$60,282.00
Total Deductions	$213,352.00	$221,003.00
NET OPERATING REVENUE	$4,242,605.00	$4,397,237.00

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 *(Gross Operating Revenue/Utilization Data)*	$0.00	$0.00	$244.24	$244.16	0.00
Deduction from Revenue *(Total Deductions/Utilization Data)*	$0.00	$0.00	$10.57	$10.57	0.00
Average Net Charge *(Net Operating Revenue/Utilization Data)*	$0.00	$0.00	$233.67	$233.60	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:

The average per day charge is reflected above. There will be no changes to any patient charges as a result of this project. The anticipated revenue from the project is shown in the Projected Data Chart.

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:

A list of the 2023 Medicare Charges of each hospice agency license to operate in the PSA is attached as Attachment 9C. Medicare charges are set by CMS based on numerous factors. The agency has no direct role in setting the charges.

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-2025		Year-2026	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	$1,637,784.00	96.00	$1,714,378.00	96.00
TennCare/Medicaid	$42,651.00	2.50	$44,645.00	2.50
Commercial/Other Managed Care	$17,060.00	1.00	$17,858.00	1.00
Self-Pay	$8,530.00	0.50	$8,929.00	0.50
Other(Specify)	$0.00	0	$0.00	0
Total	$1,706,025.00	100%	$1,785,810.00	100%
Charity Care	$15,086.00		$15,800.00	

**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: Quality Hospice participates in the Medicare and TennCare programs. It is in network with all TennCare primary MCOs operating in the region. Its payor mix is approximately 96% Medicare and 2.5% TennCare

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.

- [x] 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?
  - [x] Yes
  - [ ] No
- Does the applicant commit to obtaining and maintaining all applicable state licenses in good 3tanding?
  - [x] 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?
  - [x] 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 ☐ Intellectual & Developmental Disabilities ☐ Mental Health & Substance Abuse Services	Active	0621
Certification	☑ Medicare ☑ TennCare/Medicaid ☐ Other _____	Active Active	2216556 131548
Accreditation(s)			

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		
Pastoral	1.00	1.50
Medical Social Worker	2.00	2.00
Aide	4.00	5.00
Field Nurses	10.00	11.50
Total Direct Patient Care Positions	17	20
B. Non-Patient Care Positions		
Business Development	2.00	2.00
Administrator	1.00	1.00
Assistant Administrator	1.00	1.00
Clerical/Billing	4.00	4.00
Total Non-Patient Care Positions	8	8
Total Employees *(A+B)*	25	28
C. Contractual Staff		
Contractual Staff Position	0.00	0.00
Total Staff *(A+B+C)*	25	28

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		10/23/24
2. Building Construction Commenced		10/22/24
3. Construction 100% Complete (Approval for Occupancy)		10/22/24
4. Issuance of License	90	01/20/25
5. Issuance of Service	90	01/20/25
6. Final Project Report Form Submitted (Form HR0055)	180	04/20/25

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

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PO Box 631340 Cincinnati, OH 45263-1340

AFFIDAVIT OF PUBLICATION

Quality Home Health
Quality Home Health
2047 Castaic LN
Knoxville TN 37932-1557

STATE OF WISCONSIN, COUNTY OF BROWN

The Knoxville News-Sentinel, a daily newspaper published in the city of Knoxville, Knox County, State of Tennessee, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue dated and was published on the publicly accessible website:

08/15/2024

and that the fees charged are legal.
Sworn to and subscribed before on 08/15/2024

Legal Clerk

Notary, State of WI, County of Brown

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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 Quality Hospice, a/an Hospice Agency owned by All Care Plus, 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 addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown, Fentress, Tennessee, 38556. The estimated project cost will be $46,000.

The anticipated date of filing the application is 09/02/2024

The contact person for this project is Attorney Jerry Taylor who may be reached at Thompson Burton PLLC - One Franklin Park, 6100 Tower Circle, Suite 200, Franklin, Tennessee, 37067 – Contact No. 615-716-2297.

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 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.

Attachment 3A

Crossville Chronicle

125 West Avenue | Crossville, TN 38555 | Phone: 931-484-5145

Bill to: QUALITY HOME HEALTH

Date Mailed: 8/9/24

Published 1 times

Affidavit of Publication

STATE OF TENNESSEE, CUMBERLAND COUNTY: }

William Atkinson, being duly sworn, as publisher of the CROSSVILLE CHRONICLE, a bi-weekly newspaper published in the State of County aforesaid; that the annexed and foregoing advertisement was published in said newspaper for 1 consecutive weeks;

Publication Dates Are:
Crossville Chronicle: 08/09/24.

The Crossville Chronicle is in compliance with HB2114 as of July 1, 2024. The Office is open to the public Monday through Friday, 8 a.m. to 4 p.m. Public notices have published on the dates listed above and also on https://www.crossville-chronicle.com, https://notices.crossville-chronicle.com, and Public Notice Tennessee at https://www.tnpublicnotice.com.

Publisher

Subscribed and sworn to before me this day 08/09/2024

My commission expires: 2/3/27

Notary Public: Tammy Hodgin

Bill to: QUALITY HOME HEALTH

Date Mailed: 8/9/24

Published 1 times

AD# 816341

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 Quality Hospice, a/an Hospice Agency owned by All Care Plus, 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 addition of Anderson, Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown, Fentress, Tennessee, 38556. The estimated project cost will be $46,000.

The anticipated date of filing the application is 09/02/2024

The contact person for this project is Attorney Jerry Taylor who may be reached at Thompson Burton PLLC - One Franklin Park, 6100 Tower Circle, Suite 200, Franklin, Tennessee, 37067 – Contact No. 615-716-2297.

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 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.

Publish date: 8/9/24

TAMMY HODGIN NOTARY PUBLIC STATE OF TENNESSEE CUMBERLAND COUNTY

10150 Garage Sales

2-FAMILY GARAGE SALE
3476 NORTHWIND DR.
(Off Paran Rd.)
THURS 8/15, FRI 8/16 &
SAT 8/17 8AM-4PM
(Rain or Shine)
Moving boxes & blankets, treadmill, Christmas trees, furniture, kitchenware, drapes, shower curtains, bikes, puzzles & games.

3-FAMILY GARAGE SALE
851 BUFFALO VALLEY RD
FRI 8/16 & SAT 8/17
7AM-4PM
(Rain or Shine)
Desk, crystal, jewelry, speakers, leather purses, good clothing up to 2X, dishes, pictures, frames, throws, pillows & more.

GARAGE SALE
132 WHITES POINT DR.
FRI 8/16 7AM-5PM
Tons of home decor, furniture & a 1954 Singer sewing machine.

GARAGE SALE
316 ENCLAVE CIRCLE
(White Plains)
FRI 8/16 & SAT 8/17
7AM-2PM
Name brand clothes for all, Longenberger baskets, XL crab broil cooker, quilts, dishes, DVDs, toys, kid's 3-piece wooden kitchen set, artificial trees, 2 antique brass beds, furniture, large planters, throw pillows & much more.
GREAT PRICES!

MOVING SALE
266 EAST BANGHAM RD.
SAT 9/17 8AM-12PM
Furniture, home decor, men's/women's clothing, kitchen items, TVs & much more.

NEIGHBORHOOD
YARD SALE
2706 LEWIS TRACE
FRI 8/16 & SAT 8/17
7AM-2PM
Furniture, household items, mirrors, dressers, clothing, entertainment center, toys, desks & much more.

YARD SALE
1324 BRIDLE PATH
THURS 8/15, FRI 8/16,
SAT 8/17 & SUN 8/18
8AM-3PM
Furniture, wall art, kitchen items, cookware, baby items, beds & much more.

10500 Merchandise

BRAND NEW WIDE SEAT POWER RECLINER
Plush fabric, cream colored
$500
931-265-3957

10900 Legals

Algood BZA will meet for regular scheduled meeting on August 22 at 5:15 pm.
Algood Planning Commission will meet on August 22 at 6 pm for regular scheduled meeting.
The public is invited to attend at City Hall.
8/14

NOTICE TO CREDITORS
Estate of **BRINDA LEE MAHAN, DECEASED**. Notice is hereby given that on 30TH day of JULY, 2024, Letters TESTAMENTARY in respect of the Estate of **BRINDA LEE MAHAN,** deceased who died **JULY 12TH, 2024** were issued to the undersigned by the Probate Court of Putnam County, Tennessee.

All persons, resident and non-resident, having claims, matured or unmatured, against the estate are required to file same with the Clerk of the above-named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1)(A) Four (4) months from the date of the first publication of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication; or

(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60 days prior to the date that is four (4) months from the date of first publication as described in (1)(A): or

(2) Twelve (12) months from the decedent's date of death.

This 30TH day of
JULY 2024.

Signed:
CARLEN MAHAN
EXECUTOR

Attorney for the Estate
DALE BOHANNON
115 SOUTH DIXIE AVENUE
COOKEVILLE TN 38501

Jennifer Wilkerson,
Circuit and Probate Clerk
421 E. Spring Street
Cookeville, TN 38501
931-528-1508
8/7, 8/14

10900 Legals

STATE OF TENNESSEE
CHANCERY COURT OF
PUTNAM COUNTY AT
COOKEVILLE, TENNESSEE

JEAN DENTON and,
KEVIN SMITH,
Plaintiffs,

vs. **NO. 2024-82**

BETTY STARK (deceased), DONNA RICE, DEBORAH BARLOW, CONNIE STOKLEY, ROBERT NABORS, JUDY SWITZER, BETTY NABORS, DAVID NABORS, GARY NABORS (deceased), BARBARA NABORS, BERTHA NABORS (deceased), SARAH PRESTON, KELLI JO SWINDELL, JONATHAN PLASSMAN, MANDI WATKINS, DAVID PLASSMAN, LULA STOUT (deceased), LINDA KOSTY, MICHAEL STOUT, CECIL PAUL SMITH (deceased), BILLIE JEAN SMITH, KENNETH STEWART (deceased), BOBBY STEWART, ALLEN STEWART (deceased), JANET HAKKINEN, BRANDON STEWART, ALANA GEAN, ADAM STEWART, ERIC STEWART, CECIL VICTOR SMITH (deceased), ROGER SMITH (deceased), CRYSTAL SMITH, DALE SMITH, KATHLEEN RAGLAND (deceased), LEE RAGLAND, JOHN RAGLAND, JEFF RAGLAND, CHRISTINE BRYANT (deceased), HOWARD BRYANT, LELA STEWART GENTRY (deceased), JIMMY GENTRY, BETTY GENTRY CHAFFIN, WANDA GRASTY, DARRELL GENTRY (deceased), BARBARA SMITH (deceased), PAMELA BAILEY, JIMMY HORN, DANNY HORN, ALEX HORN (deceased), MARY ANN FRANKLIN (deceased), TIMOTHY FRANKLIN (deceased), JAMES GENTRY, THOMAS GENTRY, STORMY PIPPIN LONG, DAKOTA PIPPIN, JUSTIN PIPPIN, MITCHELL PIPPIN, JESSIE PIPPIN, A.V. MEEKS, MARY BURGESS, JAMES SMITH, JEWELL WINGARD, JO HELEN BAKER
Defendants.

In this cause, it appearing from the Motion for Publication, Affidavit of Jean Denton, Affidavit of Kevin Smith and Order for Publication, which is sworn to, that the Defendants, **SARAH PRESTON, KELLI JO SWINDELL, JONATHAN PLASSMAN, MANDI WATKINS, DAVID PLASSMAN AND ANY AND ALL KNOWN AND UNKNOWN LIVING HEIRS**, **whose last known addresses are unknown and cannot be ascertained** and are non-residents of the State of Tennessee, that the residence of the Defendants are unknown and cannot be ascertained upon diligent inquiry, (T.C.A. 21-1-203), it is ordered by this Court that publication be made for four (4) consecutive weeks, as required by law, in the Herald Citizen, a newspaper published in Putnam County, Tennessee, notifying said resident and non-resident Defendants to file an answer with **Petitioner's attorney, Randy Chaffin, Attorney at Law, whose address is 204 North Washington Avenue, Cookeville, Tn. 38501**, within thirty (30) days from the last date of publication, exclusive of said last date of publication, or a judgment by default may be entered as to them.

This 9th day of August, 2024.

Linda F. Reeder,
Clerk & Master

Brandi Ashburn,
Deputy Clerk & Master
8/14, 8/21, 8/28, 9/4

NOTICE TO CREDITORS
Estate of **FLORENCE ANNE SMITH, DECEASED**. Notice is hereby given that on 30TH day of JULY, 2024, Letters ADMINISTRATION in respect of the Estate of **FLORENCE ANNE SMITH,** deceased who died **JULY 19TH, 2024** were issued to the undersigned by the Probate Court of Putnam County, Tennessee.

All persons, resident and non-resident, having claims, matured or unmatured, against the estate are required to file same with the Clerk of the above-named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1)(A) Four (4) months from the date of the first publication of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication; or

(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60 days prior to the date that is four (4) months from the date of first publication as described in (1)(A): or

(2) Twelve (12) months from the decedent's date of death.

This 30TH day of
JULY 2024.

Signed:
TAMRA LYNN CRAWFORD
ADMINISTRATRIX

Attorney for the Estate
WALTER K. CRAWFORD JR.
1280 FLATT CIRCLE
COOKEVILLE TN 38501

Jennifer Wilkerson,
Circuit and Probate Clerk
421 E. Spring Street
Cookeville, TN 38501
931-528-1508
8/7, 8/14

FORECLOSURE SALE NOTICE

WHEREAS, Arunaben Vinod Patel executed a Deed of Trust dated February 5, 2014, of record at Book 810, Page 705, Register's Office for Putnam County, Tennessee ("Deed of Trust") and conveyed to Michael E. Goldstein, Trustee ("Trustee"), the hereinafter described real property to secure the payment of certain indebtedness ("Indebtedness") owed to Renasant Bank ("Lender") as described in said Deed of Trust and to which instrument reference is here made for its terms and covenants; and

WHEREAS, default in payment of the Indebtedness secured by said Deed of Trust has been made; and

WHEREAS, David M. Anthony has been appointed Substitute Trustee by Lender by that Appointment of Substitute Trustee of record at Book 1557, Page 370, Register's Office for Putnam County, Tennessee, with authority to act alone or by a designated agent with the powers given the Trustee in the Deed of Trust and by applicable law; and

WHEREAS, Lender, the owner and holder of said Indebtedness, has demanded that the real property be sold in satisfaction of said Indebtedness and the cost of the foreclosure, in accordance with the terms of the loan documents and Deed of Trust.

NOW, THEREFORE, notice is hereby given that the Substitute Trustee, pursuant to the power, duty and authority vested in and imposed upon the Trustee in the Deed of Trust and applicable law, will on Thursday, September 5, 2024 at 12:00 o'clock p.m., prevailing time, at the front steps of the Putnam County Courthouse, 421 East Spring Street, Cookeville, Tennessee 38501, offer for sale to the highest and best bidder for cash and free from all rights and equity of redemption, statutory right of redemption or otherwise, homestead, dower, elective share and all other rights and exemptions of every kind as waived in said Deed of Trust, the following real property located in Putnam County, Tennessee:

Legal Description: The real property is described in the Deed of Trust of record at Book 810, Pages 705, Putnam County Register of Deeds Office.

BEGINNING AT THE INTERSECTION OF HWY #56 & BLOOMINGTON ROAD, THENCE LEAVING HWY #56 WITH THE SOUTH MARGIN OF BLOOMINGTON ROAD S 77 DEGREES 06'07"W 105.79'; THENCE S64 DEGREES 38'27"W 31.66' TO AN IRON PIN; THENCE LEAVING BLOOMINGTON ROAD AND SEVERING THOMAS S 60 DEGREES 32'19" W 50.27' TO AN IRON PIN; THENCE S 10 DEGREES 53'30" E 83.22' TO AN IRON PIN; THENCE S 20 DEGREES 43'03" W 103.28' TO AN IRON PIN; THENCE N 55 DEGREES 24'00" W 160.00' TO AN IRON PIN IN THE EAST MARGIN OF HWY #56; THENCE WITH THE EAST MARGIN OF HWY #56 N 23 DEGREES 21'30" W 162.69' TO THE BEGINNING. CONTAINING 0.60 ACRES, MORE OR LESS, AS SURVEYED BY ALFRED M. BARTLETT, R.L.S. #762, ON AUGUST 27, 1998.

Map/Parcel: 038-009.02-P-004

Street Address: The street address of the property is believed to be 1691 Gainesboro Highway, Bloomington Springs, Tennessee 38545, but such address is not part of the legal description of the property. In the event of any discrepancy, the legal description herein shall control.

THIS PROPERTY IS SOLD AS IS, WHERE IS AND WITH ALL FAULTS AND WITHOUT ANY REPRESENTATIONS OR WARRANTIES OF ANY KIND WHATSOEVER, WHETHER EXPRESSED OR IMPLIED, AND SUBJECT TO ANY PRIOR LIENS OR ENCUMBRANCES, IF ANY. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, THE PROPERTY IS SOLD WITHOUT ANY REPRESENTATIONS OR WARRANTIES, EXPRESSED OR IMPLIED, RELATING TO TITLE, MARKETABILITY OF TITLE, POSSESSION, QUIET ENJOINMENT OR THE LIKE AND WITHOUT ANY EXPRESSED OR IMPLIED WARRANTIES OF MERCHANTABILITY, CONDITION, QUALITY OR FITNESS FOR A GENERAL OR PARTICULAR USE OR PURPOSE.

Other interested parties:
AquAeTer, Inc.

The right is reserved to (i) continue the sale to another day and time certain, without further publication and in accordance with law, upon announcement of said continuance on the day and time and place of sale set forth above or any subsequent continued day and time and place of sale; (ii) sell at the time fixed by this Notice or the date and time of the last continuance or to give new notice of sale; (iii) sell in such lots, parcels, segments, or separate estates as Substitute Trustee may choose; (iv) sell any part and delay, continue, adjourn, cancel, or postpone the sale of any part of the Property; (v) sell in whole and then sell in parts and consummate the sale in whichever manner produces the highest sale price; (vi) and/or to sell to the next highest bidder in the event any high bidder does not comply with the terms of the sale. Substitute Trustee will sell and convey the subject real property by Trustee's Quitclaim Deed as Substitute Trustee only.

This sale is subject to all matters shown on any applicable recorded Plat or Plan; any unpaid taxes and assessments (plus penalties, interest, and costs) which exist as a lien against said property; any restrictive covenants, easements or setback lines that may be applicable; any rights of redemption, equity, statutory or otherwise, not otherwise waived in the Deed of Trust, including rights of redemption of any governmental agency, state or federal; and any and all prior deeds of trust, liens, dues, assessments, encumbrances, defects, adverse claims and other matters that may take priority over the Deed of Trust upon which this foreclosure sale is conducted or are not extinguished by this Foreclosure Sale. This sale is also subject to any matter that an inspection and accurate survey of the property might disclose.

THIS IS AN ATTEMPT TO COLLECT A DEBT, AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

NOTICE TO FURNISHERS OF LABOR
AND MATERIALS TO:
Superior Traffic Control, LLC
PROJECT NO.:
R2BVAR-M3-023
CONTRACT NO.: CNX183
COUNTY: Putnam
The Tennessee Department of Transportation is about to make final settlement with the contractor for construction of the above numbered project. All persons wishing to file claims pursuant to Section 54-5-122, T.C.A. must file same with the Director of Construction, Tennessee Department of Transportation, Suite 700 James K. Polk Bldg., Nashville, Tennessee 37243-0326, on or before 9/20/2024.

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 Quality Hospice, a/an Hospice Agency owned by All Care Plus, 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 addition of Anderson,
Campbell, Cumberland, Putnam, and Roane Counties to its service area (License #621). The address of the project will be 341 West Central Avenue, Suite B, Jamestown, Fentress, Tennessee, 38556. The estimated project cost will be $46,000.

The anticipated date of filing the application is 09/02/2024

The contact person for this project is Attorney Jerry Taylor who may be reached at Thompson Burton PLLC - One Franklin Park, 6100 Tower Circle, Suite 200, Franklin, Tennessee, 37067 – Contact No. 615-716-2297.

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 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 .

HF 51 (Revised 6/1/2023) RDA 1651

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: ALL CARE PLUS, INC.

General Information

SOS Control #	000436762	Formation Locale:	TENNESSEE
Filing Type:	For-profit Corporation - Domestic	Date Formed:	11/18/2002
	11/18/2002 3:32 PM	Fiscal Year Close	9
Status:	Active		
Duration Term:	Perpetual		

Registered Agent Address	Principal Address
THOMAS S MILLS	STE 101B
2047 CASTAIC LN	101 S DUNCAN ST
KNOXVILLE, TN 37932-1557	JAMESTOWN, TN 38556-3007

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

Date Filed	Filing Description	Image #
10/03/2023	2023 Annual Report	B1457-5718
10/06/2022	2022 Annual Report	B1288-3974
03/28/2022	2021 Annual Report	B1188-7964
03/15/2022	Notice of Determination	B1131-5906
10/16/2020	Articles of Amendment	B0929-5310
10/05/2020	2020 Annual Report	B0931-6786
10/05/2019	2019 Annual Report	B0765-4871
10/17/2018	2018 Annual Report	B0610-0421
09/12/2017	2017 Annual Report	B0439-6745
10/18/2016	2016 Annual Report	B0307-8080
Principal Address 2 Changed From: No value To: STE 101B		
10/07/2015	2015 Annual Report	B0156-8027
09/09/2014	2014 Annual Report	B0002-0808
10/29/2013	2013 Annual Report	A0203-1286
10/26/2012	Articles/Statement of Correction	7110-0208
10/15/2012	2012 Annual Report	A0145-0901
Principal Address 1 Changed From: 101 DUNCAN ST To: 101 S DUNCAN ST		

Attachment 7A

Filing Information

Name: ALL CARE PLUS, INC.

Principal Postal Code Changed From: 38556 To: 38556-3007		
09/19/2011	2011 Annual Report	A0094-1226
10/28/2010	2010 Annual Report	A0048-1541
10/08/2009	2009 Annual Report	6609-2671
11/25/2008	2008 Annual Report	6405-2300
10/03/2007	2007 Annual Report	6139-2545
12/21/2006	2006 Annual Report	5905-1286
01/12/2006	2005 Annual Report	5649-1481
06/03/2005	2004 Annual Report	5474-2496
Registered Agent Physical Address Changed		
10/01/2004	Application for Reinstatement	5248-0016
09/10/2004	2003 Annual Report	5231-0782
Registered Agent Physical Address Changed		
Registered Agent Changed		
08/17/2004	2002 Annual Report	5211-1132
Fiscal Year Close Changed		
09/19/2003	Dissolution/Revocation - Administrative	ROLL 4915
06/20/2003	Notice of Determination	ROLL 4845
11/18/2002	Initial Filing	4655-0113

Active Assumed Names (if any)	Date	Expires

CHARTER

OF

ALL CARE PLUS, INC.

FILED

The undersigned, acting as the incorporator under the Tennessee Business Corporation Act, adopts the following charter for such corporation:

1. The name of the corporation is ALL CARE PLUS, INC.

2. The corporation is authorized to issue 1,000 shares of common stock, which shares collectively shall have unlimited voting rights and the right to receive the net assets of the corporation upon dissolution.

3. The street address and zip code of the corporation's initial registered office is 101 Duncan Street, Jamestown, Tennessee 38556.

4. The corporation's initial registered office is located in Fentress County, Tennessee.

5. The name of the corporation's initial registered agent at that office is John Carswell.

6. The name, address and zip code of the incorporator is C. Dwaine Evans, 818 West First North Street, Morristown, Tennessee, 37814.

7. The street address and zip code of the principal office of the corporation is 101 Duncan Street, Jamestown, Tennessee 38556.

8. The corporation is for profit.

THIS the 14 day of November, 2002.

C. DWAINE EVANS
Incorporator

Recorded in Book 37 Pages
State Tax $ 0.00 Register $ 0.00
Recording $ 5.00 OFFEE $ 2.00
TOTAL RECORDING CHARGE $ 7.00

Ownership of All Care, Plus, Inc.

Paula Allred, 50%

Fred and Brenda Allred, 50% (jointly held)

Attachment 8A – Management Agreement

The Management Agreement is N/A to this application.

Attachment 8A

Prepared By: Charlton Guffey
Attorney at Law
P.O. Box 904
Jamestown, TN 38556

LEASE AGREEMENT

This Agreement, made and entered into on this 14 day of May, 2024, by and between **Christopher Sewell, and wife, Paula Sewell, Co-Trustees of The Sewell Family Revocable Living Trust, dated November 9, 2023** (the Lessor) unto **Quality Hospice** (the Lessee) in consideration of their mutual promises as follows:

1. Lessors agree to lease the building(s) and real estate located on the property at 341 Central Avenue W. Jamestown, TN 38556; TAX ID: Map 063B, Group F, Parcel 003.01, for the agreed upon terms and conditions hereinafter.
2. The term of this lease agreement shall be for a period of five (5) years commencing on May 1st 2024 and ending on April 30th 2029.
3. Rent is due on the **1st** day of each month, beginning December 1st, 2023. Rent is **$5,000.00** per month, payable in advance, without demand. Time is of the essence for this agreement.
    a. **Late Payment:** If rent is not received by 5:00pm on the 15th day of the month (or the first regular business day following the 15th if the 15th falls on a weekend), at which time an additional late fee of (5% or $250) of the monthly rent will be payable. Resident(s) agrees to pay a returned check charge of $30.00 for all checks returned to the bank. A check returned for any reason shall be considered non-payment and the late fee provision shall apply. If the Lessee(s) is late in paying rent two (2) months during the term of occupancy, Management has the option to (1) automatically increase the rent by $25.00 a month or (2) serve an eviction notice.
    b. **Partial Payment:** The acceptance of partial payment of rent due shall not, under any circumstances, constitute a waiver of Management options, nor affect any notice of legal proceedings, in unlawful detainer theretofore given commenced.
    c. **Form of Payment:** Lessee(s) agrees to pay rent to Sewell Property Management % Sewell Family Practice PO Box 1320 Jamestown, TN 38556.
4. Lessee shall be required to maintain the property and building(s) located at the above listed address. Failure to maintain shall result in breach of this agreement. Lessee is responsible for

payment of all utilities for the duration of the lease. Lessee shall have the right to terminate this lease before the lease period has ended, but must have the early termination agreed upon in writing by the Lessor. Lessee must provide thirty (30) days written notice of intention to vacate the property at the end of the specified time period. If no such notice is given, the lease will become a month to month tenancy.

5. At the end of the lease period, the Lessor has agreed to continue the Lease with the Lessee for an additional 6 months with the same terms. Lessee shall have the right to terminate this agreement if he does not want to continue to Lease the property. Otherwise, this agreement shall automatically continue on a month-to-month basis, unless notice is given in writing of termination by either party.
6. This Lease Agreement shall not prevent Lessor from obtaining future mortgages or encumbrances upon the property.
7. The Lessee will be responsible for their own insurance policy as needed.
8. Lessee shall not be permitted to make any alterations, additions or improvements to the residential premises without prior permission from the Lessor.
9. Lessee shall not have the authority to sublet or assign the residential and agricultural premises, nor allow any other person or entity to use or occupy the premises without the prior written consent of the Lessor.
10. Upon the passing of the Lessee, this lease shall not transfer to his heirs and assigns.
11. Upon the passing of the Lessor, this lease shall transfer to her heirs and assigns.
12. Lessee shall provide notice, via written or oral communication, of any guest(s) that will be staying on the premises for more than two (2) weeks. Lessor has the right to object to any guests staying on the premises.
13. Lessee shall not have the authority to permit third parties to use the premises recreationally without the prior written consent of the Lessor.
14. Lessee and Lessee's guests shall not permit or commit any waste or nuisance to the premises.
15. Lessee(s) or guest may not engage in the following prohibited activities: loud or obnoxious conduct; disturbing or threatening the rights, comfort, health, safety, or convenience of others in or near the dwelling; possessing, selling, or manufacturing illegal drugs or drug paraphernalia; engaging in or threatening violence, discharging a firearm, displaying or possessing a gun, knife, or other weapon in the common area in a way that may alarm others, tampering with utilities, bringing hazardous materials into the unit, or using kerosene lamps.

16. Lessor shall have the right to enter the premises for inspection at any reasonable time without notice to the Lessee. During an inspection, Lessor reserves the right to take photos to document the condition of the property.
17. **DRUG-FREE HOUSING ENVIRONMENT:** In consideration of the execution or renewal of a rental agreement of the dwelling unit, the Lessor and the Lessee agree that the Lessee, any member of the Lessee's household, or a guest or other person under the Lessee's control shall not engage in criminal activity, including drug-related criminal activity, on or near property premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Section 102 of the Controlled Substance Act (21 U.S.C. 802). The Lessee, any member of the Lessee's household, or a guest or other person under the Lessee's control **SHALL NOT** engage in any of the following:
    a. Any act intended to facilitate criminal activity, including drug-related criminal activity, on or near property premises.
    b. Permit the dwelling unit to be used for, or to facilitate criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest.
    c. Engage in the manufacture, sale, or distribution of illegal drugs at any location, whether on or near property premises or otherwise.
    d. Engage in acts of violence, including, but not limited to, the unlawful discharge of firearms, on or near property premises.
18. Lessee understands that smoking inside a property is not allowed. If you smoke inside, your lease will be terminated. If you are a smoker, you must do it outside and dispose of the cigarette butts and ashes in a proper container.
19. Lessee agrees to pay for any damage caused by negligence on their part or their guests.
20. Lessee shall be responsible for the upkeep of the property, and failure to maintain the property shall be considered a breach of this contract. The upkeep of the property shall serve as rental payment.
21. Lessee shall comply with all rules, regulations, ordinances, codes, and laws of all governmental authorities having jurisdiction over the premises.
22. Lessor will not be liable for damages or losses to persons or property of the Lessee or guests from theft, vandalism, fire, water, rain, acts of God, interruption of utilities, appliance failure, or similar losses, including personal liability.

23. Lessee agrees to indemnify and hold harmless the Lessor from actions, claims, losses, damages, and expenses including, but not limited to, attorneys fees that the Lessor may sustain or incur as a result of the negligence of the Lessee or any guest or other person living in, occupying, or using the premises.
24. Upon breach of any term or condition of this Lease Agreement, both parties shall have the right to undertake any or all other remedies permitted by law.
25. This is a complete agreement and no other representations or promises have been made by either party to the other.

VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE RENTAL AGREEMENT AND GOOD CAUSE FOR TERMINATION OF TENANCY. A single violation of any of the provisions of this agreement shall be deemed a serious violation and material noncompliance with the rental agreement. It is understood and agreed that a single violation shall be good cause for termination of the lease agreement. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be preponderance of the evidence and at the discretion and judgment of the Lessor and/or Lessor's agents.

Executed on this 14 day of May 2024 ~~2023~~.

CHRISTOPHER SEWELL, CO-TRUSTEE, LESSOR — DATE 5/14/24

PAULA SEWELL, CO-TRUSTEE, LESSOR — DATE 5-14-24

QUALITY HOME HEALTH
By: JONATHAN DOUGLAS ALLRED,
VICE PRESIDENT OF OPERATIONS, LESSEE — DATE 5-14-24

STATE OF TENNESSEE
COUNTY OF FENTRESS

Personally appeared before me, the undersigned authority, a Notary Public in and for the aforesaid County and State, **CHRISTOPHER SEWELL and PAULA SEWELL,** with whom I am personally acquainted, or who was proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged themselves to be **CO-TRUSTEES of THE SEWELL FAMILY REVOCABLE LIVING TRUST, DATED NOVEMBER 9, 2023,** the within named bargainers, and that they as such CO-TRUSTEES executed the within instrument by signing the name of the trust by themselves as CO-TRUSTEES of the trust, this 14 day of May 2023: 2024

10/19/27
Commission Expiration Date

Nancy S. Cravens
Notary Public

NANCY S. CRAVENS
STATE OF TENNESSEE NOTARY PUBLIC
FENTRESS COUNTY

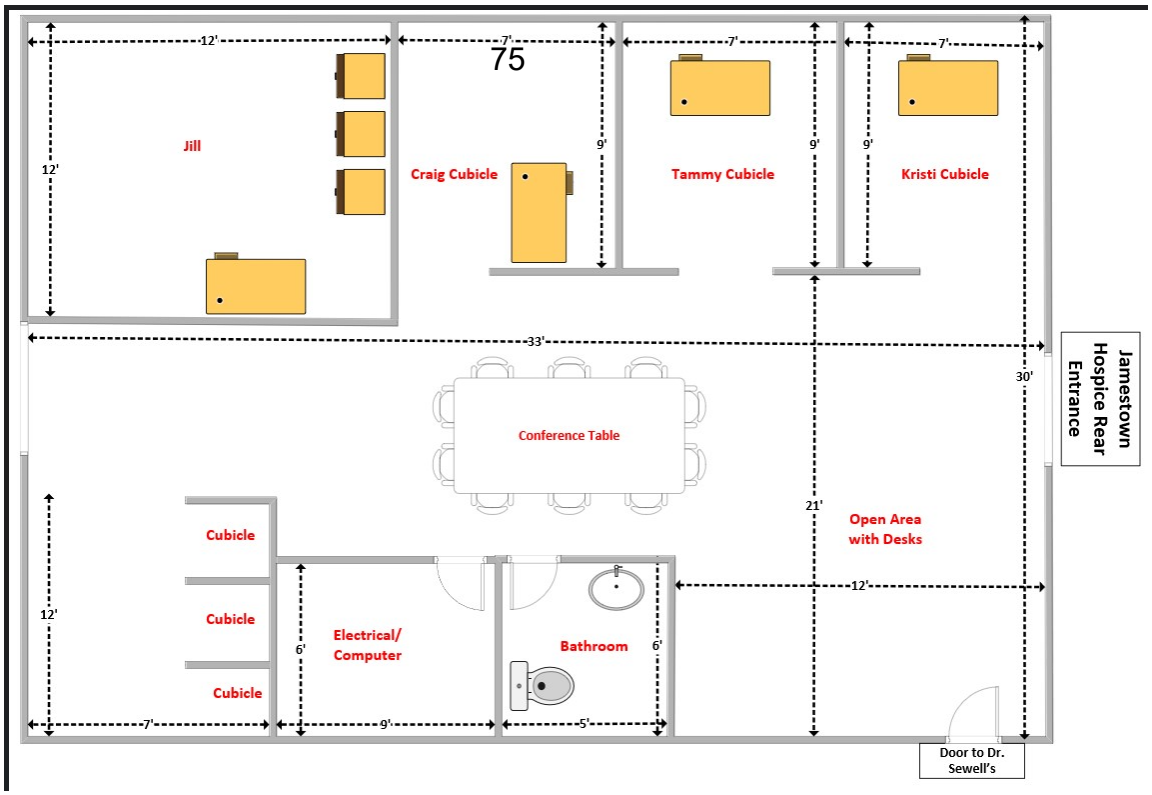
STATE OF TENNESSEE
COUNTY OF FENTRESS

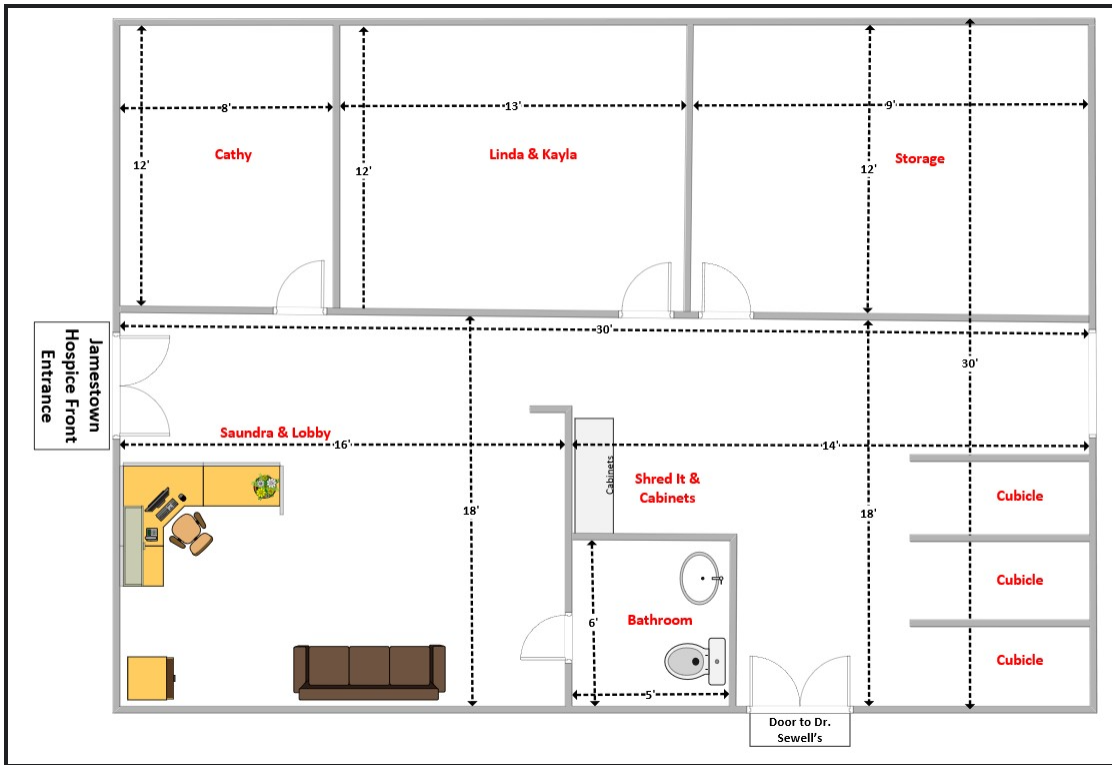
Before me, the undersigned authority, a Notary Public in and for the aforesaid County and State, personally appeared **JONATHAN DOUGLAS ALLRED**, with whom I am personally acquainted, or who was proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged himself to be the **VICE PRESIDENT OF OPERATIONS of QUALITY HOSPICE**, the within named bargainor, a Tennessee corporation, and that he as such **VICE PRESIDENT OF OPERATIONS**, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself as Jonathan Allred, this 14 day of May 2023: 2024

10/19/27
Commission Expiration Date

Nancy S. Cravens
Notary Public

NANCY S. CRAVENS
STATE OF TENNESSEE NOTARY PUBLIC
FENTRESS COUNTY





Attachment 10A

UC HRA
Public Transportation

About Us | UCHRA Public Transportation Services | Maps | Careers | Ride Pay | UCHRA

Donate | Go UC Info

Services

Connect

Daily trips into Nashville and Murfreesboro, along I-40 and I-24 routes, with stops along the route.

Go

This continuous-loop service picks up and drops off passengers at designated points along the route.

Pick Up

Select Pick Up Upper Cumberland in the Uber app for trips in Cumberland and Putnam counties.

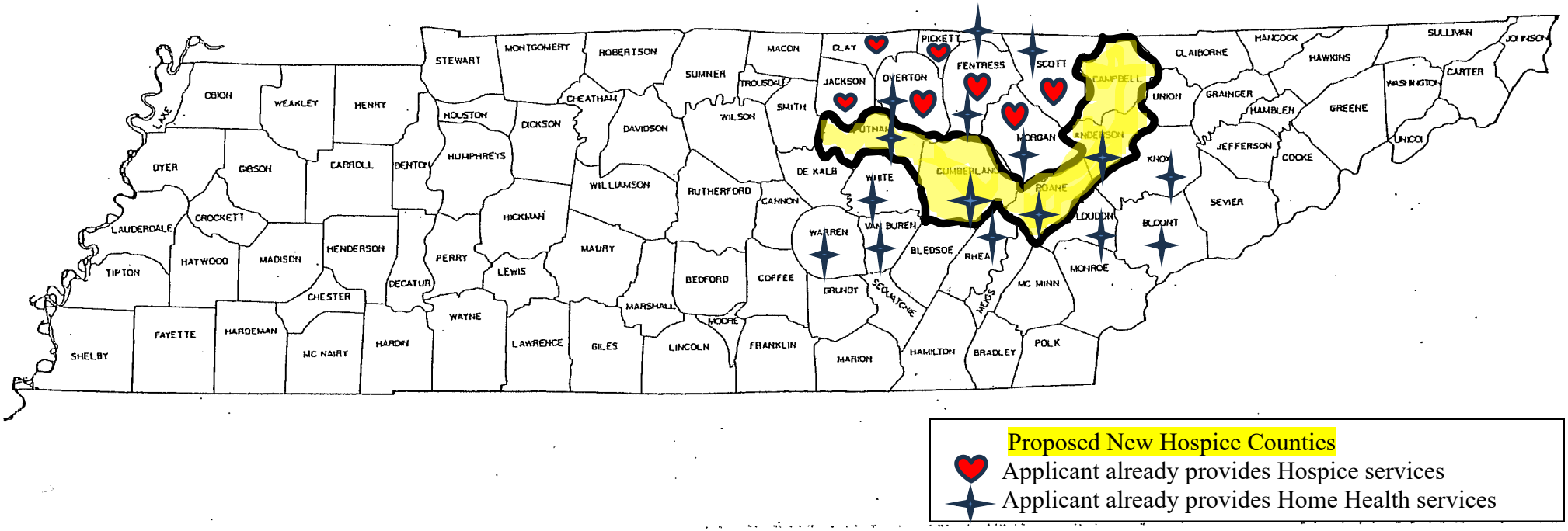
Ride

Door-to-door public transportation, customized to meet the local needs of residents in the region.

Attachment 11A

Attachment 12A

Current and Proposed Service Area of Quality Home Health & Hospice



Proposed New Hospice Counties
Applicant already provides Hospice services
Applicant already provides Home Health services

Attachment 2N

Demographic Variable/ Geographic Area (County)	Department of Health/Health Statistics							Bureau of the Census				TennCare	
	Total Population- Current Year (2024)	Total Population- Projected Year (2028)	Total Population- % Change	*Target Population- Current Year (18+)	*Target Population- Project Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age**	Median Household Income	Person Below Poverty Level***	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total
Anderson	78,892	79,863	1.2%	62,783	63,747	1.5%	80%	N/A	$60,633	10,335	13.1%	16,565	21.0%
Cambell	39,557	39,128	-1.1%	31,763	31,508	-0.8%	81%	N/A	$48,258	8,070	20.4%	11,636	29.4%
Cumberland	64,464	66,753	3.6%	54,012	56,190	4.0%	84%	N/A	$56,002	9,025	14.0%	12,761	19.8%
Putnam	84,778	88,381	4.2%	66,405	69,317	4.4%	78%	N/A	$54,371	16,193	19.1%	18,869	22.3%
Roane	54,007	53,893	-0.2%	44,348	44,405	0.1%	82%	N/A	$66,460	7,129	13.2%	11,576	21.4%
Primary Service Area Total	321,698	328,018	2.0%	259,311	265,167	2.3%	81%	N/A	$57,145	50,751	15.8%	71,407	22.2%
State of TN Total	7,125,928	7,331,859	2.9%	5,565,604	5,736,895	3.1%	78%	N/A	$64,035	947,748	13.3%	1,434,654	20.1%

Attachment 3NR

HOSPICE UTILIZATION IN PSA - 2023

Hospice Agency	State ID #	Home County	Pts. Served - Anderson	Pts. Served - Campbell	Pts. Served - Cumberland	Pts. Served - Putnam	Pts. Served - Roane	Pts. Served - PSA
Amedisys Hospice an Adventa Company	10601	Carter	0	0	NL	NL	NL	0
Avalon Hospice	19694	Davidson	57	29	98	44	52	280
Univ. of TN Med. Ctr Home Health/Hospice Service	32603	Hamblen	0	0	NL	NL	0	0
Caris Healthcare	33653	Hamilton	NL	NL	NL	NL	0	0
Amedisys Hospice an Adventa Company	47602	Knox	663	299	39	0	280	1281
Caris Healthcare	47682	Knox	135	8	NL	NL	35	178
Covenant Homecare	47632	Knox	165	16	NL	NL	123	304
Tennova Healthcare Hospice	47642	Knox	18	31	NL	NL	NL	49
UTMCK-Home Care Services: Hospice & Home Care	47662	Knox	139	71	NL	NL	38	248
Suncrest Home Health & Hospice	13603	Claiborne	NL	8	NL	NL	NL	8
Hospice of Cumberland County	18604	Cumberland	NL	NL	185	NL	NL	185
Kindred Hospice	71604	Putnam	NL	NL	1	262	0	263
Caris Healthcare	75624	Rutherford	NL	NL	143	99	2	244
Home Health Care of East Tennessee and Hospice	6613	Bradley	4	NL	NL	NL	28	32
		Total	**1181**	**462**	**466**	**405**	**558**	**3072**

"NL" means not licensed in that county

"NR" means Not Reported on JAR

Attachment 5NR

HOSPICE UTILIZATION IN PSA - 2022

Hospice Agency		Home County	Pts. Served - Anderson	Pts. Served - Campbell	Pts. Served - Cumberland	Pts. Served - Putnam	Pts. Served - Roane	Pts. Served - PSA
Amedisys Hospice an Adventa Company	10601	Carter	0	0	NL	NL	NL	0
Avalon Hospice	19694	Davidson	45	20	60	108	37	270
Univ. of TN Med. Ctr Home Health/Hospice Service	32603	Hamblen	0	0	NL	NL	0	0
Caris Healthcare	33653	Hamilton	NL	NL	NL	NL	1	1
Amedisys Hospice an Adventa Company	47602	Knox	554	253	38	1	262	1108
Caris Healthcare	47682	Knox	129	22	NL	2	66	219
Covenant Homecare	47632	Knox	132	16	NL	NL	89	237
Tennova Healthcare Hospice	47642	Knox	19	21	NL	NL	NL	40
UTMCK-Home Care Services: Hospice & Home Care	47662	Knox	108	63	NL	NL	46	217
Suncrest Home Health & Hospice	13603	Claiborne	NL	1	NL	NL	NL	1
Hospice of Cumberland County	18604	Cumberland	NL	NL	164	NL	NL	164
Kindred Hospice	71604	Putnam	NL	NL	5	174	1	180
Caris Healthcare	75624	Rutherford	NL	NL	166	109	2	277
Home Health Care of East Tennessee and Hospice	6613	Bradley	NL	NL	NL	NL	42	42
		Total	**987**	**396**	**433**	**394**	**546**	**2756**

"NL" means not licensed in that county

"NR" means Not Reported on JAR

HOSPICE UTILIZATION IN PSA - 2021

Hospice Agency		Home County	Pts. Served - Anderson	Pts. Served - Campbell	Pts. Served - Cumberland	Pts. Served - Putnam	Pts. Served - Roane	Pts. Served - PSA
Amedisys Hospice an Adventa Company	10601	Carter	0	0	NL	NL	NL	0
Avalon Hospice	19694	Davidson	45	26	71	153	28	323
Univ. of TN Med. Ctr Home Health/Hospice Service	32603	Hamblen	0	0	NL	NL	0	0
Caris Healthcare	33653	Hamilton	NL	NL	NL	NL	0	0
Amedisys Hospice an Adventa Company	47602	Knox	361	183	26	1	207	778
Caris Healthcare	47682	Knox	111	27	NL	NL	63	201
Covenant Homecare	47632	Knox	116	22	NL	NL	67	205
Tennova Healthcare Hospice	47642	Knox	11	18	NL	NL	0	29
UTMCK-Home Care Services: Hospice & Home Care	47662	Knox	132	81	NL	NL	31	244
Suncrest Home Health & Hospice	13603	Claiborne	NL	3	NL	0	0	3
Hospice of Cumberland County	18604	Cumberland	NL	NL	189	NL	NL	189
Kindred Hospice	71604	Putnam	NL	NL	16	141	1	158
Caris Healthcare	75624	Rutherford	NL	NL	168	125	NL	293
Home Health Care of East Tennessee and Hospice	6613	Bradley	NL	NL	NL	NL	30	30
		Total	**776**	**360**	**470**	**420**	**427**	**2453**

"NL" means not licensed in that county

"NR" means Not Reported on JAR

PATIENTS IN DUAL SERVICE COUNTIES - 2023			
Current Dual Service Co.	**HH Pts. Served**	**Hospice Pts. Served**	**HH to Hospice Conversion Rate**
Fentress	670	96	14%
Morgan	160	32	20%
Overton	232	43	19%
Pickett	118	13	11%
Scott	395	71	18%
Total/Average	**1575**	**255**	**16%**

Source: 2023 JAR

PROJECTED PATIENTS AND DAYS Year 1 - NEW HOSPICE COUNTIES											
Current Dual Service Co.	**2023 HH Pts. Served**	**2023 Hospice Pts. Served**	**HH to Hospice Conversion Rate (@50% of Historical)**	**Projected Patients Yr. 1**	**Projected ALOS (2023 Actual)**	**Total Projected Days**	**Projected Routine Care Days**	**Projected Continuous Days @ 1% of Routine Days**	**Projected GIP Days @ 1% of Routine Days**	**Projected Respite Days @ 2% of Routine Days**	**Total Projected Days Yr. 1**
Anderson	75	0	8%	6	55	330	317	3	3	7	330
Campbell	0	0	N/A	10	55	550	528	6	6	11	551
Cumberland	902	0	8%	72	55	3,960	3,802	40	40	79	3961
Putnam	324	0	8%	26	55	1,430	1,373	14	14	29	1430
Roane	166	0	8%	13	55	715	686	7	7	14	714
Total/Average	**1467**	**0**	**8%**	127	55	6,985	6,706	70	70	140	6986*
The difference in the total days in the 7th andi 12th columns is due to rounding in columns 8-11.											

Attachment 6N

MEDICARE CHARGES OF HOSPICE AGENCIES IN PSA - 2023					
Agency	**Home County**	**Routine Hospice Care**	**Continuous Hospice Care**	**General Inpatient**	**Resite Inpatient**
Home Health Care of East Tennessee, Inc.	Bradley	$203	$1,463	$1,068	$474
Amedisys Hospice an Adventa Company	Carter	$150	$500	$846	$411
Suncrest Hospice	Claiborne	$153	$500	$500	$419
Hospice of Cumberland County	Cumberland	$184	$1,293	$969	$432
Avalon Hospice	Davidson	$193	$1,368	$1,016	$452
Quality Hospice	Fentress	$190	$1,330	$1,000	$446
University of TN Medical Center Hospice Services	Hamblen	$153	$500	$900	$358
Amedisys Hospice An Adventa Company	Knox	$139	$500	$909	$383
Covenant Homecare	Knox	$183	$1,296	$970	$432
Tennova Healthcare Hospice	Knox	$157	$500	$936	$336
University of TN Medical Center Home Care Services	Knox	$157	$500	$911	$405
Caris Healthcare	Knox	$183	$1,293	$970	$432
Caris Healthcare (No JAR on File)	McMinn	NR	NR	NR	NR
Caris Healthcare (No JAR on File)	Putnam	NR	NR	NR	NR
Kindred Hospice	Putnam	$183	$1,293	$970	$432
Caris Healthcare L.P. Murfreesboro	Rutherford	$192	$1,368	$1,016	$452
Average		$174	$1,004	$960	$420

Attachment 9CR

CAHPS® Hospice Survey: Provider Preview Report

Hospice Name: QUALITY HOSPICE
CMS Certification Number: 441599
Hospice Facility ID: 1330149
State: TN

This preview report contains both CAHPS Hospice Survey quality measure scores and Star Ratings. Quality measure scores are updated **every quarter,** whereas Star Ratings are updated **every 2 quarters.**

CAHPS Hospice Survey Quality Measure Scores

Reporting Period:	Number of Quarters of Data Included:	Number of Completed Surveys Included:
10/01/2021-09/30/2023	8	105

The following table displays a preview of CAHPS scores for your hospice, based on the reporting period above. These scores represent the proportion of respondents who gave the least, middle, and most favorable response(s) for each measure, also known as the bottom, middle, and top box scores. State and national scores are also provided for comparison. Please review. If you have questions or concerns about your CAHPS Hospice Survey quality measure scores, please email our technical assistance team at hospicecahps@rti.org.

CAHPS Hospice Quality Measure (NQF ID 2651)	Score Type	Response Option	Your Hospice (%)	Your State (%)	U.S. National (%)
Communication with family*	Top	Always	89	83	81
	Middle	Usually	7	11	12
	Bottom	Never; Sometimes	4	6	7
Getting timely help	Top	Always	80	78	77
	Middle	Usually	10	12	13
	Bottom	Never; Sometimes	10	10	10
Treating patient with respect	Top	Always	93	91	90
	Middle	Usually	6	7	8
	Bottom	Never; Sometimes	1	2	2

Attachment 6Q

CAHPS Hospice Survey Quality Measure Scores, continued, QUALITY HOSPICE

CAHPS Hospice Quality Measure (NQF ID 2651)	Score Type	Response Option	Your Hospice (%)	Your State (%)	U.S. National (%)
Emotional and spiritual support**	Top	Right amount	93	90	90
	Bottom	Too little	7	10	10
Help for pain and symptoms***	Top	Always	79	77	74
	Middle	Usually	13	13	16
	Bottom	Never; Sometimes	8	10	10
Training family to care for patient	Top	Yes, definitely	83	78	75
	Middle	Yes, somewhat	12	14	16
	Bottom	No	5	8	9
Rating of this hospice	Top	9 or 10	88	82	81
	Middle	7 or 8	11	14	14
	Bottom	0-6	1	4	5
Willing to recommend this hospice	Top	Definitely yes	88	85	84
	Middle	Probably yes	10	11	11
	Bottom	Definitely no; Probably no	2	4	5

* For one question in this composite measure, "Never" is the most positive response.
** The response options for this composite measure are grouped into bottom and top box scores only.
*** One question in this composite measure uses response options that are slightly differently worded.

Note: All scores are adjusted for the case mix of the hospice and mode of survey administration. Survey results for hospices that have fewer than 30 completed questionnaires are not publicly reported on Care Compare. For more information regarding the calculation of the publicly reported measures, please visit www.hospicecahpssurvey.org.

Footnote	Description as displayed on Care Compare	Details
6	The number of cases is too small to report.	The number of responses does not meet the required minimum amount for public reporting for this reporting period.
7	Results are based on a shorter time period than required.	The results were based on fewer than all possible quarters of data for the reporting period.
8	Data suppressed by CMS.	The results for these measures were excluded for various reasons, such as data inaccuracies.
9	There were discrepancies in the data collection process.	There were deviations from data collection protocols.
10	None of the required data were submitted for this reporting period.	The agency did not submit any required data for this quality reporting period.
11	Results aren't available for this reporting period.	The agency is too new or too small to be required to participate in the CAHPS Hospice Survey, or no cases met the criteria for the measure for this reporting period.
16	The number of cases is too small to report a score for this state/territory.	The number of responses does not meet the required minimum amount for public reporting of a score for this state/territory for this reporting period.

CAHPS Hospice Survey Star Ratings, QUALITY HOSPICE

CAHPS Hospice Survey Star Ratings

Reporting Period:	Number of Quarters of Data Included:	Number of Completed Surveys Included:
10/01/2021-09/30/2023	8	105

The following table displays a preview of CAHPS Hospice Survey Star Ratings for your hospice based on the Star Rating reporting period above. Note that this reporting period may be different than the reporting period for the quality measure scores presented on page 1 of this report. Please review. If you have questions or concerns about your CAHPS Hospice Survey Star Ratings, please email our technical assistance team at hospicecahpsta@rti.org@rti.org.

	Your Hospice's Star Rating
Family Caregiver Survey Rating	5
Star rating for each CAHPS Hospice Survey quality measure	
Communication with family	5
Getting timely help	4
Treating patient with respect	4
Emotional and spiritual support	5
Help for pain and symptoms	4
Training family to care for patient	5
Rating of this hospice	5
Willing to recommend this hospice	4

Note: Star Ratings are derived from CAHPS Hospice Survey quality measure scores. Star Ratings for hospices that have fewer than 75 completed questionnaires will not be publicly reported. The Family Caregiver Survey Rating is a summary Star Rating that is calculated as a weighted average of the Star Rating for each of the CAHPS Hospice Survey quality measures. The summary Star Rating will be displayed on Care Compare. For information on the methodology used to create Star Ratings, as well as national and state distributions of Star Ratings, please visit **https://hospicecahpssurvey.org/en/public-reporting/star-ratings.**

Footnote	Description as displayed on Care Compare	Details
15	The number of cases is too small to report Star Ratings.	The number of responses does not meet the required minimum amount for public reporting of Star Ratings for this reporting period.

CASPER Report
Hospice-Level Quality Measure Report

Provider ID:	1330149	**Report Period - Claims:**	01/01/2021 - 12/31/2022
CCN:	441599	**Data was calculated on:**	08/02/2023
Hospice Name:	QUALITY HOSPICE	**Report Run Date:**	07/09/2024
City/State:	JAMESTOWN, TN	**Report Version Number:**	6.00

Table 3. Claims-based Quality Measure-Hospice Care Index

Hospice Care Index-Measure Overview

Hospice Observed Score (higher is better)	**10.0 out of 10**
National Average	8.8 out of 10
State Average	9.2 out of 10

The Hospice Care Index (HCI) Measure observed score is the number of times a hospice earns a point across 10 indicators. The highest possible score is 10. Please see Table 3B which presents the hospice score on each of the 10 indicators that make up the HCI observed score. When a hospice receives an HCI score below 10, the hospice can identify which indicator(s) did not achieve a positive result. The HCI is Measure H012.01.

Table 3A Legend
N/A = Not Available
Dash (-) = A dash represents a value that could not be computed

Table 3A. Hospice Care Index-Provider's Points Earned on Each Indicator and Total HCI Score

Care Indicator Used To Calculate HCI[2]	Provider Points Earned
CHC/GIP Provided (% days)	1
Gaps in nursing visits (% elections)	1
Early live discharges (% live discharges)	1
Late live discharges (% live discharges)	1
Burdensome transitions, Type 1 (% live discharges)	1
Burdensome transitions, Type 2 (% live discharges)	1
Per-beneficiary spending (U.S. dollars $)	1
Nurse care minutes per routine home care days (minutes)	1
Skilled nursing minutes on weekends (% minutes)	1
Visits near death (% decedents)	1
Hospice Care Index Observed Score (out of 10)	**10.0**

[2]Indicators are publicly reported within the Provider Data Catalog but are not displayed on Care Compare.

	Position Classification	Existing FTEs 2024	Projected FTEs Year 1
A.	**Direct Patient Care Positions**		
	Pastoral	1	2.5
	MSW	2	2
	Aide	4	7*
	Field Nurses	10	12.5**
	Total Direct Patient Care Positions	17	
B.	**Non-Patient Care Positions**		
	Administrator	1	1
	Assistant Administrator	1	1
	Clerical/Billing	4	4
	Business Development	2	2
	Total Non-Patient Care Positions	8	8
	Total Employees*(A+B)*	25	32
C.	**Contractual Staff**	N/A	N/A
	Total Staff *(A+B+C)*	25	32

* Includes 2.0 FTE shared staff
** Includes 1.0 FTE shared staff

Attachment 8QR

Attachment - Home Care Organizations

Home Health Agency, Hospice Agency (excluding Residential Hospice), identify the following by checking all that apply:

	Existing Licensed County	Parent Office County	Proposed Licensed County		Existing Licensed County	Parent Office County	Proposed Licensed County
Anderson	☐	☐	X	Lauderdale	☐	☐	☐
Bedford	☐	☐	☐	Lawrence	☐	☐	☐
Benton	☐	☐	☐	Lewis	☐	☐	☐
Bledsoe	☐	☐	☐	Lincoln	☐	☐	☐
Blount	☐	☐	☐	Loudon	☐	☐	☐
Bradley	☐	☐	☐	McMinn	☐	☐	☐
Campbell	☐	☐	X	McNairy	☐	☐	☐
Cannon	☐	☐	☐	Macon	☐	☐	☐
Carroll	☐	☐	☐	Madison	☐	☐	☐
Carter	☐	☐	☐	Marion	☐	☐	☐
Cheatham	☐	☐	☐	Marshall	☐	☐	☐
Chester	☐	☐	☐	Maury	☐	☐	☐
Claiborne	☐	☐	☐	Meigs	☐	☐	☐
Clay	X	☐	☐	Monroe	☐	☐	☐
Cocke	☐	☐	☐	Montgomery	☐	☐	☐
Coffee	☐	☐	☐	Moore	☐	☐	☐
Crockett	☐	☐	☐	Morgan	X	☐	☐
Cumberland	☐	☐	X	Obion	☐	☐	☐
Davidson	☐	☐	☐	Overton	X	☐	☐
Decatur	☐	☐	☐	Perry	☐	☐	☐
DeKalb	☐	☐	☐	Pickett	X	☐	☐
Dickson	☐	☐	☐	Polk	☐	☐	☐
Dyer	☐	☐	☐	Putnam	☐	☐	X
Fayette	☐	☐	☐	Rhea	☐	☐	☐
Fentress	X	X	☐	Roane	☐	☐	X
Franklin	☐	☐	☐	Robertson	☐	☐	☐
Gibson	☐	☐	☐	Rutherford	☐	☐	☐
Giles	☐	☐	☐	Scott	X	☐	☐
Grainger	☐	☐	☐	Sequatchie	☐	☐	☐
Greene	☐	☐	☐	Sevier	☐	☐	☐
Grundy	☐	☐	☐	Shelby	☐	☐	☐
Hamblen	☐	☐	☐	Smith	☐	☐	☐
Hamilton	☐	☐	☐	Stewart	☐	☐	☐
Hancock	☐	☐	☐	Sullivan	☐	☐	☐
Hardeman	☐	☐	☐	Sumner	☐	☐	☐
Hardin	☐	☐	☐	Tipton	☐	☐	☐
Hawkins	☐	☐	☐	Trousdale	☐	☐	☐
Haywood	☐	☐	☐	Unicoi	☐	☐	☐
Henderson	☐	☐	☐	Union	☐	☐	☐
Henry	☐	☐	☐	Van Buren	☐	☐	☐
Hickman	☐	☐	☐	Warren	☐	☐	☐
Houston	☐	☐	☐	Washington	☐	☐	☐
Humphreys	☐	☐	☐	Wayne	☐	☐	☐
Jackson	X	☐	☐	Weakley	☐	☐	☐
Jefferson	☐	☐	☐	White	☐	☐	☐
Johnson	☐	☐	☐	Williamson	☐	☐	☐
Knox	☐	☐	☐	Wilson	☐	☐	☐
Lake	☐	☐	☐				

Project Name : Quality Hospice

Supplemental Round Name : 1 **Due Date :** 9/4/2024
Certificate No. : CN2408-022 **Submitted Date :** 8/27/2024

1. **4C. Accessibility to Human Resources**

Does the applicant plan to eventually staff nutritionist/dietitians or a volunteer coordinator?

Has the applicant identified a Medical Director?

What are the contractual staff positions for?

Will there be any overlap in the positions currently serving the applicant's home health patients and those patients projected to be served by its expanded hospice service area?

Please discuss how the hospice levels of care (Routine Home Care, General Inpatient Care, Continuous Home Care and Respite Care) will be supported by the applicant.

Response : Quality Hospice has a Volunteer Coordinator included in the FTE of Business Development. Conditions of Participation do not require a nutritionist if nurses are trained and proficient in nutrition and dietary counseling, which they are.

Dr. Josh Thompson has been Medical Director for Quality Hospice since May 2019. That is the contractual staff position shown in the staffing table.

The Wound Ostomy Continent Nursing employee and the other specialist nurses are available to both hospice and home health patients as needed. The applicant is adding 1.5 field nurses and 1 full-time aide as net new positions, and another 3.0 FTEs will be provided through shared staff.

Quality Hospice is currently providing all 4 levels of care and will continue to do so in all licensed service area counties. Routine and continuous care are provided in the home and general inpatient and respite will be provided through contracts with appropriate facilities.

2. **1E. Overview**

Which office will oversee the new service area counties, the Fentress or Scott County office?

What setting(s) will hospice services be offered to patients? Please complete the following table:

Location of Care	**Yes**	**No**	**% of Patients Projected**
Home			
Assisted Living Facility			
Nursing Facility			
Skilled Nursing Facility			
Inpatient Hospital Facility			
Other			

Please complete the following table identifying the types of hospice care services to be offered:

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

Response : Fentress will oversee Cumberland and Putnam. Scott will oversee Anderson, Campbell and Roane. The applicant currently has home health or Private Duty offices in all 5 counties. Please see the table below for the services offered by Quality Hospice.

Location of Care	Yes	No	% of Patients Projected
Home	X		97%
Assisted Living Facility	X		0%
Nursing Facility	X		2%
Skilled Nursing Facility		X	0%
Inpatient Hospital Facility	X		1%
Other			0%

3. **5N. Unimplemented services**

Please address the projections for Hospice of Chattanooga Holdings, LLC CN2303-009, which includes an overlapping service area county (Cumberland County) with the applicant.

Please include State ID numbers in the tables provided in Attachment 5N.

There appears to be an error with the following item in Attachment 5N:

2021 - Suncrest Home Health and Hospice (ID 13603) - Putnam County and Putnam County Total

2022 - Caris Healthcare (ID 33653) - Roane County

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

Response : Hospice of Chattanooga Holdings. LLC (“HCH”)was approved for the addition of 10 countries to its existing 11 county service area. One of the approved new counties is Cumberland County. HCH projected a total of 186 patients by Year 2. Of these, 47 or 30%, were projected to be residents of Cumberland County. The need formula indicates Cumberland County has need for 24 patients at 80% of median, and 54 patients at 85% of median.

Although the service areas overlap as to Cumberland County, these two applications should not affect each other since the applicant seeks to primarily serve its own patients who are already receiving home health services from Quality Home Health. In 2023 Quality Home Health served 902 home health patients from Cumberland County.

State ID numbers are included on all agencies in revised Attachment 5NR.

The necessary revisions are included in Attachment 5NR.

4. **6N. Utilization and/or Occupancy Statistics**

The applicant's projection methodology is noted. Are all patients who have historically been served by the applicant's hospice agency, also patients of its home health agency?

If not, what percentage of patients are projected to be served by the applicant's hospice agency alone, without being served previously through the applicant's home health agency?

Response : No, not all of them. Approximately 10% are projected to be patients of the hospice agency alone, not previously served through the home health agency.

5. **3C. Effects of Competition and/or Duplication**

Will the Wound Ostomy Continent Nursing services be contracted or in-house?

Response : In-house, as they are full-time employees.

6. **5C. License/Certification**

Will the applicant accept a condition, if required by the Health Facilities Commission, to obtain Community Health Accreditation Program, Inc., Accreditation Commission for Health Care, or another accrediting body with deeming authority for hospice services from CMS or state licensing survey, and/or other third-party quality oversight organization, for Hospice projects?

Response : Yes.

7. **3N. Demographics**

The following items appear to require revision in the demographic table included as Attachment 3N:

Anderson County - Total Population (Current Year 2024), Target Population 18+ (Current Year 2024), and TennCare Enrollees as % of Total.

Primary Service Area Total - Total Population (Current Year 2024) and Target Population 18+ (Current Year 2024).

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

Response : The necessary revisions are included in Attachment 3NR.

8. **1N. Criteria and Standards**

Attachment 1N, Hospice Criterion #1. Adequate Staffing

Please discuss the adequacy of the proposed number of new staff (1 additional hospice aide and 1.5 additional field nurses) to cover the additional hospice patient caseload given the number of projected patients to be served (127 patients in Year 1).

Are the existing staff capable of handling the additional caseload in the 5 proposed counties?

Response : 127 patients @ 55 days = 6,985 total hospice days divided by 365 days per year = 19 patients at any given time. Quality's home health nurses' current caseload is 15 patients, so those nurses are able to handle some additional caseload.

The staffing table only included net new hires. In addition to those positions, there will be 3 FTE positions (1 FTE Field Nurse and 2 FTE Aides) serving the new countries through a sharing arrangement with Quality Home Health. A revised staffing table is being submitted as Attachment 8QR.

9. **9C. Other Facilities Charges**

Attachment 9C appears to contain errors with the following items:

Suncrest Hospice (Claiborne County)

University of TN Medical Center Hospice Services (Hamblen County)

Kindred Hospice (Putnam County)

Caris Healthcare LP Murfreesboro (Rutherford County)

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

Response : The necessary revisions are included in Attachment 9CR.

10. **1N. Criteria and Standards**

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

Will the applicant need to establish new contracts with nursing homes and hospitals in the proposed service area? If so which, if any entities has the applicant conducted outreach activities to, and/or have existing contracts within the proposed service area?

Response : Yes. Quality contracts with a number of hospitals and nursing homes in its current 7-county service area, and will do likewise in the proposed new counties. It is premature to have identified the exact facilities, but the applicant expects to contract with all hospitals in the 5 county area, as well as a number of nursing homes.

11. **1N. Criteria and Standards**

Attachment 1N, Hospice Criterion #3, Proposed Charges

The attached table of Medicare Charges includes items which require revision.

Suncrest Hospice (Claiborne County)

University of TN Medical Center Hospice Services (Hamblen County)

Kindred Hospice (Putnam County)

Caris Healthcare LP Murfreesboro (Rutherford County)

Please revise and resubmit Page 3 of Attachment 1N (labeled as Page 3R.)

Response : Replacement Page 3R for Attachment 1N is attached as Page 3R.

12. **1N. Criteria and Standards**

Attachment 1N, Hospice Criterion #5, Indigent Care

Does the applicant maintain a charity care policy?

What types of scenarios does the applicant expect to provide charity care to patients, given the amount of charity care projected in response to Item 10C. of the application?

Response : Yes, Quality Hospice has a charity care policy, a copy of which is attached as Attachment 1N, Criterion 5.

Most of the charity care provided is for patients who are receiving home health benefits from Quality, and then transition to hospice care. Some illustrative scenarios are: (1). A nursing facility patient does not have or loses his or her private or government health insurance. Quality is providing hospice care in the nursing facility, which means it has to bill the payor for room and board, and then reimburse the facility. Quality would continue services even though it cannot bill a 3rd party for payment. (2). A patient is in hospice due to a work-related accident or injury and is receiving workers comp benefits. If those benefits are exhausted, Quality would continue to provide services as charity care. (3). A patient has only state Medicaid/TennCare coverage which only covers room and board in nursing home but not hospice services. Quality would continue to provide hospice services as charity care.

13. **1N. Criteria and Standards**

Attachment 1N, Hospice Criterion #6 Quality Control and Monitoring

Does the applicant intend to participate in the National Palliative Care Registry?

Response : Quality Hospice is not a member of that organization. However, Quality hospice is a member of the National Hospice and Palliative Care Organization which recently merged with National Association for Home Care and Hospice. These organizations provide similar resources as the referenced organization, that being professional education and guidance, and tool kits for Palliative care providers.

14. **1N. Criteria and Standards**

Attachment 1N, Hospice Criterion #18 Assessment Period

Please address the projections for Hospice of Chattanooga Holdings, LLC CN2303-009, which includes an overlapping service area county (Cumberland County) with the applicant.

Response : Hospice of Chattanooga Holdings. LLC ("HCH") was approved for the addition of 10 counties to its existing 11 county service area. One of the approved new counties is Cumberland County. HCH projected a total of 186 patients by Year 2, and of these, 47 or 30%, were projected to be residents of Cumberland County. The need formula indicates Cumberland County has need for 24 patients at 80% of median, and 54 patients at 85% of median.

Although the service areas overlap as to Cumberland County, these two applications should not affect each other since the applicant seeks to primarily serve its own patients (approximately 90%) who are already receiving home health services from Quality Home Health. In 2023 Quality Home Health served 902 home health patients from Cumberland County.