

STATE OF MARYLAND

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**MARYLAND HEALTH CARE COMMISSION**

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**MEMORANDUM**

**TO:** Commissioners

**FROM:** Kevin R. McDonald  
Chief, Certificate of Need

**DATE:** December 21, 2017

**SUBJECT:** Coastal Hospice  
Docket No. 17-22- 2404

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Enclosed is the staff report and recommendation for a Certificate of Need (“CON”) application filed by Coastal Hospice, Inc. (“Coastal Hospice”).

Coastal Hospice is (“Coastal”) is a not-for-profit general hospice based in Salisbury and which is the sole provider of hospice care in the four counties of the lower Eastern Shore (Dorchester, Somerset, Wicomico, and Worcester).

It proposes a capital expenditure to create a 12-bed hospice house residential facility and outreach center by renovating a building in Ocean Pines (Worcester County). A hospice house is not a “health care facility” subject to Certificate of Need (“CON”) regulation. However, general hospices are health care facilities subject to CON regulation and this capital project of Coastal requires a CON because the expenditure exceeds the threshold of \$6,000,000 currently in effect for all non-hospital health care facilities.

Total project cost is estimated to be \$7,998,114; sources of funds include cash in excess of \$1.3 million, philanthropy of almost \$750,000, a State grant of \$500,000, and a mortgage of a little over \$3.5 million.

Commission staff analyzed the proposed project’s compliance with the applicable State Health Plan standards and the other applicable CON review criteria at COMAR 10.24.01.08 and recommends that the project be APPROVED.

IN THE MATTER OF  
COASTAL HOSPICE, INC.  
Docket No. 17-22-2404

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BEFORE THE  
MARYLAND HEALTH  
CARE COMMISSION

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**Staff Report and Recommendation**

**December 21, 2017**

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## I. INTRODUCTION

### A. The Applicant

Coastal Hospice (“Coastal”) is a general hospice incorporated as a not-for-profit, 501(C)3 organization in 1980. It is based in Salisbury and is the sole provider of hospice care in the four counties of the lower Eastern Shore, consisting of Dorchester, Somerset, Wicomico, and Worcester Counties. In 2004, Coastal Hospice opened a general inpatient hospice facility at Deer’s Head Hospital Center. Coastal Hospice also formed a palliative care partnership with Peninsula Regional Medical Center in 2006 and uses a blended team of hospital and hospice staff to provide palliative consultations to hospital inpatients. That team also holds an outpatient clinic two afternoons a week.

Table I-1 shows the steady growth in the applicant’s hospice program volume. Total admissions grew 32% between Fiscal Year (“FY”) 2013 and FY 2017.

**Table I-1: Coastal Hospice, FY 2013-FY 2017 Statistics**

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Admissions	842	835	930	1043	1113
Patients Served	1030	992	1100	1186	1292
Average Length Stay (Days)	67.2	53.6	51.2	49.6	56.0
Average Daily Census	146.9	138.9	140.8	160.6	197.6
Admissions to general inpatient unit	193	189	264	259	245

(DI#3 and DI#10, p.1)

### B. The Project

Coastal proposes a capital expenditure of \$7,998,114 to create a 12-bed hospice house<sup>1</sup> residential facility and outreach center in a building located at 1500 Ocean Parkway in Ocean Pines (Worcester County). A hospice house is not a “health care facility” subject to Certificate of Need (“CON”) regulation. However, general hospices are health care facilities subject to CON regulation and this capital project of Coastal requires a CON because the expenditure exceeds the threshold of \$6,000,000 currently in effect for all non-hospital health care facilities.

Coastal Hospice purchased the building and property for \$1,530,000. The building is currently an unfinished shell comprising 19,583 square feet (“SF”) on three floors (including a basement level). The project would add 3,021 SF to the first floor. The addition to the first floor is estimated to cost \$454,900, while renovations to the rest of the facility are estimated to cost \$5.25 million. The total estimated project cost is \$7,998,114. The project budget is attached as Appendix 2.

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<sup>1</sup> A "hospice house" is a residence operated by a Maryland general hospice that provides home-based hospice services to hospice patients in a home-like environment. The care provided to hospice house residents is not billed as general inpatient care. The applicant describes a hospice house as “designed to care for the custodial needs of the individual on routine home care level of care, for days, weeks or even months. As a contrast, general inpatient care is designed to meet the acute symptom management needs of the patient lasting only a few days.”

In addition to housing the 12-bed hospice house, the building will house hospice care staff and volunteers, as well as outreach programs including a palliative care clinic, community education programming, and grief support.

The basement (or “ground level”) will house the home hospice team caring for patients in Worcester and Somerset Counties in their own homes or nursing homes throughout the two counties (the applicant states that this will allow Coastal Hospice to discontinue leasing space for that team as it must now). It also includes space designed for bereavement counseling and groups, volunteers, social work, nursing and admissions staff, as well as a community room for conferences and community education. Finally, the preparation kitchen for patient meals and laundry facilities will be on this level.

The first floor is dedicated to the comfort of patients residing at the facility. It will house 12 patient bedrooms, a family room, a children’s play area, a sun room, a deck, a family kitchen, a meditation room, and a family dining room. Also on this level is a locked medication room, a staff charting area, and a staff break room.

The second floor has two exam rooms, a doctor’s office and a waiting room. Space on this floor will be used for community palliative care consultations.

**C. Background and Environment**

Demographics: Key Facts and Trends

The Lower Eastern Shore is projected to have experienced a lower population growth than Maryland overall (1.4% growth compared to statewide growth of 4.2%) between 2010 and 2016. The region, however, has an older population than the state as a whole, with 18.8% of its residents aged 65 and older, compared to 14.6% for the state.

**Table I-2: 2010 Census Population and Estimated Population, Lower Eastern Shore**

	<b>2010 Census</b>	<b>Estimate: July 1, 2016</b>	<b>% Change</b>	<b>Persons 65 years and older, July 1, 2016 Estimate</b>
Dorchester	32,618	32,258	- 1.1%	20.6%
Somerset	26,470	25,928	-2.0%	16.0%
Wicomico	98,733	102,577	3.9%	15.1%
Worcester	51,454	51,444	0.0%	26.6%
<b>Total</b>	<b>209,275</b>	<b>212,207</b>	<b>1.4%</b>	<b>18.8%</b>

Source: Population Division, U.S. Census Bureau, release date March 21, 2017. Prepared by the Maryland Department of Planning, March 2017; U.S. Census Quickfacts

Hospice Providers and Utilization on the Lower Eastern Shore

As mentioned earlier, Coastal is the sole general hospice provider in the Lower Eastern Shore counties of Dorchester, Wicomico, Somerset, and Worcester. Based on FY 2014 data, most of its patients come from Wicomico (52%) and Somerset (30%) Counties, with the balance evenly split between Dorchester and Worcester Counties.

Both Dorchester and Somerset Counties were low hospice use jurisdictions in 2014, with use rates<sup>2</sup> of 20% and 25% respectively, compared to 43% statewide. Wicomico’s use rate was 46% and Worcester’s was 40%.

**Table I-3: Hospice Use Rates in Selected Jurisdictions**

<b>Jurisdictions with the Highest Hospice Use</b>	<b>Use Rate 2014</b>
Washington Co.	.57
Baltimore Co.	.56
Harford Co.	.51
Carroll Co.	.50
Anne Arundel Co.	.49
<b>Jurisdictions with the Lowest Hospice Use</b>	<b>Use Rate 2014</b>
Dorchester Co.	.20
Allegany Co.	.22
Garrett Co.	.23
Baltimore City	.25
Somerset Co.	.25
<b>Statewide: Maryland</b>	<b>.43</b>

Source: COMAR 10.24.13: Supplement Tables –Hospice Services Chapter Statistical Tables

**D. Staff Recommendation**

Based on its review of the proposed project’s compliance with the applicable State Health Plan criteria and standards in COMAR 10.24.13.05, State Health Plan: Hospice Services (the “Hospice Chapter”), and the criteria in COMAR 10.24.01.08G(3), staff recommends APPROVAL of the project.

**II. PROCEDURAL HISTORY**

**A. Record of the Review**

See Appendix 1.

**B. Local Government Review and Comment**

No comments on this project were received from the Departments of Health or other local government entities in the service area.

**C. Other Support and Opposition to the Project**

Letters supporting the project were submitted by Senator James N. Mathias; former MHCC Commissioner Nevins Todd, M.D.; And District 38C Delegate Mary Beth Carozza.

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<sup>2</sup> “Hospice use rate” means all Maryland hospice deaths divided by Maryland population deaths for ages 35+.

### III. PROJECT CONSISTENCY WITH REVIEW CRITERIA

#### A. COMAR 10.24.01.08G(3)(a) THE STATE HEALTH PLAN

**10.24.13.05 Hospice Standards.** The Commission shall use the following standards, as applicable, to review an application for a Certificate of Need to establish a new general hospice program, expand an existing hospice program to one or more additional jurisdictions, or to change the inpatient bed capacity operated by a general hospice.

As will be noted, the State Health Plan chapter developed for use in CON review of general hospice projects does not provide specific guidance to consideration of a project like that proposed by Coastal, which does not involve development of a new regulated facility or expansion of an existing facility that is categorically regulated under the CON program. However, it is appropriate to describe the relationship between this project and the capital project being proposed.

**A. Service Area. An applicant shall designate the jurisdiction in which it proposes to provide services.**

Coastal Hospice expects that patients from its four-county service area of Dorchester, Somerset, Wicomico and Worcester Counties will use this facility when they have no caregiver at home. Coastal meets the requirement of this standard.

**B. Admission Criteria. An applicant shall identify:**

**(1) Its admission criteria;**

Coastal Hospice listed the following admission criteria for admitting hospice patients to its proposed hospice house:

- The patient is under the care of a physician who orders and approves the hospice care.
- The patient has a terminal illness with a life expectancy generally of about six (6) months or less if their disease follows its normal course, as determined by the Attending Physician and/or the Coastal Hospice Medical Director. (Because some insurers cover for hospice services if the prognosis is one year or less, Coastal Hospice will make exceptions so as to not deprive their beneficiaries of this coverage.)
- The patient desires hospice services and is aware of the diagnosis and prognosis.
- The focus of care desired is palliative rather than curative. (However, with pediatric patients and some insurers there is allowance for concurrent care.)
- The patient and his/her family caregiver agree to participate in the Plan of Care.
- The patient or legal representative signs the election and consent form.

In addition Coastal Hospice states that patients will be admitted based on an assessment that:

1. There is no able and/or willing caregiver available to meet the patient's needs and
2. The patient is not independent in one or more activities of daily living or
3. The patient is a high fall risk. DI#3, p.13).



**(2) Proposed limits by age, disease, or caregiver.**

Coastal states that it does not limit admission by age, disease, or caregiver status, and will admit all hospice eligible patients. (DI #3, p.5).

Staff concludes that Coastal is consistent with the admission criteria in this standard.

**C. Minimum Services.<sup>3</sup>**

**(1) An applicant shall provide the following services directly:**

**(a) Skilled nursing care;**

Coastal said that it will staff the house with a registered Nurse Care Coordinator to provide skilled nursing care.

**(b) Medical social services;**

Coastal stated that it has two full-time social workers trained in end of life care for the Worcester/Somerset team. One of the two will be assigned to provide social services to the hospice house. This staff will provide comfort care in the form of patient and family emotional support, help with establishing patient goals and advance directives as needed. Visits will be determined by the patient centered plan of care.

**(c) Counseling (including bereavement and nutrition counseling);**

Coastal stated that it employs bereavement counselors to provide assessment and support to the bereaved for a minimum of 13 months after the death of their loved one. Coastal also states that dietary counseling will be performed by a qualified individual who may include a registered dietician, a nurse or other individuals who are able to address and assure that the dietary needs of the patient are met. The applicant plans to hire a consulting nutritionist or dietician specifically to assist with meal planning for the residence.

**(2) An applicant shall provide the following services, either directly or through contractual arrangements:**

**(a) Physician services and medical direction;**

Coastal employs two full-time and four part-time physicians with training in hospice and palliative care. The full-time physicians hold certification in this specialty. One is assigned to oversee the plan of care for the Worcester County patients and makes home visits. He will visit the hospice house as needed for symptom management or face-to-face visits.

**(b) Hospice aide and homemaker services;**

Coastal employs trained aides who are cross-trained as homemakers. The new residence will employ its own homemaker to assist with laundry and meals in addition to deploying the in-home aides. Applicant also states that the Medication Technicians will provide personal care.

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<sup>3</sup> The applicant's responses to this standard are found in DI #3, pp. 13-15.

**(c) Spiritual services;**

Coastal employs two full-time chaplains for its Worcester/Somerset team for spiritual care and support. The hospice house will be included in this care team's service, with visitation frequency determined by the patient-centered plan of care.

**(d) On-call nursing response;**

Coastal's after-hours clinical team is staffed by experienced RNs and LPNs, and is available 24-hours a day, seven days a week, 365 days a year. Consistent with the Hospice Conditions of Participation; all clinical disciplines are on-call 24/7/365.

**(e) Short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management);**

Coastal has its own inpatient unit for pain and symptom management located at the Deer's Head Hospital Center in Salisbury, and also contracts for inpatient services in Berlin at Atlantic General Hospital, at McCready Hospital in Crisfield and at Peninsula Regional Hospital in Salisbury.

**(f) Personal care;**

Coastal states that its aides will provide a full range of personal care for patients consistent with the patients' assessed needs. Medication Technicians will provide 24/7 personal safety and medication management.

**(g) Volunteer services;**

Coastal reports that it has a "robust volunteer program," which "consistently provid[es] well above the required 5% of patient care hours as required by the Conditions of Participation."<sup>4</sup> It reports having over 230 volunteers, 30 of whom are Worcester County direct patient care volunteers.

**(h) Bereavement services;**

Coastal provides what it describes as a "robust and comprehensive bereavement program" which includes one-on-one calls and visits, luncheons, support groups and memorial services. The proposed hospice house will have a community room that will accommodate support activities for the bereaved on site.

**(i) Pharmacy services;**

Delta Care Rx is the applicant's pharmacy benefits manager, and provides 24/7 consultation services to Coastal staff. The applicant reports using local pharmacies to provide the medications to its patients; Coastal Drug is its preferred provider in Worcester County.

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<sup>4</sup> Volunteer direct care hours have amounted to 11%, 10%, and 9%, respectively, of paid staff hours in FY2014, FY2015, and FY2016. (DI #10, p. 5).

**(j) Laboratory, radiology, and chemotherapy services as needed for palliative care;**

Coastal stated that it works collaboratively with area providers to assure that patients receive palliative care services consistent with their plans of care, and access to these services is provided through both Atlantic General Hospital and with Peninsula Regional Medical Center.

**(k) Medical supplies and equipment; and**

Coastal contracts with Apple Discount Drugs and with MedLine to provide equipment and supplies.

**(l) Special therapies, such as physical therapy, occupational therapy, speech therapy, and dietary services.**

Coastal states that its own employed per diem physical, respiratory, and speech therapists provide these services. It has current openings for occupational therapy and dietary services, and states that it will contract with providers as required to meet patient needs.

**(3) An applicant shall provide bereavement services to the family for a period of at least one year following the death of the patient.**

Coastal Hospice states that it provides bereavement services for a minimum of 13 months after the death of the patient and for 24 months after the death of a patient who is a child.

Staff concludes that Coastal meets the requirements of the minimum services standard.

**D. Setting. An applicant shall specify where hospice services will be delivered: in a private home; a residential unit; an inpatient unit; or a combination of settings.**

Coastal currently provides services to patients residing in private homes, nursing facilities, assisted living facilities, and short-term inpatient care either in its own inpatient unit or in the two hospitals with whom it has contracts. The hospice house that is the subject of this application would be an additional setting. (DI #3, p. 15).

Coastal meets the requirements of this standard.

**E. Volunteers. An applicant shall have available sufficient trained caregiving volunteers to meet the needs of patients and families in the hospice program.**

As stated above (at COMAR 10.24.13.05C(2)(g)), Coastal reports that it has over 230 volunteers, 30 of whom are Worcester County direct patient care volunteers who provided the equivalent of 10% of paid staff hours over the last three fiscal years. With the advent of the hospice house, Coastal Hospice expects to attract more volunteers, stating that “the community has been very interested in this project.” (DI#3, p. 16).

Staff concludes that Coastal satisfies this standard.

**F. Caregivers. An applicant shall provide, in a patient's residence, appropriate instruction to, and support for, persons who are primary caretakers for a hospice patient.**

Coastal Hospice states that it consistently provides education for all aspects of the care of the patient. Educating the caregiver is the responsibility the interdisciplinary team that interacts with the caregivers for each hospice patient. That education includes the physical aspects of patient care, medication management, and understanding the dying processes. End-of-life preparations are also discussed. Although in the proposed hospice house most of the caregiving will be directly provided by the staff, when family or other caregivers are present, they will be encouraged to take an active role in supporting the patient throughout his/her stay. Education will be provided to support patient needs, and families will be offered education as needed to remain informed and involved in the care of their loved one. (DI #3, p. 16).

Coastal Hospice meets this standard.

**G. Impact. An applicant shall address the impact of its proposed hospice program, or change in inpatient bed capacity, on each existing general hospice authorized to serve each jurisdiction affected by the project. This shall include projections of the project's impact on future demand for the hospice services provided by the existing general hospices authorized to serve each jurisdiction affected by the proposed project.**

Coastal states that it is the sole provider of hospice in its four-county service area, thus the proposed project will have no impact on any other hospice provider in the state. (DI#3, p. 16).

Staff concludes that Coastal meets this standard.

**H. Financial Accessibility. An applicant shall be or agree to become licensed and Medicare-certified, and agree to accept patients whose expected primary source of payment is Medicare or Medicaid.**

Coastal Hospice provided documentation of Medicare certification, and stated that it accepts Medicare and Medicaid as well as commercial insurance, private pay, and charity patients. It further states that no one is ever turned away from Coastal Hospice services for lack of a payment source.

Staff concludes that Coast Hospice meets this standard.

**I. Information to Providers and the General Public.**

**(1) General Information. An applicant shall document its process for informing the following entities about the program's services, service area, reimbursement policy, office location, and telephone number:**

- (a) Each hospital, nursing home, home health agency, local health department, and assisted living provider within its proposed service area;**
- (b) At least five physicians who practice in its proposed service area;**
- (c) The Senior Information and Assistance Offices located in its proposed service area; and**
- (d) The general public in its proposed service area.**

As the only existing of hospices services in its four-county region, Coastal Hospice has existing relationships with physicians, health care facilities, and Aging Ombudspersons. It states that it will produce a brochure specific to the proposed hospice house that to provide information about the services at the hospice house including reimbursement, fees, location, phone number, process for making a referral, and other relevant information. Such information about the hospice house will also be described in letters to Atlantic General Hospital, McCready Hospital, Peninsula Regional Hospital, and UM Shore Medical Center at Dorchester. Coastal Hospice states that its provider relations staff will educate and personally deliver information on its hospice house to referring physicians, the area agency on aging, and to each department of health in the four-county service area. In addition, the agency's NPR radio spot will be used to educate the general public regarding the availability of the resource, and public relations efforts employed (e.g., press releases to local media outlets, articles in the agency's newsletter, and information on the agency's website). (DI #3, p. 16).

**(2) Fees. An applicant shall make its fees known to prospective patients and their families before services are begun.**

The applicant states that it uses a financial authorization form signed by patients/families before admission that will be adapted to the room and board fee that will be charged for the hospice house. It says that information about the room and board fee will be clearly stated in its brochure.

Commission staff recommends that the Commission find that, based on Coastal Hospice's assurances and its historical provision of hospice services in its service area, it satisfies this standard.

**J. Charity Care and Sliding Fee Scale. Each applicant shall have a written policy for the provision of charity care for indigent and uninsured patients to ensure access to hospice services regardless of an individual's ability to pay and shall provide hospice services on a charitable basis to qualified indigent persons consistent with this policy. The policy shall include provisions for, at a minimum, the following:**

Initially Coastal Hospice responded to this standard citing sections of its Self-Pay and Financial Responsibility policy, as well as its Application for Reduction/Waiver of Fees, rather than a comprehensive Charity Care Policy. Coastal subsequently produced a revised Charity Care Policy, which was adopted by the board of directors in December 2017. It also updated its procedures document.

**(1) Determination of Eligibility for Charity Care. Within two business days following a patient's request for charity care services, application for medical assistance, or both, the hospice shall make a determination of probable eligibility.**

Coastal Hospice's Charity Care and Financial Responsibility policies, revised in December 2017, provide that it will notify patients of their probable eligibility for charity or reduced fee services within two business days of a request for charity care or application for Medical Assistance or both. The applicant will make a determination of eligibility for charity care within two business days of completion of an application for charity care or reduced fees.

**(2) Notice of Charity Care Policy.** Public notice and information regarding the hospice's charity care policy shall be disseminated, on an annual basis, through methods designed to best reach the population in the hospice's service area, and in a format understandable by the service area population. Notices regarding the hospice's charity care policy shall be posted in the business office of the hospice and on the hospice's website, if such a site is maintained. Prior to the provision of hospice services, a hospice shall address any financial concerns of patients and patient families, and provide individual notice regarding the hospice's charity care policy to the patient and family.

Notice of its charity care policy is posted on Coastal Hospice's website (<https://coastalhospice.org/how-we-help/charity-care/>) and Facebook page. It is also posted in the Coastal Hospice office, in its inpatient unit, is included in the applicant's patient and family information binder, and will be updated in its brochure at its next printing.

**(3) Discounted Care Based on a Sliding Fee Scale and Time Payment Plan Policy.** Each hospice's charity care policy shall include provisions for a sliding fee scale and time payment plans for low-income patients who do not qualify for full charity care, but are unable to bear the full cost of services.

Coastal Hospice's charity care policy includes a sliding fee scale that is "used to determine what portion of the fee is waived for patients who: (1) have no insurance for hospice services; (2) have a co-pay on their insurance for hospice services; or (3) for residential care room and board fees." The applicant's policy states that "a patient's responsibility may be 100% waived and services not be billed, or...billed...depending on their income and placement on the sliding scale." The policy also provides for a time payment plan. (DI #10).

**(4) Policy Provisions.** An applicant proposing to establish a general hospice, expand hospice services to a previously unauthorized jurisdiction, or change or establish inpatient bed capacity in a previously authorized jurisdiction shall make a commitment to provide charity care in its hospice to indigent patients. The applicant shall demonstrate that:

- (a) Its track record in the provision of charity care services, if any, supports the credibility of its commitment; and**
- (b) It has a specific plan for achieving the level of charity care to which it is committed.**

Coastal's financial statements show that it provided charity care in excess of \$430,000 in both 2015 and 2016. For those two years, charity care totaled 4.8% of operating revenues. For the hospice house alone, the applicant projects that charity care will amount to 48% of net operating revenue. Coastal Hospice states that revenues from three events and its thrift shop are designated by its board to support charity care for the hospice house.

Commission staff concludes that Coastal Hospice meets the charity care and reduced fee standard.

## **K. Quality.**

**(1) An applicant that is an existing Maryland licensed general hospice provider shall document compliance with all federal and State quality of care standards.**

Coastal Hospice stated that:

- It is Medicare Certified and Joint Commission Accredited.
- It is in good standing with both the State of MD and the Joint Commission, each of which survey Coastal Hospice every three years.
- It has an organizational Quality Assessment Performance Improvement (QAPI) program designated to monitor, evaluate, and improve hospice quality and standards (described further in section K. (4) below).

**(2) An applicant that is not an existing Maryland licensed general hospice provider shall document compliance with federal and applicable state standards in all states in which it, or its subsidiaries or related entities, is licensed to provide hospice services or other applicable licensed health care services.**

This part of the standard is not applicable, as Coastal Hospice is an existing Maryland licensed general hospice provider.

**(3) An applicant that is not a current licensed hospice provider in any state shall demonstrate how it will comply with all federal and State quality of care standards.**

This part of the standard is not applicable, as Coastal Hospice is an existing Maryland licensed general hospice provider.

**(4) An applicant shall document the availability of a quality assurance and improvement program consistent with the requirements of COMAR 10.07.21.09.**

Coastal describes its QAPI program as patient-centered, outcome-oriented and data-driven, “consistent with the Center for Medicare and Medicaid Service (CMS) regulatory requirement.” It states that its QAPI plan monitors aspects of care which are high risk, high volume or have demonstrated a trend toward potential negative patient outcome. The applicant states that its quality indicators to be monitored are chosen through a collaborative effort with contributions from nursing, social services, spiritual support, bereavement support, pharmacology services, regulatory body reports, medical staff evaluation, human resources and finance, and other clinical services and support services, as appropriate. (DI #3, p.18).

Coastal Hospice states that its quality assurance program is designed to be consistent with COMAR 10.07.21.09, and documented that consistency with its completion of a Quality Program Assessment Tool provided by staff during completeness review. (DI #10, Exh. 17).

**(5) An applicant shall demonstrate how it will comply with federal and State hospice quality measures that have been published and adopted by the Commission.**

Coastal stated that it complies with federal and State hospice quality measures and will comply with all future quality initiatives adopted by the Commission. Currently, through Deyta Analytics, Coastal Hospice participates in the Hospice CAHPS quality measures as required by CMS. It reports that, in its latest fiscal year (July1, 2016 to June 30, 2017), it met or exceeded the national benchmark in all domains.<sup>5</sup> Table III-1, immediately below, shows the result of this survey tool.

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<sup>5</sup> The global measures are: Rating of Patient Care and Recommending This Hospice; Support for Religious and Spiritual Beliefs; Information Continuity, Understanding Side Effects of Pain Medications;

**Table III-1: Coastal Hospice Consumer Assessment of Health Provider & System Performance (CAHPS) Quality Measures**

<b>Consumer Assessment of Health Provider &amp; System Performance (CAHPS) Standards</b>	<b>Agency Score * (%)</b>	<b>Maryland Average * (%)</b>	<b>National Average * (%)</b>
<b>Global measures</b>			
Rating of hospice (global measure)	85.9	84.2	84.4
Willingness to recommend (global measure)	90.1	87.1	86.1
<b>Composite Measures</b>			
Hospice team communication	83.1	81.8	81.0
Getting timely care	78.8	76.3	76.8
Treating family member with respect	92.4	91.1	90.8
Getting emotional and religious support	93.7	92.5	92.2
Getting help for symptoms	77.4	74.9	75.4
Getting hospice care training	72.1	70.3	71.3

Source: DEYTA Analytics Quality Measure Dashboard-Hospice CAHPS, Coastal Hospice and Palliative Care report covering 7/1/16- 6/30/17 (DI#3, Addendum 6).

\* Scores show the percent of respondents who gave the most positive responses for each measure.

Staff concludes that Coastal Hospice has met all applicable provisions in the quality standard.

**L. Linkages with Other Service Providers.**

**(1) An applicant shall identify how inpatient hospice care will be provided to patients, either directly, or through a contract with an inpatient provider that ensures continuity of patient care.**

Coastal Hospice states that it manages its own general inpatient (“GIP”) unit, *Coastal Hospice at the Lake* at Deer’s Head Hospital Center, in Salisbury. This unit is staffed, run, and managed entirely by Coastal Hospice, which rents the space and pays for meal service, utilities, maintenance, and security. It also contracts with Atlantic General Hospital for GIP and Respite Care, and with Peninsula Regional Medical Center, and McCready Hospital for GIP care. (DI#3, p.19).

**(2) An applicant shall agree to document, before licensure, that it has established links with hospitals, nursing homes, home health agencies, assisted living providers, Adult Evaluation and Review Services (AERS), Senior Information and Assistance Programs, adult day care programs, the local Department of Social Services, and home delivered meal programs located within its proposed service area.**

Coastal is an existing general hospice that has established these relationships.

Staff concludes that Coastal Hospice has satisfied the linkages standard.

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Hospice Team Communications; Getting Timely Care; Treating Family Members with Respect; Providing Emotional Support; Getting Help with Symptoms and Getting Hospice Care Training.



**M. Respite Care. An applicant shall document its system for providing respite care for the family and other caregivers of patients.**

The applicant states that respite care is provided at its GIP, as well as through contracts with Atlantic General Hospital and with several nursing facilities in the area (including Berlin Nursing and Rehabilitation, Alice B. Tawes Nursing and Rehabilitation, Harrison House of Snow Hill, and Salisbury Genesis Nursing and Rehabilitation). (DI #3, p.19).

Coastal Hospice complies with the respite care standard.

**N. Public Education Programs. An applicant shall document its plan to provide public education programs designed to increase awareness and consciousness of the needs of dying individuals and their caregivers, to increase the provision of hospice services to minorities and the underserved, and to reduce the disparities in hospice utilization. Such a plan shall detail the appropriate methods it will use to reach and educate diverse racial, religious, and ethnic groups that have used hospice services at a lower rate than the overall population in the proposed hospice's service area.**

The applicant states that, in each of the last five years, it has partnered with its area agency on aging, MAC Inc. (Maintaining Active Citizens), to provide education to both the public and to professionals on topics related to chronic illness or care-giving.

Coastal Hospice notes that, in recent years, it has sent three staff members to Gunderson Health Systems in Lacrosse, Wisconsin to be certified as Respecting Choices facilitators.<sup>6</sup> It reports that its speakers' bureau consists of clinical staff and liaisons, and provides forty or more educational sessions per year to educate the community at large throughout its four-county service area. Coastal Hospice partners in these activities with African American churches, and places stories and ads in *African American Pride* magazine, as initiatives designed to meet a goal in its strategic plan, with its Goal # 6 being to "[i]ncrease access to underserved populations," which includes children and minorities. (DI #3, p.20).

Commission staff concludes that Coastal Hospice has met this standard.

**O. Patients' Rights. An applicant shall document its ability to comply with the patients' rights requirements as defined in COMAR 10.07.21.21.**

Coastal states that, upon admission, patients are given a handout on Hospice Patient Rights and Responsibilities, which states that patients have the right, among others, to: receive care from a team of professionals to provide quality and appropriate care based on the plan of care; receive appropriate and compassionate care regardless of age, gender, nationality, race, creed, sexual orientation, disability, availability of a primary caregiver, or ability to pay; receive informed

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<sup>6</sup> Respecting Choices (RC) is an internationally recognized, evidence-based model of advance care planning (ACP) that creates a healthcare culture of person-centered care that honors an individual's goals and values for current and future healthcare. Respecting Choices is a coordinated, systematic approach to ACP and has been successfully replicated in diverse communities and cultures worldwide and integrated into major healthcare organizations. (DI#3, p. 20). <http://www.gundersenhealth.org/respecting-choices/>

consent; be treated with respect; receive family training so that they may assist with care; have confidentiality of medical records, financial and social circumstances; voice complaints without being subject to discrimination or reprisal; be informed about payment and treatments, and any changes in charges or fees; have their pain relieved and treated appropriately. The policy provides that patients have responsibilities, among others, to: participate in the plan of care; provide Coastal Hospice with accurate and complete health information; remain under a physician's care while receiving services; and assist with development and maintenance of a safe environment. (DI#3, p. 20, and Exh. 7).

Staff concludes that Coastal Hospice's right and responsibilities document comports with this standard.

**P. Inpatient Unit: In addition to the applicable standards in .05A through O above, the Commission will use the following standards to review an application by a licensed general hospice to establish inpatient hospice capacity or to increase the applicant's inpatient bed capacity.**

This standard is not applicable, because Coastal is not applying to operate an inpatient unit.

**B. COMAR 10.24.01.08G(3)(b) NEED**

**Need. The Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.**

Coastal Hospice points out that there is not a State Health Plan need analysis or need projection formula, and presented a number of "methodologies" to estimate and demonstrate need, including: commissioning a study from a consulting group; drawing an analogy comparing its service area population and proposed bed ratio with that of neighboring hospices; building a need estimate based on the characteristics of its patient base.

Consultant's projection

Coastal Hospice commissioned a bed needs assessment in 2008 from the Evolve Consulting Group, Inc. Utilizing five years of census and mortality trends from the four-county service area, the study projected a need for 10.48 residential hospice house beds by 2015 and 13.86 beds by 2016. The assessment included a projection of the total patient days of care that would be delivered by Coastal Hospice programs, exclusive of any residential beds, in 2015.

The applicant reports that the 2008 estimate proved to be considerably short – it projected 39,672 days of care for 2015, while Coastal Hospice's actual days of care in 2015 totaled 55,297 (39% more than Evolve projected). The applicant reports that its growth has continued. In 2016, its total patient days grew to 66,000 (19% growth over prior year) and in 2017 to 72,116 (another 9% over prior year).

The applicant points out that the projected need for hospice house beds in 2015 produced in the 2008 study was premised on the agency delivering 39,672 days of care, which turned out to

be just 72% of the actual patient base. It maintains that, since the growth of Coastal Hospice has surpassed the growth that supported a bed need of 13.86 as of 2016, its request to build a 12-bed residential hospice house “is a prudent response to a documented need in our 4 county service area.” (DI #3, p. 22-24).

#### Drawing an analogy based on Talbot Hospice experience

Another yardstick the applicant used to estimate need was to look to the experience of an Eastern Shore neighbor, Talbot Hospice. The applicant’s reasoning flows as follows:

- Talbot Hospice (“Talbot”) operates a six-bed residential Hospice House, and reports that it frequently turns patients away because its beds are full.
- Talbot’s ratio of beds to jurisdictional population is 1 bed per 6,217 persons.
- Applying that ratio to Coastal Hospice’s service area of 212,207 yields a need for 34 beds (far more than the application seeks).

Coastal Hospice admits that “clearly this approach is crude and represents only the most basic of indications regarding bed need,” but states that “if Talbot . . . [is] turning people away with 6 beds serving a service area population of approximately 37,300 people...Coastal Hospice should expect to experience the same excess of demand for service with...a 12 bed facility [for]...a service area of 212,207 people.”

#### Examination of its patient records and characteristics

Coastal Hospice also examined its existing patient base to estimate the number of likely candidates to use and benefit from the availability of a hospice house. In reviewing its 2016 patient base, Coastal Hospice found that 83 of its home hospice patients lived alone, and another 83 lived with a compromised caregiver. It posits that those **166** people could have benefited from a residence such as this, and that some of those who ultimately had to make the choice between hospice or a Medicare skilled bed in a nursing home would have been able to choose hospice if a residential hospice were available and affordable.

The applicant also reviewed utilization at its inpatient hospice. Although that facility, Coastal Hospice at the Lake (“CHL”), is a general inpatient hospice facility (“GIP”), it receives requests for terminal patients to stay there and privately pay room and board. The applicant describes instances when a patient who is alone, has no safe place to go, and cannot or will not go to a nursing facility enters the inpatient unit as a routine home care patient. The applicant states that it does not encourage, and in fact limits routine home care at CHL, so that its beds can be reserved for acute symptom management; despite that, Coastal Hospice reported that in calendar year 2016, **62** unduplicated patients received 1130 days of routine home care in its inpatient hospice unit.

The Coastal Hospice palliative team members who are members of the Peninsula Regional Medical Center’s palliative care program report that each week they see, on average, two patients who could and would choose a hospice residence for placement, accounting for another **104** potential patients as residents.

The applicant summarizes its analysis as follows:

- 166 patients who lived alone or with a compromised caregiver + the 62 who were served in the GIP unit + the 104 estimated by the palliative care team = a total of 332 potential patients;
- Assuming that only 50% of these would choose the proposed hospice house, yields 166 residential patients.
- Based on Talbots Hospice's experience of a 33-day stay per patient, this yields 5,478 days of care, or a daily census of 15 (5478/365).
- Assuming a 90% occupancy rate, 17 beds are needed to accommodate 15 patients per day.

Coastal concludes "that – given the calculations above supports the need for 17 beds – planning a 12 bed facility is a prudent response to our service area demands." (DI #3, pp.22, 23).

Coastal hospice also tested its plans against the experience of other Maryland general hospices with hospice houses, sharing the points below:

- Queen Anne's Hospice (now "Compass Hospice"), with an average daily census (ADC) of 30, maintained a residential average of 5 patients per day in its hospice house before it became a general inpatient unit.
- Talbot Hospice, with an overall average length of stay of 33 days (total hospice) and an ADC of 30, maintained an ADC of 6.0.
- Compass Hospice and Talbot Hospice service 16 to 20 percent of their total ADC in their hospice houses.

Based on these experiences, Coastal Hospice reasoned that, applying a 16% residential use rate to its ADC of 196 for FY2017 suggests a need for 31 beds, well above the 12 proposed.

Finally, Coastal Hospice states that it has experienced a growth at a rate of over 6% per year with its census doubling over the past 10 years. It points out that the population in its four-county service area has a greater proportion of residents over the age of 65 than the nation and Maryland, attributing that to "the concentration of people retiring there, often away from family, as they age."

Staff concludes that the need analysis conducted by Coastal Hospice was rational, thorough, and well documented, making use of a variety of data sources and approaches, and recommends that the Commission finds that Coastal Hospice has shown need for the project.

#### **C. COMAR 10.24.01.08G(3)(c) AVAILABILITY OF MORE COST-EFFECTIVE ALTERNATIVES**

**Availability of More Cost-Effective Alternatives. The Commission shall compare the cost effectiveness of the proposed project with the cost effectiveness of providing the service through alternative existing facilities, or through an alternative facility that has submitted a competitive application as part of a comparative review.**

Speaking to the use of alternative facilities, Coastal Hospice states that there is not an alternative hospice house in its service area. Addressing cost, it projects an average daily revenue per patient of just under \$290 a day,<sup>7</sup> noting that this cost is below what would be charged in a skilled nursing facility. It provided information from a local nursing home (Genesis Salisbury Nursing and Rehab Center) documenting this statement.

Coastal Hospice spoke broadly to the general cost-effectiveness of hospice, stating:

Hospice care is recognized to improve the quality of care by providing emotional and spiritual support, providing symptom management, empowering patients in a decision-making role, and reducing readmissions/emergency room visits. There is growing evidence to demonstrate that hospice care is correlated with reduced hospital care at the end of life and reduced Medicare expenditures for most enrollees. A recent study reported that hospice use over 2 weeks duration was associated with decreased hospital days for all beneficiaries (1-5 days overall), with greater decreases for longer hospice use (citation: Journals of Gerontology: Social Sciences 2015).

(DI #3, p.25).

#### **D. COMAR 10.24.01.08G(3)(d) VIABILITY OF THE PROPOSAL**

**Viability of the Proposal. The Commission shall consider the availability of financial and nonfinancial resources, including community support, necessary to implement the project within the time frames set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.**

##### Availability of Resources to Implement the Project

The projected project cost is \$7,998,114. Sources of funds include a mortgage of \$4 million; cash of approximately \$2.7 million; philanthropy of about \$750,000; and a State grant of \$500,000.

The applicant's audited 2016 financial statements show that it had \$4.9 million in current assets against about \$856,000 in current liabilities. Operating results have been strong as well. Net income for 2015 and 2016 was \$1.05 million and \$1.40 million respectively, and 2017 performance in its unaudited financial results reported in the application, were also very strong.

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<sup>7</sup> The applicant assumes room and board at 50% of daily charge (due to sliding fee scale) and its routine home care rate.

**Table III-2 : Actual and Projected Financial Performance of Coastal Hospice**

	Actual		2017 (unaudited)	Projected	
	2015	2016		2018	2019
<b>Net Operating Revenue</b>	\$8,346,446	\$9,864,389	\$11,591,671	\$12,405,900	\$13,754,425
<b>Total Operating Expenses</b>	\$8,503,316	\$9,436,307	\$11,009,436	\$11,630,193	\$13,291,266
<b>Income From Operations</b>	(\$156,870)	\$428,082	\$ 582,235	\$775,707	\$463,159
<b>Non-operating Income</b>	\$1,210,871	\$971,034	\$1,867,826	\$1,551,941	\$1,057,003
<b>Net Income</b>	\$1,054,001	\$1,399,116	\$2,450,0	\$2,327,648	\$1,520,162

Source: CON application, DI#3.

In its first full year of operation, the applicant projects 121 admissions and 4015 patient-days (a 33-day average length of stay and a 91.7% occupancy rate), resulting in \$1,163,329 of net operating revenue against total operating expenses of \$1,319,721.<sup>8</sup> Although the hospice house initiative projects modest losses, the hospice's overall actual and projected financial performance is strong.

Staff concludes that Coastal Hospice is well positioned to implement this project and has shown a healthy operating performance, suggesting an ability to sustain the project, and recommends that the Commission find this project to be viable.

**E. COMAR 10.24.01.08G(3)(e) COMPLIANCE WITH CONDITIONS OF PREVIOUS CERTIFICATES OF NEED**

**Compliance with Conditions of Previous Certificates of Need. An applicant shall demonstrate compliance with all terms and conditions of each previous Certificate of Need granted to the applicant, and with all commitments made that earned preferences in obtaining each previous Certificate of Need, or provide the Commission with a written notice and explanation as to why the conditions or commitments were not met.**

Coastal Hospice responded that its original Certificate of Need for the three lower counties of Wicomico, Worcester, and Somerset was issued in 1981. Dorchester was added in a transfer of assets from the Dorchester Health Department and Dorchester Hospice Foundation to Coastal Hospice in 1996. Coastal Hospice has not applied or been issued a Certificate of Need since 1995. Its 14-bed inpatient unit at Deer's Head was initiated in 2004 before a Certificate of Need for hospice inpatient beds was required.

**F. COMAR 10.24.01.08G(3)(f) IMPACT ON EXISTING PROVIDERS AND THE HEALTH CARE DELIVERY SYSTEM**

**Impact on Existing Providers and the Health Care Delivery System. An applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the health planning region, including the impact on geographic and demographic access to services, on occupancy, on costs and charges of other providers, and on costs to the health care delivery system.**

<sup>8</sup> (Note: assumes a room and board charge of \$275/day, with a 50% collection rate due to the sliding scale and charity care, as well as contractual allowances. The assumed collection rate is below the 77% experienced at CHL.)

Coastal states that there are no other hospice houses within its service area, and thus no duplication of service, and that assisted living facilities will not be affected as the hospice patients who would reside in the hospice house will need care beyond the abilities of assisted living facilities. It also states that it anticipates minimal, if any, impact on skilled nursing facilities, because some hospice patients will continue to choose to use their Medicare skilled days to pay for care, and because the proposed 12-bed facility in a growing community of elderly will have a negligible impact.

Citing a Wicomico County study of cancer patients,<sup>9</sup> the applicant states that there will be a positive impact on area hospitals, as the hospice house will provide the option of a specialized hospice facility for the discharge of hospice-eligible patients. Drawing from the study, Coastal hospice states that re-admissions will be reduced, and points out that in the study of 390 patients, 54% of cancer patients died in the hospital when they did not have hospice services, compared to 2% of cancer patients who had hospice support.

Finally, the applicant states that patients will benefit by receiving end of life care from staff with specialized training, in a facility with small caseloads in an environment that is more conducive to a dignified quality of life than any other type of care facility.

Staff recommends that the Commission find that this project will have a positive impact on the health care delivery system.

## **V. SUMMARY AND RECOMMENDATION**

Coastal Hospice, the sole hospice provider in the Lower Eastern Shore counties of Dorchester, Wicomico, Somerset, and Worcester, proposes to renovate a building to create a 12-bed hospice house in Ocean Pines, Maryland (Worcester County) at a total project cost of just under \$8 million. Coastal Hospice also operates a general inpatient hospice unit in the Deer's Head Hospital Center, and provides palliative care in partnership with Peninsula Regional Medical Center.

A hospice house is not categorically regulated under Certificate of Need, and only requires a CON because the capital expenditure exceeds the threshold of \$6,000,000 currently in effect for all non-hospital health care facilities.

Accordingly, staff has reviewed the proposed project's compliance with the applicable State Health Plan criteria and standards in COMAR 10.24.13.05, State Health Plan: Hospice Services, and the criteria at COMAR 10.24.01.08G(3).

Staff concludes that the applicant is in compliance with the standards in the State Health Plan; has demonstrated need for the 12 proposed number hospice house beds; has demonstrated the proposed project to be the most cost-effective alternative; and has shown the financial strength and community support to demonstrate the proposal's viability. The applicant has also shown that the project is likely to have a beneficial impact on the existing health care delivery system.

For these reasons, Commission staff recommends APPROVAL of the project.

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<sup>9</sup> Published in the Journal of Oncology Practice, Vol. 8, Issue 4, abstract available at <http://ascopubs.org/doi/full/10.1200/JOP.2011.000451>

IN THE MATTER OF

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BEFORE THE

COASTAL HOSPICE, INC.

MARYLAND HEALTH

Docket No. 17-22-2404

CARE COMMISSION

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**FINAL ORDER**

Based on the analysis and recommendations in the Staff Report and Recommendation and the record in this review, it is, this 21st day of December, 2017, **ORDERED:**

That the application filed by Coastal Hospice to construct a 12-bed hospice house at a total project cost of \$7,998,114 be, and hereby is, **APPROVED,**

**MARYLAND HEALTH CARE COMMISSISON**



## **APPENDIX 1: Record of the Review**

## RECORD OF THE REVIEW

Docket Item #	Description	Date
1	Letter of Intent received.	4/27/17
2	Letter of Support from Sen. James Mathias.	6/2/17
3	Certificate of Need Application received.	8/4/17
4	MHCC Staff acknowledges receipt of application for completeness review.	8/8/17
5	MHCC Staff requests publication of notice of receipt of application in the Daily Times.	8/8/17
6	MHCC Staff requests the Maryland Register to publish notice of receipt of application.	8/8/17
7	MHCC Staff requests completeness information.	8/16/17
8	Notice of receipt of application published in the Daily Time.	8/22/17
9	MHCC Staff grants extension to file completeness information tol 9/13/17.	8/30/17
10	Completeness Information received by MHCC.	9/12/17
11	MHCC Staff requests the Maryland Register to publish notice of formal start of review as of 10/13/17.	9/29/17
12	MHCC informs Coastal Hospice that the formal start of review will be 10/13/17; includes request for additional information.	10/2/17
13	MHCC Staff requests that the Daily Times publish notice of the formal start of the review.	10/2/17
14	Staff sends request for Review and Comment on Certificate of Need Application to the Health Departments in the region.	10/2/17
15	Coastal Hospice submits a Revised Table 1.	10/3/17
16	Notice of formal start of review as published in the Daily Times.	10/13/17
17	MHCC email exchange with Coastal Hospice to provide additional information related to historical volume statistics.	10/30/17
18	MHCC email exchange with Coastal Hospice to provide additional information related to local nursing home costs.	11/29/17
19	MHCC receives updated Coastal Hospice Charity care and Financial Responsibility policies.	12/17/17

## **APPENDIX 2: Project Budget**

## PROJECT BUDGET

<b>A. USE OF FUNDS</b>	
<b>1. CAPITAL COSTS (if applicable):</b>	
<b>a. New Construction</b>	
1) Building	\$400,000
2) Fixed Equipment (not included in construction)	Included
3) Architect/Engineering Fees	
4) Permits, (Building, Utilities, Etc)	
5) Site and Infrastructure	\$54,900
<b>a. SUBTOTAL New Construction</b>	<b>\$454,900</b>
<b>b. Renovations</b>	
1) Building	\$4,763,025
2) Fixed Equipment (not included in construction)	
3) Architect/Engineering Fees	\$479,000
4) Permits, (Building, Utilities, Etc.)	\$7,500
<b>b. SUBTOTAL Renovations</b>	<b>\$5,249,525</b>
<b>c. Other capital Costs</b>	
1) Movable Equipment (includes furnishings, small equip, delivery etc.)	\$340,000
2) Contingency Allowance	\$184,130
3) Gross Interest During Construction	\$29,040
4) Other (Specify) <b>Oxygen</b>	\$100,000
<b>c. SUBTOTAL Other Capital Cost</b>	<b>\$653,170</b>
<b>TOTAL CURRENT CAPITAL COSTS (sum of a - c)</b>	<b>\$6,357,595</b>
<b>a. Land Purchase Cost or Value of Donated Land</b>	<b>\$1,530,919</b>
<b>b. Inflation (state all assumptions, including time period and rate)</b>	
<b>TOTAL PROPOSED CAPITAL COSTS (sum of a - e)</b>	<b>\$7,888,512</b>
d1. Legal Fees	\$21,152
<b>TOTAL (a - e)</b>	<b>\$21,152</b>
<b>3. WORKING CAPITAL STARTUP COSTS</b>	<b>\$88,450</b>
<b>TOTAL USES OF FUNDS (sum of 1 - 3)</b>	<b>\$7,998,114</b>

**B. SOURCES OF FUNDS FOR PROJECT**

1. Cash (for construction)	\$1,200,274
2. Cash (Operating Support Fund)	\$126,170
3. Pledges: Gross __\$841,650.52_____, less allowance for uncollectables __\$45,370.87____ = Net	\$746,280
4. Mortgage	\$3,519,473
5. Working capital loans	
6. Grants or Appropriation	
a. Federal	
b. State	\$500,000
c. Local	
7. Other (Specify) <b>Land for sale</b>	\$375,000
8. Cash Paid out for Building and Land	\$1,530,917
<b>TOTAL SOURCES OF FUNDS (sum of 1-9)</b>	<b>\$7,998,114</b>