JOSEPH RICHEY HOUSE, INC., t/a

GILCHRIST CENTER BALTIMORE – JOSEPH RICHEY HOUSE

HOSPICE SERVICES

CERTIFICATE OF NEED APPLICATION

November 17, 2017

For internal staff use:

MARYLAND HEALTH CARE COMMISSION

_____

MATTER/DOCKET NO.

_____

DATE DOCKETED

APPLICATION FOR CERTIFICATE OF NEED: HOSPICE SERVICES

ALL APPLICATIONS MUST FOLLOW THE FORMATTING REQUIREMENTS DESCRIBED IMMEDIATELY BELOW. NOT FOLLOWING THESE FORMATTING INSTRUCTIONS WILL RESULT IN THE APPLICATION BEING RETURNED.

REQUIRED FORMAT:

TABLE OF CONTENTS. The application must include a Table of Contents referencing the location of application materials. Each section in the hard copy submission should be separated with tabbed dividers. Any exhibits, attachments, etc. should be similarly tabbed, and pages within each should be numbered independently and consecutively. The Table of Contents must include:

- Responses to PARTS I, II, III and IV of the following application form
- Attachments, Exhibits, or Supplements

Application pages must be consecutively numbered at the bottom of each page. Exhibits attached to subsequent correspondence during the completeness review process shall use a consecutive numbering scheme, continuing the sequencing from the original application. (For example, if the last exhibit in the application is Exhibit 5, any exhibits used in subsequent responses should begin with Exhibit 6.)

SUBMISSION FORMAT:
We require submission of application materials in three forms: hard copy; searchable PDF; and in Microsoft Word.

- **Hard copy:** Applicants must submit six (6) hard copies of the application to:
  Ruby Potter
  Health Facilities Coordinator
  Maryland Health Care Commission
  4160 Patterson Avenue
  Baltimore, Maryland 21215

- **PDF:** Applicants must also submit *searchable* PDF files of the application, supplements, attachments, and exhibits.[1]. All subsequent correspondence should also be submitted as *searchable PDFs*.

- **Microsoft Word:** The application responses and responses to completeness questions should also be electronically submitted in Word. Applicants are strongly encouraged to submit any spreadsheets or other files used to create the original tables (the native format). This will expedite the review process.

PDFs and spreadsheets should be submitted to ruby.potter@maryland.gov and kevin.mcdonald@maryland.gov.

[1] PDFs may be created by saving the original document directly to PDF on a computer or by using advanced scanning technology

TABLE OF CONTENTS

PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION

1. FACILITY

Name of Hospice Provider : Joseph Richey House, Inc.
t/a Gilchrist Center Baltimore – Joseph Richey House
t/a Dr. Bob's Place

Address:

828 N. Eutaw St.	Baltimore	21201	Baltimore City
Street	City	Zip	County

Name of Owner (if differs from applicant):
Gilchrist Hospice Care, Inc.

2. OWNER

Name of owner: Gilchrist Hospice Care, Inc., (a complete organizational chart is attached as **Exhibit 1**)

3. APPLICANT. *If the application has a co-applicant, provide the detail in section 3 and 4 as an attachment.*

Legal Name of Project Applicant (Licensee or Proposed Licensee):

Joseph Richey House, Inc.

Address:

828 N. Eutaw St.	Baltimore	21201	MD	Baltimore City
Street	City	Zip	State	County

Telephone: 443-849-8204

Name of Owner/Chief Executive: Gilchrist Hospice Care, Inc./ Catherine Hamel

Is this applicant one of the following? (Circle or highlight description that applies.)

Licensed and Medicare certified general hospice in Maryland
Licensed and Medicare certified hospice in another state
Licensed hospital in Maryland/ other state
Licensed nursing home in Maryland/other state
Licensed and Medicare certified home health agency in Maryland/other state
Limited license hospice in Maryland
IF NONE OF THE ABOVE, NOT ELIGIBLE TO APPLY (See COMAR 10.24.13.04A.)
DO NOT COMPLETE REMAINDER OF APPLICATION

4. LEGAL STRUCTURE OF LICENSEE

Check ☑ or fill in one category below.

A. Governmental ☐
B. Corporation
(1) Non-profit xx☐
(2) For-profit ☐
C. Partnership
General ☐
Limited ☐
Other (Specify): _____
D. Limited Liability Company ☐
E. Other (Specify): _____

5. PERSON(S) TO WHOM QUESTIONS REGARDING THIS APPLICATION SHOULD BE DIRECTED

A. Lead or primary contact:

Name and Title: Catherine Hamel, President, Gilchrist Hospice Care, Inc. "Gilchrist"

Mailing Address:

11311 McCormick Road, Suite 350	Hunt Valley	21031	MD
Street	City	Zip	State

Telephone: 443-849-8204

E-mail Address (required): chamel@gilchristservices.org

Fax: 443-849-8284
attention: Cathy Hamel

B. Additional or alternate contact:

R. Wayne Barth Jr., Sr. Director of Business Operations

Mailing Address:

11311 McCormick Road, Suite 350	Hunt Valley	21031	MD
Street	City	Zip	State

Telephone: 443-849-8290

E-mail Address (required): wbarth@gilchristservices.org

Fax: 443-849-8284
attention: Wayne Barth

6. Brief Project Description (for identification only; see also item #13):

Gilchrist Center Baltimore - Joseph Richey House ("JRH") was originally formed in 1987 with a mission to serve underprivileged adults and children, including the homeless, by offering safe, compassionate care at the end of life. JRH currently is owned by Joseph Richey House, Inc., which, in turn, is owned and operated by Gilchrist Hospice Care, Inc., an entity under the Greater Baltimore Medical Center ("GBMC") umbrella. JRH also includes Dr. Bob's Place, a facility designed to provide palliative and hospice care exclusively for children. Over the past several decades, JRH has filled a niche in the Baltimore City community by providing compassionate hospices services to patients in the most need – those struggling with addiction and behavioral health issues, children, and the HIV population.

The current JRH facilities are severely outdated. To better serve its patients, JRH plans to build a new inpatient and residential hospice facility in Stadium Place in Northeast Baltimore, located on 33rd Street, Baltimore City, Maryland. JRH's move has the full support of GEDCO, an entity committed to diversity, respecting the dignity and worth of all people, and upholding community. GEDCO's Stadium Place hosts a vibrant community in a resurgent part of historic Baltimore. A full range of inpatient and residential services will be provided in the new facility for both children and adults. The facility predominantly will serve the same population of Baltimore City residents – with the same mission and values – and also will retain the capability to serve patients from other jurisdictions.

7. Project Services (check applicable description):

Service	(check if description applies)
Establish a general hospice	
Establish a General Inpatient Unit (GIP)	
Add beds to a GIP	
Capital Expenditure in excess of Capital Expenditure Threshold by JRH, a health care facility	x

8. Current Capacity and Proposed Changes:

A) List the jurisdictions in which the applicant is currently authorized to provide general hospice services. (If services provided in other state(s), list them.)

JRH currently is licensed in Baltimore City, Anne Arundel County, Baltimore County, Harford County, Howard County, Prince George's County, and Washington County.

B) Jurisdiction applicant is applying to be authorized in:

JRH is not requesting a change in jurisdictions. The Applicant is merely moving its facility from one location in Baltimore City to another location in Baltimore City.

9. Project Location and Site Control *(Applies only to applications proposing establishment or expansion of a GIP unit):*

A. Site Size __1.5____ acres

B. Have all necessary State and Local land use approvals, including zoning, for the project as proposed been obtained? YES_____ NO ___X__ (If NO, describe below the current status and timetable for receiving necessary approvals.)

Hospice is an acceptable use at the proposed site per PUD. The Applicant will apply for HUD approval. GEDCO will be applying on behalf of Applicant for any other necessary approvals.

C. Site Control and utilities:

(1) Title held by:

The site currently is owned by the Mayor of Baltimore and the Baltimore City Council. There is a lease in place between Stadium Place, Inc. (a GEDCO entity) and the Mayor and City Council of Baltimore. Fee simple interest will be transferred to Gilchrist Hospice, Inc. on behalf of JRH. Gilchrist Hospice, Inc. will fund the building. The purchase price for the real estate is $565,000.

(2) Options to purchase held by: _____N/A_____

(i) Expiration Date of Option _____
(ii) Is Option Renewable? _____ If yes, Please explain

_____

(iii) Cost of Option _____

(3) Land Lease held by: Mayor and City Council of Baltimore

(i) Expiration Date of Lease: November 21, 2021
(ii) Is Lease Renewable ___No._____ If yes, please explain

_____

(iii) Cost of Lease _____

(4) Option to lease held by: ____N/A_____

(i) Expiration date of Option _____
(ii) Is Option Renewable?_____ If yes, please explain

(iii) Cost of Option _____

(5) If site is not controlled by ownership, lease, or option, please explain how site control will be obtained.

_____

(6) Please discuss the availability of utilities (water, electricity, sewage, etc.) for the proposed project, and the steps that will be necessary to obtain utilities.

All utilities are accessible to the property. The site accesses gas and electric from the site. Water and sewer will be accessible from the public right of way.

(INSTRUCTION: IN COMPLETING THE APPLICABLE OF ITEMS 10, 11 or 12, PLEASE CONSULT THE PERFORMANCE REQUIREMENT TARGET DATES SET FORTH IN COMMISSION REGULATIONS, COMAR 10.24.01.12)

10. For new construction or renovation projects.

Project Implementation Target Dates

A. Obligation of Capital Expenditure _6_____months from approval date.
B. Beginning Construction __3_____months from capital obligation.
C. Pre-Licensure/First Use ____18_____months from capital obligation.
D. Full Utilization _____6_____months from first use.

11. For projects not involving construction or renovations.

Project Implementation Target Dates

A. Obligation or expenditure of 51% of Capital Expenditure _____ months from CON approval date.
B. Pre-Licensure/First Use _____ months from capital obligation.
C. Full Utilization _____ months from first use.

12. For projects not involving capital expenditures.

Project Implementation Target Dates

A. Obligation or expenditure of 51% Project Budget _____ months from CON approval date.
B. Pre-Licensure/First Use _____ months from CON approval.
C. Full Utilization _____ months from first use.

13. PROJECT DESCRIPTION

Executive Summary of the Project: The purpose of this BRIEF executive summary is to convey to the reader a holistic understanding of the proposed project: what it is, why you need to do it, and what it will cost. A one-page response will suffice. Please include:

(1) Brief Description of the project – what the applicant proposes to do
(2) Rationale for the project – the need and/or business case for the proposed project
(3) Cost – the total cost of implementing the proposed project

(1) Project Description

The Gilchrist Center Baltimore – Joseph Richey House ("JRH"), located at 828 Eutaw Street in Baltimore, is a licensed, Medicare certified, CHAP accredited facility with a long and successful record of serving the underserved in the City of Baltimore. JRH was a unique concept from the start. It was Maryland's first free-standing residential hospice, located in renovated row homes in Baltimore City and dependent upon a large cadre of volunteer physicians to provide daily medical oversight. Currently, it remains one of only two hospice centers offering this residential level of care in the State. JRH's mission also makes it unique: to serve the underprivileged and

underserved, ensuring that all have access to safe, compassionate care at the end of life, regardless of ability to pay. In essence, JRH serves populations most facilities avoid: the homeless, children, and the poor. It is this dedicated mission and close ties to the Baltimore City community that has enabled JRH to continue providing essential services for over three decades. JRH intends to continue its mission well into the future.

Conceived through the joint efforts of the All Saints Sisters of the Poor and Mount Calvary Church, JRH began accepting patients in 1987 and joined the Gilchrist compliment of services in 2014. (*See* Affiliation Agreement, at **Exhibit 2**). JRH originally served as a hospice for patients with more traditional hospice diagnosis, but quickly distinguished itself a few years later as a haven for individuals with end-stage HIV/AIDS during a time when the disease carried a great stigma. JRH has enjoyed a 25+ year relationship as a HOPWA and Ryan White Grant recipient and was the first and only hospice in the state to serve the then large and growing number of HIV+ patients. This patient population was misunderstood by the public and many health professionals. There was a significant misunderstanding regarding how and when the disease could be transmitted. For many who contracted the disease, they were shunned by their families and friends, and the diagnosis was considered a "death sentence." The disease was spreading at epidemic rates and there was a growing need for these patients to have a place for care in the last months of life where they could die with dignity. This was precisely the role this center played in its early years.

With advances in medicine, HIV is now effectively treated and today, it is rarely a "terminal diagnosis". As a result, JRH has diversified its care to other patients, who, for whatever reason, find themselves homeless and/or without adequate support from family caregivers, making it impossible for them to receive care at home. JRH serves those individuals who have battled addiction, mental health disorders, and other such illnesses and lifestyles, which adversely impact making and maintaining strong relationships and compromise one's ability to maintain gainful employment.

JRH initially opened as a 12 bed facility. After the successful submission and receipt of a HUD grant, it secured funding for the expansion of an additional 8 beds in a structure immediately adjacent to the original building named the Brownlow Byron House. The buildings were initially constructed in the early 1800's.

Under the same ownership and management, and along the same city alley, another hospice facility was constructed and opened in 2011. This building was home to the State's first and only hospice facility for children, "Dr. Bob's". Concurrently, the organization was opening a home based hospice program for children and expected, as is the case in adult hospice, to have a need for acute inpatient beds to effectively support the care for this vulnerable patient population. In the adult population the number of patients who need an "Acute Inpatient" level of care is estimated to be approximately 10% of the total home based population. The children's home based program never exceeded 10-15 patients and as a result, the center was never occupied by more than 2-3 children at any given time over the three years it operated. Without the added revenues, the overall organization's solvency was compromised.

Medicare, Medicaid, and other insurers do not cover the costs associated with room and board under a hospice residential level of care. The hospice residential level of care compensation is designed to provide care either in the patient's private residence with family caregivers providing the majority of the care under the direction of a hospice interdisciplinary team, or in a licensed nursing facility with reimbursement for room and board being paid privately by the patient or family or compensated by the Medicaid Program for qualified recipients. Room and board costs at the JRH are approximately $250 per patient per day. Financial sustainability in these centers is dependent on strong philanthropic initiatives and efficient operations.

In the late spring of 2014, the Joseph Richey Board of Directors began the process of finding a new source of funding to keep the operations afloat. After many months of discussions and negotiations, Gilchrist Hospice Care became the new owners of Joseph Richey. Gilchrist

believed then, and continues to believe, that this center's mission and service to the under-served must continue in the City of Baltimore. Gilchrist also learned that Hospice of the Chesapeake, which had been operating a residential facility, would convert all of its beds to the acute level of care, thereby closing the only other residential facility in the Baltimore area. There is one other center operating six beds on the Eastern Shore and one eight bed facility in Harford County, (the Hooper House), where Gilchrist also provides services.

At the time of acquisition, the center needed numerous repairs, money to cover the operating losses, and a new management team, all of which were provided by Gilchrist. Gilchrist has retired pre-acquisition debt and covered operating losses of $6.1M in the past two years. With Joseph Richey's declining home children's census, Gilchrist immediately closed the 10 bed facility reducing the total bed use to 20. In July of 2016, JRH re-opened Dr. Bob's, (now referred to as Gilchrist Center Baltimore Building #2) and operated the residential facility in the original 22 bed facility. JRH is using six beds for adult patients and has begun planning the opening of a four bed pediatric unit. The pediatric beds opened for respite care in July 2017 and we will open for acute inpatient services December of 2017.

In May of 2016, while planning to make enhancements to the existing building, we learned that based on current building code changes, we could not house more than five patients who could not "self-ambulate" themselves to safety in the event of a fire in building with wood construction above the second floor level. Based on this, the third floor of the JRH building was closed reducing the overall bed count to 12 beds in JRH, six beds in Building #2, and keeping four beds in reserve for the pediatric patients. Based on this change, we knew we had made a long term commitment to operating out of two buildings. We are also just completing a small renovation of the facility to improve the centers safety and security and to brand the building as a Gilchrist operation. This renovation will cost approximately $550,000.

This prompted management to begin discussions of what the best long term plan would be for the operation. We evaluated three options. Option one was to renovate our way to a single building and bring the center up to current code. The estimated cost for this option was $8-9 million dollars. Option two involved buying an existing location and renovating it. This was estimated to cost $6-8 million dollars. A total rebuild would be $8-9 million. These costs were obtained from DACG Commercial of Baltimore, Maryland.

Because of the inherent fiscal inefficiencies of operating out of two buildings, the age of building, and its current location, the Board made a unanimous decision to explore the option of moving the operations and building from the ground up.

JRH plans to build a brand new inpatient and residential hospice facility in Stadium Place in Northeast Baltimore, located on 33rd Street, Baltimore City, Maryland. This is just three miles north of its current facility.

JRH's move has the full support of GEDCO, an entity committed to diversity, respecting the dignity and worth of all people, and upholding community. GEDCO is a non-profit community based organization that addresses poverty, homelessness, hunger, senior engagement, unemployment, and affordable housing. GEDCO also partners with faith-based and community organizations to provide affordable housing, supportive services, and emergency assistance to community residents.

GEDCO's Stadium Place hosts a vibrant community in a resurgent part of historic Baltimore. Both the mission and concept of Stadium Place has the full support of local and state authorities. (*See* Letters of Support, at **Exhibit 24**) To date, Baltimore City has contributed over $3.175 million, the State of Maryland has contributed approximately $20 million and HUD has contributed approximately $10.8 million towards the development of Stadium Place. There is no question that Stadium Place's goals and mission match squarely with the objectives of JRH. (*See* GEDCO Presentation to Gilchrist Center Baltimore – JRH at **Exhibit 3**).

In the new facility, JRH intends to provide a full range of inpatient and residential services for both children and adults. The facility will serve the same population of Baltimore City residents it has always served – with the same mission and values – but will retain the capability to serve patients from other jurisdictions. Management and the Board believe that moving the operations for Stadium Place is the best next home for the Gilchrist Center Baltimore.

(2) Rationale for Project

JRH first opened its doors in 1987 in the same facility in which it operates today. The facility currently spans four row houses and includes 22 beds, offering pain and symptom management and respite care for terminally ill patients. As discussed above, the existing structures need a comprehensive physical overhaul. Rather than remain in the outdated row homes, the Project allows JRH to provide services in a single new state-of-the-art facilities, in a community that also offers services directed at a similar population base.

(3) Cost of Project

The total cost of the new facility is estimated at $300 sq. foot, plus a furniture allowance, plus the cost of the land, for a total of approximately $10,328,950.00. (*See* **Exhibit 4** and **Table 1.)** This cost estimate is based upon Whiting-Turner's comparison of costs to build other structurally similar facilities. (*See* Exhibit 4)

14. PROJECT DRAWINGS

Projects involving new construction and/or renovations should include scalable schematic drawings of the facility at least a 1/16" scale. Drawings should be completely legible and include dates.

These drawings should include the following before (existing) and after (proposed), as applicable:

A. Floor plans for each floor affected with all rooms labeled by purpose or function, room sizes, number of beds, location of bath rooms, nursing stations, and any proposed space for future expansion to be constructed, but not finished at the completion of the project, labeled as "shell space".

Architectural drawings are attached at **Exhibit 5.**

B. For projects involving new construction and/or site work a Plot Plan, showing the "footprint" and location of the facility before and after the project.

Architectural drawings are attached at **Exhibit 5.**

C. For projects involving site work schematic drawings showing entrances, roads, parking, sidewalks and other significant site structures before and after the proposed project.

Architectural drawings are attached at **Exhibit 5.**

D. Exterior elevation drawings and stacking diagrams that show the location and relationship of functions for each floor affected.

Architectural drawings are attached as **Exhibit 5.**

15. FEATURES OF PROJECT CONSTRUCTION:

A. Please Complete **"CHART 1. PROJECT CONSTRUCTION CHARACTERISTICS and COSTS"** (next page) describing the applicable characteristics of the project, if the project involves new construction.

Table 1: Project Budget is attached to this Application.

B. Explain any plans for bed expansion subsequent to approval which are incorporated in the project's construction plan.

Applicant has planned space for 22 beds at this time, *See* **Exhibit 5**.

C. Please discuss the availability of utilities (water, electricity, sewage, etc.) for the proposed project, and the steps that will be necessary to obtain utilities.

All utilities are accessible to the property. The site accesses gas and electric from the site. Water and sewer will be accessible from the public right of way.

PART II - PROJECT BUDGET: COMPLETE TABLE 1 - PROJECT BUDGET

Table 1: Project Budget is attached to this Application.

PART III - CONSISTENCY WITH REVIEW CRITERIA AT COMAR 10.24.01.08G(3):

(INSTRUCTION: Each applicant must respond to all applicable criteria included in COMAR 10.24.01.08G. Each criterion is listed below.)

10.24.01.08G(3)(a). The State Health Plan.

Applicant must address each standard from the applicable chapter of the State Health Plan (10.24.13 .05); these standards are excerpted below. (All applicants must address standards A. through O. Applicants proposing a General Inpatient facility must also address P.)

Please provide a direct and concise response explaining the project's consistency with each standard. Some standards require specific documentation (e.g., policies, certifications) which should be included within the application. Copies of the State Health Plan are available on the Commission's web site
http://mhcc.dhmh.maryland.gov/shp/Pages/default.aspx

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.

The Applicant is licensed in good standing, CHAP accredited, (*see* **Exhibit 6**, CHAP notification that JHR is in compliance with the CHAP Standards of Excellence), and Medicare certified. The Applicant does not intend 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 the Applicant. Therefore, these standards are not necessary to evaluate this CON application. Nevertheless, the Applicant has provided the information below to further detail the Applicant's history in the community and existing services.

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

JRH is currently licensed for Anne Arundel County, Baltimore County, Baltimore City, Harford County, Howard County, Prince George's County, and Washington County. The homecare program of JHR was integrated into the Gilchrist Homecare Program at the time of affiliation. A copy of the Applicant's license is attached as **Exhibit 7**. With regard to this CON, the Applicant is only moving its Baltimore City facility to a new location in Baltimore City.

A map of Baltimore City with both the current location and the proposed facility identified is attached as **Exhibit 8**. A more detailed map of GEDCO's Stadium Place location with the proposed new facility identified is attached as **Exhibit 9.**

The Applicant intends to continue to serve the same community in Baltimore City that it currently serves. Seventy percent of JRH patients live below the median family income for Baltimore City. JRH's patients tend to be those in the most need: those struggling with addiction and behavioral health issues; children; and the HIV population. These same populations will continue to have full access to JRH, but in a brand new and easily accessible facility.

B. **Admission Criteria**. An applicant shall identify:
(1) Its admission criteria; and

Admissions are based upon the patient's medical history, prognosis, and clinical status. JRH's Admission Criteria Policy is attached as **Exhibit 10.**

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

JRH admits patients regardless of age, gender, nationality, race, creed, sexual orientation, disability, diagnosis, ethnicity, handicap, prior modality of treatment, availability of heath care agent, or the ability to pay. Admission decisions are made by the patient's attending physician in conjunction with the Joseph Richey Admissions Director. Copies of the nondiscrimination policies used by JRH are attached as **Exhibit 11**.

C. **Minimum Services**.
(1) An applicant shall provide the following services directly:
(a) Skilled nursing care;

As a CHAP accredited facility, JRH will continue to provide the same high level skilled nursing care that is currently provided in Gilchrist facilities. All JRH patients are cared for by our team of doctors, registered nurses, hospice aides, social workers, chaplains, and volunteers. For decades, JRH has consistently provided care to meet the assessed needs of the patient and family through its dedicated staff, offering care and attention 24/7 and the same level of commitment to all of those in need, regardless of their circumstances.

(b) Medical social services;

Historically, and with the support of Gilchrist, JRH has provided extensive medical social services to its patients. High quality social services is one of the distinguishing characteristics of Gilchrist operated facilities, and Joseph Richey is no exception. Joseph Richey fully intends to continue this high level of care to meet the needs of its patients and families.

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

JRH, through Gilchrist Services, will continue to provide counseling services for those in need. Below is just a sample of the community education providers on grief and loss directed to the Baltimore City community in 2017.

CHART A
Community Educational Programs on Grief and Loss in Baltimore City for FY 17

September:	
Grief Class: Morgan State University w/NHPCO	45 attendees
October:	
Grief Pathways: New Hope Christian Baptist Church	33 attendees
End of life Conference: Hunting Ridge Presbyterian Church	21 attendees
Holiday Grief: Living Classrooms (Under Armour Center)	17 attendees
Holiday Grief: Falls Road AME Church	25 attendees
November:	
Caregiver Symposium, Faith in Action: Preston Hall	200+ attendees
Grief Debriefing for staff, AA Affordable Transportation (this was for an accident that resulted in a death)	10 attendees
Holiday Grief: Jesus of Nazareth Freewill Baptist church	15 attendees
Holiday Grief: Forest Park Senior Center	15 attendees
Holiday Grief: St John United Methodist church	18 attendees
Holiday Grief: Joseph Richey	9 attendees
December:	
Holiday Grief: Christ United Methodist Church	15 attendees
Holiday Grief: Wylie Funeral Home	10 attendees
Holiday Grief: Inner Court Ministries	18 attendees
Holiday Grief: Ebenezer Baptist Church	20 attendees
Holiday Grief: HIV clinic, Johns Hopkins	20 attendees
February:	
Grief presentation: Keswick Multi Center	75 attendees
Grief presentation: Call to care, Hopkins	25 attendees
Grief Training: Catholic Charities	20 attendees
April:	
Children's Grief: Catholic Charities	45 attendees
Caring for the Caregiver: Hicks Center	40 attendees

In addition, Gilchrist Services offered 150 face to face counseling sessions at JRH in fiscal year 2017. This demonstrates a strong commitment to educating and assisting the Baltimore City community in managing grief.

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

(a) Physician services and medical direction;

As a CHAP accredited facility, and a licensed Medicare provider, the Applicant provides a sufficient level of physician services and medical direction to its patients. Currently, JRH staffs one physician, one nursing director, and one associate clinical director. Copies of the job descriptions of the Hospice Clinical Manager and Associate Clinical Director for Inpatient Services are attached as **Exhibit 12**.

(b) Hospice aide and homemaker services;

As a CHAP accredited facility, and a licensed Medicare provider, the Applicant provides a sufficient level of hospice aide services. In FY 16, the Applicant had 13 aides and one social

worker on staff. Copies of the job descriptions for the Clinical Social Worker and Hospice Aides are attached as **Exhibit 13**.

(c) Spiritual services;

As a CHAP accredited facility, and a licensed Medicare provider, the Applicant provides a sufficient level of spiritual services. The Applicant staffs a Chaplain. A copy of the Chaplain job description is attached as **Exhibit 14**.

(d) On-call nursing response

The Applicant provides a full complement of nursing staff 24 hours a day, 365 days a year, so no on-call nursing is required. A copy of the Hospice RN job description is attached as **Exhibit 15**.

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

The inpatient setting at JRH serves patients with acute symptoms and complex pain that cannot be managed in other settings. This setting is designed for short term placement for patients requiring skilled observation, interventions, and monitoring of the patient's condition and response to medical interventions. These activities may result in changes to the plan of care, treatment schedules, pain management and symptom control interventions, including frequent subcutaneous or intravenous injections, and intensive patient/family education about the burdens and benefits of the interventions.

The Applicant strives to manage acute pain to the degree of control balancing pain relief with predictable side-effects as desired by the patient or family. The goal is to achieve this desired level of control within 18 hours of admission to the inpatient setting. Gilchrist tracks and regularly meets its target for this metric.

The setting may also be used for up to five days of respite care and serves patients whose family or living circumstances is temporarily unavailable to care for the patient or whose family simply requires short-term relief from the daily demands of care.

(f) Personal care;

The Applicant's Hospice aides will continue to provide a full range of personal care for patients consistent with the patients' needs. For a complete job description of the Hospice Aides, see Exhibit 19.

(g) Volunteer services;

Medicare compliance with 5% volunteers at the Applicant's facility in FY 17 was 6.7%

(h) Bereavement services;

Bereavement services are a vital part of the Applicant's program. The Applicant maintains a special team of nurses, social workers, chaplains and grief counselors who work nights, evenings, and weekends to help patients and families in distress and to admit those patients who need care immediately, regardless of day or time. The Applicant's Grief Services offers everything from one-on-one counseling to support groups to one-day workshops and events. Just one example of the special bereavement services offered by the Applicant is an annual butterfly release, which helps families reeling from the death of a loved one, cope with the loss and adjust to their "new normal".

(i) Pharmacy services;

JRH has entered into a Pharmacy Services Agreement with Enclara Pharmacia, Inc. The Agreement is dated March 11 2016, as amended, April 10, 2017, and engages Enclara to provide pharmacy services to JRH.

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

If and when necessary, laboratory, radiology, and chemotherapy services are provided for palliative care. The Applicant has an arrangement with a mobile x-ray unit.

(k) Medical supplies and equipment; and

JHR has entered into a Durable Medical Equipment Agreement with Johns Hopkins Pharmaquip, Inc. and Johns Hopkins Pediatrics at Home, Inc. dated December 1, 2008, as amended May 8, 2015, for the provision of medical equipment in accordance with CHAP Quality Accreditation Standards. Medical supplies are under contract with Medline.

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

In additional to providing physical therapy, occupational therapy, speech therapy, and dietary services, more than 800 of the Applicant's patients have received specialized music therapy since 2012. The program is designed to use music in all of its forms to provide additional comfort by helping to relieve symptoms, relieve stress and anxiety and provide emotional support for patients and families.

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

As a CHAP accredited facility, and a licensed Medicare provider, the Applicant will continue to provide the required bereavement services to the family for a period of at least one year following the death of the patient. Please also refer to Chart A above, which identifies a host of bereavement services provided by the Applicant.

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.

Hospice services are delivered in an inpatient unit and will continue to be delivered in an inpatient unit at the new facility.

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

As a CHAP accredited facility, and a licensed Medicare provider, JRH will continue to provide sufficiently trained volunteers to meet the needs of patients and families in the hospice program.

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.

This standard is not directly applicable to this project proposal. The proposal simply concerns moving an existing in-patient hospice facility a short distance away and does not include services provided in a patient's residence.

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.

The Applicant does not anticipate any impact on existing general hospices in the same jurisdiction because the Applicant is not proposing a new hospice program or requesting a change in inpatient bed capacity. Applicant will be utilizing 22 beds in its relocated facility with additional beds as necessary to satisfy future patient populations under the applicatble rules and regulations. Furthermore, the Applicant historically serves a population that other hospice providers do not – those with mental or behavioral issues, with HIV, the homeless, and other underserved individuals. As a result, there is no expected impact on existing general hospices in Baltimore City.

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.

The Applicant is licensed in good standing and Medicare certified. The Applicant agrees to accept patients whose expected primary source of payment is Medicare or Medicaid. Furthermore, the Applicant accepts patients regardless of their ability to pay for services.

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;

The Applicant already has a significant presence with the medical community of Baltimore City. Three Hospital Nurse Liaisons are dedicated to the four largest city hospitals – Johns Hopkins Hospital, Johns Hopkins Bayview, University of Maryland Medical Center, and St Agnes Hospital. Several other Nurse Liaisons service the remaining city hospitals, including a Gilchrist Kids Community Outreach Nurse. The Nurse Liaisons are responsible for working daily in their institutions assisting with the identification and coordination of admissions to our programs and services. Nurse Liaisons attend rounds and other meetings geared at assisting the hospital staff with serious and terminal illness management. They work bedside with prospective patients who may benefit from hospice of palliative care. They make daily rounds in the ED, medical floors, ICU's, and other sub-specialties as dictated by the institution being served.

Hospital nurse liaisons also work collaboratively with two city–dedicated Business Development Managers (BDMs) developing strong relationships with case managers, social workers, hospitalists, intensivists, and palliative care team members. The BDMs develop relationships with hospital and facility personnel by coordinating and/or providing education, including Medical Grand Rounds. In addition to providing educational tours for city providers of our Care Centers, they present and/or exhibit as appropriate at medical association meetings and other and community activities (i.e., conferences, health fairs, etc.).

Through these programs the Applicant will have ample opportunity to notify other providers of its intended move to Stadium Place.

(b) At least five physicians who practice in its proposed service area;

The Applicant has been the preferred hospice provider for the Johns Hopkins Health System for many years. The Applicant works collaboratively with the medical and social work staff at both

the main campus and Bayview. Of the 1100 patients enrolled to Gilchrist Hospice from the city hospitals in fiscal year 2017, half of the patients were referred from these two hospitals alone.

Dr. Thomas Smith, Palliative Medical Director for Johns Hopkins Hospital, partnered with Gilchrist in developing its proposal for the Medicare Care Choices Model, a CMS demonstration project that allows qualified Medicare beneficiaries the option to continue curative treatments while receiving the support and safety net of hospice services. Gilchrist was awarded the five-year grant which began in 2016 and is the only hospice in central Maryland offering this Medicare model of care. Care Choices has enabled Gilchrist to reach many patients and families who would otherwise not be willing to discuss options for end-of-life care. The Applicant has found that almost 1/3 of all enrollees to date are minority patients who are generally more distrusting of healthcare and resistant to hospice. The Care Choices program provides these patients with extra support while allowing earlier conversations to occur before difficult end-of-life decisions must be made.

The Applicant also is a reliable participant in the bi-annual Johns Hopkins School of Medicine Palliative Medicine Program rotation where medical students round with our staff in patient homes, residential care facilities, and our care centers. It has also worked collaboratively with the Palliative Medicine department on a study *Variations Among Physicians in Hospice Referrals of Patients with Advanced Cancer* published in the American Society of Clinical Oncology journal. The results of this study are used to influence earlier and increased hospice use.

The Applicant has engaged emergency department personnel to educate on the value of hospice for high utilizers who no longer want aggressive treatment and instead are looking for comfort. It has in-serviced physicians, nurses and social workers on courageous conversations and encourages them to call the Applicant to assist these patients and families. Some are transferred within hours to one of our Care Centers and others may be admitted to hospice when the patient returns home. This past year, St Agnes Hospital arranged for the Applicant to educate every member of the ED staff during all shifts, and has since been successful at avoiding dozens of acute admissions while providing patients and families with the comfort and care they are seeking.

The Applicant is a certified presenter of the "Being Mortal Project" a national public awareness campaign on the importance of talking about end-of-life preferences and goals with loved ones and medical professionals. This project uses PBS's Frontline film "Being Mortal", based on the book of the same name by Atul Gwande, MD and includes video, outreach tools, audience materials and discussion guide. In May, Gilchrist partnered with Johns Hopkins Hospital leadership to provide a 2.5 hour event attended by nearly 100 physicians, nurses, and social workers and included an interdisciplinary panel discussion. The Applicant is taking this program to other city hospitals and planned a large event in October 2017 at St. Agnes Hospital offering CEU, CME, and CE credits and that included attendees from neighboring facilities.

The Applicant is confident that multiple physicians and other providers are already aware of the services it provides to members of the Baltimore City community.

(c) The Senior Information and Assistance Offices located in its proposed service area; and

See response above and Chart B below.

(d) The general public in its proposed service area.

The Applicant has general information readily available on its website at www.gilchristservices.org. In addition, the Applicant provides formal education through Gilchrist's Business Development Department. In the past year, the following table lists the education events conducted in Baltimore City:

CHART B
OUTREACH EVENTS IN BALTIMORE CITY 2016-2017

Outreach/Event	Approximate Attendees
Meet your Neighbors, Resource Fair,	100
Health Fair. Dept. of Aging	75
JHH Resource Fair, BC, JHH Campus	200
Palliative Conference for JHH SW	125
Veterans Pinning Celebrations, FutureCare	60
ED Hospital In-servicing, St Agnes	145
Grand Rounds/Palliative St Agnes	75
JH Bayview Advanced Care Planning	12
Mercy Hospital Community SW Outreach	135
Called to Care, Workshop	45
New Light Church Grief Workshop	35
JH Bayview Caregiver Resource Fair	40
JH Bayview Lay Health Education	10
Called to Care Picnic	30
MRP, Advanced Care Planning workshop	50
Baltimore City Caregiver Event	50
Christ Harbor Apartments	15
UMMS Midtown Handle Transitions with Care	15
Episolon Kappa Health Fair	50
Center for Successful Aging	16
UMMC ELNEC Presentation	45
Union Memorial SW CEU	15
Sinai OPIS Rounds In-service	15
Good Samaritan Case Mgmt	20
Healthy Heart Community Event - Keswick	50
Caring for Yourself Caregiver Event	50
UMMC Cancer Center Grand Rounds	18
Johnston Square Apartments ACP Education	15
Chase Brexton Education	15
Keswick Partner Music Concert	25
Total:	1551

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

The Applicant participates in the Medicare and Medicaid programs and has contracts with some commercial insurers in the area. The Applicant provides care to all appropriate patients regardless of their ability to pay. Copies of the Applicant's Billing and Collection Guidelines and Care Fund Guidelines are attached as **Exhibit 17**. These policies explain the Applicant's charity care process and procedure.

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:

(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.

The Applicant continues to satisfy all required standards for charity care. See **Exhibit 17** for the relevant policies.

(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.

The Applicant continues to satisfy all required standards for charity care. See **Exhibit 17** for the relevant policies. See also, www.gilchristcares.org/services/hoscpie/faq-hospice and www.gilchristcares.org/wp-content/uploads/Gilchrist-Hospice-Care-Brochure-091818-sm.pdf.

(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.

Due to the unique population served, virtually all patients qualify for the full cost of services.

(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.

Not applicable.

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.

The Applicant is licensed and Medicare-certified in good standing, which demonstrates compliance with this standard. In addition, a copy of the JHR Quality Care Dashboard is attached hereto as **Exhibit 16.**

(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.

Not applicable. Applicant 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.

Not applicable. Applicant 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.

The Applicant is licensed and Medicare-certified in good standing, which demonstrates compliance with this standard.

(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.

The Applicant is licensed and Medicare-certified in good standing, which demonstrates compliance with this standard. In addition, a copy of the relevant Quality Care Dashboard is attached as **Exhibit 16**.

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.

The Applicant has a significant presence with the medical community of Baltimore City. This is evidenced by various outreach and community programs, as described in more detail below.

Affiliation Agreements

The Applicant has entered into preferred provider agreements with other local providers. Including The Johns Hopkins Home Care Group, Inc. (*See* Johns Hopkins Affiliation Agreement attached as **Exhibit 18**), and the University of Maryland (*See* U.Md. Affiliation Agreement attached as **Exhibit 19**).

Nurse Liaison Project

Three Hospital Nurse Liaisons are dedicated to the four largest city hospitals – Johns Hopkins Hospital, Johns Hopkins Bayview, University of Maryland Medical Center, and St Agnes Hospital. Several other Nurse Liaisons service the remaining city hospitals, including a Gilchrist Kids Community Outreach Nurse. The Nurse Liaisons are responsible for working daily in their institutions assisting with the identification and coordination of admissions to our programs and services. Nurse Liaisons attend rounds and other meetings geared at assisting the hospital

staff with serious and terminal illness management. They work bedside with prospective patients who may benefit from our care. They make daily rounds in the ED, medical floors, ICU's and other sub-specialties as dictated by the institution being served.

Hospital nurse liaisons work collaboratively with two city–dedicated Business Development Managers (BDMs) developing strong relationships with case managers, social workers, hospitalists, intensivists and palliative care team members. The BDMs develop relationships with hospital and facility personnel by coordinating and/or providing education, including Medical Grand Rounds. In addition to providing educational tours for city providers of our Care Centers, they present and/or exhibit as appropriate at medical association meetings and other and community activities, (i.e., conferences, health fairs, etc.).

Technology Sharing

Gilchrist actively leverages technology in our partnerships with the city hospitals. Utilizing CRISP, we receive near real-time notifications of hospice patients who have been admitted to the ED or acute setting so that we can immediately send a nurse to help the patient and family make informed choices about their care which often prevents hospitalization. With Gilchrist's implementation of EPIC in late 2016, the Applicant is able to share medical records when necessary with the University of Maryland Medical System and Johns Hopkins Health Systems hospitals in the city to better serve our shared patients.

Partnerships with Residential Programs

Gilchrist serves hospice patients in 27 city residential facilities. We have built many strong partnerships with independent and chain residential centers where decision making is a collaborative process involving input from the patient and family and medical personnel from the residential center and our residential care team. We devote considerable resources towards educating facility staff and family counsels and offer a variety of educational programs addressing serious illness, such as such as courageous conversations, advanced care planning, the hospice benefit, and symptom management.

Partnerships with Genesis Facilities

Gilchrist partners with several Genesis facilities, including city-based Homewood Center, to provide a palliative consult service to help patients and their families deal with the uncertainties of serious illness, provide symptom management and education about the trajectory of their diseases, and assist with advance directives and completion of MOLST orders. This program enhances quality of care, improves patient and family satisfaction, and reduces avoidable acute readmissions.

FutureCare Pilot Programs

We have implemented a pilot program with FutureCare Charles Village and FutureCare Sandtown where they have a "hospice-friendly" room designated for patients who need facility placement for hospice services from of the area hospitals.

Finally, the Applicant has established a solid referral base, as reflected in Chart C below, which it expects will continue without change.

CHART C
REFERRAL SOURCES

Referral Source	Total Referrals
HSPC Referral from Hospital	**127**
University Of Maryland Medical Center	51
Johns Hopkins	34
St Agnes Hospital	18
Medstar	13
Sinai Hospital	4
Other Hospital	2
Anne Arundel Med Center	2
Doctors Community Hospital	1
Mercy Medical Center	1
Shady Grove Adventist Hospital	1
HSPC Referral from Friend/Family	**22**
HSPC Referral from Other Hospice	**14**
HSPC Referral from Palliative Medicine	**9**
HSPC Referral from Hospice Staff	**3**
HSPC Referral from Long Term Care Center	**3**
HSPC Referral from Provider	**2**
HSPC Referral from Gilchrist Care Choices	**2**
Grand Total	**182**

(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.

Not applicable. The Applicant already is fully licensed and accredited.

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

Respite Care is provided at JRH because caring for a dying family member can be stressful. The Applicant offers a five-day respite period to the patient and family as needed. Under respite, the patient transfers to JRH for care while the family takes a break. Often families use this time to get away from town for a small vacation. At the end of the respite the patient returns home and their family resumes care-giving. The four beds that opened for children have been used for respite care and we anticipate continuing their use, and increasing participation for this patient population.

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.

An extensive list of recent public outreach programs to diverse audiences is found at **Chart B**, above.

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

A copy of the Patients' Rights Policy is attached hereto as **Exhibit 20.**

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.

(1) **Need.** An applicant shall quantitatively demonstrate the specific unmet need for inpatient hospice care that it proposes to meet in its service area, including but not limited to:

(a) The number of patients to be served and where they currently reside;

Not applicable. The Applicant is not establishing a new facility; it is moving its existing facility three miles away.

(b) The source of inpatient hospice care currently used by the patients identified in subsection (1) (a); and

Not applicable. The Applicant is not establishing a new facility; it is moving its existing facility three miles away.

(c) The projected average length of stay for the hospice inpatients identified in subsection (1) (a).

Not applicable. The Applicant is not establishing a new facility; it is moving its existing facility three miles away.

(2) **Impact.** An applicant shall quantitatively demonstrate the impact of the establishment or expansion of the inpatient hospice capacity on existing general hospices in each jurisdiction affected by the project, that provide either home-based or inpatient hospice care, and, in doing so, shall project the impact of its inpatient unit on future demand for hospice services provided by these existing general hospices.

Not applicable. The Applicant is not establishing a new facility; it is moving its existing facility three miles away.

(3) Cost Effectiveness. An applicant shall demonstrate that:

(a) It has evaluated other options for the provision of inpatient hospice care, including home-based hospice care, as well as contracts with existing hospices that operate inpatient facilities and other licensed facilities, including hospitals and comprehensive care facilities; and

(b) Based on the costs or the effectiveness of the available options, the applicant's proposal to establish or increase inpatient bed capacity is the most cost-effective alternative for providing care to hospice patients.

Not applicable. The Applicant is not establishing a new facility; it is moving its existing facility three miles away.

10.24.01.08G(3)(b). <u>Need</u>.

For purposes of evaluating an application under this subsection, 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.

Please discuss the need of the population served or to be served by the Project.

Responses should include a quantitative analysis that, at a minimum, describes the Project's expected service area, population size, characteristics, and projected growth. For applications proposing to address the need of special population groups identified in this criterion, please specifically identify those populations that are underserved and describe how this Project will address their needs.

As has been discussed in this CON Application, the Applicant is not establishing a new facility. The Applicant is merely moving an existing facility to a new location. Therefore, the Applicant's expected service area, population size and characteristics, and growth will remain similar to its existing characteristics.

The Applicant currently provides a much needed service to the Baltimore City population. The total population of Baltimore City is estimated at 622,454. (**Exhibit 21,** Baltimore City 2017 Neighborhood Health Profile, Revised June 2017). The population aged 65+ years is approximately 12.1% of the total population, (Ex. 21), which means that there are over 75,000 people of advanced age living in Baltimore City. The family poverty rate in Baltimore City is almost 30%. (Ex. 21). There is demonstrated need for the Applicant's facility.

The MHCC data confirms this existing need. The MHCC Maryland Hospice Need Projections for Target Year 2019 set forth a net need in Baltimore City in 2019 of 1,233 patients. (**Exhibit 22**, Maryland Hospice Need Projections for Target Year 2019). This projection demonstrates an increase in hospice volume in Baltimore City. Based upon the MHCC's own analysis, there remains a need in Baltimore City for hospice care.

This existing need is further evidenced by the Applicant's admissions. Note that the Applicant tends to serve the most underserved populations in Baltimore City. Many are homeless and/or have mental or behavioral health issues. Every patient served by JRH is one less patient in need of care. For example, ill homeless patients are typically picked up by ambulance without a place to go. Long term care facilities often won't accept this population because of their inability to pay room and board. With the exception of JRH, that leaves hospitals as the only other viable option. As demonstrated in Chart C, the total cost savings to the state by JRH caring for these patients as opposed to Maryland hospitals is estimated at $6,700,000 annually.

CHART D
SAVINGS TO THE STATE OF MARYLAND[2]

Patient Days Actual	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY17 Total
Joseph Richey	368	479	501	580	524	529	510	455	523	462	466	465	**5,862**

Avg Routine Cost/Day JR FY17	$553
Avg Inpatient Cost/Day Hospital 2015	$1,696
Difference in Cost per day	$1,143
Estimated Savings FY17	**$6,702,025**

- Assumes all FY17 patients days would be in the hospital inpatient setting
- Data for hospital year 2015 was provided by the Maryland Hospital Association, which accessed CMS data
- Inpatient cost per day reflects the inpatient cost per day for those patients who are discharged to hospice from GBMC in CY15. Note that GBMC costs are lower than the costs of hospitals in the City of Baltimore.
- Average routine cost per day at Joseph Richey is calculated dividing total days by Joseph Richey operating costs in FY17

Furthermore, the Applicant has made great strides in providing care to minority populations. The Applicant has found that, generally, some minority populations are more distrusting of healthcare and resistant to hospice.[3] The Applicant's extensive outreach work, as explained in more detail in Section I(b), has resulted in some level of success by encouraging minority patients to access the Applicant's services. It is believed, however, that the minority population continues to underutilize hospice services. The Applicant intends to continue its outreach and develop relationships with the Baltimore City community to increase utilization by minorities.

[2] *See also*, **Comparison of Hospital, SNF, and Hospice Medicaid Charges: 1995-1998**, as published in "An Analysis and Evaluation of the CON Program", Chptr. 5, Hospice Services, p. 130 (MHCC)

	1995	1996	1997	1998
Hospital Inpatient Charges Per Day	$1,909	$2,068	$2,238	$2,177
Skilled Nursing Facility Charges per Day	$402	$443	$487	$482
Hospice Charges Per Covered Day of Care	$103	$106	$109	$113

[3] *See* "Maryland Hospital Palliative Care Programs: Analysis and Recommendations", MHCC (December 1, 2015) (recognizing that the National Hospice and Palliative Care Organization recognizes that "African Americans are less likely to use hospice and receive other routine medical procedures than white counterparts.")

CHART E

Minority Admissions Increase

Joseph Richey			
FY	Total Admissions	African American Patients	% African American Patients
FY15	96	47	49%
FY16	137	76	55%
FY17	122	67	55%

The Applicant also is one of only two facilities with focused care for children. The Applicant will continue to have four pediatric beds for children in need of hospice care. JRH's Dr. Bob's Place, implementing the Gilchrist Kid's program, is believed to be the only residential facility in the State of Maryland to serve children. Gilchrist Kids is a pediatric hospice program that provides compassionate and comprehensive end-of-life care for infants, children, and young adults with life-limiting illnesses. The program also provides perinatal support for parents-to-be who have learned that their unborn child may have an incurable illness.

The Applicant's facility is full and staying full. The change in location will not alter the existing need of Baltimore City for hospice care. The Applicant expects to continue to satisfy the existing need, as established by the MHCC's own data.

Please also see various letters of support, attached to this Application at **Exhibit 24.**

10.24.01.08G(3)(c). Availability of More Cost-Effective Alternatives.

For purposes of evaluating an application under this subsection, the Commission shall compare the cost-effectiveness of providing the proposed service through the proposed project with the cost-effectiveness of providing the service at alternative existing facilities, or alternative facilities which have submitted a competitive application as part of a comparative review.

Please explain the characteristics of the Project which demonstrate why it is a less costly or a more effective alternative for meeting the needs identified.

For applications proposing to demonstrate superior patient care effectiveness, please describe the characteristics of the Project that will assure the quality of care to be provided. These may include, but are not limited to: meeting accreditation standards, personnel qualifications of caregivers, special relationships with public agencies for patient care services affected by the Project, the development of community-based services or other characteristics the Commission should take into account.

Option #1

Applicant considered remaining at its present location and renovating its way to a single building. Given the age and condition of the existing buildings, the buildings would require extensive renovations. The estimated cost for this option was $8-9 million dollars. The extensive construction needed would require that the Applicant discontinue services for a period of time, because there would be no place to move the patients during the time it would take for take for the necessary building overhaul. Discontinuing services for this Baltimore City population in need is not an option for the Applicant.

Option #2
Option two involved buying an existing location and renovating it. This was estimated to cost $ 6-8 million dollars, but the cost would largely depend upon the condition of the existing location. No workable existing locations were found, particularly when compared to the offerings GEDCO's facilities provide.

Option #3
The Applicant could have elected to close its facility. Discontinuing services for this Baltimore City population in need is not an option for the Applicant.

10.24.01.08G(3)(d). Viability of the Proposal.

For purposes of evaluating an application under this subsection, the Commission shall consider the availability of financial and non-financial resources, including community support, necessary to implement the project within the time frame set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.

Please include in your response:

a. Audited Financial Statements for the past two years. In the absence of audited financial statements, provide documentation of the adequacy of financial resources to fund this project signed by a Certified Public Accountant who is not directly employed by the applicant. The availability of each source of funds listed in Part II, B. Sources of Funds for Project, must be documented.

Audited Financial Statements for the past two years are attached as **Exhibit 23.**

b. Existing facilities shall provide an analysis of the probable impact of the Project on the costs and charges for services at your facility.

The proposed Project will not have any impact on current charges at JRH. Approximately 73% of patients are Medicare beneficiaries and therefore the reimbursement for incremental hospice patients will be based on the Medicare per diem rate for hospice services. Medicaid patients made up only 4% of patients in FY2016, and are expected to make up 0% in FY2017. Other payment rates will be consistent with current contracts between the Applicant and commercial payers.

c. A discussion of the probable impact of the Project on the cost and charges for similar services at other facilities in the area.

The proposed Project will not have any impact on charges for similar facilities. First, there are no truly comparable facilities in the State of Maryland. The Applicant provides hospice services to patient populations no other facilities seek. Hospice services are paid on a per diem rate based upon fee schedules for federal payers and existing contracts for commercial payers.

d. All applicants shall provide a detailed list of proposed patient charges for affected services.

The existing rates will not change at the new facility. The current per diem rates are as follows: 0651-RHC HIGH 186.55; 0651–RHC LOW 146.52; 0652-CHC 39.37 (per 15 minute increment); 0655-Respite 168.38; 0656-GIP 721.18.

10.24.01.08G(3)(e). Compliance with Conditions of Previous Certificates of Need.

To meet this subsection, an applicant shall demonstrate compliance with all conditions applied to previous Certificates of Need granted to the applicant.

List all prior Certificates of Need that have been issued to the project applicant by the Commission since 1995, and their status.

Not applicable.

10.24.01.08G(3)(f). Impact on Existing Providers.

For evaluation under this subsection, an applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the service area, including the impact on geographic and demographic access to services, on occupancy when there is a risk that this will increase costs to the health care delivery system, and on costs and charges of other providers.

Indicate the positive impact on the health care system of the Project, and why the Project does not duplicate existing health care resources. Describe any special attributes of the project that will demonstrate why the project will have a positive impact on the existing health care system.

As part of this criterion, complete Table 5, and provide:

1. **an assessment of the sources available for recruiting additional personnel;**

2. **recruitment and retention plans for those personnel believed to be in short supply;**

3. **(for existing facilities) a report on average vacancy rate and turnover rates for affected positions,**

Table 5 is attached.

The Applicant does not anticipate any impact on existing general hospices in the same jurisdiction because the Applicant is not proposing a new hospice program or requesting a change in inpatient bed capacity. Furthermore, as explained in detail herein, the Applicant historically serves a population that other hospice providers do not – those with mental or behavioral issues, with HIV, the homeless, and other underserved individuals. As a result, there is no expected impact on existing general hospices in Baltimore City.

1. Sources available for recruiting additional personnel: The Applicant does not anticipate a need to recruit additional personnel, but if necessary, the Applicant has the resources of Gilchrist and GBMC at its disposal.

2. Recruitment and retention plans for personnel in short supply: The Applicant has not identified personnel in short supply and does not anticipate personnel in short supply upon its move to the new location. If the Applicant has a personnel need, it has the resources of Gilchrist and GBMC for recruitment. The Applicant does not anticipate any issues in recruiting new staff members for any position at the new location.

3. A report on average vacancy rate and turnover rates for affected positions: The Applicant's FY2016 turnover rate was 15% and its vacancy rate was 5%. The Applicant does not anticipate any affected positions with the facility's move, particularly because the move is less than three miles from the Applicant's present location.

PART IV - APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY, AUTHORIZATION AND SIGNATURE

1. List the name and address of each owner or other person responsible for the proposed project and its implementation. If the applicant is not a natural person, provide the date the entity was formed, the business address of the entity, the identity and percentage of ownership of all persons having an ownership interest in the entity, and the identification of all entities owned or controlled by each such person.

   Joseph Richey House Inc., 828 N. Eutaw Street, Baltimore, Maryland 21201, and its owner Gilchrist Hospice Care, Inc., 11311 McCormick Road, Suite 350, Hunt Valley, Maryland 21031 are the entities responsible for the proposed project and its implementation.

   Gilchrist Hospice Care, Inc., formed on September 13, 1993, is the owner of JRH, formed on May 29, 1980. A corporate organizational chart is attached as Exhibit 1.

2. Is the applicant, or any person listed above now involved, or ever been involved, in the ownership, development, or management of another health care facility? If yes, provide a listing of each facility, including facility name, address, and dates of involvement.

   Yes. Gilchrist of Howard County, 5537 Twin Knolls Road, Columbia, Maryland 21045, which opened in May 2011. Gilchrist Center Towson, 555 West Towsontown Blvd., Towson, Maryland 21204, which opened in 1996

3. Has the Maryland license or certification of the applicant facility, or any of the facilities listed in response to Questions 1 and 2, above, ever been suspended or revoked, or been subject to any disciplinary action (such as a ban on admissions) in the last 5 years? If yes, provide a written explanation of the circumstances, including the date(s) of the actions and the disposition. If the applicant, owner or other person responsible for implementation of the Project was not involved with the facility at the time a suspension, revocation, or disciplinary action took place, indicate in the explanation.

   No.

4. Is any facility with which the applicant is involved, or has any facility with which the applicant or other person or entity listed in Questions 1 & 2, above, ever been found out of compliance with Maryland or Federal legal requirements for the provision of, payment for, or quality of health care services (other than the licensure or certification actions described in the response to Question 3, above) which have led to an action to suspend, revoke or limit the licensure or certification at any facility. If yes, provide copies of the findings of non-compliance including, if applicable, reports of non-compliance, responses of the facility, and any final disposition reached by the applicable governmental authority.

   No.

5. Has the applicant, or other person listed in response to Question 1, above, ever pled guilty to or been convicted of a criminal offense connected in any way with the ownership, development or management of the applicant facility or any health care facility listed in response to Question 1 & 2, above? If yes, provide a written explanation of the circumstances, including the date(s) of conviction(s) or guilty plea(s).

   No.

One or more persons shall be officially authorized in writing by the applicant to sign for and act for the applicant for the project which is the subject of this application. Copies of this authorization shall be attached to the application. The undersigned is the owner(s), or authorized agent of the applicant for the proposed or existing facility.

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information and belief.

Catherine Gilchrist Hamel

Signature of Owner or Authorized Agent of the Applicant

Catherine Hamel, President, Gilchrist Services

Date: 11/16/2017

TABLE OF

CON APPLICATION TABLES AND CHARTS

TABLE 1: Project Budget

Instructions: All estimates for 1a- d; 2a- f; and 3 are for current costs as of the date of application submission and should include the costs for all intended construction and renovations to be undertaken. Inflation from date of submission of project completion should only be included on the Inflation line 1e. (DO NOT CHANGE THIS FORM OR ITS LINE ITEMS. IF ADDITIONAL DETAIL OR CLARIFICATION IS NEEDED, ATTACH ADDITIONAL SHEET.)

A. USE OF FUNDS	
1. CAPITAL COSTS (if applicable):	
a. New Construction	
1) Building	$7,260,000
2) Fixed Equipment (not included in construction)	958,950
3) Architect/Engineering Fees	1,300,000
4) Permits, (Building, Utilities, Etc)	260,000
a. SUBTOTAL New Construction	**$ 9,778,950**
b. Renovations	
1) Building	
2) Fixed Equipment (not included in construction)	
3) Architect/Engineering Fees	
4) Permits, (Building, Utilities, Etc.)	
b. SUBTOTAL Renovations	
c. Other Capital Costs	
1) Movable Equipment	
2) Contingency Allowance	
3) Gross Interest During Construction	
4) Other (Specify)	
c. SUBTOTAL Other Capital Cost	
TOTAL CURRENT CAPITAL COSTS (sum of a - c)	**$ 9,778,950**
Non-Current Capital Cost	
d. Land Purchase Cost or Value of Donated Land	$ 550,000
e. Inflation (state all assumptions, including time period and rate	
TOTAL PROPOSED CAPITAL COSTS (sum of a - e)	**$ 10,328,950**
2. FINANCING COST AND OTHER CASH REQUIREMENTS	
a. Loan Placement Fees	
b. Bond Discount	
c. CON Application Assistance	
c1. Legal Fees	70,000
c2 Other (Specify and add lines as needed)	
d. Non-CON Consulting Fees	
d1. Legal Fees	
d2. Other (Specify and add lines as needed)	
e. Debt Service Reserve Fund	
f. Other (Specify)	
TOTAL (a - e)	**$ 70,000**
3. WORKING CAPITAL STARTUP COSTS	
TOTAL USES OF FUNDS (sum of 1 - 3)	**$ 10,398,950**

B. SOURCES OF FUNDS FOR PROJECT	
1. Cash	3,000,000
2. Pledges: Gross 1,250,000, less allowance for uncollectables _101,050_____= Net	1,148,950
3. Gifts, bequests	5,750,000
4. Authorized Bonds	500,000
5. Interest income (gross)	
6. Mortgage	
7. Working capital loans	
8. Grants or Appropriation	
a. Federal	
b. State	
c. Local	
9. Other (Specify)	
TOTAL SOURCES OF FUNDS (sum of 1-9)	**$10,398,950**
ANNUAL LEASE COSTS (if applicable)	
• Land	
• Building	
• Moveable equipment	
• Other (specify)	

Instructions: Complete Table 2A for the Entire General Hospice Program, including the proposed project, and **Table 2B** for the proposed project only using the space provided on the following pages. **Only existing facility applicants should complete Table 2A. All Applicants should complete Table 2B. Please indicate on the Table if the reporting period is Calendar Year (CY) or Fiscal Year (FY).**

TABLE 2A: STATISTICAL PROJECTIONS – ENTIRE Hospice Program

	Two Most Current Actual Years		Projected years – ending with first year at full utilization			
CY or FY (circle)	FY16	FY17	FY2018	FY2019	FY2020	FY2021
Admissions	137	122	120	118	116	114
Deaths	118	103	111	109	107	105
Non-death discharges	25	23	21	21	21	21
Patients served	155	132	130	128	126	124
Patient days	6269	5962	5892	5922	5952	5982
Average length of stay	35.41	38.00	39.50	40.20	41.6	42.00
Average daily hospice census	17	16	16	16	16	16
Visits by discipline						
Skilled nursing	74460	70080	70080	70080	70080	70080
Social work	1330	1251	1251	1251	1251	1251
Hospice aides	74460	70080	70080	70080	70080	70080
Physicians - paid	886	834	834	834	834	834
Physicians - volunteer	0	0	0	0	0	0
Chaplain	886	834	834	834	834	834
Other clinical	0	0	0	0	0	0
Licensed beds						
Number of licensed GIP beds	Dual licenses	Dual licenses	Dual licenses	Dual licenses	Dual licenses	Dual licenses
Number of licensed Hospice House beds	30	30	30	30	30	30
Occupancy %						
GIP(inpatient unit)	14%	14%	14%	14%	14%	14%
Hospice House	86%	86%	86%	86%	86%	86%

TABLE 2B: STATISTICAL PROJECTIONS – PROPOSED PROJECT

See Table 2A above, which contains the proposed project projected years.

	Projected years – ending with first year at full utilization			
CY or FY (circle)	2018	2019	2020	2021
Admissions				
Deaths				
Non-death discharges				
Patients served				
Patient days				
Average length of stay				
Average daily hospice census				
Visits by discipline				
Skilled nursing				
Social work				
Hospice aides				
Physicians - paid				
Physicians - volunteer				
Chaplain				
Other clinical				
Licensed beds				

Number of licensed GIP beds				
Number of licensed Hospice House beds				
Occupancy %				
GIP(inpatient unit)				
Hospice House				

TABLE 3: REVENUES AND EXPENSES - ENTIRE Hospice Program (including proposed project)

(INSTRUCTIONS: ALL EXISTING FACILITY APPLICANTS MUST SUBMIT AUDITED FINANCIAL STATEMENTS)

Financial Statements are attached at **Exhibit 23.**

	Two Most Recent Years -- Actual		**Current Year Projected**	**Projected Years (ending with first full year at full utilization)**			
CY or **FY** (Circle)	2016	2017	2018	2019	2020	2021	2022
1. Revenue							
a. Inpatient services							
b. Hospice house services	2,375,716	1,718,599	1,934,665	2,234,665	2,334,665	2,434,665	2,534,665
c. Home care services							
d. Gross Patient Service Revenue							
e. Allowance for Bad Debt	(56,181)	(104,022)	(74,182)	(74,182)	(74,182)	(74,182)	(74,182)
f. Contractual Allowance	(1,242,401)	(535,915)	(503,039)	(401,699)	(400,332)	(398,937)	(397,515)
g. Charity Care	(20,700)	(65,700)	(67,014)	(68,354)	(69,721)	(71,116)	(72,538)
h. Net Patient Services Revenue	1,056,434	1,012,962	1,290,430	1,690,430	1,790,430	1,890,430	1,990,430
i. Other Operating Revenues (Specify)	505,564	765,686	753,099	819,876	819,876	819,876	819,876
j. Net Operating Revenue	1,561,998	1,778,648	2,043,529	2,510,306	2,610,306	2,710,306	2,810,306
2. Expenses							
a. Salaries, Wages, and Professional Fees, (including fringe benefits)	1,987,581	2,161,122	1,985,509	2,025,219	2,065,724	2,107,038	2,149,179
b. Contractual Services	25,454	107,231	50,000	50,000	50,000	50,000	50,000
c. Interest on Current	31,242	0	0				

Debt							
d. Interest on Project Debt	0	0	0				
e. Current Depreciation	186,700	199,238	205,140	25,000	25,000	25,000	25,000
f. Project Depreciation	0	0	0	200,000	200,000	200,000	200,000
g. Current Amortization	0	0	0				
h. Project Amortization	0	0	0				
i. Supplies	201,533	222,014	258,818	271,759	285,347	299,614	314,595
j. Other Expenses (Specify)	414,313	550,196	551,389	551,389	551,389	551,389	551,389
k. Total Operating Expenses	2,846,823	3,239,801	3,050,856	3,123,367	3,177,459	3,233,041	3,290,163
3. Income							
a. Income from Operation	(1,284,825)	(1,461,153)	(1,007,327)	(613,061)	(567,153)	(522,735)	(479,857)
b. Non-Operating Income	0	0	0	0	0	0	0
c. Subtotal	(1,284,825)	(1,461,153)	(1,007,327)	(613,061)	(567,153)	(522,735)	(479,857)
d. Income Taxes	0	0	0	0	0	0	0
e. Net Income (Loss)	(1,284,825)	(1,461,153)	(1,007,327)	(613,061)	(567,153)	(522,735)	(479,857)

Table 3 Cont.	**Two Most Actual Ended Recent Years**		**Current Year Projected**	**Projected Years (ending with first full year at full utilization)**			
CY or FY (Circle)	FY2016	2017	2018	2019	2020	2021	2022
4. Patient Mix							
A. As Percent of Total Revenue							
1. Medicare	71%	73%	73%	73%	73%	73%	73%
2. Medicaid	4%	0%	0%	0%	0%	0%	0%
3. Blue Cross	0%	5%	5%	5%	5%	5%	5%
4. Other Commercial Insurance	18%	14%	14%	14%	14%	14%	14%
5. Self-Pay	5%	8%	8%	8%	8%	8%	8%
6. Other (Specify)	2%	0%	0%	0%	0%	0%	0%
7. TOTAL	100%	100%	100%	100%	100%	100%	100%

B. As Percent of Patient Days/Visits/Procedures (as applicable)							
1. Medicare	71%	72%	72%	72%	72%	72%	72%
2. Medicaid	4%	0%	0%	0%	0%	0%	0%
3. Blue Cross	0%	6%	6%	6%	6%	6%	6%
4. Other Commercial Insurance	20%	16%	16%	16%	16%	16%	16%
5. Self-Pay	4%	6%	6%	6%	6%	6%	6%
6. Other (Specify)	1%	0%	0%	0%	0%	0%	0%
7. TOTAL	100%	100%	100%	100%	100%	100%	100%

TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT

Please see Table 3, which contains information on the projected years.

(INSTRUCTIONS: Each applicant should complete this table for the proposed project only)

	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle)	20___	20___	20___	20___
1. Revenue				
a. Inpatient services				
b. Hospice House services				
c. Home care services				
d. Gross Patient Service Revenue				
e. Allowance for Bad Debt				
f. Contractual Allowance				
g. Charity Care				
h. Net Patient Services Revenue				
i. Other Operating Revenues (Specify)				
j. Net Operating Revenue				
2. Expenses				
a. Salaries, Wages, and Professional Fees, (including fringe benefits)				
b. Contractual Services				
c. Interest on Current Debt				
d. Interest on Project Debt				
e. Current Depreciation				
f. Project Depreciation				
g. Current Amortization				
h. Project Amortization				
i. Supplies				
j. Other Expenses (Specify)				
k. Total Operating Expenses				
3. Income				
a. Income from Operation				
b. Non-Operating Income				
c. Subtotal				
d. Income Taxes				
e. Net Income (Loss)				

Table 4 Cont.	**Projected Years (ending with first full year at full utilization)**			
CY or **FY** (Circle)	FY20__	FY20__	FY20__	FY20__
4. Patient Mix				
A. As Percent of Total Revenue				
1. Medicare				
2. Medicaid				
3. Blue Cross				
4. Other Commercial Insurance				
6. Other (Specify)				
7. TOTAL	100%	100%	100%	100%
B. As Percent of Patient Days/Visits/Procedures (as applicable)				
1. Medicare				
2. Medicaid				
3. Blue Cross				
4. Other Commercial Insurance				
5. Self-Pay				
6. Other (Specify)				
7. TOTAL	100%	100%	100%	100%

TABLE 5. MANPOWER INFORMATION

INSTRUCTIONS: List by service the staffing changes (specifying additions and/or deletions and distinguishing between employee and contractual services) required by this project. FTE data shall be calculated as 2,080 paid hours per year. Indicate the factor to be used in converting paid hours to worked hours.

Position Title	Current No. FTEs	Change in FTEs (+/-)	Average Salary	Employee/ Contractual	TOTAL COST
Administration					
Administration	1	0	$94,339	Employee	$94,339
Direct Care					
Nursing	10.31	0	$72,000	Employee/Contractual	$742,320
Social work/services	0.5	0	$62,133	Employee	$31,066
Hospice aides	12.64	0	$32,942	Employee	$416,392
Physicians-paid	0.2	0	$200,000	Contractual	$40,000
Physicians-volunteer	0	0	$0	Employee	$0
Chaplains	1	0	$48,899	Employee	$48,899
Bereavement staff	0	0	$0	Employee	$0
Other clinical	0	0	$0	Employee	$0
Support					
Other support	12.67	0	$34,373	Employee	$435,501
				Benefits*	$308,948
				TOTAL	$2,117,465

* Indicate method of calculating benefits cost *The method is actual benefit cost.

Updated June 2016.

TABLE OF EXHIBITS

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20	Hospice Caregiving Book, including Patient Rights	21
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