BUTLER | SNOW

August 13, 2024

VIA EMAIL

Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Shalom Hospice of Southeast Tennessee – CN2406-016

Dear Mr. Grant:

This letter is submitted on behalf of Caris Healthcare ("Caris") in opposition to the proposal by Shalom Hospice of Southeast Tennessee, LLC ("Shalom Hospice") to establish a new home hospice agency to serve the residents of Hamilton, Marion, Sequatchie, Bradley, and Polk counties. Established in 2003, Caris Healthcare has 28 offices in Tennessee, Virginia, Missouri, South Carolina, and Georgia with multiple locations ranked in the top 20% of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice survey. Caris is licensed to provide hospice services in every county in the proposed Shalom Hospice service area. For the reasons set forth below, the Shalom Hospice application should be denied.

- **The Project Fails to Meet the Need Criterion** – The State Health Plan contains an objective numeric formula for determining need for additional hospice services. All counties in the proposed service area have excess capacity for hospice services under the need formula. In fact, Chattanooga – Hamilton County, which accounts for most of the applicant's proposed utilization, has the second highest hospice penetration rate of any county in Tennessee. In short, the proposed service area is well-served today by existing hospice agencies and there are no objective data evidencing need in these communities.

- **The Applicant Fails to Demonstrate a Need for Additional Hospice Services for Members of the Jewish Community** – Despite ostensibly being proposed to treat the service area's Jewish Community, there is a dearth of information in the Shalom Hospice application demonstrating an actual need for additional hospice care for members of the Jewish faith. Shalom Hospice does not identify the number of Jewish service area residents who have previously sought hospice care, whether

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BUTLER SNOW LLP

any such residents were unable to be timely admitted to a hospice program, nor does the application identify instances when members of the Jewish faith were not treated by an existing hospice provider in a manner consistent with their spiritual beliefs and values.

To the contrary, chaplains at Caris Healthcare conduct a comprehensive initial assessment of each new patient to determine the patient's spiritual history, spiritual beliefs, values, and end-of-life rituals consistent with the patient's faith. Caris's chaplains advocate for the patients' spiritual needs by educating the patient's interdisciplinary group (the team responsible for the holistic care of the hospice beneficiary) about spiritual accommodations, impacts of spirituality at the end of life, and by ensuring that the patient's preferred rites, rituals, and traditions are honored. If a Caris chaplain lacks experience supporting specific rituals and traditions, they network and partner with a community religious/spiritual leader and/or with the patient's own clergy. Caris works tirelessly to ensure that all its patients – including those of the Jewish faith – are properly honored consistent with their religious preferences during this end-of-life process.

- **Consumers Will Not Benefit from Shalom Hospice's Introduction to the Market** – There are currently 9 hospice agencies licensed to provide care in Hamilton, Bradley, and Polk Counties, 8 hospice agencies in Sequatchie County, and 7 hospice agencies licensed in Marion County. Today, a wide variety of hospice agencies compete in the Chattanooga market, providing high-quality care, and offering choice to service area residents. And as discussed above, this high-quality competition in Chattanooga has led to the second highest utilization of hospice services in Tennessee.

  Instead of adding to this already competitive market, the Shalom Hospice will disrupt and detract from existing providers' ability to serve patients. Shalom Hospice has been approved for two prior hospice agencies in Tennessee – Nashville and Knoxville. In both instances, Shalom Hospice hired away staff from existing providers, undermining the existing providers' staffing ratios and negatively impacting those existing providers' ability to care for their patients.

  Here, where there is no demonstrated need for this proposed project, this unnecessary and damaging impact to existing providers' ability to care for their patients would negatively affect hospice patients in Chattanooga.

The application by Shalom Hospice fails to meet the criteria of need and consumer advantage. We respectfully urge the Commission to deny the application.

Sincerely,

BUTLER SNOW LLP

Travis Swearingen

cc: Mike Brent (via email)

BASS BERRY + SIMS PLC

W. Brantley Phillips, Jr.
bphillips@bassberry.com
(615) 742-7723

August 13, 2024

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Re: Opposition to Shalom Hospice of Southeast Tennessee LLC, CN2406-016

Dear Mr. Grant:

Our firm represents Gentiva, an experienced hospice provider with locations across Tennessee, including in Chattanooga and Cleveland.

Pursuant to Tenn. Code Ann. § 68-11-1609(g), please allow this letter to register Gentiva's opposition to Shalom Hospice of Southeast Tennessee LLC's ("Shalom") certificate of need application to establish a hospice in Chattanooga serving Bradley, Hamilton, Marion, Polk and Sequatchie Counties.

I. Background on Gentiva.

Gentiva is an industry-leading hospice provider with agencies serving dozens of communities across 38 states. Within Shalom's proposed five-county service area, Gentiva operates three licensed, Accreditation Commission for Health Care-accredited hospice agencies and branches, serving approximately 211 patients in 2023.[1] Gentiva's team of highly trained physicians, nurses, social workers, volunteers, hospice aides, and chaplains are committed to delivering the full range of hospice care that meets the physical, emotional, and spiritual needs of patients and families struggling with end-of-life challenges.

With respect to patients' spiritual needs, Gentiva's experienced staff is prepared to provide bereavement services and care that helps patients and families find peace and comfort regardless of their beliefs. Thus, Shalom's claim that existing hospice providers in the proposed service area are unable to deliver culturally sensitive care that meets Jewish patients' needs is simply not true. While the Jewish population in the proposed service area counties is small, Gentiva has and does

[1] Gentiva has three facilities licensed to serve patients in Shalom's proposed service area. Its Nashville location is licensed to serve all 95 Tennessee counties (License No. 369); its Cleveland location is licensed to serve Bradley, Hamilton, McMinn, Meigs and Polk Counties (License No. 358); and its Chattanooga location is licensed to serve Bledsoe, Bradley, Grundy, Hamilton, McMinn, Marion, Meigs, Polk, Rhea and Sequatchie Counties (License No. 368). Gentiva acquired the Kindred Hospice agency identified throughout Shalom's application.

serve patients of the Jewish faith. Gentiva welcomes the opportunity to do so. And, it has both the resources and the capacity to continue doing so.

II. Analysis of Health Facilities Commission Criteria.

Shalom's Chattanooga project fails to meet all three Health Facilities Commission ("HFC") criteria for approval: need, quality and consumer advantage. The project's inability to meet these standards can be seen firsthand by examining Shalom's recently approved Brentwood and Knoxville projects, neither of which is operating like the Jewish-focused hospices described in Shalom's CON applications. Given that Shalom's Tennessee hospices are functioning no differently than a traditional hospice serving all patients, Gentiva would urge this Commission to look at Shalom's application based on the relevant criteria and not on any purported focus on Jewish patients.

First, there is no need for Shalom's project. As in its past applications, which are largely identical to Shalom's Chattanooga application, Shalom tries to distract the Commission from the clear lack of need for the project with a raft of repetitive support letters. A tall stack of support letters is no substitute for the State Health Plan need formula, which clearly shows ***there is a surplus of capacity for hospice services in the five-county service area.*** Indeed, the proposed service area's hospice penetration rate is nearly two times the state's median hospice penetration rate. In addition, the Year-1 projected utilization of 79 patients, which Shalom concedes will be at least ***80% non-Jewish***, is well below the 100-patient threshold required to initiate hospice services. This shortfall confirms what the data show – ***that every service area county has excess capacity to provide hospice services.***

Second, the project fails to meet HFC quality standards. Shalom's project presents significant patient care concerns. For example, neither of Shalom's previously approved Tennessee hospice agencies is serving a significant number of Jewish patients. On the contrary, their patient populations are predominantly non-Jewish. Given Shalom's negligible Jewish patient projections for its proposed Chattanooga agency, the results there are unlikely to be different. Furthermore, the largely identical CON applications across Shalom's Brentwood, Chattanooga and Knoxville projects highlight Shalom's failure to account for the unique hospice needs of each service area. High level recitations of affiliated agencies' programming and quality performance are insufficient evidence of the project's satisfaction of requisite HFC quality standards.

Finally, the project's approval would be negative for patients. Existing service area hospice providers have ample capacity and resources to serve *all patients*, including members of the Jewish community. Adding another hospice provider to a service area with excess capacity and a relatively stagnant demand for hospice services is sure to diminish patients' access to high quality, cost effective services. Further, Shalom's contentions that Jewish patients have not been well-served are unfounded. Aside from its name and a tiny image on Shalom's website noting

Shalom's National Institute for Jewish Hospice accreditation, no Jewish patient would be aware of Shalom's Jewish hospice services or unique initiatives. Indeed, that is because, after obtaining CON approval, Shalom will operate no differently than other service area hospices. This will not only negatively affect existing service area hospices' patient volumes, it will also decrease existing providers' access to an already stretched pool of appropriately trained professionals.

III. Conclusion.

For all of these reasons, Gentiva urges the HFC to deny Shalom's application, which fails to meet the requirements for approval.

Representatives of Gentiva plan to attend the HFC's August 28, 2024 meeting and look forward to presenting further on its opposition at that time. In the meantime, please do not hesitate to contact us with any questions.

Sincerely,

W. Brantley Phillips, Jr.

WBP/pms

cc: Health Facilities Commission Staff (via email: hsda.staff@tn.gov)
James B. Christoffersen (via email: jim.christoffersen@tn.gov)
Michael Brent (via email: mbrent@bradley.com)
Patti Greenberg (via email: pgreenberg@nhaconsulting.com)

hearth
HOSPICE

August 9, 2024

To whom it may concern,

I wanted to take an opportunity to directly address those tasked with assessing the necessity for new healthcare providers. It has come to my attention that there is a new hospice organization seeking to join the ranks of our well-established care cooperative in Chattanooga, and I understand that the reasoning is to provide intentionally directed care specifically to the Jewish community.

I am in a unique position to speak to this, having my feet firmly in both camps in question: I am a lifelong Jewish Chattanoogan who has also gone on to pursue a career providing medical Social Work to the hospice community. I have had the privilege to work with, and for, many Jews in our area. Some that were previously known to me, and many that were not. There are a few universal truths for these Jews: 1. We are a worldwide minority, representing a microscopic 0.2% of the world's population. And specifically the Jewish population in Chattanooga is roughy 1.5% of the total. Given this, we are quite accustomed to being the teachers of our culture to our neighbors. 2. We are an old religion centered around customs and rituals that bind us to previous, and future, generations. The recognition and adherence to these customs vacillates with the denomination, just as in other Judeo-Christian religions.

I am familiar with this, not because I am a Jewish Chattanoogan, but because I am a qualified and certified Social Worker. Understanding these cultural and religious differences is central and paramount to the practice of Social Work, in hospice, as well as in any other population of service delivery. My co-workers are just as familiar as I am because it is vital to seek to understand the differences that dictate a sense of identity for our patients and their families. Our patients don't need to have their care delivered by people who come from their religious community. The Jewish community is so tight-knit that they are likely already receiving oversight and involvement from the community care partners at The Jewish Federation, as well as regular visits from their spiritual advisors. I can assure you that my Jewish patients have been delighted to learn that I am a competent, compassionate Social Worker, having nothing to do with my Jewishness, or knowledge of theirs. I would be more than happy to discuss this further should you have any questions or concerns.

, BSW

R. Lexi Finkle

Social Worker, Hearth Hospice - Chattanooga

hearth
HOSPICE
Your life. Your spirit. Our commitment.

August 13, 2024

VIA EMAIL
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Nashville, Tennessee 37243
logan.grant@tn.gov

Re: Opposition to Shalom Hospice of Southeast Tennessee LLC, CN2406-016

Dear Mr. Grant:

I am Division President of Hearth Hospice ("Hearth"), a community-focused hospice in Chattanooga with over a decade of experience serving patients in nine Southeastern Tennessee counties,[1] including Bradley, Hamilton, Marion, Polk and Sequatchie Counties, which are the subject of Shalom Hospice of Southeast Tennessee LLC's ("Shalom") proposed project.

Pursuant to Tenn. Code Ann. § 68-11-1609(g), please allow this letter to register Hearth's opposition to Shalom's certificate of need application to establish a hospice in Chattanooga (the "project") to serve Bradley, Hamilton, Marion, Polk and Sequatchie Counties (collectively, the "PSA").

I. Background on Hearth.

Hearth has been caring for patients in Tennessee and Georgia since 2012. With office locations in Chattanooga and Cleveland, Tennessee, Hearth is an essential part of PSA patients' end-of-life journey, delivering high quality hospice services to more than 1,500 patients across the PSA in 2023 alone. For the past three years, Hearth has received the annual Hospice Consumer Assessment of Healthcare Providers and Systems Honors award, which recognizes hospices that continuously provide the highest level of quality care as measured from caregivers' perspectives.

Hearth applies this same commitment to ensuring patients receive culturally sensitive hospice care, recognizing that dying with the benefit of spiritual counseling is one of the most important aspects of a positive end-of-life experience. Our chaplains are trained to provide support to patients and families with wide-ranging faiths and spiritual beliefs, including members of the

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1 Hearth's full nine-county Tennessee service area includes: Bledsoe, Bradley, Hamilton, Marion, McMinn, Meigs, Polk, Rhea and Sequatchie Counties.

Jewish faith. In addition, Hearth offers various bereavement resources that are specifically tailored to patients' spiritual beliefs and customs, such as understanding Jewish traditions around death. Given these resources, we reject Shalom's claim that the PSA lacks a provider capable of caring for Jewish patients in a culturally sensitive way.

Hearth already supports our Jewish patients and their families in a number of ways, including the fact that we have cared for at least 11 confirmed Jewish PSA patients in the last two years. This is equivalent to, or perhaps even more than, the number of Jewish patients Shalom is currently serving in its Brentwood hospice, which is located in a service area with a Jewish population more than twice the size of the Chattanooga area. More importantly, Hearth is also committed to continuing to grow the Jewish community's access to hospice services, which is why we are currently undergoing National Institute for Jewish Hospice ("NIJH") accreditation and training. Hearth anticipates it will be ***fully NIJH-accredited by January 1, 2025.*** This means that, before Shalom's proposed project is operational, the PSA will have ***two NIJH-accredited hospices*** – Hearth and Hospice of Chattanooga.

II. Analysis of Tennessee Health Facilities Commission Criteria.

A. Shalom's project is not needed.

Shalom's project does not meet Tennessee Health Facilities Commission ("THFC") need standards. Application of the State Health Plan's need formula clearly shows that each county within the PSA has more than ample capacity to treat all patients, regardless of religious background. It is equally clear that Shalom cannot show (a) that the PSA's hospice penetration rate is less than 80% of the state's median hospice penetration rate, (b) that 100 additional patients will be served, or (c) that every PSA county shows a positive need for hospice.

There is no clearer evidence that the project is not needed than Shalom's own projection that "Jewish admissions will represent … 20% of its total admissions." (Supplemental Responses, #9). Shalom's operations in Brentwood and Knoxville, where it is also serving patient populations that are ***predominantly non-Jewish***, further demonstrate the stark difference between the special needs Shalom describes in its applications and its actual day-to-day operations. Given the general nature of Shalom's hospice services, the THFC should not hesitate to hold Shalom to the same approval standards it would apply to any prospective hospice applicant. When it does, it is clear Shalom's project is not needed.

B. Shalom's project will not meet quality standards.

Like this project, Shalom's Brentwood and Knoxville hospices promised to provide Jewish-focused hospice care that those service areas allegedly lacked. Today, these hospices are serving 80-88% non-Jewish patients. The same outcome is sure to happen in Chattanooga given that the PSA's Jewish population is even smaller.

Shalom's extensive claims about the quality of its operations are not specific to either this project or its Tennessee hospices. Presenting enterprise-wide quality data offers minimal visibility into the quality of an individual agency, and, as THFC staff have highlighted in all three of Shalom's CON applications to date, Shalom's national numbers often hide the fact that many of its operational affiliates do not publish quality measurement scores. Thus, Shalom's general assertions about its existing quality performance do not provide a meaningful assessment of the quality of the hospice services it is providing or will provide to Tennessee patients.

C. Shalom's project is not in patients' interests.

Shalom's project also fails to meet all aspects of consumer advantage – choice, improved access and affordability. Existing PSA hospices have ample capacity to deliver high quality hospice services to patients. More importantly, it is clear that existing PSA hospices, including but not limited to Hearth and Hospice of Chattanooga, are well-equipped to provide the culturally sensitive hospice care that Shalom alleges is non-existent in the PSA.

Approving Shalom's unneeded project in a PSA with a surplus of capacity will ultimately harm access to hospice services, decreasing existing agencies' ability to innovate and better serve patients and to recruit and retain qualified clinicians. This diminishes overall care quality and, worse, does not decrease patient care costs. In short, approving the project will be a loss for patients and a loss for existing PSA hospices.

III. Conclusion.

For all of these reasons, Hearth urges the THFC to deny Shalom's application, which fails to satisfy the THFC's standards for approval.

Representatives of Hearth plan to attend the THFC's August 28, 2024 meeting and look forward to presenting further on its opposition at that time. In the meantime, please do not hesitate to contact me with any questions.

Sincerely,

Tiffany Hobbs
Division President

cc: Health Facilities Commission Staff (via email: hsda.staff@tn.gov)
James B. Christoffersen (via email: jim.christoffersen@tn.gov)
Michael Brent (via email: mbrent@bradley.com)
Patti Greenberg (via email: pgreenberg@nhaconsulting.com)

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502 Deaderick Street
Nashville, Tennessee 37243
logan.grant@tn.gov

Re: Opposition to Shalom Hospice of Southeast Tennessee LLC, CN2406-016

Dear Mr. Grant:

Our firm represents Hospice of Chattanooga Holdings LLC ("Hospice of Chattanooga"), a well-established hospice provider located in Chattanooga that serves 21 counties across Southeast Tennessee, including but not limited to those in Shalom Hospice of Southeast Tennessee LLC's ("Shalom") proposed service area.

Pursuant to Tenn. Code Ann. § 68-11-1609(g), please allow this letter to register Hospice of Chattanooga's opposition to Shalom's certificate of need application to establish a hospice in Chattanooga (the "project") to serve a five-county service area that includes Bradley, Hamilton, Marion, Polk and Sequatchie Counties (collectively, the "PSA").

I. Background on Hospice of Chattanooga.

Hospice of Chattanooga has been delivering high quality hospice care to patients in Southeast Tennessee for over 40 years. Through its principal office in Chattanooga and six branch offices in surrounding areas, Hospice of Chattanooga serves patients in 21 counties across Southeast Tennessee, including the project's PSA and the Upper Cumberland region.[1] As a member of Care Hospice's national network of hospice providers, Hospice of Chattanooga is uniquely equipped with the community-specific focus of a regional hospice and the strong, quality-driven infrastructure of a larger hospice organization. It is Joint Commission-accredited and has consistently been recognized for its commitment to quality, including obtaining a 10/10 score on the Centers for Medicare and Medicaid Services' Hospice Care Index, which assesses a hospice's performance on 10 quality of care indicators compared to national averages.

Within the PSA, Hospice of Chattanooga is an important provider of hospice services, caring for 2,464 patients in 2023, including 388 patients from Bradley County, 1,825 patients from

[1] Hospice of Chattanooga's full 21-county Tennessee service area includes: Bledsoe, Bradley, Cannon, Clay, Cumberland, DeKalb, Fentress, Grundy, Hamilton, Jackson, Marion, McMinn, Meigs, Overton, Pickett, Polk, Putnam, Rhea, Scott, Sequatchie and White Counties.

Hamilton County, 123 patients from Marion County, 51 patients from Polk County and 77 patients from Sequatchie County. Over the course of 2021 to 2023, it experienced a ***13% decline*** in PSA patients served, which is consistent with the overall downward trend in hospice use among Medicare decedents since 2019.

Understanding that a patient's hospice journey is inherently faith-based and non-denominational, Hospice of Chattanooga's patient population consists of patients and families of diverse religions and races, including members of the Jewish faith. And, despite Shalom's unfounded assertions that the PSA lacks a knowledgeable "faith-based end of life provider," Hospice of Chattanooga has the specialized resources and programming necessary to deliver individualized end-of-life care to patients of all religions and races. Indeed, in the PSA alone, Hospice of Chattanooga regularly cares for Jewish patients, assisting at least 18 patients with confirmed Jewish backgrounds since 2020. Hospice of Chattanooga has had five Jewish patient admissions in 2024 alone. These patients are supported through Hospice of Chattanooga's team of non-denominational spiritual care coordinators that, if desired, frequently connect patients with clergy of their own faith. Patients also have access to spiritual counseling through Hospice of Chattanooga's non-denominational chaplain. Through services like these, Hospice of Chattanooga is able to deliver spiritual care that is individualized to patients and their families, regardless of religion.

Hospice of Chattanooga's commitment to prioritizing the spiritual needs of the Jewish community, in particular, is made even clearer by its current pursuit of ***National Institute for Jewish Hospice ("NIJH") accreditation, which it anticipates completing by January 1, 2025.*** In the meantime, however, a number of Hospice of Chattanooga clinicians have already received NIJH training through Care Hospice trainers that are NIJH-trained and accredited. Hospice of Chattanooga also offers Jewish families bereavement resources specifically tailored to the unique end-of-life needs of the Jewish community. Thus, Hospice of Chattanooga, among other existing hospice providers in the PSA, is well-equipped to provide adequate access to the high quality, culturally sensitive hospice care that Jewish residents need.

II. Analysis of Health Facilities Commission Criteria.

Much like its two prior CON applications targeting Jewish patients in Brentwood and Knoxville, Shalom's current project fails to satisfy the Health Facilities Commission's ("HFC") criteria for approval. Indeed, this is now clear from both its CON applications and the operations of its Brentwood and Knoxville facilities, which, consistent with this Agency's concerns, are primarily serving non-Jewish patients.

A. Shalom's Project Fails to Satisfy HFC Need Standards.

Despite hundreds of pages attempting to side-step the HFC's standards for demonstrating a need for another hospice provider in the PSA, Shalom provides no quantifiable evidence of need for its project. Under the State Health Plan's Hospice Need Formula, the initiation of hospice services requires both: (1) a Hospice Penetration Rate for the *entire PSA* that is less than 80% of the State Median Hospice Penetration Rate ("SMHPR") and (2) a need for at least 100 total additional hospice service recipients in the PSA, "provided, however, that *every county* in the

Service Area shows a positive need for additional hospice service recipients." (emphasis added). Shalom does not come close to meeting these criteria. Indeed, there is an excess of 2,542 hospice admissions in the PSA at 80% of the SMHPR, an excess of 2,367 hospice admissions at 85% of the SMHPR and all five PSA counties show a surplus of capacity. Importantly, this surplus is even larger than the surpluses identified for Shalom's Brentwood and Knoxville projects – applications where HFC staff reiterated concerns regarding Shalom's inability to meet the State Health Plan's Hospice Need Formula.

Once again, Shalom urges the HFC to overlook this significant lack of need and, instead, focus on the Jewish population it says it will serve. Not only does meeting this alternative need standard require "[l]etters of support from referring physicians … *noting the details of specific instances of unmet need*," which Shalom does not have, Shalom's existing hospices have patient populations that are ***80-88% non-Jewish.*** Further, in Chattanooga, the estimated total Jewish population is far less than half of the 10,000 Jewish persons Shalom estimated in its Brentwood application. For Brentwood, Shalom said 107 *Jewish patient* admissions in Year 1 was a "reasonable estimate of utilization."[2] In reality, in 2023, its Brentwood facility served ***24 patients total; and, of those 24, only three patients*** were Jewish.[3] According to Shalom's internal data, the numbers are not much different in Knoxville with Jewish patients making up approximately 20% of the patient population. These numbers make clear both the lack of need for Shalom's services and Shalom's need to rely on primarily non-Jewish patients to ensure the viability of its operations in existing markets.

B. *Shalom's Project Fails to Meet HFC Quality Criteria.*

Parallel to Shalom's deficient need arguments, Shalom's project is premised on unsubstantiated quality promises.

First, it is clear that, in practice, Shalom's hospices have a far more expansive scope than the narrowly tailored, Jewish-focused programs described in their CON applications. Seeing as the CON application for this project is nearly identical to its Brentwood and Knoxville CON applications, there is no reason to think this project will operate any differently. Again, this allows Shalom's hospices to operate in a unique gap outside HFC oversight. Indeed, this Agency generally requires CON holders to seek formal approval of substantive changes in scope – a process that Shalom has not undergone in Brentwood or Knoxville. Further, it raises serious questions about the reliability of Shalom's public notices regarding its CON projects, inaccurately suggesting to the public and other healthcare providers that its hospices will specifically focus on persons of the Jewish faith.

Second, well before Shalom's Chattanooga project becomes operational, at least two other PSA hospices, including Hospice of Chattanooga and Hearth Hospice, will have attained NIJH accreditation. Not only does this mean that existing PSA hospices are already equipped to deliver

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2 CN2203-014A, at 82.

3 Tennessee Dep't of Health, 2023 Joint Annual Report of Hospice for Shalom Hospice – Brentwood.

the specialized end-of-life treatment that Jewish patients and their families need, it also eliminates the primary rationale for Shalom's Chattanooga project.

Finally, as with other parts of its CON application, Shalom's proposed staffing model in Chattanooga is identical to that proposed for both its Brentwood and Knoxville locations. This undifferentiated approach to staffing fails to account for the unique hospice needs of each project's service area. Further, the staffing ratios that Shalom highlights should be appropriately evaluated in the context of the limited patient populations that their hospices serve. The number of clinicians employed by a hospice is only one way to measure staffing, and it fails to account for other important factors, such as visit frequency and efficiency.

C. *Shalom's Project Will Not Benefit Consumers.*

Despite Shalom's claim that consumer advantage alone justifies the project's approval, the project also fails to meet this criterion. At baseline, existing PSA hospice providers, including Hospice of Chattanooga, do indeed offer hospice services that are sensitive to Jewish customs and rituals. Furthermore, one need only look at Shalom's Brentwood and Knoxville hospices to see that Shalom's patient population will consist of predominantly non-Jewish patients. In a PSA like this one where there is already a surplus of hospice capacity, there can be no doubt the approval of a duplicative project will negatively affect existing PSA hospice agencies. This is particularly concerning from a human resource perspective given that Shalom is sure to draw an already limited number of qualified clinicians away from existing PSA hospices to achieve its generous staffing ratios.

The project also offers patients no cost of care benefits. As Shalom acknowledges, charge structures among most hospices are relatively similar. Still, Shalom's proposed rates at all levels of care largely exceed the average rates for PSA hospice agencies and for all licensed hospice agencies in Tennessee. Thus, any consumer advantages Shalom's project may have are significantly outweighed by the adverse effects it would have on PSA patients' access to high quality, cost-effective hospice services.

III. Conclusion.

For all of these reasons, Hospice of Chattanooga urges the HFC to deny Shalom's application, which fails to meet the requirements for approval.

Representatives of Hospice of Chattanooga plan to attend the HFC's August 28, 2024 meeting and look forward to presenting further on its opposition at that time. In the meantime, please do not hesitate to contact us with any questions.

Sincerely,

W. Brantley Phillips, Jr.

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cc: Health Facilities Commission Staff (via email: hsda.staff@tn.gov)
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Re: Shalom Hospice of Southeast Tennessee LLC – Certificate of Need Application (CN2406-016)

Dear Mr. Grant:

Enclosed please find 3 letters of opposition regarding the above-referenced project. Thank you for your attention in this matter, and please do not hesitate to contact us if you have any questions about the attached.

Regards,

W. Brantley Phillips, Jr.

Enclosure

cc: HFC Staff (hsda.staff@tn.gov)

Signature HealthCARE of South Pittsburg Rehab & Wellness Center

Live with purpose.

August 6, 2024

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: Opposition to Shalom Hospice of Southeast Tennessee LLC, CN2406-016

Dear Mr. Grant:

I serve as Administrator of Signature HealthCARE of South Pittsburgh Rehab & Wellness Center ("Signature"), a 150-bed skilled and intermediate nursing facility in South Pittsburgh, Tennessee. On behalf of our facility and its residents, I write to oppose Shalom Hospice's project to establish a hospice targeting persons of the Jewish faith in Chattanooga and the surrounding counties.

Signature provides clinical services, rehabilitation, care navigation and life enrichment programs to those in need of medical care, specializing in customized dementia and behavioral care for cognitively impaired residents. As a family-based organization, we pride ourselves on fostering an environment where our residents can pursue personalized spiritual journeys. Through our wide-ranging critical programming, we are able to offer interfaith spirituality and quality of life programs that reflect the multi-ethnic, multi-cultural populations we serve.

Hospice of Chattanooga is a critical partner in helping us fulfill our resident-centered mission. Their hospice and palliative care services consistently meet the medical, emotional and spiritual needs of our residents and their families – regardless of their faiths and backgrounds. We are certain that Hospice of Chattanooga and other service area providers are well-equipped to deliver the culturally sensitive care that service area residents need, including those of the Jewish faith.

While we appreciate Shalom's mission, our service area has ample access to high quality hospice providers who can meet the spiritual needs of all terminally ill patients. For these and other reasons, we urge the Health Facilities Commission to deny Shalom's application as unnecessary and duplicative of existing, well-functioning services in our area.

Sincerely,

Doyle Love
Administrator

SIGNATURE HEALTHCARE OF SOUTH PITTSBURG
REHAB & WELLNESS CENTER
201 E 10th Street | South Pittsburg, TN 37380
14238377981 | SHC of South Pittsburg

JOHNNIE C. CARTER, M.D.
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August 12, 2024

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: Opposition to Shalom Hospice of Southeast Tennessee LLC, CN2406-016

Dear Mr. Grant:

I am a family medicine physician with a private practice in Athens, Tennessee. Many of my patients reside in Shalom Hospice's proposed five-county service area. I write this letter on their behalf to oppose Shalom Hospice's certificate of need application to offer hospice services in Chattanooga and the surrounding area.

With nearly 40 years of experience as a family medicine physician, I am frequently involved in assisting my patients and their family members make difficult decisions about end-of-life care. I know the important role a compassionate hospice provider has in making the physical, spiritual and emotional burdens patients and caregivers face in a loved one's final days easier to bear. And, as team physician for Hospice of Chattanooga's Athens location, I am part of the individualized, culturally sensitive approach we use to ensure each patient's spiritual needs are being met. There is no question that patients in our area have adequate access to high quality hospice services regardless of their cultural or spiritual backgrounds.

I am confident that my patients are well-served by our current hospice providers, and I urge the Commission to deny Shalom's application as unnecessary and duplicative of the good work existing providers are already doing in the community. .

Sincerely,

Johnnie Carter, M.D.

Dr. Bruce Pendley MD
brucependley@yahoo.com

08/12/2024

Mr. Logan Grant, Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: Opposition to Shalom Hospice of Southeast Tennessee LLC, CN2406-016

Dear Mr. Grant:

I have practiced in the greater Chattanooga area as a family medicine physician specializing in hospice and palliative care for more than 30 years. In addition to co-owning a primary care practice in Chattanooga, I also currently serve as Hospice of Chattanooga's medical director. On behalf of patients in my practice and our community of hospice providers, I write to express my opposition to Shalom Hospice's certificate of need project to establish a Jewish-focused hospice in Chattanooga.

I believe patient-centered primary care is central to longevity – that is one of the many reasons our group offers special programs focused on aging patients who frequently struggle to access care in the medical office setting. Given this focus, I am passionate about ensuring my patients receive dignified end-of-life care. I am also well-aware of the high quality hospice providers that exist in Chattanooga and the surrounding areas. These existing providers already provide culturally sensitive care that supports patients of all spiritual backgrounds, including Jewish patients. I have even had a Rabbi as my hospice patient. I witness this same compassionate care first-hand on a regular basis from all levels of caregivers, the CNAs, nurses, social workers, chaplains and physicians.

For these and other reasons, the Commission should deny Shalom's duplicative and unnecessary project.

Sincerely,

Bruce Pendley, M.D.