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STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

February 15, 2010

Alva M. Lambert  
Executive Director  
State Health Planning and Development  
100 North Union Street, Suite 870  
Montgomery, AL 36104

RE: **Project Modification**  
Comfort Care Hospice of Pelham  
Project AL 2010 - 031  
CON 2315 - HPC

Dear Mr. Lambert:

In review of the CON issued February 4, 2010 for Comfort Care Hospice of Pelham (Project AL 2010 -031, CON 2315 - HPC), we identified a need to realign four counties to another provider number, under general leadership for Comfort Care Hospice.

Pending your approval this realignment will be as follows:

County	From	To
Cullman	Comfort Care Hospice of Pelham 01-1607 CON 2315 - HPC	Comfort Care Hospice of Cullman Provider # 01-1643 Project # AL 2010-056
Walker	Comfort Care Hospice of Pelham 01-1607 CON 2315 - HPC	Comfort Care Hospice of Cullman Provider # 01-1643 Project # AL 2010-056
St. Clair	Comfort Care Hospice of Pelham 01-1607 CON 2315 - HPC	Comfort Care Hospice of Talladega Provider # 01-1617 Project # AL 2010 - 053
Talladega	Comfort Care Hospice of Pelham 01-1607 CON 2315 - HPC	Comfort Care Hospice of Talladega Provider # 01-1617 Project # AL 2010 - 053

Comfort Care Hospice of Pelham will retain Jefferson, Shelby, Chilton, Bibb and Tuscaloosa counties.

If you approve, this realignment will necessitate a postponement of the hearings for Comfort Care Hospice of Talladega (AL 2010-053) and Comfort Care Hospice of Cullman (AL 2010-056) until March.

Thank you in advance for your help and cooperation to rectify this issue. Services to patients will be much better served by the aforementioned.

Sincerely,

Veda Cochran  
COO Comfort Care Home Health and Hospice

VC/er

Corrected

Comfort Care Hospice  
Pelham

Provider # 01-1607  
Project  
**RECEIVED**  
2010-03

FEB 16 2010

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Form # CON—In Home Hospice

I. APPLICANT IDENTIFICATION (continued)

E. Type Ownership and Governing Body

- 1. Individual
- 2. Partnership  LLC
- 3. Corporate (for profit)

\_\_\_\_\_  
Name of Parent Corporation

- 4. Corporate (non-profit)

\_\_\_\_\_  
Name of Parent Corporation

- 5. Public
- 6. Other (specify)

F. Names and Titles of Governing Body Members and Owners of This Facility

OWNERS

GOVERNING BOARD MEMBERS

J. Norman Estes  
R. Frank Brown, Jr.  
Joseph W. Jones, Jr.

Terry Evans, CEO  
Bobby Goodson, CFO  
Veda Cochran, COO

II. PROJECT DESCRIPTION

A. Please attach a copy of the current ADPH licenses associated with the Medicare Provider Number under which this application is submitted.<sup>1</sup> List all counties in which Applicant provided in-home hospice services under the Medicare Provider Number, and ADPH license, as of May 13, 2009, or the preceding twelve months, for which this CON is sought.

<u>Jefferson</u>	<u>Tuscaloosa</u>	_____
<u>Shelby</u>	_____	_____
<u>Chilton</u>	_____	_____
<u>Bibb</u>	_____	_____

B. Evidence of Continuing Ability to Meet Licensure Standards:

1. Prior to May 13, 2009, has applicant received pending notice of license revocation, probation or non-renewal of licensure from the ADPH relating to its in-home hospice operations?

Yes  No

If yes, please describe the nature of such notice in a separate attachment (with appropriate redaction of patient information, as needed).

2. Please describe the Applicant's quality of care and compliance programs.

C. Applicant is the sole hospice provider under common control applying for such counties.

Yes  No

<sup>1</sup> Under Ala. Admin. Code 410-2-3-.10(2)(b), need is presumed for any Applicant that has provided in-home hospice service pursuant to an ADPH license as of May 13, 2009, or the preceding twelve months. Pursuant to Ala. Admin. Code 410-1-5C-.01, for purposes of this application, an entity shall be considered a separate hospice provider for purposes of each Medicare Provider Number held.