

Hospice Complete
A FAMILY APPROACH TO HOSPICE CARE

Mr. Tom Richardson, Director
Hospice Complete, Inc.
2153 Riverchase Office Road
Birmingham, AL 35244

Dec 23, 2010

Re: Hospice Complete-Demopolis
AL2010181, CON 2472-HPC

Mr. Alva Lambert
Director
SHPDA
100 North Union Street, Suite 870
Montgomery, AL 36104

Dear Mr. Lambert,

This cover letter is to make you aware of a project modification related to the above referenced hospice CON project. The purpose of this modification is related to a change in the corporate name and the dba name for the project referenced effective Jan 6, 2011. This change does not reflect a change in ownership, only a change in the corporate name and dba name. This change does not reflect a change in requested services nor in the financial scope of the project.

Previous Name:

Hospice Complete, Inc
dba: Hospice Complete-Demopolis
AL2010-181
CON 2472-HPC
1307 Hwy 80 West
Demopolis, AL 36732

New Name:

HC Healthcare, Inc.
dba: Hospice Care of Demopolis
No Change in Address

Attached is a copy of our original application and a change to that application. If we can be of further assistance, please let me know.

Sincerely,

Tom Richardson, Director
Hospice Complete, Inc.

APPENDIX B

ALABAMA CERTIFICATE OF NEED
APPLICATION FOR PROPOSED PROVIDERS OF
IN-HOME HOSPICE SERVICES, PENDING
ALABAMA DEPARTMENT OF PUBLIC HEALTH LICENSURE

For Staff Use Only

INSTRUCTIONS:

Please submit an original and twelve (12) copies of this form and the appropriate attachments to the State of Alabama, State Health Planning and Development Agency, 100 North Union Street, Suite 870, Montgomery, Alabama 36104 (Post Office Box 303025, Montgomery, AL 36130-3025)

Project # _____
Date Rec. _____
Rec by: _____

Attached is a check in the amount of \$250.00
Refer to Emergency Rule 410-1-5C-.02ER of the *Alabama Certificate of Need Program Rules and Regulations* to determine the required filing fee.

I. APPLICANT IDENTIFICATION AND PROJECT DESCRIPTION

A. ~~Hospice Complete - Demopolis~~ Hospice CARE of Demopolis
Name of Applicant (in whose name the CON will be issued if approved) Medicare Provider #

1307 Hwy 80 West Demopolis Marengo
Address City County

Alabama 36732 _____
State Zip Code Phone Number

B. ~~Hospice Complete, Inc.~~ HC Healthcare, Inc.
Name of Facility/Organization (if different from A)

2153 Riverchase Office Rd Birmingham Shelby
Address City County

Alabama 35244 (205) 988-8669
State Zip Code Phone Number

C. _____
Name of Legal Owner (if different from A-or B)

_____ Address City County

_____ State Zip Code Phone Number

D. Kevin M. Miller Director
Name and Title of Person Representing Proposal and with whom SHPDA should communicate

2153 Riverchase Office Rd Birmingham Shelby
Address City County

Alabama 35244 (205) 988-8669
State Zip Code Phone Number

Kevin.Miller@hospicecomplete.net
E-Mail Address

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I. APPLICANT IDENTIFICATION (continued)

E. Type Ownership and Governing Body

- 1. Individual
- 2. Partnership
- 3. Corporate (for profit) Hospice Complete, Inc
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

Stephanie A. Miller
Tom J Richardson
Ronald Dan Trotman

GOVERNING BOARD MEMBERS

Kevin M Miller
Rita Richardson

II. PROJECT DESCRIPTION

A. Please attach a copy of the Letter(s) of Non-Reviewability granted by July 7, 2006, under which this application is submitted. List all counties for which Applicant filed its application for licensure with the Alabama Department of Public Health (ADPH) within twelve (12) months of the date of issuance of the Letter(s) of Non-Reviewability, for which this Certificate of Need (CON) is sought, and provide copies of the pending license applications with ADPH.

Marion _____
Choctaw _____
Sumter _____
Dallas _____

B. Applicant is the sole hospice provider under common control applying for such counties.
 Yes No

C. Evidence of Continuing Ability to Meet Licensure Standards:

1. Has the Applicant received pending notice of license revocation, probation or non-renewal of licensure from the ADPH relating to in-home hospice operations of any licensed providers under common ownership?

Yes No

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

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2. By checking yes, the Applicant agrees to provide SHPDA with a copy of the quality of care and compliance programs as approved by ADPH upon licensure.

Yes

III. COST

By checking yes, the Applicant confirms that it will not incur capital expenditures in excess of \$500,000 associated with this project.

Yes

IV. ACKNOWLEDGEMENT AND CERTIFICATION BY THE APPLICANT

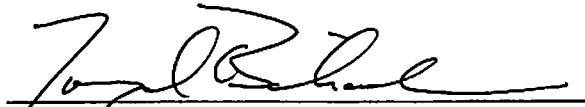
- I. ACKNOWLEDGEMENT. In submitting this application, the Applicant understands and acknowledges that:
- A. The rules, regulations and standards for health facilities and services promulgated by the SHPDA have been read, and the Applicant will comply with same.
- B. Upon the granting of a CON pursuant to this application, and licensure by the ADPH, the Applicant shall agree to provide services only in the counties encompassed by the CON, which shall result in the automatic vesting of the CON.
- C. Applicants seeking a CON herein under the non-substantive review procedures authorized by Ala. Admin. Code r. 410-2-3-.10(6)(f)3. shall be granted a single CON encompassing all of the counties proposed to be served under a single Medicare Provider Number. Such CON authority may not be subsequently divided, e.g., a hospice provider may not separate such authority into separate CONs for future disposition. Any action to transfer or assign the certificate in violation of this or any other restriction found in Alabama law or the SHPDA rules will render it null and void.
- D. Pursuant to Ala. Admin. Code r. 410-2-3-.10(6)(f)5., the granting of a CON under this provision shall be conditioned on timely compliance with any data request issued on an annual basis by the SHPDA staff in conjunction with the adoption of long-term need methodology.
- E. Pursuant to Ala. Admin. Code r. 410-2-3-.10(6)(f)5., a hospice services provider that obtains a CON and subsequently fails to substantially comply on a timely basis (subject to any authorized extensions) to an annual data request from the SHPDA staff adopted in conjunction with long-term need methodology shall be assumed to have ceased operations as of the end of such period until the provider complies fully with all outstanding SHPDA data requests. Any provider that has deemed to have ceased operations under such provision shall be prohibited from submitting any CON application for additional authority or from seeking consideration by SHPDA of such facility's utilization data to oppose another provider's CON application. In accordance with Ala. Admin. Code r. 410-1-11-.08(2), should such cessation of operation continue for an uninterrupted period of twelve (12) months or longer, the provider's CON shall be deemed abandoned. SHPDA shall report to the ADPH any provider who is deemed to have abandoned its CON under this section.
- F. The Applicant will notify SHPDA when a project is started, completed, or abandoned.
- G. The Applicant must comply with all state and local building codes, and failure to comply will render the CON null and void.
- H. The Applicants and their agents will construct and operate in compliance with appropriate state licensure rules, regulations, and standards.

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- I. Projects are limited to the work identified in the CON as issued.
- J. Any expenditure in excess of the amount approved on the CON must be reported to SHPDA and may be subject to review.
- K. The Applicant will comply with all state statutes for the protection of the environment.
- L. The application for licensure was timely submitted to the ADPH within twelve (12) months of the issuance of the Letter(s) of Non-Reviewability by SHPDA on or before July 7, 2006, under the former provisions of ALA. CODE § 22-21-29(d) (1975 as amended), and the application for licensure has not been deemed to have been abandoned.

II. CERTIFICATION

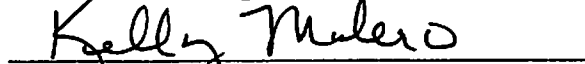
The information contained in this application is true and correct to the best of my knowledge and belief, and I agree to be bound by the restrictions contained herein.



Signature of Applicant

Tom Richardson Director
Applicant's Name and Title
(Type or Print)

7th day of January 2011



Alabama Notary Public (Affix seal on Original)

Author: Alva M. Lambert

Statutory Authority: § 22-21-267, 271, 275, Code of Alabama, 1975

History: Adopted, March [], 2010