STATE OF TENNESSEE
DEPARTMENT OF HEALTH

JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

March 17, 2015

Ms. Melanie Hill, Executive Director
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

HAND-DELIVERED

RE Certificate of Need Applications: No. CN1407-027 filed by Implanted Pump Management LLC; No. CN1411-046 filed by Pentec Health Inc.

Dear Director Hill:

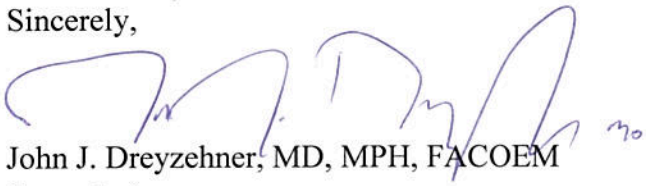
The Tennessee Department of Health (TDH) has completed its review of the above-referenced Certificate of Need (CON) applications that are set to be heard on March 25, 2015. TDH would like to ensure that the Health Services and Development Agency (HSDA) is aware of our concerns regarding the following matters:

1. The applicants' plans may or may not be consistent with the federal and state requirements related to delivery of controlled substances. Federal law assumes a "dispenser" delivers a controlled substance to an "ultimate user," and the rules of the Tennessee Board of Pharmacy require face-to-face patient or caregiver counseling when dispensing drugs. TDH believes that clarification is needed regarding the applicants' plans for transport of these controlled substances.
2. Also regarding controlled substances, the applicant must have written policies addressing personnel training and oversight related to drug diversion and drug screening.
3. TDH notes that the applicants propose to contract with out-of-state compounding pharmacies, despite the fact that the state Board of Pharmacy protects the health and safety of patients in Tennessee by regulating approximately 240 compounding pharmacies in the state. TDH has greater assurance of protecting the health of people in Tennessee when the compounding pharmacies are located in Tennessee and therefore inspected for quality.
4. TDH expresses concern that one applicant (CN1407-027, Implanted Pump Management LLC) and its compounding pharmacies have been the subject of disciplinary actions.

5. In order for a home health agency to receive federal reimbursement, a patient must be "homebound." However, this requirement is for federal reimbursement not state licensing; therefore, it is not an issue for TDH licensure.
6. The applicants' office/staffing plan, nurse contract, and all policies and procedures will be reviewed and used during surveys by the Division of Health Licensure and Regulation.
7. TDH is not confident that the physicians to whom the nurses report have a sufficient level of intrathecal pump expertise, and therefore requests information regarding this expertise.
8. TDH would like to make the HSDA aware of practice guidelines published in December 2014 by the American College of Occupational and Environmental Medicine regarding opioids for treatment of acute, subacute, chronic, and postoperative pain[1]. The guidelines directly address intrathecal opioid treatment, saying: "No quality studies document efficacy of intrathecal opioid delivery systems for treatment of chronic nonmalignant pain. Intrathecal opioid delivery systems are invasive and costly, with possible significant adverse effects, including potential long-term sequelae from both implantation/retention of the devices, including granuloma formation, and those associated with the concurrent use of intrathecal opioids. Thus, with a lack of documented efficacy, invasiveness, serious adverse effects, and marked costs, these devices are not recommended."

TDH appreciates the opportunity to provide comments regarding these CON applications, and we hope that this information is helpful to the HSDA. On balance, we have concerns regarding the unintended consequences that may result from these services and the overall impact they may have on population health in Tennessee.

Sincerely,



John J. Dreyzehner, MD, MPH, FACOEM
Commissioner

[1] Hegmann, K.T., et al. (2014, December). ACOEM Practice Guidelines: Opioids for Treatment of Acute, Subacute, Chronic, and Postoperative Pain. *Journal of Occupational and Environmental Medicine*, *56* (12), e143-e159.

HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING
MARCH 25, 2015
APPLICATION SUMMARY

NAME OF PROJECT: Implanted Pump Management, LLC

PROJECT NUMBER: CN1407-027

ADDRESS: 200 Prosperity Place, Suite 102
Knoxville, (Knox County), Tennessee 37923

LEGAL OWNER: Implanted Pump Management, LLC
1401 Valley Road
Wayne, New Jersey 07470

OPERATING ENTITY: Not Applicable

CONTACT PERSON: Melissa Hess, Director of Nursing
Implanted Pump Management, LLC
200 Prosperity Place, Suite 102
Knoxville, Tennessee 37923
(201) 475-9635

DATE FILED: July 3, 2014

PROJECT COST: $13,038

FINANCING: Cash Reserves

PURPOSE FOR FILING: Establishment of a home care organization and the initiation of specialized home health services limited to intrathecal pump services.

DESCRIPTION:

Implanted Pump Management, LLC (IPM) is requesting approval to establish a home care organization and provide specialized skilled nursing services for patients with surgically implanted intrathecal pumps under physician's orders. The applicant's proposed specialized home health service will be contractually supported by Basic Home Infusion Pharmacy located at 1401 Valley Road in Wayne, New Jersey; Intrathecal Compounding Specialists, LLC (ICS) located at 206A Jacob's Run in Scott, Louisiana; and possibly other qualified pharmacies to

be selected by the applicant as necessary. Both named pharmacies hold active Tennessee licenses issued by the Tennessee Department of Health. The applicant states that the pharmacies will be contracted to provide medication compounding, processing of physician orders, medication dose titrations and changes, and consultation with the appropriate dispensing physician, patient and IPM clinical staff. An overview of the nature and scope of the services provided by the applicant and the contracted pharmacy (s) is summarized on pages 10 and 11 of the application, pages 22-23 of Supplemental 1 and page 8 of Supplemental 2.

The applicant proposes serving all 95 Tennessee Counties from a home office located at 200 Prosperity Place, Suite 102 in Knoxville (Knox County), Tennessee.

Important Note to Agency Members: Following HSDA completeness review ending September 2014, the application was submitted to TDH for mandatory 60 day licensing agency review in accordance with HSDA Rules. Subsequently, John Dreyzehner, MD, MPH, Commissioner, Tennessee Department of Health, submitted a letter on November 24, 2014 to Melanie Hill, Executive Director, HSDA, requesting that the Agency's Board defer hearing the application in December 2014 by granting an additional 90 days before hearing the application in order to finalize its review of the project. HSDA approved the request and placed the application on the agenda for the March 25, 2015 Agency meeting. Dr. Dreyzehner's letter follows this summary.

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

HOME HEALTH SERVICES

1. The need for home health agencies/services shall be determined on a county by county basis.

2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county.

   The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.

3. Using recognized population sources, projections for four years into the future will be used.

4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

Based on the number of patients served by home health agencies in the service area, estimation will be made as to how many patients could be served in the future.

The applicant states that the specialized nature of the proposed skilled nursing service and the lack of comparable utilization data from existing agencies impact the ability to provide an estimate of need for specialty infusion therapy services. Following Steps 1-4 above, the Department of Health report that is based on 2013 "Final" data indicates that 102,503 residents of the applicant's proposed 95 county service area will need home health care in 2018; however approximately 184,157 patients are projected to be served in 2018 by existing home health organizations resulting in a net excess or surplus of (81,654).

It appears that this application does not meet the criterion.

5. Documentation from referral sources:

   a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

   During initial staff review of the application, the applicant provided letters of support in the application from two patients that currently have implanted intrathecal pumps and 3 medical pump vendor representatives (pages 67-72 of application). The applicant also provided letters from a physician member of Neurosurgical Associates in Nashville and a member of Comprehensive Pain Specialists in Hendersonville (see 9/11 and 9/19 letters in Additional Information to Supplemental 4). Although the 2 physicians mention the need for the proposed service, no indication is given regarding the potential number of referrals.

   Since the applicant is requesting a 95 county service area, it appears that this criterion has not been met.

   b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

   The applicant projects approximately 1,440 total visits in Year 1 for approximately 120 intrathecal pump patients increasing to 2,880 total visits in Year 2 for 240 patients (note: using estimates from existing intrathecal pump vendors, the applicant states that approximately 300 intrathecal pumps are currently in use in Tennessee). It expects to receive

referrals from physicians who initiate intrathecal implanted pump therapy such as neurosurgeons, other surgeons that may implant the pumps, and physicians with specialties in pain management or neurology. Clarification about the sources of referrals is addressed on page 22, Supplemental 2. The applicant notes that patients requiring skilled nursing services for assistance with infusion pump medication refills, titrations, and changes in medical condition would be candidates for referrals by physicians. However, as previously noted, the 2 physician referral letters did not specify the number of potential referrals.

It appears this criterion has been met.

c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

The applicant provided letters on pages 71 and 72 of the application from two individuals residing in Tennessee (Gainesboro and Lebanon) that state a home care option would be the best for them and their families. As noted, letters were provided by 2 physicians who practice in the Middle Tennessee area in Supplemental 4.

Since the applicant is requesting a 95-county service area, it appears that this criterion has not been met.

d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

The applicant describes the specialized and unique nature and scope of the proposed services in Section B, pages 11 and 12 and Section C, pages 20-24 of the application. ICD-9 codes and key CPT codes that illustrate same were submitted with Supplemental 3. Note: potential errors such as incorrect pump programming and incorrect medication dosage are discussed in more detail on pages 8 and 24 of Supplemental 1.
The applicant stated that Camellia Home Health (TN license # 0144) has the ability to provide skilled nursing services to intrathecal implanted pump patients in its 28 county East Tennessee service area. However, the applicant maintains that the agency's Director of Nursing states that Camellia has not yet provided intrathecal pump services to any of its Tennessee patients (page 2, Supplemental 4).

IPM's proposed specialty infusion services would be provided by trained nursing staff that must complete and pass a credentialed nurse training program. Based on all of the factors above, the applicant maintains that the provision of skilled nursing services for intrathecal pump patients is unique and does not appear to be provided by other existing home health agencies in Tennessee.

It appears this criterion has been met.

6. The proposed charges shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.

   a. The average cost per visit by service category shall be listed.

   The applicant projects an average gross charge of $200 per skilled nursing visit based on 1,440 total projected visits in Year 1 and 2,880 total visits in Year 2 of the project. Note: the average charge excludes medications provided by the contracted pharmacy that will do its own billing for its services.
   Per the response provided on page 19 of Supplemental 1, the applicant states that average cost is $100.00 per visit. This appears to be relatively consistent with the $105.24 cost per visit in Year 1 decreasing to approximately $70.73 per visit in Year 2per the budgeted operating expenses in the Projected Data Chart of the application. Although there are no known agencies with similar services for comparison, the applicant notes that typical reimbursement by commercial plans ranges from $150-$250 per visit. The applicant also notes that Medicare does not cover its proposed skilled nursing services for home infusion services.

   It appears this criterion has been met.

   b. The average cost per patient based upon the projected number of visits per patient shall be listed.

   The applicant expects to provide 1,440 total visits for approximately 120 patients per day in Year 1 increasing to 2,880 total visits for 240 patients in Year 2, based on 12 visits per intrathecal pump patient per year. As noted, it appears that there is an average cost of approximately $105.24 per visit in Year 1 (note: this amount also equates to $1,262.82 per patient in Year 1).

   It appears this criterion has been met.

Staff Summary

Note to Agency members: This staff summary is a synopsis of the original application and supplemental responses submitted by the applicant. Any HSDA Staff comments will be presented as a "Note to Agency members" in bold italics.

Summary

Implanted Pump Management, LLC an existing, New Jersey Limited Liability Corporation formed in February 2012 and registered in Tennessee in October 2013, seeks approval to establish a home health organization and provide skilled nursing services limited to patients with surgically implanted intrathecal infusion therapy pumps. The applicant states that it also plans to provide services to implanted pump patients in other states in the near future, including Florida, Utah and New Jersey, subject to meeting appropriate licensure requirements. IPM's proposed nursing services will be provided to patients in their home under physician ordered plans of care. The proposed home health agency will be located in approximately 80 square feet of leased office space at 200 Prosperity Place, Suite 102 in Knoxville, Tennessee.

The applicant's nursing team will consist of 2-3 fulltime equivalent registered nurses in Year 1 that will serve approximately 120 patients in their homes statewide in all 95 Tennessee counties. IPM states that its nursing staff model is based on the following: 1) a staff ratio of one nurse to 40 patients, 2) a geographical coverage area within a 180-mile radius of the nurse's home address, and 3) capability of implementing any physician orders within 48 hours. The applicant will also provide a call center to expand contact with patients and physicians on a 24/7 basis. Additionally, patient physicians will have 24/7 secure access to their patient's clinical information using IPM's proprietary web portal. Melissa Hess, RN, the contact for the Certificate of Need application, will serve as the proposed agency's administrator.

As noted during review of the application by HSDA and the Tennessee Department of Health (TDH), the applicant has plans to contract with 2 specialty compounding pharmacies that are presently licensed by TDH to support the proposed intrathecal pump service in Tennessee. These include 1) Basic Home Infusion of Wayne, New Jersey, whose majority owner, Roy Putrino, is also the single member of the applicant LLC (*license # 4656, issued 5/2009, expires 3/2016*), and 2) Intrathecal Compounding Specialists (ICS) of Scott, Louisiana, which is not related by ownership to the applicant (*license # 4485, issued 2/2008, expires 2/2016*). Additional information about the Louisiana compounding pharmacy is provided on page 4 of supplemental 1 and attachment 4 of Supplemental 2. A draft contract between the applicant and ICS that identifies the responsibilities of

the parties is provided with the attachments to Supplemental 3. As indicated in the TDH summary, e-mail correspondence from the applicant addressed questions pertaining to the licensure status of both pharmacies, including status of corrective action in response to civil penalties, sanctions or judgments.

The payor types of home health patients to be served by the applicant will be commercial insurance that provide home care benefits or self-pay patients. The applicant does not intend to certify its limited service home health agency for Medicare and Medicaid. Although the applicant states that it has no plans to provide charity care, a small amount averaging approximately $1,500 per year is budgeted in the Projected Data Chart for these patients.

The applicant maintains that its proposed in-home skilled nursing service activities required in connection with implanted pump infusion therapy patients focuses on serving as an "extension" to patient physicians to assist in facilitating the highest possible therapy outcomes. Key activities include patient/family education; medication administration for pump refills in accordance with physician orders; comprehensive nursing consisting of vital signs, determination of pain or spasticity level; complete head to toe assessment; and a telemetry reading of the pump in accordance with practice guidelines. These services will be provided by the applicant's registered nurse employees who must complete IPM's comprehensive nursing education program prior to being assigned a patient caseload. IPM's nursing staff roles and responsibilities are addressed on page 23 of the application. Additional clarification was provided on pages 1-2 of Supplemental 1, pages 3-7 of Supplemental 2 and pages 25-30 of the TDH questions in Exhibit 2 of Supplemental 3 (*note: a copy of IPM's nursing training module was submitted with Supplemental 3*).

The contracted compounding pharmacy is expected to be actively accredited and follow all state and federal regulations in regards to intrathecal pump medications and narcotics. The pharmacy will receive and process the physician orders then compound, package and ship the medication with a copy of the signed physician order to the applicant's assigned registered nurse (RN). The IPM staff nurse will then transport the medication to ensure temperature control and safety and will administer the medication to the patient in his/her home in accordance with signed physician orders. Types of infusion products to be administered include refills of intrathecal pump pain medications under physician orders for patients with cancer pain, multiple sclerosis or cerebral palsy. *(Sources: page 22, Supplemental 1 and page 4, Supplemental 3)*

Note to Agency Members: the above is a brief summary of the nature and scope of the proposed in-home skilled nursing service for infusion therapy patients. For more detailed descriptions about the nature and scope of services, including measures

taken to reduce the risks associated with these types of patients, please see the HSDA and TDH staff questions for Items 5.A – 5.L on pages 1-6 of Supplemental 1, Items 4.A-4.J on pages 3-7 of Supplemental 2 and Exhibit 1 and Exhibit 2 of Supplemental 3.

A description of patients with demonstrated needs for implanted pump infusion nursing services in the home that may otherwise be unavailable from other home health agencies is summarized as follows:

Implanted Intrathecal Pump Infusion Therapy – this highly specialized service is given to a very narrow and complex range of patients who have failed traditional therapy for severe or chronic pain and now rely on implanted drug delivery systems for their treatment. Types of patient conditions include pain secondary to cancer, multiple sclerosis, traumatic brain injury, head trauma, paralysis or stroke. Carefully selected by their physicians, these patients will have a specialized pump implanted in the intrathecal space surrounding the spinal cord during a surgical procedure in an inpatient or outpatient setting and their medication regimen started. Implanted pump infusion therapy may be appropriate for patients who have the care and resources available to manage potential risks such as infection, narcotic withdrawal, drug compounding errors and pump programming errors. Typical patient diagnoses include Chronic Pain Syndrome, Complex Regional Pain Syndrome, Multiple Sclerosis, Cerebral Palsy, Abnormal Involuntary Movement (Spasticity) and Traumatic Brain Injury. (*For further detail regarding the ICD-9 codes that apply to these patients please see page 9, Supplemental 2).*

Ownership

The applicant is a New Jersey limited liability corporation first formed in 2012 with one member, Mr. Roy Putrino, a licensed pharmacist located at 1401 Valley Road in Wayne, New Jersey. Mr. Putrino also has ownership interests in Basic Home Infusion Pharmacy (BHI), formerly Basic Home Care. BHI is one of the two pharmacies that the applicant intends to contract with for the proposed in-home intrathecal pump skilled nursing service.

- As described in more detail in the TDH summary, BHI holds an active non-resident Tennessee pharmacy license that was first issued by TDH in May 2009. BHI is also a licensed pharmacy in several other states, including Illinois, Colorado, Indiana, New Jersey and Indiana (*note: please see questions to the applicant in the TDH summary pertaining to concerns and questions regarding BHI's prior history*).
- The applicant expects to begin serving intrathecal pump patients in other states, including Florida, Utah and New Jersey, subject to state home health licensure requirements and related requirements or mandates.

- IPM holds a provisional home health license in Utah and is pending licensure in Florida.
- Per the applicant, it appears that IPM is exempt from home health licensure in New Jersey on the basis of providing one single service.
- An executive level organizational chart is provided on page 47 of the application.

Facility Information

- The parent office of the proposed project will be in approximately 80 square feet of leased space in an existing office building in downtown Knoxville at 200 Prosperity Place.
- The office will be used solely for administrative support purposes as a repository for home health service policies and procedures, personnel records and other required documentation.
- There is no construction, renovation or modification required to implement the proposed project.
- Per Item 4, page 10 of Supplemental 1, branch offices will not be used based on the specialized nature of the proposed service.

Project Need

- Lack of agencies that provide in-home skilled nursing care to intrathecal pump patients.
- Physicians requesting availability of in-home supportive nursing care model for their intrathecal pump patients.
- Need for specialized agency(s) that can serve as extension of physicians by providing nursing care to patients in their home and providing accurate and timely clinical information through secure means.
- Difficulty by patients to travel to physician for pump refills and office visits, especially patients with limited mobility or who are homebound.
- Need for accurate, reliable and timely information systems support to maintain patient medical record and facilitate communication with physicians through secure means. IPM's electronic medical record system and secure web portal for attending physicians appears to be innovative initiatives in addressing this need.
- As noted in this application and other similar projects for specialized infusion therapy services, traditional home health agencies do not typically provide in-home skilled nursing care for patients with surgically implanted intrathecal infusion pumps. Please note the comparison in the table below.

Comparison of Applicant to Other Types of Home Health Agencies

Variable	Medicare Home Health Agency	Infusion Nursing Agency	Intrathecal Pump Service
Average Visit Duration	One to Two Hours	Up to six hours	Up to two hours*
Equipment	Generally not involved	Typically includes infusion equipment	Administration kit (syringes & other disposable items) Pump programmer
Payor	80% Medicare and TennCare Patients	Private Insurance mainly	Commercial Insurance and Self-Pay
Age	Approximately 68% Over Age 65+	Majority under Age 65	Not available
Service Provided	44% is skilled nursing. Additional services may include therapy, home health aide, and medical social services.	100% specialized skilled nursing	100% specialized skilled nursing
Patient Status	Homebound	Patient may or may not be homebound	May or may not be homebound

**Note: the applicant states each patient may receive 12 visits per year. In addition, the patient should expect to visit his/her physician 4 times per year (page 25, Supplemental 1). Chart Sources include: CN1406-017A, CN1406-018A and CN1411-046 (pending)*

- ***Note to Agency members: The attachment to the Department of Health Report indicated that based on 2013 data, 102,503 service area residents will need home health care in 2018; however 184,157 patients are projected to be served in 2018 resulting in a net excess of (81,654). Please note that this need is calculated for <u>all home health patients, not just those needing home infusion services.</u>***

Service Area Demographics

- The proposed service includes all 95 Tennessee Counties.
- Per the TDH project summary, the total population of the 95 county statewide service area is expected to increase by approximately 3.7% from 6,588,698 residents in calendar year (CY) 2014 to 6,833,509 residents in CY 2018.
- The age 64 and younger population accounted for approximately 85.1% of the total population in CY2014. This age group is expected to increase by approximately 12.3% from 5,606,714 in 2014 to 5,731,096 in 2018.

- The 65 and older population accounted for approximately 14.9% of the total population in 2014. This age group is expected to increase by approximately 12.3% between 2014 and 2018.
- The latest 2014 percentage of the statewide population enrolled in the TennCare program is approximately 18.1%.

Sources: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics, U.S. Census Bureau, Bureau of TennCare.

Service Area Historical Utilization

Using licensure and provider utilization records maintained by the Tennessee Department of Health, the applicant identified approximately 157 existing licensed home health agencies in Tennessee. The name of the agency, location of parent office, licensed counties and utilization for 2011 - 2013 is provided in the table on pages 4-13 of Supplemental 3. As a whole, the agencies served approximately 176,910 patients in 2011 decreasing by 0.5% to 175,924 patients in 2013.

Note to Agency members: The Joint Annual Report does not capture utilization data specific to implanted intrathecal pump therapy patients. There is not a known public database available that reports this type of data.

During review in 2012 of a previous Certificate of Need application for home infusion nursing (Coram Alternative Site Services), HSDA staff contacted the Tennessee Association of Home Care (TAHC) regarding home health providers and the Tennessee Hospital Association (THA) regarding hospital-based home care providers.

TAHC indicated the following:

- ***TAHC membership applications on file indicate that 224 home health offices (parents and branches) offer infusion therapy services.***
- ***Standard home health policy is that first dose should be completed in the hospital setting.***
- ***The majority of home health agencies partner with an infusion company for administration of the second dose in the home.***
- ***The home health nurse continues to support the patient's needs with observations and reports to the physician. It is unrealistic to think that a home health provider could limit their care to only infusion therapy. Infusion may be the primary need but there are typically patients with multiple chronic illnesses and co-morbidities who need a holistic, multi-disciplinary approach to their health care***
- ***The barriers to home infusion therapy are generally noted as staffing and adequate payment. This is a growing issue for all homecare providers as***

both governmental and commercial payors continue to look to provider payments to cut costs.

- *Homebound status is only a Medicare issue. An infusion company would be held to the same standard if it were a Medicare-certified home health agency.*

THA's response included that a "typical" home care provider does not provide infusion administration for:

- *Patients requiring 6 hour therapies.*
- *Medicare patients who are not homebound which is a requirement that applies only to Medicare.*
- *Many non-Medicare patients who are not homebound are served*
- *Patients requiring first dose administration*
- *Patients requiring three doses daily*

THA also advised that member home health agencies see patients in every county in the state and that there are pediatric programs often affiliated with pediatric hospitals such as Vanderbilt, Methodist LeBonheur, and East Tennessee Children's Hospital.

During review of this application and 2 Coram/CVS Certificate of Need projects for specialty infusion services (please see descriptions for CN1406-017A and CN1406-018A at the end of this summary), HSDA staff received confirmation by phone and by an email from a representative of TAHC that the TAHC information provided in 2012 was still accurate at the time the applicant's proposal was under review in 2014.

Applicant's Projected Utilization

- Per the applicant, implanted pump representatives estimate there were approximately 300 implanted pump patients in Tennessee during 2014.
- The applicant projects serving 120 patients in Year 1 increasing to 240 patients in Year 2
- The applicant is projecting 1,440 total visits in Year 1 increasing to approximately 2,880 visits in Year 2. The applicant bases the projected intrathecal pump patient visit schedule on approximately 12 skilled nursing visits per patient per year.
- IPM's projected patient caseload in Year 1 amounts to approximately 40% of the estimated 300 intrathecal pump patients in Tennessee in CY2014.
- Of the 121 projected implanted pump patients in Year 1, approximately 108 will be treated for diagnoses related to chronic pain, 11 for Cerebral Palsy and 2 for Multiple Sclerosis.

- The applicant estimates that approximately 2.2 million Tennesseans have chronic pain, 21,530 have Cerebral Palsy, and 7,169 have multiple sclerosis.
- A statewide profile by clinical classification by county is shown in the table on pages 28-31 of Supplemental 2.

Project Cost

Major costs of the $13,038 total estimated project cost shown on page 32 of the application are as follows:

- Office Lease- $8,738 or 67% of total cost
- Office supplies and pump programmer $1,300
- Filing fee $3,000

Applicant's Historical and Projected Data Chart

As noted, Implanted Pump Management LLC is a relatively new organization that has no financial record of operations involving the proposed home health services limited to infusion pump patients.

The projected financial performance of the project appears to be favorable as proceeds from operating revenues cover operational costs. Highlights from the Projected Data Chart on page 35 of the revised application are as follows:

- Projected gross operating revenue increases from $288,000 on approximately 1,440 total implanted pump patient visits to $576,000 on 2,880 visits in Year 2.
- The average gross charge is unchanged at $200 per visit in Year 1 and Year 2.
- Salaries include $125,000 for a full time Director of Nurses and a staff RN in Year 1 increasing to $180,000 in Year 2, subject to expected increases in patient census.
- Net operating income is favorable at $134,962 in Year 1 and $369,562 in Year 2.
- Projected NOI calculates to approximately 46.9% of gross operating revenue in Year 1.
- Deductions from operating revenue for bad debt and charity are $500 and $1,000, respectively, in Year 1.

Charges

In Year One of the proposed project, the average charge per visit is as follows:

- The proposed average gross charge is $200 per intrathecal pump patient visit in the first two years of the project.

- The average deduction for bad debt and charity averages approximately $1.00 per patient visit.
- As noted, the applicant expects a reimbursement range of $150-$250 by most major commercial payors with a home nursing benefit. The applicant states that Medicare does not cover in-home nursing visits for intrathecal pump patients.

Medicare/TennCare Payor Mix

The applicant will not seek Medicare and Medicaid certification for the proposed home health agency limited to implanted infusion pump nursing services.

- Even if the applicant wanted to apply for Medicare/TennCare, it may not be eligible since the proposed limited scope of service would not be providing the full range of home health services prescribed by the Medicare Conditions of Participation.
- As noted, the contracted pharmacies participating in the project will be responsible for billing their fees related to dispensing implanted pump medications.
- The applicant's projected payor mix is 99% commercial insurance and 1% Self-Pay in Year 1.

Financing

The start-up costs for the project will be funded from cash reserves and appear minimal consisting primarily of a security deposit for leased office lease, supplies and the CON filing fee.

Review of IPM's unaudited financial statements and recent checking account statement confirmed the availability of approximately $132,514 in checking/savings as of June 1, 2014 to fund the $13,038 proposed project. Per the Balance Sheet, IPM reported total current assets of $132,514 and total current liabilities of $102,488 resulting in a current ratio of 1.27 to 1.0.

Note to Agency members: Current Ratio is a measure of liquidity and is the ratio of current assets to current liabilities which measures the ability of an entity to cover its current liabilities with its existing current assets. A ratio of 1:1 would be required to have the minimum amount of assets needed to cover current liabilities.

Staffing

The applicant plans to use a 40 to 1 patient to nurse staffing ratio for the proposed agency with each nurse responsible for a geographic area within a 180 mile radius of his/her home of residence. IPM expects to hire approximately 2 full time equivalent (FTE) licensed nurses in Year 1. In addition, the applicant is

prepared to hire a third RN subject to increases in patient census. The home health agency's administrator will also have an assigned patient caseload.

Licensure/Accreditation

If approved, the applicant's proposed home health agency will be licensed by the Tennessee Department of Health.

- The applicant provided information regarding the licensing and accreditation of its existing or pending home health agencies in other sites.
- A copy of IPM's provisional Joint Commission Accreditation award for Home Care effective July 19, 2014 was provided with Supplemental 3.
- The applicant documented that the compounding pharmacies it expects to use to support the project are accredited. A copy of the Pharmacy Compounding Accreditation Board (PCAB) manual was provided with Supplemental 3 to document the standards related to this type of accreditation.
- As noted, the applicant also provided responses to questions and concerns addressed by TDH staff during its 60-day review period. These are shown in the TDH summary with attachments.

Corporate documentation, copies of the office lease, copies of related clinical literature, copies of the major ICD-9 and CPT codes that apply to implanted intrathecal pump patients, copies of policies and procedures, including Quality Assurance and Nurse Training Manual, and a copy of Humana Health Insurance provider manual are on file at the Agency office and will be available at the Agency meeting.

Should the Agency vote to approve this project, the CON would expire in **two** years.

Note to Agency members: Should the Agency choose to approve this application, Staff recommends the Agency limit any future expansion of services by requiring a new application to expand services beyond implanted intrathecal pump infusion services rather than a modification request through the General Counsel's Report. This could be accomplished with the following condition:

Home Health Agency services are limited to specialized skilled nursing services under physician ordered plans of care for patients with surgically implanted intrathecal pumps. The expansion of services beyond the home implanted pump infusion services described in the application will require the filing of a new certificate of need application.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT

There are no other Letters of Intent, denied or pending applications, or outstanding Certificates of Need for this applicant.

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no other Letters of Intent for other health care organizations in the service area proposing this type of service.

Pending Applications

Pentec Health, Inc., CN1411-046, has a pending application that will be heard under simultaneous review with CN1407-027 at the HSDA meeting on March 25, 2015 for the establishment of a home health agency to provide intrathecal pump services to patients across 92 counties of Tennessee. The estimated project cost is **$142,028.00.**

The Home Option by Harden Healthcare, CN1501-001, has a pending application that will be heard under CONSENT CALENDAR REVIEW at the March 25, 2015 Agency meeting for the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties focusing on home health services to eligible individuals covered under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), United States Department of Labor. If approved, the applicant's sister agency, Gentiva Certified Healthcare Corporation, will de-license the same 8 counties. The Home Health Option by Harden is located at 800 Oak Ridge Turnpike, Suite A208, Oak Ridge (Anderson County), TN 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The estimated project cost is **$38,000.00.**

Denied Applications:

Home Care Agency of Middle Tennessee, CN1001-001D, was denied at the June 23, 2010 Agency meeting for the establishment of a home care organization focusing on a full range of home health services and skilled nursing psychiatric services for the elderly population in a four (4) county service area including Davidson, Rutherford, Sumner, and Williamson Counties from a parent office located at 5115 Maryland Way, Brentwood, (Williamson County), Tennessee. The estimated project cost was **$69,000.00.** *Reasons for Denial: There is not a need as there are other agencies in the proposed service area that are providing home health*

services, including services to the mentally ill, and it is not economically feasible to have another agency. The project will not contribute to the orderly development of adequate and effective health care.

Rainbow Home Health, CN1111-045D, was denied at the February 22, 2012 Agency meeting for the establishment of a home care organization and the initiation of a full range of home health services, including skilled nursing, physical/occupational/speech therapies, and medical social services for individuals residing in Cheatham County from a home office located at 112 Frey Street in Ashland City (Cheatham County), Tennessee 37015. The estimated cost was **$262,600.00.** *Reasons for Denial: the prevailing reason for the vote leading to the denial of the project (4 ayes, 6 nays, 0 ties) was based on concerns with nature and scope of information provided by the applicant that did not support the need for the project, the economic feasibility or the orderly development of the project.*

Rainbow Home Health, CN1203-013D, was denied at the June 27, 2012 Agency meeting for the establishment of a home care organization and the initiation of a full range of home health services from a home office located at 112 Frey Street, Ashland City (Cheatham County), Tennessee. The estimated project cost was **$27,950.00.** *Reasons for Denial: the application was denied by unanimous vote based on the following: there was no need due to services being adequately provided by existing licensed agencies in the service area; the project was not economically feasible due to the numbers not being justified or showing how the applicant could feasibly provide the service; and the project did not contribute to orderly development as it will impact the utilization and staffing of existing agencies in the service area.*

Critical Nurse Staffing, CN1210-049D, was denied at the January 23, 2013 Agency meeting for the establishment of a home care organization located at 575 Oak Ridge Turnpike, Oak Ridge (Anderson County), Tennessee focusing on individuals eligible for benefits under either the Energy Employees Occupational Illness Compensation Program Act or the Federal Black Lung program that reside in Anderson, Campbell, Knox, Loudon, Monroe, Morgan, Roane, and Union Counties. The estimated project cost was **$155,937.00**. *Reasons for Denial: There was no real need - care was being adequately provided by other agencies in the proposed service area and adequate evidence did not support or prove that there was a need for the proposed agency.*

Love Ones, CN1309-033D was denied at the February 26, 2014 Agency meeting for the establishment of a home health agency and initiation of home health services in Shelby, Fayette, and Tipton Counties. The parent office was to be located at 2502 Mount Moriah, Suite A-148, Memphis (Shelby County), TN 38116. The estimated project cost was **$177,800.00**. *Reasons for Denial: The need for the*

proposed agency was not supported in this particular area as there are existing providers that have testified that they can accommodate a greater need than the actual patient census that they have proposed in the first two years of their business plan; Economic Feasibility - the project is not financially feasible considering the small number of patients, and they have underestimated the costs of what it is going to take to run a Medicare-certified agency.

Outstanding Certificates of Need:

Coram Alternate Site Services, Inc. d/b/a Coram Specialty Infusion Services CN1406-018A has a Certificate of Need that will expire on November 1, 2016. The project was approved at the September 24, 2014 Agency meeting for the establishment of a home care organization and the initiation of home health services limited to the provision and administration of home infusion products and related ancillary services ancillary to its pharmacy services in a 25 county service area of West Tennessee, including the following counties: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Houston, Lake, Lauderdale, McNairy, Madison, Obion, Perry, Shelby, Stewart, Tipton, Wayne and Weakley Counties. The parent office will be located in its licensed home infusion pharmacy at 1680 Century Center Parkway, Suite 12, Memphis, Tennessee, 38134. The estimated project cost is **$98,000.00.** *Project Status Update: per a 2/23/15 e-mail from legal counsel for Coram, the licensure application has been submitted to the Tennessee Department of Health. The initial licensing inspection for the parent office in Memphis, TN has been scheduled for March 13, 2015. An Annual Project Report is due on or before July 1, 2015.*

Coram Alternative Site Services, Inc. d/b/a Coram Specialty Infusion Services, CN1406-017A, has a Certificate of Need that will expire on November 1, 2016. The project was approved at the September 24, 2014 Agency meeting for the establishment of a home care organization to provide the following specialized home health services related to home infusion: administer home infusion products and related infusion nursing services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports. The proposed service area includes the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, and Washington Counties, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville (Knox County), TN 37932. The estimated project cost is **$95,200.00**. *Project Status Update: per a 2/23/15 e-mail from legal counsel for Coram, the licensure application has been submitted to the*

Tennessee Department of Health. Notice of the inspection date is pending. An Annual Project Report is due on or before July 1, 2015.

Maxim Healthcare Services, CN1406-015A, has an outstanding Certificate of Need that will expire on October 1, 2016. The project was approved at the August 27, 2014 Agency meeting for the initiation of home health care services in a 5 county service area including Carter, Johnson, Sullivan, Unicoi, and Washington Counties focusing primarily on private duty hourly care to TennCare medically complex pediatric patients. Maxim Healthcare Services seeks an unrestricted home health agency license and will obtain Medicare certification to meet TennCare provider enrollment requirements. The estimated project cost is **$463,825.00.** *Project Status Update: per 2/27/15 e-mail from legal counsel for Maxim Health Care Services, the project was appealed but it appears that the parties have reached a settlement and the appeal may be dismissed in the near future. Confirmation of same will follow as soon as possible.*

Hemophilia Preferred Care of Memphis, CN1202-002, has an outstanding certificate of need that will expire on August 1, 2015. The CON was approved at the June 27, 2012 agency meeting for the establishment of a home health agency and the initiation of home health services limited to patients suffering from hemophilia or similar blood disorders who are patients of the pharmacy operated by Hemophilia Preferred Care of Memphis. The estimated project cost is **$43,000.** *Project Status: The applicant requested and received approval at the June 25, 2014 Agency meeting for a one year extension from August 1, 2014 to August 1, 2015.*

PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.

PJG
03/10/2015

STATE OF TENNESSEE
DEPARTMENT OF HEALTH

JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

November 24, 2014

Ms. Melanie Hill, Executive Director
Health Services and Development Agency
Andrew Jackson Building
Deaderick Street
Nashville, TN 37243

HAND-DELIVERED

Re: Certificate of Need Application No. CN1407-027 filed by Implanted Pump Management LLC

Dear Director Hill:

The Tennessee Department of Health (TDH) has been reviewing the above-referenced application for a Certificate of Need (CON) that is set to be heard on December 17, 2014. TDH has devoted a great deal of time to its review but finds that issues that have arisen regarding TDH's regulatory responsibilities require more effort, and thus more time, before its report to the Health Services and Development Agency can be finalized. In order to provide sufficient time for TDH to complete its work, TDH requests that the HSDA defer hearing this CON application for 90 days, as is permitted by statute.

THD also requests that any other CON applications for similar services received by HSDA also be so deferred.

Sincerely,

John J. Dreyzehner, MD, MPH, FACOEM
Commissioner

JJD/JO/tls

5th Floor, Andrew Johnson Tower
710 James Robertson Parkway * Nashville, TN 37243
(615) 741-3111 * www.tn.gov/health

LETTER OF INTENT

LETTER OF INTENT
TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

The Publication of Intent is to be published in the Tennesseean (Name of Newspaper) which is a newspaper of general circulation in [see attachment] (County), Tennessee, on or before July 2nd (Month / day), 2014 (Year) for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency,

Implanted Pump Management (Name of Applicant) LLC (Facility Type-Existing)

owned by: Roy Putrino with an ownership type of Single Member LLC

and to be managed by: Roy Putrino intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]:

The establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson.

The anticipated date of filing the application is: July 7th, 2014

The contact person for this project is Melissa Hess (Contact Name) Director of Nursing (Title)

who may be reached at: Implanted Pump Management (Company Name) 200 Prosperity Place #102 (Address)

Knoxville (City) TN (State) 37923 (Zip Code) (201) 475-9635 (Area Code / Phone Number)

(Signature) 7/1/14 (Date) info@ipmservices.org (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
The Frost Building, Third Floor
161 Rosa L. Parks Boulevard
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

COPY Revised -Application

Implanted Pump management

CN1407-027

JUL 28 '14 AM 9:34

1. ***Name of Facility, Agency, or Institution***

Implanted Pump Management LLC
Name

200 Prosperity Place #102
Street or Route

Knox
County

Knoxville
City

TN
State

37923
Zip Code

2. ***Contact Person Available for Responses to Questions***

Melissa Hess
Name

Director of Nursing
Title

Implanted Pump Management
Company Name

info@IPMservices.org
Email address

200 Prosperity Place #102
Street or Route

Knoxville
City

TN
State

37923
Zip Code

Employee
Association with Owner

201-475-9635
Phone Number

201-475-9630
Fax Number

3. ***Owner of the Facility, Agency or Institution***

Roy Putrino
Name

201-475-9635
Phone Number

1401 Valley Road
Street or Route

Passaic
County

Wayne
City

NJ
State

07470
Zip Code

4. ***Type of Ownership of Control (Check One)***

A. Sole Proprietorship
B. Partnership
C. Limited Partnership
D. Corporation (For Profit)
E. Corporation (Not-for-Profit)
F. Government (State of TN or Political Subdivision)
G. Joint Venture
H. Limited Liability Company ✓
I. Other (Specify)_____

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

5. ***Name of Management/Operating Entity (If Applicable)***

Name

Street or Route

County

City

State

Zip Code

PUT ALL ATTACHMENTS AT THE END OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

6. ***Legal Interest in the Site of the Institution (Check One)***

A. Ownership
B. Option to Purchase
C. Lease of ____ Years
D. Option to Lease
E. Other (Specify) Rent ✓

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

7. ***Type of Institution (Check as appropriate--more than one response may apply)***

A. Hospital (Specify)
B. Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty
C. ASTC, Single Specialty
D. Home Health Agency ✓
E. Hospice
F. Mental Health Hospital
G. Mental Health Residential Treatment Facility
H. Mental Retardation Institutional Habilitation Facility (ICF/MR)
I. Nursing Home
J. Outpatient Diagnostic Center
K. Recuperation Center
L. Rehabilitation Facility
M. Residential Hospice
N. Non-Residential Methadone Facility
O. Birthing Center
P. Other Outpatient Facility (Specify)
Q. Other (Specify)

8. **Purpose of Review** ***(Check) as appropriate--more than one response may apply)***

A. New Institution ✓
B. Replacement/Existing Facility
C. Modification/Existing Facility
D. Initiation of Health Care Service as defined in TCA § 68-11-1607(4) (Specify)
E. Discontinuance of OB Services
F. Acquisition of Equipment
G. Change in Bed Complement [*Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation*]
H. Change of Location
I. Other (Specify)

9. Bed Complement Data Not Applicable

Please indicate current and proposed distribution and certification of facility beds.

	Current Beds Licensed	*CON	Staffed Beds	Beds Proposed	TOTAL Beds at Completion
A. Medical					
B. Surgical					
C. Long-Term Care Hospital					
D. Obstetrical					
E. ICU/CCU					
F. Neonatal					
G. Pediatric					
H. Adult Psychiatric					
I. Geriatric Psychiatric					
J. Child/Adolescent Psychiatric					
K. Rehabilitation					
L. Nursing Facility (non-Medicaid Certified)					
M. Nursing Facility Level 1 (Medicaid only)					
N. Nursing Facility Level 2 (Medicare only)					
O. Nursing Facility Level 2 (dually certified Medicaid/Medicare)					
P. ICF/MR					
Q. Adult Chemical Dependency					
R. Child and Adolescent Chemical Dependency					
S. Swing Beds					
T. Mental Health Residential Treatment					
U. Residential Hospice					
TOTAL					

*CON-Beds approved but not yet in service

10. Medicare Provider Number Not Applicable

Certification Type

11. Medicaid Provider Number Not Applicable

Certification Type

12. If this is a new facility, will certification be sought for Medicare and/or Medicaid? No

13. ***Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area.*** **Will this project involve the treatment of TennCare participants?** No **If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted *or plans to contract.***

Discuss any out-of-network relationships in place with MCOs/BHOs in the area.

NOTE: ***Section B*** is intended to give the applicant an opportunity to describe the project and to discuss the need that the applicant sees for the project. ***Section C*** addresses how the project relates to the Certificate of Need criteria of Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care. **Discussions on how the application relates to the criteria should not take place in this section unless otherwise specified.**

SECTION B: PROJECT DESCRIPTION

Please answer all questions on 8 1/2" x 11" white paper, clearly typed and spaced, identified correctly and in the correct sequence. In answering, please type the question and the response. All exhibits and tables must be attached to the end of the application in correct sequence identifying the questions(s) to which they refer. If a particular question does not apply to your project, indicate "Not Applicable (NA)" after that question.

I. Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.

A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of $5 million) and other facility projects (construction cost in excess of $2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot should provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete Parts B.-E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

IMPLANTED PUMP MANAGEMENT, LLC.
Specializing in The Management of Pain and Spasticity
Implanted Pump Therapies

SECTION B: PROJECT DESCRIPTION

I. Please provide a brief summary of the project not to exceed two pages. Topics to be discussed in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

Implanted Pump Management (IPM) proposes to introduce an intrathecal home infusion program that services Tennessee patients with implanted pumps. The proposed services would be provided to patients in their home and in third party facilities. IPM specializes in only one type of home infusion therapy – intrathecal home infusion management. This specific type of home infusion is a very intricate, high-tech therapy that requires extensive knowledge, understanding, equipment, and resources to provide effectively and safely to the patient population in need. The service includes refills, titrations, 24-hour on call services, and an advanced information technology program that simulates telemedicine for participating providers. Only individuals with an implanted programmable intrathecal pump will be able to benefit from the proposed service.

Implanted Pump Management (IPM) is a New Jersey LLC formed in 2012, registered to do business in Tennessee since October of 2013. The proposed service area requested is broad, based solely on the nature of the proposed therapy. Two registered nurses with a sole focus in intrathecal pump management will be utilized to implement physician orders in terms of managing the intrathecal pump. Based on our specialization with a niche population, consisting of many patients whom are homebound, our nurses will potentially be responsible for a vast service area that encompasses the entire state of Tennessee. We intend to utilize one full-time RN per 40 patients. The registered nurses will physically travel to each individual's home to implement the intrathecal management. The proposed structure differs vastly from conventional Home Health structures in that the IPM RN will have a larger coverage area but, most likely, a smaller patient caseload than that of a traditional home care nurse in Tennessee. For example, the IPM RN may travel two hours to see their intrathecal patient, then travel two hours back in one day. A traditional home care nurse will often times travel two hours total but, due to a condensed geographical area, see four patients in that one day.

According to data provided by Medtronic, a leading pump manufacturer, 300 residing individuals currently have intrathecal pumps in the state of Tennessee. Based on this data as well as physician requests for IPM to enter the state of Tennessee, IPM has decided to introduce this proposal. Although the state of Tennessee currently has other companies that offer a wide range of infusion therapy services, these companies oftentimes offer minimal services of intrathecal home management, and none focus solely on intrathecal pump management. IPM feels that our sole focus on intrathecal pump management allows us to offer patients higher outcomes in regards to safety, efficacy, therapy success, and overall a higher quality of life.

The estimated project cost will not include any construction, modification and/or re-configuration of existing properties. IPM will designate one RN as an agency director that will utilize a rented office to serve as the location required for administrative purposes. The only activities performed in the IPM office will be clerically-based, i.e. record keeping, housing of policies, and acting as a designated physical address for a main computer utilized for electronic patient charting. The actual care provided will always be performed in each individual patient's home or in third party facilities.

Tel: 201-475-9635 200 Prosperity Place #102, Knoxville, TN 37923 Fax: 201-475-9630

The estimated staffing required for the state of Tennessee will be two full-time employees (FTEs) during the first year of operation and three during the second. The full-time employees will be registered nurses that hold valid Tennessee Board of Nursing Licenses and are rigorously trained in all aspects of intrathecal pump management. The financial requirements for IPM to maintain the proposed services will include salaries and minor office supplies. The estimated cost of the first year of operation is $134,962. Due to the structure proposed by IPM for staffing and implementation strategy, the low cost expenditure per year will offset the higher costs of healthcare as a whole, based on the fact that the clinical staff is mobile and all corporate costs and functions will remain at a separate location.

The type of services provided by the proposed HHA would be skilled nursing services and infusion services. IPM plans to adhere to and practice all TN statutes dictated for the proper administration of a Home Health Agency. Each individual will be admitted based on need, financial viability, and clinical appropriateness. IPM will perform a full nursing assessment upon every patient contact, full intrathecal pump evaluation, and implement any MD orders involving the intrathecal pump management. Not only will IPM implement MD orders in regards to the intrathecal pump, but IPM will also utilize the existing HHAs in the state to refer individuals for additional services not in IPM's scope of practice.
IPM intends to establish working relationships with the local HHAs to determine their individual scope of practice to determine the best pathway for each individual. IPM will refer the individual to the appropriate licensed HHA that best fits that individual's medical needs.

The MD responsibilities will not change for the individual patient with the introduction of the proposed service. The addition to IPM will only relieve some of the burden of the intrathecal pump management for the MD. The MD will still be responsible for seeing the patient in his/her office as needed. The MD will still be required to actively participate in the writing of orders and be available for IPM if concerns or abnormal findings are present. The proposed service will:

1. Decrease MD workload and staff requirements for office staff
2. Eliminate the procurement of intrathecal medications for refills
3. Eliminate liability for inaccurate pump refills or programming
4. Eliminate tracking of alarm dates for patients by the MD
5. Reduce overall workload of MD office in regards to the intrathecal pump patients

The HHA or IPM will be responsible for:

1. Full nursing assessments and the required reporting of any abnormal findings
2. Monitoring and tracking all alarm dates
3. Coordination of services for patients
4. Contracting with Infusion pharmacies for intrathecal medications
5. All aspects of billing
6. Maintaining all required polices and procedure for HHA licensure in the state of TN
7. Education and training for patients and staff
8. Maintaining all administrative functions for the HHA licensure

The proposed model from IPM will increase physician expertise and awareness of the patient by offering the MD an insight of the individual's home environment, dynamics, and available support systems. This model closely mimics many principles of tele-medicine. Instead of the MD only seeing the patient for refills and focusing on that task, the MD will not get documentation complete with pictures of the whole patient.

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II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.

A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of $5 million) and other facility projects (construction cost in excess of $2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A. -E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot should provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete Parts B. -E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

The development of the proposed services will be able to be initiated within thirty days once post-licensure and certificate of need requirements have been met.

B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

Not Applicable (NA)

C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

8. Home Health Services

The need to provide home health services in the state of Tennessee in regards to intrathecal home infusion management is great. Based on the variety of diagnoses that the proposed individuals to be serviced have—ranging from Multiple Sclerosis, cerebral palsy, traumatic brain injuries, and reflex sympathetic dystrophy to chronic pain—they are oftentimes homebound due to debilitation and benefit greatly from homecare. In the traditional model, the intrathecal management occurs in the medical doctor's office. For many individuals, this scenario presents many challenges in regards to travel, expenses, ability to drive, and oftentimes absence of caregiver support. The home management model allows for more effective care to be delivered in a timelier manner. Any physician orders can be implemented in 48 business hours. In the traditional MD office, implementation of orders may take up to two weeks based on appointment availability. The specific type of home management model we propose is absent in most of Tennessee while there are numerous individuals that could benefit from a proactive, quality intrathecal home management company.

D. Describe the need to change location or replace an existing facility.

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Specializing in The Management of Pain and Spasticity
Implanted Pump Therapies

Not Applicable (NA)

E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of $1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:

Not Applicable (NA)

III. (A) Attach a copy of the plot plan of the site on an 8 ½" x 11" sheet of white paper which must include:

1. **Size of site (*in acres*);**
2. **Location of structure on the site; and**
3. **Location of the proposed construction.**
4. **Names of streets, roads or highway that cross or border the site.**

Please note that the drawings do not need to be drawn to scale. Plot plans are required for all projects.

The proposed model will allow for all patient skilled care to be provided in each individual patients home. Only a small office space will be utilized for the physical location necessary to contain required personnel, and patient records. Please see Plot Plan (Attachment B.3.a.).

(B) Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

The executive suite building in which our office is located is easily accessible to the public and is close to Routes 40 and 75. It is in proximity to other businesses. These facts are not, however, applicable to our services rendered.

IV. Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (nothing private or semi-private), ancillary areas, equipment areas, etc. on an 8 ½" by 11" sheet of white paper.

Please refer to the attached Floor Plans (Attachment B.5.).

V. For a Home Health Agency or Hospice, identify:

1. Existing service area by County;

Not Applicable (NA)

2. Proposed service area by County;

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IPM intends to provide intrathecal home infusion services to all 95 counties within the state of Tennessee, listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson.

3. A parent or primary service provider;

Our office location at 200 Prosperity Place in Knoxville, TN is 8' by 10' (80 square feet total). This space is comparable in cost to other similar office rentals in Knoxville. This space is large enough to accommodate one nurse and all necessary office supplies, i.e. desk, computer, telephone, locked filing cabinet, nursing supplies, etc. The office will never be occupied by more than one RN simultaneously. Regarding 24-hour emergency and on call services, these will be provided by a single RN DON/Administrator with over 9 years of experience in intrathecal therapy. (IPM may choose to contract for call center services in order to provide emergency and on call care at a future date when it is within our budget.) Contracted pharmacy services will be provided by staff at a remote location at 1401 Valley Road in Wayne, NJ 07470.

4. Existing branches; and

Due to the nature of intrathecal infusion therapy whereby our RNs visit patients intermittently on average over a long period of time to perform refills, we are able to offer comprehensive coverage of our services across the entire state of Tennessee by employing two full-time employees to provide skilled nursing services during our first year of operation. We project that the number of FTEs will increase to three by year two. Our administrator, who will also be employed as one of the full-time RNs, will utilize our home office. It will not be necessary for our other employed nurses to utilize branch offices, nor will we have a need to utilize a branch office for any other function—pharmacy and call center—as contracted professionals will provide these at remote locations.

5. Proposed branches.

The proposed service area is to include all counties of Tennessee. Due to the specific and detailed nature of the proposed home care management service, IPM will be able to sufficiently and safely provide quality intrathecal home care throughout the entire state of Tennessee without having to utilize branch offices.

Absolutely no patients, caregivers, or physicians will ever be visiting the home office for conferences or meetings as all necessary communication will take place either over the phone (directly with IPM nursing staff or via contracted pharmacy call center) or within the comfort of a patient's home or other location as designated convenient for the patient. Regarding on-call and emergency services, these will be rendered in the same fashion—the home office will be utilized solely for administrative purposes.

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SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART Not Applicable

A. Unit / Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage			Proposed Final Cost/ SF		
					Renovated	New	Total	Renovated	New	Total
B. Unit/Depart. GSF Sub-Total										
C. Mechanical/ Electrical GSF										
D. Circulation /Structure GSF										
E. Total GSF	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

1. Adult Psychiatric Services
2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
3. Birthing Center
4. Burn Units
5. Cardiac Catheterization Services
6. Child and Adolescent Psychiatric Services
7. Extracorporeal Lithotripsy
8. Home Health Services
9. Hospice Services
10. Residential Hospice
11. ICF/MR Services
12. Long-term Care Services
13. Magnetic Resonance Imaging (MRI)
14. Mental Health Residential Treatment
15. Neonatal Intensive Care Unit
16. Non-Residential Methadone Treatment Centers
17. Open Heart Surgery
18. Positron Emission Tomography
19. Radiation Therapy/Linear Accelerator
20. Rehabilitation Services
21. Swing Beds

D. Describe the need to change location or replace an existing facility.

E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of $1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:

1. For fixed-site major medical equipment (not replacing existing equipment):
   a. Describe the new equipment, including:
      1. Total cost ;(As defined by Agency Rule).
      2. Expected useful life;
      3. List of clinical applications to be provided; and
      4. Documentation of FDA approval.
   b. Provide current and proposed schedules of operations.
2. For mobile major medical equipment:
   a. List all sites that will be served;
   b. Provide current and/or proposed schedule of operations;
   c. Provide the lease or contract cost.
   d. Provide the fair market value of the equipment; and
   e. List the owner for the equipment.
3. Indicate applicant's legal interest in equipment (*i.e.*, purchase, lease, etc.) In

the case of equipment purchase include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

III. (A) Attach a copy of the plot plan of the site on an 8 1/2" x 11" sheet of white paper which **must include**:

1. Size of site (***in acres***);
2. Location of structure on the site; and
3. Location of the proposed construction.
4. Names of streets, roads or highway that cross or border the site.

Please note that the drawings do not need to be drawn to scale. Plot plans are required for all projects.

(B) 1. Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

IV. Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. on an 8 1/2" x 11" sheet of white paper.

NOTE: ***DO NOT SUBMIT BLUEPRINTS***. Simple line drawings should be submitted and need not be drawn to scale.

V. For a Home Health Agency or Hospice, identify:

1. Existing service area by County;
2. Proposed service area by County;
3. A parent or primary service provider;
4. Existing branches; and
5. Proposed branches.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with Tennessee Code Annotated § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care." The three (3) criteria are further defined in Agency Rule 0720-4-.01. Further standards for guidance are provided in the state health plan (Guidelines for Growth), developed pursuant to Tennessee Code Annotated §68-11-1625.

The following questions are listed according to the three (3) criteria: (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. *Please type each question and its response on an 8 1/2" x 11" white paper*. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate "Not Applicable (NA)."

QUESTIONS

NEED

1. Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for Growth.

   a. Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project. Do not provide responses to General Criteria and Standards (pages 6-9) here.

   b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c)

2. Describe the relationship of this project to the applicant facility's long-range development plans, if any.

3. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. **Please submit the map on 8 1/2" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e., no highlighters, pencils, etc.).**

4. A. Describe the demographics of the population to be served by this proposal.

   B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

5. Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

6. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology **must include** detailed calculations or documentation from referral sources, and identification of all assumptions.

ECONOMIC FEASIBILITY

1. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.

   - All projects should have a project cost of at least $3,000 on Line F. (Minimum CON Filing Fee). CON filing fee should be calculated from Line D. (See Application Instructions for Filing Fee)

- The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.

- The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.

- For projects that include new construction, modification, and/or renovation; **documentation must be** provided from a contractor and/or architect that support the estimated construction costs.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED

NEED

1. Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for Growth.

The proposed service model will protect, promote and improve the health of Tennesseans over time by creating a proactive option for intrathecal home care management. The models overall goal is better outcomes, access to care and quality clinical management of the intrathecal pump. This goal can only assist in improving the quality of life of the Tennesseans whom can utilize this service.

a. Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project. Do not provide responses to General Criteria and Standards (pages 6-9) here.

1. The need for home health agencies/services shall be determined on a county by county basis.

Due to the highly specific nature of this therapy, Tennessee residents that will benefit from, and for whom our services will indeed be necessary in achieving optimal treatment outcomes associated with their individual condition, will likely be dispersed throughout the entire state of Tennessee with no regard for geographic predictability. We can anticipate servicing such a broad area because of the fact that intrathecal pump patients often drive great distances (3 or 4 hours is commonplace) to a physician office in order to receive pump refills and maintenance. Thus, patients living in extremely rural areas of the state will present a need for our services as crucial as those living in more populated areas, even though this need may not be as visible and apparent.

2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county.
The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed area.

These percentages are not reliably indicative of the need for our services in Tennessee. We humbly ask that you consider this specialization and the associated clinical need for our services when reviewing this section's applicability as indicative of the need for our services within your state.

3. Using recognized population sources, projections for four years into the future will be used.

These sources are unavailable and not applicable to our services and patient population.

4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.
Based on the number of patients served by home health agencies in the service area, an estimation will be made as to how many patients could be served in the future.

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Due to our specialization of services and the niche population of patients we will be seeing, this standard is not applicable to our company. Unlike traditional infusion services, the typical indicators cannot be used such as number of additional days in the hospital due to delays in initiation home infusion services, or number of days of delay in initiation of home infusion services. This particular therapy is only initiated by a neurosurgeon, or implanting physician, not by a Registered Nurse. The RN can continue and assist with the home management, but the proposed service model will assist only with management.

Two important indicators for this specific type of therapy might be:

- Average number of days pts must wait for MD appointments for required dose changes (7 to 10 business days)
- Average number of days pts must wait for required dose changes with IPM intrathecal home management (1 business day)
- Average number of hospitalizations for pump complications per year utilizing the MD office model (2/year)
- Average number of hospitalizations for pump complications per year utilizing IPM proposed model (0.2/year)

5. *Documentation from referral sources:*
   a. *The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.*
   b. *The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.*
   c. *The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.*
   d. *The applicant shall provide information concerning whether a proposed agency would provide services different from those offered by existing agencies.*

IPM has obtained three letters of referral from pump manufacturers elucidating the immediate need for our services within the state of Tennessee (see Attachment C.Need-1.a.5.Manufacturers.). In addition, we have obtained letters from two implanted pump patients in Tennessee indicating immediate need of our services (see Attachment C.Need-1.a.5.Patients.). Points indicating this need cited by the manufacturers include the documented and steady increase in pump utilization throughout the Southeast, the need for the provision of this therapy in the home as patients with the associated diagnoses result in ambulatory issues, and the sole focus of our company in intrathecal home infusion therapy as being integral to obtain optimal outcomes and quality of life for this population.

Medtronic is the worlds largest medical technology company, offering a depth of innovative therapies to fulfill their mission of alleviating pain, restoring health, and extending life. Medtronic was founded in 1949, with their world headquarters in Minneapolis, Minnesota. Medtronic has several different divisions, including Neuromodulation, Spine and Surgical Therapies. Medtronic serves 140 countries and is MDT on the NYSE (New York Stock Exchange). The Smokey Mountain Medtronic district has provided IPM with documentation that the proposed services would be beneficial for the individuals in Tennessee whom utilize the Medtronic Implantable Intrathecal Pump. The proposed service model would actually

Therapies. Medtronic serves 140 countries and is MDT on the NYSE (New York Stock Exchange). The Smokey Mountain Medtronic district has provided IPM with documentation that the proposed services would be beneficial for the individuals in Tennessee whom utilize the Medtronic Implantable Intrathecal Pump. The proposed service model would actually facilitate an increase in pump sales for Medtronic due to the elimination of the MD burden of care for the intrathecal pump. IPM is not affiliated with Medtronic formally, but Medtronic recommend the proposed services.

Flowonix is another manufacturer of a programmable implanted intrathecal pump. Flowonix home headquarters is located in New Jersey, but they do have a national presence with intensity in the state of Tennessee. Flowonix is a medical device company dedicated to helping those who suffer from chronic disorders. Our team has decades of experience developing unique and reliable medical devices to improve patients' quality of life. Using one of a kind technology that delivers industry-leading accuracy, Flowonix has developed an implantable drug pump designed to deliver therapeutic drugs into the spine to relieve a variety of chronic disorders and help patients return to normal lives. Flowonix is focused on alleviating chronic pain. We are dedicated to working with healthcare professionals to help ease suffering and allow people to reclaim their lives through innovation and therapy advancements.

The data required to breakdown the patient need based on county of residence is not available. This information is proprietary to Medtronic and not available to the public. Medtronic provided the number of pts in Tennessee, but no further information will be provided based upon the percentage of pts in each county. As Flowonix is a relatively new player in the implantable intrathecal market, and their pump numbers are continuously increasing within the state of Tennessee, they could not provide an accurate projection to IPM.

6. The proposed charges shall be responsible in comparison with those of other similar facilities in the service area or in adjoining service areas.

a. The average cost per visit by service category shall be listed.

b. The average cost per patient upon the projected number of visits per patient shall be listed.

In light of the fact that there are currently, to our knowledge, no other companies in Tennessee that provide all aspects of intrathecal home infusion therapy that can serve as comparisons, this standard is not applicable.

Referring physicians would refer their patients for IPM to do all pump refills, titrations, MRI checks and changes in status in the homecare setting.

b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c).

Not Applicable (NA)

2. Describe the relationship of this project to the applicant facility's long-range development plans, if any.

Not Applicable (NA)

3. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. Please submit the map on a 8 ½" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e. no highlighters, pencils, etc.).

Based upon indications given us by the leading pump manufacturer Medtronic, IPM will service all counties and demographic areas within the state of Tennessee (see Attachment C. Need-3.). Our potential service area is broad and is the result of our niche population being geographically dispersed; this is due to the fact that the diagnoses which will warrant our services—those causing severe spasticity and pain—are unrelated to population demographics of any type.

4. a. Describe the demographics of the population to be served by this proposal.

The need for the proposed home intrathecal pump management will directly affect individuals that have an implanted intrathecal pump for one of two main diagnoses: pain and/or intractable spasticity. The two indications for the intrathecal pump create a varied patent population that could benefit from pump home management.

The individual with chronic pain can range from highly debilitated to possibly having the ability to work full-time. The individual with intractable spasticity most generally suffers from diseases such as:

Multiple sclerosis
Cerebral palsy
Traumatic brain injury
Spinal cord injuries
Varied neurological disorders

The patient population that suffers from intractable spasticity is a very individualized, highly specific patient group with special needs and particular service requirements. Due to the nature of the disease processes involved, many of the patients suffer from some form of movement disorder and or chronic pain. Both of these diagnoses present a challenge both physically and economically when the patients are forced to have their intrathecal pump management performed in the MD office. Although the MD office model is effective for some, the majority of the intended population benefits from home infusion of their intrathecal pump.

The proposed home management model will allow registered nurses to manage all aspects of the implanted intrathecal pump in the comfort of the patient's home. The registered nurse will obtain signed MD orders for all implementation of the implanted pump therapy. IPM will act as an extension to the MD's office to assist in facilitating the highest possible therapy outcomes. IPM will fill, titrate, trouble shoot and supply medication and manage the intrathecal pump in the home care setting. The traditional location for pump refill, titrations, and troubleshooting is the doctor's office. Due to the inability to ambulate, economic restraints, and caregiver availability, many of the patients suffer hardships to physically get to the doctors office for a pump therapy that can be safely managed at home.

b. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

While the immobility of the intended population is expected to present as the most pressing of special needs, IPM will aggressively attempt to provide our highly specialized services to any resident in need of pump management, regardless of age, race, ethnicity, gender, or income. As IPM intends to offer services based upon the principle of non-discrimination, our referrals will be based on the need for intrathecal infusion therapy management and the likelihood of positive treatment outcomes rather than characteristics pertaining to the patient population, which are otherwise unrelated.

5. Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

To our knowledge there is no single provider that supplies intrathecal home management as proposed in IPM's model. Any providers that provide home intrathecal management do not specialize as IPM does. IPM feels that the specialized, sole focus on intrathecal therapy management sets us apart from the rest. Historically, intrathecal therapy has been riddled with errors and negative results. By adopting the management model of IPM, the therapy has higher success rates due to quality, education, knowledge and overall proactive approach.

6. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

The need for intrathecal home management in Tennessee has been derived from medical doctors practicing in Tennessee inquiring about services available. The projected patient population is derived from the number of implanted pump patients in the state of Tennessee. Per Medtronic statistics, 300 intrathecal pumps are currently in use in the state of Tennessee. As this number is supplied directly from the pump manufacturer, it is an adequate identifier of additional resources needed in the state of Tennessee.

The estimated number of individuals with implanted intrathecal pumps in the state of Tennessee is 300. IPM proposes utilization of services to 40% of this intended population—approximately 120 individuals. This estimation is conservative in approach, but IPM feels the targeted percentage is attainable and realistic.

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Using the population of 120 individuals for utilization of proposed services, IPM assumes that each individual will require a minimum of twelve visits per calendar year. This estimation of utilization of services is equal to approximately 1,440 patient visits per year for the proposed home care intrathecal management service. The estimation of required visits per year for each consumer is derived from manufacturer recommendations for proper pump maintenance and all aspects of care coordination and is based off of refill intervals, dose adjustments, and monthly assessments of patient status.

IPM estimates a total accumulation of 240 patients by the end of the second year of operation.

ECONOMIC FEASIBILITY

1. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.

IPM's project cost involves the application fee of $3,000, our first-year office rental expense of $8738 plus a rental retainer of $650, office supplies totaling $500, and an implantable pump programmer for $800. The total project cost involved is ~~$134,962.~~ $13,038.

2. Identify the funding sources for this project.

The proposed project will be funded by cash reserves. A bank statement, balance sheet, and income statement have been supplied (see Attachment C. Economic Feasibility-2.) that evidences sufficient funds.

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services Department.

The potential impact to the current health care system in the state of Tennessee is unequivocally positive. If Tennessee is to allow the introduction of the proposed services, the potential benefits are vast. The intended patient population would be offered access to a treatment modality oftentimes not used due to lack of management support. The patient's overall health outcomes would also increase exponentially. IPM's proactive approach allows and encourages early detection of secondary infections that may negatively impact the therapy. In addition to early detection of secondary infections, the program also focuses heavily on patient education and quality of care.

Due to the fact that IPM focuses only on this one therapy, competition from traditional home health agencies is minimal; this is because most traditional home health agencies are not trained, educated, equipped and able to perform this high-tech, niche therapy.

4. Complete Historical and Projected Data Charts on the following two pages.

Please see application.

5. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.

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The project's gross operating revenue is projected at $134,962 for the first year and $369,562 for the second. Deductions from the gross operating revenue leave the net operating revenue at $286,500 for the first year and at $573,250 for the second. Taking into account total operating expenses of $151,538 for year one and $203,688 for year two, the net operating income is projected to equal $134,962 and $369,562 for the first and second years of operation, respectively.

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing charges.

IPM proposes to charge $200 per patient visit based on manufacturer recommendations for proper pump care. This rate will be inclusive of the RN refill visit, drug administration, associated wound site maintenance and related pump care, and comprehensive routine patient assessments, and on-call RN Administrator services available 24/7. As we estimate servicing 120 patients during the first year of operation and 240 during the second, at 12 patient visits per year the anticipated gross operating revenue for the proposal equals $288,000 and $576,000 for years one and two, respectively.

The average cost per patient is $100. The average cost per visit is $200.

B. Compare the proposed charges to those of similar facilities in the service area/adjoining service area, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the current project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

As there are currently no providers in the state of Tennessee specializing in the comprehensive care of high-risk intrathecal infusion therapy, we are unable to provide an accurate rate comparison at this time.

7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.

Each patient is estimated to need approximately 12 visits per year and have an estimated cost of $200 per visit. With 300 estimated pumps in the state of Tennessee, an expected charge per year would be approximately $720,000.

8. Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.

As is evidenced by our projected revenue and expenses, we do not expect to rely on any outside source to cover our expenses. We do, however, have the means by which to do so (please see Attachment C. Economic Feasibility-2.).

9. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total

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project revenue anticipated from each of TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.

IPM does not anticipate any revenue from the aforementioned sources.

- Range of charges for this type of services by commercial payors: $150-250.
- Range of Allowable charges covered by Medicare patients: Zero. Medicare does not cover home infusion services. Medicare recipients in need of home infusion services would require a secondary commercial insurance plan to cover intrathecal home infusion.

10. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility-10.

Please see attachment (Attachment C. Economic Feasibility-2.) of IPM's most recent bank statement, income statement, and balance sheet.

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.

Since the specific type of therapy which IPM intends to provide is so specialized, and in light of the proven efficacy and superior patient outcomes associated with its total administration in the homecare setting as opposed to outpatient or office visits, IPM has discussed no alternate methods of providing intrathecal infusion therapy.

b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

IPM's proposal does not include any type of facility construction, and will utilize a rented office space solely for clerical purposes.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. List all existing health care providers (e.g. hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.

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Please see Attachment C-Contribution.1. for a list of all Tennessee HHAs currently offering intrathecal home infusion services, which is exactly two. One such agency does not typically provide these services, although able to upon request.

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

The proposed intrathecal home care management service will contribute to the orderly development of health care by allowing the affected individuals higher access to quality, specific care while simultaneously working with the patient to optimize therapy outcomes and increasing quality of life outcomes. In many cases, this can result in individuals entering the work force and increasing economic productivity for the individual, thus also for the state.

The economic feasibility of allowing an expert intrathecal pump management company into Tennessee has the potential to greatly reduce overall health care costs to the intended recipients. Utilizing a pro-active approach to healthcare has been proven to dramatically reduce overall health care costs. Implanted Pump Management focuses on the patient as a whole, not solely on the implanted intrathecal pump. Utilizing this approach, which is inclusive of comprehensive patient assessments and a high standard of communication between all providers involved in the patient's care, many secondary conditions such as urinary tract infections, falls, skin breakdowns, and or pump therapy failures are thwarted or identified early. Survey results show that this specific approach reduces yearly ER/hospital admissions by over 50%. The intended medical service offers a more cost-effective home management and pro-active nursing assessment that assists the individual patient in achieving a higher level of overall health care, which, in turn, drives the reduction of their cost of care in general (please see graph in Attachment C.Contribution-2 depicting the efficacy of home care over in-office pump management).

The existing health care providers will be limited to neurologists, neurosurgeons, and MDs practicing pain management and/or psychiatry. The specific nature of diagnoses for the intended patient population creates the need for a particular type of medical professional that can participate in the proposed services. The medical professionals that will work with the proposed IPM services are those that have specializations in either pain management or neurology. Listed on the Tennessee Department of Health's website, http://health.state.tn.us/, are over two hundred pain management physicians and clinics currently practicing. Although not all of the aforementioned pain management doctors currently utilize the intrathecal pump, the introduction of the proposed services will allow them the option of expanding their treatment modality.

Although physician reasons for not utilizing the implanted pump to manage pain and spasticity vary, the one most commonly cited is the lack of physician support systems. Implanted Pump Management is, therefore, not only offering the service to the individual patients in their homes, but also to practicing medical doctors. The intrathecal home management program will offer the physicians the avenue for introduction of pump services to their patient population by eliminating the historical burden of care to the physician.

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When utilizing the IPM home care management model, physicians benefit as well as patients. IPM will incorporate a 24-hour on call RN Administrator for patients to utilize with registered nurses and pharmacists at the other end of the phone to answer therapy questions. This is a great benefit for the physicians because they no longer have to supply the support through their individual offices. One of the many goals of IPM is to reduce the time, educational, and financial ramifications of intrathecal pump therapy to physician offices, allowing each physician to focus on quality of care to his/her patients. This approach will increase access to care for patients in the state of Tennessee, who without the IPM home management program might otherwise be denied access to this treatment modality.

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for all these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

Implanted Pump Management will utilize two full-time RNs during the first year of operation expects to utilize three during its second. We are choosing to pay our RNs an annual salary of $55,000, which is in accordance with the pay scale as reported by the Bureau of Labor Statistics (see Attachment C. Contribution-3.). We will pay our RN DON an annual salary of $70,000.

Any contracted infusion pharmacy that IPM has chosen to contract with will hold JCAHO Accreditation and follow all state and federal regulations in regards to intrathecal medications and narcotics. The pharmacy will also follow all 797 Pharmacy standards as regulated by pharmacy law. The compounding pharmacy will be supplied the signed MD order via fax. The compounding pharmacy will then process and compound the medication. The compounding pharmacy will then mail the medication with a copy of the signed order to the primary IPM RN. The signed order will be dated and have all of the following:

Patient Name
D.O.B.
Patient Address
Medication
Concentration
Medication Daily Dose
Volume to be filled

IPM and their RN employees will serve as an "extension to the physician" by implementing strong clinical and assessment skills based on MD orders. The IPM RN will not work out of his/her scope and the Tennessee Nurse Practice Act as stated in the Tennessee Regulatory Statutes. The IPM RN will perform the following: a full nursing assessment, education, and clinical expertise in the intrathecal pump based on signed MD orders. This structure allows the prescribing MD a glimpse of the patient in his or her own environment. Also allowing the RN to witness and identify any changes in ambulation, family dynamics and or unsafe conditions that can all lead the patient to below optimal outcomes. The extension of the RN in the home allows the MD to be aware of findings that could not be witnessed or identified in the MD office

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setting. This approach increases MD awareness of patient needs and services required to obtain optimal outcomes.

4. Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.

Not Applicable (N/A)

5. Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review policies and programs, record keeping, and staff education.

Implanted Pump Management has reviewed the aforementioned policies and state requirements and will be able to meet standards outlined by each without issue.

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g. internships, residencies, etc.).

Not Applicable (N/A)

7. (a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.

IPM has reviewed the Rules of the Tennessee Department of Health's Standards for Home Care Organizations Providing Home Health Services and will be able to adhere to all criteria set forth without issue.

(b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Licensure: Tennessee Department of Health (will receive Home Care Organization licensure)

Accreditation: Not Applicable (N/A)

(c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.

IPM is a relatively new company and is actively seeing pts in New Jersey, and just recently JCAHO accredited in the state of Florida. IPM is not Medicare/Medicaid Certified and will not proceed to do so.

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(d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

Not Applicable (N/A)

8. Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

Not Applicable (N/A)

9. Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project.

Not Applicable (N/A)

10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.

IPM intends to supply the Tennessee Health Services and Development Agency and any other applicable reviewing agency on behalf of the state any data or information as requested or required.

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PROJECT COSTS CHART

A.	Construction and equipment acquired by purchase:	
1.	Architectural and Engineering Fees	N/A
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	N/A
3.	Acquisition of Site	N/A
4.	Preparation of Site	N/A
5.	Construction Costs	N/A
6.	Contingency Fund	N/A
7.	Fixed Equipment (Not included in Construction Contract)	N/A
8.	Moveable Equipment (List all equipment over $50,000)	N/A
9.	Other (Specify) Programmer and office supplies	1,300.00
B.	Acquisition by gift, donation, or lease:	
1.	Facility (inclusive of building and land)	8,738.00
2.	Building only	N/A
3.	Land only	N/A
4.	Equipment (Specify)	N/A
5.	Other (Specify)	
C.	Financing Costs and Fees:	
1.	Interim Financing	N/A
2.	Underwriting Costs	N/A
3.	Reserve for One Year's Debt Service	N/A
4.	Other (Specify)	N/A
D.	Estimated Project Cost (A+B+C)	10,038.00
E.	CON Filing Fee	3,000.00
F.	Total Estimated Project Cost (D+E)	13,038.00
	TOTAL	13,038.00

2. Identify the funding sources for this project.

   Please check the applicable item(s) below and briefly summarize how the project will be financed. ***(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.)***

- [ ] A. Commercial loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;
- [ ] B. Tax-exempt bonds--Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;
- [ ] C. General obligation bonds—Copy of resolution from issuing authority or minutes from the appropriate meeting.
- [ ] D. Grants--Notification of intent form for grant application or notice of grant award; or
- [x] E. Cash Reserves--Appropriate documentation from Chief Financial Officer.
- [ ] F. Other—Identify and document funding from all other sources.

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.
4. Complete Historical and Projected Data Charts on the following two pages--***Do not modify the Charts provided or submit Chart substitutions!*** Historical Data Chart represents revenue and expense information for the last *three (3)* years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart should reflect revenue and expense projections for the ***Proposal Only*** (*i.e.*, if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility).
5. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.

HISTORICAL DATA CHART Not Applicable

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in [ ] (Month).

	Year [ ]	Year [ ]	Year [ ]
A. Utilization Data (Specify unit of measure)			
B. Revenue from Services to Patients			
1. Inpatient Services	$	$	$
2. Outpatient Services			
3. Emergency Services			
4. Other Operating Revenue (Specify) [ ]			
Gross Operating Revenue	$	$	$
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	$	$	$
2. Provision for Charity Care			
3. Provisions for Bad Debt			
Total Deductions	$	$	$
NET OPERATING REVENUE	$	$	$
D. Operating Expenses			
1. Salaries and Wages	$	$	$
2. Physician's Salaries and Wages			
3. Supplies			
4. Taxes			
5. Depreciation			
6. Rent			
7. Interest, other than Capital			
8. Other Expenses (Specify) [ ]			
Total Operating Expenses	$	$	$
E. Other Revenue (Expenses) – Net (Specify)	$	$	$
NET OPERATING INCOME (LOSS)	$	$	$
F. Capital Expenditures			
1. Retirement of Principal	$	$	$
2. Interest			
Total Capital Expenditures	$	$	$
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	$	$	$

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PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in January (Month).

	Year 2015	Year 2016
A. Utilization Data (Specify unit of measure)	Total # Patient Visits	Total # Patient Visits
B. Revenue from Services to Patients		
1. Inpatient Services	$ N/A	$ N/A
2. Outpatient Services	288,000.00	576,000.00
3. Emergency Services	N/A	N/A
4. Other Operating Revenue (Specify) N/A	N/A	N/A
Gross Operating Revenue	$ 288,000.00	$ 576,000.00
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$ N/A	$ N/A
2. Provision for Charity Care	1,000.00	2,000.00
3. Provisions for Bad Debt	500.00	750.00
Total Deductions	$ 1,500.00	$ 2,750.00
NET OPERATING REVENUE	$ 286,500.00	$ 573,250.00
D. Operating Expenses		
1. Salaries and Wages	$ 125,000	$ 180,000
2. Physician's Salaries and Wages	N/A	N/A
3. Supplies	1,300.00	500.00
4. Taxes	1,000.00	1,500.00
5. Depreciation	N/A	N/A
6. Rent	8,738.00	4,188.00
7. Interest, other than Capital	N/A	N/A
8. Other Expenses (Specify) CON fee, Health Benefits, Workers Comp	15,500.00	17,500.00
Total Operating Expenses	$ 151,538.00	$ 203,688.00
E. Other Revenue (Expenses) -- Net (Specify)	$ N/A	$ N/A
NET OPERATING INCOME (LOSS)	$ 134,962.00	$ 369,562.00
F. Capital Expenditures		
1. Retirement of Principal	$ N/A	$ N/A
2. Interest	N/A	N/A
Total Capital Expenditures	$ N/A	$ N/A
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	$ 134,962.00	$ 369,562.00

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

   B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.

8. Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.

9. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.

10. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility-10.

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

    a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.

    b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

4. Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.

5. Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review *policies and programs, record keeping, and staff education.*

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (*e.g.,* internships, residencies, etc.).

7. (a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.

   (b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

   Licensure:

   Accreditation:

   (c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.

   (d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

8. Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

9. Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project

10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper as proof of the publication of the letter of intent.

DEVELOPMENT SCHEDULE

Tennessee Code Annotated § 68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. **Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.**
2. **If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph,* please state below any request for an extended schedule and document the "good cause" for such an extension.**

Form HF0004
Revised 02/01/06
Previous Forms are obsolete

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in T.C.A. § 68-11-1609(c): 11/01/2014

Assuming the CON approval becomes the final agency action on that date; indicate the number of days **from the above agency decision date** to each phase of the completion forecast.

Phase	**DAYS REQUIRED**	**Anticipated Date (MONTH/YEAR)**
1. Architectural and engineering contract signed		
2. Construction documents approved by the Tennessee Department of Health		
3. Construction contract signed		
4. Building permit secured		
5. Site preparation completed		
6. Building construction commenced		
7. Construction 40% complete		
8. Construction 80% complete		
9. Construction 100% complete (approved for occupancy		
10. *Issuance of license	0	11/2014
11. *Initiation of service	0	11/2014
12. Final Architectural Certification of Payment		
13. Final Project Report Form (HF0055)		

* **For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

Attachment A.3.

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
FILING CERTIFICATE (CERTIFIED COPY)

JUL 28 PM 4:39

Corporation Name: IMPLANTED PUMP MANAGEMENT LLC
Business Id: 0400475184
Certificate Number: 6000027414

I, THE TREASURER OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY, THAT THE ABOVE NAMED BUSINESS DID FILE AND RECORD IN THIS DEPARTMENT AN ORIGINAL CERTIFICATE ON February 29, 2012 AND THAT THE ATTACHED IS A TRUE COPY OF THIS DOCUMENT AS THE SAME IS TAKEN FROM AND COMPARED WITH THE ORIGINAL(S) FILED IN THIS OFFICE AND NOW REMAINING ON FILE AND OF RECORD.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY OFFICIAL SEAL AT TRENTON, THIS March 14, 2014 A.D.

Andrew P Sidamon - Eristoff
State Treasurer

VERIFY THIS CERTIFICATE ONLINE AT
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE

CERTIFICATE OF FORMATION

IMPLANTED PUMP MANAGEMENT LLC
0400475184

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 02/29/2012 and was assigned identification number 0400475184. Following are the articles that constitute its original certificate.

1. **Name:**
   IMPLANTED PUMP MANAGEMENT LLC

2. **Registered Agent:**
   ROY PUTRINO

3. **Registered Office:**
   1401 VALLEY ROAD , 4TH FLOOR
   WAYNE, NJ 07470

4. **Business Purpose:**
   IMPLANTABLE PUMP MANAGEMENT

5. **Members/Managers:**
   ROY PUTRINO
   1401 VALLEY ROAD , 4TH FLOOR
   WAYNE, NJ 07470

6. **Main Business Address:**
   1401 VALLEY ROAD , 4TH FLOOR
   WAYNE, NJ 07470

Signatures:
TIFFANY RUSSELL
AUTHORIZED REPRESENTATIVE

FILED
FEB 29 2012
STATE TREASURER

LLC

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of March, 2012

Andrew P Sidamon-Eristoff
State Treasurer

Certificate Number: 123220260
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

IMPLANTED PUMP MANAGEMENT LLC
1401 VALLEY RD
WAYNE, NJ 07470-2037

October 24, 2013

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

SOS Control # :	**735942**	Formation Locale:	NEW JERSEY
Filing Type:	Limited Liability Company - Foreign	Date Formed:	02/29/2012
Filing Date:	10/24/2013 3:13 PM	Fiscal Year Close:	12
Status:	Active	Annual Report Due:	04/01/2014
Duration Term:	Perpetual	Image # :	7252-1309
Managed By:	Member Managed		

Document Receipt

Receipt # : 1192779	Filing Fee:	$300.00
Payment-Check/MO - IMPLANTED PUMP MANAGEMENT LLC, WAYNE, NJ		$300.00

Registered Agent Address:
CAREY MARTIN
106 OAK SPRINGS LN
RICKMAN, TN 38580-1759

Principal Address:
1401 VALLEY RD
WAYNE, NJ 07470-2037

Congratulations on the successful filing of your **Application for Certificate of Authority** for **IMPLANTED PUMP MANAGEMENT LLC** in the State of Tennessee which is effective on the date shown above. Visit the TN Department of Revenue website (apps.tn.gov/bizreg) to determine your online tax registration requirements.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

Tre Hargett
Secretary of State

Processed By: Cynthia Dunn

Attachment A.4.

IMPLANTED PUMP MANAGEMENT, LLC.
Specializing in The Management of Pain and Spasticity
Implanted Pump Therapies

OWNERSHIP STRUCTURE

Implanted Pump Management LLC (IPM) was formally incorporated in New Jersey on 2/29/12 and filed for authority to conduct business in Tennessee on 10/24/13. IPM is a Single Member LLC owned by Roy Putrino (ownership interest: 100%). Mr. Putrino is a registered pharmacist licensed in New Jersey as well as Tennessee and holds an ownership interest of 70% in Basic Home Infusion, a licensed pharmacy located at 1401 Valley Road, 4th Floor, Wayne, NJ 07470.

IPM intends to employ one Full-Time Registered Nurse (FT RN) during its first year of operation and two during its second; we will also utilize one FT Director of Nursing. These employees will comprise the structure of the company's clinical services to Tennessee residents.

Organizational Chart

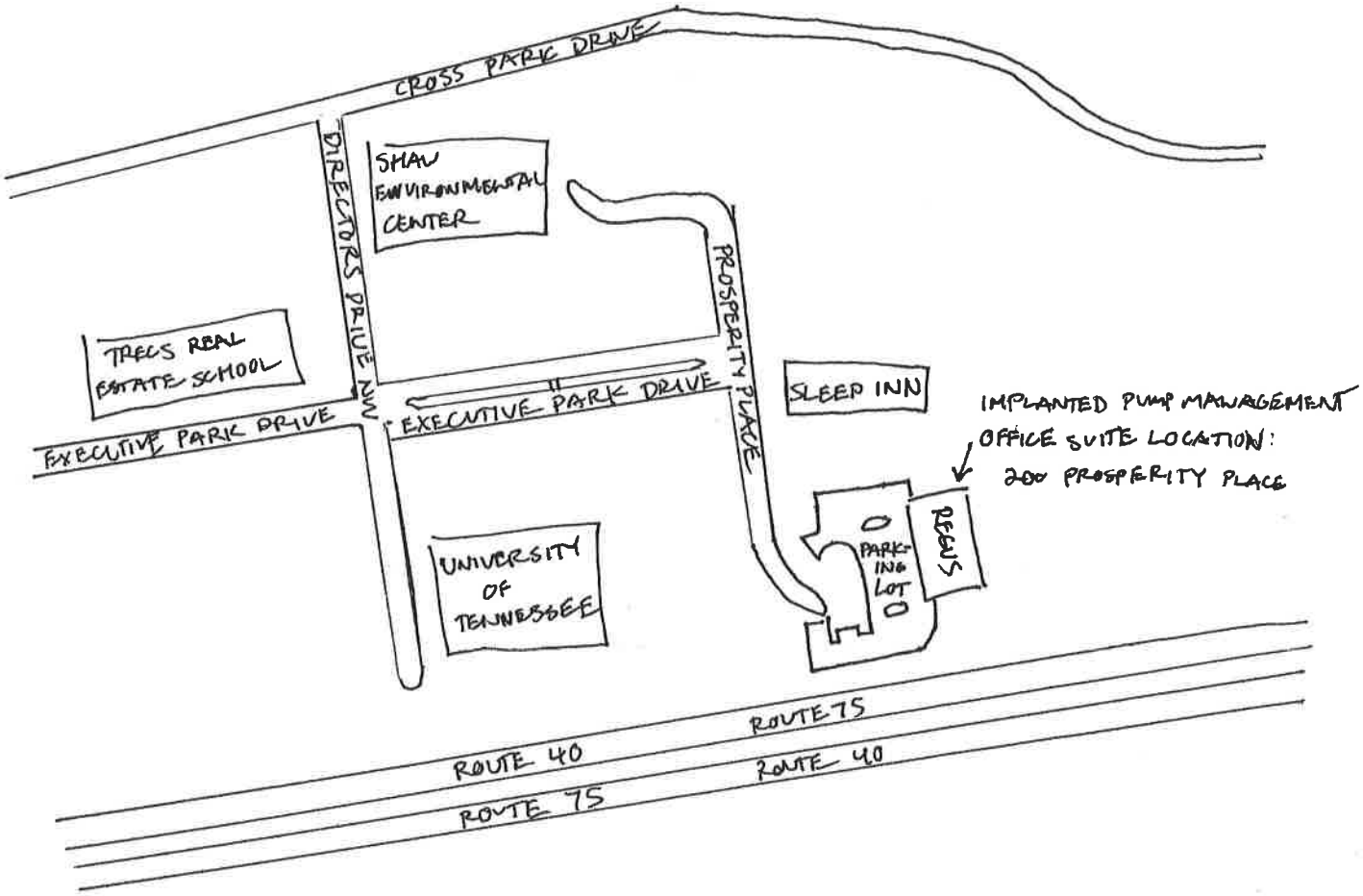
Tel: 201-475-9635 200 Prosperity Place #102, Knoxville, TN 37923 Fax: 201-475-9630

Attachment B.3.a.

IMPLANTED PUMP MANAGEMENT

PLOT PLAN : 6300 PROSPERITY PLACE, OFFICE 102

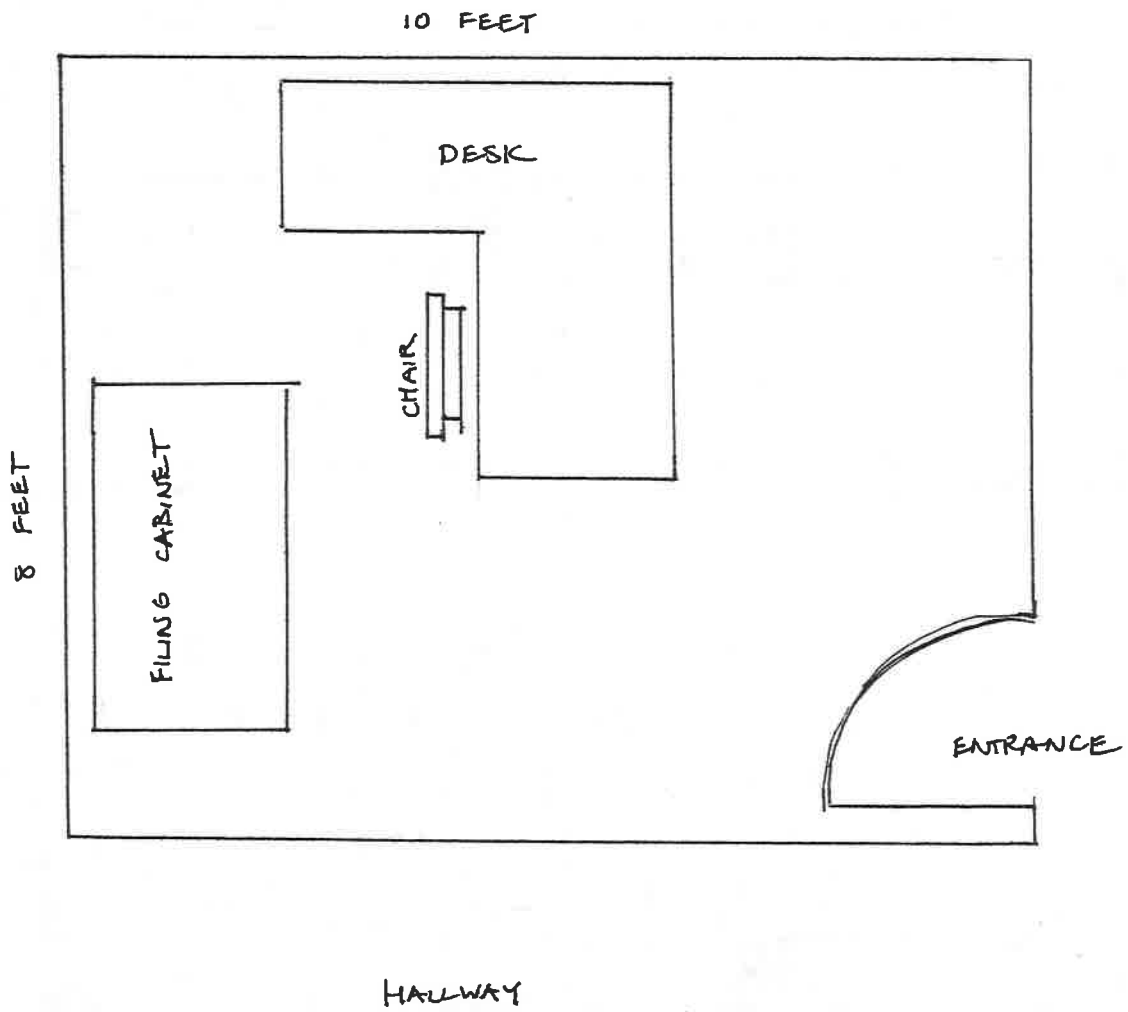
KNOXVILLE, TN 37923



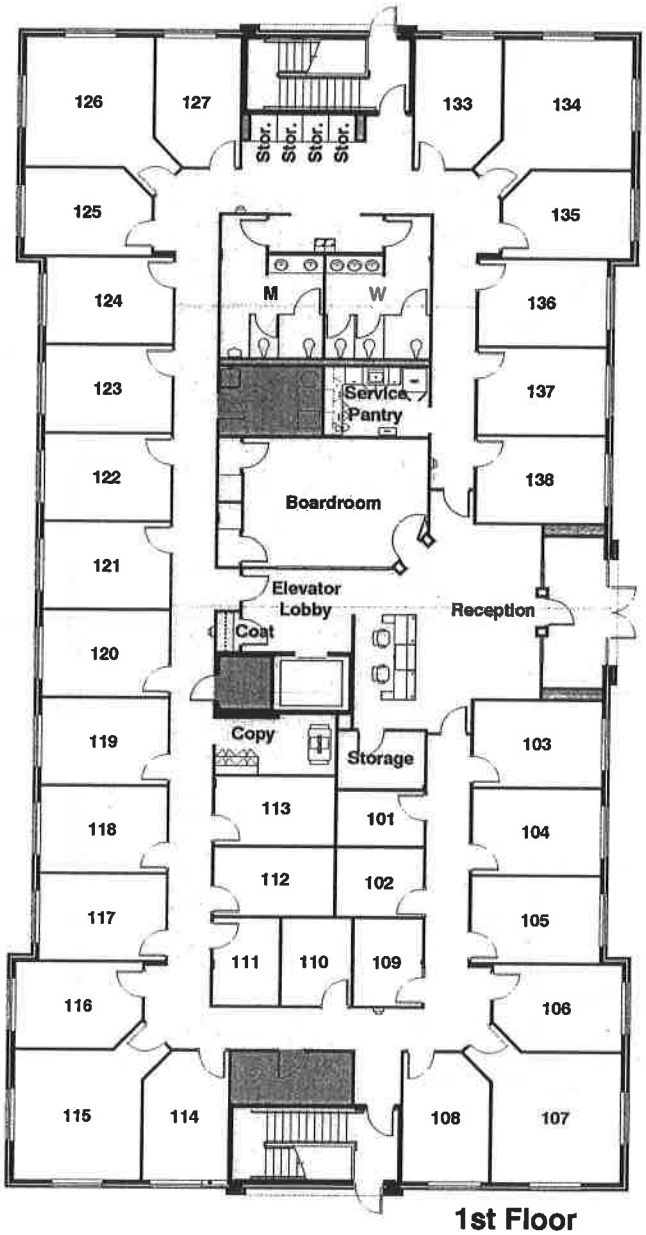
TOTAL ACREAGE = 1.91

Attachment B.5.

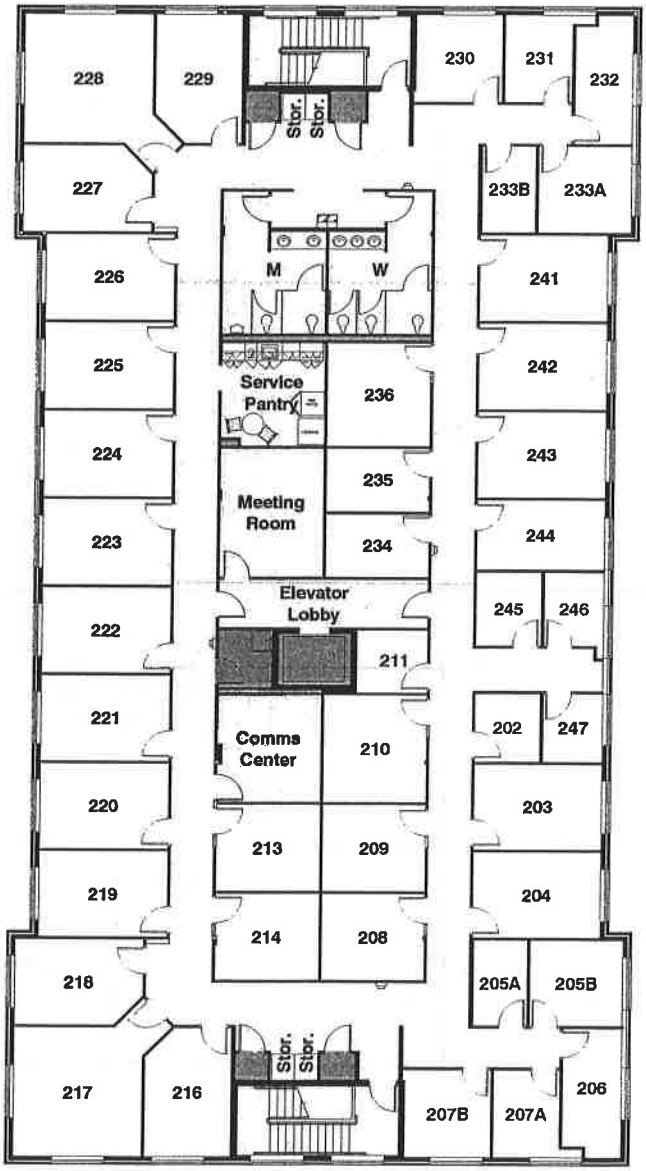
FLOOR PLAN — OFFICE #102



TOTAL AREA: 80 SQUARE FEET



1st Floor



2nd Floor

Attachment C.Need-1.a.5.Manufacturers.

To Who it may concern,

I am writing this letter to request consideration for allowing for an increase in specialized implanted pump home care services in the state of Tennessee. This service is needed to assist in refilling and managing implanted Intrathecal pumps in patients with spasticity and pain.

Care and management of these devices require detailed, skilled professional services that are best handled by Home professionals trained and focused on the specific task of pump refill and management in order to maximize patient outcomes and safety. Many patients in this population have great difficulty making it to a facility to have their pump managed post implant. This exposes patients to safety risks when appointments are missed. Many patients require the assistance of ambulance and other intensive transfer methods in order to keep refill appointments.
Offering an increase in intrathecal pump home care management will allow for improved quality of life in the spasticity and pain pump patient population. Implant numbers continue to increase and with it, the need for care, refills and education from Intrathecal home care services.

Please let me know if I can answer any questions.

Sincerely,

Melissa King

Melissa King
Smokey Mountains District
Medtronic Neurological

Medtronic Neuromodulation
7000 Central Avenue NE
Minneapolis, MN 55431
www.medtronic.com
phone: 704-718-2875

To Who it may concern,

I am writing this letter to request consideration for allowing for an increase in specialized implanted pump home care services in the state of Tennessee. This service is needed to assist in refilling and managing implanted Intrathecal pumps in patients with spasticity and pain.

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Please let me know if I can answer any questions.

Sincerely,

Denny Castillo
Smokey Mountains District
Medtronic Neurological

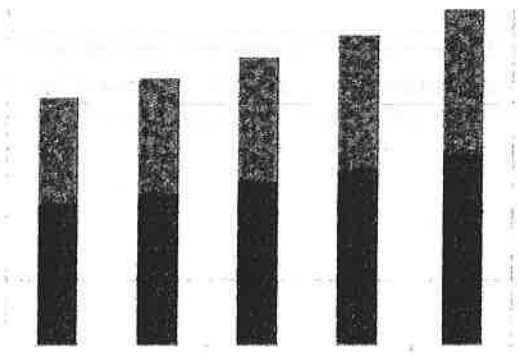
www.flowonix.com
Tel: 973.426.9229
Fax: 973.426.0035
500 International Drive, Suite 200
Mt. Olive, New Jersey 07828

Flowonix Medical

3/18/2014

To whom it may concern,

I am writing this letter to request more intrathecal home care services for the state of Tennessee. We have reached out to Implanted Pump Management to help us with this task.
As a manufacturer, we have seen a steady increase in the number of pumps throughout the country, and our company is expanding the education process throughout the Southeast.



- US ASP = $10,000
- OUS ASP = $7 500
- Two indications Pain (70%) and Spasticity (30%)
- Current U.S. pain market is = $180 million
- Medtronic dominates market with >90% share

US OUS

Please let me know if I can answer any questions.

Don Donnelly

Sincerely,

Don Donnelly
Regional Director
Flowonix Medical

Attachment C.Need-1.a.5.Patients.

July 24, 2014

To Whom It May Concern:

This letter is written in regards to the need for more home intrathecal infusion services in the state of Tennessee.
I have an implanted intrathecal pump and a homecare option is definitely the best for me and my family.
Please consider allowing more companies to introduce intrathecal home management services to better serve the individuals of Tennessee.

Sincerely, Margaret Stacey

Margaret Stacey
6610 SE Tater Peeler Rd
Lebanon, TN 37090

July 24, 2014

To Whom It May Concern:

This letter is written in regards to the need for more home intrathecal infusion services in the state of Tennessee.
I have an implanted intrathecal pump and a homecare option is definitely the best for me and my family.
Please consider allowing more companies to introduce intrathecal home management services to better serve the individuals of Tennessee.

Sincerely,

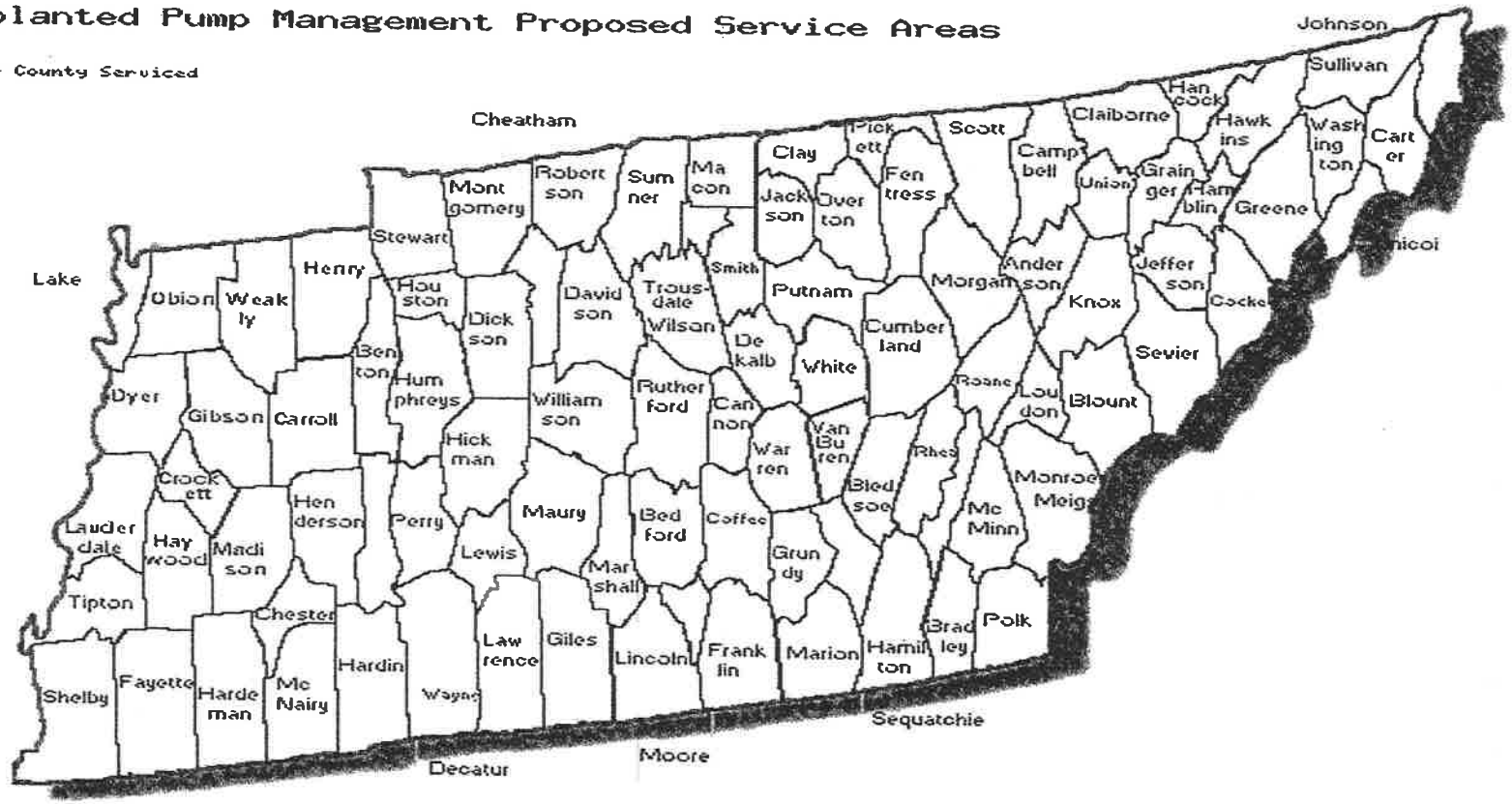
Bonnie Flint

Bonnie Flint
120 Brookwood Lane Apt 20
Gainesboro, TN 38562

Attachment C. Need-3.

Implanted Pump Management Proposed Service Areas

- County Serviced



Source: diymaps.net (c)

Attachment C. Economic Feasability-2.

IMPLANTABLE PUMP MANAGEMENT
Balance Sheet
As of June 1, 2014

	Jun 1, 14
ASSETS	
Current Assets	
Checking/Savings	
IPM, LLC - ELECTRONIC VALLEY	1,445.07
IPM, LLC - CASH VALLEY	131,069.45
Total Checking/Savings	132,514.52
Total Current Assets	132,514.52
Fixed Assets	
Accumulated Depreciation	-7,365.12
Equipment	29,995.08
Computer/Phone Software	16,250.00
Total Fixed Assets	38,879.96
TOTAL ASSETS	**171,394.48**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Shareholder Loan	102,488.44
Total Other Current Liabilities	102,488.44
Total Current Liabilities	102,488.44
Long Term Liabilities	
Due to Basic Home Infusion, Inc	9,405.00
Total Long Term Liabilities	9,405.00
Total Liabilities	111,893.44
Equity	
Retained Earnings	7,534.80
Net Income	51,966.24
Total Equity	59,501.04
TOTAL LIABILITIES & EQUITY	**171,394.48**

Valley National Bank

80

STATEMENT OF ACCOUNT

IMPLANTED PUMP MANAGEMENT LLC
1401 VALLEY RD
WAYNE NJ 07470-2037

0

Page:	1
Chks Paid:	10
Statement Date:	06/30/14
Account Number:	41577485

Indicate to the right any changes of address. Cut at the dotted line and return this form to: Valley Customer Service, 1445 Valley Road, Wayne, NJ 07470

Street: _____

City, State, Zip: _____

Signature: _____

********** BusinessCHECKING 300 41577485 **********

Checks in Order

Date	Number	Amount	Date	Number	Amount
06/06	1086	250.00	06/16	1099	89.43
06/13	1087	1,000.00	06/16	1100	622.33
*			06/16	1101	172.14
06/20	1095	120.00	*		
*			06/24	1106	10.60
06/06	1097	250.00	06/24	1107	451.68
06/17	1098	1,557.08			

(*) Check Number Missing or Check Converted to Electronic Transaction and Listed Under Non-Check Transactions

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
05/30	136,339.45	06/16	133,955.55	06/24	131,816.19
06/06	135,839.45	06/17	132,398.47		
06/13	134,839.45	06/20	132,278.47		

Account Summary
Previous Statement Date: 05/30/14

Beginning Balance	+	Deposits	+	Interest Paid	-	Withdrawals	-	Service Charge	=	Ending Balance
136,339.45		.00		.00		4,523.26		.00		131,816.19

Statement from 05/31/14 Thru 06/30/14
YTD Interest Paid .00

Report lost or stolen Valley Check Card to: 888-379-9903

800-522-4100
valleynationalbank.com

Valley National Bank

IMPLANTABLE PUMP MANAGEMENT
Profit & Loss
June 2014

	Jun 14
Ordinary Income/Expense	
Income	
Fee Refunds	125.00
Total Income	125.00
Expense	
Filing fees	3,000.00
Bank Service Charges	177.01
Insurance	1,409.48
Licenses and Permits	3,455.00
Printing and Reproduction	89.43
Rent	1,557.08
Telephone	342.26
Utilities	
Water	10.60
Total Utilities	10.60
Total Expense	10,040.86
Net Ordinary Income	-9,915.86
Net Income	-9,915.86

Attachment C.Contribution-1.

Agency	Address	Phone Number	Fax Number/Other	Intrathecal home infusion?	# Counties serviced	Health Agency Location
Clinch River Home Health	Clinch River Home Health 401 Sulphur Springs Road, Clinton, TN, 37716	Phone: 865-457-4263 Phone 2: 865-687-7070	Fax: 865-457-9415 Fax: 865-687-7040 office@crhh.net	NO		
Home Option by Harden Health Care, The	800 Oak Ridge Turnpike, Suite A208, Oak Ridge, Tennessee 37830	Phone: 865-220-1700	N/A	NO		
Professional Case Management of Tennessee	800 Oak Ridge Turnpike #100, Oak Ridge, TN 37830	Phone:(865) 481-4800	N/A	IV Infusion Therapy Only		
Blount Memorial Hospital Home Health Services	1095 East Lamar Alexander Parkway, Maryville, TN 37804	Phone:865-981-2160	N/A	IV Infusion Therapy Only		
Elk Valley Health Services Inc	5249 Harding Place Nashville, TN 37217	Phone: (615) 360-1116	Fax: (615) 360-7895	NO		
Quality Home Health		Phone:(865) 531-0016	Fax: (865) 470-2194	NO		
Amedisys Home Health Care	120 S. Main St. Pikeville, Tennessee 37367	423-447-6841	423-267-9839	NO (IV Only)		
Premier Support Services, Inc	1835 BUFFALO TRAIL MORRISTOWN, TN 37814	Phone: (423) 587-8771		NO		
Univ. of TN Med. Ctr Home Health/Hospice Service	1924 Alcoa Highway, Knoxville, Tennessee 37920	Phone: (865) 305-9000		NO		
Amedisys Home Health	5959 S. Sherwood Forest Blvd. Baton Rouge, LA 70816	tel. (225) 292-2031		NO		
Amedisys Home Health Care	230 Cumberland Bend, Suite D, Nashville, TN 37228	Phone: (615) 313-7400	Fax: (615) 313-7410	NO		
Camellia Home Health of East Tennessee	**1700 Liberty St NW, Knoxville, TN 37921**	**(865) 584-4010**		**Yes**	**A lot (wouldn't list)**	**Knoxville**
Covenant Homecare	3001 Lake Brook Blvd., Suite 101, Knoxville, TN 37909	(865) 374-0600		NO		
East Tennessee Children's Hospital Home Health	2018 W Clinch Ave, Knoxville, TN 37916	865-541-8000		NO		
Gentiva Health Services	6223 Highland Pl Way, Knoxville, TN 37919	(865) 584-3133		No		
Gentiva Health Services 2 (Girling Health Care)						
Maxim Healthcare Services, Inc	7417 Kingston Pike #102, Knoxville, TN 37919	865 330 2336		No		
NHC Homecare	9000 Executive Park Dr A205, Knoxville, 37923	(865) 539-0242		NO		
Tennova Home Health	10820 Parkside Drive, knoxville, TN, 37934	(865) 218-7011		No (Does Home Infusion)		
UTMCK-Home Care Services: Hospice & Home Care	1924 Alcoa Highway, Knoxville, Tennessee 37920	(865) 305-9000		No		
Intrepid USA Healthcare Services	**114 S David Lane Unit 11 Parkway Plaza, Knoxville, TN 37922**	**865-531-1415**	**865-539-8047**	**YES (Not many depends on a lot of things) (insurance, severity)**	**15**	**Texas**
Professional Home Health Care Agency	2221 Jacksboro Pike, La Follette, TN, 37766	(423) 562-6870 (disconnected)				
ANDERSON COUNTY						
Heritage Home Healh	635 N. Main St., Suite D, Shelbyville, TN 37160	931-684-2118	931-685-5355	NO		
Suncrest Home Health	1914 Mcarthur Street, Manchester, TN 37355	(931) 728-2453		NO (DO HOME INFUSION)		
Alere Women's and Children's Health, LLC	651 E 4th St Ste 100, Chattanooga, TN 37403-1923	(901) 767-8802		NO		
Angel Private Duty and Home Health, Inc.	333 PLUS PARK BLVD, NASHVILLE, TN 37217-1005	(615) 365-4424	(615) 365-0998	NO		
Careall	4015 Travis Dr #200, Nashville, TN 37211	(615) 835-4445		NO		
Coram CVS Specialty Infusion Services	1828 Midpark Drive, Suite D, Knoxville, TN, 37921-5900	865-450-2380	865.450.2385	NO		
Friendship Home Health Agency	333 PLUS PARK BLVD, Nashville, TN 37217	(615)-365-4424	(615) 365-0998	NO		

Home Care Solutions, Inc.	1410 Donelson Pike B10, Nashville, TN 37217-2952	(615) 874-1423 (DISCONNECTED)				
Willowbrook Home Health Care Agency	3239 Tom Austin Hwy, Springfield, TN 37172	(615) 382-2044		NO		
Caresouth HHA Holdings of Winchester, LLC	2068 Cowan Highway, Winchester, TN 37398	931-967-0633		NO		
Deaconess Homecare	1820 Huntsville Hwy, Fayetteville, TN 37334	(931) 433-2516		NO		
Lincoln Medical Home Health & Hospice	1797 Wilson Pkwy, Fayetteville, TN 37334	(931) 433-8088		NO		
Suncrest Home Health of Nashville, Inc.	1896 General George Patton 500, Franklin, TN 37067	(615) 591-8089		NO		
Vanderbilt HC Affiliated w/Walgreens IV & RT svcs	500 Wilson Run, Brentwood, TN 37027	(615) 726-0776		NO (IV ONLY)		
BEDFORD COUNTY						
Tennessee Quality Homecare- Northwest	117 Hummingbird Circle, Camden, TN 38320	731-584-2700 1-800-628-0191		NO (IV Only)		
Baptist Memorial Home Care & Hospice	6225 Humphreys Blvd. Memphis, TN 38120	901-227-9000	info.womens@bmhcc .org	NO (IV Only)		
Tennessee Quality Homecare- Southwest	580 Tennessee Ave. North, Parsons, TN 38363	731-847-9228 1-800-899-2884		NO (IV Only)		
Volunteer Home Care, Inc	1875 U.S. 51, Dyersburg, TN 38024	(731) 288-6011		Antibiotic, hydration, TPN (Didn't specify IV vs Intrathecal on site)		
Regional Home Care - Lexington	185 Boswell St. Lexington, TN 38351	Phone 731-968-1860	FAX 731-968-1875	NO		
Henry County Medical Center Home Health	301 Tyson Ave., Paris, TN 38242	Phone: (731) 642-1220		NO (IV Only)		
St. Thomas Home Health	2000 Church Street, Nashville, TN 37236	(615) 284-5555		NO		
Extendicare Home Health of West Tennessee	90 DIRECTORS ROW, Jackson, TN 38305	(731) 668-1372	(731) 664-9919	NO (IV Only)		
Medical Center Home Health	33 Directors Row Jackson, TN 38305-2316	Phone: 731.984.2000	731.984.2079			
Regional Home Care - Jackson	37 Sandstone Circle, Jackson, TN 38305	Phone 731-668-7143	FAX 731-668-7677	NO		
BENTON COUNTY						
Home Health Care of East Tennessee, Inc	5740 Uptain Road, Suite 6300, Chattanooga, Tennessee 37411	423.510.9010		NO (IV Only)		
Continucare Healthservices, Inc I		423-386-1000				
Continucare Healthservices, Inc II	1501 Riverside Drive, Suite 350, Chattanooga, TN 37406	Toll Free: 1-800-815-6264	info@continucarehealthservices.com	No (IV Only)		
Life Care at Home of Tennessee	7625 Hamilton Park Drive, Suite 16, Chattanooga, TN. 37421	(423) 510-1500	(423) 510-1560	NO (IV Only)		
Memorial Hospital Home Health	3775 Georgetown Rd. NW, Cleveland, Tennessee 37312	423-475-2461	423-472-9457	NO (IV Only)		
BLEDSOE COUNTY						
Family Home Care - Cleveland	175 24th St NW, Cleveland, TN 37311	(423) 559-6092		NO (IV)		
Guardian Home Care, LLC	3555 Keith St NW, Cleveland, TN 37312	423–473–8886		NO (IV)		
BRADLEY COUNTY						
Home Health Care of Middle Tennessee	Two International Drive Suite 901 Nashville, Tn 37217	615.361.4859	615.361.5187	NO (TEACH ONLY)		
CANNON COUNTY						
Procare Home Health Services	9 Worth Cir, Johnson City, TN 37601	(423) 434-5130				
Johnson County Home Health	1987 S Shady St, Mountain City, TN 37683	(423) 727-3250		NO(IV)		
Medical Center Homecare - Kingsport	2020 Brookside Dr, Kingsport, TN 37660	(423) 392-3510		NO		
CARTER COUNTY						

Continuous Care Services, LLC	545 Mainstream Dr Ste 100, Nashville, TN 37228	(615) 259-2772 (DISCONNECTED)				
Vanderbilt Home Care Services	2120 Belcourt Ave, Nashville, TN 37212	(615) 936-0336		NO		
CHEATHAM COUNTY						
Baptist Memorial Home Care & Hospice	631 R B Wilson Drive, Huntingdon, Tennessee 38344	(731) 986-3220		NO		
Home Care Solutions, Inc	242 Heritage Park Dr. #102, Murfreesboro, Tennessee 37129			IV Infusion Therapy Only		
Tennessee Quality Homecare - Southwest	28 East Main Street, Hohenwald, TN 38462	931-796-7149 1-866-385-6423		IV Infusion Therapy Only		
Volunteer Homecare of West Tennessee	313 S Main St, Waynesboro, TN 38485	931-722-6832		Antibiotic, hydration, TPN (Didn't specify IV vs Intrathecal on site)		
NHC Homecare	2100 Park Plaza Dr. Springfield, Tennessee 37172	615-384-0687	615-384-1438	IV Infusion Therapy Only		
Deaconess Homecare II	126 South MAIN St. Oneida, TN 37841	(423) 569-8441	(423) 569-4043	IV Infusion Therapy Only		
Hardin Medical Center Home Health	935 Wayne Rd Ste C, Savannah, TN 38372-1920	(731) 926-8202		NO		
Regional Home Care - Lexington	185 Boswell St. Lexington, TN 38351	Phone 731-968-1860	FAX 731-968-1875	NO		
Amedisys Home Health Care	120 S. Main St. Pikeville, Tennessee 37367	423-447-6841	423-267-9839	IV Infusion Therapy Only		
Intrepid USA Healthcare Services	315 West Main Street, Brownsville, TN 38012	731-779-3103	731-779-3104	IV Infusion Therapy Only		
Medical Center Home Health	534 Roland Ave. Jackson, Tennessee 38301	731-422-1100	731-422-4371	IV Infusion Therapy Only		
Regional Home Care - Jackson	37 Sandstone Circle, Jackson, TN 38305	Phone 731-668-7143	FAX 731-668-7677	NO		
Careall Homecare Services	1151 Tammbell Street Brownsville, TN 38012	(888) 401-CARE(2273)		IV Infusion Therapy Only		
Chester County Total Licensed Agencies						
Blount Memorial Hospital Home Health Services	175 24th St. NW, Cleveland, Tennessee 37311	423-559-6092	423-559-6093	IV Infusion Therapy Only		
Sunbelt Homecare	149 Healthcare Lane, Jellico, Tennessee 37762	423-784-2452	423-784-1120	IV Infusion Therapy Only		
Amedisys Home Health of Tennessee	230 Cumberland Bend, Suite D, Nashville, TN 37228	615-313-7400		IV Infusion Therapy Only		
Suncrest Home Health & Hospice	1310 East College Street, Brownsville, TN 38012	Tel: 731-772-2655	Fax: 731-772-2695	IV Infusion Therapy Only		
Smoky Mountain Home Health & Hospice	222 Heritage Blvd. Newport Tennessee 37821	423-623-0233	423-623-8311	IV Infusion Therapy Only		
Hancock County Home Health & Hospice Agency	1246 Main Street Po Box 32, Sneedville, Tennessee 37869	(423) 733-4032				
Camellia Home Health of East Tennessee	1700 Liberty St, Knoxville, TN 37921	865-584-4010		IV Infusion Therapy Only		
Covenant Homecare	1615 West Morris Boulevard, Morristown, TN 37813	(423) 492-8100		NO		
East Tennessee Children's Hospital Home Health	11227 W Point Dr, Knoxville, TN 37934			NO		
Tennova Home Health	4127 E. Emory Road, Knoxville, TN 37938	Phone: (865) 545-3500		IV Infusion Therapy Only		
Claiborne County Total Licensed Agencies						
Cumberland River Homecare	100 Old Jefferson Street, Celina, TN 38551	931-243-3680	800-382-3341	IV Infusion Therapy Only		
Brookdale Home Health Nashville	4538 TROUSDALE DRIVE, NASHVILLE, TN 37204	(615) 598-9662		IV Infusion Therapy Only		
Coram CVS Specialty Infusion Services	2970 Sidco Drive, Nashville, TN 37204-3715	615.445.3098		IV		
Highland Rim Home Health Agency	337 N. Cedar Ave. Cookeville Tennessee 38501	931-528-5578		IV		
Clay County Total Licensed Agencies						
Advanced Home Care, Inc.	1012 Coolidge St. Greeneville, TN 37743	423.783.6500		IV		
Laughlin Home Health Agency	228 N. Main St. #7 Greenville Tennessee 37745	423-787-5000	423-636-2633	IV		
Cocke County Total Licensed Agencies						

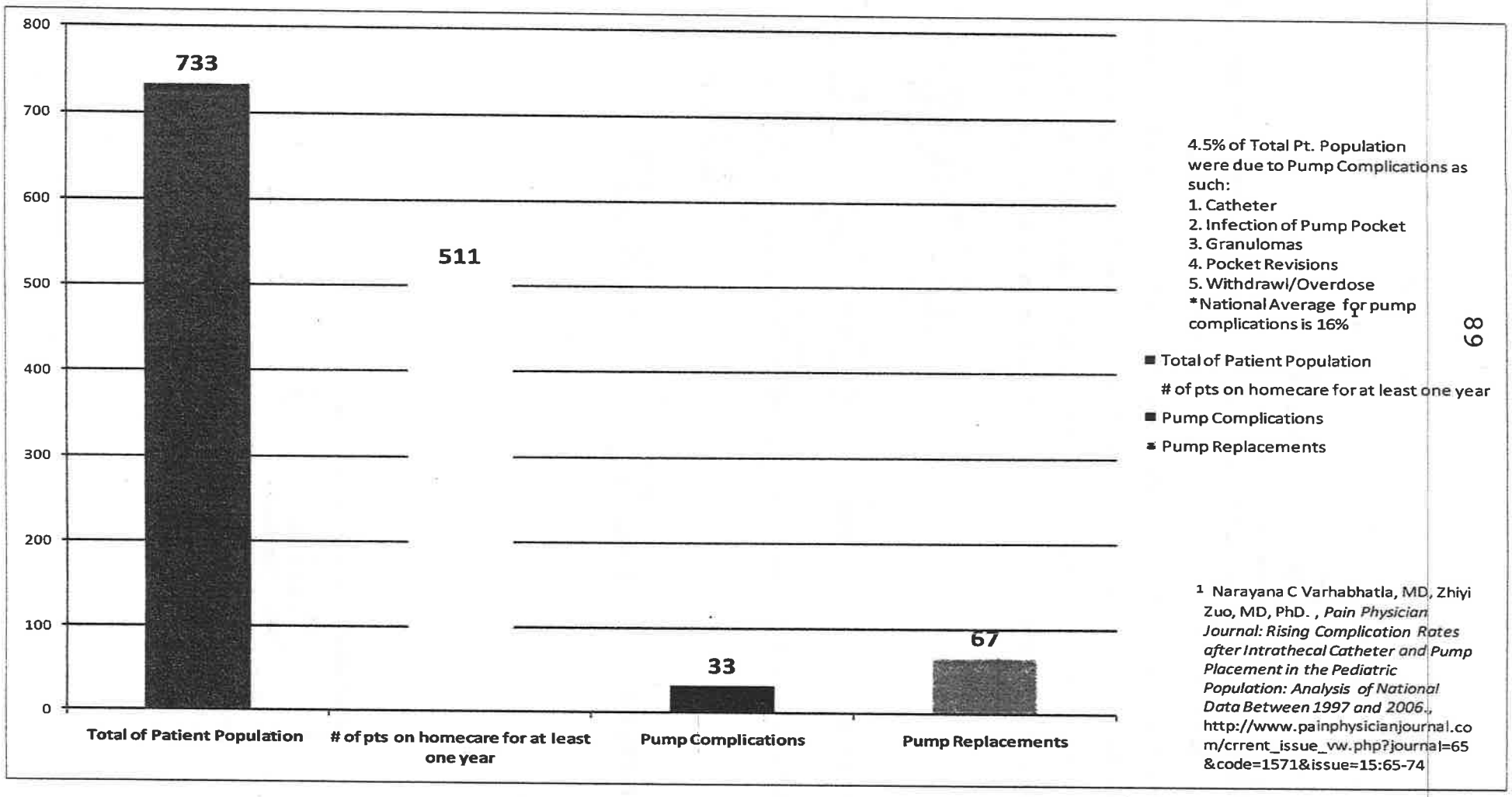
Angel Private Duty and Home Health, Inc.	333 PLUS PARK BLVD, NASHVILLE, TN 37217-1005	Phone (615) 365-442		NO		
Vanderbilt Community & Home Services	1211 Medical Center Drive, Nashville, TN 37232	(615) 322-5000		NO (IV ONLY)		
Caresouth HHA Holdings of Winchester, LLC	2068 Cowan Highway, Winchester, TN 37398	(866) 291-3017		NO		
Lincoln Medical Home Health & Hospice	1797 Wilson Pkwy Fayetteville, TN 37334	(931) 433-8088		IV?		
Friendship Home Health, Inc.	333 Plue Park Blvd, Nashville, TN 37217	(615) 365-4313		NO		
Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	500 Wilson Pike Cir, Brentwood, TN 37027	(615) 726-0776		NO IV ONLY		
Coffee County Total Licensed Agencies						
Baptist Home Care & Hospice - Covington	REPEAT 1618 U.S. 51, Covington, TN 38019	(901) 476-0333		NO IV ONLY		
Crockett County Total Licensed Agencies						
Quality Home Health	117 Hummingbird Circle, Camden, Tennessee 38320	731-584-2700	731-584-3866	NO (IV ONLY)		
Quality Private Duty Care	9333 Park West Blvd Ste 105a , Knoxville, TN 37923-4305	(865) 531-0016		NO		
Cumberland County Total Licensed Agencies						
Gateway Home Health Clarksville	1760 Madison St. Clarksville Tennessee 37043	931-648-4576	931-920-6100	NO (IV ONLY)		
Lifeline Home Health Care	2109 Park Plaza Dr #200, Springfield, TN 37172	(615) 384-4644		NO		
Meritan, Inc.	4700 Poplar Avenue, Suite 400, Memphis, TN 38117	(901) 766-0600		NO		
Highpoint Homecare	555 Hartsville Pike, Gallatin, TN, 37066	(615) 328-6695		NO		
Guardian Home Care of Nashville, LLC		615--771--2080		NO (IV ONLY)		
Davidson County Total Licensed Agencies						
American National Home Health	95 Signature Pl, Lebanon, TN 37087	(615) 453-1029		NO		
DeKalb County Total Licensed Agencies						
Regional Home Care - Dyersburg	1937 Cook St, Dyersburg, TN 38024	(731) 287-2307		NO (IV ONLY)		
Methodist Alliance Home Care	6400 Shelby View Dr #101, Memphis, TN 38134	(901) 516-1999		NO		
Baptist Home Care & Hospice - Covington	1618 U.S. 51, Covington, TN 38019	(901) 476-0333		NO		
Dyer County Total Licensed Agencies						
Where the Heart is	760 Great Oaks Rd, Eads, TN 38028	(901) 867-1556		NO		
Accredo Health Group, Inc	1640 Century Center Pkwy #110, Memphis, TN 38134	(901) 385-3600		NO		
Baptist Trinity Home Care	6141 Walnut Grove Rd, Memphis, TN 38120	(901) 767-6767		NO (IV ONLY)		
Best Nurses Inc.	6061 Apple Tree Dr, Memphis, TN 38115	(901) 797-9111		NO		
Family Home Health Agency	741 Adams Ave, Memphis, TN 38105	(901) 575-8750 DISCONNECTED				
Functional Independence Home Care, Inc	270 German Oak Dr, Cordova, TN 38018	(901) 363-6046		NO		
Home Health Care of West Tennessee, Inc	2995 APPLING RD SUITE 102, Bartlett, TN 38133	(866) 824-8174		NO		
Homechoice Health Services	1310 E College St, Brownsville, TN 38012	(901) 476-2411		NO		
Interim Healthcare of Memphis, Inc.	2620 Thousand Oaks Blvd, Suite 1400, Memphis, TN 38118	(901) 761-5000	(901) 767-0972	NO		
No Place Like Home, Inc	354 New Byhalia Rd, Collierville, TN	(901) 853-3999		NO		
Fayette County Total Licensed Agencies						
Maury Regional Home Services	830 Hatcher Ln, Columbia, TN 38401	(931) 490-4600		NO		
Quality First Home Care	500 S James Campbell Blvd, Columbia, TN 38401	(931) 540-0062		NO		
Giles County Total Licensed Agencies						
Hometown Home Health Care Inc.	121 Forest Hills Rd, Rogersville, TN 37857	(423) 272-7941		NO (IV ONLY)		
Greene County Total Licensed Agencies						

Magnolia Regional Health Care Home Hospice	2034 E Shiloh Rd, Corinth, MS 38834	(662) 293-1405		NO		
Hardin County Total Licensed Agencies						
Sweetwater Hospital Home Health	304 Wright Street, Sweetwater, TN 37874	(865) 213-8508		NO		
Loudon County Total Licensed Agencies						
Regional Home Care Parkway						
Obion County Total Licensed Agencies						
Americare Home Health Agency, Inc	3949 Whitebrook Dr, Memphis, TN	(901) 345-5853		(NO ANSWER)		
Still Waters Home Health Agency	856 Willow Tree Cir, Cordova TN	(901) 794-7988		NO		
Shelby County Total Licensed Agencies						
Unicoi County Home Health	100 Greenway Cir, Erwin, TN 37650	423 431 6146	(423) 743-1244	NO		
Unicoi County Total Licensed Agencies						
At Home Healthcare	4711 Trousdale Drive, Suite 129, Nashville, TN 37220	615.988.2604	615.891.4326	NO		
Williamson County Total Licensed Agencies						

Attachment C.Contribution-2.

JUL 28 '14 AM9:34

Chart 1
Pump Complications in Homecare Compared To National Averages



[1] Narayana C Varhabhatla, MD, Zhiyi Zuo, MD, PhD. , *Pain Physician Journal: Rising Complication Rates after Intrathecal Catheter and Pump Placement in the Pediatric Population: Analysis of National Data Between 1997 and 2006.*, http://www.painphysicianjournal.com/crrent_issue_vw.php?journal=65&code=1571&issue=15:65-74

JUL 28 '14 AM 9:34

AFFIDAVIT

STATE OF New Jersey

COUNTY OF Passaic

Roy Putrino being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

, CEO
SIGNATURE/TITLE

Sworn to and subscribed before me this 25 day of July (Month) 2014 (Year) a Notary Public in and for the County/State of New Jersey

NOTARY PUBLIC

My commission expires July 11 (Month/Day), 2015 (Year)

MARILYN MCGRATH
Notary Public
State of New Jersey
My Commission Expires Jul 11, 2015

SUPPLEMENTAL #1

SUPPLEMENTAL #1
July 28, 2014
9:26 am

IMPLANTED PUMP MANAGEMENT
CON Application Supplemental Responses

5. Section B, Project Description, Item I

Please provide responses for each item that follows:

A. As the applicant is aware, Home Health Agency services (HHA) are regulated under Tennessee statue (TCA 68-11-201). Please provide a description of the types of services defined under the statute that apply to this project such as skilled nursing care, medical social services, and medical supplies/medical appliances and the admission criteria that must be met for patients to qualify for admission to the proposed HHA. In your response, please discuss the duties, functions and tasks which the applicant intends to perform as part of its intrathecal home infusion program giving examples of services provided by the applicant in other states.

The type of services provided by the proposed HHA would be skilled nursing services and infusion services. IPM plans to adhere to and practice all TN statutes dictated for the proper administration of a Home Health Agency. Each individual will be admitted based on need, financial viability, and clinical appropriateness. IPM will perform a full nursing assessment upon every patient contact, full intrathecal pump evaluation, and implement any MD orders involving the intrathecal pump management. Not only will IPM implement MD orders in regards to the intrathecal pump, but IPM will also utilize the existing HHAs in the state to refer individuals for additional services not in IPM's scope of practice.

B. Should a patient served by Implanted Pump Management require home health services for conditions other than those related to the intrathecal home infusion products, how does the applicant intend to respond to these needs across all counties of Tennessee based on a staff of one registered nurse in Year 1 and two RNs in Year 2? Will these services be provided directly or will the applicant seek to refer the patient out to another licensed home health agency to provide the care not related specifically to the infusion service?

IPM will utilize the existing Licensed Home Health Agencies in the state of Tennessee for any services outside of IPM's intrathecal pump management. IPM intends to establish working relationships with the local HHAs to determine their individual scope of practice to determine the best pathway for each individual. IPM will refer the individual to the appropriate licensed HHA that best fits that individual's medical needs.
IPM will employ a Director of Nursing (DON), who will also function as Administrator, as well as an additional RN for the first year of operation. During the second year of operation, IPM will utilize one additional RN so that three Full-Time Employees (FTEs) sufficiently provide coverage through the entire state.

C. Please define specific types of services patients are likely to require and discuss what special needs and care the patient and/or caregiver will require to provide for quality patient care. As an example, services for skilled nursing care may include, but not be limited to any of the following: (1) take & record patient vital signs (2) draw blood and other fluids for lab (3) treat any issues associated with access site or port and (4) check line and pump function in accordance with practice guidelines.

Patients with intrathecal pumps will receive a comprehensive nursing assessment with each visit consisting of a complete set of vital signs, determination of pain and / or spasticity level, head to toe assessment of all systems within the body, and a telemetry reading of the pump in accordance with practice guidelines. Intrathecal therapy does not involve any wound care or blood/fluid draws for lab.

D. Please clearly identify the responsibilities of the patient's physician, any pharmacists affiliated with the service (including compounding pharmacy, if applicable), the home health agency (including administrator, director of nurses and home infusion RN), and any others associated with the care of the patient for intrathecal home infusion services. Please describe how the proposed intrathecal home infusion service will complement and contribute to the degree of physician oversight for the patient.

The MD responsibilities will not change for the individual patient with the introduction of the proposed service. The addition to IPM will only relieve some of the burden of the intrathecal pump management for the MD. The MD will still be responsible for seeing the patient in his/her office as needed. The MD will still be required to actively participate in the writing of orders and be available for IPM if concerns or abnormal findings are present. The proposed service will:

1. Decrease MD workload and staff requirements for office staff
2. Eliminate the procurement of intrathecal medications for refills
3. Eliminate liability for inaccurate pump refills or programming
4. Eliminate tracking of alarm dates for patients by the MD
5. Reduce overall workload of MD office in regards to the intrathecal pump patients

The HHA or IPM will be responsible for:

1. Full nursing assessments and the required reporting of any abnormal findings
2. Monitoring and tracking all alarm dates
3. Coordination of services for patients
4. Contracting with Infusion pharmacies for intrathecal medications
5. All aspects of billing
6. Maintaining all required polices and procedure for HHA licensure in the state of TN
7. Education and training for patients and staff
8. Maintaining all administrative functions for the HHA licensure

The proposed model from IPM will increase physician expertise and awareness of the patient by offering the MD an insight of the individual's home environment, dynamics, and available support systems. This model closely mimics many principles of tele-medicine. Instead of the MD only seeing the patient for refills and focusing on that task, the MD will not get documentation complete with pictures of the whole patient.

E. The applicant notes that Tennessee has other companies that offer infusion therapy services that oftentimes offer minimal services of home infusion therapy management but none that specialize in intrathecal home infusion services. Please identify these agencies and discuss the reasons why this is so. Has the applicant collaborated with these HHAs to identify, measure and otherwise assess the need for its services? Please describe the applicant's planning and research efforts in this regard in preparing for the development of its certificate of need application.

IPM has not collaborated with other licensed HHAs that might offer this service. Due to the nature and the specificity of this therapy, the best approach is a sole focus. Therefore IPM proposes the intended service to be the only provider in the state of Tennessee that focuses solely on intrathecal home management. IPM does not intend to offer any other services than those related to intrathecal home care management. The planning and research for the proposed project was derived from the physician and manufacturer response for a qualified, sole focus provider to be available to the patient population in Tennessee.

F. What insight or expertise has the applicant sought from members of the medical community, including the physicians that provide intrathecal pump infusion services in Tennessee, existing nation-wide providers of intrathecal services, the Tennessee Medical Association, Tennessee Hospital Association and others? Why haven't these arrangements worked and how will the creation of another agency improve coordination and quality of care?

IPM has sought insight from multiple providers in the state of Tennessee as well as the two main manufacturers of implantable intrathecal pumps in the country. Currently based on the feedback from both the physicians and manufacturers there is an insufficient support system available in the state of Tennessee for intrathecal homecare management. It is important to delineate the difference between "home infusion services" and "intrathecal home infusion management." Home infusion services can range from simple hydration, antibiotic regimes, and TPN, are just a few examples. The before mentioned therapies have a definite ending point based on MD orders. Intrathecal homecare management is a totally different type of "home infusion." The therapy is complex based on the location of delivery (the intrathecal space), the acuity is very high and it is a lifetime therapy. An individual whom receives an implanted intrathecal pump will have that pump for the duration of that individual's lifespan. The

difference in this type of treatment modality is huge in regards to the management and care required for these individuals. IPM recognizes that these individuals are patients for a lifetime and therefore IPM has created a holistic approach to intrathecal management that fosters and focuses on education, a pro-active approach, and a therapeutic relationship with the ordering MD. This approach assists the MD and patient to obtain the most optimal results with this treatment modality. The overall result with the proposed intrathecal homecare management model is to improve and facilitate coordination and quality of care.

G. The applicant is proposing a statewide, topographically diverse service area covering all rural and urban Tennessee counties. Discuss how the applicant 's 1 registered nurse intends to service approximately 120 patients representing 1,440 RN visits in Year One statewide from a single location in Knoxville focusing on a 48 hour response time?

The statewide topographical region that IPM proposed to cover is vast, but with the proposed service model, IPM will be able to safely and effectively cover the proposed area. This will be done by utilizing one FTE (Registered Nurse) for every 40 to 50 patients. Each FTE will be responsible for an area of 180 miles radius of that FTE's home address. Throughout the 180 miles radius that FTE will be responsible for between 40 to 50 patients. At the time when the identified RN has reached their max patient census, another FTE will be utilized for the next 40 to 50 patients. The FTEs will be hired and sought after based on geographical location to best ensure the 180-mile radius is utilized. When IPM reaches the intended or goal number of a census of 120 patients, the FTE needs will be 3 FTEs (registered nurses). Each FTE will be located physically as close as possible to their 180-mile radius of patient census. This structure will allow for optimal state and patient coverage and allow for the 48-business hour response time for any titration or patient requests.

H. What is the applicant's operational delivery model as it pertains to the overall process of care for patients receiving intrathecal home infusion services? In your response, please discuss the intrathecal home infusion product delivery methods, service coordination with physician and pharmacists, and patient supervision and care coordination provided by the home health agency's infusion nurse.

IPM's delivery model is able to deliver all aspects of intrathecal home management to the recipient in the comfort of his/her home. IPM will coordinate with the ordering MD all RN assessments, telemetries, and pump findings upon every patient encounter. IPM will contract with a licensed infusion pharmacy for the required and MD ordered intrathecal medications. IPM will provide to the individual patient refill services, required medications, RN programmers to read and program the implanted pumps, full nursing assessments that identify any abnormal findings, and required education to the patient and family members and/or caregivers involved. The education piece ranges from home care safety, i.e. throw rugs increases risk for falls with individuals with

mobility issues, to identifying and demoing the intrathecal pump alarms so that each patient understands the pump. The goal of IPM in regards to patient engagement is to encourage education at every encounter and to increase patient active involvement in his/her healthcare. IPM feels that a well-informed and educated patient can better actively take a role in his/her own healthcare. IPM will also encourage and facilitate strong involvement from the ordering physician. IPM is but an extension of the MD's office to deliver quality and expert home intrathecal services. IPM will communicate via a 24-hour web portal that allows each MD to access patient information in "real-time" to monitor patient and RN encounters. IPM will also contact the ordering MD if any abnormal findings are found at any patient encounter. This communication will be made via emailed progress note or phone call based on importance and urgency of the identified "abnormal finding." The IPM RN will be responsible for maintaining and fostering a therapeutic relationship not only with their patients, but also with their prescribing MDs. RNs will also make scheduled visits to their ordering MDs from their patient census to deliver notes, required communication and or for open discussions regarding patient care. The entire proposed delivery system encourages communication, education and ensures quality of care.

I. Please provide brief descriptions of the following: (1) how potential diversions will be handled such as those that could involve the loss or theft of controlled substances; (2) the level of physician involvement in the provision of services to the proposed home health agency's patients; (3) the technology to be used to facilitate the nursing service across the entire state such as the proposed HHA's participation in a telemedicine network with state-wide coverage; and (4) the interaction with the ordering/supervising physician especially as it relates to support for the care of these patients.

1. Potential diversions will be handled per IPM policy and procedure. In the event that a loss or theft of a controlled substance occurs, the IPM RN will alert the Administrator and Pharmacy of the occurrence. IPM will alert the appropriate officials (local authorities) in the event of a theft. The contracted pharmacy will be alerted of the need for an additional syringe for the patient and a new MD order will be obtained. Each RN will take steps per IPM policy for locked storage of medication and safety for the RN.

2. The level of the physician involvement is completely dependent on the signed orders that IPM will receive from the ordering physician. IPM only provides intrathecal home management, but that being said, IPM will only implement patient encounters with a signed MD order. Essentially IPM will perform no function without signed MD orders.

3. The technology used to facilitate ease of care and continuity of care is as follows:

- A customized neurological and pain assessment proprietary to IPM
- A secure Web portal that allows for 24 access to both physician and patient access to all records, signed orders, RN assessments, telemetries and any pictures of abnormal findings

- 24-hour on call and emergency access to RN administrator for patients, physicians and RNs.

4. The physician interaction with the care of the intended patients is implicit on the success of the proposed service model. IPM will only implement orders from the ordering MD. IPM will act as a resource to both the ordering MD and the patient, but IPM is only an extension of the ordering MD office. Therefore the physician involvement must be present and constant for success of the model and the patient outcomes.

J. Please discuss how the applicant intends to develop, manage, implement, supervise and maintain patients' plans of care, including plans to manage patient pain.

IPM will develop, manage, and implement and supervise a customized patient plan of care based on the services provided by IPM. Based on the disease process and underlying reasoning why the individual has an intrathecal implanted pump, IPM will create a customized care plan tailored to the intrathecal pump therapy. The plans of care will be generated and reviewed on a sixty-day basis and signed and approved by the ordering MD. Pain control and management will be individually discussed with each individual whom suffers from pain. The implanted intrathecal pump will many times assist and or eliminate chronic pain. The individual will be educated on the 24-hour number to call for any quick or unusual changes in pain and also for any potential signs and symptoms of drug over/under-dosing. IPM will work in collaboration with the ordering MD with the set pain goals for that individual.

K. Who mans the 24 hour call center referenced in the application's description of services? Does the applicant have any plans to combine the call center with a telemedicine type service for home health patients?

The DON/Administrator, who has over 9 years of experience in this specific therapy, is the sole individual responsible for the administration and implementation of the 24-hour call center.

L. What is the specific staff training/experience to be required for this type of service as it applies to clinical staff (RNs/DON), the administrator and 24 hour call center staff of the proposed HHA?

The required training for the RN's/DON and administrator is as follows:

- Each RN must hold an active RN license in the state of practice with no deficiencies or actions
- Each RN must have at least two years of RN experience prior to this position
- The DON must have graduated from a Bachelors of Science of Nursing Program in good standing
- The DON must have had at least one-year supervisory experience prior to holding the position

- Each RN/DON must have completed the required manufacturer training including theory, clinical and practical successfully
- The 24 Hour call Staff RN must have documented training including theory, clinical and practical successfully

6. Section B, Project Description, Item II.A.

The applicant states that the development of the proposal includes a 30 day post-licensure initiation. Since the earliest the application could be heard is at the September 24, 2014 HSDA meeting, it appears that a 6 day turnaround time to achieve licensure is highly unlikely. Please clarify. In your response, please reconsider the dates entered in the Development Schedule, revise and submit a replacement page with the schedule, as necessary.

Taking into account the September 24th review date for the Health Services and Development Committee, Implanted Pump Management (IPM) proposes November 1st of 2014 as our projected initial decision date.

The applicant also states that it has staff, contracted services and physician providers in place waiting for the proposed service to be approved. While it is understood that the applicant plans to utilize a registered nurse, the nature & scope of the contract services & physician provider support should be described in more detail. The availability of these resources should also be documented in other sections of the application such as Section C, Need and Economic Feasibility, as applicable.

IPM will employ one full-time nurse and one full-time Director of Nursing (DON), also to act as Administrator, to service all 95 counties. These RNs have already agreed to job proposals and are able to commence full-time employment upon the projected decision date. These full-time employees will cover all aspects of skilled nursing services provided to patients. IPM intends to employ one additional full-time RN during its second year of operation.

IPM intends to utilize contracted infusion pharmacy services. These services will be ready to be utilized upon our projected initial decision date. The following services will be inclusive within our pharmacy services contract: medication compounding, processing of medication orders, dose titrations and changes, and patient medication counseling.

The RN DON/Administrator, with over 9 years of experience in this specific therapy, will provide 24/7 on call and emergency services. This will assist in facilitating efficient communication between IPM nurses, patients and the patient's physicians or prescribing provider. In this manner, IPM will ensure optimal patient care and provider support.

7. Section B, Project Description, Item II.C.

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The response is noted. In your discussion, please confirm any limitations to the service such as the applicant's plans to limit the proposed HHA to the provision of intrathecal home infusion services only. In your response, please also briefly discuss the following:

How will the applicant meet the needs of home infusion better than the existing process? Better coordination of administration, better trained nurses?
From the applicant's experience, please provide an estimate of the additional health care delivery cost savings, such as elimination of hospital stays, outpatient visits, etc, which could be realized by initiation of this new service
From the applicant's experience, please discuss how the proposed service will safeguard against potential errors, such as medication errors that could result in serious harm or death. Please also briefly describe how the applicant will implement and maintain safeguards to prevent loss or theft of controlled substance medications used in the course of treatment for the intrathecal home infusion service.

The limitations to the proposed services are strictly limited to intrathecal home management services. IPM intends to offer no other services than those required for home intrathecal pump management.

a. The proposed model will better meet the needs of the intended individuals better than the existing process by the following;
    a. Offering expertly trained RN's and pharmacists to monitor and assist the physician in the therapy
    b. Offering the patient a full home based assessment not only focused on the pump to quickly identify a potential problem i.e.: changes in skin integrity or urinary tract infections
    c. Offering the patient and caregiver/family to become actively involved in a home care setting fostering the learning potential
    d. Offering education and training to the patients and care givers at every RN /patient encounter
    e. Establishing an extension of services to the ordering MD to increase encounter and facilitate assessment findings
    f. The model mimics tele-medicine
b. Based on the successful implementation of the proposed model in other states. This model will:
    a. Eliminate and or greatly reduce ER visits for pump related complications
    b. Reduce secondary infections such as UTI's or skin breakdowns by early identification
    c. Increase the patient quality of life with a goal to return to work force, and or mainstream schooling
    d. Greatly reduce hospital stays as a result of potential pump problems or knowledge deficits of hospitals in regards to this treatment modality
c. The proposed service will safeguard against potential errors by:
    a. Implementing a triple check system upon receiving MD ordered syringes for this treatment
    b. Utilizing the RN Administrator as a double check system for RN's in the home when advanced programming is required

c. The home RN will double check the telemetry at the end of each visit with the patient prior to leaving the patient home to identify any potential programming errors
d. The home RN will review the syringe label with the patient and or caregiver and identify: Pt. name, drug, concentration and daily dose ordered.
e. The home RN will be instructed on the refill process and if all safety checks are not present, the RN will not continue the refill for safety. MD will be notified and RN will take direction from MD for refill

Section B, Projection Description, Item III (Plot Plan) and Item IV (Floor Plan)

Please provide these items as requested.

Please see Attachment B.3. (Plot Plan) and Attachment B.4. (Floor Plan).

Section B, Project Description, Item V (Home Health Agency)

Item 2- the response must identify the proposed service area.

IPM intends to provide intrathecal home infusion services to all 95 counties within the state of Tennessee, listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson.

Item 3 – Please provide a description of the Knoxville home office including its size (e.g. ability to accommodate staff of the HHA and a 24-hour call center) and cost as compared to commercial office rental space. In your response, please also discuss the operation of the 24-hour call center including staffing (salary/ wage personnel or contract service) and the call center's primary means of communication with patients and attending physicians. Will call center personnel work on-site or at a remote location (if off site, please specify site address)? Please clarify.

Our office location at 200 Prosperity Place in Knoxville, TN is 8' by 10' (80 square feet total). This space is comparable in cost to other similar office rentals in Knoxville (please see our rental agreement and addendum in Attachment B.5.Item 3.). This space is large enough to accommodate one nurse and all necessary office supplies, i.e. desk,

computer, telephone, locked filing cabinet, nursing supplies, etc. The office will never be occupied by more than one RN simultaneously.
Regarding 24-hour emergency and on call services, these will be provided by a single RN DON/Administrator with over 9 years of experience in intrathecal therapy. (IPM may choose to contract for call center services in order to provide emergency and on call care at a future date when it is within our budget.) Contracted pharmacy services will be provided by staff at a remote location.

Item 4 –Please explain the rationale for a parent office without any branch offices located in the applicant's proposed 95 county state-wide service area. In your response, please address how this complies with existing HHA licensing requirements such as might apply to branch offices centrally located within a 100 mile radius of service area population in distinct geographic areas, within specific driving times or distance requirements, and proximity to access to a sufficient workforce such as nursing staff for skilled nursing services, etc.

Due to the nature of intrathecal infusion therapy whereby our RNs visit patients intermittently on average over a long period of time to perform refills, we are able to offer comprehensive coverage of our services across the entire state of Tennessee by employing two full-time employees to provide skilled nursing services during our first year of operation. We project that the number of FTEs will increase to three by year two. Our administrator, who will also be employed as one of the full-time RNs, will utilize our home office. It will not be necessary for our other employed nurses to utilize branch offices, nor will we have a need to utilize a branch office for any other function—pharmacy services—as contracted professionals will provide these at a remote location.

At a rental rate of $325 per month, please describe how the applicant's parent office at 200 Prosperity Place in Knoxville, TN can accommodate assigned nursing staff, a director of nurses, an administrator, 24 hour on-call staff, and provide privacy for meetings or conferences with patient caregivers, invited guests and other members of the general public.

Absolutely no patients, caregivers, or physicians will ever be visiting the home office for conferences or meetings as all necessary communication will take place either over the phone (directly with IPM nursing staff or via contracted pharmacy call center) or within the comfort of a patient's home or other location as designated convenient for the patient. Regarding on-call and emergency services, these will be rendered in the same fashion—the home office will be utilized solely for administrative purposes.

10. Section C, Need, Item 1 (State Health Plan)

Tennessee Code Annotated Section 68-11-1625 requires the Tennessee Department of Health's Division of Health Planning to develop and annually update the State Health Plan. The State Health Plan guides the state in the development of health care

programs and policies and in the allocation of health care resources in the state, including the Certificate of Need program. The 5 Principles for Achieving Better Health form the State Health Plan's framework and inform the Certificate of Need program and its standards and criteria.

Please discuss how the proposed project will relate to the 5 Principles for Achieving Better Health found in the State Health Plan. Each Principle is listed below with example questions to help the applicant in its thinking.

1. The purpose of the State Health Plan is to improve the health of Tennesseans.

a. How will this proposal protect, promote, and improve the health of Tennesseans over time?

The proposed service model will protect, promote and improve the health of Tennesseans over time by creating a proactive option for intrathecal home care management. The models overall goal is better outcomes, access to care and quality clinical management of the intrathecal pump. This goal can only assist in improving the quality of life of the Tennesseans whom can utilize this service.

b. What health outcomes will be impacted and how will the applicant measure improvement in health outcomes?

The health outcomes that will be impacted are potentially vast:

- Reducing ER and hospital visits for the Tennesseans utilizing the proposed services
- Increasing quality of life and promoting return to the work force
- Reducing secondary infections by early interventions
- Allowing utilizing MD's a chance to offer this therapy to more Tennesseans, as a management home program will be available

IPM will use surveys and a quality assurance program to measure the date required to prove the goals listed above. The data derived from surveys and patient utilization from insurance carriers will be collected and provided to the state of Tennessee if requested.

c. How does the applicant intend to act upon available data to measure its contribution to improving health outcomes?

IPM will use surveys and a quality assurance program to measure the date required to prove the goals listed above. The data derived from surveys and patient utilization from insurance carriers will be collected and provided to the state of Tennessee if requested.

2. Every citizen should have reasonable access to health care.

a. How will this proposal improve access to health care? You may want to consider geographic, insurance, use of technology, and disparity issues (including income disparity), among others.

The intended proposal will increase or improve access to health care by allowing the physicians practicing in the therapy to implant more. Historically with this therapy if a MD utilized the intrathecal pump there is a large burden of care for the ordering physician. Because the pumps are a lifetime therapy across the country many physicians have stopped implanting intrathecal pumps purely based on the burden of care. Utilizing the proposed model, IPM almost eliminates the burden of care for the MD and greatly decreases the burden of care on the individual patient. The MD will now be able to actively manage more patient's implant more and not face that dreaded "married to the pump "mentality. This model will actually serve as increasing many Tennesseans access to care for intrathecal pumps.

b. How will this proposal improve information provided to patients and referring physicians?

The proposed model will improve the nature of information to the patients because of the heavy focus on education and active involvement. The referring physicians whom utilize this service will be given quality, clinical information in regards to this therapy and patient encounters in real time. The MD's will be able to follow their patients on the secure Web portal and stay actively involved during every patient encounter. This model will actually increase MD involvement.

c. How does the applicant work to improve health literacy among its patient population, including communications between patients and providers?

The health literacy and exchange of information between patient and provider will be facilitated through the 24 Hour call center. The 24-hour on call nursing Administrator will work hard for both the patient and the prescribing MDs. The 24-hour on call nurse will be a resource to the patients and also to the MDs facilitating quick and accurate notifications to the MD and education to the patients.

3. The State's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the State's health care system.
a. How will this proposal lower the cost of health care?

This proposal will effectively lower the total healthcare costs to those utilizing the system. By reducing ER, hospitalizations, and secondary infections with IPM's proactive approach, the overall healthcare costs will be reduced.

b. How will this proposal encourage economic efficiencies?

The proposal will encourage economic efficiencies by focusing on a pro-active instead of a re-active approach typically used in most health care systems currently. IPM will

remain pro-active and therefore reducing overall health care costs and increasing quality of life outcomes.

c. What information will be made available to the community that will encourage a competitive market for health care services?

Positive outcomes and quality assurance outcomes will be available to the public upon request. For the most part quality outcomes will be used to increase census and to increase quality of care processes.

4. Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers.
a. How will this proposal help health care providers adhere to professional standards?

This proposal will assist health care providers to adhere to and follow professional standards by working in collaboration with IPM to drive higher clinical outcomes and patient satisfaction.

b. How will this proposal encourage continued improvement in the quality of care provided by the health care workforce?

IPM's proposed services will work to continually challenge and encourage active listening and evidence-based practices in regards to the implanted intrathecal pump patient population. Based on knowledge base and experience with the intended population, correlations can be derived and presented to the physicians for review. This will increase the MD knowledge base and therefore drive higher patient outcomes.

5. The state should support the development, recruitment, and retention of a sufficient and quality health care workforce.*
a. How will this proposal provide employment opportunities for the health care workforce?

This proposal will provide opportunities for skilled Registered Nurses who have shown strong nursing skills and whom wish to be challenged in a high acuity, specialized therapy. In addition, this proposal will serve the existing and new MDs to utilize this treatment modality and offer the option to more individuals whom might benefit.

b. How will this proposal complement the existing Service Area workforce?

The proposal will complement the existing workforce by working alongside the existing HHAs encouraging referrals for services out of IPM's scope and creating a network of providers both MDs and RNs caring for the individuals in the home care setting.

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11. Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services, Items 1 through 4)

In the response, the applicant notes its intrathecal home infusion services will be necessary in achieving optimal patient treatment outcomes. What experience does the applicant have with HHA operations in other states in achieving optimal outcomes? Please complete the table below to identify some of the key obstacles the applicant has encountered in other states:

	2012	2013	2014 (YTD)
Total intrathecal home infusion patients			
Number of home patients whose infusion has been delayed			
Number of days of delay in initiation of home infusion services			
Number of additional days in the hospital due to delays in initiation home infusion services			

Review of the Tennessee Department of Health "Licensed Facilities" report on the Department's website revealed that there are 157 home health agencies (HHA) presently licensed to serve In Tennessee. Because the scope of the project includes the creation of a home health agency, the applicant must include all existing licensed HHAs authorized to serve the statewide service area in order to apply the need formula correctly and identify the net need for any additional agencies at this time and four years in the future (CY2018).

The first step is to complete the table in Exhibit 1 below by identifying all licensed home health agencies, the counties they are licensed to serve, and their most recent utilization as reported to the Department of Health in the Joint Annual Report (JAR). A link to the Department's JAR can be found on the toolbox on the HSDA website. *In addition, please note that a listing of all current home health agencies & their licensed service areas is attached to this questionnaire. If you have any questions about the agency listing, please contact Alecia Craighead, HSDA Statistical Analyst at 615-253-2782 to discuss further.*

Exhibit 1
Existing Licensed HHAS & Their Utilization serving the 95 County Declared Service Area

Agency Name (license #)*	County of Parent Office	Total Counties authorized in license (# counties in	2010 JAR Total patients served	2011 JAR Total patients served	2012 JAR Total patients served

		service area) **			
Total# HHAS 157					

**** Please highlight any HHA in bold font that offers intrathecal home infusion services, even if on a limited basis.***

***** Please show the # of all counties for each HHA. The # of counties in the applicant's service area should be shown separately in the bracket.***

The next step regarding the need formula for home health services (Items 2-4) is to collate the data and show your work in the chart in Exhibit 2 that follows:

Exhibit 2
Home Health Need Formula in the Applicant's 95-county Service Area

County (A)	# Authorized Agencies* (B)	2014 Pop* (C)	Patients served (2013) (D)	Use Rate (Patient /1000 pop.) (E)	2018 Pop (F)	Projected Capacity (G)	Projected Need (H)	Additional Need (Surplus) for 2018 (G-H)
Please list all 95 counties Examples are provided for the eastern division of TN below				(Column D Divided by Column C)		Column E Times Column F	Column F Times 0.015	Column G Minus Column H
Anderson	24							
Bedford	25							
Benton	16							
Blount`	19							
Bradley	20							
Campbell	24							
Cannon	25							
Carroll	16							
Carter	12							
Cheatham	31							
Chester	15							
Claiborne	23							
Clay	11							
Cocke	19							
Coffee	23							
Crockett	15							
Cumberland	20							
Davidson	37							

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Decatur	17							
DeKalb	29							
Dickson	29							
Dyer	14							
Fayette	30							
Fentress	15							
Franklin	19							
Gibson	17							
Giles	14							
Grainger	22							
Greene	21							
Grundy	26							
Hamblen	21							
Hamilton	21							
Hancock	20							
Hawkins	22							
Haywood	20							
Henderson	13							
Henry	15							
Hickman	25							
Houston	16							
Humphreys	20							
Jackson	15							
Jefferson	19							
Johnson	11							
Knox	25							
Lake	8							
Lauderdale	19							
Lawrence	16							
Lewis	16							
Lincoln	16							
Loudon	25							
McMinn	24							
McNairy	17							
Macon	23							
Madison	20							
Marion	19							
Marshall	24							
Maury	26							
Meigs	23							
Monroe	21							
Montgomery	25							
Moore	14							
Morgan	25							
Obion	14							
Overton	14							
Perry	14							
Pickett	13							
Polk	17							
Putnam	20							

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Rhea	**22**							
Roane	**26**							
Robertson	**31**							
Rutherford	**38**							
Scott	**21**							
Sequatchie	**20**							
Sevier	**18**							
Shelby	**28**							
Smith	**25**							
Stewart	**12**							
Sullivan	**15**							
Sumner	**32**							
Tipton	**29**							
Trousdale	**24**							
Unicoi	**14**							
Union	**24**							
Van Buren	**18**							
Warren	**27**							
Washington	**16**							
Wayne	**12**							
Weakley	**18**							
White	**21**							
Williamson	**36**							
Wilson	**36**							
Total								

*** The official population source used by HSDA is the TN Dept. of Health, Division of Health Statistics' Population Projections, 2010-2020. This data is available through the applicant's toolbox on the HSDA website.**

Please see Attachment C.Need-Item 1.a. for requested information corresponding to *Exhibit 1:*
Existing Licensed HHAS & Their Utilization serving the 95 County Declared Service Area.
Please note that, of all of Tennessee's licensed HHAs, only 2 state that they are able to offer intrathecal services of the home, and only one of these agencies is currently providing such services.

The attached and proposed table in *Exhibit 2* is not applicable to intrathecal homecare services. Unlike traditional infusion services, the typical indicators cannot be used such as number of additional days in the hospital due to delays in initiation home infusion services, or number of days of delay in initiation of home infusion services. This particular therapy is only initiated by a neurosurgeon, or implanting physician, not by a Registered Nurse. The RN can continue and assist with the home management, but the proposed service model will assist only with management.

Two important indicators for this specific type of therapy might be:

- Average number of days pts must wait for MD appointments for required dose changes (7 to 10 business days)

- Average number of days pts must wait for required dose changes with IPM intrathecal home management (1 business day)
- Average number of hospitalizations for pump complications per year utilizing the MD office model (2/year)
- Average number of hospitalizations for pump complications per year utilizing IPM proposed model (0.2/year) (please see Attachment C.Need-Item 1.b.)

12. Section C. Need, Item 1 (Specific Criteria: Home Health Services, Item 5 – Documentation of Referral Sources)

The applicant provided responses to the some of the project-specific standards, including letters of support from representatives of 2 medical equipment vendors. Please answer the questions below about the two vendors:

Medtronics – please describe the nature and scope of business operations by Smokey Mountain Medtronic district. In your response please include location of vendor's main office, counties covered, years in existence, and give brief biographies of the 2 individuals from the vendor that provided the letters of support.

Medtronic is the worlds largest medical technology company, offering a depth of innovative therapies to fulfill their mission of alleviating pain, restoring health, and extending life. Medtronic was founded in 1949, with their world headquarters in Minneapolis, Minnesota. Medtronic has several different divisions, including Neuromodulation, Spine and Surgical Therapies. Medtronic serves 140 countries and is MDT on the NYSE (New York Stock Exchange). The Smokey Mountain Medtronic district has provided IPM with documentation that the proposed services would be beneficial for the individuals in Tennessee whom utilize the Medtronic Implantable Intrathecal Pump. The proposed service model would actually facilitate an increase in pump sales for Medtronic due to the elimination of the MD burden of care for the intrathecal pump. IPM is not affiliated with Medtronic formally, but Medtronic recommend the proposed services.

Flowonix – is this strictly a manufacturer located in New Jersey? Please briefly describe the nature & scope of its business operations in the US and Tennessee.

Flowonix is another manufacturer of a programmable implanted intrathecal pump. Flowonix home headquarters is located in New Jersey, but they do have a national presence with intensity in the state of Tennessee. Flowonix is a medical device company dedicated to helping those who suffer from chronic disorders. Our team has decades of experience developing unique and reliable medical devices to improve patients' quality of life. Using one of a kind technology that delivers industry-leading accuracy, Flowonix has developed an implantable drug pump designed to deliver therapeutic drugs into the spine to relieve a variety of chronic disorders and help patients return to normal lives.

Flowonix is focused on alleviating chronic pain. We are dedicated to working with healthcare professionals to help ease suffering and allow people to reclaim their lives through innovation and therapy advancements.

Letters from physicians, other referral sources such as hospitals and HHAs, and patients should also be provided as requested in the following standards. Please note the following:

A. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

B. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

C. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

In your response, please be sure that the letters help quantify the *"projected number of cases by service category."* Please provide the *projected number of cases by service category and referral source.*

Please indicate the types of patient visits physicians would refer to the proposed home health agency and the projected number of patients and visits by service category to be provided in the initial year of operation.

Referring physicians would refer their patients for IPM to do all pump refills, titrations, MRI checks and changes in status in the homecare setting. Please see two letters from implated pump patients within the state of Tennessee indicating a need for our services (Attachment C. Need-Item 1.c.).

13. Section C. Need, Item 1 (Specific Criteria: Home Health Services- Items 6a and 6b)

Your response is noted.

Items a and b of the question require that the "average cost per visit" and the "average cost per patient based on the projected number of visits per patient" be disclosed. Please provide your charge information for these items (please note that the average charge per patient visit must correspond to what is reflected in the Projected Data Chart for the project).

- Average cost per visit: $100.

- Average cost per patient: $200.

Please clarify if the applicant intends to fully charge and file claims for intrathecal home infusion services to commercial payors, including managed care organizations. If so, what is the range of charges for this type of services that may be allowed by the commercial payors in Tennessee? What is the range of allowable charges covered by Medicare for Medicare patients who qualify for and receive intrathecal home infusion services?

- Range of charges for this type of services by commercial payors: $150-250.
- Range of Allowable charges covered by Medicare patients: Zero. Medicare does not cover home infusion services. Medicare recipients in need of home infusion services would require a secondary commercial insurance plan to cover intrathecal home infusion.

Absent any similar facilities in the service area to provide the requested comparison, what is the prevailing charge in Tennessee based on the information you have identified regarding the current # of Medtronic pumps in operation (300 pumps as estimated by the applicant)?

- Each patient is estimated to need approximately 12 visits per year and have an estimated cost of $200 per visit. With 300 estimated pumps in the state of Tennessee, an expected charge per year would be approximately $720,000.

14. Section C, Need, Item 3

The question asked the applicant to identify and justify the reasonableness of the proposed service area. The applicant is declaring all 95 counties of TN as its service area based on information provided by Medtronics (approximately 300 Medtronic pump patients in TN).

Please provide a summary of Medtronics operations in TN with description of its services, products and markets, organizational structure, years of operation, affiliations with hospitals, pharmacies, and distribution/service locations (with addresses).

Using the applicant's estimate of 120 patients in Year 1 with primary diagnoses relative to pain or intractable spasticity, please justify the service area by providing a breakout of patients by patient county in the proposed 95 county service area of residence for the first year of the project.

County	No. of Intrathecal Home Infusion patients in county	% of total patients

County #1		
County #2		
Etc.		
Total		**100%**

The data required to breakdown the patient need based on county of residence is not available. This information is proprietary to Medtronic and not available to the public. Medtronic provided the number of pts in Tennessee, but no further information will be provided based upon the percentage of pts in each county. As Flowonix is a relatively new player in the implantable intrathecal market, and their pump numbers are continuously increasing within the state of Tennessee, they could not provide an accurate projection to IPM.

15. Section C, Need, Item 4.a.

The applicant states that its services will be provided to patients with clinical conditions ranging from chronic pain to intractable spasticity (such as those suffering from Multiple Sclerosis). In addition, the applicant notes the key benefits of its proposal as follows:

- **Majority of population benefits from home infusion**
- **IPM nurses will manage all aspects of the implanted intrathecal pump in the home**
- **RN will obtain signed physician orders for all implementation of intrathecal therapy**
- **IPM acts as extension to physician office to facilitate highest outcomes**
- **IPM fills, titrates, trouble shoots, supplies meds and manages intrathecal pumps in home setting**
- **For a variety of reasons, many patients suffer hardships to physically get to physician offices for a pump therapy that can be safely managed at home**

In order to understand these benefits more clearly, please also address the following:

- **the process licensed pharmacies will follow to prepare and provide medications for the applicant's patients in accordance with physician orders**
- **how the applicant plans to serve as an "extension to the physician" and the specific responsibilities that would apply such as those that fall under scope of practice and DEA requirements, etc.**
- **IPM's responsibility for managing infection control, patient & caregiver training; process for equipment safety and maintenance, etc.**

Please cite IPM's experience in other states and identify any active licenses. Is the applicant or owner Medicare/Medicaid certified, is it accredited (if so by whom)?

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Using current and projected population data from the Department of Health; and the most recent enrollee data from the Bureau of TennCare and demographic information from the US Census Bureau, complete the following table and include data for each county in your proposed service area:

Demographic Variable/Geographic Area	Total Population-Current Year	Total Population-Projected Year	Total Population-% change	*Target Population-Current Year	*Target Population-Projected Year	Target Population-% change	Target Population-Projected Year as % of Total	Median Age	Median Household Income	TennCare Enrollees	TennCare Enrollees as % of Total	Persons Below Poverty Level	Persons Below Poverty Level as % of Total
County A													
County B, etc.													
Service Area Total													
State of TN Total													

Target Population is population that project will primarily serve. For example, nursing home, home health agency, hospice agency projects typically primarily serve the Age 65+ population; projects for the discontinuance of OB services would mainly affect Females Age 15-44; projects for child and adolescent psychiatric services will serve the Population Ages 0-19. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2014, then default Projected Year is 2018

Any contracted infusion pharmacy that IPM has chosen to contract with will hold JCAHO Accreditation and follow all state and federal regulations in regards to intrathecal medications and narcotics. The pharmacy will also follow all 797 Pharmacy standards as regulated by pharmacy law. The compounding pharmacy will be supplied the signed MD order via fax. The compounding pharmacy will then process and compound the medication. The compounding pharmacy will then mail the medication with a copy of the signed order to the primary IPM RN. The signed order will be dated and have all of the following:

Patient Name
D.O.B.
Patient Address
Medication
Concentration
Medication Daily Dose
Volume to be filled

IPM and their RN employees will serve as an "extension to the physician" by implementing strong clinical and assessment skills based on MD orders. The IPM RN will not work out of his/her scope and the Tennessee Nurse Practice Act as stated in the Tennessee Regulatory Statutes. The IPM RN will perform the following: a full nursing assessment, education, and clinical expertise in the intrathecal pump based on signed MD orders. This structure allows the prescribing MD a glimpse of the patient in his or her own environment. Also allowing the RN to witness and identify any changes in

ambulation, family dynamics and or unsafe conditions that can all lead the patient to below optimal outcomes. The extension of the RN in the home allows the MD to be aware of findings that could not be witnessed or identified in the MD office setting. This approach increases MD awareness of patient needs and services required to obtain optimal outcomes.

Please see attached IPM Quality Assurance Program (Attachment C. Need-Item 4.a.1.), Policy for Equipment Management (Attachment C. Need-Item 4.a.2.), and Policy for Patient/Caregiver Education (Attachment C. Need-Item 4.a.3.) that address IPM's responsibility for managing infection control, patient and caregiver training, and process for equipment safety and maintenance.

IPM is a relatively new company and is actively seeing pts in New Jersey, and just recently JCAHO accredited in the state of Florida. IPM is not Medicare/Medicaid Certified and will not proceed to do so.

Regarding the use of current and projected data in order to complete the attached demographics chart, this question cannot be answered simply because the data is not available from manufacturers as to the county breakdown of individuals with implanted programmable pumps.

16. Section C, Need, Item 4.B

What percentage of total patients is the applicant forecasting that will be medically indigent in Year 1 and Year 2 of the project?

Zero percent, IPM will work with individuals only with insurance coverage with home care benefits available.

17. Section C, Need, Item 5

The applicant maintains that "historically, intrathecal therapy has been riddled with errors and negative results and that the IPM model will have higher therapy success rates due to quality, education, knowledge and overall proactive approach". Please discuss in more detail by giving specific examples of types of errors and the applicant's efforts to achieve positive results.

The applicant must address the utilization of all existing home health agencies in its proposed service area. Generally speaking, the metrics provided for this question should be very similar to the utilization information you were asked to provide for HHAs in the responses to the questions pertaining to the project specific criteria for home health services.

With the type of therapy proposed, the historical data has shown that human error is the most common error in this therapy. IPM has taken several steps to reduce and or eliminate the risk for error with this type of therapy. Based on the medication being delivered directly into the spinal column (intrathecal space) this therapy must be exact. IPM's theory is as follows: "there is no room for error". The potential errors with this therapy can be as follows:

- Incorrect programming
- Incorrect medication
- Missing alarm dates
- Potential pocket fills
- Not recognizing potential red flags of the therapy.

IPM starts by training the RN's based on the manufacturer training. Each RN is not only trained on the actual programmer and pump refill, but also with theory, mechanics and problem solving. This approach allows the RN to fully understand they mechanical system, components, programming, and limitations of the entire system (catheter and pump), not only the refill and programming portion. The IPM RN also has the luxury of having this therapy be his/her sole focus. This theory is very important because in the field of nursing, as with many other fields, the more you practice and immerse yourself in the skill, or field, the better and stronger one becomes. The sole focus philosophy is really what will set IPM apart from many of the existing 157 licensed HHA's in the state of Tennessee. Although a few other agencies do the therapy (1 out of 157), only IPM focuses solely on intrathecal home management. This will allow IPM to be the premier provider in safety and clinical skill for the proposed services. IPM has taken extensive steps from triple checking medications, to extensive sole focus nursing staff to greatly reduce and or eliminate errors.

IPM utilized the existing list of licensed HHA's provided by the state of Tennessee, only two licensed HHAs admitted to performing intrathecal home care management with a response, "Yes, but it depends on a lot of things, severity, insurance". Given this documentation (see attached HHA Utilization Chart) the results encourage the need for a qualified, licensed HHA with a sole focus on intrathecal home management to begin services.

18. Section C, Need, Item 6 and Section C, Economic Feasibility, Item 4 (Projected Data Chart)

The methodology of projecting 120 patients in Year One is noted. However, please also describe the method used to estimate the other variables needed to project gross annual operating revenue, such as (a) identification of the types and estimated quantities of infusion products for its patients such as pain management medications, (b) the average # of visits per patient per year, and (c) the average gross charge per visit. In your response, please summarize all calculations and assumptions such as the

number of physician referrals needed to admit 120 patients in the first year of the project.

(a) Identification of the types and estimated quantities of infusion products for its patients such as pain management medications:
Infusion products such as medication will not be a variable effecting gross annual operating revenue because the contracted pharmacy will bill for these products directly.
(b) The average number of visits per patient per year:
Estimated to be approximately 12 visits per year.
(c) The average gross charge per visit: $ 200 per visit.

Each patient admission will need its own referral. Therefore, 120 patients will require 120 referrals.

In addition, please provide documentation from physicians from each of the three Grand Divisions of Tennessee (East, Middle and West) that attests to their interest and ability to refer patients to the proposed intrathecal home therapy services program.

IPM is expecting that all referrals will come from Medtronic and Flowonix representatives directly and the requested documentation (letters to attest interest and ability) have previously been submitted with the initial application.

Please briefly describe a typical visit – include length of time, standard services covered, frequency of visits with physician, how refill orders are processed, and how other services that may be needed will be provided (e.g. homemaker aide assistance).

A typical visit from an IPM RN would be about 60 minutes but may be up to 2 hours in duration. Some visits will exceed 60 minutes, for example an admission visit will be closer to 120 minutes in duration. The typical visit consists of the following components: introduction, full nursing assessment, education, pump interrogation, refill and or titration ordered by MD, end assessment with vital signs and lastly confirmation of the next scheduled visit with review of the telemetry from the encounter. Each physician will determine the frequency of visits required in his/her office. The normal is anywhere from 1 to four times per year, based on severity of disease process, exacerbations, and other compounding factors. Refill orders are processed by IPM and send to the contracted pharmacy for compounding and delivery. IPM tracks all alarm dates, next refill visits and any other patient encounters is a computerized patient record system.

The salaries do not reflect the cost of a director of nursing (referenced on page 28), nor do they appear to include sufficient staff to cover 95 counties, an administrator of the HHA or 24-hour on call staff. Please explain.

- Primary RN Salary: $70,000

- The Primary RN is responsible for DON, administrator and 24 hour on call responsibilities. (The initial application included the contracted services of a 24-hour call center. At his point, IPM has decided to amend this original proposal and utilize the DON/Administrator with 9 years of experience in this therapy as the 24-hour emergency and on call contact for patients, physicians and nurses.)
- Secondary RN Salary: $55,000.
- Tertiary RN (per-diem) reimbursement rate: $100/per visit (number of visits would depend on number of cases which would not be able to be predicted at this time).

Please identify the number of visits by primary type of service category for each year.

The primary type of intrathecal pump home visits service category is the only type of service category that will be provided by IPM. IPM is estimating that approximately 12 visits a year to be done on each patient.

Please explain why the projected supply cost decreases from Year 1 to Year 2 despite an increase in patients and staffing.

The projected supply costs decrease from Year 1 to Year 2 to account for the initial "startup" supplies that may be needed (i.e. desk, computer, phone, etc).

19. Section C. Economic Feasibility Item 1 (Project Cost Chart)

Your response is noted. In accordance with the application instructions on page 14 of the HSDA application template, please confirm that the cost of the office space in line B.1 of the chart is based on the higher of the rental cost over the term of the rental agreement or the fair market value cost of the office space. The higher of the 2 amounts must be used for this chart.

There is a math error with line D of the chart. Please clarify and provide a revised chart.

Please refer to an amended Project Cost Chart within our resubmitted application, which reflects the additional expense of our rental agreement addendum.

20. Section C, Economic Feasibility, Item 3

The applicant notes benefits of the proposal that include access to unique service, improved health outcomes and earlier detection of secondary infections. Please describe the types of patient outcomes and give examples of the applicant's track record of these in other states. In discussing favorable outcomes with detection or management of secondary infections, please describe specific cases referenced. Does IPM plan to provide this care or refer to other HHAs?

IPM can increase optimal patient outcomes by using their pro-active approach with the physician and the patient. IPM will assist in the reduction of secondary infections such as: urinary tract infections, changes in skin integrity, and respiratory exacerbations. The early detection of the before mentioned secondary issues is critical in achieving the best outcomes for the patients. Although IPM does not do wound care, or IV infusions, or any other service not related to intrathecal homecare management, IPM plans to establish a network with the existing licensed HHA's for patient needs and skilled services. Early intervention in every case offers the best overall results. The higher patient outcomes will also lead to an increase in workforce for the applicable patients, a higher patient quality of life, and in many times better overall health outcomes.

21. Section C. Economic Feasibility Item 6. B

The all-inclusive charge of $200 per patient visit is noted. Does the charge also include the cost of the medication? Please clarify.

This is incorrect: the $200 charge is reimbursement for the nursing visit only. This charge does not include cost of the medication because all medication will be billed directly by the contracted pharmacy compounding it.

Please provide a comparison to allowable charges covered by commercial/managed care 3rd parties and Medicare.

Unfortunately, there is not a comparison to be made because Medicare does not cover in home nursing visits related to intrathecal therapies.

22. Section C, Economic Feasibility, Item 7

As noted previously, the projected staffing of one registered nurse in Year 1 of the project (2015), does not appear to meet HHA licensing requirements. Please re-estimate the staffing needed and revise the salary cost in a revised Projected Data Chart.

Our revised salary cost is as follows: $125,000 + any per diem RN charges that would not be predictable at this point in time.

- Primary RN: $70,000
- Secondary RN: $55,000
- Tertiary RN: $100/per visit

IPM is planning to begin nursing services utilizing a DON, one full time RN, and per diem nursing coverage as needed depending on the number of cases. As IPM patient census reaches approximately 75 cases, IPM will expect the need for a tertiary full time RN.

23. Section C, Economic Feasibility, Item 9

Please complete the following chart for the proposed HHA.

Payor	Year One Gross Revenues	% of Total Revenues
Medicare	$0	0%
Medicaid/TennCare	$0	0%
Commercial insurance	$137,758.50	99%
Self-Pay	$1,391.50	1%
Charity	$0	0%
Total	$139,150.00	100%

Please note the above completed chart, reflecting a breakdown of anticipated revenue sources for our first year of operation.

24. Section C, Economic Feasibility, Item 10

The copies of the owner's checking account statement are noted. Since the project is financed from cash reserves, please also provide a balance sheet and income statement.

Please refer to the enclosed requested balance sheet (Attachment C. Economic-Item 10.a.) and income statement (Attachment C. Economic-Item 10.b.), as well as an updated checking account statement dated June 30th, 2014 (Attachment C. Economic-Item 10.c.).

25. Section C, Contribution to Orderly Development, Items 1 and 2

The response is noted. Given the nature of the clinical services, please clarify why there is an absence of any professional service arrangements, emergency transfer agreements, etc. Please explain how this contributes to the orderly development of health care.

The need for arrangements with emergency transfer and or any other professional services is not required with the proposed service model. The individual will continue to use the transfer services that they utilized prior to IPM services. IPM has a sole focus, so a change in transportation is not required.

In the second item, the applicant states that medical professionals specializing in either pain management or neurology will work with the proposed IPM services. In addition, the applicant comments that the introduction of its intrathecal home infusion program will allow these professionals the option of expanding their treatment modality. Please explain how the geographic aspects of referral

coordination would not be an important consideration. For example, please identify the reasons that a pain management physician in Memphis would want to refer patients to a home health agency in Knoxville in lieu of continuing to provide care in his/her medical office. Please clarify.

Due to the vast area that IPM will be able to service the geographic area of a physician referral will be up to 180 miles of the physician's office. This seems extreme in the common patient and physician relationship, but due to the extension of services that IPM provides, physicians could safely and closely monitor their patients' while only seeing them one to four times a year. The IPM service model allows physicians to increase their "catchment" area and service individuals whom might not have access to quality pain and or spasticity care. It is important to remember that the physicians that work with intrathecal pumps are highly specialized in their field and are not generally as numerous in numbers as general practitioners.

The applicant notes that IPM's use of a whole patient approach is indicative of a patient management approach that can lead to reduction of ER visits by over 50%. Please briefly describe the source of this outcome and provide a copy of the survey or study that documents the reduction in ED visits.

A competing company has utilized the intrathecal homecare model in New Jersey for over 19 years and the results are indicated in the attached graph, mentioned in a previous response (see Attachment C. Need-Item 1.b.).

Please describe how the applicant's plans to not participate in Medicare and TennCare contributes to orderly development in Tennessee.

IPM is only able to work with individuals whom have insurance coverage that allows a homecare benefit. Even though this does exclude some individuals, the benefit of those that can be assisted is great and should be available to Tennesseans.

As noted for the project specific criteria, please provide letters of recommendation or similar testimonials that attest to this level of support.

Please refer to aforementioned letters from implanted pump patients within Tennessee indicating an immediate need for our services (Attachment C. Need-Item 1.c.), supplemental to the three letters submitted with our original application.

26. Section C, Contribution to Orderly Development, Item 4

It is unclear how this question pertaining to the availability and accessibility to professional staff would not be applicable to the proposed home health agency. It would be helpful to identify the type of training and certification requirements that registered nurses must complete to provide intrathecal home infusion services. In

addition, please briefly summarize the staffing requirements that apply to home health agencies as a condition of licensing by the Tennessee Department of Health and how the applicant intends to comply with same.

The availability and accessibility to professional staff is important to IPM, although the qualifications to work at IPM are very rigorous. It is highly uncommon to find a RN that has experience in this niche therapy. Therefore, IPM recruits and then performs a rigorous three to six month training specializing in intrathecal home management.

IPM intends to comply with all Tennessee statutes stated in the licensing of a home health agency. IPM will do this by hiring licensed personnel with the required education and experience to fill each position as stated in Tennessee statutes.

In other recent home health infusion therapy projects, plans were discussed to recruit a pool of Certified Infusion Registered Nurses (CIRN) to serve patients in their service area. In addition, one applicant envisioned using between 8 and 15 per diem Certified Infusion Registered Nurses (CIRN) to staff a 38 county proposed service area. Are there any circumstances the applicant can identify that may warrant using per diem certified infusion therapy RNs to provide patient care in all counties of Tennessee? Please discuss.

Per Diem RN's may be considered for over flow of patients, but only if the (CIRN) Certified Infusion Registered Nurse is also trained and proficient in intrathecal therapy. The national accrediting board for infusion nurses does not include intrathecal home infusion as a topic and training for the accreditation. Although a CIRN would be beneficial to IPM, they would still have to go through all of the 3 to 6 month training for safety of the patient and for a full understanding of the therapy.

27. Section C, Contribution to Orderly Development, Item 7.a.

The response is noted. What accreditation for home health agencies applies to this service? In your response, please clarify why the applicant would not seek same for the proposed home health agency.

IPM does have plans to become The Joint Commission Accredited for home care nursing. IPM is currently JCAHO Accredited in the state of Florida and will plan also in the state of Tennessee. JCAHO Accreditation will assist IPM in maintaining high standards and protocols.

Home Health Agencies are required to have a process in place to assess and manage patient pain. In addition, agency regulations require physician supervision of patient care, including the plan of care (POC) developed for each patient and review by the MD at least once every 62 days or more often if severity of the patient's condition

requires. Please describe how the applicant intends to comply with these patient care requirements as a condition of licensure in Tennessee.

Please refer to the attached Policy and Procedure for IPM (see Attachment C. Contribution-Item 7.a.).

Please describe the minimal staffing requirements that apply to licensed home health agencies in Tennessee and describe how the applicant intends to comply with same.

A home health agency must have an administrator whom is readily available for the staff and administrative functions and also a RN that is cross trained and can stand in for the administrator if necessary or exceeding fifteen days. IPM will successfully maintain and function within the set statutes and rules of Tennessee State Home Health Regulations as described within our aforementioned Policies and Procedures.

28. Proof of Publication

The copies of the Letter of Intent in 18 newspapers of general circulation appear to cover 94 of 95 Tennessee counties, the exception being Hardin County. Notification in the Commercial Appeal, Jackson Sun and the Buffalo River Review (all publications of general circulation) is noted for counties that border Hardin County, including Wayne, Decatur, Chester and McNairy Counties; however no mention of Hardin County could be identified. Please clarify the status of same for Hardin County.

As confirmed by a Senior Media Buyer at the press service that we utilized for our Publication of Intent, Hardin County is covered by both the Memphis Commercial Appeal and the Jackson Sun (from Madison County).

In your response, please also provide proof of publication that documents publication of the applicant's Letter of Intent (LOI) in all the newspapers that apply (names of the 18 newspapers are included in table below). It is important to note that the requested proof of publication must be in the form of either a copy of the full page of the newspaper in which the applicant's LOI appeared with the mast and dateline intact or an affidavit from the newspaper's publisher that attests to the date the applicant's LOI was published and the counties included in the newspapers coverage area/area of general circulation. Please insure the correct complete copy is paired with each appropriate affidavit.

Newspaper	# TN Counties Included in Newspapers Coverage Area (as noted in copies of LOIs submitted to HSDA)
Tennessean	29
Commercial Appeal	~~14~~ 15

SUPPLEMENTAL #1
July 28, 2014
9:26 am

Paris Post Intelligencer	**4**
Daily News Journal	**7**
McMinnville general Standard	**4**
Buffalo River Review	**3**
Knoxville News Sentinel	**17**
Murfreesboro Daily News	**5**
Johnson City Press	**7**
Kingsport Times	**6**
Jackson Sun	**~~5~~** 6
Greenville Sun	**3**
Clarksville The Leaf Chronicle	**1**
Cookeville Herald Tribune	**7**
Dyersburg State Gazette	**5**
Chattanooga Free Times Press	**16**
Rogersville review	**6**
Bristol Herald Courier	**6**

Please note that we have amended the above table to reflect the coverage of Hardin County by the Commercial Appeal and the Jackson Sun.

Enclosed is a signed affidavit attesting to the publication coverage as stated within our Letter of Intent (see Attachment 28-Publication).

SUPPLEMENTAL #1
July 28, 2014
9:26 am

Attachment B.3..

IMPLANTED PUMP MANAGEMENT

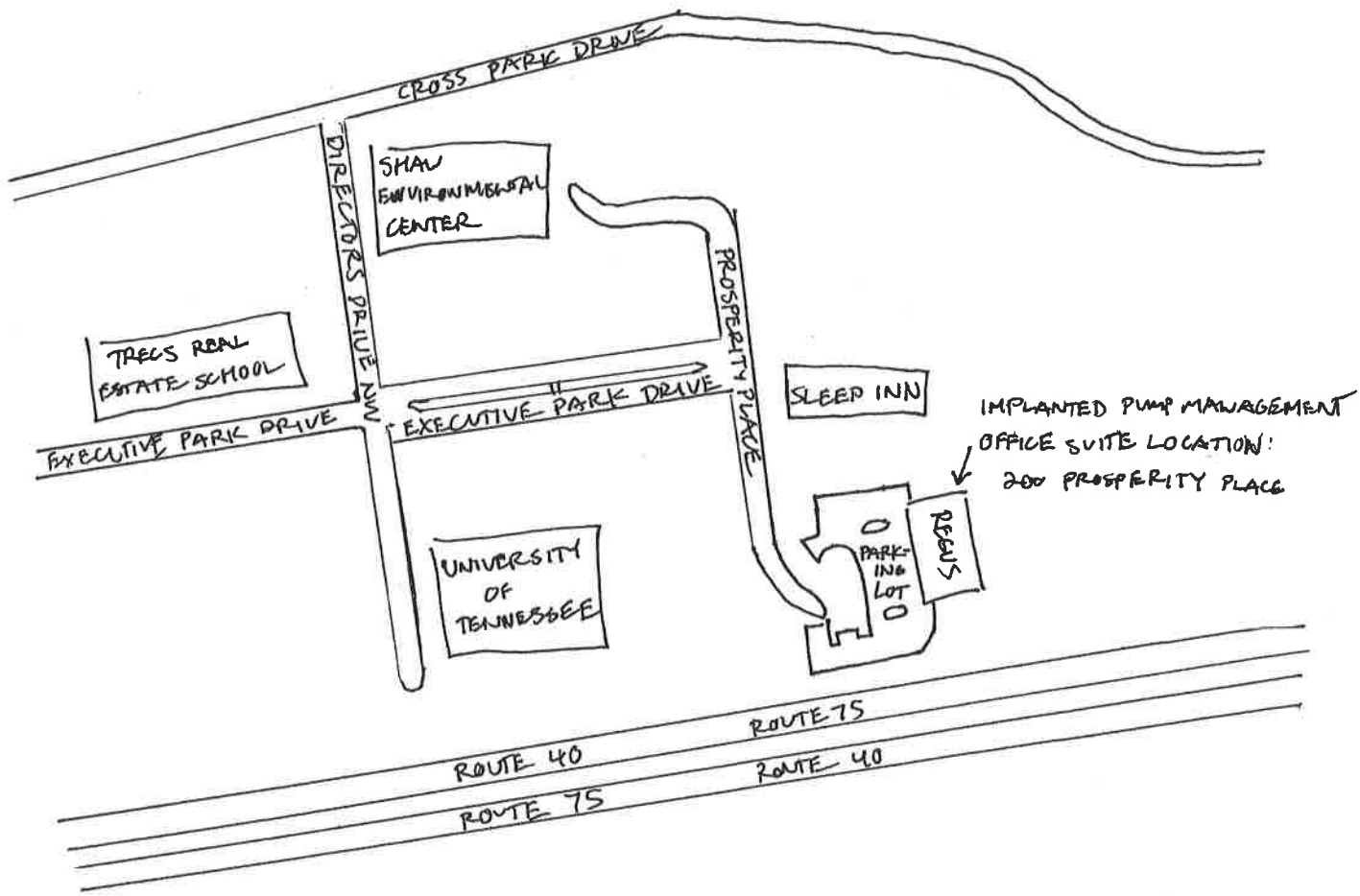
SUPPLEMENTAL #1

PLOT PLAN : 125 200 PROSPERITY PLACE OFFICE 102

July 28, 2014

KNOXVILLE, TN 37923

9:26 am



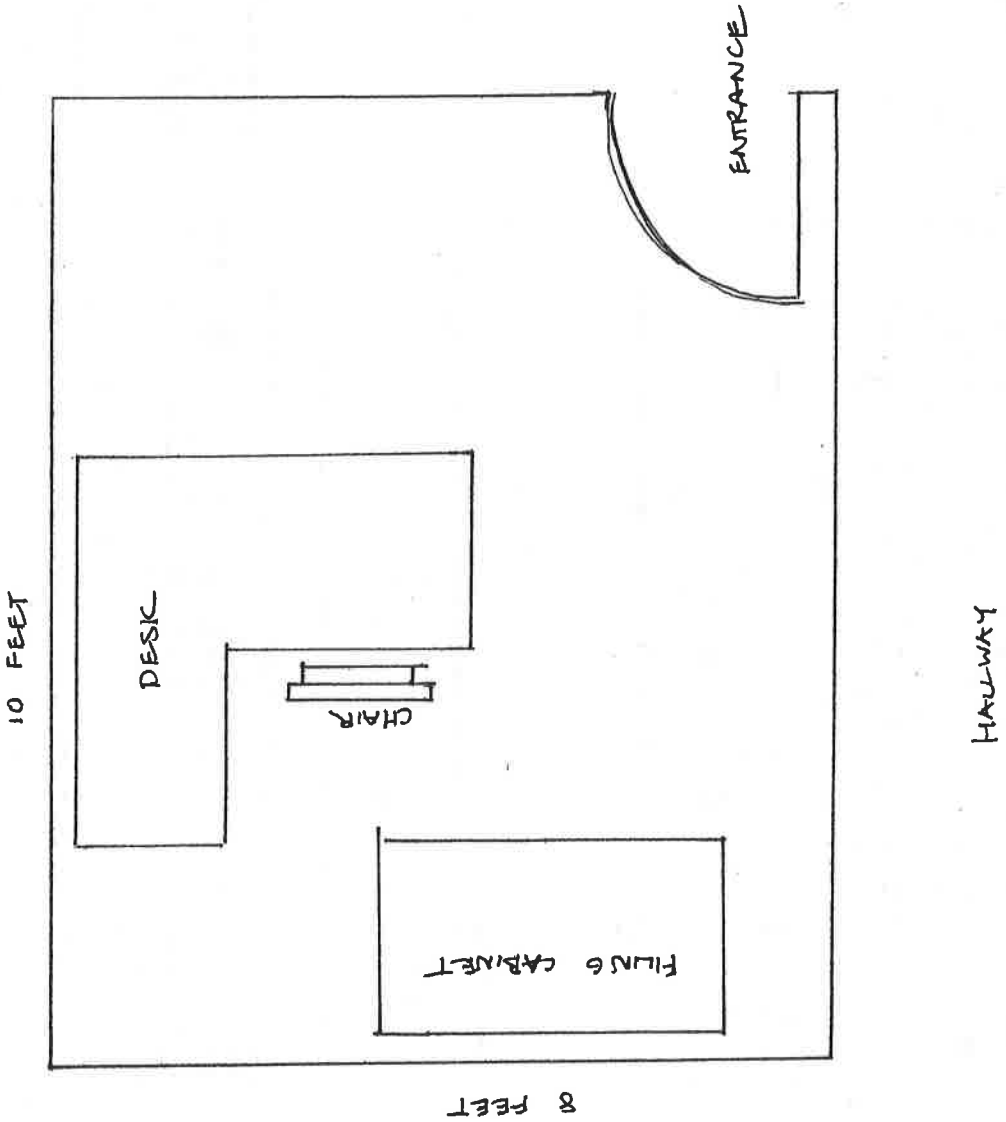
TOTAL ACREAGE = 1.91

SUPPLEMENTAL #1
July 28, 2014
9:26 am

Attachment B.4.

SUPPLEMENTAL #1
July 28, 2014
9:26 am

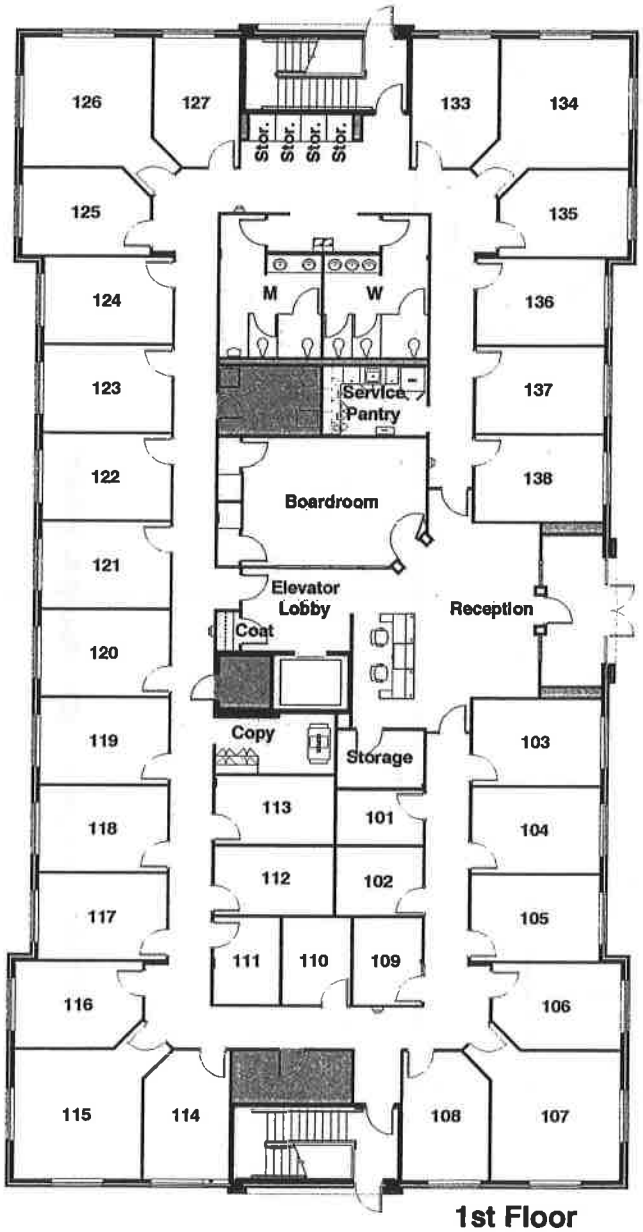
HALLWAY



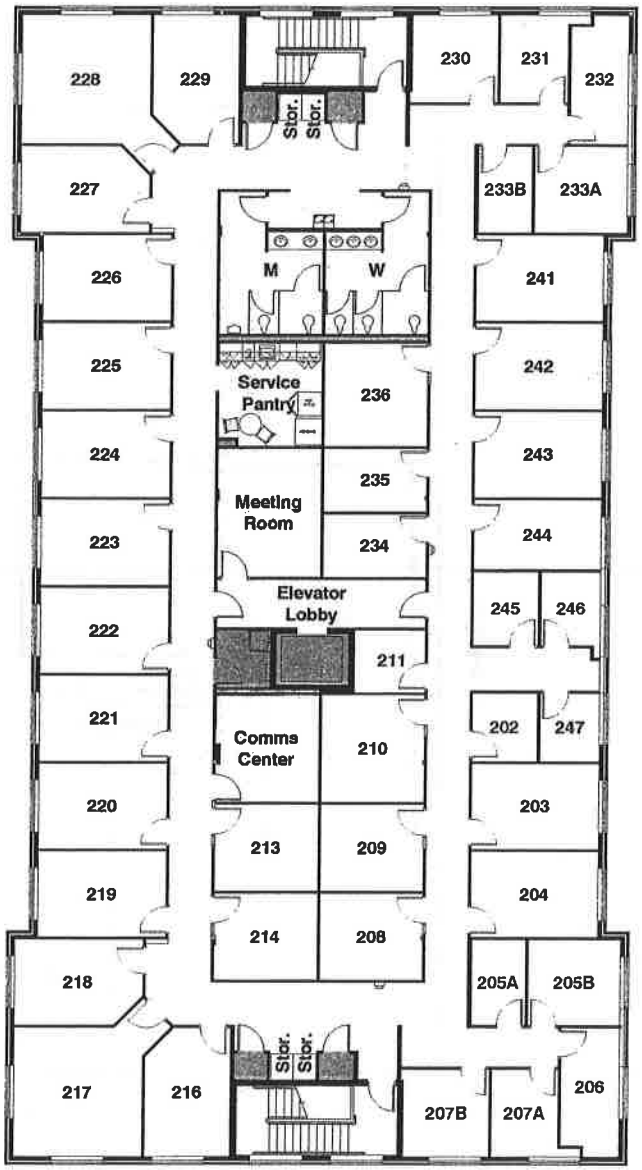
FLOOR PLAN — OFFICE #102

TOTAL AREA: 80 SQUARE FEET

SUPPLEMENTAL #1
July 28, 2014
9:26 am



1st Floor



2nd Floor

SUPPLEMENTAL #1
July 28, 2014
9:26 am

Attachment C.Need-Item 1.a.

SUPPLEMENTAL #1
July 28, 2014
9:26 am

Agency	Address	Phone Number	Fax Number/Other	Intrathecal home infusion?	# Counties serviced	Health Agency Location
Clinch River Home Health	Clinch River Home Health 401 Sulphur Springs Road, Clinton, TN, 37716	Phone: 865-457-4263 Phone 2: 865-687-7070	Fax: 865-457-9415 Fax: 865-687-7040 office@crhh.net	NO		
Home Option by Harden Health Care, The	800 Oak Ridge Turnpike, Suite A208, Oak Ridge, Tennessee 37830	Phone: 865-220-1700	N/A	NO		
Professional Case Management of Tennessee	800 Oak Ridge Turnpike #100, Oak Ridge, TN 37830	Phone:(865) 481-4800	N/A	IV Infusion Therapy Only		
Blount Memorial Hospital Home Health Services	1095 East Lamar Alexander Parkway, Maryville, TN 37804	Phone:865-981-2160	N/A	IV Infusion Therapy Only		
Elk Valley Health Services Inc	5249 Harding Place Nashville, TN 37217	Phone: (615) 360-1116	Fax: (615) 360-7895	NO		
Quality Home Health		Phone:(865) 531-0016	Fax: (865) 470-2194	NO		
Amedisys Home Health Care	120 S. Main St. Pikeville, Tennessee 37367	423-447-6841	423-267-9839	NO (IV Only)		
Premier Support Services, Inc	1835 BUFFALO TRAIL MORRISTOWN, TN 37814	Phone: (423) 587-8771		NO		
Univ. of TN Med. Ctr Home Health/Hospice Service	1924 Alcoa Highway, Knoxville, Tennessee 37920	Phone: (865) 305-9000		NO		
Amedisys Home Health	5959 S. Sherwood Forest Blvd. Baton Rouge, LA 70816	tel. (225) 292-2031		NO		
Amedisys Home Health Care	230 Cumberland Bend, Suite D, Nashville, TN 37228	Phone: (615) 313-7400	Fax: (615) 313-7410	NO		
Camellia Home Health of East Tennessee	**1700 Liberty St NW, Knoxville, TN 37921**	**(865) 584-4010**		**Yes**	**A lot (wouldn't list)**	**Knoxville**
Covenant Homecare	3001 Lake Brook Blvd., Suite 101, Knoxville, TN 37909	(865) 374-0600		NO		
East Tennessee Children's Hospital Home Health	2018 W Clinch Ave, Knoxville, TN 37916	865-541-8000		NO		
Gentiva Health Services	6223 Highland Pl Way, Knoxville, TN 37919	(865) 584-3133		No		
Gentiva Health Services 2 (Girling Health Care)						
Maxim Healthcare Services, Inc	7417 Kingston Pike #102, Knoxville, TN 37919	865 330 2336		No		
NHC Homecare	9000 Executive Park Dr A205, Knoxville, 37923	(865) 539-0242		NO		
Tennova Home Health	10820 Parkside Drive, knoxville, TN, 37934	(865) 218-7011		No (Does Home Infusion)		
UTMCK-Home Care Services: Hospice & Home Care	1924 Alcoa Highway, Knoxville, Tennessee 37920	(865) 305-9000		No		
Intrepid USA Healthcare Services	**114 S David Lane Unit 11 Parkway Plaza, Knoxville, TN 37922**	**865-531-1415**	**865-539-8047**	**YES (Not many depends on a lot of things) (insurance, severity)**	**15**	**Texas**
Professional Home Health Care Agency	2221 Jacksboro Pike, La Follette, TN, 37766	(423) 562-6870 (disconnected)				
ANDERSON COUNTY						
Heritage Home Healh	635 N. Main St., Suite D, Shelbyville, TN 37160	931-684-2118	931-685-5355	NO		
Suncrest Home Health	1914 Mcarthur Street, Manchester, TN 37355	(931) 728-2453		NO (DO HOME INFUSION)		
Alere Women's and Children's Health, LLC	651 E 4th St Ste 100, Chattanooga, TN 37403-1923	(901) 767-8802		NO		
Angel Private Duty and Home Health, Inc.	333 PLUS PARK BLVD, NASHVILLE, TN 37217-1005	(615) 365-4424	(615) 365-0998	NO		
Careall	4015 Travis Dr #200, Nashville, TN 37211	(615) 835-4445		NO		
Coram CVS Specialty Infusion Services	1828 Midpark Drive, Suite D, Knoxville, TN, 37921-5900	865-450-2380	865.450.2385	NO		
Friendship Home Health Agency	333 PLUS PARK BLVD, Nashville, TN 37217	(615)-365-4424	(615) 365-0998	NO		

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Home Care Solutions, Inc.	1410 Donelson Pike B10, Nashville, TN 37217-2952	(615) 874-1423 (DISCONNECTED)				
Willowbrook Home Health Care Agency	3239 Tom Austin Hwy, Springfield, TN 37172	(615) 382-2044		NO		
Caresouth HHA Holdings of Winchester, LLC	2068 Cowan Highway, Winchester, TN 37398	931-967-0633		NO		
Deaconess Homecare	1820 Huntsville Hwy, Fayetteville, TN 37334	(931) 433-2516		NO		
Lincoln Medical Home Health & Hospice	1797 Wilson Pkwy, Fayetteville, TN 37334	(931) 433-8088		NO		
Suncrest Home Health of Nashville, Inc.	1896 General George Patton 500, Franklin, TN 37067	(615) 591-8089		NO		
Vanderbilt HC Affiliated w/Walgreens IV & RT svcs	500 Wilson Run, Brentwood, TN 37027	(615) 726-0776		NO (IV ONLY)		
BEDFORD COUNTY						
Tennessee Quality Homecare- Northwest	117 Hummingbird Circle, Camden, TN 38320	731-584-2700 1-800-628-0191		NO (IV Only)		
Baptist Memorial Home Care & Hospice	6225 Humphreys Blvd. Memphis, TN 38120	901-227-9000	info.womens@bmhcc .org	NO (IV Only)		
Tennessee Quality Homecare- Southwest	580 Tennessee Ave. North, Parsons, TN 38363	731-847-9228 1-800-899-2884		NO (IV Only)		
Volunteer Home Care, Inc	1875 U.S. 51, Dyersburg, TN 38024	(731) 288-6011		Antibiotic, hydration, TPN (Didn't specify IV vs Intrathecal on site)		
Regional Home Care - Lexington	185 Boswell St. Lexington, TN 38351	Phone 731-968-1860	FAX 731-968-1875	NO		
Henry County Medical Center Home Health	301 Tyson Ave., Paris, TN 38242	Phone: (731) 642-1220		NO (IV Only)		
St. Thomas Home Health	2000 Church Street, Nashville, TN 37236	(615) 284-5555		NO		
Extendicare Home Health of West Tennessee	90 DIRECTORS ROW, Jackson, TN 38305	(731) 668-1372	(731) 664-9919	NO (IV Only)		
Medical Center Home Health	33 Directors Row Jackson, TN 38305-2316	Phone: 731.984.2000	731.984.2079			
Regional Home Care - Jackson	37 Sandstone Circle, Jackson, TN 38305	Phone 731-668-7143	FAX 731-668-7677	NO		
BENTON COUNTY						
Home Health Care of East Tennessee, Inc	5740 Uptain Road, Suite 6300, Chattanooga, Tennessee 37411	423.510.9010		NO (IV Only)		
Continucare Healthservices, Inc I		423-386-1000				
Continucare Healthservices, Inc II	1501 Riverside Drive, Suite 350, Chattanooga, TN 37406	Toll Free: 1-800-815-6264	info@continucarehealthservices.com	No (IV Only)		
Life Care at Home of Tennessee	7625 Hamilton Park Drive, Suite 16, Chattanooga, TN. 37421	(423) 510-1500	(423) 510-1560	NO (IV Only)		
Memorial Hospital Home Health	3775 Georgetown Rd. NW, Cleveland, Tennessee 37312	423-475-2461	423-472-9457	NO (IV Only)		
BLEDSOE COUNTY						
Family Home Care - Cleveland	175 24th St NW, Cleveland, TN 37311	(423) 559-6092		NO (IV)		
Guardian Home Care, LLC	3555 Keith St NW, Cleveland, TN 37312	423–473–8886		NO (IV)		
BRADLEY COUNTY						
Home Health Care of Middle Tennessee	Two International Drive Suite 901 Nashville, Tn 37217	615.361.4859	615.361.5187	NO (TEACH ONLY)		
CANNON COUNTY						
Procare Home Health Services	9 Worth Cir, Johnson City, TN 37601	(423) 434-5130				
Johnson County Home Health	1987 S Shady St, Mountain City, TN 37683	(423) 727-3250		NO(IV)		
Medical Center Homecare - Kingsport	2020 Brookside Dr, Kingsport, TN 37660	(423) 392-3510		NO		
CARTER COUNTY						

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SUPPLEMENTAL #1

July 28, 2014

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Continuous Care Services, LLC	545 Mainstream Dr Ste 100, Nashville, TN 37228	(615) 259-2772 (DISCONNECTED)				
Vanderbilt Home Care Services	2120 Belcourt Ave, Nashville, TN 37212	(615) 936-0336		NO		
CHEATHAM COUNTY						
Baptist Memorial Home Care & Hospice	631 R B Wilson Drive, Huntingdon, Tennessee 38344	(731) 986-3220		NO		
Home Care Solutions, Inc	242 Heritage Park Dr. #102, Murfreesboro, Tennessee 37129			IV Infusion Therapy Only		
Tennessee Quality Homecare - Southwest	28 East Main Street, Hohenwald, TN 38462	931-796-7149 1-866-385-6423		IV Infusion Therapy Only		
Volunteer Homecare of West Tennessee	313 S Main St, Waynesboro, TN 38485	931-722-6832		Antibiotic, hydration, TPN (Didn't specify IV vs Intrathecal on site)		
NHC Homecare	2100 Park Plaza Dr. Springfield, Tennessee 37172	615-384-0687	615-384-1438	IV Infusion Therapy Only		
Deaconess Homecare II	126 South MAIN St. Oneida, TN 37841	(423) 569-8441	(423) 569-4043	IV Infusion Therapy Only		
Hardin Medical Center Home Health	935 Wayne Rd Ste C, Savannah, TN 38372-1920	(731) 926-8202		NO		
Regional Home Care - Lexington	185 Boswell St. Lexington, TN 38351	Phone 731-968-1860	FAX 731-968-1875	NO		
Amedisys Home Health Care	120 S. Main St. Pikeville, Tennessee 37367	423-447-6841	423-267-9839	IV Infusion Therapy Only		
Intrepid USA Healthcare Services	315 West Main Street, Brownsville, TN 38012	731-779-3103	731-779-3104	IV Infusion Therapy Only		
Medical Center Home Health	534 Roland Ave. Jackson, Tennessee 38301	731-422-1100	731-422-4371	IV Infusion Therapy Only		
Regional Home Care - Jackson	37 Sandstone Circle, Jackson, TN 38305	Phone 731-668-7143	FAX 731-668-7677	NO		
Careall Homecare Services	1151 Tammbell Street Brownsville, TN 38012	(888) 401-CARE(2273)		IV Infusion Therapy Only		
Chester County Total Licensed Agencies						
Blount Memorial Hospital Home Health Services	175 24th St. NW, Cleveland, Tennessee 37311	423-559-6092	423-559-6093	IV Infusion Therapy Only		
Sunbelt Homecare	149 Healthcare Lane, Jellico, Tennessee 37762	423-784-2452	423-784-1120	IV Infusion Therapy Only		
Amedisys Home Health of Tennessee	230 Cumberland Bend, Suite D, Nashville, TN 37228	615-313-7400		IV Infusion Therapy Only		
Suncrest Home Health & Hospice	1310 East College Street, Brownsville, TN 38012	Tel: 731-772-2655	Fax: 731-772-2695	IV Infusion Therapy Only		
Smoky Mountain Home Health & Hospice	222 Heritage Blvd. Newport Tennessee 37821	423-623-0233	423-623-8311	IV Infusion Therapy Only		
Hancock County Home Health & Hospice Agency	1246 Main Street Po Box 32, Sneedville, Tennessee 37869	(423) 733-4032				
Camellia Home Health of East Tennessee	1700 Liberty St, Knoxville, TN 37921	865-584-4010		IV Infusion Therapy Only		
Covenant Homecare	1615 West Morris Boulevard, Morristown, TN 37813	(423) 492-8100		NO		
East Tennessee Children's Hospital Home Health	11227 W Point Dr, Knoxville, TN 37934			NO		
Tennova Home Health	4127 E. Emory Road, Knoxville, TN 37938	Phone: (865) 545-3500		IV Infusion Therapy Only		
Claiborne County Total Licensed Agencies						
Cumberland River Homecare	100 Old Jefferson Street, Celina, TN 38551	931-243-3680	800-382-3341	IV Infusion Therapy Only		
Brookdale Home Health Nashville	4538 TROUSDALE DRIVE, NASHVILLE, TN 37204	(615) 598-9662		IV Infusion Therapy Only		
Coram CVS Specialty Infusion Services	2970 Sidco Drive, Nashville, TN 37204-3715	615.445.3098		IV		
Highland Rim Home Health Agency	337 N. Cedar Ave. Cookeville Tennessee 38501	931-528-5578		IV		
Clay County Total Licensed Agencies						
Advanced Home Care, Inc.	1012 Coolidge St. Greeneville, TN 37743	423.783.6500		IV		
Laughlin Home Health Agency	228 N. Main St. #7 Greenville Tennessee 37745	423-787-5000	423-636-2633	IV		
Cocke County Total Licensed Agencies						

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SUPPLEMENTAL #1
July 28, 2014
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Angel Private Duty and Home Health, Inc.	333 PLUS PARK BLVD, NASHVILLE, TN 37217-1005	Phone (615) 365-442		NO		
Vanderbilt Community & Home Services	1211 Medical Center Drive, Nashville, TN 37232	(615) 322-5000		NO (IV ONLY)		
Caresouth HHA Holdings of Winchester, LLC	2068 Cowan Highway, Winchester, TN 37398	(866) 291-3017		NO		
Lincoln Medical Home Health & Hospice	1797 Wilson Pkwy Fayetteville, TN 37334	(931) 433-8088		IV?		
Friendship Home Health, Inc.	333 Plue Park Blvd, Nashville, TN 37217	(615) 365-4313		NO		
Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	500 Wilson Pike Cir, Brentwood, TN 37027	(615) 726-0776		NO IV ONLY		
Coffee County Total Licensed Agencies						
Baptist Home Care & Hospice - Covington	REPEAT 1618 U.S. 51, Covington, TN 38019	(901) 476-0333		NO IV ONLY		
Crockett County Total Licensed Agencies						
Quality Home Health	117 Hummingbird Circle, Camden, Tennessee 38320	731-584-2700	731-584-3866	NO (IV ONLY)		
Quality Private Duty Care	9333 Park West Blvd Ste 105a , Knoxville, TN 37923-4305	(865) 531-0016		NO		
Cumberland County Total Licensed Agencies						
Gateway Home Health Clarksville	1760 Madison St. Clarksville Tennessee 37043	931-648-4576	931-920-6100	NO (IV ONLY)		
Lifeline Home Health Care	2109 Park Plaza Dr #200, Springfield, TN 37172	(615) 384-4644		NO		
Meritan, Inc.	4700 Poplar Avenue, Suite 400, Memphis, TN 38117	(901) 766-0600		NO		
Highpoint Homecare	555 Hartsville Pike, Gallatin, TN, 37066	(615) 328-6695		NO		
Guardian Home Care of Nashville, LLC		615–771–2080		NO (IV ONLY)		
Davidson County Total Licensed Agencies						
American National Home Health	95 Signature Pl, Lebanon, TN 37087	(615) 453-1029		NO		
DeKalb County Total Licensed Agencies						
Regional Home Care - Dyersburg	1937 Cook St, Dyersburg, TN 38024	(731) 287-2307		NO (IV ONLY)		
Methodist Alliance Home Care	6400 Shelby View Dr #101, Memphis, TN 38134	(901) 516-1999		NO		
Baptist Home Care & Hospice - Covington	1618 U.S. 51, Covington, TN 38019	(901) 476-0333		NO		
Dyer County Total Licensed Agencies						
Where the Heart is	760 Great Oaks Rd, Eads, TN 38028	(901) 867-1556		NO		
Accredo Health Group, Inc	1640 Century Center Pkwy #110, Memphis, TN 38134	(901) 385-3600		NO		
Baptist Trinity Home Care	6141 Walnut Grove Rd, Memphis, TN 38120	(901) 767-6767		NO (IV ONLY)		
Best Nurses Inc.	6061 Apple Tree Dr, Memphis, TN 38115	(901) 797-9111		NO		
Family Home Health Agency	741 Adams Ave, Memphis, TN 38105	(901) 575-8750 DISCONNECTED				
Functional Independence Home Care, Inc	270 German Oak Dr, Cordova, TN 38018	(901) 363-6046		NO		
Home Health Care of West Tennessee, Inc	2995 APPLING RD SUITE 102, Bartlett, TN 38133	(866) 824-8174		NO		
Homechoice Health Services	1310 E College St, Brownsville, TN 38012	(901) 476-2411		NO		
Interim Healthcare of Memphis, Inc.	2620 Thousand Oaks Blvd, Suite 1400, Memphis, TN 38118	(901) 761-5000	(901) 767-0972	NO		
No Place Like Home, Inc	354 New Byhalia Rd, Collierville, TN	(901) 853-3999		NO		
Fayette County Total Licensed Agencies						
Maury Regional Home Services	830 Hatcher Ln, Columbia, TN 38401	(931) 490-4600		NO		
Quality First Home Care	500 S James Campbell Blvd, Columbia, TN 38401	(931) 540-0062		NO		
Giles County Total Licensed Agencies						
Hometown Home Health Care Inc.	121 Forest Hills Rd, Rogersville, TN 37857	(423) 272-7941		NO (IV ONLY)		

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SUPPLEMENTAL #1
July 28, 2014
9:26 am

Greene County Total Licensed Agencies						
Magnolia Regional Health Care Home Hospice	2034 E Shiloh Rd, Corinth, MS 38834	(662) 293-1405		NO		
Hardin County Total Licensed Agencies						
Sweetwater Hospital Home Health	304 Wright Street, Sweetwater, TN 37874	(865) 213-8508		NO		
Loudon County Total Licensed Agencies						
Regional Home Care Parkway						
Obion County Total Licensed Agencies						
Americare Home Health Agency, Inc	3949 Whitebrook Dr, Memphis, TN	(901) 345-5853		(NO ANSWER)		
Still Waters Home Health Agency	856 Willow Tree Cir, Cordova TN	(901) 794-7988		NO		
Shelby County Total Licensed Agencies						
Unicoi County Home Health	100 Greenway Cir, Erwin, TN 37650	423 431 6146	(423) 743-1244	NO		
Unicoi County Total Licensed Agencies						
At Home Healthcare	4711 Trousdale Drive, Suite 129, Nashville, TN 37220	615.988.2604	615.891.4326	NO		
Williamson County Total Licensed Agencies						

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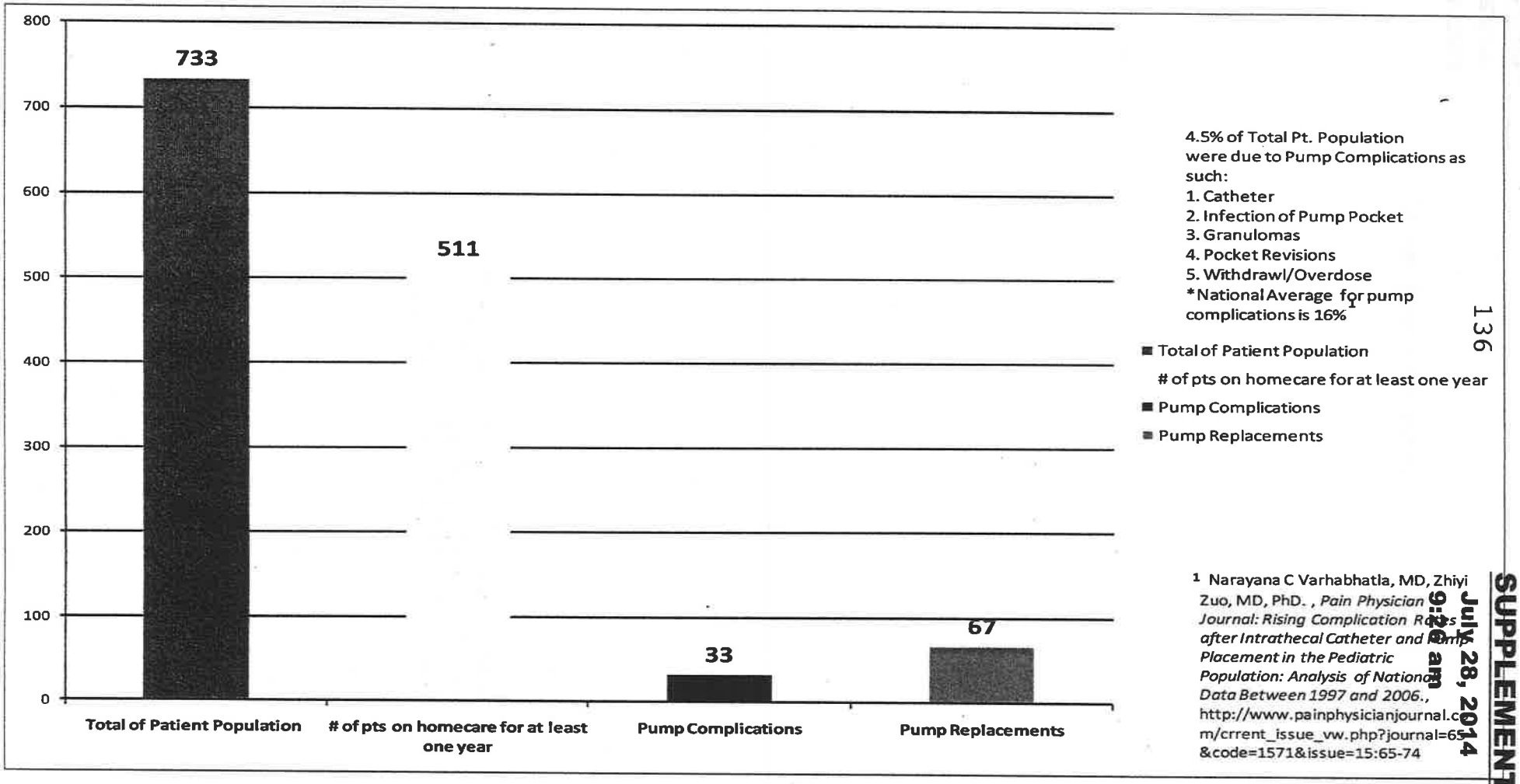
SUPPLEMENTAL #1
July 28, 2014
9:26 am

Attachment C.Need-Item 1.b.

IMPLANTED PUMP MANAGEMENT, LLC.

Specializing in The Management of Pain and Spasticity
Implanted Pump Therapies

Chart 1
Pump Complications in Homecare Compared To National Averages



[1] Narayana C Varhabhatla, MD, Zhiyi Zuo, MD, PhD. , *Pain Physician Journal: Rising Complication Rates after Intrathecal Catheter and Pump Placement in the Pediatric Population: Analysis of National Data Between 1997 and 2006.*, http://www.painphysicianjournal.com/crrent_issue_vw.php?journal=65&code=1571&issue=15:65-74

SUPPLEMENTAL #1
July 28, 2014
9:20 am
136
28

SUPPLEMENTAL #1
July 28, 2014
9:26 am

July 24, 2014

To Whom It May Concern:

This letter is written in regards to the need for more home intrathecal infusion services in the state of Tennessee.
I have an implanted intrathecal pump and a homecare option is definitely the best for me and my family.
Please consider allowing more companies to introduce intrathecal home management services to better serve the individuals of Tennessee.

Sincerely,

Bonnie Flint

Bonnie Flint
120 Brookwood Lane Apt 20
Gainesboro, TN 38562

SUPPLEMENTAL #1
July 28, 2014
9:26 am

July 24, 2014

To Whom It May Concern:

This letter is written in regards to the need for more home intrathecal infusion services in the state of Tennessee.
I have an implanted intrathecal pump and a homecare option is definitely the best for me and my family.
Please consider allowing more companies to introduce intrathecal home management services to better serve the individuals of Tennessee.

Sincerely, Margaret Stacey

Margaret Stacey
6610 SE Tater Peeler Rd
Lebanon, TN 37090

SUPPLEMENTAL #1
July 28, 2014
9:26 am

Attachment C. Economic-Item 10.a.

SUPPLEMENTAL #1

2:29 PM
07/24/14
Accrual Basis

IMPLANTABLE PUMP MANAGEMENT

July 28, 2014
9:26 am

Balance Sheet

As of June 1, 2014

	Jun 1, 14
ASSETS	
Current Assets	
Checking/Savings	
IPM, LLC - ELECTRONIC VALLEY	1,445.07
IPM, LLC - CASH VALLEY	131,069.45
Total Checking/Savings	132,514.52
Total Current Assets	132,514.52
Fixed Assets	
Accumulated Depreciation	-7,365.12
Equipment	29,995.08
Computer/Phone Software	16,250.00
Total Fixed Assets	38,879.96
TOTAL ASSETS	**171,394.48**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Shareholder Loan	102,488.44
Total Other Current Liabilities	102,488.44
Total Current Liabilities	102,488.44
Long Term Liabilities	
Due to Basic Home Infusion, Inc	9,405.00
Total Long Term Liabilities	9,405.00
Total Liabilities	111,893.44
Equity	
Retained Earnings	7,534.80
Net Income	51,966.24
Total Equity	59,501.04
TOTAL LIABILITIES & EQUITY	**171,394.48**

SUPPLEMENTAL #1
July 28, 2014
9:26 am

Attachment C. Economic-Item 10.b.

SUPPLEMENTAL #1

2:44 PM
07/24/14
Accrual Basis

IMPLANTABLE PUMP MANAGEMENT
Profit & Loss
June 2014

July 28, 2014
9:26 am

	Jun 14
Ordinary Income/Expense	
Income	
Fee Refunds	125.00
Total Income	125.00
Expense	
Filing fees	3,000.00
Bank Service Charges	177.01
Insurance	1,409.48
Licenses and Permits	3,455.00
Printing and Reproduction	89.43
Rent	1,557.08
Telephone	342.26
Utilities	
Water	10.60
Total Utilities	10.60
Total Expense	10,040.86
Net Ordinary Income	-9,915.86
Net Income	**-9,915.86**

SUPPLEMENTAL #1
July 28, 2014
9:26 am

Attachment C. Economic-Item 10.c.

SUPPLEMENTAL #1

July 28, 2014
9:26 am

Valley National Bank

STATEMENT OF ACCOUNT

IMPLANTED PUMP MANAGEMENT LLC
1401 VALLEY RD
WAYNE NJ 07470-2037

0

Page:	1
Chks Paid:	10
Statement Date:	06/30/14
Account Number:	41577485

Indicate to the right any changes of address. Cut at the dotted line and return this form to: Valley Customer Service, 1445 Valley Road, Wayne, NJ 07470

Street: _____

City, State, Zip: _____

Signature: _____

********** BusinessCHECKING 300 41577485 **********

Checks in Order

Date	Number	Amount	Date	Number	Amount
06/06	1086	250.00	06/16	1099	89.43
06/13	1087	1,000.00	06/16	1100	622.33
*			06/16	1101	172.14
06/20	1095	120.00	*		
*			06/24	1106	10.60
06/06	1097	250.00	06/24	1107	451.68
06/17	1098	1,557.08			

(*) Check Number Missing or Check Converted to Electronic Transaction and Listed Under Non-Check Transactions

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
05/30	136,339.45	06/16	133,955.55	06/24	131,816.19
06/06	135,839.45	06/17	132,398.47		
06/13	134,839.45	06/20	132,278.47		

Account Summary
Previous Statement Date: 05/30/14

Beginning Balance	+	Deposits	+	Interest Paid	-	Withdrawals	-	Service Charge	=	Ending Balance
136,339.45		.00		.00		4,523.26		.00		131,816.19

Statement from 05/31/14 Thru 06/30/14
YTD Interest Paid .00

Report lost or stolen Valley Check Card to: 888-379-9903

800-522-4100
valleynationalbank.com

Valley National Bank

SUPPLEMENTAL #1
July 28, 2014
9:26 am

Attachment C. Contribution-Item 7.a.

Synchromed Patient
Visit Procedure

SUPPLEMENTAL #1
July 28, 2014
9:26 am

I: Purpose: To establish guidelines to ensure safe, thorough and consistent assessments and procedures for skilled nursing visits. To ensure patients continuity of care with all of Implanted Pump Management RNs.

II: Applicable Documentation/References
P.C. 02.01.01/P.C. 02.01.03/P.C. 02.01.05/P.C. 02.02.01
P.C 01.02.05/JCAHO Standards

III: Policy: All Implanted Pump Management RNs will follow established basic guidelines for skilled nursing visits. Documentation must be done on patients visit note if for any reason the procedure is not followed.

Procedure:

- RN will verify impending visit via a telephone call 3-5 days before visit.
- Upon arrival of patient to infusion center, RN will verify patient name and scheduled appointment.
- RN will wash hands before patient contact has been made.
- A full physical assessment will be done on patient if more than one month has lapsed since last assessment, or a refill is to be performed.
- If medication is to be infused, RN will thoroughly inspect medication, syringe and kit for the following:

*Correct Patient	*Syringe cap intact
*Correct Medication	*Syringe cap color correct
*Correct Concentration	*Syringe hub intact
*Correct volume	*Correct refill kit
*Clarity of medication	*Any ancillary supplies
*Expiration date	

-A telemetry reading pump status check is to be done to verify MD orders.
-RN may proceed with refill after all checks are completed, and/or may proceed with dose adjustment.
-A final telemetry update is to be done after refill or adjustment to update all new values.
-A copy is to be printed, reviewed with the patient and sent with the patient.
-Alarm date is to be discussed with the patient and an appointment is to be made for the next refill, 1-5 days before alarm.
-Garbage is to be disposed of in appropriate garbage receptacle and sharps in sharps container.
-RN to wash hands.

SUPPLEMENTAL #1
July 28, 2014
9:26 am

Attachment 28-Publication

SUPPLEMENTAL #1
July 28, 2014
9:26 am

TENNESSEE PRESS SERVICE
tnpadvertising.biz
435 Montbrook Lane
Knoxville, TN 37919
Voice (865) 584-5761 Fax (865) 558-8687 or (865) 584-6513 (Acctg)

AFFIDAVIT

Implanted Pump Management
1401 Valley Road
Wayne, NJ 07470

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the list of newspapers on the date (s) stated therein as authorized by your office.

As requested, full page tearsheets are submitted herewith on our invoice **S14.3160** as further proof of publication.

I, *Kathy Hensley,* Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Third day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 23rd day of July 2014

EARL GOODMAN STATE OF TENNESSEE NOTARY PUBLIC KNOX COUNTY

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

ADDITIONAL INFORMATION FOR SUPPLEMENTAL - #1 -COPY-

IMPLANTED PUMP MANAGEMENT

CN1407-027

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

Denny Douglas Castillo

8500 Summerfield, NC 28078
Cellular (704) 718-2875

Therapy Consultant for Intrathecal Pump Therapies

PROFESSIONAL EXPERIENCE

MEDTRONIC NEUROMODULATION
Therapy Consultant

- 15 years of experience in educating the medical community and consulting hospitals and accounts on all aspects of Medtronic neuromodulation therapies. Assisted accounts in setting up programs to offer pump implantation and assisted communities in setting up systems to safely manage pumps post implant.
- Experienced in training facilities, staff and patients on the operation, features and benefits of all aspects of pump therapy apparatuses.
- Strong relationship skills and ability to interact effectively with surgeons, physicians, nurses, pharmacists and all members of the health care team.
- Proven ability to effectively negotiate and collaborate with medical practices, hospitals and health care companies.
- Experienced in setting up hospital therapy programs. Adept at setting up administration meetings and assisting practices from start to finish in developing Targeted Drug Delivery programs.
- Clinical care experience in hospital, home care, infusion and office settings –firm understanding of medical and pharmaceutical terms, conditions, treatments and protocols.
- Experienced in training surgeons, ancillary care and administration in all aspects of pump implant, management and troubleshooting.

GASTON MEMORIAL HOME HEALTH CARE, Gastonia, NC 1995-2001
Registered Nurse - Infusion specialist - Case Manager
Managed all aspects of home care for patients requiring intravenous infusion therapy

- Ongoing coordination of care with multiple physicians, pharmacists and ancillary staff.
- Instructed staff, patients and families on medical device use, procedures and techniques. Administered nursing care and educated on disease entities and treatment protocols.
- Assisted in establishing infusion service contracts at infectious disease and rheumatology offices. Assisted in management and provided infusion skills for administration of Remicade and multiple infusion medications.
- Assisted in recruiting and training all infusion team staff.
- Helped maintain and train a twenty-four hour infusion on-call team.
- Utilized as a mentor for undergraduate and RN to BSN students and infusion training for 100 employee home care systems

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

FIRST AMERICAN HOME CARE, Battle Creek, MI 1994-1995
Case-manager.

- Carried out case management duties while assisting in staff training and community networking for new branch office.

BATTLE CREEK HEALTH SYSTEM, Battle Creek, MI 1993-1994
Critical Care Unit (cardiac/surgical)

- Rotated as charge nurse. Member of "Code team" and assisted on all in hospital cardiopulmonary resuscitations. Accompanied ambulance staff on critical care patient transports.
- Active in staff development. Prepared and presented oral motivational presentation for 120 employees on positive attitudes and optimism in a changing health care system.

EDUCATION

Bowling Green State University, Bowling Green, OH in consortium with the Medical College of Ohio.
Bachelor of Science in Nursing, 1993

- Chosen for 12-week internship at Saint Lukes critical care unit following highly competative selection process.
- Resident advisor for 120 dormitory college students 3 years at BGSU.
- Earned athletic scholarship for Bowling Green State University in division 1 baseball. Financed 100% of college through Castillo painting business in off time.

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

Don Donnelly
Regional Director of Flowonix Medical in TN
November 2013 – Present

Flowonix is a medical device company dedicated to helping those who suffer from chronic disorders. Our team has decades of experience developing unique and reliable medical devices to improve lifestyles. Using one of a kind technology, Flowonix has developed an implantable drug pump designed to deliver therapeutic drugs into the spine to relieve a variety of chronic disorders and help patients return to normal lives.

Regional Sales Director - Mid-South Region
St. Jude Medical
July 2009 – January 2014 (4 years 7 months)

Manager, Sales Training
St. Jude Medical
July 2008 – July 2009 (1 year 1 month)

Marketing Manager of Field Support
St. Jude Medical
January 2006 – July 2008 (2 years 7 months)

Territory Manager
St. Jude Medical
January 2004 – January 2006 (2 years 1 month)

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

Dr. Melissa King
Smokey Mountains District
Medtronic Neurological
710 Medtronic Parkway
Minneapolis, MN 55432

Dr. King is a member of Medtronic's Neurological division. The treatment of pain and spasticity utilizing intrathecal baclofen therapy is one of her areas of expertise.

Biomedical Field
Medical technology for neurological disease

Business
Manufacturing and Service

Products
Neurological and Spinal Therapeutic Devices and Technologies
Activa® tremor control therapy
Advanced pain therapies (APT)
Enterra™ therapy
Hepatic arterial infusion (HAI) therapy
InterStim® therapy for urinary control
Intrathecal baclofen (ITB™) therapy
Medtronic PS Medical
Medtronic Functional Diagnostics

Services
Medtronic, Inc. is engaged in medical technology. The Company functions in seven operating segments that manufacture and sell device-based medical therapies. Its operating segments include Cardiac Rhythm Disease Management (CRDM); Spinal and Navigation; Neurological; Vascular; Diabetes; Cardiac Surgery, and Ear, Nose and Throat (ENT). In April 2007, the Company formed Medtronic CardioVascular, a new global business combining the Company's existing Vascular and Cardiac Surgery businesses.

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

PROOF OF PUBLICATION

	Newspaper	Total Counties
1	Bristol Herald Courier	6
2	Buffalo River Review	3
3	Chattanooga Times Free Press	16
4	Clarksville The Leaf Chronicle	1
5	Commercial Appeal	16
6	Cookeville Herald Tribune	7
7	Dyersburg State Gazette	5
8	Greeneville Sun	3
9	Jackson Sun	6
10	Johnson City Press	7
11	Kingsport Times-News	6
12	Knoxville News Sentinel	17
13	McMinnville Southern Standard	4
14	Murfreesboro Daily News Journal	5
15	Paris Post Intelligencer	4
16	Rogersville Review	6
17	Tennessean	29
18	Union City Messenger	3

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Bristol Herald Courier*** with circulation and coverage within the following counties: Johnson, Carter, Sullivan, Washington, Greene, and Hawkins (6 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

1-276-645-2525 • 1-888-627-5875 Walk-In Hours: 8AM - 5PM

SUPPLEMENTAL #1

Classified Marketplace

July 30, 2014
9:54 am

Check Out today's new classified ads by seeing the red check in each new ad.

LEGALS

LEGAL NOTICES

Public Notice

Notice is hereby given that Richardson Ambulance Service LLC, 1111 South Main Street, Marion, VA 24354, has submitted to DMV an application for a certificate of public convenience and necessity, authorizing passenger transportation as a common carrier over irregular routes.

If granted, the certificate will only authorize passenger transportation between points in the Counties of Smyth, Washington, and Wythe, Virginia.

Any person who wishes to support or oppose the application, but does not wish to be a party to the matter, may submit a written statement to DMV Motor Carrier Services Operating Authority Case Management, P. O. Box 27412, Richmond, VA 23269-0001. The statement must be signed and contain the applicant's name and DMV case number (MC1400071EF).

Any person who wishes to protest the application and be a party to the matter must contact DMV Motor Carrier Services Operating Authority Compliance Management at (804) 367-6504 to receive information on filing a protest.

The deadline for submitting letters of support, opposition, or protest is Friday, July 18, 2014 (must be postmarked on or before).

Legal Notice

Time Warner Cable's agreements with programmers and broadcasters to carry their services and stations routinely expire from time to time. We are usually able to obtain renewals or extensions of such agreements, but in order to comply with applicable regulations, we must inform you when an agreement is about to expire. The following agreements are due to expire soon, and we may be required to cease carriage of one or more of these services/stations in the near future: Youtoo, Outdoor Channel

In addition, from time to time we make certain changes in the services that we offer in order to better serve our customers. The following changes are planned:

Starz will offer a free preview August 8-10, 2014. It is available to all digital subscribers and may contain PG, PG-13, TV-14, TV-MA and R rated programs. To find out how to block this preview and for more parental control information, visit twc.com or call 800-892-2253.

For more information about your local channel line-up, visit http://www.twc.com/programmingnotices

TRUSTEE SALES

NOTICE OF SUBSTITUTE TRUSTEE'S SALE OF 27397 Rivermont Drive, Abingdon, Virginia 24211 (Washington Co., VA)

In execution of a deed of trust, from DAVID TRAVIS SINGLETON, dated June 22, 2007, in the principal amount of $122,736.34, recorded in the Clerk's Office of the County of Washington, Virginia, as Instrument Number 070005299, (Seth E. Twery, P.C. having been appointed Substitute Trustee under instrument of record in said Clerk's Office as Instrument Number 140002323), due to default in payment of the debt secured, the undersigned Substitute Trustee will offer for sale at public auction in front of the Courthouse for the Circuit Court of Washington County, Virginia on the **7th day of July, 2014, at 8:30 a.m.** that certain tract of real estate known as 27397 Rivermont Drive, Abingdon, Virginia 24211 situated in the County of Washington, Virginia, being more particularly described as follows:
All that certain lot or parcel of land known and designated as Lot No. (4) as shown on plat of the John A. Hamer, Jr. Property of record in the Clerk's Office of the Circuit Court of Washington, Virginia, in Plat Book 17, page 79, to which all reference is hereby made for a more complete accurate description.

Included with the sale is a 2003 Southern Manufactured Home - VIN No. DSD4AL40556AB.

Sale subject to all conditions, restrictions, reservations and easements, if any of record and now applicable thereto.

Terms: At least 10% cash on day of sale; balance due within 30 days.

FOR INFORMATION CONTACT:
Seth E. Twery, Esq.
Seth E. Twery, P.C.
P.O. Box 185
Lynchburg, VA 24505-0185
(434)845-5285

TRUSTEE SALES

**TRUSTEE'S SALE OF
11587 Goose Creek Road
Bristol, VA 24202**

In execution of a Deed of Trust in the original principal amount of $183,673.00, dated October 31, 2011, recorded among the land records of the Circuit Court for Washington County on November 1, 2011, as Instrument Number 110005612, at Page 86, the undersigned appointed Substitute Trustee will offer for sale at public auction, at the main entrance of the courthouse for the Circuit Court of Washington County, 189 E Main St, Abingdon, VA on **August 5, 2014 at 10:00 AM**, the property described in said deed of trust, located at the above address and briefly described as: BEING LOT NO. 5 OF THE SUBDIVISION OF ROBERT E. COCKE AND PAUL H. COCKE LAND NEAR WALLACE, VIRGINIA, AS SHOWN ON SURVEY MADE IN APRIL, 1954, BY J.W. HORTENSTINE, A PLAT OF WHICH IS OF RECORD IN THE CIRCUIT COURT CLERK'S OFFICE FOR WASHINGTON COUNTY AT ABINGDON, VIRGINIA, IN MAP BOOK 7, PAGE 31, TO WHICH REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION THEREOF, SAID LOT FRONTING 100 FEET ON THE NORTHEAST SIDE OF GOOSE CREEK ROAD AND EXTENDING BACK N 54 DEGREES 45' E 861 FEET, MORE OR LESS, TO LOT NO. 16 IN SAID SUBDIVISON., Tax ID: 140A 4 5.
TERMS OF SALE: ALL CASH. A bidder's deposit of $10,000.00 or 10% of the sale price, whichever is lower, will be required in cash, certified or cashier's check. Settlement within fifteen (15) days of sale, otherwise Trustee may forfeit deposit. Additional terms to be announced at sale. This is a communication from a debt collector. This notice is an attempt to collect on a debt and any information obtained will be used for that purpose. Loan Type: Conv/GNMA (Trustee # 549587) Substitute Trustee: ALG Trustee, LLC, C/O Atlantic Law Group, LLC PO Box 2548, Leesburg, VA 20177, (703) 777-7101, website: http://www.atlanticlawgrp.com FEI # 1074.00745 07/02/2014, 07/09/2014

ANNOUNCEMENTS

LOST

LOST POODLE- White, female, about 12lbs., last seen Woodhowell Rd. Bristol, VA off of Lee Hwy exit 10 on Saturday 6/14. Please call: 276-591-3138

REWARD Missing female Yorkie, Brsitol Caverns Hwy 6/10 Contact (423) 573-5669

Running out of storage space? Sell it in the classifieds!

YARD & ESTATE SALES

3 Family Garage Sale Wed. & Thur. 8am-2pm 321 Wimberly Way Bristol, TN near Akard School • Blountville Hwy

FINANCIAL

BUSINESS OPPORTUNITIES

Small used auto parts business for lease. Serious inquiries only. Send contact information to PO Box 3273, Bristol TN 37620

MERCHANDISE

ANTIQUES

Thrift Store closing July 5th! Everything must go! Yard Sale Prices! 11:30a-5:30p Thursday, 8:00a-5:00p Friday & Saturday. **1713 Edgemont Avenue.**

FURNITURE & HOUSEHOLD ITEMS

Large Lighted Glass Curio Cabinet, Drexel Corner Hutch, sofa table, Retail Store Displays and shelving, and assorted occasional tables. 1713 Edgemont Avenue. 11:30a-5:30p Thursday, 8:00a-5:00p Friday & Saturday.

LAWN & GARDEN EQUIPMENT

John Deere Manure Spreader model M51105G, 50 Bushels perfect condition. **Call anytime 276-525-5374**, Asking $3850

MISCELLANEOUS FOR SALE

CLEARANCE WIGS, 50-70% off! Universal Plaza, 411 Gate City Hwy, Bristol VA 276-669-0831

Doodlebug Daylilies Sale, Buy one Get one Half Price! Daily clump sale. Bluff City. 423-538-3467

FREE ADS

TREASURE SEEKERS

Hutch- Solid cherry dining hutch. Good Condition. $900 Call: 606-422-2318

RECREATION

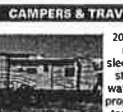
BOATS

2000 Crestliner 17 ft. aluminum fishing boat with a 50 hp Johnson motor with trailer, 2 livewells, lock boxes, & fisher finder. Excellent Condition. $3,600 **Call: 276-619-3726**

CAMPERS & TRAVEL TRAILERS

Winnebago, 1988 28,000 mi., $6,000, furnished, sleeps 6-8, loaded, nice RV! 423-323-1958.

CAMPERS & TRAVEL TRAILERS



2006 Smokey by Sunray, 24' tagalong, sleeps 6, water heater, stove, range, microwave, fridge, freezer, 2 propane tanks, new battery, all in good cond. $7,500. 423-764-6603

2011 Fleetwood Bounder Classic, 2 slides, 15k mi., perfect cond., all options & full warr. 10/17 or 60k mi. Ford V10, Blue Ox & tow veh. avail. $64,900 (MSRP $110K+) 423-646-2667.

MOTOR HOMES & RVS

Winnebago Sightseer, 33L, 2004, 17K miles, excellent condition. Reduced, now $33,750. 276-356-3004

EMPLOYMENT

ACCOUNTING & FINANCE

POSITION AVAILABLE
Mt. Cap, Inc in Marion, VA will be accepting applications for the position of **Executive Director.** Interested individulas can review a job discription for the position and submit an application by accessing the Mt.Cap website at **www.mountaincap.org**. Deadline for application is **July 25th.**
Mt. Cap is an Equal Employment Opportunity Employer

CUSTOMER SERVICE

Cracker Barrel Old Country Store
EXIT 19, ABINGDON
Grill cooks needed full & part time. We offer competitive pay, great benefits & flex. schedule.
Apply in person 9am-11am or 2pm-4pm. EOE

CAMPER OR BOAT THAT YOU NEED TO SELL? To Advertise Call 276-645-2525

WE PREDICT... better sales when you advertise in the Classifieds!!

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Putnino with an ownership type of Single Member LLC and to be managed by Roy Putnino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (301) 475-9635.
Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Foreclosure Auction

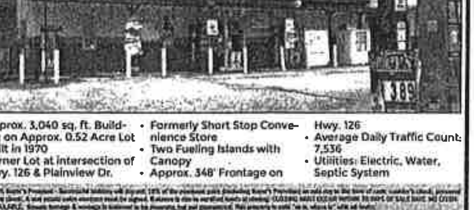
By Order of Secured Party

Highly Visible Convenience Store

1831 Hwy. 126, Bristol, TN

Wednesday, July 9 • 2:30 PM

Inspection: Wednesday, July 2 • 10 AM - 3 PM • Wednesday, July 9 • 10 AM - 2:30 PM



- Approx. 3,040 sq. ft. Building on Approx. 0.52 Acre Lot
- Built in 1970
- Corner Lot at intersection of Hwy. 126 & Plainview Dr.
- Formerly Short Stop Convenience Store
- Two Fueling Islands with Canopy
- Approx. 348' Frontage on Hwy. 126
- Average Daily Traffic Count: 7,536
- Utilities: Electric, Water, Septic System

Furrow Auction Co.
865.546.3206 • www.furrow.com • TN Lic. #62

Bristol Herald Courier

CLASSIFIED ADVERTISING HOLIDAY DEADLINES

Due To the Independence Day Holiday, the following Advertising Deadlines will be in effect:

– IN COLUMN LINE ADS –

ADS FOR:	DEADLINE:
FRIDAY, JULY 4	WEDNESDAY, JULY 2 - 4:00 PM
SATURDAY, JULY 5	THURSDAY, JULY 3 - 9:00 AM
SUNDAY, JULY 6	THURSDAY, JULY 3 - 12 NOON
MONDAY, JULY 7	THURSDAY, JULY 3 - 1:00 PM

– CLASSIFIED DISPLAY –

ADS FOR:	DEADLINE:
FRIDAY, JULY 4	WEDNESDAY, JULY 2 - 9:00 AM
SATURDAY, JULY 5	WEDNESDAY, JULY 2 - 10:00 AM
SUNDAY, JULY 6	WEDNESDAY, JULY 2 - 2:00 PM
MONDAY, JULY 7	WEDNESDAY, JULY 2 - 3:00 PM
TUESDAY, JULY 8	THURSDAY, JULY 3 - 2:00 PM

★ THE CLASSIFIED ADVERTISING DEPARTMENT WILL BE CLOSED FRIDAY, JULY 4, 2014 ★

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Chattanooga Times Free Press*** with circulation and coverage within the following counties: Hamilton, Meigs, Bradley, Moore, Franklin, Coffee, Grundy, Marion, Sequatchie, Van Buren, Bledsoe, Rhea, Cumberland, Roane, McMinn, and Polk (16 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

LEGAL NOTICES

LEGAL NOTICES

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1607 et seq., and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Putrino with an ownership type of Single Member LLC and to be managed by Roy Putrino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hardeman, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-9635.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

2T1x6x29

BICYCLES

Schwinn Bike, Mens new, 26" no gears. $75. 706-638-1103.

Schwinn Bike, 26" Mens, 7 speed, like new. $80. 423-875-9911.

TREK Bicycle, new, 26" 7 speed, ridden twice. $200. 423-855-1628.

BUILDING MATERIAL

2 Garage Doors 10' w/openers $150 423-322-3685

BRICK PAVER Solid, Red, 3.5x9", 1920s style brick $.65 240-0153

Carport columns, 4, steel, 4x4x80", w/connectors. $200 obo. 892-5775.

Columns (3) old wooden, 10' ornamental plinth bases $350 266-8267.

Entrance Door w/ 2 side glass panels, matching storm door $300. 842-2401

Floor Tile 250 sqft. new. $200 firm Call 423-698-0542

Gloss White Wall Tile 8" x 8" 3 Pallets 2000 sq. ft. $.50/sq. ft Good for Commercial Kits & Baths 423-718-4529

Kitchen Sink, new, never installed, black. $75. 423-998-0542.

PAINT - new load Various Colors $6 per gallon. 423-998-1414

POLE BARN - 24x36 10' ceiling. 6x6 treated posts, Wood trusses. Metal roof. Installed. $4000. Other sizes. 595-2079

Porcelain Tile 9000 sq. ft. 12"x12" 12 Pallets $.99/sq. ft. will separate

FLEA MARKETS

Great New York Flea Market Move-in special (new vendors only) Call 706-858-0150

FUEL

SUPER BUY!

FIREWOOD- Split Hardwood. WHILE IT LASTS! $85/rick p/u price. 423-913-2363

FURNITURE

Antique Eastlake parlor chair, 1800-1898. $250. 423-463-0443.

Audio component stand, 4 shelves Black, $50. 423-892-6550.

Banquet Folding Table. 3.5 by8, $50.00 or best offer 706-037-5230

BAR STOOLS (2) SWIVEL $100.00 Call 423-903-4280

Bar Stools 2, wooden ladder back, swivel $45/or can sep. 499-4188.

Bed Frame, qn, white and brass, new, in box. $150. 706-866-4958.

BOOKSHELF /Armoire, 7ft. tall, 46.5 wide, cherry, $199. 706-375-6565.

BUNKBEDS , solid, no mattresses. $300. Call 706-852-5991.

Cedar chest gold Cleopatra, cust made. $1000/neg. 304-5808

Chaise Lounger, NIB, black faux leather, TEXT/CALL 7063658477

CHINA CABINET, Oak with glass. $150. Call 423-344-8908.

COUCH, RECLINERS, (2) excellent condition $100.00 544-7448

Curio cabinet, cherry, 4 glass

LEGAL NOTICES

LEGAL NOTICES

ADVERTISEMENT FOR BIDS

Bids are invited for General Contract for the Work of following project(s). Examine documents at Designer's office or Plan Rooms. Obtain documents from Designer per instructions to Bidders. Plan Deposits must be certified or cashier's check payable to STATE OF TENNESSEE. Bidders bidding $25,000 or more must be licensed per state law. Five percent (5%) Bid Security may be required. Non-Discrimination policy applies. **Project:** Marina Upgrade - Wet Slips, Harrison Bay State Park, Chattanooga, Hamilton County, Tennessee; SBC Project No. 126/048-01-2011-01. **Bids Received At:** TN DOT Region 2 Headquarters, Bureau of Operations Building, 4005 Cromwell Road, Chattanooga, Tennessee 37421 **Until:** 1:00 p.m. Local Time (Eastern Time) **On:** **Thursday, July 31, 2014.** **Plan Rooms:** Chattanooga Builders Exchange, Chattanooga, Tennessee; Associated General Contractors, Chattanooga, Tennessee; Knoxville Builders Exchange, Knoxville, Tennessee; F.W. Dodge Corp Plan Room, Knoxville, Tennessee; Reed Construction Data, Norcross, Georgia. **Plan Deposit Amount:** $1,000.00. **Designer:** Maffett Loftis Engineering, LLC, 231 East Broad Street, Suite 102, Cookeville, Tennessee 38501; **Contact:** Brian Maffett, **Phone:** (931) 526-5143, **Fax:** (931) 526-5153. **Pre-Bid Conference:** At the facility, Park Office, on July 9, 2014 at 2:30 p.m. Local Time (Eastern Time).

2T1x6x29

GUNS

22 Diamondback Colt, 4" barrel, $1000. 423-867-3110, 423-364-7890

40 Cal Ammo 250 rnds American Eagle. $90. 423-667-4349.

American Arms 22 LR, 8 shot 5in barrel new, $250. 423-364-3077

Beretta Model 86, Semi Auto, .380 w/tip up barrel, $750. 596-7378.

Bushmaster M4 new $1100 423-987-8787

Heritage 22 Long Rifle Pistol, in box, 6.5" barrel. $185. 423-875-9911.

H & K USP .45 cal Trium sights. $850 423-842-1174

Mossberg Pinkster 22 LR w/scope-new, $225, Call 423-364-3677

PISTOL, Ruger LCP 380 w/laser . $500 843-9682

RIFLE DPMS/AR-15, .223 mod 3 clips ammo grn laser$1000 843-9682

Rossi matched pair combo 410/22 LR barrel $140 842-1174

RUGER 22 Automatic, w/extra clip and case, $350. 423-875-9911.

RUGER Mark II, 22 Semi, blue steel, 6-7/8" barrel $300. 706-375-4747.

SHOTGUN- 12 gauge, double ba., Sterling Belgium $250 827-9647

SKS Rifle, with 30 round clip & ammo, $400. 423-364-3677

Taurus PT 845 new in box $450 423-842-1174

Wanted: 410 Pump Shotgun, wood stock. Tel 706-375-2007

SHOOTING SUPPLIES

HANDGUN CARRY PERMIT-CLASSES $50, immediate opening, over 300 guns in stock. Fugate's Firearms. 423-336-2675.

HOBBIES/TOYS

Child Play Organ $35 Call 423-892-7302

LAWN/GARDEN EQUIPMENT

OR String Trimmer best there is , $300 buy one, one free. 842-1916

Lawn Edger, Homelite, elec. $25. Call 423-238-3674

LAWN MOWER, John Deere, tractor, #D120, with bagger, $1,500 892-6710

Lawn Mower, Z-Turn, Comm Kawasaki engine, $6000. 853-0106.

LEAF Blower, Weedeater, gas. $40. Call 423-432-0120.

Merry Classic Pushmower B&S 3.5 hp. 20" $49 423-240-9433

Mower, John Deere 255 0 turn, less

MISCELLANEOUS

HAY FOR SALE. Round or square bales. 4x5 or 5x5 rolls. Net wrapped, delivery avail. 423-240-0356 or 332-7207.

JUICER-electric by Jack LaLanne for $45 00 423-892-4261

Kitchen Island-White $50 423-875-3185

Ladder, bookcases, trundle, $1.000 or will separate, others items available 860-977-5104

Metal lawn set, 3pc good cond., 05 yrs old, $800 706-820-1450

Mid Century light fittings, incl. swags. $125. 423-266-8257.

Military Relics-Genm., Jap. & Amer. World War II. Pay top $$. 842-8020

MIRRO pressure canner- 22 quarts $60.00 new 423-238-3674

OFFICE CUBICLES, 9 Lockable Fully Felted Units. Cost $75k, $14.9k. 423-266-8257.

OLD IRONS, antique, all for $22. Several. Call 423-395-7152.

PALLET JACK- 1500 lb., PLEASE CALL. $100.00 596-1414

Print, 17X20, framed, matted, "exotic lady small", $15 new, 899-8542

Rocking Horses (2) large and small, $35 for both. 423-805-7520.

Rotary Phone, old, black, $20. Call 423-355-7152.

Shampoo Chair, $75. Call 423-802-7302.

Slow Cooker, west bend 6 quart, new in box, $15 423-899-8342

sugar and creamer: star of david, $5.00 423-336-1249

Surplus Kit/Bath Cabinets New solid wood $/$450 have more cash will sep 266-8257

SWING, with canopy, Martha Stewart, new, $95. Call 423-877-4170.

TIRES- 225/60/16 on buick wheels, good tread, $140 706-935-2080

TRAILER, 16 ft. Steel frame, dbl axle, wood sides, $900. 423-893-4935

Typewriter , Smith Corona Electric new ribbon $30. 423-698-3643.

Vacuum, 3 hp 6 gallon blue w/hose, Asking $50.00 obo. 931-505-1003

Weight Bench w/140 lbs of free weights $50 423-332-4594

MUSICAL MERCHANDISE

Fender Reverb, Good cond. $80. Call 423-584-0401.

First Act youth guitar 2 extra strings w/case $25 423-877-6205

ORGAN - Baldwin Organic Spinetta. 81 series. $100. 499-9924

PIANO, Janssen Spinet, good cond. $200/obo. Call 423-802-9130.

Steinway Grand Piano nch tone, sec. $11,400 000(ATL) 678-445-3654

PETS

Chihuahuas- Tiny Applehead. All colors and sizes. $250 & up. 423-413-5525

English Bulldog Puppies for Adoption AKC Reg. 253-778-6504

English Golden Retriever imports AKC. $2500. 706-935-6002.

Free Cat 5 years old, liard, to a good home 423-899-0158

FREE- German Shepherd Female & Collie Male 423-355-2956

FREE KITTENS to a good home 8 weeks, litter trained 423-364-6001

German Shepherd AKC pups , all Shots/wormed $650 423-504-4386

Golden Retriever Pups. 6 weeks old 3 females $350. Call 423-240-4144

Golden Retriever puppies AKC now taking dep., M & F, golden color $500 & Eng. cream $700 256-606-0984

Great Dane Puppies 3/4. AKC avail. for new homes. 240-348-3587.

MINI SCHNAUZERS CKC 10 wks $400 & up, various colors, www.lookoutrock-pups.com 423-413-2410

Morkies, CKC / UKC, shots & wormed, health guarantee M $400 F $500 706-862-8039

SUPER PET!

SHIH TZU Pups- AKC, ready on 7/18. Taking dep. F/$700. Wom. 423-775-4018

Siberian Huskies CKC. White & Black. Parents on site $450. 423-320-5573.

Yorkie/Pom- 3 males, 6 wks, $175, 423-447-3186 or 285-0039

Yorkie Puppies. Male and female To good homes. Text (647) 794-2097

YORKIE: Registered current vaccinations, Vet. examination, Health cert., Health guarantee Additional info: Queen is an absolutely cute darling toy size female Yorkie puppy. Born in March 26, 2014. She got vaccinated and dewormed up to date. She is registered with CKC. She has compact body. She will turn out to be darker color like black/tan or blue/tan. She will grow up to 4 lbs. Very socialized and well-behaved. $550. 361-285-8481 (johnmartian416@gmail.com)

LEGAL NOTICES

Default having been made in the terms and conditions of payments, outlined in a certain Deed of Trust executed by Ralph Stanton, an unmarried man aka Ralph Stanton and Bruce Killian and wife, Jeannette Killian to American Title Company, Inc., Trustee, dated the 25th day of November, 2002 and being of record in Book GI 6475, page 459, Register's Office for Hamilton County, Tennessee, reference to herein as the deed of trust, which conveyed certain real property, appurtenances, estate, title and interest therein in trust to secure the indebtedness described therein, which indebtedness is now due and unpaid and has been declared in default by the lawful owner thereof, U.S. Bank Trust, N.A., as Trustee for LSFB Master Participation Trust. Appointment of Substitute Trustee having been duly executed by the holder of the note and beneficiary of said Deed of Trust, and appointing William Timothy Hill as Substitute Trustee.

NOW, THEREFORE, I, William Timothy Hill, Trustee, pursuant to the said Deed of Trust, having been requested by the owner and holder of said indebtedness so to do, by virtue of the authority and power vested in me by said deed of trust and appointing of Substitute Trustee will on the 9th day of July, 2014, at 12:00 noon., on the front door of the Hamilton County Courthouse, Chattanooga, Hamilton County, Tennessee, sell at public outcry to the highest bidder for cash (or credit upon the indebtedness secured, if the holder is the successful purchaser) the following described property located in Hamilton County, Tennessee, to wit:

Situate, lying and being in the Second Civil District of Hamilton County, Tennessee, to wit: Beginning in the North line of the Grasshopper Road at the southwest corner of the lands of Grady Morrow, and running thence a Westerly direction with said line of said road, 209 feet to other lands of McCulley; thence extending back in a Northerly direction between parallel lines, 209 feet, to other lands of McCulley. Tax ID#044 017

Included in the Boundary Line Agreement Driveway Agreement Quitclaim Deed dated 2/16/96 at Book 4635, page 362, in the Register's Office of Hamilton County, TN

BEING the same property conveyed to Ralph Stanton, unmarried and Bruce Killian and wife, Jeannette Killian by deed dated 11/25/02 in Book 6475, page 453, Register's Office for Hamilton County, Tennessee and by Final Order of Default judgment recorded 4/21/14 at Book GI 10157, page 34, in the Register's Office of Hamilton County, TN.

This is improved property known as 6819/6823 Grasshopper Road, Birchwood, TN

If there is any discrepancy with the street address, the legal description will control.

At the time of this publication, the 35-5-117 notice of the joint to foreclose was timely forwarded to the [illegible] property described in said [illegible] Trust shall be subject to any [illegible] strutment of record, [illegible] lien encumbrances, deeds of [illegible] restrictions, building [illegible] assessments, [illegible] interest, [illegible] any. All right and equity of redemption, homestead, dower [illegible] are hereby waived in said Deed of Trust, and the [illegible] believed to be good, but the Substitute Trustee will convey and sell only as Substitute Trustee. The right is reserved [illegible] adjourn the day of the sale to another day or time certain without further [illegible] upon announcement at the time [illegible] the above. This property is sold [illegible] with the express reservation that the sale is subject to confirmation by the lender or trustee. This sale may be rescinded at any time.

Other interested parties: Times-Free Press News

This 18th day of June, 2014.

William Timothy Hill Substitute Trustee

SUPPLEMENTAL #1

00 00 20

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in Clarksville's ***The Leaf Chronicle*** with circulation and coverage within the following counties: Montgomery (1 county total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman, Notary Public
My commission expires September 11, 2016

SUPPLEMENTAL #1

July 30, 2014

9:54 am

162

Looking for stuff?.. Appliances, Furniture, etc. Looking for Pets?

You can find them Thursday-Sunday in our...

MEGA CLASSIFIEDS

To place an ad call 552-1234
fax 648-8001
or online:
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All classified ads are subject to the applicable rate card, copies of which are available from our Advertising Dept. All ads are subject to approval before publication. The Leaf-Chronicle reserves the right to edit, refuse, reject, classify or cancel any ad at any time. Errors must be reported in the first day of publication. The Leaf-Chronicle shall not be liable for any loss or expense that results from an error in or omission of an advertisement. No refunds for early cancellation of order.

FOR BETTER OR FOR WORSE BY LYNN JOHNSTON

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THE LEAF-CHRONICLE

The Classifieds are a sure sell!

The Leaf-Chronicle Classifieds

ALL CLASSIFIED ADS are subject to the applicable rate card, copies of which are available from our Advertising Dept. All ads are subject to approval before publication. The Leaf-Chronicle reserves the right to edit, refuse, reject, classify or cancel any ad at any time. Errors must be reported in the first day of publication. The Leaf-Chronicle shall not be liable for any loss or expense that results from an error in or omission of an advertisement. No refunds for early cancellation of order.

Need a CAR? Look in the Classifieds!

careerbuilder

jobs

Employment

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FRAMERS Minimum 2 years experience. Serious inquiries only. Call 931-220-8965

Transportation

CLASS A CDL DRIVER

DUMP TRUCK DRIVER Experience required. Clean driving record a must. Call 931-645-9825.

Looking to Drive OTR

LOOK For Do It Yourself Ideas in the Classifieds

General Help Wanted

Pest Control Technician

Need some extra cash? Come work for us... Dock Helper

SEEKING DYNAMIC INDIVIDUALS
NEED IMMEDIATE INCOME?
WANT A SHORT TERM OR LONG TERM OPPORTUNITY?
WE OFFER: FULL TRAINING, FLEXIBLE SCHEDULE, FUN WORK ENVIRONMENT, AN OPPORTUNITY TO GROW, WEEKLY PAYCHECK
THIS JOB IS AVAILABLE TO THOSE PEOPLE WHO ARE SELF MOTIVATED, RELIABLE, OUTGOING AND WOULD LIKE TO DO PROMOTIONS AT SPECIAL EVENTS, RETAIL & GROCERY STORES, REPRESENTING THE TENNESSEAN
MUST HAVE A CAR
OPENINGS NOW AVAILABLE IN YOUR CITY
FOR MORE INFORMATION: 615-236-6349

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Do you have a CDL Driver's License?
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Gannett's Nashville Outbound Call Center
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All candidates must apply on-line at http://bit.ly/1dnXKJR

Public Notices

0101745403
NOTICE OF FORECLOSURE SALE OF REAL ESTATE
On April 25, 2012, by Deed of Trust placed of record on April 27, 2012 at 3:53 p.m., in Official Record Book Volume 1441, Page 1196, in the office of the Register of Deeds for Montgomery County, Tennessee, (the "Deed of Trust"), Steve Phillips Home Builders, LLC (the "Mortgagor") conveyed to Jonathan R. Vinson, Trustee, (the "Trustee") the hereinafter described real estate, to secure the payment of a promissory note as described therein (the "Note"), payable to the order of F&M Bank f/k/a Farmers and Merchants Bank (the "Holder").
The Deed of Trust provided that in the event of default in the payment of the Note, when due, then the entire balance of the Note shall, at the option of the Holder, become due and payable immediately; and, default having been made and continued in the payment of the Note, the Holder of the Note, has declared the entire balance of the Note due and payable as provided in the Deed of Trust. The Holder, in accordance with the terms and conditions of the Deed of Trust, has instructed the Trustee to foreclose the lien of the Deed of Trust.
NOW, THEREFORE, by virtue of the authority vested in the Trustee under the Deed of Trust, the Trustee will, on Wednesday, July 9, 2014 at 11:00 a.m., prevailing time, offer for sale and sell at the front door of the Montgomery County Courts Center, 2 Millenium Plaza, Clarksville, Tennessee, to the highest and best bidder for cash, and in bar of the rights of redemption, homestead and all other exemptions of every kind which the Mortgagor of the Deed of Trust or anyone claiming under or through the Mortgagor may have, all such rights and equities having been expressly waived in the Deed of Trust, the described real estate situated in Montgomery County, Tennessee as set out in the Deed of Trust.
Said sale will be held subject to (1) all accrued taxes; (2) restrictive covenants and by-laws contained in Official Record Book Volume 1287, Page 2926, Register's Office for Montgomery County, Tennessee; (3) all matters, terms and conditions set forth in Plat Book F, Page 720, Register's Office for Montgomery County, Tennessee; (4) utility easement of record in Official Record Book Volume 1108, Page 2606, Register's Office for Montgomery County, Tennessee; (5) Bell South easement of record in Official Record Book Volume 1335, Page 1660, Register's Office for Montgomery County, Tennessee; (6) rights of tenants in possession under unrecorded leases, which would take priority to the Deed of Trust under which the above-described sale is conducted; (7) all matters on a recorded plan, restrictive covenants, easements, or setback lines that may be applicable; (8) any matters, liens or encumbrances as well as any priority created by a fixture filing, which would take priority to the Deed of Trust under which the above-described sale is conducted; and, (9) any matter that an accurate survey of the property would show.
Proper notification(s) were provided to the Mortgagor and other appropriate interested parties as required in Tenn. Code Ann. § 35-5-101 et seq. and other written agreements between the parties. No notification(s) were required to be provided to the Mortgagor or other appropriate parties pursuant to Tenn. Code Ann. § 45-20-101 et seq. (Tennessee Home Loan Protection Act).
The right is reserved to adjourn the day of the sale to another day, time and place certain without further publication, upon announcement at the time and place set forth above.
The property address of the real estate that is the subject of this notice is 684 Richards Drive, Clarksville, Tennessee 37043 (M/P 086A-D-32.00). The reference to the property address and property identification is provided for convenience only. The above-referenced sale will be transferring the property as described in the Deed of Trust, and any discrepancies between the Deed of Trust and the property address/property identification will be governed by the Deed of Trust.
OTHER INTERESTED PARTIES: None
This the 16th day of June 2014.
TRUSTEE:
JONATHAN R. VINSON
Jonathan R. Vinson
P.O. Box 686
Clarksville, Tennessee 37041-0686
INSERTION DATES: June 18, 2014, June 25, 2014, July 2, 2014

0101747775
IN THE JUVENILE COURT OF MONTGOMERY COUNTY TENNESSEE AT CLARKSVILLE NON RESIDENT NOTICE
CASE NUMBER: 14-1127
TO: BERTHA JISELA MORALEZ
Address unknown
You are ordered to appear and defend a civil action filed against you entitled
Mario Alberto Jaime
VS
Bertha Jisela Moralez
IN RE: MAJ
DOB: 9-2-11
which has been filed in Juvenile Court, Montgomery County, Tennessee, and your defense must be made within thirty (30) days from the date of the last publication of this notice, which shall be published for four consecutive weeks in the Clarksville Leaf Chronicle. You are further directed to file your defense with the Clerk of the Court and send a copy to the Plantiff's attorney at the address listed below. In case of your failure to defend this action by the above date, judgment by default may be rendered against you for the relief demanded in the complaint.
Issued: 6-18-14
Cheryl J. Castle, Clerk
By: H Groves
Deputy Clerk
Attorney for Plaintiff:
Erick J. Yow
215 Franklin St.
Clarksville, TN 37040
(931) 647-3111
Insertion Dates: June 25, July 2, 9, 16, 2014

0101747859
IN THE CIRCUIT COURT OF MONTGOMERY COUNTY TENNESSEE AT CLARKSVILLE NON RESIDENT NOTICE
CASE NUMBER: MCCCCVMC - 13-2085
TO: JAMES MICHAEL HARDEN
Address unknown
You are ordered to appear and defend a civil action filed against you entitled
MELODY ANN COOK EVANS, et ux
VS
JAMES MICHAEL HARDEN
which has been filed in Circuit Court, Montgomery County, Tennessee, and your defense must be made within thirty (30) days from the date of the last publication of this notice, which shall be published for four consecutive weeks in the Clarksville Leaf Chronicle. You are further directed to file your defense with the Clerk of the Court and send a copy to the Plantiff's attorney at the address listed below. In case of your failure to defend this action by the above date, judgment by default may be rendered against you for the relief demanded in the complaint.
Issued: 6-13-14
Cheryl J. Castle, Clerk
By: A. MARTIN
Deputy Clerk
Attorney for Plaintiff:
B. LYNN MORTON
217 FRANKLIN ST.
CLARKSVILLE, TN 37040
931-906-0000
Insertion Dates: June 25, July 2, 9, 16, 2014

0101749626
IN THE CIRCUIT COURT OF MONTGOMERY COUNTY TENNESSEE AT CLARKSVILLE NON RESIDENT NOTICE
CASE NUMBER: MCCCCVMC - 13-2926
TO: RICHARD HENRY
Address unknown
You are ordered to appear and defend a civil action filed against you entitled
CORTNEY HENRY
VS
RICHARD HENRY
which has been filed in Circuit Court, Montgomery County, Tennessee, and your defense must be made within thirty (30) days from the date of the last publication of this notice, which shall be published for four consecutive weeks in the Clarksville Leaf Chronicle. You are further directed to file your defense with the Clerk of the Court and send a copy to the Plantiff at the address listed below. In case of your failure to defend this action by the above date, judgment by default may be rendered against you for the relief demanded in the complaint.
Issued: 6-30-14
Cheryl J. Castle, Clerk
By: A. MARTIN
Deputy Clerk
Plaintiff:

0101748857
Notice of Public Meeting
The Clarksville Urbanized Area Metropolitan Planning Organization (CUAMPO) Executive Board will be meeting on Thursday July 17, 2014 beginning at 11:00 a.m. Said meeting will be at the Regional Planning Commission (RPC), 329 Main Street, Clarksville, TN 37040. Business includes the review and adoption of Resolution 2014-06 for amending the FY2014-FY2015 UPWP.
Said documents are available for public review during normal business hours at the MPO and available online @ **www.cuampo.com**. The discussion of air quality and other routine business may be conducted. Anyone having questions or comments concerning these items should contact Stan Williams or Jill Hall at 931-645-7448 or email **stan.williams@cityofclarksville.com jill.hall@cityofclarksville.com** and/or attend this meeting. In accordance with the "Americans with Disabilities Act", if you have a disability, for which the MPO needs to provide accommodations, please notify us of your requirements by July 11, 2014. This request does not have to be in writing. It is the policy of the MPO to ensure compliance with Title VI of the Civil Rights Act of 1964; 49 CFR part 26; No person shall be excluded from participation in or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal funds on the grounds of Race, Color, Sex or National Origin.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED
This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Ray Patrian with an ownership type of Single Member LLC and to be managed by Ray Patrian intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-9033.
Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in Cookeville's ***The Herald-Citizen*** with circulation and coverage within the following counties: Putnam, Jackson, White, Overton, Clay, Pickett, and Fentress (7 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

any time. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. **W&A No. 725 241436**

DATED June 24, 2014

WILSON & ASSOCIATES, P.L.L.C.,
Successor Trustee

FOR SALE INFORMATION, VISIT WWW.MYFIR.COM and WWW.REALTYTRAC.COM

7/2, 9, 16

NOTICE

PRESTON BLAKE WALKER

The State of Tennessee, Department of Children's Services, has filed a petition against you seeking to declare your child, Tyler Walker, dependent and neglected. It appears that ordinary process of law cannot be served upon you because your whereabouts are unknown. You are hereby ORDERED to serve upon Tracy Caten, Attorney for the Tennessee Department of Children Services, 1300 Salem Road, Cookeville, Tennessee 38506, (931) 645-3011, an Answer to the Petition to Declare Child Dependent and Neglected and for Emergency Temporary Legal Custody filed by the Tennessee Department of Children Services, within thirty (30) days of the last day of publication of this notice, and pursuant to T.C.A. §§21-1-203 and 21-1-204(a) and (b) you must also appear in the Juvenile Court of Putnam County, Tennessee at Cookeville, Tennessee on the 14th day of August, 2014, at 9:00 a.m. for the Hearing on the Petition filed by the State of Tennessee, Department of Children's Services If you fail to do so, a default judgment will be taken against you for the relief demanded in the Petition. You may view and obtain a copy of the Petition and any other subsequently filed legal documents at the Juvenile Court Clerk's Office, Cookeville, Tennessee.

7/2, 9, 16, 23

NOTICE TO CREDITORS

ESTATE OF MARTIN SHIRREL ALLEN, DECEASED Notice is hereby given that on 26TH day of JUNE 2014, Letters ADMINISTRATION in respect of the Estate of MARTIN SHIRREL ALLEN, deceased who died MAY 4TH 2014 were issued to the undersigned by the Probate Court of Putnam County, Tennessee. All persons, resident and non-resident, having claims, matured or unmatured, against the estate are required to file same with the Clerk of the above-

that the undersigned, Priority Trustee Services of TN, LLC, Substitute Trustee, or its duly appointed attorneys or agents, by virtue of the power and authority vested in it, will on Thursday, July 17, 2014, commencing at 11:00 a.m. at the West Entrance of the Putnam County Courthouse, Cookeville, Tennessee, proceed to sell at public outcry to the highest and best bidder for cash, the following described property situated in Putnam County, Tennessee, to wit: Lying and being located in the Fist Civil District of Putnam County, Tennessee and being more particularly described as follows: Being Lot No. 21 of Huntington Woods Subdivision, Phase II, as shown by plat of record in Plat Cabinet C, Slide 2, Register's Office, Putnam County, Tennessee, which is here referred to for a metes and bounds description. The land herein described is conveyed subject to certain covenants and restrictions of record in the Putnam County Regiser's Office in Warranty Deed Book 363, Page 491, and also as shown on the plat recorded in Plat Cabinet C, Slide 2, and which are incorporated herein and made a part hereof as fully and completely as if literally copied herein and which shall run with the land and be binding on all future owners. The previous and last conveyance being a Warranty Deed of record in Record Book 184, Page 354, Register's Office of Putnam County, Tennessee. PROPERTY ADDRESS: **3626 Maplewood Drive, Cookeville, TN 38501** CURRENT OWNER(S): Lisa Gail Flynn (deceased) The sale of the above-described property shall be subject to all matters shown on any

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- Letters to the Editor
- Community News Bulletin
- I Like to Know Questions
- News & Sports Info & Photos

YOUR LOCAL NEWS SOURCE

Herald-Citizen
1300 Neal Street
Cookeville, TN 38501

050 Lost and Found

$500 REWARD
Molly has been missing since Tues 06/03/14 last seen in Northeast School Area, Molly was wearing a collar
Call Chase 261-5524 or Becky 260-2994

FOUND on Holladay Rd
Grey male tabby cat, very friendly. Call **979-2173**

"Advertise"
Comes from Latin
"Ad" means "to" or "toward". "Vert" means "to turn". So, to advertise means to turn people toward you, your products or services.
Advertise in the HERALD-CITIZEN & REGIONAL BUYERS GUIDE
Turn MORE people toward your business. Call 526-9715 for more information.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Putrino with an ownership type of Single Member LLC and to be managed by Roy Putrino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-9635.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health

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528-0426 / 265-5687

BOB'S Construction: Specializing in concrete, brick/block, additions, remodels, hardwood/tile, roofing, building packages, and all your construction needs. Lic'd/Ins'd. Quality Work • Affordable Prices **931-239-1819.**

VALUE BUILDERS for all your construction needs. Garages, decks, porches, roofing & new construction.
Contact **Mark @ (931)252-2501**

120 Painting/Wallpaper

PAINTING/ STAINING / P. WASH, window screens, Plumb., Elec., Storm Doors. **38 yrs exp. Exc. Ref's.** Call David, **931-445-3796 or 265-0639.**

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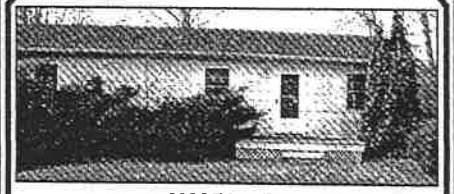
CHECK OUT MY WORK
Go to **www.kerbypainting.com**
Ask for Mike **(931) 979-3122**

ONE WAY DRYWALL
Drywall & Plaster Repair. Painting avail. Free Est. Specializing in textured ceilings/walls. **FREE** minor drywall repair with interior painting. Ins'd, 30 yrs exp.
(931)510-1681
bishophk@yahoo.com

130 Tree Service/Related

OLD TIMERS TREE SERVICE
4 generations of tree care. Specialize in dangerous tree removal. Grind stumps. Lic/Ins.
T. Bowman 537-2466;260-5655

RHS
Homeof the Week



3335 Dietz Dr
Cookeville TN 38501
Minimum Bid: $30,158.00
(or best offer above minimum bid)
DESCRIPTION OF PROPERTY.6 rooms, 3 bedrooms, 1 bath, 1,056 sq with crawl space. This description is believed to be correct to our best understanding.
DATE & TIME OF SALE:
07/09/14 AT 10:30 am
PLACE OF SALE:
East door of Putnam County Courthouse
FOR INFO CONTACT:
1800-349-5097

432	Comm'l Trucks For Sale
740	Comm'l, Indust. For Rent
820	Comm'l, Indust. For Sale
108	Concrete, Masonry
110	Construction Work
112	Electrical
215	Employment Opportunities
615	Farm Tools & Machinery
750	Farmland & Pasture Rent
835	Farms For Sale
315	Financial Services
100	Finish Carpentry, Cabinets
540	Firewood, Stoves & Relate
630	Food For Sale
515	Garage & Yard Sales
113	Grading, Excavating, Paving
035	Happy Ads
610	Hay, Feed & Grain
241	Health Care Employment
114	Heating & Cooling
855	Home Builders
825	Homes For Sale
725	Houses For Rent
015	In Memory
815	Income Property
325	Insurance
330	Investments
205	Jobs Wanted
001	Legals
605	Livestock, Poultry & Supplies
050	Lost and Found
840	Lots, Acreage & Resorts
710	Misc. For Rent
510	Misc. For Sale
505	Misc. Wanted
735	Mobile Home Spaces
730	Mobile Homes For Rent
845	Mobile Homes For Sale
320	Money Wanted
410	Motorcycles & ATV's
525	Nuts & Treats
040	Offers For Senior Citizen
830	Open Houses
140	Other
120	Painting, Wallpapering
030	Personal Notices
121	Pest Control
545	Pets & Supplies
122	Plumbing
745	Property Management
005	Public Notices
850	Real Estate Agents
810	Real Estate For Trade
805	Real Estate Wanted
415	Recreation Vehicles
125	Remodeling & Repair Wk
715	Rooms For Rent
277	Sales Employment
290	Schools & Instruction
127	Sheetrock/Drywall
025	Special Notices
020	Statewide Classifieds
620	Tobacco Barn For Rent
625	Tobacco Barn Wanted
405	Trailers, Mob. Equipment
130	Tree Service and Related
550	Trees, Plants, Flowers
283	Trucking Employment
430	Trucks For Sale
727	Vacation Rentals
520	Want To Swap
705	Wanted To Rent
135	Yard Work and Related

TO PLACE YOUR AD CALL
526-9715
Herald-Citizen

162

SUPPLEMENTAL #1
July 2, 2014

SUPPLEMENTAL #1

July 30, 2014
9:54 am

Valley Park River Bridge. On job on Sunday and benefits include 2 weeks paid vacation, 5 paid holidays, and a guaranteed 40 hour work week.

- Must have a CDL License and "Health Card"
- Must be able to pass a drug test

Apply in Person at: Potter's Ace Home Center
Attn: Rob Pierce
325 Newman Drive
Cookeville, TN 38501
www.pottersace.com

COVINGTON CREDIT. 130 South Willow Ave. Cookeville TN has an immediate opening for an assistant manager. Previous finance and collection experience not necessary but can contribute to our program. Excellent starting salary with a complete benefits package, including retirement program. Fax resume to 1-855-541-3965 attention Joyce Ragland or apply within. NO

MERLE NORMAN & Beauty Queens Boutique seeking Employees. Great place to work, great training, great discounts. Day time, night time hrs avail. Pls email resume to: **cstrong@beautyquensboutique.com**

Opening for F/T experienced Legal Secretary. Good typing and organizational skills a must. Computer & dictaphone experience required. Send resume to Walter Fitzpatrick, PO Box 3347, Cookeville, TN 38502. FAX (931)526-3092. Email fitzlaw@mooreradamfitzpatrick.com

IMMEDIATE CAREGIVER OPENINGS
We are looking for mature, experienced caregivers who have a passion for providing care for our senior population in Putnam, Overton, Jackson, Macon, & White Counties. We prefer applicants who can offer a flexible schedule, will work weekends, and will be on call for emergency fill-in cases. We offer very competitive wages as well as a very lucrative incentive program.
Visiting Angels
1151 So. Willow Ave. Suite B
931-372-7777 · 9am - 5pm
Cookeville, TN

REG'D DENTAL ASSISTANT: Are you ready to embark on a new career path with an Excellent Salary, Bonuses and Benefits? Would you like to be recognized for your contribution as a team of professionals? Then we would like to meet with you! We are located in beautiful Cookeville and our focus and pri...

405 Trailers & Equip.

2013 KAWAKAKI MULE UTILITY VEHICLE
4WD, bought new, still under warranty, only used approx 25 hrs. $8,200 firm. Call Phillip **931-261-5004**

410 Cycles & ATVs

425 Autos for Sale

PACE ARROW 1995
37', great shape, sleeps 6, backup cam, tons of storage, 2 TV's, 2 air units, l/rg bath. 53k. $13,500. Call (931)252-1405

1978 280Z ONE OWNER, completely restored. Only 3k miles on new motor, only 80k on whole car. Garage kept $10,000 Call 260-7767

2007 Suburban 1500 LTZ. Heated quad, bucket leather seating, sunroof, 4WD, husky lin

9:00 a.m. for the Hearing on the Petition filed by the State of Tennessee Department of Children's Services If you fail to do so, a default judgment will be taken against you for the relief demanded in the Petition. You may view and obtain a copy of the Petition and any other subsequently filed legal documents at the Juvenile Court Clerk's Office, Cookeville, Tennessee.
7/2, 9, 16, 23

NOTICE TO CREDITORS
ESTATE OF MARTIN SHIRREL ALLEN, DECEASED Notice is hereby given that on 26TH day of JUNE 2014, Letters ADMINISTRATION in respect of the Estate of MARTIN SHIRREL ALLEN, deceased who died MAY 4TH 2014 were issued to the undersigned by the Probate Court of Putnam County, Tennessee. All persons, resident and non-resident, having claims, matured or unmatured, against the estate are required to file same with the Clerk of the above-named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

ject to all matters shown on any

Call 526-9715 for more information.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1607 et seq., and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Pusano with an ownership type of Single Member LLC and to be managed by Roy Pusano intends to file an application for a Certificate of Need for the establishment of a hospice. The organization and the initiation of home health services limited to immediate provision of hospice. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37922, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The effective date of filing the application is July 30, 2014. The contact person for this project is Melissa Hess, Director of Nursing, 200 Prosperity Place #102, Knoxville, TN 37922, telephone (201) 475-9635.

200 Prosperity Place #102, Knoxville, TN 37922, telephone (201) 475-9635.
Upon written request by interested parties, a hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The guidelines and Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application shall file a written notice with the Health Services and Development Agency on the Agency meeting at which the application is originally scheduled; Services and Development Agency meeting at which the application must file written objection and (B) Any other person or agency wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.
7-2-14

3335 Dietz Dr
Cookeville TN 38501
Minimum Bid: $30,158.00
(or best offer above minimum bid)
DESCRIPTION OF PROPERTY.6 rooms, 3 bedrooms, 1 bath, 1,056 sq with crawl space. This description is believed to be correct to our best understanding.
DATE & TIME OF SALE:
07/09/14 AT 10:30 am
PLACE OF SALE:
East door of Putnam County Courthouse
FOR INFO CONTACT:
1800-349-5097
For future foreclosure sales and inventory property access our website:www.resales.usda.gov

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Dyersburg State Gazette*** with circulation and coverage within the following counties: Dyer, Crockett, Lauderdale, Lake, and Obion (5 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

CLASSIFIEDS

Deadlines for Classified Ads
Tuesday, Friday 4 pm
Monday 4 pm
Thursday, Tuesday 4 pm
Friday, Wednesday 4 pm
Sunday, Thursday 4 pm

PHONE: 285-4091 FAX: 286-6183

We reserve the right to reject any advertisement. We are responsible only for the first insertion of an advertisement. Advertisers are advised to check their ad immediately after it appears in the paper and report at once any errors found.

- Industrial Electricians
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- I.T. Professional with Management Information Systems Experience

Apply at
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2700 Hoff Road Dyersburg Tennessee
Or
1063 Whitehall Street
Jackson, Tennessee
Or email
Jobs2014@cupplesjandj.com

COSMETOLOGY INSTRUCTOR POSITION ANNOUNCEMENT

The Tennessee College of Applied Technology-Newbern is accepting applications for the position of Associate Instructor in the Cosmetology program at the Newbern campus.

Minimum Qualifications:

Formal instruction from an approved School of Cosmetology required. Candidate must have an active Tennessee license as a Cosmetology Instructor and a minimum of three years of successful employment as a licensed Cosmetologist. Teaching experience preferred. The successful candidate must also be able to teach all phases of cosmetology. Must possess good verbal and written communication skills and be able to relate to students and the public. Proficiency in the Microsoft Office suite required. Superior organizational skills will be necessary to oversee the program development and the implementation of this program.

Job Description:

The Associate Instructor of Cosmetology is responsible for teaching all phases of the Cosmetology program to include sterilization, sanitation, and bacteriology; shampooing, rinsing and styling; hair and scalp care; manicuring and nail care; hair shaping; permanent waving; facials, arching, lash and brow tinting; hair coloring, bleaching, toning and lightening; anatomy, physiology, and chemistry; shop ethics, interpersonal skills, and sales; Tennessee Cosmetology Law; finger waving and pin curls; blow drying and curling irons; permanent waving; hair relaxing; dispensing supplies and desk operations; and computer salon applications. Must be able to coordinate practical experiences and manage patron services. Instructor must participate in professional development activities as needed to learn new techniques and trends in the industry. Other duties include collecting live work fees and reconciling cash deposits, curriculum development, student recordkeeping, student recruitment, placement and follow-up of program graduates, and budgeting.

Salary: Commensurate with education, experience, and TCAT salary guidelines.

Application Process and Deadline: Applications can be downloaded from **www.tcatnewbern.edu** under the Home/Career Opportunities menu. Review of applications will begin immediately upon receipt and continue until position is filled.

Submit Application and Resume to:

Tennessee College of Applied
Technology-Newbern
(Attn: Debbie Harris)
340 Washington Street
Newbern, TN 38059

The Tennessee College of Applied Technology - Newbern is an AA/EEO employer and does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Donnie Walton, Asst. Director, 340 Washington Street, Newbern, TN, 38059, 731-627-2511, **dwalton@tcatnewbern.edu.**

A Tennessee Board of Regents Institution

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Putrino with an ownership type of Single Member LLC and to be managed by Roy Putrino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-9635.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

INDUSTRIAL PRODUCTION WORKER

noranda

A leading manufacturer of aluminum located in New Madrid, Missouri; Noranda has production opportunities available. The jobs are general production/labor and mobile equipment operation in an aluminum smelting, casting, and rod mill heavy manufacturing environment.

Requirements:

Must be willing to work 12 hour rotating shifts, including holidays, weekends, and overtime; have a high school diploma or general education diploma (GED); Pass Work Keys Initial Assessment (Math, Reading, and Locating Information); capable of working in hot temperatures; pass physical agility test; pass drug screening and background check; and must have a demonstrated strong safety focus.

No resumes/applications/phone calls will be accepted at Noranda. Individuals may apply at the Sikeston Career Center.

Benefits:

Competitive starting salary, plus a variable compensation program, a comprehensive medical plan, 401k and pension.

To Apply:

Call the Sikeston Career Center 573-472-5250

To avoid a long wait time, the Sikeston Career Center recommends you schedule an appointment before coming into the office to apply and complete the required testing; please call 573-472-5250 to schedule an appointment.

Noranda Aluminum, Inc., is an Equal Opportunity Employer and actively seeks workplace diversity.

of one of the most well-known and reliable companies in the world.

REQUIREMENTS:

- At least 21 years old
- Class A CDL with Doubles/Triples, Haz-Mat and Tank endorsements
- 1 yr driving experience within the last 36 months
- Ability to work a flexible schedule
- Clean MVR

Additional requirements will be found on the website listed below. Comprehensive benefits package offered. Interested candidates apply online at:

www.FedEx.com/careers
Select US, then FedEx Freight and search by Job #400754.

EOE M/F/D/V

Local business is looking for someone with plumbing experience.
40 hr. work week
Send resume to:
Blind Box
P.O. Box 222
Newbern, TN 38059

RECRUITER POSITION ANNOUNCEMENT

The Tennessee College of Applied Technology-Newbern is accepting applications for the position of Recruiter.

Minimum Qualifications:

- Bachelor's Degree from an accredited four (4) year college preferred;
- Specific experience in a Tennessee College of Applied Technology is highly desired;
- Applicants must have good multitasking, organization, communication, and planning skills;
- Must have the ability to establish and maintain effective networks with high schools, colleges, prospective students, faculty, staff, and the general public;
- Software skills should include Microsoft Word, Excel, and PowerPoint or Publisher;
- Ability to work as a part of a team oriented organization.

Job Description:

- Assist prospective students' enrollment needs
- Responsible for new student orientation
- Responsible for getting students ready to enroll each enrollment period
- Assists with the development and maintaining of marketing materials, newspaper/web articles, advertisements, and social media
- Attends recruitment functions of high schools, colleges, community fairs, etc.
- Works with area high schools (CTE programs, guidance counselors, and teachers) for various dual credit and college ready programs
- Organizes school tours and visits
- Hosts recruiting fairs throughout the year to attract new students to TCAT
- Develops networks with community agencies to bring TCAT programs to the attention of their clients
- Maintains a student tracking system and keeps accurate records of all students who express an interest in TCAT programs
- Conducts information sessions on admissions requirements for potential students
- Completes various reports
- Career Counseling
- Collaborates with local TBR community colleges
- Maintains student waiting list

Salary: Commensurate with education and experience and according to salary guidelines established by the Tennessee Board of Regents.

Application Process and Deadline: Applications can be downloaded from **www.tcatnewbern.edu** under the Home/Career Opportunities menu. Review of applications will begin immediately upon receipt and continue until position is filled. Completed applications can be mailed or delivered to:

TCAT-Newbern
Debbie Harris
340 Washington Street
Newbern, TN 38059

The Tennessee College of Applied Technology - Newbern is an AA/EEO employer and does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Donna Hastings, Director, 340 Washington Street, Newbern, TN, 38059, 731-627-2511, **dhastings@tcatnewbern.edu.**

A Tennessee Board of Regents Institution

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Greeneville Sun*** with circulation and coverage within the following counties: Greene, Washington, and Hawkins (3 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

SUPPLEMENTAL #1

July 30, 2014

9:54 am

67

The Greeneville Sun Classifieds

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Public Notices | Public Notices | Public Notices | Public Notices | Public Notices | Public Notices

TRUSTEE'S NOTICE OF SALE

WHEREAS, NANCY R. KESTERSON, a/k/a NANCY KESTERSON, of Greene County, Tennessee, executed, acknowledged and delivered to Kenneth Clark Hood, Trustee, a certain Deed of Trust dated the 7th day of December, 2006, and of record in Deed Book 419A, Page 384 (see also Deed Book 505A, Page 2315 and Deed Book 508A, Page 2587) in the Register's Office for Greene County, Tennessee, to secure a certain indebtedness owing to Washington County Bank, now known as Capital Bank, N.A., and more fully described therein; and

WHEREAS, default has been made in the payment of said indebtedness and the same has become due and payable after proper notice of default was given and the owner and holder of said indebtedness has declared the entire balance owing thereon due and payable, has given notice of acceleration, and has instructed the said Trustee to foreclose said Trust Deed and to advertise and sell the property therein and herein described, upon the terms and conditions set forth in said Trust Deed:

NOW, THEREFORE, notice is hereby given that I will on the 28th day of July, 2014, at 3:45 p.m. prevailing standard time in Greene County, Tennessee, at the front entrance of the Greene County Courthouse in Greeneville, Tennessee, sell the following described real estate at public auction, for cash, to the highest bidder, and in bar of the equity of redemption, the statutory right of redemption, dower and homestead, but subject to all liens, encumbrances, easements, rights-of-way, set-back lines, restrictions, covenants, current and delinquent property taxes (ad valorem taxes), environmental claims, and the rights of any purchaser at a property tax sale or rights of redemption arising from a tax sale, affecting the subject property which are not extinguished by the foreclosure of the subject deed of trust. The property to be sold is described as follows:

SITUATE lying and being in the 11th Civil District of Greene County, Tennessee and being more particularly described as follows:

Tract One:

BEGINNING at a post on the North Side of Horton Highway, corner to Gibson, and running thence N 09 00' E. 521.07 feet to an iron pin, corner to Kesterson and Christenson; thence S. 46 10' E., 545.47 feet to an iron pin in the North side of Horton Highway; thence with Horton Highway three (3) calls as follows; S. 57 46' W., 115.85 feet; S. 74 40' W., 136.46 feet, S. 80 59' W., 248.43 feet to the point of BEGINNING and being a triangular tract containing 2.90 acres, more or less, according to survey of David S. Albert, Registered Land Surveyor, dated June 14, 1983.

AND BEING that same property conveyed to Paul Kesterson and wife, Nancy Kesterson by Deed from Elmer Davenport and wife, Mario Davenport dated June 20, 1983, and recorded at Deed Book 377, page 322, Register's Office for Greene County at Greeneville, Tennessee. The said Paul Kesterson passed on July 13, 2002, leaving the said Nancy Kesterson as the surviving tenant by the entireties.

Tract Two:

BEGINNING at an iron pin, northeast corner of property of Paul Kesterson and Dorothy Gibson on the Horton Highway, and running thence with the line of Paul Kesterson N. 9 06' E., 327.92 feet to an iron pin in the line of Kesterson; thence continuing with the line of Kesterson N. 9 40' E., 207.07 feet to an iron pin, corner of Kesterson and Williams; thence with the line of Williams N. 8315' W., 239.86 feet to an iron pin, corner of Williams and Flora Kesterson thence with the line of Flora Kesterson S. 916' W., 580.16 feet to an iron pin, corner to Flora Kesterson and Dorothy Gibson; thence with the line of Dorothy Gibson S. 89 14' E., 241.7 feet to the point of BEGINNING containing 3.0 acres, more or less, according to a survey of David S. Albert, Surveyor, dated March, 1984.

AND BEING the same property conveyed to Paul Kesterson and wife, Nancy R. Kesterson by Deed from Flora Kesterson, dated April 17, 1984, and recorded at Deed Book 383, page 260, in the Register's Office for Greene County at Greeneville, Tennessee. The said Paul Kesterson passed on July 13, 2002, leaving the said Nancy Kesterson as the surviving tenant by the entireties.

Located on the Subject Property and to be sold with the Subject Property is a 2005 Fleetwood Beach Hill Mobile Home, VIN No. TNFL527AB30433-BH13. Said Mobile Home is being sold AS IS, WHERE IS, WITHOUT WARRANTIES, EXPRESS OR IMPLIED. THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND HABITABILITY ARE HEREBY DISCLAIMED. There is no warranty relating to title, possession, quiet enjoyment, or the like in this disposition. The debtor is entitled to an accounting of the unpaid indebtedness upon request without additional charge. You may request such an accounting by writing to Kenneth Clark Hood, Laughlin, Nunnally, Hood, & Crum, PC, 100 South Main Street, Greeneville, Tennessee, 37743. Name of Debtor: NANCY R. KESTERSON. Name of Secured Party: Capital Bank, N.A. It will be responsibility of the purchaser to obtain possession of the mobile home at purchaser's expense.

The address of the Subject Property as shown on the tax records for Greene County, Tennessee, is 5365 Horton Highway, Greeneville, Tennessee, 37745. (Map 26, Parcel 17.02)

It will be the responsibility of the successful bidder to obtain possession of the property at his expense. The successful bidder shall be responsible for any damage, vandalism, theft, destruction, etc., to the property. This sale may be subject to valid filed or unfiled mechanic's and materialmen's liens. No representations are made as to the validity or enforceability of any memorandum of mechanic's liens or any suit to enforce the same.

Interests in the property other than the Deed of Trust being foreclosed or matters affecting title known to the undersigned include the following:

1. Claim of lien against Paul Kesterson and in favor of Robert Blanchard in the amount of $4,700.00, recorded on December 8, 2011, and which is of record in Deed Book 504A, page 2206, in the Register's Office for Greene County, Tennessee. (For informational purposes Robert Blanchard is deceased.)

2. Judgment lien against Nancy Kesterson and in favor of Portfolio Recovery Associates, LLC, in the amount of $1,789.47, appearing of record in Deed Book 514A, page 1413, in the Register's Office for Greene County, Tennessee.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Putrino with an ownership type of Single Member LLC and to be managed by Roy Putrino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102 Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville TN 37923, telephone (201) 475-9635.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Chuckey

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190 Pleasant Vale Rd Chuckey, Thurs. & Fri. 8am-4pm. Moving sale. Office supplies, dining room table & 6 chairs, tools, lots of golf items, bar stools, HHI, clothes, shoes, more.

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2925 Chuckey Hwy, Fri. 8am-2pm, Sat. 8am-1pm. Huge Sale! Check air purifiers, Beanie Babies collection, Home Interior, prom dresses, HHI.

NEW Today!

Greeneville

NEW Today!

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3 Family Sale: Thurs. & Fri. 4pm 77 Gaby Cir. on Asheville Hwy. ens & mens clothes, Christmas holiday deco, some kids clothes, HHI Avon, Home Interior, shoes, books, puzzles & canning jars, much more.

NEW Today!

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313 Cherry St Greeneville, Thurs., Fri. 4 family, HHI, clothes – kids thru adults, smoker, bikes, furniture

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Jackson Sun*** with circulation and coverage within the following counties: Crockett, Madison, Gibson, Decatur, Benton, and Hardin (6 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

SUPPLEMENTAL #1

169

AND PUBLICLY OPENED FOR ENGINE LUBRICATING OIL, NEW & RECAPPED SCHOOL BUS TIRES & REBUILT SCHOOL BUS TRANSMISSIONS FOR THE JACKSON-MADISON COUNTY SCHOOL SYSTEM. ALL ITEMS TO BE ORDERED AS REQUIRED THROUGH JUNE 30, 2015.
THE RIGHT IS RESERVED, AS THE INTEREST OF THE COUNTY MAY REQUIRE, TO ACCEPT OR REJECT ANY AND/OR ALL BIDS. SPECIFICATIONS AND BID FORMS WILL BE FURNISHED UPON REQUEST TO THE COUNTY PURCHASING OFFICE, 1981 HOLLYWOOD DRIVE - SUITE 100, JACKSON, TN 38305. 731/660-6221 EXT. 7 OR TO mcpitc o.madison.tn.us.
MADISON COUNTY GOVERNMENT, NOR ANY OF ITS DEPARTMENTS, OFFICES OR AGENCIES, DISCRIMINATES ON THE GROUNDS OF RACE, COLOR RELIGION, DISABILITY, SEX, AGE OR NATIONAL ORIGIN.
MADISON COUNTY,
TN FINANCE DEPT.,
PURCHASING OFFICE

0101749659
NOTICE OF PROPOSED SALE

In accordance with T.C.A. 67-5-2003, et seq., notice is hereby given that Johnathan Morgan Kendrick ("Offeror") has offered to purchase for $2,760.98 cash Map & Parcel 078I-D-002.00 and Tori Estes ("Offeror") has offered to purchase for $1,400.00 cash Map & Parcel 087C-L-004.00 and for $1,400.00 cash Map & Parcel 077L-G-004.00 from Madison Coun-

Continued in next column

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Putrino with an ownership type of Single Member LLC and to be managed by Roy Putrino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Willliamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-9635.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

38301 Until: 1:00 p.m. (Central Time) On: **Wednesday, July 30, 2014. Plan Rooms:** West Tennessee Plans Room, Jackson, Tennessee; Reed Construction Data, Norcross, Georgia. **Plan Deposit Amount:** $370.00. **Designer:** Burr & Cole Consulting Engineers, Inc., 3485 Popular Avenue, Suite 200, Memphis, Tennessee 38111; Contact: Steve Green. Phone: (901) 452-9676. **Pre-Bid Conference:** At the facility, on July 16, 2014 at 1:00 p.m., Local Time (Central Time).

0101749629
Notice of Change in TennCare II Demonstration Amendment 23

The Commissioner of the Tennessee Department of Finance and Administration is providing official notification, pursuant to 59 Fed. Reg. 49249, of intent to file an amendment to the TennCare II Demonstration. The demonstration amendment will be filed with the Centers for Medicare and Medicaid Services (CMS), a federal agency located in Baltimore, Maryland, with a Regional Office in Atlanta, Georgia.

The State is required to meet certain advance notice obligations whenever an amendment to the TennCare Demonstration is filed. This demonstration amendment, which will be known as "Amendment 23," is being filed with a proposed effective date of August 1, 2014.

The subject of the amendment is prenatal care for pregnant women who have been determined Presumptively Eligible for TennCare. The state has always provided full TennCare benefits to these women, consistent with our managed care approach and the statement in our TennCare Demonstration Waiver that all services are considered pregnancy-related services.

CMS has advised the state that it needs to submit a waiver amendment to clarify that non-ambulatory services (e.g., inpatient hospitalizations) can continue to be covered by Medicaid for pregnant women during a period of Presumptive Eligibility. In order to keep in place our long-term practice of providing a full range of services to pregnant women during a period of Presumptive Eligibility, we are therefore requesting an amendment to the TennCare Demonstration that would provide the expenditure authority to continue providing these services.

This amendment will not result in any changes in expenditures.

Copies of this notice will be available in each county office of the Tennessee Department of Health, and on the TennCare website located online at http://www.tn.gov/tenncare/. Written comments may be submitted by email to Susie.Baird@tn.gov or may be mailed to Mr. Darin Gordon, Director, Bureau of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243. Persons wishing to review copies of written comments received may submit their requests to the same email and/or physical address.

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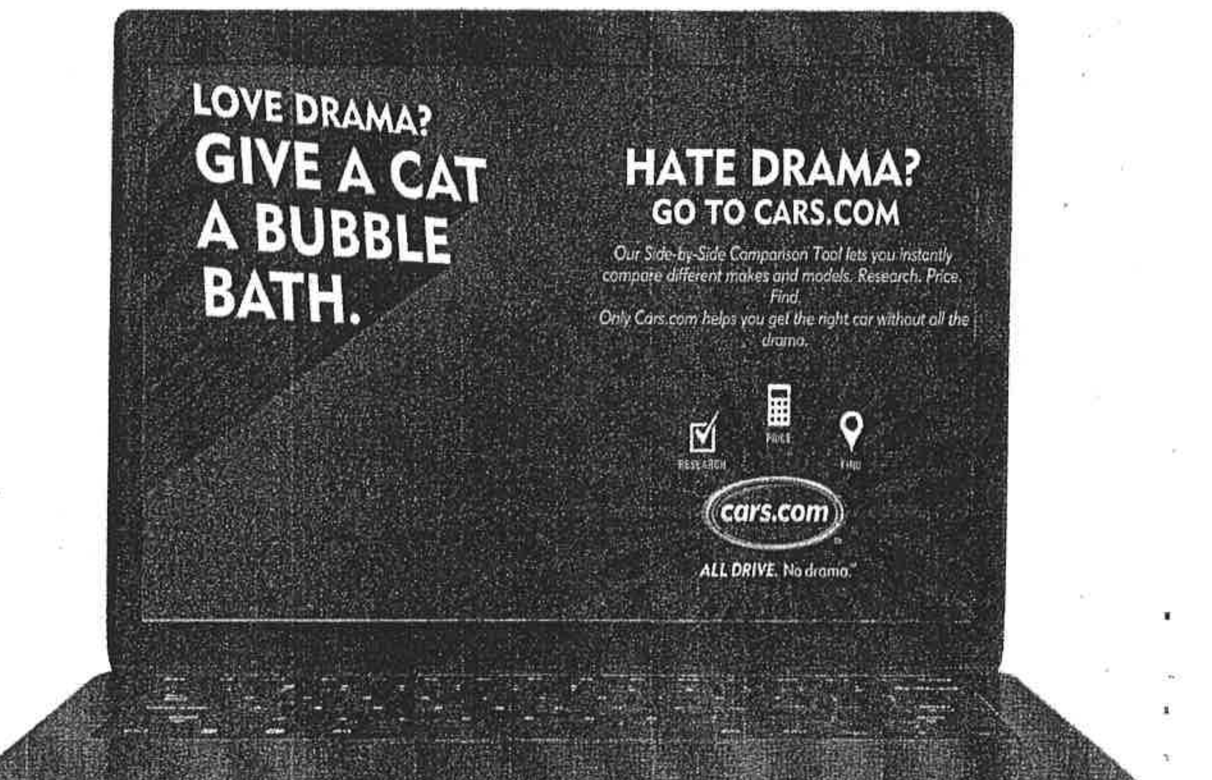

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Johnson City Press*** with circulation and coverage within the following counties: Washington, Sullivan, Carter, Greene, Unicoi, Hawkins, and Johnson (7 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

SUPPLEMENTAL #1

July 30, 2014

9:54 am

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180 General Employment

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email: rhood@johnsoncitypress.com

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at (423)444-3431
email: rhood@johnsoncitypress.com

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180 General Employment

Brookhaven Manor is seeking a **Food Service Director.** The primary purpose of the position is to plan, organize, develop, and direct the overall operation of the Dietary Department. Long-term care experience and CDM required.

We offer a competitive benefit package which includes: Medical, Dental, Vision Insurance, STD/LTD, Excellent PTO Plan

Please apply in person at 2035 Stonebrook Place, Kingsport, TN 37660 or submit resume by fax at 423-246-9280

EOE/ Drug-Free Workplace

190 Professional

Childcare Teacher, Full Time. Must have early childhood education or related experience and meet all state requirements. Send resume/ cover letter to Mountain View Baptist Church, PO Box 3489, Johnson City, TN 37602

Executive Assistant needed to work directly for the CEO of a Multi-National Contracting Company. BBA degree is preferred and at least three years of office experience is required. Must be able to work with minimum supervision. Please email resumes to: applicantsrespondhere@gmail.com

Wanted: **Certified Pharmacy Technician.** Min. 3-yr exp. Part-time position; competitive pay; great work environment; located in Johnson City. Send resume and 2-3 references to: P.O. Box 3298, Johnson City, TN 37602

200 Medical & Dental

NHC HealthCare Bristol
245 North Street Bristol, VA
CNA
Position Available
12 Hour Shifts
Nights 6:30 PM - 6:30 AM
Apply at facility or email resume to jhines@nhcbristol.com

CLASSIFIED ADVERTISING ERRORS AND ADJUSTMENT POLICY.
Advertisers are requested to check their ads for errors on the first day of publication, Johnson City Press, will be responsible for only one incorrect insertion and then only for the portion of the ad that is incorrect.
ANY ERRORS SHOULD BE REPORTED IMMEDIATELY. 722-0500 Classifieds.

100 Professional Services

*** BUSHHOGGING ***
FREE ESTIMATES
423-262-3091

Don's Tree - Stump Removal
topping trimming, removal, lot land clearing, Bucket truck, brush grinder, ins'd. Emergency Storm Damage 423-929-7300

EXTERIOR CLEANING, Siding, Roofs, Gutters, Deck, Restoration, Concrete Free Estimates. 423-863-3211

T&C Sealing, Paving Driveways, Parking Lots, Grading We'll rock & roll your asphalt! 423-279-9400 or 218-7592

110 Home Improvements

AAA+ "DECK PRO"AAA+ Home Improvement Experts 30 years Exp. Lic. & Ins. Sr. Discount. Bryan 423-631-2152 Free Est.

AAA+ "DECK PRO"AAA+ Home Improvement Experts 30 years Exp. Lic. & Ins. Sr. Discount. Bryan 423-631-2152 Free Est.

Spangler Construction is a fully insured company Specializing in Rehab & Renovation. Roofing, Garages, Homebuilders & more. Call for Free Estimates 1-800-533-8943 or 1-800-634-8236

110 Home Improvements

Ace Siding
Siding/ roofing/windows. Storm repairs / Ins. Claims/ residential / Commercial. 17 yrs exp / local references / free estimates. Licensed, bonded & Insured
Call Rocky: 423-794-6145

All Home Improvements, New Const., Remodel, Repairs. 30 yrs exp. Work Guaranteed Free loc. est. Refs:335-5133

**A to Z Home Improvements, All your Int / Ext Needs Baths, Tile, Painting, etc. Free Est.Robert 278-0723

A-Z HANDYMAN SERVICE & Remodeling. 15 yrs exp! Senior Discount. Call Wayne for a $ FREE $ Estimate!!! ★ 423-948-8348 ★

REMODELING -
Painting, Rm additions, decks, roofs, siding & flooring. Bonded & Lic. Free Est 423-348-1411

Whittaker Roofing & Home Repairs. Roofing, siding, guttering & more. 10% Summer Savings. 631-0622 / 791-1683

111 Lawn Service

FOR SALE : TOP SOIL & DOUBLE GROUND MULCH. 423-747-0087

111 Lawn Service

Allen's Home & Lawn Maintenance: Mowing, land-scaping, gutters, odd jobs, pressure washing 20+ yr exp. Free est. Lic&Ins 423-676-7915

eXtreme Mowing
specializing in: "Heavy grass & growth "Steep slopes "Tough Terrain Bush Hogging & pasture mowing also finish mowing on lg acreage 423-534-6577 extrememowing.net

GREENE'S LAWN CARE
Mowing, Landscaping, Mulching, Spraying, Seeding, Fertilizing, Tree work, leaves, pressure washing, gutters, & odd jobs. 20 yrs. exp. Lic/Ins. 423-725-9877

keithdavislandscaping.com "Mowing-1 best" •Unique designs •Renovation •Maintenance 542-6911

Christian Landscape Services
Specializing in Quality Residential Landscapes
423-833-1257

BRAD BUCKLAND
Wall Papering & Painting
Call 730-7186 ... 0347

130

PAVING
Grading, graveling, rolling, driveways, Commercial/Res. Free Est. Lic & Ins. 423-323-0170

177 General Services

BUYING JUNK & RUNNING VEHICLES, BUSES & TRUCKS. Make this your 1st call. Pay up to $800 maybe more 423-297-2626

EAST TN POWER WASHING We wash most vinyl houses for $150.00. Call for quote on other jobs.423-357-3233

178 Tree Service

PATRIOT TREE
For all your tree needs, Lic & Ins. Free Est Veterans & Sr Disc.
Call 423-534-4637

CRUISING AROUND for that best buy in town? Check our Classified Automotive section for used car or truck.

200 Medical & Dental

NHC HealthCare of Bristol is currently accepting applications for a **Director of Nursing.**
Qualifications include:
- Must be a Registered Nurse
- A valid nursing license
- Managerial experience preferred
- BSN or MSN preferred
- Must have strong leadership abilities, great work ethic, excellent clinical skills, able to communicate effectively with patients, families, and co-workers

Excellent pay and benefits including health, dental, vision, life and disability insurance, 401k and Stock purchase plan.

If interested please apply in person at 245 North Street Bristol, VA 24201 or email resumes to TWilliams@nhcbristol.com.

220 Industrial & Trades

HVAC Installer Needed
Apply in Person -
931 N. State of Franklin
423-929-2621

NEEDED 2 PAINTERS
5 + years exp. minimum
Dependable trans a must.
Local Work. 352-214-9091

MAKING YOUR Advertising Dollars go further is a natural with a Classified Ad. List your business services here daily.

290 Transportation

Richard Diehl Truck Lines
Jonesborough, TN

Family business needs good drivers, 2yrs minimum OTR. Reefer experience a plus. Mileage, per diem, stop pay, safety bonus, year-end bonus, fuel bonus, insurance available. Home weekends. Good place to work, just ask our drivers

800-343-1820

Farm

330 Food

Scott Farms
For Sale- half runner beans squash, zuccini, & sweet corn, at the farm in Unicoi, 743-7511, 929-1021 or visit our website at scottfarmstn.com

Smith Farm & Produce 224 Hwy 107 Jnsb. TN 423-913-2900, Hrs 8am-7pm 7 days a wk. We are now picking half-runers. We also have other produce.

370 Feed, Seed & Plants

SMITH'S TOP SOIL
No rocks/No roots 357-8854

Square Bale Grass Hay $4.00
Straw $4.00
423-956-7206
423-335-2967

Merchandise

400 Pets & Supplies

AKC Lab Puppies, health guarantee, computer chipped. Another litter due soon. chipslabs.com 276-988-5725

AKC Reg. Parti Standard Poodles, up to date on shots, microchipped, onefinecutpoodles.com 423-833-7275

CKC Registered Male Yorkie Beautiful thick coat, teddy bear face,up to date shots & deworming. He is 10 wks old and ready for his new home. Call 2764921811 for pictures or more information.

410 Garage & Yard Sales

GARAGE SALE
★★★★★★★★★
HWY 36 MIDWAY FRI & SAT Lots of baby items, kids clothes, xmas, household items, tools and building materials and much more.

JOHNSON CITY 2408 Circleview Dr, Fri 8-noon Matching couch & loveseat, 2 end tables, coffee table, lamps, treadmill, namebrand mens clothing M - XL & womens XL

JONESBOROUGH- BIG Variety of collectible toys, knick knacks, tools, lawn equip. & lots of misc. items too large to name. Inside Garage Sale off 81 South @ 140 Treadway Ln. Starts 8am-7 daily until all is gone!

How is town? Get a place to live quick ... read today's Classified Ads! Dial 722-0500

410 Garage & Yard Sales

♦♦♦♦♦♦♦♦♦♦♦♦♦

TAKE NOTE:
Please Do Not Post Garage Sale Signs on Public Utility Poles or Public Right of Way

♦♦♦♦♦♦♦♦♦♦♦♦♦

431 Furnishings

!!!$200 10" Thick Full Size Pillowtop Mattress SET. Never used. Still in factory sealed plastic. 423-765-8014

!!!$225 10" Thick Queen Size Pillowtop Mattress SET. Never Used. Still in factory sealed plastic. 423-765-8014

!!! $90 Full or Queen Size Mattress SET. Never Used Still in Factory Sealed Plastic. Call 423-765-8014

!KING Pillow top Mattress set Never used. Still in factory sealed plastic. $260 423-765-8014

Washer, Dryer, twin bed, Misc. chairs, tables, mirror, frames, prints, chests, apt. fridge, wall cabinets. 423-741-6850

440 Computers & TV's

HP Window 7 Complete flatiten monitor, printer, 2core processor, 2gb ram, 80gb hd, dvd/cd burner, internet ready, clean, fast, see it work. $120. 423-631-0927 Johnson City

490 Sports Equipment

Bowflex Sports - Excel Cond., Pd $800.00 asking $150.00 Call 423-202-2193

520 Boats & Marine Equipment

MASTERCRAFT '06 Premier 24' ... less than 20 hrs ... Extras. 90HP Yamaha. $20,800 423-614-2729

Regals '03 Fastrac with trailer, 190 HP I/O engine, depth gauge, CD player, Bimini top and lots of accessories. 423-647-6622

540 Musical Merchandise

LIKE NEW, Yamaha YSL 882 Trigger Trombone. $950 Jupiter Tenor 432L Trombone, $275 Exc. Cond. 963-0552

590 Wanted To Buy

CRAFTSMAN RIDING MOWER with manual trans-mission. Call: 423-753-0976

Rentals

620 Condominiums for Rent

Lakefront Condo 2BR/1.5 BA, Living room, Dining Room, Kit. w/d hk-ups, All util, FP, 2 decks, Boat slip/ dock, $750/mo + 1mo dep. 423-646-5587

Like new condo, 2BR 1.5BA, new appls, carpet & paint, 1200 sq ft living area, no pets, refs req. $875/mo 423-282-3472

640 Unfurnished Apartments

1320 Knob Creek Rd, great loc. 2BR townhouse, $525 mo lease, references required. Call 282-2012.

1, 2 & 3 BR Apts now available in Burlington Park, Every space very unique includes all appls & utilities + high speed internet, loft, studio & contemporary look w/original brick, hdwd floors, tile, FP's skylight outside deck & porches & so much more includes access to Nautilus gym, fully equipped gameroom & sitting area w/flat screen tv's. $395/mo & up 423-928-1190

1&2 BR Apt on Lamont St. Very Clean & Safe $395 mo Water & Garbage Inc Off street parking 538-9090 or 217-0430

#1BR, NJC, Newer Apts $425/mo+$250 dep NO Pets 423-335-5552 or 423-335-3161

$350-$550
A MOVE IN SPECIAL
JC/MC/ETSU/Milligan
1 & 2BR, 1 & 1.5BA, attractive priv, clean 423-426-2603

740 # 1 Gray Station Rd across from Gray School 2 Bedroom / 1 bath remodeled ready for rent new carpet, paint, blinds, new shower central heat and air non smoking and no pets washer/dryer water and mowing furnished $650/$650 deposit 423-747-1226.office space 775 # B Gray Station Rd 1,393 sq ft $1200 / $1200 deposit water furnished 423-747-1226office space 740 # 2 Gray Stations Rd 520 sq ft with 600 sq ft storage in basement water furnished $900 / $900 deposit 423-747-1226

Absolutely adorable 1br w/dhkup ch&a, no pets, $425mo+dep, call 423-202-8679

APPLICATIONS being accepted for our Harrison Village & Briarcliff elderly complexes. 1 bedroom, elderly, disabled & handicapped. Also 1, 2, & 3 bedrooms from $260-$283. Water & sewage included. Clark Manor Apts, low income. Westgate Apts, low income. EHO 926-3361 or 926-7329 TDD 1-800-848-0298 Tn Relay

APPLICATIONS being accepted for our Harrison Village & Briarcliff elderly complexes. 1 BR, elderly, disabled & handicapped. Also 1, 2, & 3 bedrooms from $250-$283. Water & sewage included. Clark Manor Apts, low income, Westgate Apts, low income. EHO 926-3361 or 926-7329 TDD 1-800-848-0298 Tn Relay

Check out our Spring Special
All new apartments for Seniors 55 and older Great amenities, pets welcome, in a quiet neighborhood. Contact us at 423-467-4242 or come by for a tour at
Ford Creek Village
1016 Gray Station Road Gray, Tn. Only a few left, hurry these won't last long

Couple interested in managing apartment complex at 300 S Buena St. Call Lane @ 926-2311

KING SPRINGS & CHERRY HILL, JC. Spacious 1 BR, $375mo + dep 737-0001

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Patrino with an ownership type of Single Member LLC and to be managed by Roy Patrino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,160. The agency will utilize one office, located at 300 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 300 Prosperity Place #102, Knoxville, TN 37923, telephone (301) 475-9655.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

SATURDAY & SUNDAY DEADLINES

The Johnson City Press appreciates your business. In order to make sure ads are in and correct our Classified Line Ad deadline for Saturday and Sunday is Friday at 3:00 PM. Ads received after this time run the risk of not making it into the paper.

Call, Fax, or Email us and we'll make sure your ad is top priority.
Johnson City Press' Classified's phone is
423-929-SELL(7355).
Johnson City Press' Classified's Fax is
423-929-9097
Johnson City Press' Classified's Email is
classifieds@johnsoncitypress.com

HELP US WE'RE SWAMPED SALES HELP NEEDED!

We are still growing in our industry. We market The Johnson City Press and The Kingsport Times News through kiosk sales at various locations.

We Need Motivated individuals that are driven to succeed. Experience preferred but not necessary.

An ideal candidate will have an out-going personality and demonstrate professionalism. Must be self-motivated and works well independently.

Must have reliable Automobile or Transportation.

We Offer Solid Income Opportunity, Complete Training, Flexible Hours/Schedules, Contests and Prizes, Weekly Payroll.

Rapid Advancement and Management Opportunities.

CALL Scott Felty at (502) 299-2982 or Apply Online at www.amgincusa.com/amgjobs.html

EOE

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If you are a high energy, motivated person who wants a career that makes a difference, we want you.

The Kingsport Times News is seeking an outside advertising account executive to join our team. You will have the opportunity to participate in a dynamic and energetic sales program while channeling your initiative, innovation, and competitive spirit to make an impact on our customers, our organization, and your own career. You will be able to leverage your creativity as you partner with customers to create digital and print solutions using our exciting and ever-growing portfolio of products.

KINGSPORT TimesNews TENNESSEE
EQUAL OPPORTUNITY EMPLOYER

The Kingsport Times News offers a competitive salary and commission plan, healthcare programs, 401(k) retirement program and paid vacation. If you have "the stuff" to sell, please send your cover letter and resume to:

Classified Display Manager
PO Box 1717
Johnson City, TN 37605-1717

Statewide Classified Ads – TN Press

Week of 6/29-7/5

Business Opportunity

BE THE 1st MEDICAL Alert Company in your area! Owning your own local distributorship. We do 70% of the work! Unlimited $ return. Investment required. Free Call (844) 225-1200. (TnScan)

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DIVORCE WITH OR WITHOUT children $125.00. Includes name change and property settlement agreement. SAVE hundreds. Fast and easy. Call 1-888-733-7165, 24/7 (TnScan)

Help Wanted

WANT A CAREER OPERATING Heavy Equipment? Bulldozers, Backhoes, Excavators. "Hands On Training" & Certifications Offered. National Average 18-22 Hourly! Lifetime Job Placement Assistance. VA Benefits Eligible! 1-866-362-6497 (TnScan)

Help Wanted - Drivers

HIRING OTR PROFESSIONALS WHO want Consistent Miles- average 2,700+; consistent pay- average $51,400 per year; 2011 or newer trucks: Call Fischer Trucking today at 1-800-486-8660 (TnScan)

MILAN EXPRESS OTR CDL Class A Drivers, Home Weekly. Annual Increases & Bonuses. No Haznat. Vacation/Paid Holidays. Great Benefits www.DRIVEMILAN.com 731-426-8328 or 731-426-8337 (TnScan)

AVERITT EXPRESS NEW PAY Increase For Regional Drivers! 40 to 46 CPM + Fuel Bonus! Also, Post-Training Pay Increase for Students! (Depending on Domicile) Get Home Every Week + Excellent Benefits. CDL-A req. 888-602-7440 Apply @ AverittCareers.com Equal Opportunity Employer - Females, minorities, protected veterans, and individuals with disabilities are encouraged to apply. (TnScan)

DRIVERS: RUN FB with WTI. Be home through the week and weekends. Start up to 28% plus fuel bonus. New equipment. BCBS Experience needed. LP available. Call 877-693-1305 (TnScan)

DEDICATED TEAM RUN from Nashville to Hartford, CT, Tues-Sat; $1,199 gross per week. And, Other Dedicated Team Runs out of Nashville, Tues-Sat, minimum $866 gross per week guaranteed. Solo Nashville to Birmingham - Daily, M-F, 6pm-3:30am, $785 gross per week. All positions Require Clean MVR with min 1 ½ yr exp. Call 615-207-0110 / 8 am-8 pm or email kellydillingham3@bellsouth.net (TnScan)

ROGERS PETROLEUM SEEKING DRIVER for transport truck, Must: be 25yrs old; clean driving record; 2 yrs exp; Class A CDL. Competitive pay/benefits. Send Resume: rogjobs@rogerspetro.com (TnScan)

DRIVERS - START WITH OUR Training or Continue Your Solid Career You Have Options! Company Drivers, Lease Purchase or Owner Operators Needed (877) 369-7191 www.centraltruckdrivingjobs.com (TnScan)

DRIVERS - SOLO & TEAM Company Drivers & Owner Operators No touch, temperature controlled, elite high pay freight. 1 Year Exp., CDL/A Clean Record. TQI (888) 466-0613 (TnScan)

DRIVERS - CDL-A DRIVERS NEEDED Total Respect - Total Success. Start up to 38¢ /mile, OTR & Regional Runs. CDL Grads Welcome. 700+ Trucks & Growing! 888-928-6011 www.Drive4Total.com (TnScan)

EAST COAST CDL DRIVERS, 2 years OTR experience, Home weekends, Pay averages .42 per mile, $1,000.00 to $1,200.00 a week, 615-792-6550 x1 United Transportation Services (TnScan)

DRIVERS: OWNER OPERATORS AND experienced OTR drivers needed for expanding fleet. Call USA Truck today. 866-545-0078 (TnScan)

Pet Supplies

ALL NEW! HAPPY JACK DuraSpot®: Kills & Repels fleas, ticks & larvae. Repels mites, lice & mosquitoes. Contains Nylar® IGR. At TFC County Co-Ops. www.happyjackinc.com (TnScan)

Real Estate

525+ ACRES! 7 CONTIGUOUS TRACTS, 34-142 acres. Largest Tract in Knox County. All utilities. Excellent Development Potential. Furrow Strickland Real Estate Services. 865.540.3200. (TnScan)

Miscellaneous

YOUR LOW COST ADVERTISING Solution! One call & your 25 word ad will appear in 99 Tennessee newspapers for $275/wk or 35 East TN newspapers for $120/wk. Call this newspaper's classified advertising dept. or go to www.tnadvertising.biz (TnScan)

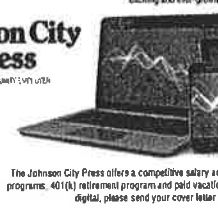
DIGITAL SALES

If you are a high energy, motivated sales person who understands social media, mobile technology and the importance of Internet advertising, we want you.

The Johnson City Press is seeking an outside Digital Sales Representative to join our team.

You will have the opportunity to participate in a dynamic and energetic sales program while channeling your initiative, innovation, and competitive spirit to make an impact on our customers, our organization and your own career. You will be able to leverage your creativity as you partner with customers to create digital solutions using our exciting and ever-growing portfolio of digital products.

Johnson City Press
EQUAL OPPORTUNITY EMPLOYER



The Johnson City Press offers a competitive salary and commission plan, healthcare programs, 401(k) retirement program and paid vacation. If you have "the stuff" to sell digital, please send your cover letter and resume to:

Bret Jacomet, Vice President of Digital
bjacomet@thenetmg.com

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Kingsport Times-News*** with circulation and coverage within the following counties: Washington, Sullivan, Hawkins, Carter, Greene, and Johnson (6 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

SUPPLEMENTAL #1
July 30, 2014
:54 am

CLASSIFIEDS

CLASSIFIEDS ONLINE
http://classifieds.timesnews.net

392-1311

VISA MasterCard

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in person

Your ad may be placed in person Monday - Friday 8:00 A.M. to 4:00 P.M. at our office:
701 Lynn Garden Dr., Kingsport, TN

by phone

To place, change or cancel a classified ad by phone, call 392-1311 before 4:00 P.M. Monday - Friday.

by fax

To place, change or cancel a classified ad by fax, send to 423-392-1398 before 4:00 P.M. Monday - Friday.

online

http://classifieds.timesnews.net

Additional phone numbers
Johnson City 423-929-2197

Main Office 423-246-8121
Toll Free 1-800-251-0328

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Deadline Friday Noon

Fax 392-1398 or Email:
classifieds@timesnews.net

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- Garage Sales
- Commercial
- Rentals
- Real Estate

Subscribers Only
No Phone Calls

OTHER RATES

Classified Commercial, contract, rental and display rates available upon request. Call 392-1311 for more information.

BLIND BOXES

$25.00 per ad pick-up
$30.00 per ad mailed

CREDIT CARDS

We accept VISA and MASTERCARD

LINE AD DEADLINES

MONDAY	Friday by 4 P.M.
TUESDAY	Monday by 4 P.M.
WEDNESDAY	Tuesday by 4 P.M.
THURSDAY	Wednesday by 4 P.M.
FRIDAY	Wednesday by 4 P.M.
SATURDAY	Wednesday by 4 P.M.
SUNDAY	Friday by 4 P.M.

DISPLAY DEADLINES

SUNDAY	Wednesday at 4 P.M.
MONDAY	Thursday at 4 P.M.
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950. Auto Repairs
960. Parts, Accessories
970. Antique Automobiles
980. Vehicle for Rent, Lease
981. Wheels

Classification Categories are printed in numerical order. Display ads cannot always appear directly in the appropriate classification column, however they will be placed as near the classification as possible.

YOU CAN achieve results in a short time and at a very low cost. Use classified for all your buying and selling needs.

Legals

Non-Resident Notice
Cause No. 42445
IN THE CHANCERY COURT FOR WASHINGTON COUNTY AT JONESBORO, TENNESSEE
Danielle Eden Miller & Brian Lawrence Miller in Re: Makayla Danielle Rose & Miley Cynthia White VS. Matthew Shannon White. In this cause, it appearing from the Complaint, which is sworn to, that the Defendant Matthew Shannon White is a non-resident of the State of Tennessee, it is ordered by me that publication be made for four successive weeks, as required by law, in the Kingsport Times-News, a newspaper published in Kingsport, Tennessee, in said County, notifying said non-resident Defendant to file an answer with Plaintiff's Attorney, Regina Shepherd is 300 N. Main Street, Elizabethton, TN 37643 within 30 days from the last date of publication, exclusive of said last date of publication, or a judgment by default may be entered and the cause set for hearing ex parte as to him.
This 9th day of June, 2014.
Brenda Sneyd Clerk and Master, Lora Eldridge, Deputy Clerk & Master.

Legals

IN THE CHANCERY COURT OF SULLIVAN COUNTY, AT BLOUNTVILLE, TENNESSEE

NOTICE TO CREDITORS
PROBATE #P1418603

ESTATE OF
DWIGHT T. KILBY,
DECEASED

Notice is hereby given that on the 10th day of June, 2014, Letters Testamentary in respect of the Estate of Dwight T. Kilby who died April 1, 2014, were issued to the undersigned by the Clerk and Master. All persons, resident and non-resident, having claims, matured or unmatured, against the estate are required to file the same with the Clerk & Master of the above named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1) (A) Four (4) months from the date of the first publication (or posting, as the case may be) of this Notice if the creditor received an actual copy of this Notice to Creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication (or posting); or

(B) Sixty (60) days from the date the creditor received an actual copy of the Notice to Creditors if the creditor received he copy of the Notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication (or posting) as described in (1) (A); or

(2) Twelve (12) months from the decedent's date of death. All person indebted to the above estate must come forward and make proper settlement with the undersigned at once.

This the 5th day of June 2014

(signed)
Wanda Kilby,
Executrix

Estate of DWIGHT T. KILBY

Cecil Laws,
Attorney for the Estate

PUB2: 6/25/14 & 07/02/14

Employment

180 General Employment

Agape Springs is currently hiring a full time licensed massage therapist with experience. Please e-mail your resume to agapesprings@yahoo.com or drop it by the front desk.

Legals

INVITATION TO BID

Sealed bids for "Paving" will be received by the Town of Mount Carmel, Tennessee, until 3:00 p.m. Tuesday, July 15, 2014, and at that time publicly opened and read. Bids received after the above stated time, postmarks notwithstanding, shall be rejected. Bids must be sealed and marked on the outside "MOUNT CARMEL STREET PAVING PROJECT FY 2015", along with the other language required. Specifications may be obtained at Mount Carmel City Hall, 100 East Main Street, P.O. Box 1421, Mount Carmel, Tennessee, 37645, 423-357-7311. The Town of Mount Carmel reserves the right to reject any and all bids and waive any informality. EOE.

PUB1T: 07/02/14

Legals

IN THE CHANCERY COURT OF SULLIVAN COUNTY, AT BLOUNTVILLE, TENNESSEE

NOTICE TO CREDITORS
PROBATE #P1419007

ESTATE OF
WILLIAM EDWARD FINNEY, JR.
DECEASED

Notice is hereby given that on the 11th day of June, 2014, Letters Testamentary in respect of the Estate of Dwight T. Kilby who died April 1, 2014, were issued to the undersigned by the Clerk and Master. All persons, resident and non-resident, having claims, matured or unmatured, against the estate are required to file the same with the Clerk & Master of the above named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1) (A) Four (4) months from the date of the first publication (or posting, as the case may be) of this Notice if the creditor received an actual copy of this Notice to Creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication (or posting); or

(B) Sixty (60) days from the date the creditor received an actual copy of the Notice to Creditors if the creditor received he copy of the Notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication (or posting) as described in (1) (A); or

(2) Twelve (12) months from the decedent's date of death. All person indebted to the above estate must come forward and make proper settlement with the undersigned at once.

This the 10th day of June 2014

(signed)
William B. Finney,
Executor

Attorney for the Estate
Andrew Hutchinson
No. 025473

Katherine Priester
Clerk & Master
PO Box 327
Blountville, TN 37617
423-323-6483

PUB2T: 06/25/14 & 07/02/14

180 General Employment

Brookhaven Manor is seeking a **Food Service Director.**
The primary purpose of this position is to plan, organize, develop, and direct the overall operation of the Dietary Department.
Long-term care experience and CDM required.

We offer a competitive benefit package which includes:
Medical, Dental, Vision Insurance
STD/LTD
Excellent PTO Plan

Please apply in person at 2035 Stonebrook Place, Kingsport, TN 37660 or submit resume by fax at 423-246-9290

EOE/ Drug-Free Workplace

BUSY DAYS? Take five minutes to relax with the latest news on what's in classified

180 General Employment

Brookhaven Manor is seeking experienced applicants for FT/PT Dietary Aides and Cooks.

Benefits package including
- Medical and Dental Insurance
- Vision Coverage
- Paid Time Off

Please apply in person at 2035 Stonebrook Place, Kingsport, Tennessee 37660

EOE/Drug-Free Workplace
NO PHONE CALLS PLEASE!

ENROLL NOW at Jenny Lea Academy for a career in Cosmetology, Aesthetics or Nail Tech. Financial aid avail. to qualified applicants; info on completion rate and loan avail able on website. Call now for more info 423-926-9095. www.jennyleaacademy.com

A MOVE into a new home or apartment is a very real possibility-if you shop for it in today's classifieds.

HELP US WE'RE SWAMPED SALES HELP NEEDED!

We are still growing in our industry. We market The Johnson City Press and The Kingsport Times News through kiosk sales at various locations.

We Need Motivated individuals that are driven to succeed. Experience preferred but not necessary.

An ideal candidate will have an out-going personality and demonstrate professionalism. Must be self-motivated and works well independently.

Must have reliable Automobile or Transportation.

We Offer Solid Income Opportunity, Complete Training, Flexible Hours/Schedules, Contests and Prizes, Weekly Payroll.

Rapid Advancement and Management Opportunities.

☎ CALL Scott Felty at (502) 299-2962 or Apply Online at www.amgincusa.com/amgjobs.html

EOE

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Petrone with an ownership type of Single Member LLC and to be managed by Roy Petrone intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Implanted Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-3633.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(3): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

SALES SUPPORT ADMINISTRATOR

The Kingsport Times News, the newspaper leader in the marketplace is looking for a motivated Sales Support Administrator. The primary responsibility of this position is to provide support to the company's advertising sales team. You will handle a variety of administrative tasks, and act as an extension of the advertising sales team when representatives are away from the office. Good communication, organizational, data entry and clerical skills are just a few key qualifications needed for this position. Experience within a sales and/or advertising sales environment is a plus. Associate degree preferred or equivalent job experience.

The Kingsport Times News offers a competitive hourly wage plus bonus, healthcare program, paid vacation, and 401(k) retirement program. If you would like to be part of this fast paced growing advertising sales team, please send your cover letter and resume to:

Billy Kirk
Advertising Sales Manager
bkirk@timesnews.net

Kingsport Tennessee TimesNews

Kingsport Times-News is a drug-free workplace. EOE.

Legals

PUBLIC NOTICE

The Board of Mayor and Aldermen of the Town of Surgoinsville, Tennessee adopted the following resolution at a meeting held on Monday, June 30, 2014.

INITIAL RESOLUTION AUTHORIZING THE ISSUANCE OF GENERAL OBLIGATION BONDS BY THE TOWN OF SURGOINSVILLE, TENNESSEE IN A PAR AMOUNT NOT TO EXCEED $853,000 TO FINANCE SEWER SYSTEM IMPROVEMENTS AND EXTENSIONS AND RELATED COSTS.

BE IT RESOLVED by the Board of Mayor and Aldermen of the Town of Surgoinsville, Tennessee (the "Town") that for the purpose of financing sewer system improvements and extensions and related costs, the Town shall issue bonds in a par amount not to exceed $853,000, which shall bear interest at a rate or rates not to exceed the maximum rate permitted by Tennessee law, and which shall be payable by revenues of the sewer system and, in the event such revenues are insufficient therefor, from ad valorem taxes to be levied on all taxable property within the Town.

NOTICE

The foregoing resolution has been adopted. Unless within twenty (20) days from the date of publication hereof a petition signed by at least ten percent (10%) of the registered voters of the municipality shall have been filed with the Recorder protesting the issuance of bonds, such bonds may be issued as proposed.

Sherry Minor, Recorder

PUB1T: 07/02/14

Legals

TEENS 14 - 17
GREAT JOBS!

Have you ever wanted a job, asked the following questions, and received the wrong answers?

1. Is transporation provided?
   My Mom and Dad can't drive me to work.
   YES! We pick you up at your home.
2. Is it okay if I work after school or on Saturday?
   YES! We work around your schedule.
3. I'm a real outgoing person - do I have to be quiet?
   NO! Your personality is a plus with us.
4. I need $75 to $150 a week. Can I really make that much working part-time?
   YES! Our average teens earn $75 to $150 a week ... Some earn even more.

SOUND GOOD?

Call 813-495-4354
Voice Mail Open 24 Hours. Touch tone phone required.

DIGITAL SALES

If you are a high energy, motivated sales person who understands social media, mobile technology and the importance of Internet advertising, we want you.

The Johnson City Press is seeking an outside Digital Sales Representative to join our team.

You will have the opportunity to participate in a dynamic and energetic sales program while channeling your initiative, innovation, and competitive spirit to make an impact on our customers, our organization and your own career. You will be able to leverage your creativity as you partner with customers to create digital solutions using our exciting and ever-growing portfolio of digital products.

Johnson City Press

The Johnson City Press offers a competitive salary and commission plan, healthcare programs, 401(k) retirement program and paid vacation. If you have "the stuff" to sell digital, please send your cover letter and resume to:

Bret Jacomet, Vice President of Digital
bjacomet@thenetmg.com

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Knoxville News Sentinel*** with circulation and coverage within the following counties: Grainger, Knox, Sevier, Union, Blount, Jefferson, Cumberland, Scott, Campbell, Claiborne, Anderson, Morgan, Roane, Loudon, Monroe, McMinn, and Cocke (17 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman, Notary Public
My commission expires September 11, 2016

SUPPLEMENTAL #1

July 30, 2014

9:54 am

Bids/Proposals 94

PUBLIC NOTICE

Request for Qualifications For design Services for the Lenoir City Utilities Board Operations Dispatch Control Center

The Lenoir City Utilities Board, a Tennessee Public Utility Corporation located in Lenoir City, Tennessee, seeks design services for a new Utilities Dispatch Control Center. Copies of the Request for Qualifications can be obtained by contacting Phil Pierce, Purchasing Manager, at ppierce@lcub.com, calling 865/988-4741, or visiting www.lcub.com. All RFQs must be submitted by 3:00 p.m. on July 11, 2014, and may be mailed or dropped off at the main office located at 200 Depot Street, Lenoir City, Tennessee 37771. LCUB is an equal opportunity employer and reserves the right to accept or reject any and/or all RFQs.

Legals 95

NON-RESIDENT NOTICE

TO: CHRIS BRADLEY AND HEATHER NICHOLAS

IN RE: CADENCE G. BRADLEY

NO. 187480-2

IN THE CHANCERY COURT FOR KNOX COUNTY, TENNESSEE

In this cause, it appearing from the Complaint filed, which is sworn to, that the defendants Chris Bradley and Heather Nicholas a non resident of the State of Tennessee, or whose whereabouts cannot be ascertained upon diligent search and inquiry, so that the ordinary process of law cannot be served upon Chris Bradley and Heather Nicholas, it is ordered that said defendants Chris Bradley and Heather Nicholas file an answer with the Clerk and Master of the Chancery Court at Knoxville, Tennessee and with Mark R. Orr, an Attorney whose address is 713 Market Street Suite 120, Knoxville, TN 37902 within thirty (30) days of the last date of publication or a judgment by default will be taken against you and the cause set for hearing Ex Parte as to you before Chancellor Daryl Fansler of the Knox County Chancery Court Division II, 400 Main Street, Knoxville, Tennessee 37902. This notice will be published in the Knoxville News Sentinel Newspaper for four (4) consecutive weeks.

This 25th day of June, 2014.

Howard Hogan
Clerk and Master

Legals 95

SERVICE BY PUBLICATION

To: Lois Hopson, Elmo Ammons, Donnie Grindstaff, Jimmy Grindstaff, and Charles R. Whitehead. In the matter of Robert S. Swaggerty and Charlotte B. Swaggerty v. the Heirs of Carolyn B. Morris, John Andy Akins and wife Carolyn Ann Akins, the heirs of Mae Hines, including, but not limited to Archie McMillan, Virginia Boles, Robert Boles, Judy Boles Hayes, Barbara Boles Witt, Cynthia Hines Sammons, Lisa Davis Franks, Debbie Haskett, Ricky Davis, Bill McMillan, Lorinda Gale Landrum, Susan B. Evans, James Bruce Boles, II; the heirs of Elmer and/or Janette Grindstaff, including, but not limited to Sandra Shaver alias Shafer, Lois Hopson, Elmo Ammons, Donnie Grindstaff, Jimmy Grindstaff, and Charles R. Whitehead; Docket No. 170045-1, the Hon. John Weaver, Chancellor of Knox County Chancery Court, Part I, sitting in Knox County Tennessee at 400 Main Avenue, City/County Building, Knoxville Tennessee, 37902. ORDERS The Defendants, Lois Hopson, Elmo Ammons, Donnie Grindstaff, Jimmy Grindstaff, and Charles R. Whitehead, to make appearance in the above-styled matter on the 31st day of July, 2014, and defend, or otherwise the allegations made in the above-styled action will be taken for confessed.

NOTICE TO CREDITORS

ESTATE OF JOSEPH LEE DUGGAN
DOCKET NUMBER 75844-3

Notice is hereby given that on the 20th day of JUNE, 2014, letters administration in respect of the Estate of JOSEPH LEE DUGGAN who died Sep 1, 2013, were issued the undersigned by the Clerk and Master of the Chancery Court of Knox County, Tennessee. All persons, resident and non-resident, having claims, matured or unmatured, against his or her estate are required to file the same with the Clerk and Master of the above named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred.

(1)(A) Four (4) months from the date of the first publication of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of this first publication; or

(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication as described in (1) (A); or

(2) Twelve (12) months from the decedent's date of death.

This the 20th day of JUNE, 2014

Estate of JOSEPH LEE DUGGAN

PERSONAL REPRESENTATIVE(S):
Claudia Jeanine Russell; Administratrix
2001 Andrew Sample Road
Corryton, TN 37721

Publish: 6/25/14 and 7/2/14

NOTICE TO CREDITORS

ESTATE OF EUPLE CHRISTINE KECK
DOCKET NUMBER 75876-3

Notice is hereby given that on the 20th day of JUNE, 2014, letters testamentary in respect of the Estate of EUPLE CHRISTINE KECK who died May 13, 2014, were issued the undersigned by the Clerk and Master of the Chancery Court of Knox County, Tennessee. All persons, resident and non-resident, having claims, matured or unmatured, against his or her estate are required to file the same with the Clerk and Master of the above named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred.

(1)(A) Four (4) months from the date of the first publication of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of this first publication; or

(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication as described in (1) (A); or

(2) Twelve (12) months from the decedent's date of death.

This the 20th day of JUNE, 2014

Estate of EUPLE CHRISTINE KECK

PERSONAL REPRESENTATIVE(S):
Naomi V. Holt; Executrix
7910 Greenwell Road
Knoxville, TN 37938

Publish: 6/25/14 and 7/2/14

Legals 95

NOTICE TO CREDITORS

ESTATE OF MARTHA LYNN CASH
DOCKET NUMBER 75875-2

Notice is hereby given that on the 20th day of JUNE, 2014, letters testamentary in respect of the Estate of MARTHA LYNN CASH who died May 8, 2014, were issued the undersigned by the Clerk and Master of the Chancery Court of Knox County, Tennessee. All persons, resident and non-resident, having claims, matured or unmatured, against his or her estate are required to file the same with the Clerk and Master of the above named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred.

(1)(A) Four (4) months from the date of the first publication of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of this first publication; or

(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication as described in (1) (A); or

(2) Twelve (12) months from the decedent's date of death.

This the 20th day of JUNE, 2014

Estate of MARTHA LYNN CASH

PERSONAL REPRESENTATIVE(S):
Kelly C. Kwon; Executrix
2108 Berrywood Drive
Knoxville, TN 37932

James S. MacDonald
Attorney at Law
6304 Baum Drive
Knoxville, TN 37919-9592

Publish: 6/25/14 and 7/2/14

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Putrino with an ownership type of Single Member LLC and to be managed by Roy Putrino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-9635.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Sell your stuff. Get new stuff. Find a job. Buy and sell autos, land, RVs, boats & homes.

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Are you in the market for a new or used vehicle? The ride of your life may be hiding among the thousands of listings on knoxcars.com! Log on today and drive off a winner. To place a classified ad, call 637-4111.

JOBS 96-125

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Trucking Opp 108

$50+ Yearly! Regional & OTR Class A Solo Flatbed drivers

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- Split $.48/loaded mile

Get the Respect & Support you deserve at Jabez Expediting & Logistics, Knoxville, TN

Contact Gene: 865-938-5868 ext 2
Knoxville, TN
gene@jabezexp.com

General 109

ALL OCCASIONS PARTY RENTALS — Now Hiring — DRIVERS — $7.75 — Good driving record a must. Benefits avail. Drug Screen req. Lots of OT. Heavy Lifting. APPLY IN PERSON 5511 Middlebrook Pike

Janitorial Service now hiring for technicians to strip & wax floors. Must have own transportation. Exp. pref. Call 705-5889.

New Providence Presby. Ch. has 2 PT positions: Coord. of Children's Min. (20 hrs/wk) plans & implements special events, recruits teachers & volunteers, oversees preschool caregivers, organizes special worship ... Dir. of Children's Music ... NPPC 703 W. Broadway Maryville 37801

WHATZIT SOLUTION — A race against time

Healthcare 110

ELMCROFT OF HALLS — Assisted Living and Memory Care, currently taking applications for ★ Caregivers — Apply in person to: 7521 Andersonville Pk Knoxville, TN 37938

Healthcare 110

Needed Front Desk Assistant/RDA. Requires scheduling, confirming insurance and eligibility & chair side assisting when needed. Fax resume to: 865-938-6454.

Industrial/Trades 112

AEROTEK — Machine Operators & Assemblers — Aerotek is hiring Machine Operators & Assemblers for our automotive parts manufacturing facilities in Clinton. Please call 865-292-2419 or 865-292-2428 for interview. EOE

Manufacturing Company Positions: Production Mig Welder — Min 2 years exp. On Tubes, Flat Bars and Angles. Brill Press Operator — Min. 2 year exp. reading plans. Seamstress — Min. 2 years exp. sewing. General Laber — in volume production environment. Drug test & Physical req. Must Apply in person 5301 Middlebrook Pike, Knoxville, TN 37909

knoxcars.com comes fully loaded with all the options you need to buy or sell a ride!

Industrial/Trades 112

Trutelis Meats, Inc. in Powell is now interviewing for an Industrial Maintenance Technician. Maintenance candidate must have knowledge and experience working on industrial machinery both mechanically and electrically. Send resume to: H.R. Department P.O. Box 479 Powell, TN 37849

Want A Career Operating Heavy Equipment? Bulldozers, Backhoes, Excavators. "Hands On Training" & Certifications Offered. National Average 18-22 Hourly! Lifetime Job Placement Assistance. VA Benefits Eligible! 1-866-362-6497

Construction 112A

Experienced Acoustical Ceiling installer needed. Must have dependable transportation. TN Drug Free Workplace. If interested please call 865-525-7949 Monday - Friday between 8 and 4.

Experienced Metal Stud Framers and Drywall Hangers needed. Must have dependable transportation. TN Drug Free Workplace. If interested please call 865-525-7949 Monday - Friday between 8 and 4.

Stucco & EIFS Applicators Needed. Minimum 2 yrs exp. Willing to work hard & lift 100 lbs. Drug screen req. Call 423-623-7348.

Superintendent — Utility Contractor in need of a Superintendent with Trackhoe experience. Must also have experience in pump stations and pipe installation. Great opportunity for the right person. Experienced only need apply. Please fax resume to: 865-637-8134 or email to: DCSS15@aol.com. Applications can be filled out at 6020 Industrial Heights Dr., Knoxville, TN 37909 from 9a until 3p. Absolutely no phone calls!

Professional 117

Residential/ Commercial Field Appraiser

Requirements: 10 years residential/ commercial field appraisal experience preferred. Appraisal Certification preferred. 4-yr technical degree in Science, Engineering, or Real Estate preferred. Knowledge of construction and building materials helpful. Must be proficient with math, technical drawings, and MS Excel/Word. Must be able to follow directions. Must be able to work with customers.

Please send resume to: Roane County Property Assessor David Morgan, Roane County Courthouse, 200 Race Street, Suite 5, Kingston, TN 37763

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News Sentinel Classified

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Online: www.knoxnews.com

In Person: Mon. - Fri., 8 a.m. - 5 p.m. 2332 News Sentinel Drive, Knoxville, TN 37921

Payments: Prepayment required for all non-contract ads. Ads placed by phone may be paid by credit card or check by phone. Mailed checks must be received before ad runs. You may also pay in person during regular office hours.

Free Classifieds — Print and online. 3 lines for 3 days. 70+ Private Party classifications. Items priced at or below $100.

Deadlines

Line Ad Deadlines:
Monday: Friday, 4 p.m.
Tuesday: Monday, 1 p.m.
Wednesday: Tuesday, 1 p.m.
Thursday: Wednesday, 1 p.m.
Friday: Thursday, 1 p.m.
Saturday: Friday, 11 a.m.
Sunday: Friday, 3 p.m.
Thurs., noon - Commercial Real Estate

Camera-Ready Display Ad Deadlines: Allow one extra day for custom artwork
Monday – Thursday, 4 p.m.
Tuesday – Friday, 2 p.m.
Wednesday – Monday, 2 p.m.
Thursday – Tuesday, 2 p.m.
Friday – Wednesday, 2 p.m.
Saturday – Thursday, noon
Sunday – Thursday, 4 p.m.
Wed., noon - Commercial Real Estate

Call for early deadlines during the holidays.

Sales 122

State Farm Agent seeking a positive, energetic and career oriented licensed ... Please Call ...

Job Listings/Gov 124

GOVERNMENT AND POSTAL INFORMATION IS FREE. Call the number listed in the U.S. Government pages of the phone book under Postal Service, Employment or Job Information. A public service message from the Federal Trade Commission.

The News Sentinel Classifieds: Where buyers and sellers get together! Call 637-4111 to place your ad.

financial 130-138

Free Classifieds! Only in The News Sentinel Classifieds!

Business For Sale 131

MONEY SERVICES BUSINESS. Been in business 18 yrs. City of Knoxville. Cash checks, payday loans, bill payments, money orders. $120,000 gross income. Great loc. Asking $75,000. Incl. assets, $25,000 in receivables. 865-256-3117

Store Equip 133B

WALK IN COOLER, 11 glass doors, 36" service door, inside 22' x 7 1/2', $2600 obo. 865-318-9299.

Loans/Charters 134

FIRST SUN FINANCE — 1ST LOAN FREE — We make loans up to $1000. We do credit starter & rebuilder loans. Come today, 30 minute approvals. See manager for details. 865-687-7220

Dogs 141

Australian Shepherd pups, AKC, farm raised, Loyal & healthy. ***Web ID# 438711***

BASSET HOUND puppies, AKC Reg. 2 M, 3 F, $250 firm.

BEAGLE PUPPIES 7 wks. old, wormed, M&F, Tri color. 1st shots. ***Web ID# 438853***

BOXER PUPPIES, 1 males, 3 females, tails, dew claws & 1st shots done. 1 rare black boxers.

BOXER PUPPIES AKC, fawn, ...

Cocker Spaniel Puppy, CKC, tri-color, shots & wormed, $250.

DOBERMAN PUPPIES AKC, born 4/28/14, 1 black M, 1 black F, 1 red M. Ready to go. 1st shots. $600. 865-313-9219

DOBERMAN PUPPIES, AKC, whelped 5/18/14, vet ck'd. Blacks & reds. Beautiful! Farm & family raised. $600. Taking dep. 865-540-7175.

GERMAN SHEPHERD MALE & FEMALE AKC, Black & tan. Reasonable. 865-454-4548

GERMAN SHEPHERD PUPS AKC, 3 M, 1 F vet ck'd, health guar. European bloodline. $500 ea. 865-327-4251. ***Web ID# 437934***

GERMAN Shepherd pups, AKC, 2 M, 2 F, all German import. $400 & up. 865-376-3121 ***Web ID# 425483***

GOLDEN DOODLE CKC PUPS, F1B, Parents on prem. Must see. Dep. being taken. 423-733-9252.

GOLDEN Retrievers AKC, 3 boys, 4 girls, 1st shots, vet ck, $600. ***Web ID# 439192***

HAVANESE Pups AKC, home raised, health guar. ***Web ID# 438477***

LONLEY, SAD, Mixed Pit, Needs Companion

MALTI POOS Beautiful Toy, puppies, Shots.

MULTIPOO PUP, 12 wks, s/w $375; PEKINGESE Fem. 5m, s/w; owner cannot keep selling for $375. 423-337-4032

PEKINGESE PUPS, 7 wks. Mom AKC, Dad CKC. Look like Little Teddy Bears. Intelligent & loving. M&F $400; 1 3m F, B&W trimming very tiny- $500. 423-337-4032

Pomeranian, 2 yrs. old, blue merle, fem. 3 lbs. Never bred. CKC. $450. 423-315-7488

PUPPY NURSERY — Many different breeds ... Shih Tzu $175/up, shots & wormed. We do Financing! Health guar. Div. of Animal Welfare State of TN Dept. of Health

SHIH TZU 3 yr. old male, $150.

SHIH TZU, beautiful CKC reg. puppies, home raised, S&W, Health guar. $300 M. ***Web ID# 436488***

Standard Poodle puppies, tails docked, dew claws removed, S&W, $400.

YORKIES AKC, quality pups. Happy & healthy. 1 Guar. Great prices. ***Web ID# 434493***

Misc. Pets 142

JAPANESE COY fish, Some Very Big, 14 in. etc. up to $100 each.

Free Pets 145

1 FREE Kitten, M, Black, 11 wks. East Knox Co.

Kittens (3) FREE TO GOOD HOMES.

Maine Coon Cat, 10 m. loving, indoor, shots, fixed, contract

Part Lab needs home w/older children. Spayed, shots, microchipped. Too active for our toddler. Vet ref please.

farm supplies 150-151

Farmer's Mkt. 150

AT YOUR SITE LOGS TO LUMBER Using a wood mizer portable sawmill. LogsLumber.com

BARNS - SHEDS GARAGES CARPORTS PATIO COVERS BUILT ON YOUR PROPERTY FREE ESTIMATES! Millen Garage Builders 865-679-5330

FANNON FENCING We build all types of Farm Fencing and Pole Barns. Wood & vinyl plank, barbed wire, hi-tensile electric, woven wire, privacy fencing, etc. CALL 423-200-6486.

FARMALL M Tractor w/cultivator, good cond. $1200; 1967 1 TON FORD TRUCK w/rattle rock bed, 99K mil, good cond. $2,200; CATERPILLAR #3 crawler loader, $3,600.

HEIFERS & BLACK BULLS 865-856-3947

PAYING Top Dollar on standing timber, hrdwd & pine. 5 acres/ more.

merchandise 187-224

Building Materials 188

6 PIECES double metal truss, 5 1/2" W x 26" H, 45' long. Call for more info. on both.

LARSON 30" STORM DOOR $40.

MULTI LADDER, $100

Always a seller's market The News Sentinel Classifieds!

General 109

Route Delivery EXTRA CASH!

Newspaper routes available now in the Lenoir City Area.

Earn up to $350 per Week, working approx. 3-4 hours each day. Must live within 15 miles of delivery area. Must have valid driver's license and auto insurance.

Please contact Mike Pinsly at 865-661-2473 or pinslym@knoxnews.com

Knoxville News Sentinel

General 109

GC Services Limited Partnership — JOB FAIR

TUESDAY JULY 1ST, 2014 • 12:30P- 5:30P
4454 N. BROADWAY

WE WILL BE HIRING FOR:

ACCOUNT REPRESENTATIVES & CUSTOMER SERVICE REPRESENTATIVES

GC Services has immediate needs for individuals who want to work with a company that offers great career opportunities.

All positions require a high school diploma or equivalent, previous computer & keyboarding experience required.

WE OFFER:
- Bonus and Incentive Opportunities for all positions
- Medical/Dental/Vision • 401(k) Match Program
- Tuition Reimbursement
- Employee Purchasing Discounts on Vehicles, PCs, and Cellular Phones

IF INTERESTED

Call 877-950-JOBS(5627)

Apply in person @ 4454 N. Broadway
Fax resume to 865-686-7050
tobi.wilson@gcserv.com

General 109

Tennessee State Veterans' Homes

The Ben Atchley TN State Veterans Home in Knoxville is seeking candidates for the following positions:

★ RN Supervisor - 11pm-7am Only
★ Certified Nursing Assistants
★ Activities Assistants - Full-time & Part-time
★ Dietary Aides

Successful candidates will be highly motivated, dedicated and well trained.

We offer a competitive salary and benefits package, including participation in the state retirement programs; and a fantastic work environment and excellent career advancement opportunities.

Previous experience in a Long Term Healthcare setting preferred.

APPLY IN PERSON AT;

Ben Atchley TN State Veterans Home
9910 Coward Mill Road
Knoxville, TN 37931
Or Fax a resume: 865-862-8191
EOE/M/F/D/V

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Buffalo River Review*** with circulation and coverage within the following counties: Hickman, Perry, and Wayne (3 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

PUBLIC NOTICES

SUPPLEMENTAL #1

THE "ULTIMATE"
Hohenwald • 931.796.4048

July 30, 2014

9:54 am

Legal Notices can be viewed at our website: www.buffaloriverreview.com under the Public Notices tab. Other TPA newspapers posting legal notices online may be found by visiting: www.tnpublicnotice.com (a division of tnpress.com).

SUBSTITUTE TRUSTEE'S SALE

Sale at public auction will be on July 22, 2014 at 10:00 AM local time, at the front door, Perry County Courthouse, 121 East Main Street, Linden, Tennessee pursuant to Deed of Trust executed by Kellie D. Helms, an unmarried woman, to Arnold M. Weiss, Esq., Trustee, as trustee for Wells Fargo Bank, N.A. on February 20, 2007 at Book 94, Page 35, Instrument No. 07027068; conducted by Shapiro & Kirsch, LLP having been appointed Substitute or Successor Trustee, all of record in the Perry County Register's Office. Default has occurred in the performance of the covenants, terms, and conditions of said Deed of Trust and the entire indebtedness has been declared due and payable.

Party Entitled to Enforce the Debt: HSBC Bank USA, National Association as Trustee for Wells Fargo Home Equity Asset-Backed Securities 2007-2 Trust, Home Equity Asset-Backed Certificates, Series 2007-2, its successors and assigns

The following real estate located in Perry County, Tennessee, will be sold to the highest call bidder:

Land in the Third (3rd) Civil District of Perry County, Tennessee, being described as follows, to-wit: Beginning on a large white oak in Western Kraft's line the northeast corner of McComas' 2.5 acre tract and runs thence with his east boundary South 55 degrees West 368 feet to a point in the north right-of-way of State Route Number 20 McComas' southeast corner with cedar pointer; thence with the right-of-way the following courses and distances: South 60 degrees East 129 feet, South 63 degrees 30 minutes East 100 feet, South 64 degrees 30 minutes East 100 feet, South 67 degrees East 515 feet to a point; thence with Western Kraft's blazed and painted line north 39 degrees 15 minutes West 731 feet to the point of beginning, surveyed September 11, 1967 by Thomas E. Lawson.

For informational purposes only: prior deed references subjected property to contain 3.1 acres. Being the same property conveyed to Kellie D. Helms, an unmarried woman, by deed from Frank Varney and wife, Anna Varney, dated February 20, 2007, of record in Book D-3, Page 737. Register's Office for Perry County, Tennessee. Subject to all easements, restrictive covenants and conditions, and other matters of record, including all items set out on any applicable plat of record.

Street Address: 8063 Highway 412 East, Linden, Tennessee 37096

Parcel Number: 081-113

Current Owner(s) of Property: Kellie D. Helms, an unmarried woman

Other interested parties: North Star Capital Acquisition LLC c/o Buffaloe & Associates

The street address of the above described property is believed to be 8063 Highway 412 East, Linden, Tennessee 37096, but such address is not part of the legal description of the property sold herein and in the event of any discrepancy, the legal description herein shall control.

SALE IS SUBJECT TO TENANT(S) RIGHTS IN POSSESSION.

This sale is subject to all matters shown on any applicable recorded plat any unpaid taxes; and any restrictive covenants, easements, or setback lines that may be applicable; any statutory right of redemption of any governmental agency, state or federal; any prior liens or encumbrances as well as any priority created by a fixture filing; and to any matter that an accurate survey of the premises might disclose. In addition, the following parties may claim an interest in the above-referenced property: North Star Capital Acquisition LLC c/o Buffaloe & Associates

All right of equity of redemption, statutory and otherwise, and homestead are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee.

The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. If you purchase a property at the foreclosure sale, the entire purchase price is due and payable at the conclusion of the auction in the form of a certified/ bank check made payable to or endorsed to Shapiro & Kirsch, LLP. No personal checks will be accepted. To this end, you must bring sufficient funds to outbid the lender and any other bidders. Insufficient funds will not be accepted. Amounts received in excess of the winning bid will be refunded to the successful purchaser at the time the foreclosure deed is delivered.

This property is being sold with the express reservation that the sale is subject to confirmation by the lender or trustee. This sale may be rescinded by the Substitute Trustee at any time.

This office may be a debt collector. This may be an attempt to collect a debt and any information obtained may be used for that purpose.

First Publication Date: Jun 25, 2014

Shapiro & Kirsch, LLP
Substitute Trustee
Law Office of Shapiro & Kirsch, LLP
555 Perkins Road Extended, Second Floor
Memphis, TN 38117
Phone (901)767-5566
Fax (901)761-5690
www.kirschattorneys.com
File No. 11-014284
B 7/9

JOB LISTINGS THIS WEEK

The Tennessee Career Center has the following job orders for this week:

CERTIFIED NURSING ASST.
Linden, Pay is DOE

LIC. PRACTICAL NURSE
Centerville, Pay is DOE

CASEWORKER
Clifton, Pay is DOE

In addition to the above listings, the website Jobs4TN.gov has over 80 other jobs located within fifty miles of the Perry County Career Center. Please check out these jobs at www.jobs4TN.gov.

For more information about these and other job listings, call the Tennessee Career Center in Perry County at 931-589-5017 or stop by the Career Center at 113 Factory St., Linden, TN or contact your nearest Career Center.

Public Service Announcement

SUBSTITUTE TRUSTEE'S SALE

Sale at public auction will be on August 7, 2014 at 12:00PM local time, at the front door, Perry County Courthouse, 121 East Main Street, Linden, Tennessee, pursuant to Deed of Trust executed by John Capps, a married person, to Larry N. Westbrook, Esq., Trustee, on June 3, 2001 at Book 73, Page 542; re-recorded in Book 76, Page 806; all of record in the Perry County Register's Office.

Party entitled to enforce security interest: Secretary of Veterans Affairs of Washington, D.C., its successors and assigns

The following real estate located in Perry County, Tennessee, will be sold to the highest call bidder subject to all unpaid taxes, prior liens and encumbrances of record:

Described property located in Perry County, Tennessee, and being more particularly described in deed of record in Book 73, Page 542; re-recorded in Book 76, Page 806; in the Register's Office of Perry County, Tennessee

Secondary Property Address: 2287 Britt Road, Lobelville, TN 37097

Parcel Number: 012 040 02

Current Owner(s) of Property: John W. Capps aka John Capps

Other interested parties: U.S. Small Business Administration

The street address of the above described property is believed to be Route 1 Box 270, Lobelville, Tennessee 37097, but such address is not part of the legal description of the property sold herein and in the event of any discrepancy, the legal description referenced herein shall control.

SALE IS SUBJECT TO TENANT(S) RIGHTS IN POSSESSION.

SALE IS SUBJECT TO ONE YEAR RIGHT OF REDEMPTION HELD BY U.S. SMALL BUSINESS ADMINISTRATION BY REASON OF THE DEED OF TRUST OF RECORD AT BOOK 104, PAGE 183, IN THE REGISTER'S OFFICE OF PERRY COUNTY, TENNESSEE. SUBJECT TO: THE INTEREST OF JOHN CAPPS SPOUSE (ROBIN CAPPS)

All right of equity of redemption, statutory and otherwise, and homestead are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee.

If you purchase a property at the foreclosure sale, the entire purchase price is due and payable at the conclusion of the auction in the form of a certified/ bank check made payable to or endorsed to Shapiro & Kirsch, LLP. No personal checks will be accepted. To this end, you must bring sufficient funds to outbid the lender and any other bidders.

Insufficient funds will not be accepted. Amounts received in excess of the winning bid will be refunded to the successful purchaser at the time the foreclosure deed is delivered.

This property is being sold with the express reservation that the sale is subject to confirmation by the lender or trustee. This sale may be rescinded at any time.

Shapiro & Kirsch, LLP
Substitute Trustee
Law Office of
Shapiro & Kirsch, LLP
555 Perkins Road Extended, Second Floor
Memphis, TN 38117
Phone (901)767-5566
Fax (901)761-5690
www.kirschattorneys.com
File No. 14-058216
B 7/16

LEGAL NOTICE / SCHOOL NUTRITION PROGRAM

The Perry County Board of Education, School Nutrition Program, invites qualified bidders to bid on the following items for the 2014-2015 school year.

To be opened Wednesday, July 16, 2014:

Chemicals & Cleaning Supplies;
Dishwashing Chemicals;
Small Equipment;
Meat, fish, poultry, and meat alternates;
Canned and frozen fruits, vegetables, and juices;
Dry staples;
Condiments;
Miscellaneous;
Breakfast foods;
Beverages;
Paper products.

Bids will be accepted until 1:00 p.m. of the designated bid opening date. Details and specifications are on file in the office of the Director. Any interested bidder may request a copy of the specifications by contacting, Vicky Fortner, School Nutrition Supervisor, Office of the Director, Perry County Schools, 857 Squirrel Hollow Drive, Linden, TN 37096, (931) 589-2102. The Perry County Board of Education reserves the right to accept or reject any/or all bids.

"USDA is an equal opportunity provider and employer." B 7/9

NOTICE TO CREDITORS

Estate of NANNIE GERTRUDE GORDON, Late of PERRY County, Tenn.

Notice is hereby given that on the 24th day of June, 2014, Letters Testamentary in respect to the Estate of NANNIE GERTRUDE GORDON, deceased, who died April 23, 2014, were issued to the undersigned by the Chancery Court of Perry County, Tennessee.

All persons, resident and non-resident, having claims, matured or unmatured against the Estate are required to file the same in triplicate with the Clerk of the above named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claim will be forever barred.

(1) (A) Four (4) months from the date of the first publication (or posting, as the case may be) of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication (or posting); or

(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of the first publication as described in (1) (A); or

(2) Twelve (12) months from the decedent's date of death.

This the 24th day of June, 2014.

Graham Fisher, Executor
Estate of NANNIE GERTRUDE GORDON
Charlene Brown,
Perry County Clerk & Master
Jarrod P. Huddleston, Attorney
DuBois & DuBois, P.C.
810 South Garden Street
P.O. Box 339
Columbia, TN 38402-0339
Pd 7/9

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Putrino with an ownership type of Single Member LLC and to be managed by Roy Putrino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-9635.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

www.buffaloriverreview.com

Proposed Perry County Budget

For Fiscal Year Ending June 30, 2015

	ACTUAL 2012-2013	ESTIMATED 2013-2014	ESTIMATED 2014-2015
GENERAL FUND*			
Estimated Revenues & Other Sources			
Local Taxes	$1,972,692	$2,164,952	$2,274,761
State of Tennessee	$668,756	$1,010,583	$1,374,251
Federal Government	$54,538	$16,856	$30,000
Other Sources	$2,456,971	$1,577,712	$855,416
Total Estimated Revenues and Other Sources	$5,152,967	$4,770,103	$4,564,428
Estimated Expenditures & Other Uses			
Salaries	$2,697,451	$2,040,736	$2,083,155
Other Cost	$2,680,354	$2,654,497	$2,481,273
Total Estimated Expenditures and Other Uses	$5,377,805	$4,695,233	$4,564,428
Estimated Beginning Fund Balance - July 1	$307,476	$230,987	$305,857
Estimated Ending Fund Balance - June 30	$230,987	$305,857	$305,857
Employee Positions	118	108	108
HIGHWAY/PUBLIC WORKS FUND			
Estimated Revenues & Other Sources			
Local Taxes	$45,000	$46,780	$55,099
State of Tennessee	$2,417,742	$1,989,692	$1,796,417
Other Sources	($412,462)	($153,956)	$15,000
Total Estimated Revenues and Other Sources	$2,050,280	$1,882,516	$1,866,516
Estimated Expenditures & Other Uses			
Salaries	$500,478	$578,545	$583,000
Other Cost	$758,077	$2,100,393	$2,095,938
Total Estimated Expenditures and Other Uses	$1,258,555	$2,678,938	$2,678,938
Estimated Beginning Fund Balance - July 1	$3,605,037	$4,008,193	$3,805,000
Estimated Ending Fund Balance - June 30	$4,008,193	$3,211,771	$3,008,578
Employee Positions	16	16	16
GENERAL PURPOSE SCHOOL FUND			
Estimated Revenues & Other Sources			
Local Taxes	$1,526,907	$1,554,505	$1,629,405
State of Tennessee	$6,636,230	$6,801,164	$6,673,505
Other Sources	$2,051,686	$2,029,170	$1,710,489
Total Estimated Revenues and Other Sources	$10,214,823	$10,384,839	$10,013,399
Estimated Expenditures & Other Uses			
Salaries	$6,681,392	$6,778,921	$6,920,377
Other Cost	$3,502,287	$4,050,084	$3,514,586
Total Estimated Expenditures and Other Uses	$10,183,679	$10,829,005	$10,434,963
Estimated Beginning Fund Balance - July 1	$758,877	$790,021	$345,855
Estimated Ending Fund Balance - June 30	$790,021	$345,855	$345,855
Employee Positions	225	225	225
DEBT SERVICE FUND			
Estimated Revenues & Other Sources			
Local Taxes	$802,800	$549,512	$547,429
Other Sources	$1,219,607	$660,269	$555,200
Total Estimated Revenues and Other Sources	$2,022,407	$1,209,781	$1,102,629
Estimated Expenditures & Other Uses			
Debt Service Cost	$944,314	$1,600,155	$1,189,500
Total Estimated Expenditures and Other Uses	$944,314	$1,600,155	$1,189,500
Estimated Beginning Fund Balance - July 1	$2,063,199	$2,311,224	$1,920,850
Estimated Ending Fund Balance - June 30	$2,311,224	$1,920,850	$1,833,979

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***McMinnville Southern Standard*** with circulation and coverage within the following counties: Warren, DeKalb, Cannon, and Van Buren (4 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman, Notary Public
My commission expires September 11, 2016

to which reference is here, subject to the following

construction industry (or similar industry)

Send resumes to
P.O. Box 1820
Manchester, TN 37349

7523

Are you a people-person with a great attitude and sense of loyalty, able to work well with others, and unafraid of hard work in a full-time position without the constant supervision of management?

If you can answer **YES** to these questions, our sales team needs you!!!

Send resume to:
Loyalty
P.O. Box 150-Y
McMinnville, TN 37111

7450

JARDEN consumer solutions

MAINTENANCE AND PURCHASING

Jarden Consumer Solutions is a leading designer, manufacturer, and distributor of electric hair clippers, scissors, shampoos, and accessories for the professional beautician, barber, and animal grooming industries under the Oster® Professional Products, Arius-Eickert, and Hydrosurgeon® brands. We are currently accepting resumes for highly motivated team players to fill positions in McMinnville, Tennessee.

Our facility is seeking an experienced **MAINTENANCE TECHNICIAN** for our McMinnville, Tennessee, manufacturing operations on second shift. Three or more years experience in maintenance related military occupations, OR an Associate Degree in Mechatronics, Industrial Maintenance program completion or comparable maintenance concentration AND three to five years in a manufacturing environment with two or more years industrial maintenance experience is expected. The successful candidate will have an understanding of electric, electronic, and fluid power principles, be able to use continuous improvement methodologies and be an inspiring leader of people. This is an hourly position on second shift.

Our facility is also seeking an experienced **BUYER** for our purchasing department. The successful candidate will have two to three years purchasing experience in a manufacturing facility, with associate or bachelor's degree in business preferred, and experience with JD Edwards, AS400, SAP, or some type of materials control system preferred.

We offer competitive salaries and an excellent benefits package. Please submit resumes through:

http://erecruit/jarden.com

Jarden Consumer Solutions is an equal opportunity employer and Tennessee Drug Free Workplace

7518

conveyance (deed of trust) provides for the sale of the property hereinafter described in the event of default in payment of the indebtedness secured; and

WHEREAS, default has been made in the payment of the indebtedness secured by said trust conveyances.

Now therefore, by virtue of the authority vested in me as trustee, I will on Thursday the 17th day of July, 2014, at 12:00 o'clock noon (C.S.T.), at the front door of the courthouse in Warren County, Tennessee, offer for sale and sell to the highest and best bidder for cash, and in bar of the equity of redemption, the following described tract of land:

MAP/PARCEL: 112-055.00

ADDRESS IS 101 W. MAIN STREET, MCMINNVILLE, TENNESSEE, 37110.

on Answer to the Complaint served upon the Defendant by this publication within thirty (30) days after the date of the last publication of this NOTICE, IF HE FAILS TO DO SO, A JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST HIM FOR THE RELIEF DEMANDED IN THE COMPLAINT. That this matter shall be set for a hearing on the 4th day of August 2014 at 9:00 a.m. in the General Sessions Court room in McMinnville, Tennessee. This the 11th day of June, 2014.

Bernadette Morris, Clerk
7419 W417-9

Yard Sales

Yard & Estate Sales

2 FAMILY YARD SALE
Thursday only. 1197 C Rody Rd. Lots of items priced to sell!

328 GILISPIE RD.
Indoor Garage Sale Rain or shine. Thur 7/3 and Fri 7/4. Baby girl clothes NB-18mos, infant car seat, stroller, walker, toys, maternity, clothes, Home Interior, angel collection, recliner, etc

979 OLD HARRISON FERRY ROAD
Wed & Thurs 8-5 Name brand clothes, 5H boat motor, tires, DVDs, military items, full propane tanks, large variety for everyone-shoes, jeans

Garage Sale
545 Ridgecrest Drive
Thursday, 7/3/14,
7 a.m.-4 p.m.
Friday & Saturday,
7/4&7/5, 7a.m.-2p.m.

Toddler girls and toddler boys clothes NAME BRAND, baby walkers and toys, dishes, appliances, strollers, much more!

and drug screen. Do not apply if you cannot pass a drug test. Apply at 105 Market Street McMinnville or email resume to kimseco@blomand.net

POSITION AVAILABLE

Warren County, Tennessee is accepting applications for a part-time, as-needed Judicial Commissioner to work unspecified hours. No benefits are available with this position. Applications will be accepted at Workforce Solutions, 310 N. Chancery Street, McMinnville, TN until 12:00 PM on Monday, July 21st, 2014. Applicants must posses a High School Diploma or equivalent; basic computer skills; and must be willing to complete required training. All applicants will be subject to a pre-employment drug test and complete background check.

7197

IMMEDIATE FULL-TIME JOB OPENING

Experience HVAC Installers needed. Must have valid drivers license. Pre-Employment drug screens required.

Benefits:

Pay based on experience with production bonuses.

Health Insurance furnished.

Apply in person at

Bob's Central Air Conditioning, Inc.

90 Fairgrounds Rd.
McMinnville, TN 37110
931-473-8234

Equal Opportunity Empoyer

7292

STANDARD TO PLACE YOUR CLASSIFIEDS AD WORK 473-2191

CALL 668-3100

Call Southern Standard at 473-2191 to place your ad

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Putrino with an ownership type of Single Member LLC and to be managed by Roy Putrino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-9635.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1608(b)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written letter with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

7420

179

July 30, 2014

SUPPLEMENTAL #1

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Commercial Appeal*** with circulation and coverage within the following counties: Shelby, Crockett, Tipton, Dyer, Hardeman, Fayette, Haywood, Lauderdale, McNairy, Chester, Henderson, Carroll, Madison, Hardin, Gibson, and Obion (16 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley, Accounting Services Representative

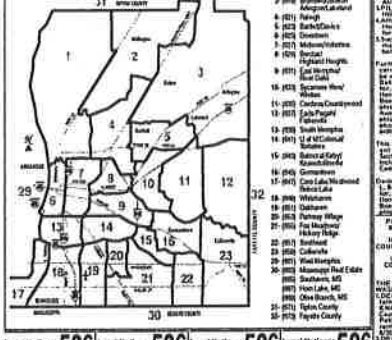
Sworn before me this 29th day of July 2014

Earl Goodman, Notary Public
My commission expires September 11, 2016

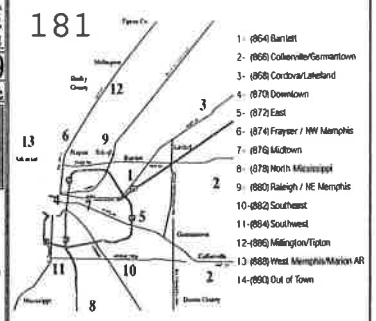
SUPPLEMENT #1

July 30, 2014
9 :54 am

REAL ESTATE AREAS MAP



Apartments (unfurnished) Area Map



Legal Notices: General 526

NOTICE OF TRUSTEE'S SALE

WHEREAS, default has occurred in the payment of the obligations, terms, and conditions of a Deed of Trust dated June 29, 2011, and the Deed of Trust of record in Book 9999, Page 1, recorded July 14, 2011, of Book 9999, Page 1 in Office of the Register of Deeds for Shelby County, Tennessee, executed by George M. Monts and Geneva H. Monts, conveying certain property therein described to Bruce A. Live as Trustee for Mortgage Electronic Registration Systems, Inc., as nominee for Generation Mortgage Company, its successors and assigns; and

WHEREAS, the undersigned, P.L.L.C. is the successor in interest to said Trustee; and

NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable; and that on account of default, the undersigned, P.L.L.C. as Substitute Trustee, by virtue of the authority vested in and imposed upon said Substitute Trustee, on August 18, 2014 at or about 11:00 A.M., at the Front Lobby of Shelby County Administrative Offices, other by date certain property hereinafter described to the highest bidder for cash, certified funds paid at the conclusion of the sale, or credit bid, free and clear of all liens, equity and rights of redemption, and free and clear of the homestead, dower and curtesy interests, if any, of the mortgagors, which are expressly waived by the mortgagors, the sale to take place at the Shelby County Administrative Offices, located at 160 Adams Avenue, Memphis, Tennessee 38103 of the following described property:

LOT 8 AND THE EAST 5 FEET OF LOT 7 IN BLOCK 2 OF THE SUBDIVISION OF THE NORTH 1/2 OF THE SOUTH 1/2 OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 30, TOWNSHIP 1 SOUTH, RANGE 3 EAST, AS SHOWN ON PLAT RECORDED IN BOOK 19, PAGE 30 OF THE REGISTER'S OFFICE OF SHELBY COUNTY, TENNESSEE.

BEING THE PROPERTY ALL OF THE SAME PROPERTY CONVEYED TO GEORGE M. MONTS AND WIFE, GENEVA H. MONTS BY DEED DATED AUGUST 1, 1974 AND RECORDED AUGUST 1, 1974 IN BOOK 3966, PAGE 1 IN THE SHELBY COUNTY, TENNESSEE, REGISTER'S OFFICE.

BEING MORE OR LESS ALL OF THE PROPERTY CONVEYED TO GEORGE M. MONTS AND WIFE, GENEVA H. MONTS BY DEED DATED AUGUST 1, 1974 AND RECORDED AUGUST 1, 1974 IN BOOK 3966, PAGE 1 IN THE SHELBY COUNTY, TENNESSEE, REGISTER'S OFFICE.

BEING THE PROPERTY ALL OF THE SAME

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the Murfreesboro ***Daily News Journal*** with circulation and coverage within the following counties: Bedford, Williamson, Rutherford, Wilson, Cannon, Marshall, and Lincoln (7 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman, Notary Public
My commission expires September 11, 2016

183

SUPPLEMENTAL #1

July 30, 2014
9:54 am

It's A Good Job! classified

Got Classifieds? classified

General Help Wanted

SEEKING DYNAMIC INDIVIDUALS

NEED IMMEDIATE INCOME?

WANT A SHORT TERM OR LONG TERM OPPORTUNITY?

EARN $700 - $1000.00 WEEKLY WORKING EVES & WEEKENDS.

WE OFFER:
FULL TRAINING
FLEXIBLE SCHEDULE
FUN WORK ENVIRONMENT
AN OPPORTUNITY TO GROW
WEEKLY PAYCHECK

THIS JOB IS AVAILABLE TO THOSE PEOPLE WHO ARE SELF MOTIVATED, RELIABLE, OUTGOING AND WOULD LIKE TO DO PROMOTIONS AT SPECIAL EVENTS, RETAIL & GROCERY STORES, REPRESENTING THE TENNESSEAN. MUST HAVE A CAR. OPENINGS NOW AVAILABLE IN YOUR CITY

FOR MORE INFORMATION: 615-236-6349

Transportation

Looking to Drive OTR but can't be out every week? Limited but still want to earn some extra money? FirstExpress is now offering part time positions. Up to 30 hours per week. Must have 1 year verifiable OTR experience and a good safety record. Call us at ... for more information or apply online at www.FirstExpress.com

OTR DRIVERS
Womack Transportation LLC of McMinnville TN is growing & we have positions open for flatbed OTR & regional Class A CDL drivers. Options for health, vision, dental insurance & 401k benefits. Dedicated lanes. Must have 2 yrs verifiable OTR experience & clean MVR. Call for more information at ...

FAST SIMPLE EASY classified Get Connected.

It's A Good Job! classified | Find It All. classified

Sales

Outside Sales & Crew Laborer

Belt Tech Industrial an established Belt Conveyor maintenance company is currently taking applications for Outside Sales and Crew Laborer positions for our Murfreesboro, TN location. Underground /Surface MSHA training or conveyor belt vulcanizing experience a plus but not required. We offer Competitive wages, paid insurance, 401k, paid vacations. ZERO TOLERENCE DRUG POLICY. Applications available online at www.belttech1.com you can also mail to: Belt Tech Industrial PO BOX 520, Washington, IN 47501 or email: ...

Technical

Press Operator

Gannett Publishing Services located at The Tennessean has a part time Press Operator position available.

The ideal applicant will have working knowledge of operation of GOSS CT 50 or MAN Roland CD 135 reel stands, operation of GOSS Colorliner or MAN Roland Uniset 70 printing units to produce various print products. Must be able to set up and operate printing units correctly on both Goss Colorliner and man roland Uniset 70 printing presses produce high quality newspaper and commercial cold set products. Spot and hang plates on both of the above mentioned presses, register plates manually as needed, operate APCS2 consoles for the GOSS Colorliner and/or PECOM consoles for the MAN Roland Uniset 70 to run four color process and black and white pages.

Safety, quality and consistency in performance are vital in this position. Applicants should have some mechanical ability or some general knowledge of offset printing and computers. Minimum 2 years offset printing, including operation of reel stands required and a High school diploma or equivalent required.

Apply for the Part Time position on line: bit.ly/...

The part time schedule will be noon to 8 pm Wednesday to Saturday - however, the schedules will vary due to business needs. In addition to the requirements listed above, applicants for the part time openings should have at least five years offset printing, folder, and reel operation. Experience at a daily newspaper preferred. Ability to operate offset press units, folder, and reels on double width presses, plus knowledge of touch screen computers and APCS system. Apply Today!!!

EOE. We recognize and appreciate the benefits of diversity in the workplace People who share this belief or reflect a diverse background are encouraged to apply.

Telemarketing

Outbound Call Center

Part Time Career opportunities for Gannett's Nashville Outbound Call Center

All candidates must apply on-line at http://bit.ly/1dnXKJR
Questions? Contact 726-5915

EOE. We recognize and appreciate the benefits of diversity in the workplace People who share this belief or reflect a diverse background are encouraged to apply

Transportation

DRIVER

Do you have a CDL Driver's License? Are you DOT certified? We want to talk to you...

Gannett Publishing Services at The Tennessean has an immediate need for a part time truck driver.

This position makes deliveries to substations in our circulation area. Candidates must be able to lift and carry 40 lbs; must be DOT certified; possess a CDL Class A or B license and have a good driving record. Must be willing to work nights and weekends. Starting pay is $12 per hour. The shift begins at 11 pm and the average number of hours per week is between 16 and 20.

Apply on line today. http://bit.ly/...

EOE. We recognize and appreciate the benefits of diversity in the workplace People who share this belief or reflect a diverse background are encouraged to apply

Sales

NOW HIRING

Gannett's Nashville Outbound Call Center

ARE YOU POSITIVE, AGGRESSIVE, MONEY MOTIVATED?

- ✓ Top Sales Reps can earn over $15 per hr.
- ✓ Base Pay plus commission
- ✓ AM and PM shifts available
- ✓ Business casual environment
- ✓ Leads provided

CALL NOW TO SCHEDULE YOUR INTERVIEW

615-726-5915

PART-TIME CAREER OPPORTUNITIES

All candidates must apply on-line at http://bit.ly/1dnXKJR

EOE. We recognize and appreciate the benefits of diversity in the workplace People who share this belief or reflect a diverse background are encouraged to apply.

SELL WHAT YOU WANT classified Get Connected.

FIND IT ALL TODAY classified Get Connected.

Public Notices

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Putrino with an ownership type of Single Member LLC and to be managed by Roy Putrino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 300 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 300 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-9635.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

LEGALS

Public Notices

0101749574
PUBLIC NOTICE
The Rutherford County Election Commission will meet on Monday, July 7, 2014 at 5:00 pm at the Election Office on the Public Square. The purpose of the meeting is to discuss the job performance of the Administrator of Elections and if necessary based upon the discussion, vote upon any action to address the Administrator of Election's job performance and/or future employment status. In the event the Administrator is dismissed, the Commission will review and approve a plan of hiring to be ... by the Rutherford County HR office to fill the position. Discussions will be held to name an interim Administrator. Additional incidental items related to the above may require discussion and decision.

0101747622
PUBLIC NOTICE
Jacobs Engineering Group Inc. (on behalf of AT&T Mobility) proposes to construct a 145-foot overall height monopole telecommunications structure. The proposed facility would be located off 199 Almaville Road, Smyrna, Rutherford County, Tennessee. Tax Parcel ID 034 A 00900. Jacobs Engineering Group Inc. (on behalf of AT&T) invites comments from any interested party on the impact the tower ... properties. Comments may be sent to Environmental ... Dina Bazzill, 1375 Union Hill Industrial Court, Suite A, Alpharetta, Georgia 30004. Comments must be received within 30 days. For questions please call Dina Bazzill at 770-667-2040x111.

0101749256
PUBLIC NOTICE
Jacobs Engineering Group Inc. (on behalf of AT&T Mobility) proposes to construct a 150-foot overall height monopole telecommunications structure. The proposed facility would be located off Elam Road, Murfreesboro, Rutherford County, Tennessee. Tax Parcel ID 135 03200. Jacobs Engineering Group Inc. (on behalf of AT&T) invites comments from any interested party on the impact the tower

Say | DO to the perfect little love nest.

When you're ready to start the next chapter of your life, HomeFinder.com's door is always open.

Start your real estate search on the site with the most options... and come home to your new future!

Make your next dream match today at www.dnj.com/homes

dnj Media Group

HomeFinder.com Where homes and people find each other.

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SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Paris Post Intelligencer*** with circulation and coverage within the following counties: Benton, Carroll, Henry, and Weakley (4 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

ANNOUNCEMENTS

*Must meet substance abuse policy. EEO/M/F/D/V

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Putrino with an ownership type of Single Member LLC and to be managed by Roy Putrino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-9635.

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for the purpose of receiving the proposed budget and discussion of budget for Fiscal Year 2014-2015.

Brent Greer
Henry County Mayor

HENRY COUNTY PREVENTION COALITION

PROGRAM COORDINATOR

Bachelor's degree in the field of Social Work, Psychology or related field.

The Coalition is comprised of community partners interested in preventing and reducing under age and binge drinking, and reducing under age tobacco use in our youth and non-medical use of prescription drugs in Henry County.

Coalition responsibilities will include organizing coalition meetings, researching effective prevention strategies, implementing county wide impact activities, and recruitment of additional partners.

Applicants should be self-directed and self-motivated and must possess a valid Tennessee Driver's License and reliable transportation and have the ability to attend out of town trainings and seminars.

Please submit resume, letter of interest, and position(s) of interest to:

***Fax:* 731-642-1010 Attn: HR Dept.**
***Email:* resumes@careyinc.org**
***Or Mail:* HR Department**
P.O. Box 30
Paris, TN 38242
No phone calls please.
EOE

requirement to: P.O. Box 310-350, Paris, TN 38242

PEPPERS AUTOMOTIVE Group has opening for Automotive Salesperson. apply in person at 2420 E. Wood St., Paris, TN. See Chuck.

18 | JOB POSITION WANTED

CRITTER SITTER, Petsitting/housesitting, complimentary bath, nail-trim, socialization training. Bonded, insured, references. Humane Society officer, Carol Douglas. (731)642-6212, (731)363-6751, crittersitter1958@charter.net

Tosh FARMS

ACCOUNTS PAYABLE/ ACCOUNTING ASSISTANT

Tosh Farms is a rapidly growing, family owned crop and swine production business. The corporate office in Henry, TN supports our diverse enterprise consisting of trucking, construction, feed mill, grain elevator, crop and livestock business divisions. Accounting systems will be replaced and upgraded during 2014, creating a great opportunity for an experienced Accounts Payable specialist to make a positive stamp on our business. *This is a current opening and qualified applicants will be given immediate consideration.*

Responsibilities: Process payables for three separate legal entities. Review all invoices for appropriate documentation and approval prior to payment. Enter inter-company billing and third party billing for misc parts usage.

Requirements: Excellent Microsoft Excel skills and 3+ years of account payable experience preferably with Dynamics Great Plains, NAV or AX. Experience with inventory management and controls. Extremely organized and accurate when faced with high volumes of paperwork and multiple-priorities. Problem solving skills to address complicated, variable billing from vendors. Has broad shoulders to pick up new tasks and cover for others when needed.

What we offer: A fast paced, comfortable work environment where contributions are recognized and where team members hold each other accountable for meeting deadlines. An opportunity to participate in a system conversion towards year-end 2014. *Benefits include:* health insurance, 401k and paid holidays.

If you are motivated by a challenge, want to learn a new well-known accounting system and will appreciate a sense of accomplishment as we position Tosh Farms for the future, then please email your resume to:

ToshFarms1913@gmail.com

60 ft. bucket truck. Tree removal; topping and pruning; stump grinding. Insured. We haul off the debris. (731)697-0023, (731)513-1518.

TRACTOR WORK

Topsoil, seeding, straw-blowing, bushhogging, tractor tiller, level yards, box blade, grade driveways, front end loader. Free estimates, est. 1997, (731)642-6977.

Tosh FARMS
BACON

Full-Time Career

NOW HIRING AUTOMOTIVE/ SEMI MECHANIC

Experience and/or Education Required

We offer full benefits and a very competitive salary

Day and Night Position Available

Send Resume to:
Tosh Farms
Attn: HR Department
P.O. Box 308
Henry, TN 38231

Or Email to:
applications@toshfarms.net

TN Drug-Free Workplace
EOE

more. Call 731-707-0310

KENDALL LAWN & LANDSCAPING. Mulching, trimming, and retaining walls. Lowest rates. All work guaranteed. Senior Citizen Discount. (731)333-6147.

SERVALL LLC HOME REPAIRS

Floor Support, Support Beams, Floor Joist, Interior French Drains, Sump Pumps, ground Cover, Fungi Treatments, Dryer Vents, Access Doors, Dehumidifiers, Termite & Pest Control. Free Estimates. Credit cards accepted. (731)642-4461.

SALES REP NEEDED

For established route, primarily in Henry County.
Base salary & benefits plus commission.
Sales experience required with strong work ethic & desire to provide outstanding customer service.
Send resume to:
P.O Box 310-110
Paris, TN 38242

amenities. Discounted to $495 mo., utilities included, free satellite. (731)336-5957.

RENTAL HOMES available now! 2-3 bedroom homes. Visit westtnrentals.yolasite.com or call Richard at (731)642-1622 Ext 214.

36 | MOBILE HOME FOR RENT

3 BDRM. 2 bath mobile home. CHA, appliances, yard work, covered front porch, very nice. $450 month, Hidden Acres (731)336-3616.

3 BDRM., $400 mo, $400 dep.; 2 bdrm. $300 mo., $300 dep. by Springville Pumphouse. Thorough background check conducted. No Pets in mobile homes.; RV SITES. Yearly lease, $1,300. (731)363-9172.

A PLACE CALLED Home

JOB FAIR

CONGER Senior Citizens Ctr.
55 Jones Grand Avenue
Paris, TN 38242
WEDNESDAY, JULY 2
10 a.m.-2 p.m.

SUPPLEMENTAL #1
2014

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in ***The Tennessean*** with circulation and coverage within the following counties: Robertson, Davidson, DeKalb, Williamson, Cheatham, Cannon, Bedford, Sumner, Hickman, Dickson, Smith, Rutherford, Montgomery, Stewart, Houston, Trousdale, Humphreys, Macon, Warren, Maury, Wilson, Lawrence, Lewis, Putman, Jackson, Giles, Marshall, Lincoln, and Moore (29 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

SUPPLEMENTAL #1

July 30, 2014

9:54 am

Find what you want. Tell what you don't. The Tennessean Classifieds.

Wanted: A Car that lets you decide where to park. Find what you want in The Tennessean Classifieds

Sales | Sales

Join our team!

A Tennessean vendor is now having rent to own and door to door sales team.
Great for students
Part time or full time positions available
Evening and weekend shifts
We meet at 3pm and finish at 8pm
Work 3-7 days a week. Choose the days you work
Get paid weekly! Unlimited earning potential and means to move up
Call Shaddy
615-815-9190

Outside Sales & Crew Laborer

Bob Tech Industrial an established Bolt Conveyor maintenance company is currently taking applications for Outside Sales and Crew Laborer positions for our Murfreesboro, TN location. Underground /Surface MSHA training or conveyor belt vulcanizing experience a plus but not required. We offer Competitive wages, paid insurance, paid vacations, ZERO TOLERANCE DRUG POLICY.
Applications available online at www.bobtech1.com
you can also mail to:
Bob Tech International
PO BOX 628, Washington, IN 47501
or email: hr@bobtech1.com

Telemarketing | Telemarketing

Outbound Call Center

Part Time Career opportunities for Gannett's Nashville Outbound Call Center

All candidates must apply on-line at http://bit.ly/1mXCXJI
Questions? Contact 726-0615

EOE. We recognize and appreciate the benefits of diversity in the workplace People who share this belief or reflect a diverse background are encouraged to apply

Transportation | Transportation

AAA Cooper Transportation

Dedicated - Solo/OTR Driver
Dedicated Carlisle, TN. Home weekends
Exc. Benefits pkg. Class A w/1 year experience
Call 731-267-8444 or send resume
Gannett/Poker Paperscript.com, EOE

Sales | Sales

DRIVER

Do you have a CDL Driver's License?
Are you DOT certified?
We want to talk to you.....
Gannett Publishing Services at The Tennessean has an immediate need for a part time truck driver.
This position makes deliveries to substations in our circulation area. Candidates must be able to lift and carry 40 lbs, must be DOT certified, possess a CDL Class A or B license and have a good driving record. Must be willing to work nights and weekends. Starting pay is $12 per hour, the shift begins at 12 am and the average number of hours per week is between 16 and 20.
Apply on-line today. http://bit.ly/1lmXCXJI
EOE. We recognize and appreciate the benefits of diversity in the workplace People who share this belief or reflect a diverse background are encouraged to apply

Sales | Sales

NOW HIRING

Gannett's Nashville Outbound Call Center

ARE YOU POSITIVE, AGGRESSIVE, MONEY MOTIVATED?

- ✓ Top Sales Reps can earn over $15 per hr.
- ✓ Base Pay plus commission
- ✓ AM and PM shifts available
- ✓ Business casual environment
- ✓ Leads provided

CALL NOW TO SCHEDULE YOUR INTERVIEW

615-726-5915

PART-TIME CAREER OPPORTUNITIES

All candidates must apply on-line at http://bit.ly/1dxXKJT

EOE. We recognize and appreciate the benefits of diversity in the workplace People who share this belief or reflect a diverse background are encouraged to apply

Public Notices

7443445-748424
SUBSTITUTE TRUSTEE'S NOTICE OF FORECLOSURE SALE
Default having been made in the terms, conditions, and payments provided in a certain Deed of Trust dated JULY 11, 2007, executed by WILLIAM G. BURKE AND DELINDA BURKE, HUSBAND AND WIFE, AS JOINT TENANTS, to LENDERS FIRST CHOICE, Trustee, of record in RECORD BOOK 768, PAGE 1654, AS MODIFIED IN RECORD BOOK 1268, PAGE 2238, for the benefit of MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR PHM FINANCIAL INCORPORATED, DBA PROFESSIONAL HOME MORTGAGE, in the Register's Office for Rutherford County, Tennessee and I, PHILLIP JONES, appointed as Substitute Trustee in an instrument of record in the Register's Office for RUTHERFORD County, Tennessee, to secure the indebtedness described; WHEREAS, the said Deed of Trust was last assigned to U.S. BANK NATIONAL ASSOCIATION, the entire indebtedness having been declared due and payable by U.S. BANK NATIONAL ASSOCIATION, being the present owner/holder or authorized agent, designee or servicer of the holder/owner of said indebtedness, has requested foreclosure proceedings to be instituted; and as provided in said Deed of Trust, I, PHILLIP JONES, will by virtue of the power and authority vested in me as Substitute Trustee, on THURSDAY, JULY 24, 2014 AT 10:00 A.M. IN THE AUCTION.COM ROOM AT THE RAMADA MURFREESBORO, 1855 S. CHURCH STREET, IN MURFREESBORO, RUTHERFORD COUNTY, TENNESSEE, sell to the highest bidder for cash, free from

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the equity of redemption, homestead, and dower, and all other exemptions which are expressly waived, and subject to any unpaid taxes, if any, the following described property in RUTHERFORD County, Tennessee, to wit:
PROPERTY LOCATED IN THE COUNTY OF RUTHERFORD, TENNESSEE:
A CERTAIN TRACT OR PARCEL OF LAND IN RUTHERFORD COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT: LAND IN RUTHERFORD COUNTY, TENNESSEE, BEING ALL OF LOT NO. 114, FINAL PLAT-SECTION 5, HAILEY HILLS, OF RECORD IN PLAT BOOK 17, PAGE 148, REGISTER'S OFFICE FOR SAID COUNTY, TO WHICH REFERENCE IS MADE FOR A MORE COMPLETE AND ACCURATE DESCRIPTION OF SAID LOT.
BEING THE SAME PROPERTY CONVEYED TO WILLIAM G. BURKE, MARRIED, AND MILDRED LONG, UNMARRIED, BY WARRANTY DEED DATED JANUARY 26, 2005 OF RECORD IN RECORD BOOK 457, PAGE 529, IN THE REGISTER'S OFFICE OF RUTHERFORD COUNTY, TENNESSEE.
ALSO, BEING THE SAME PROPERTY CONVEYED FROM WILLIAM G. BURKE, A MARRIED MAN, JOINED BY HIS SPOUSE, DELINDA BURKE, AND HIS MOTHER-IN-LAW, MILDRED LONG, AN UNMARRIED WOMAN TO WILLIAM G. BURKE AND DELINDA BURKE, HUSBAND AND WIFE, BY QUIT CLAIM DEED DATED JULY 11, 2007 OF RECORD IN RECORD BOOK 768, PAGE 3650, IN THE REGISTER'S OFFICE OF RUTHERFORD COUNTY, TENNESSEE.
THIS IS IMPROVED PROPERTY KNOWN AS 502 SANDERS DRIVE, LAVERGNE, TENNESSEE 37086.
CTRL MAP 017M G1PM F PARCEL 018.00
THE SALE OF THE SUBJECT PROPERTY IS WITHOUT WARRANTY OF ANY KIND, AND IS FURTHER SUBJECT TO THE RIGHT OF ANY TENANT(S) OR OTHER PARTIES OR ENTITIES IN POSSESSION OF THE PROPERTY.
THIS SALE IS SUBJECT TO ANY UNPAID TAXES, IF ANY, ANY PRIOR LIENS OR ENCUMBRANCES, LEASES, EASEMENTS AND ALL OTHER MATTERS WHICH TAKE PRIORITY OVER THE DEED OF TRUST UNDER WHICH THIS FORECLOSURE SALE IS CONDUCTED, INCLUDING BUT NOT LIMITED TO THE PRIORITY OF ANY FIXTURE FILING. IF THE U.S. DEPARTMENT OF THE TREASURY/INTERNAL REVENUE SERVICE, THE STATE OF TENNESSEE DEPARTMENT OF REVENUE, OR THE STATE OF TENNESSEE DEPARTMENT OF LABOR AND WORK FORCE DEVELOPMENT ARE LISTED AS INTERESTED PARTIES IN THE ADVERTISEMENT, THEN THE NOTICE OF THIS FORECLOSURE IS BEING GIVEN TO THEM, AND THE SALE WILL BE SUBJECT TO THE APPLICABLE GOVERNMENTAL ENTITIES RIGHT TO REDEEM THE PROPERTY, ALL AS REQUIRED BY 26 U.S.C. 7425 AND T.C.A. 67-1-1433. THE NOTICE REQUIREMENTS OF T.C.A. 35-5-101 ET. SEQ. HAVE BEEN

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MET. THE RIGHT IS RESERVED TO ADJOURN THE DAY OF THE SALE TO ANOTHER DAY, TIME AND PLACE CERTAIN WITHOUT FURTHER PUBLICATION, UPON ANNOUNCEMENT AT THE TIME AND PLACE FOR THE SALE SET FORTH ABOVE. THE TRUSTEE/SUBSTITUTE TRUSTEE RESERVES THE RIGHT TO RESCIND THE SALE
THE PROPERTY WILL BE SOLD TO THE HIGHEST BIDDER AT THEIR HIGHEST BID AMOUNT. PAYMENT IS REQUIRED AT THE TIME OF THE SALE, UNLESS PRIOR ARRANGEMENTS ARE MADE WITH THE TRUSTEE/SUBSTITUTE TRUSTEE'S OFFICE.
OTHER INTERESTED PARTIES: CAVALRY PORTFOLIO SERVICES LLC, ASSIGNEE OF AMERICREDIT; PEOPLES SECURITY FINANCE CO.
THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.
BY this day, June 9, 2014. This is improved property known as 502 SANDERS DRIVE, LAVERGNE, TENNESSEE 37086.
J. PHILLIP JONES, SUBSTITUTE TRUSTEE
1800 HAYES STREET NASHVILLE, TN 37203
(615) 254-4430
www.phillipjoneslaw.com
www.auction.com
F14-0467

0101747823
SUBSTITUTE TRUSTEE'S NOTICE OF FORECLOSURE SALE
Default having been made in the terms, conditions, and payments provided in a certain Deed of Trust dated APRIL 27, 2004, executed by STEPHEN ANTHONY DOUGAN, UNMARRIED, to CHARLES E. TONKIN, II, Trustee, of record in RECORD BOOK 383, PAGE 1416, for the benefit of MORTGAGE INVESTORS GROUP, in the Register's Office for RUTHERFORD County, Tennessee and I, J. PHILLIP JONES, appointed as Substitute Trustee in an instrument of record in the Register's Office for RUTHERFORD County, Tennessee, to secure the indebtedness described; WHEREAS, said Deed of Trust was last assigned to TENNESSEE HOUSING DEVELOPMENT AGENCY BY AND THROUGH ITS SERVICER AND ALL AUTHORIZED AGENT, U.S. BANK NATIONAL ASSOCIATION, being the present owner/holder or authorized agent, designee or servicer of the holder/owner of said indebtedness, has requested foreclosure proceedings to be instituted; and as provided in said Deed of Trust, I, J. PHILLIP JONES, will by virtue of the power and authority vested in me as Substitute Trustee, on FRIDAY, AUGUST

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7, 2014 AT 10:15 A.M. AT THE FRONT (EAST) DOOR OF THE OLD RUTHERFORD COUNTY COURTHOUSE, IN THE CENTER OF THE SQUARE, IN MURFREESBORO, RUTHERFORD COUNTY, TENNESSEE, sell to the highest bidder for cash, free from the equity of redemption, homestead, and dower, and all other exemptions which are expressly waived, and subject to any unpaid taxes, if any, the following described property in RUTHERFORD County, Tennessee, to wit:
PROPERTY LOCATED IN THE COUNTY OF RUTHERFORD, TENNESSEE:
BEING ALL OF LOT NO. 1, SECTION III, CHERRYWOOD ESTATES ACCORDING TO PLAT AND SURVEY OF RECORD IN PLAT BOOK 24 PAGE 251 OF THE REGISTER'S OFFICE FOR RUTHERFORD COUNTY, TENNESSEE, TO WHICH PLAT AND SURVEY REFERENCE IS HEREBY MADE FOR MORE COMPLETE DETAILS OF LOCATION AND DESCRIPTION OF SAID LOT.
SUBJECT TO RESTRICTIVE COVENANTS APPEARING IN INSTRUMENT OF RECORD IN RECORD BOOK 106, PAGE 952; TVA EASEMENT OF RECORD IN DEED BOOK 277, PAGE 728; EASEMENTS TO MIDDLE TENNESSEE ELECTRIC MEMBERSHIP CORPORATION OF RECORD IN DEED BOOK 670, PAGE 788 AND RECORD BOOK 40, PAGE 1381; SEWER EASEMENT OF RECORD IN RECORD BOOK 25, PAGE 320. ALL OF THE REGISTER'S OFFICE FOR RUTHERFORD COUNTY, TENNESSEE, AND TO MINIMUM BUILDING SETBACK LINES, 100 YEAR FLOOD LINE, AND ALL OTHER MATTERS SHOWN ON SUBDIVISION PLAT OF RECORD IN PLAT BOOK 24, PAGE 251 SAID REGISTER'S OFFICE.
BEING THE SAME PROPERTY CONVEYED TO STEPHEN ANTHONY DOUGLAS (UNMARRIED) BY WARRANTY DEED DATED APRIL 27, 2004 OF RECORD IN RECORD BOOK 383, PAGE 1406, IN THE REGISTER'S OFFICE OF RUTHERFORD COUNTY. TENNESSEE.
THIS IS IMPROVED PROPERTY KNOWN AS 3458 HARDWOOD DRIVE, MURFREESBORO, TENNESSEE 37128.
CTRL MAP 076H G8P B PARCEL 030.00
THE SALE OF THE SUBJECT PROPERTY IS WITHOUT WARRANTY OF ANY KIND, AND IS FURTHER SUBJECT TO THE RIGHT OF ANY TENANT(S) OR OTHER PARTIES OR ENTITIES IN POSSESSION OF THE PROPERTY.
THIS SALE IS SUBJECT TO ANY UNPAID TAXES, IF ANY, ANY PRIOR LIENS OR ENCUMBRANCES, LEASES, EASEMENTS AND ALL OTHER MATTERS WHICH TAKE PRIORITY OVER THE DEED OF TRUST UNDER WHICH THIS FORECLOSURE SALE IS CONDUCTED, INCLUDING BUT NOT

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LIMITED TO THE PRIORITY OF ANY FIXTURE FILING. IF THE U.S. DEPARTMENT OF THE TREASURY/INTERNAL REVENUE SERVICE, THE STATE OF TENNESSEE DEPARTMENT OF REVENUE, OR THE STATE OF TENNESSEE DEPARTMENT OF LABOR AND WORK FORCE DEVELOPMENT ARE LISTED AS INTERESTED PARTIES IN THE ADVERTISEMENT, THEN THE NOTICE OF THIS FORECLOSURE IS BEING GIVEN TO THEM, AND THE SALE WILL BE SUBJECT TO THE APPLICABLE GOVERNMENTAL ENTITIES RIGHT TO REDEEM THE PROPERTY, ALL AS REQUIRED BY 26 U.S.C. 7425 AND T.C.A. 67-1-1433. THE NOTICE REQUIREMENTS OF T.C.A. 35-5-101 ET. SEQ. HAVE BEEN MET. THE RIGHT IS RESERVED TO ADJOURN THE DAY OF THE SALE TO ANOTHER DAY, TIME AND PLACE CERTAIN

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WITHOUT FURTHER PUBLICATION, UPON ANNOUNCEMENT AT THE TIME AND PLACE FOR THE SALE SET FORTH ABOVE. THE TRUSTEE/SUBSTITUTE TRUSTEE RESERVES THE RIGHT TO RESCIND THE SALE.
PAYMENT IS REQUIRED AT THE TIME OF THE SALE UNLESS PRIOR ARRANGEMENTS ARE MADE WITH THE TRUSTEE/SUBSTITUTE TRUSTEE'S OFFICE.
OTHER INTERESTED PARTIES: LEE FLOYD AUTO SALES; TAMMY R. DOUGLAS; TENNESSEE HOUSING DEVELOPMENT AGENCY - HARDEST HIT FUND PROGRAM- FORECLOSURE PREVENTION FUND (RECORD BOOK 1058, PAGE 3290; RECORD BOOK 1264, PAGE 1208)
THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

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ADVERTISEMENT FOR BIDS

Bids are invited for General Contract for the Work of following projects. Examine documents at Designer's office or Plan Rooms. Obtain documents from Designer per instructions to Bidders. Plan Deposits must be certified or cashier's check payable to STATE OF TENNESSEE. Bidders bidding $25,000 or more must be licensed per state laws. Five percent (5%) Bid Security may be required. Non-Discrimination policy applied. Project: Fullman Center Updates, MR Centers Statewide, Lebanon, Wilson County, Tennessee; SBC Project No. 346000-01-2013. Bids Received At: William R. Snodgrass Tennessee Tower, Conference Center North, Room 3126 (Conference Room G), 3rd Floor, 312 Rosa L. Parks Avenue, Nashville, Tennessee 37243-1103 Until: 1:00 p.m. Local Time (Central Time) On: Thursday, July 31, 2014. Plan Rooms: F.W. Dodge Corporation Plan Room, Nashville, Tennessee; Associated General Contractors, Nashville, Tennessee; Nashville Contractors Association, Nashville, Tennessee; Reed Construction Data, Norcross, Georgia. Plan Deposit Amount: $140.00. Designer: Tsang Partnership, 611, LLC, 1411 Woodland Street, Nashville, Tennessee 37206. Contact: David Hunter, Phone: (615) 650-3186. Pre-Bid Conference: At the facility, July 17, 2014 at 1:00 p.m., Local Time (Central Time).

0101749631
Notice of Change in TennCare II Demonstration Amendment 23

The Commissioner of the Tennessee Department of Finance and Administration is providing official notification, pursuant to 42 Fed. Reg. 49245, of intent to file an amendment to the TennCare II Demonstration. The demonstration amendment will be filed with the Centers for Medicare and Medicaid Services (CMS), a federal agency located in Baltimore, Maryland, with a Regional Office in Atlanta, Georgia.
The State is required to meet certain advance notice obligations whenever an amendment to the TennCare Demonstration is filed. This demonstration amendment, which will be known as "Amendment 23," is being filed with a proposed effective date of August 1, 2014.
The subject of the amendment is prenatal care for pregnant women who have been determined presumptively Eligible for TennCare. The state has always provided full TennCare benefits to these women, consistent with our managed care approach and the statement in our TennCare Demonstration Waiver that all services are considered pregnancy-related services.
CMS has advised the state that it needs to submit a waiver amendment to clarify that non-ambulatory services (e.g., inpatient hospitalization) can continue to be covered by Medicaid for pregnant women during a period of Presumptive Eligibility. In order to keep in place our long-term practice of providing a full range of services to pregnant women during a period of Presumptive Eligibility, we are therefore requesting an amendment to the TennCare Demonstration that would provide the expenditure authority to continue providing these services.
This amendment will not result in any changes in expenditures.
Copies of this notice will be available in each county office of the Tennessee Department of Health, and on the TennCare website located online at http://www.tn.gov/tenncare/. Written comments may be submitted by email to Sonia.Baird@tn.gov or may be mailed to Mr. Darin Gordon, Director, Bureau of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243. Persons wishing to review copies of written comments received may submit their requests to the same email and/or physical address.

0101749728
Public Notice
Coopertown will hold a Special Called Board of Mayor and Aldermen meeting on July 10, 2014 at 6:30. Agenda items include Purchase of 1) Tractor 2) Patrol Car.
Immediately following will be a Special Called Beer Board Meeting at 7:00 p.m. to Discuss an Application for a Beer Permit.

0101749431
NOTICE OF PUBLIC SALE
Pursuant to the Tennessee Self Storage Act, Tenn. Code Ann. 66-31-101 et seq., a public auction will take place on July 6th, 2014 at the below-listed Public Storage facilities beginning at 09:30am each day for the following units, the contents of which shall be sold to satisfy the owner's lien. All sales are subject

Continued on next column

This day, June 24, 2014. This is improved property known as 3458 HARDWOOD DRIVE, MURFREESBORO, TENNESSEE 37128.
I, PHILLIP JONES, SUBSTITUTE TRUSTEE
1800 HAYES STREET NASHVILLE, TN 37203
(615) 254-4430
www.phillipjoneslaw.com
F14-0636

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REQUEST FOR PROPOSAL STATE OF TENNESSEE

SBC Project No.158/002-01-2014
Construction Manager/General Contractor For Tennessee Rehabilitation Initiative in Correction (TRICOR) Headquarters Building – Modifications and Upgrades

The Tennessee Department of General Services is requesting proposals to provide Construction Manager/General Contractor Services for modifications and upgrades to a new headquarters building located at 6185 Cockrill Bend Circle in Nashville, Tennessee. Upgrades will include new interior finishes, new access drive, replacement of exterior concrete, mechanical upgrade, and electrical distribution and plumbing modifications.
The full text of the RFP for this project will be available at the STREAM website as *.PDF format compatible for Acrobat Reader utility. The RFP can be printed from this address:
http://tn.gov/generalservices/procurement/bid.html
Proposers may request a copy of the RFP by contacting Ms. Tammy Robbins, RFP Coordinator, at (615) 253-7819.
Proposals are expected to be due in July 2014.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1603 et seq., and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Ray Patrione with an ownership type of Single Member LLC and to be managed by Ray Patrione intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intraductal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 300 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 30, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intraductal Pump Management, 300 Prosperity Place #102, Knoxville, TN 37923, telephone (301) 415-9635.
Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c) (1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

THURSDAY Preview

Appliances

LARGE BARBECUE GRILL, butane, with tank &cover, burner, stoves (three burners), with cover, $100. 446-Call 931-388-0138

WASHER & DRYER EXC cond, warranty, delivery avail. $250ea. 615-673-8899

WASHER & DRYER white, Blue wave, Super capacity, $300, set. 615-477-5054

Furniture

HOT DOG CART & Dowdown Location. Great from $18.K/yr per week income. Call Greg for details. 615-669-7675

Cemetery Lots

WOODLAWN, (4 plots) Garden of Good Shepherd, Rear Chapel, upland $3995, as well sell for $1500 ea. Buy 2 or buy 4. 615-855-1809

WOODLAWN, (4 plots) Garden of Good Shepherd, Rear Chapel, Vistaul $3995, as well sell for $1500 ea. Buy 2 or buy 4. 615-855-1809

WOODLAWN 4 plots in Resthaven Sec 417, on tree shaded hill, $1500 each or $2200 for 2. Call 615-284-7196

WOODLAWN, Cretus Garden, C, 2 plots, $1800 each. Owner pays transfer fees. Call Edith at 615-833-4026

Collectibles

WANTED: Arrowhead Collections & Stone Relics. 731-967-4183 TENN COLLECTOR.

Collectibles

RECORDS WANTED 1950's - 80's Rock/Pop 45's/LP's/78's (Older 40's Considered) Buddy Call 615-356-9783

Furniture

EOL OAK HICKORY Dedicated A. Hickory Mfr. Oak Mfr. Hickory $110/pick. 615-419-3756 or 615-866-5381

Furniture

CHAIR, wing back, excellent condition. Green velvet bit of red in it. $45. 615-824-9622

DINING ROOM TABLE & CHAIRS. Bombay/Asian style. 6 table w/leaf, 16 chairs, Exc. Condition. Orig $3500, $1500. 615-442-8498

MATTRESS SET QUEEN SIZE Pillowtop $275. New, never used. 615-525-3417

OFFICE FURNITURE & CUBICLES, Pre-Owned New Office Furniture 615-776-1155

Lawn/Garden

RIDING MOWERS $250 & up. Snapper blower with snow plow. Snapper tractor hoe mower. Hunter. 615-790-7793

Merchandise Wanted

CASH PAID FOR BROKEN LAPTOPS & DESK TOP COMPUTERS Call or Text 615-586-9921 for pick up

Misc. Merchandise

PIANO Baldwin console, 1950's - 80's. Beautiful round oak Table w/ leaf, 6 chairs $300. Lg. beautiful wood Entertain Ctr. 3 pcs $300. Washer & Dryer $150 both. 615-851-5149

WALL UNIT cherry 7 pcs, Ethan Allen; Oriental Wall Hanging Screen, Black. Phyllis Sewing Machine; Aviation Typewriter; 2 pcs luggage set; 615-499-4742 Call after 1pm, Smyrna

Musical Merchandise

ESTABLISHED PIANO TUCKER Dealership several of quality owned Steinway & Yamaha grands piano Call 615-297-4171

Sporting Goods

GOLF CART, 02-UP, 2WD, lots of extras, excellent condition, $2000 or $1800 with trailer. Call 615-883-8239

Garage Sales

Garage Sales - Summer

GALLATIN Wed. Thur 7/1-7/2 (3 & 4) 8 a.m.- 1:30 pm 421 Hartsville Blvd Big new home decor, mp, bike, electronics, crafts, furniture & shelving.

Dogs

AUSTRALIAN SHEPHERD, NSDR/TNKC Blue/Merle Females, 12 weeks old with current shots $250.00 each Call 931-212-2250

Dogs

CHIHUAHUAS, AKC, lots of colors, shots started, vet checked, health guaranteed, $250-$500. Call only. 931-423-8778

DACHSHUND AKC puppy, black/tan, white patch, males, females, shots, vet checked. 615-483-3642 email:jbaldwin@comcast.net

ENGLISH & FRENCH BULLDOG Puppies, AKC Reg., shots, ready to go, pet, family home, $750 up. 931-5146 or 270-235-3843

GERMAN SHEPHERD Female puppies, AKC reg. vet checked, 9 wks. old, parents on site, great watch dogs. $250 Call 662-423-8177

GERMAN SHEPHERD puppies, developed, shot, 6 wks, health guaranteed. Parents on site, AKC reg. Pedigree. Strong German bloodline. Exc. OFA hips rating. $450. 615-497-1948

GOLDEN RETRIEVER AKC puppies, family pets, ready for spring, vet checked, wormed, $350. 931-797-2452 or 931-319-4079

HAVANESE PUPPIES Home raised, AKC, Best Health Guarantee nashdoldfiberk.com Call 262-853-8400

IMPORTANT NOTE: Use caution when asked to wire money for a pet. In some cases money has been transferred and no pet was delivered.

LABRADOR AKC, beautiful black puppies, parents on site, family raised, $300. Call 931-319-6080 or 931-319-3011

LABRADOR AKC puppies, 7 females $350.00, 6 wks old, lab shot, family friendly, great pets. Call 731-358-8131

Dogs

LABRADOR AKC puppies, champion bloodline, black, chocolate & yellow, vet checked, health guaranteed, $400 & up. 931-363-8604

LABRADOR, chocolate or black, block head, 8 wks old, parents on site, 10 yrs breeding exp. $375. 931-896-5905 or 931-896-2147

LABRADOR RETRIEVER Pups, AKC, 9 wks, vet checked, black beauts, exceptional pedigree, $475. 615-668-4347

MASTIFFS English mastiff, pure form, 11 mos., shots up to date, health checked. $800. Call 865-973-7066

MINIATURE DACHSHUNDS Registered, 1st shots, health checked, vet checked, 2 wks, males & females, $250. Call 615-427-5288

POMERANIAN CKC Pups, males & females, variety of colors, all shots, wormed, vet check, ready to go! $250. 1 blonde pup! $350. 931-371-0127

POMERANIAN

Cute variety. Ready for new homes. $400 & up. Call for pics. 615-947-7141

POMERANIAN - Tiny cups 3 Fem, 1 Male. Absolutely Adorable! Exc. Quality & Health. Home Raised. $400 & up. 931-797-9096

MISTYMEISER German, AKC reg., shots current, tails and dewclaws removed, large size. $350. 216-619-7525 or 270-604-1068

SHIH TZU CKC, 8 wks old, puppy, family pet, loves personality, paper trained, adorable. 931-329-4139, 931-241-2472

SHIH TZU PUPPIES 2 years bred, 6 wks old. $400 each. 615-355-5452 or 615-887-9958. Lawrenceburg, Tn.

YORKSHIRE TERRIER & YORKIE-POO Call for info & pictures. $400 & up. 615-449-7488

Tickets - Events

TITANS PSLs Buying & Selling PSLs. Also buying season tickets & single games. Visit www.ticket-city.com or call 800-253-8093 800 Rated "A"

Tickets - Shows/Concerts

* WANTED * 2 tickets to Steely Dan Concert, Aug. 1st or 2nd at Ryman Auditorium. Call 423-344-2066

Business For Sale

JAMS VICTORIAN Interior & Wedding Chapel. 1 bedroom, 1 bath, over 800 sq.ft. sq. income. Access from Hwy 41A in Metropolis, IL For info leave message at 618-524-5406 Leave an call info Sunset 270-462-2571 or 270-562-5463 or 270-748-5450

SMELLYELLE, Auto Collision Repair Facility with tools and equipment, $25,000. 931-680-0777

Messages

Imagine how tough it is to be million were raised by citizens in Texas. There is no big relative care or cash for these poor people, and all he knew the State government recently has disbanded the mental home would call that, well you know what, what has happened is the house happens at the Senate in the state Denton we'll all be trying as a friend. Paid for by Edward Moore

Rentals

Apts - Furnished

GOODLETTSVILLE Nice all furnished with utils & dish, in private home on 2 acres, ideal for single or couple, perfect for vacation. Incl cable TV & WiFi, utils incl. $1150/wk + dep. 615-262-8621

Apts - Unfurnished Davidson North

AUTUMN • STAY LONGER RESTAURANT NEWER 2 Efficiency Studio With Kitchenette, Cable, & Utilities. Free Local Calls. Weekly Rates as low as $99 Daily Rate. 615-313-4788

Apts - Unfurnished Davidson West

WEST END 1 Bdrm, LR, Kitchen, Bath, Stove, Fridge, water furnished, wd w/ hookups, great area, $575 + Dep. Avail Now. CALL 1.250.861.8330 Call 615-482-0956

Duplexes

HERMITAGE, 2 Bdrm duplex, central h/a, stove, fridge, dishwasher, hardwood floors. $300 dep. $675 mo. 615-366-2900

HERMITAGE LR, Bdrm, bungs rm down w/ 1/2 bath, fr, gas, central h/a, $850 mo. Deposit required. Call 615-865-4014

Homes For Rent

WEST TRINITY LN 3 bdrm, possibly 2.1 BA, garage/wd, W/D hookup, H/A. Absolutely no pets. $700/ mo + $400 deposit. Call 615-893-5106

Homes For Rent

BELLEVUE/PEGRAM 2 bdrm, 1 BA, LR, large kit, w/appliances, new carpet, fresh paint, large yard, no pets, $850 mo. Rent, $35 app. fee. 615-838-3029

FAIRVIEW, MUST SEE! Williamson Co. Private country setting. 900 sq.ft. house, LR, eat-in kit, 2 Bdrm, 1 BA, dbl. carport, fenced yard, many extras. 931-206-2483

OLD HICKORY ON DONELSON - Male wanted to share a nice 4 Bdrm, fully furnished, water furnished, all other utilities, cable, internet, incl cable TV & WiFi, utils incl. $350/wk + dep. 615-262-8621

Mobile Homes/ Lots For Rent

Duplexes

Mobile Homes/ Lots For Rent

GOODLETTSVILLE 2 & 3 BEDROOM Fully Remodeled Mobile Homes For Sale.
In House Financing Available With Low Down Payments and EZ Terms!
OWN for the cost of RENTING!
Hillview Acres Community
615-859-5176

Houses/Townhouses

STADIUM INN Weekly Rates $157.50 & up. Also Monthly Rates. Refrigerator, Microwave, Pervasi Pendio 615-244-6452, 244-0863

Real Estate Commercial

Commercial Property For Sale

SHELBYVILLE, great income producing property, 1 unit bedpan Home Park. $189,000 & a 3 unit Apt. Bldg. $149,000. Both nice & quiet. 931-580-0777

Automotive

IMPORTANT NOTE: Use caution when asked to wire money for a vehicle. In some cases money has been transferred and no vehicle was delivered.

Cars

MERCURY GRAND MARQUIS '93, 154K mi., 1 owner, well maintained, good cond. $3000. 615-405-1432 or 615-405-0122

SATURN SW2 '97, gray, 4 dr sedan, 77 mph, Auto, FM/CD, A/C, Good Tires & Brakes, no eng. light, good. $3850. 931-487-0966

Vehicle Accessories

CARGO CARRIER, Thule, Hardly Used 8 ft. 16 cu. ft. capacity. Good condition. Asking $50. Call 615-812-3257

Vehicle Wanted

PAYING $300 and up for Complete Cars! FREE TOWING! Call Donna Today at 615-298-5208

Recreational Commercial

Boats

REGAL 1998 BOWRIDER 19L, only 122 hours, great condition. Beautiful boat. $21,000. Call 615-878-8106

When you want to save on shifts into high gear, find what you want in The Tennessean Classifieds. Find sports cars, fast SUV's, Black trucks, Blue sedans. Create the Classifieds to find the car you want.

cars.com

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Rogersville Review*** with circulation and coverage within the following counties: Hawkins, Sullivan, Greene, Hancock, Grainger, and Hamblen (6 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

Public Notices

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Implanted Pump Management, LLC owned by Roy Putrino with an ownership type of Single Member LLC and to be managed by Roy Putrino intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-9635.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

CHANCERY SALE

CHELAQUE HOMEOWNERS' ASSOC.

VS. NO. 2013-PR-178

SAMUEL J. MITCHELL and AUDRA J. KIDD

In obedience to an order of the Chancery Court at Rogersville, TN, in the above-styled case, the following described property will be sold in the CHANCERY COURTROOM, 2ND FLOOR, HAWKINS COUNTY COURTHOUSE on SATURDAY, the 19th day of July, 2014, beginning at 12:00 p.m., said order being entered June 18, 2014, ordering the Clerk and Master, as Special Commissioner, to sell the real property.

TAX PARCEL ID: 02-142O-A-142O-028.00

DEED BOOK 403, PAGE 239
LOT 32, PHASE I

PROPERTY ADDRESS:
459 CHELAQUE WAY
MOORESBURG, TN 37811

TERMS OF SALE
Sale of real property will be 10% down day of sale with the remainder paid on or before 30 days from date of sale. Free from and in bar of the equity of redemption and all statutory rights of redemption. Note with ap-

CHANCERY SALE

IN RE: ESTATE OF JOHN P. COX, JR.

NO. 2013-PR-112
In obedience to an order of the Chancery Court at Rogersville, TN, in the above-styled case, the following described property will be sold ON THE PREMISES on SATURDAY, the 19th day of July 2014, beginning at 10:01 a.m., said order being entered June 16, 2014, ordering the Clerk and Master, as Special Commissioner, to sell the real property.

TAX PARCEL ID: 07-012G-G-012B-011.00

DEED BOOK 213, PAGE 255

PROPERTY ADDRESS: 705 REDWOOD DRIVE
MT. CARMEL, TN 37645

TERMS OF SALE
Sale of real property will be 10% down day of sale with the remainder paid on or before 30 days from date of sale. Free from and in bar of the equity of redemption and all statutory rights of redemption. Note with approved security will be required of the purchaser and a lien on the land as further and additional security. Lead base paint inspection, if desired, must be done 10 days prior to sale or a waiver must be signed by successful bidder sale day. SALE IS SUBJECT

NOTICE OF FORECLOSURE SALE

STATE OF TENNESSEE, HAWKINS COUNTY

WHEREAS, Lewis T. Blastic III , Jennifer L. Macewan and Eugenia B. Blastic executed a Deed of Trust to Branch Banking and Trust Company, Lender and BB & T Collateral Service Corporation, Trustee(s), which was dated April 28, 2006 and recorded on May 5, 2006, Book 802, Page 683, Hawkins County, Tennessee Register of Deeds.

WHEREAS, default having been made in the payment of the debt(s) and obligation(s) thereby secured by the said Deed of Trust and the current holder of said Deed of Trust, Branch Banking and Trust Company, (the "Holder"), appointed the undersigned, Brock & Scott, PLLC, as Substitute Trustee, by an instrument duly recorded in the Office of the Register of Deeds of Hawkins County, Tennessee, with all the rights, powers and privileges of the original Trustee named in said Deed of Trust; and

NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable as provided in said Deed of Trust by the Holder, and that as agent for the undersigned, Brock & Scott, PLLC, Substitute Trustee, by virtue of the power and authority vested in it, will on July 15, 2014, at 1:00PM at the usual and customary location at the Hawkins County Courthouse, Rogersville, Tennessee, proceed to sell at public outcry to the highest and best bidder for cash, the following described property situated in Hawkins County, Tennessee, to wit:

Situate in the Second Civil District of Hawkins County, Tennessee, and being more particularly described as follows:

Being Lot No. Five (5) in Walnut Bend as shown on a plat of same which appear of record in the Register's Office for Hawkins County, Tennessee in Map Cabinet 3, Slide 891A to which plats reference is here made for a further description.

There is also convey aned the non-exclusive right for access to the subdivision over that easement granted from The Sequoyah Council, Inc. Boy Scots of America of record in said Register's Office in Record Book 604, Page 632, re-recorded in Record Book 770, Page 623, re-recorded in Record Book 770, Page 623, which easement is shown on the plat of record in said Register's Office in Map Cabinet B, Slide 930B.

This conveyance is made and accepted Subject the Restrictive Covenants placed upon said real estate which appears of record in the Record Book 718, Page 645 and Record Book 783, Page 200 in the Register's Office for Hawkins County, Tennessee and further Subject To any setback lines, easements and restrictions as may appear on the plat of record aforesaid.

This conveyance is made and accepted further Subject to the reservations and easements set forth in deed of record in said Register's Office in Record Book 105, Page 514.

There is excepted and not herein conveyed all mineral rights which are reserved by the grantor.

Being the same property conveyed to Lewis T. Blastic, III, Eugenia Blastic and Jennifer L. Macewan by deed from McKcough Land Company, Inc., dated April 28, 2006 of record in Record Book 802, Page 680 in the Register Office for Hawkins County, Tennessee.

Parcel ID Number: 133C/A/005.00
Address/Description: Lot Number 5 Walnut Bend, Rogersville, TN 37857.
Current Owner(s): Lewis T Blastic, III, Eugenia Blastic and Jennifer L Macewan.
Other Interested Party(ies): .

The sale of the property described above shall be subject to all matters shown on any recorded plat; any and all liens against said property for unpaid property taxes; any restrictive covenants, easements or set-back lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; a deed of trust; and any matter than an accurate survey of the premises might disclose; and

All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above.

This office is attempting to collect a debt. Any information obtained will be used for that purpose.

Brock & Scott, PLLC, Substitute Trustee
c/o Tennessee Foreclosure Department

NOTICE TO CREDITORS

No. 37CH1-2014-PR-112

In the Matter of the Estate of Phyllis Annie Winstead Tymon, Deceased

Notice is hereby given that on June 17th of 2014 Letters of Administration in respect to the estate of Phyllis Annie Winstead Tymon, who died 04/12/2014, were issued to the undersigned by the Hawkins County Chancery Court of Hawkins County, Tennessee. All persons, resident and non-resident, having claims, matured or unmatured, against the estate are required to file the same with the Clerk of the above-named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1) (A) Four (4) months from the date of the first publication (or posting, as the case may be) of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before date that is four (4) months from the date of the first publication (or posting); or
(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors, if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of the first publication (or posting) as described in (1)(A); or

(2) Twelve (12) months from the decedent's date of death.

All persons indebted to the above Estate must come forward and make proper settlement with the undersigned at once.

This 17th day of June, 2014.

April Stovall
Administratrix

Allen J Coup
Attorney

Holly H. Jaynes
Clerk and Master
2x 06/25;07/02/2014

NOTICE TO CREDITORS

No. 37CH1-2014-PR-107

In the Matter of the Estate of Hugh Everette Walters, Deceased

Notice is hereby given that on June 13th of 2014 Letters Testamentary in respect to the estate of Hugh Everette Walters, who died 03/01/2014, were issued to the undersigned by the Hawkins County Chancery Court of Hawkins County, Tennessee. All persons, resident and non-resident, having claims, matured or unmatured, against the estate are required to file the same with the Clerk of the above-named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1) (A) Four (4) months from the date of the first publication (or

2 ANNOUNCEMENTS

Of Interest

ADVERTISE YOUR BUSINESS IN THE ROGERSVILLE REVIEW Business & Service Directory.
Call Abby or Buffy 423-272-7422 for more information.

CLASSIFIED ADVERTISING ERRORS AND ADJUSTMENT POLICY.
Advertisers are requested to check their ads for errors on the first day of publication.
The Rogersville Review, will be responsible for only one incorrect insertion and then only for the portion of the ad that is incorrect.
ANY ERRORS SHOULD BE REPORTED IMMEDIATELY. 272-7422

PLEASE CHECK YOUR AD for errors the FIRST DAY it appears in print. Our paper will not be liable for incorrect ads after the first day of publication. You may request a proof of your ad be sent to you by fax or email before it prints to correct any errors.

Deadline for Corrections:
2 days prior to publication
423-272-7422
Classified hours are:
Monday – Friday 8 a.m. - 5 p.m.

Garage / Yard Sales

124 Shanks Gap Rd, Sat., July 5 washer/dryer; frig; stove; dishwasher; hunting ware; men's, women's and baby boy's clothing; dishes, cookware, linens, TV(s), Christmas décor, misc. furniture & lots of misc. items

3 Family Yard Sale: 4th 8-5 & 5th 8-1 806 E. McKinney Ave. Children's clothing, household items, too much to mention.

3 Family Yard Sale: Wed.-Fri. 8-4 at 1604 Hwy. 70 N. (below Rock Hill Grocery) Lots of clothing and misc household items.

4 Day Yard Sale: July 2nd - 5th [illegible] 268 Maris R[illegible] [illegible] ture, appliances, cloth[illegible] bike[illegible] and computer [illegible]

Yard Sale: Ju[illegible] [illegible] or [illegible] 408 Oak Gr[illegible] Rd. Lots of [illegible] Nascar items, moto[illegible] toys & lots of [illegible]

Yard Sa[illegible] July 3rd - 5th
720 Tuggle [illegible] Rd. Lots of [illegible]

3 SERVICES

Child Care

In-Home Daycare for 2-4 [illegible] small group. $115/wk. Now t[illegible] terviews. Call (423)327-2170 [illegible] for Deb.

6 EMPLOYMENT

SUPPLEMENTAL #1
July 30, 2014
9:54 am

SUPPLEMENTAL #1
July 30, 2014
9 :54 am

AFFIDAVIT

July 29th, 2014

Implanted Pump Management LLC
200 Prosperity Place #102
Knoxville, TN 37923

Gentlemen:

The enclosed itemized statement is for publication of **Notification of Intent to Apply For a Certificate of Need** in the ***Union City Daily Messenger*** with circulation and coverage within the following counties: Obion, Lake, and Weakley (3 counties total).

This publication took place on July 2nd, 2014.

I, *Kathy Hensley*, Accounting Services Representative for Tennessee Press Service, Inc., do hereby certify that the attached is true and correct.

This Twenty Ninth day of July 2014

Kathy Hensley

Kathy Hensley, Accounting Services Representative

Sworn before me this 29th day of July 2014

Earl Goodman

Earl Goodman, Notary Public
My commission expires September 11, 2016

Misc. For Sale

New
OUTDOOR FLEA MARKET
Second Chances
Mall & Antiques
802 N. Lindell St.,
Martin, TN
Booths Available Now!
Call Tim or Amy
731-588-5674 or 731-438-2802

JULY 4,5,6

FOR SALE

2009 MODEL ENCLOSED TRAILER
wired for 110 electricity, insulated walls and ceiling, has heat and air
$4,500
Call 446-7035 or 885-2126

Help Wanted

Support Specialist Residential

SJCS-TN, a not for profit organization, seeks Support Specialist Residential to provide support to individuals with disabilities in developing and/or maintaining skills that will enhance the quality of their lives in the community; assists with personal care, household tasks and daily routines; performs other job related duties as assigned. Requirement: 18 years of age or older; High school diploma or G.E.D. preferred; Associate's or Bachelor's degree in related field a plus; two or more years related experience working with persons with disabilities preferred; experience in community based programs a plus. Competitive salary and benefits.
Please refer to http://www.sjca.org to apply and for further information. EOE

ROUTE DRIVER
Full Time Position

UNION CITY COCA-COLA BOTTLING COMPANY
Coca-Cola

Requirements:
- High school graduate/GED or comparable sales experience
- CDL Class A or B with air brakes
- Good verbal and Clerical skills
- Pass physical and drug screen
- Five days a week
- Good driving record

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2 PM til 5 PM **OPEN HOUSE** Refreshments Served! DAILY!

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Now accepting applications for 1, 2, 3 and 4 BR, with no waiting on the 3 & 4 bedroom waiting list.
RENT based on 30% of Income.
Equal Housing Opportunity! We do not discriminate against person with disabilities.

Your Business
GETS ATTENTION
In The Classifieds

THE MESSENGER CLASSIFIED ADS WORK!

PLACE YOUR AD BY:

PHONE: 885-0744 FAX: 885-0782

Legal

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Infusted Pump Management, LLC owned by Roy Pulmo with an ownership type of Single Member LLC and to be managed by Roy Pulmo intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The estimated project cost is $8,100. The agency will utilize one office, located at 200 Prosperity Place #102, Knoxville, TN 37923, to service the entire state. Services will be provided within all 95 Tennessee counties listed as follows: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, McMinn, McNairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson. The anticipated date of filing the application is July 7th, 2014. The contact person for this project is Melissa Hess, Director of Nursing, who may be reached at Intrathecal Pump Management, 200 Prosperity Place #102, Knoxville, TN 37923, telephone (201) 475-9035.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243. The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objections with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

CLASSIFIEDS WHERE BUYERS AND SELLERS MEET

THE CLASSIFIEDS

Auction

ESTATE AUCTION
MONDAY * JULY 7 * 3:00 PM
GREENFIELD, TN 38230
AUCTION HELD ON-SITE AT 2001 MERIDIAN ST. - HWY. 45E IN THE CENTER OF GREENFIELD TN. WATCH FOR AUCTION ARROWS

PHIL B. HARRIS ESTATE

FURNITURE: SLANT TOP WRITING BOX ON FRAME - LOVE SEAT CARVED LEGS & CLAW & BALL FEET -CLASSICAL SETTEE - DECORATIVE CREST RAIL-PROVIDENCE KING BEDROOM SUITE 5 PIECE - BRASS KING BED - WHITE METAL GLASS TOP DINETTE /PATIO TABLE - 2 POSTER BEDS SQUARED & TURNED POST - RATTAN COUCH - WHITE WICKER FURNITURE - SETTEE, TABLE & CHAIR -WALNUT EXECUTIVE DESK -TEA CART

LAMPS: 2 BRASS TABLE LAMPS W/ ORNATE BASE, STEM HAND PAINTED SHADES- PAIR OF TABLE LAMPS GLASS & BRASS BASE - YELLOW TABLE LAMPS - WOOD STEM FLOOR LAMP W/ BRASS ROD - BRASS READING FLOOR LAMPS

COLLECTIBLES: ANSONIA PORCELAIN SHELF CLOCK HAND PAINTED, DIAL BRASS RING - SINGER MINIATURE SEWING MACHINE SALESMAN SAMPLE - WOOD COOK STOVE W/ 4 BURNERS KRAUS FURNITURE MILKING STOOL- ART GLASS OVERLAY VASES

PAINTINGS & PRINTS: 3 FRAMED NEEDLE POINT FLOWERS - ROSES PRINT - IRIS - OAK FRAMED DAFFODIL PRINT - FRAMED NIGHT CAFE SCENE PRINT - 3 FRAMED PRINTS BY LINDA POWELL - 5 GOLD FRAMED PRINTS - 2 FLOWERS, 2 FRUIT, 1 SMALL CHILD

CHINA: 6 HAND PAINTED CHINA AMICA SAUCERS - BAVARIA HAND PAINTED LOTUS TRAY - WAMLAR GERMANY HAND PAINTED ROSES PLATES - 2 HAND PAINTED BAVARIAN CAKE PLATES IN FRAME

MISCELLANEOUS: [illegible]

10% Buyers Premium Added To Final Bid.

PERSONAL PROPERTY TERMS: Payable in Cash, Cashier's Check or Personal Check with Current Bank Letter of Guarantee

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ALEXANDER
AUCTIONS & REAL ESTATE SALES
MARVIN E. ALEXANDER [illegible]
239 University Street, Martin, Tennessee
Office: 731-587-4244
Email: [illegible]

Home shopping has never ***SEE THE***

July 30th, 2014
9:55 am

SUPPLEMENTAL #1

SUPPLEMENTAL #2

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax:615/532-9940

August 14, 2014

Melissa Hess, RN
Director of Nursing
Implanted Pump Management
200 Prosperity Place #102
Knoxville, TN 37923

RE: Certificate of Need Application CN1407-027
Implanted Pump Management

Dear Ms. Hess,

This will acknowledge our July 28, 2014 receipt of your supplemental response pertaining to your application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services to patients residing in all 95 Tennessee counties from its parent office located at 200 Prosperity Place #102, Knoxville (Knox County), TN 37932.

The application is incomplete. A number of items also need additional discussion and /or clarification. Please review the items and respond as soon as possible. Should you need technical assistance regarding the format of the application, please contact me by e-mail or phone at extension 615-770-0492.

Towards the end of this letter you will find information regarding "deemed complete" or "deemed incomplete" status of an application and a "deemed void" date. If this application is not complete prior to that date, it will be deemed void. In order to help expedite the review process, please resubmit all required information in the format described and respond to our initial questions in **triplicate, with affidavit by 4:00 p.m. July 31, 2014**. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

---

1. **Section A, Applicant Profile, Item 4**

   A reply to this question was not included in the 7/28/14 supplemental response. The question is repeated as follows:

   The owner's formation as a New Jersey limited liability corporation with one member is noted. Is the applicant registered to do business in Tennessee? If so,

please provide documentation of the owner's registration with the Tennessee Secretary of State.

Implanted Pump Management LLC registered to do business in Tennessee on October 24th, 2013 (see Attachment 1.Section A.Item 4).

2. **Section A, Item 6**

A reply to this question was not included with the applicant's 7/28/14 supplemental response. The question is repeated as follows:

The office service agreement for the parent office of the proposed HHA at 200 Prosperity Place in Knoxville, TN indicates a rate of $325 per month from December 2013 through January 1, 2015. Is this an office rental agreement similar to the usual and customary commercial office rentals in the Knoxville area? Please identify the size, in square feet, of the office, the number of occupants that will use the office and compare the rental rate to other similar professional office space in Knoxville.

Since licensure may not occur at the earliest prior to January 1, 2015, it appears that the rental arrangement will expire at the start of the applicant's first full year of operations. Please provide an addendum with extension to the rental agreement.

Our office rental and rate is similar to rental rates for offices of the same size and amenities in the Knoxville area, although we have chosen to utilize the most cost-effective. Located at 200 Prosperity Place in Knoxville, our office has a total area of 80 square feet with dimensions of 8 feet by 10 feet and our rent costs $325 per month. We considered several similar offices in the area: a 10' by 10' cottage alongside an engineering firm, costing $350 per month on South Peters Road (includes utilities); a 11' by 12' office within an executive suite building with 24/7 access costing $400 per month, rented through Southland Realtors (contact: Larry Anderson, landerson@southlandrealtors.com); and a 10' by 13.5' office within an executive building costing $370 per month, rented by the company Executive Suites (contact number: 865-694-0840). (Please refer to Attachment 2.Section A.Item 6.Alternate Offices for information regarding the aforementioned rentals.) The locations within the office buildings included amenities similar to those we receive at our current location, also at no extra charge. We chose to rent the most affordable location that included these amenities.

As our current rental agreement ends on January 31st of 2015, we have added an addendum to this agreement in order to extend it through December 31st of 2015 (see Attachment 2.Section A. Item 6.Rental Agreement for both our current agreement and the addendum). Our monthly rate will increase from $325 to $349 per month during the time specified by our addendum.

The only occupant that will utilize this office will be our RN Administrator. No patients or caregivers will ever be seen at this location, as all services are to be rendered in the home.

3. **Section A, Applicant Profile, Item 13**

A reply to this question was not included in the applicant's 7/28/14 supplemental response. The question is repeated as follows:

Why has the applicant decided not to provide intrathecal home infusion services to TennCare/Medicare enrollees? Is the service generally a covered service under these payor groups? Please discuss.

Please clarify if TennCare and/or Medicare enrollees will be provided infusion services as out-of-network or under some other arrangement.

If the applicant does not plan to provide intrathecal home infusion nursing services to TennCare/Medicare enrollees, where would enrollees be referred for those services? If a home health provider is not located, would an enrollee be required to travel on-site for infusion services? Please be specific.

In other parts of the application, the applicant states that home health patients in Tennessee have limited, if any, access to intrathecal home infusion services. Do these difficulties only apply to non-TennCare and Medicare patients? Please clarify how a non-homebound patient who needed intrathecal infusion services would receive those services.

Implanted Pump Management (IPM) will not be providing intrathecal home infusion services to TennCare/Medicare enrollees as this proposed service is not a Medicare covered benefit. The proposed therapy is excluded from traditional Medicare guidelines. The proposed services therefore will not be accessible to TennCare and or Medicare enrollees.

As IPM does not intend to offer the proposed services to Tenncare/Medicare enrollees, those individuals will continue therapy by utilizing the individual ordering physicians office for refilling and intrathecal pump management.

At this point, with limited or no intrathecal home infusion service providers in the state of Tennessee, all patients, regardless of insurance, face a lack of access to these services. In regards to individual patients' covered benefits, the proposed services would only be covered with a plan that includes a home infusion service benefit. Medicare/TennCare plans currently do not offer coverage for the proposed home infusion services.

4. **Section B, Project Description, Item I**

The responses to Items 5.A – 5.L in the 7/28/14 supplemental response are noted. Additional clarification is requested as follows:

A. **With respect to patient services, please describe how pump function is checked using telemetry readings in accordance with practice guidelines.**

The pumps software features a number of system and therapy monitors. These are classified into critical and non-critical events (ie. empty reservoir, low reservoir, pump stopped, motor stall occurred, pump stopped for longer than 48 hours, and warning that pump will stop in 90 days). A trained RN checks the pump function by interrogating the pump with the programmer. The source of the alarm is included in the telemetry report. In addition, with every

interrogation the RN checks accuracy of type of, dosing, and delivery of medication that is also displayed on the telemetry report.

B. With respect to the responsibilities of the patient's physician, please clarify how IPM proposes to create awareness of its services such that it receives physician orders for the care of their patients in the home setting. Please describe what is meant by a therapeutic arrangement with the ordering MD (item 5.F).

A therapeutic relationship is also called a "helping alliance." It refers to the relationship between a healthcare professional and a client. IPM simulates a therapeutic relationship with the ordering physicians with whom they work by increasing the exchange of information, knowledge, and clinical assessments derived from homecare visits. This model creates a "helping alliance" that facilitates clinical outcomes and patient satisfaction with the proposed therapy.

The IPM RN only acts on direct orders from the managing MD. The IPM RN will obtain a signed order from the physician for every pump refill or any dose adjustments needed, and will provide the pertinent information to the MD via phone, fax, email, or in-person to make an informed decision. All forms of communication with the MD will follow the mandated HIPAA guidelines by the state of Tennessee to ensure patient confidentiality and safety. The ultimate goal of the therapeutic relationship is to achieve optimal patient outcomes.

C. Please describe the proposed HHA's plans to contract with infusion pharmacies for intrathecal medications. This should address the nature and scope of services, coverage areas in TN, methods for distribution of product, etc. In your response, please identify the names of the pharmacies, addresses, license status and accreditations, if any.

IPM intends to apprehend a contracting arrangement with a 2-3 accredited pharmacies in order to provide the highest quality infusion services to Tennessee patients. IPM will forward the signed order by the MD to the pharmacy and the pharmacy will bill for its own services.

We are currently planning to contract with Intrathecal Compounding Specialists (ICS) at 206-A Jacob's Run, Scott, LA 70583. ICS is accredited by the Pharmacy Compounding Accreditation Board (PCAB) and currently holds valid licensure within the state of Tennessee (see Attachment 4.Section B.Project Description.Item 1.Pharmacy License). Please see attached contract draft for pharmacy services (Attachment 4.Section B.Project Description.Item 1.Pharmacy Contract) and letter from Mr. Stuart Burgess R.Ph., Director of Pharmacy, attesting to ICS's interest in contracting for pharmacy services in Tennessee (Attachment 4.Section B.Project Description.Item 1.Pharmacy Letter).

D. Elsewhere in the supplemental response, it appears that the applicant has identified 1 of 157 licensed HHAs that provides an intrathecal homecare management service. Who is the HHA, where is it located (home and branch offices), what is its licensed service area (names of counties

authorized in license), and what was the HHA's utilization reported to the Tennessee Department of Health for the past 3 years (as reported in its Joint Annual Report)?

Camellia Home Health of East Tennessee, LLC is located at 1700 Liberty Street NW, Knoxville, TN 37921. This agency holds 3 home health licenses in MS and one home health license each in TN, LA, and GA according to their website (www.camellia.com). Within Tennessee, Camellia is licensed to provide home health services within the following 28 counties according to their licensure information as listed on the Tennessee Department of Health website, http://health.state.tn.us: Anderson, Blount, Bradley, Campbell, Claiborne, Cocke, Cumberland, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Union (see Attachment 4.Section B.Project Description.Item ID.Camellia License Info for a printout of Camellia's licensure information and Attachment 4.Section B.Project Description.Item ID.Camellia County Coverage for a map from Camellia's website).

Camellia's report to the Tennessee Department of Health for the year 2013 reflected the provision of the following services: Home Health Aide Services, Medical Social Services, Occupational Therapy, Physical Therapy, Skilled Nursing Care, and Speech Therapy (see Attachment 4.Section B.Project Description.Item ID.Camellia Services for a listing of the broad range of services provided, taken from Camellia's website). The total number of patients serviced was reported as 1,716 and the number of discharges was 1,549. Total revenue was reported as $221,966. (Please refer to Attachment 4.Section B.Project Description.Item ID.Camellia JAR 2013 for Camellia's 2013 Joint Annual Report.)

E. The applicant mentions feedback from physicians and manufacturers. Letters of support from 2 manufacturers is noted, however, the requested letters from physicians have yet to be provided by the applicant. Given the importance of the proposed service as an extension of the physician and the requirement for letters of support from physicians in the project-specific criteria for home health agencies, please explain the difficulty with obtaining physician letters of support for the proposed HHA.

IPM has found a difficulty with obtaining physician letters of support because physicians are reluctant to sign a letter of support for a company that does not have proper licensure in place yet. Once the proper licensure is in place, IPM does not foresee an issue with obtaining letters from support from MDs.

F. What insight was obtained from the Tennessee Medical Association and Tennessee Hospital Association, if any? Please discuss.

Information cannot be accessed because IPM is not a member of either association. Information is only provided to members.

G. The applicant is proposing a statewide, topographically diverse service area covering all rural and urban Tennessee counties. The discussion of the applicant's plans to cover Tennessee with 1 FTE per 40-50 patients located within a 180 mile radius of the RN's work location is noted. With approximately 120 patients projected for Year at 12 visits each, it appears that the applicant could staff with 3 RNs at most. Please identify the potential locations of the 3 RNs envisioned in the first year of the project that meet the criteria. As a suggestion, it may help to show the RN base locations with 180 mile radius circles on a map of the state.

Locations of RN's within 1st year:

- Henderson, TN (Chester County)
- Woodbury, TN (Cannon County)
- Newport, TN (Cocke County)

H. The use of a web portal with communication via e-mail or phone is described in the response for Item 5.H. Please address the method for observing confidentiality & compliance with HIPAA.

The MD will have 24/7 access to their patients information via IPM's web portal system. Each ordering MD will be given a personal secure user name and password to access information. The MD will ONLY have access to his/her patient's. HIPAA compliance will also be followed using encrypted emails containing confidential information and without any patient information in the subject of the email. Emails containing patient information will ONLY be sent to MD's secured email address in accordance with HIPAA guidelines. The communication of patient information via phone will only be given to MD office directly.

I. The applicant states that the DON/Administrator has responsibility for the administration and implementation of the 24 hour call center. What is the coverage plan for the center? For example, will it be staffed 24/7 by IPM employees or by contract with a non-related party? What are target response times to notify clinical staff and resolve problems issues that may arise? In your response, please provide examples of IPM protocols or policies & procedures used in other markets to help illustrate the nature & scope of the call center.

The DON/Administrator will also be responsible for the 24 on call resource. IPM does not foresee the need for a physical "call center." The "call center" is a virtual one in which all calls are directed to the DON/Administrator's cell phone. Since the DON/Administrator will be responsible for the 24/7 on-call service, IPM does not foresee a need at this time to contract with a non-related third party. The DON/Administrator will respond to calls within 20 minutes and work on immediate resolution of the problem/issue.

IPM On-Call Protocol:

- An incoming call is received by IPM after hours and caller is able to leave a message for "an on-call clinician".
- The DON's cell phone rings notifying her that an after-hours message is received.
- The DON then retrieves the on-call message by listening to his/her personal voicemail and returns call to caller within 20 minutes for immediate resolution of the issue.
- The DON will dispatch an RN if immediate implementation is required.

J. The clinical staff training & experience requirements are noted. Is experience in home health setting mandatory for candidates?

Being that intrathecal infusion therapy nursing will be the only service provided by IPM, only adequate training for intrathecal infusion will be mandatory for RN candidates. Although prior experience in home health care settings is preferred, it will not be required.

6. Section B, Project Description, Item II.A.

The clinical staffing plan description (for RNs) is noted. Taking into account the 120 projected patients in Year 1, it appears that RN staffing might reach 3 RNs if the projected census is reached by the end of the year. This is based on the staffing ratio you identified at 40 – 50 patients per RN. Please confirm.

Yes, this is correct. There is a potential for the RN staffing to reach 3 RN's by the end of year one.

The applicant also stated that it had physician providers in place. Please describe the nature and scope of the arrangements with physicians. Will some form of contractual agreement between the parties be used to document the responsibilities of the parties? If so, please provide a copy of same. At a minimum, a letter of interest from physician(s) that addresses their interest and ability to participate in the project would be appreciated.

Physicians who manage intrathecal infusion pumps in the state of Tennessee have been identified by IPM. There are no current "arrangements" with physicians at this time due to non-licensure status. Once IPM obtains the proper licensure, we will then notify the physicians of our services. If a physician decides to refer a patient to IPM

services, at this time a Coordination of Care contract will be executed (see Attachment 6.Project Description.Item IIA for a template of this agreement). If a physician decides to refer a patient to IPM for intrathecal home infusion services, then IPM will utilize the physicians signed order as the "contractual document." On every physician order, the physician must include the following statement "IPM RN to maintain intrathecal infusion pump including refills and reprogramming as ordered by MD." At this time, IPM has not found an MD that is willing to sign a letter of support for a company that is not currently licensed by the state.

The applicant states that it intends to use contracted infusion therapy services that include the following: medication compounding, processing of orders, dose titrations and changes and patient medication counseling. Please document the relationship between the parties by providing a copy of a draft working agreement, memorandum of understanding or similar form of documentation. At a minimum, a letter of interest from the compounding pharmacy(s) that addresses its interest and ability to provide the services needed would be appreciated.

IPM will use a designated pharmacy to provide all pharmacy services including: medication compounding; processing of orders; and consultation with the appropriate dispensing physician, patient, and IPM clinical staff. This said pharmacy will independently bill for its services to either the patient or the patient's insurance company.

IPM has drafted a contract template for the aforementioned services (see Attachment 4.Section B.Project Description.Item 1.Pharmacy Contract). We also have one interested party, ICS (see Attachment 4.Section B.Project Description.Item 1.Pharmacy Brochure for facility information), that specializes in intrathecal infusion drug compounding. We have provided evidence that this pharmacy is ready and willing to contract with us for these services at this time (please refer to Attachment 4.Section B.Project Description.Item 1.Pharmacy Letter).

7. **Section B, Project Description, Item II.C.**

The responses to Items 6.A – 6.C are noted. For item B, some idea of metrics pertaining to health care delivery cost savings or benefits would be appreciated. Based on the applicant's experience in other states and pending JCAHO accreditation, please provide examples of metrics for reductions in ER visits, reduction of infections, reduction of hospital stays.

IPM will be unable to provide the requested data for such comparisons until we have serviced a sufficient number of patients from which we can obtain it. In light of this, we have attached appropriate supporting documentation indicating the efficacy of our particular type of service—intrathecal infusion therapy within the home—and, in turn, a need for such services where none is provided.

Please see the attached graph indicating decreased hospital stays while utilizing home infusion therapy for intrathecal pump management (see Attachment 7.Section B.Project Description.Item IIC.Homecare Graph). We have included an article documenting the underutilization of Intrathecal Baclofen therapy as an under-

recognized treatment modality for multiple sclerosis (Attachment 7.Section B.Project Description.Item IIC.Too Little Too Late). Cost savings attributed to the increased efficacy of intrathecal infusion therapy for children diagnosed with cerebral palsy are cited in two attached articles (see Attachment 7.Section B.Project Description.Item IIC.Medical Expenditures and Attachment 7.Section B.Project Description.Item IIC.Children and Youth).

8. **Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services, Items 1 through 4)**

The responses to these 4 standards are noted. However, the application cannot be deemed complete unless and until the information being requested for the proposed state-wide service area is provided. Because the scope of the project includes the creation of a home health agency, a basic requirement for all HHA's seeking Certificate of Need approval for new or expanded services is to address the project specific criteria for home health agencies as published in Tennessee's Guidelines for Growth. Discussion about whether or not the applicant's proposed HHA limited to intrathecal pump home infusion management services will be eligible for special consideration will be determined by HSDA Agency Board members when your application is heard. For your convenience, the questions are repeated from the HSDA first supplemental questionnaire sent on 7/22/14. Please see the questions below:

Review of the Tennessee Department of Health "Licensed Facilities" report on the Department's website revealed that there are 157 home health agencies (HHA) presently licensed to serve In Tennessee.

Exhibit 1 below was provided in the attachments to the 7/28/14 supplemental response. However, the exhibit is missing the licensed number of counties served by each active HHA license and the utilization of each HHA as reported to the Tennessee Department in the provider Joint Annual Report for the most recent consecutive 3 year periods (2010 – 2012). All this information can be obtained on the link to the Department of Health contained in the HSDA website under "Applicant's Toolbox".

For # of counties served, Alecia Craighead, HSDA Statistician III, provided a spreadsheet that was sent with the HSDA 7/21/14 supplemental questionnaire. The spreadsheet identifies all licensed HHAs for each of Tennessee's 95 counties (as of 7/20/14). Please note that the # of HHAs by county is also identified in Exhibit II. Please revise Exhibit 1 with the information requested. *If you have any questions about the agency listing, please contact Alecia Craighead, HSDA Statistical Analyst at 615-253-2782 to discuss further.*

In Exhibit 1, we have bolded "Camellia Home Health of East Tennessee, LLC" as this is the only Home Health Agency licensed within the state of Tennessee that provides intrathecal home infusion services. You will notice that Camellia's parent office is located in Hattiesburg, MS as its license states on the Tennessee Department of Health website, http://health.state.tn.us, under Facility Listings (see

Attachment 4.Section B, Project Description, Item ID.Camellia License Info). Please reference the attached Joint Annual Reports for this agency from 2010, 2011, and 2012 from which we derived this information (Attachment 8. Section C.Need.Item 1A.Camellia JARs).

We have chosen to represent Camellia as servicing 28 counties in total in Exhibit 1 as this is the current number stated on the TN Department of Health website, despite their listing of 22 as the total number of counties serviced within their 2013 JAR (see Attachment 4.Section B.Project Description.Item ID.Camellia JAR 2013).

Exhibit 1
Existing Licensed HHAS & Their Utilization serving the 95 County Declared Service Area

Agency Name (license #)*	County of Parent Office	Total Counties authorized in license (# counties in service area) **	2010 JAR Total patients served	2011 JAR Total patients served	2012 JAR Total patients served
Clinch River Home Health #00000001 (01032)	Anderson	7	596	473	468
Professional Case Management of Tennessee #00000620 (01042)	Anderson	8	105	127	182
Heritage Home Health #00000004 (02024)	Bedford	7	286	282	280
Tennessee Quality Homecare – Northwest #00000008 (03025)	Benton	15	1129	1129	1128
Blount Memorial Hospital Home Health Services #00000213 (05012)	Blount	19	1299	1357	1308
Family Home Care, Cleveland #00000013 (06043)	Bradley	5	594	673	1023
Home Health Care of East Tennessee, Inc. #00000014 (06043)	Bradley	17	4976	4764	4755
Sunbelt Homecare #00000016 (07032)	Campbell	10	246	285	260
Baptist Memorial Home Care #00000019 (09065)	Carroll	11	245	235	213
Amedisys Home Health Care #00000023 (10031)	Carter	7	1523	1241	1147
Amedisys Home Health of Tennessee #00000025 (13022)	Claiborne	5	1272	1730	2074
Claiborne Home Health Care	Claiborne	N/A	504	436	unavailable

(13032)					
Cumberland River Homecare #00000135 (14024)	Clay	10	313	361	236
Smoky Mountain Home Health and Hospice, Inc. #00000027 (15032)	Cocke	12	1699	1622	1535
Doctor's Associates Home Health (16034)	Coffee	N/A	787	unavailable	unavailable
Medical Home Health Care (16024)	Coffee	N/A	1002	726	unavailable
C.M.C. Home C.A.R.E. #00000033 (18054)	Cumberland	Facility Closed	545	536	409
Alere Women's and Children's Health LLC #00000471 (19654)	Davidson	14	349	140	196
Amedisys Home Care #00000038? (19674)	Davidson	22	2881	1538	1598
Amedisys Home Health #00000068? (19024)	Davidson	10	1443	756	388
Amedisys of Nashville East #00000040 (19684)	Davidson	Facility Closed	701	unavailable	unavailable
Continuous Care Services, LLC #00000048 (19664)	Davidson	6	788	905	671
Elk Valley Health Services, Inc. #00000042 (19494)	Davidson	95	547	250	245
Friendship Home Healthcare, Inc. #00000323 (19614) N/A	Davidson	14	769	1040	1093
Friendship Private Duty, Inc. (19714)	Davidson	Facility Closed	9	10	unavailable
Gentiva Health Services #00000049 (19084)	Davidson	12	1345	1239	1239
Home Care Solutions #00000056 (19544)	Davidson	95	2140	unavailable	2080
Home Health Care of Middle Tennessee, LLC #00000046 (19584)	Davidson	14	4017	4246	3914
Intrepid USA Healthcare Services #00000034 (19364)	Davidson	19	386	644	920
Maxim Healthcare Services, Inc. #00000615 (19704)	Davidson	9	154	138	141
Premiere Home Health, Inc. #00000035 (19374)	Davidson	1	113	118	81
SunCrest Home Health #00000070 (19324)	Davidson	12	4728	5428	6710
US Bioservices (19504)	Davidson	N/A	N/A	unavailable	unavailable
Vanderbilt Community and Home Services #00000043 (19394)	Davidson	20	1155	1180	1230
Vanderbilt Home Care Services #00000065 (19314)	Davidson	7	1049	1179	1268
Willowbrook Home Health	Davidson	36	3413	3088	2149

Care Agency, Inc. #00000259 (19694)					
Tennessee Quality Homecare – Southwest #00000221 (20045)	Decatur	15	1352	1352	1082
Volunteer Homecare of West Tennessee, Inc. #00000063 (20055)	Decatur	17	1401	1598	1503
SunCrest Home Health #00000060 (21024)	DeKalb	7	1282	1406	1501
Regional HomeCare, Dyersburg #00000077 (23035)	Dyer	6	655	744	814
NHC Homecare #00000291 (24026)	Fayette	8	254	254	217
Where The Heart Is, Inc. #00000612 (24036)	Fayette	3	34	253	284
Quality Home Health #00000287 (25044)	Fentress	16	4059	4540	4012
Quality Private Duty Care #00000080 (25034)	Fentress	5	461	599	703
Amedisys Home Care #00000082 (26054)	Franklin	16	1197	1015	1074
Caresouth HHA Holdings of Winchester, LLC #00000083 (26024)	Franklin	34	1229	1395	1371
NHC Homecare #00000085 (27025)	Gibson	12	546	479	625
Volunteer Home Care, Inc. #00000285 (27085)	Gibson	13	2443	2549	3027
Advanced Home Care, Inc. #00000086 (30021)	Greene	7	323	385	526
Laughlin Home Health Agency #00000088 (30041)	Greene	5	608	553	547
Procare Home Health Services #00000087 (30051)	Greene	6	323	418	384
Amedysis Home Health Care #00000091 (32102)	Hamblen	13	3494	3613	3675
Premier Support Services, Inc. #00000010 (32132)	Hamblen	30	839	972	900
University of TN Medical Center Home Health Services #00000153 (32122)	Hamblen	20	663	unavailable	1244
Alere Women's and Children's Health, LLC #00000457 (33423)	Hamilton	13	6	18	52
Amedysis Home Health #00000113 (33103)	Hamilton	21	2907	3358	3343
Continucare Healthservices, Inc.-I #00000098 (33213)	Hamilton	8	1537	1638	1494
Continucare Healthservices,	Hamilton	11	18	21	17

Inc.-II #00000108 (33383)					
Gentiva Health Services #00000100 (33093)	Hamilton	12	459	487	268
Guardian Home Care, LLC #00000115 (33083)	Hamilton	7	2122	2179	2116
Home Care of Chattanooga #00000014 (33133)	Hamilton	17	223	208	119
Home Care Solutions #00000338 (33363)	Hamilton	10	401	unavailable	734
Life Care at Home of Tennessee #00000109 (33303)	Hamilton	10	772	616	989
Maxim Hospital Home Health #00000613 (33433)	Hamilton	8	106	71	150
Memorial Hospital Home Health #00000103 (33253)	Hamilton	11	3448	3469	3264
NHC Homecare #00000111 (33033)	Hamilton	11	207	199	203
Hancock County Home Health Agency #00000117 (34011)	Hancock	4	342	299	323
Deaconess Homecare #00000290 (36025)	Hardin	11	1124	1213	1244
HMC Home Health, LLC #00000137 (36035)	Hardin	6	308	252	274
Hometown Home Health Care, Inc. #00000320 (37021)	Hawkins	3	177	173	unavailable
Regional Home Care, Lexington #00000139 (39035)	Henderson	22	683	579	616
Henry County Medical Center Home Health #00000122 (40075)	Henry	12	474	355	399
Hickman Community Home Care, Inc. (41034)	Hickman	N/A	154	9	134
Johnson County Home Health #00000130 (46031)	Johnson	2	408	251	396
Amedisys Home Health Care #00000150 (47202)	Knox	28	4958	3470	5420
CareAll Home Care Services #00000131 (47232)	Knox	6	277	177	278
Covenant Homecare #00000133 (47402)	Knox	17	3940	2254	3946
East Tennessee Children's Hospital Home Health Care #00000132 (47222)	Knox	16	1066	319	559
Gentiva Health Services #00000142 (47042)	Knox	16	812	636	870
Girling Health Care Services of Knoxville, Inc. #00000149	Knox	27	1	0	1

(47372)					
Girling Health Care, Inc. (47182)	Knox	N/A	1130	760	1031
Maxim Healthcare Services, Inc. #00000149 (47182)	Knox	18	210	83	150
NHC Homecare #00000143 (47012)	Knox	15	573	352	567
Priority Healthcare Services of Tennessee, Inc. (47062)	Knox	N/A	1513	unavailable	unavailable
St. Mary's Home Care Services (47092)	Knox	Withdrew Application	4206	unavailable	unavailable
University of TN Medical Center Home Care Services #00000156 (47132)	Knox	16	1877	1492	3264
Deaconess Homecare #00000161 (52024)	Lincoln	25	604	381	704
Hospital Home Health and Hospice (52044)	Lincoln	N/A	259	210	unavailable
NHC Homecare #00000166 (54043)	McMinn	8	234	117	183
Woods Home Health LLC (54083)	McMinn	N/A	N/A	177	unavailable
Amedisys Home Health Care #00000177	Madison	19	2407	1618	2586
Extendicare Home Health of West Tennessee #00000120 (57095)	Madison	21	1015	unavailable	993
Intrepid USA Healthcare Services (57165)	Madison	N/A	210	168	86
Medical Center Home Health, LLC 00000174 (57055)	Madison	17	1329	810	1617
Regional Home Care, Jackson #00000178 (57085)	Madison	20	969	755	1061
CareAll Homecare Services #00000194 (60074)	Maury	18	354	285	224
Maury Regional Home Services #00000180 (60044)	Maury	8	1022	1188	1220
NHC Homecare #00000181 (60024)	Maury	21	2150	2212	2134
Quality First Home Care #00000090 (60084)	Maury	5	877	906	855
Intrepid USA Healthcare Services #00000190 (62052)	Monroe	15	240	238	273
Sweetwater Hospital Home Health #00000189 (62062)	Monroe	5	470	462	569
Gateway Home Health, Clarksville #00000186 (63034)	Montgomery	7	873	1050	1067
Extendicare Home Health of Western Tennessee #00000188 (66035)	Obion	5	499	398	347

Amedisys #00000191 (67024)	Overton	11	1355	1325	1277
Highland Rim Home Health Agency #00000197 (71014)	Putnam	14	597	555	495
Intrepid USA Healthcare Services #00000198 (71084)	Putnam	8	275	244	341
Lifeline Home Health Care #00000203 (74064)	Robertson	5	325	289	336
NHC Homecare #00000205 (74054)	Robertson	7	830	869	909
Amedisys #00000207 (75054)	Rutherford	7	613	543	554
Amedisys Home Health Care #00000005 (75064)	Rutherford	19	1315	1476	1431
NHC Homecare #00000208 (75024)	Rutherford	24	2794	3007	3269
Deaconess Homecare #00000211 (76032)	Scott	5	402	406	352
Accredo Health Group, Inc. #00000347 (79456)357	Shelby	6	7	9	14
Alere Wom892en's and Children's Heal2411th LLC #00000459 (79466)576	Shelby	7	4	357	401
Amedisys Home Care #00000239 (79146)	Shelby	3	789	892	938
Amedisys Home Health #00000215 (79386)	Shelby	3	2344	2411	1806
Amedisys Home Health Agency, Inc. #00000238 (79256)	Shelby	4	567	576	683
Baptist Trinity Home Care #00000241 (79276)	Shelby	4	3314	3248	3367
Baptist Trinity Home Care – Private Pay Division #00000242 (79446)	Shelby	5	1	1	1
Best Nurses, Inc. #00000621 (79546)	Shelby	3	41	311	366
Elder Care, Inc. (79136)	Shelby	N/A	421	780	unavailable
Family Home Health Agency #00000229 (79206)	Shelby	2	1070	375	863
Functional Independence Home Care, Inc. #00000610 (79496)	Shelby	3	903	unavailable	804
Home Health Care of West Tennessee, Inc. #00000227 (79486)	Shelby	4	1617	unavailable	1118
Homechoice Health Services #00000240 (79376)	Shelby	6	2963	unavailable	unavailable
Interim Healthcare of Memphis, Inc. #00000228 (79056)	Shelby	3	727	720	889

Intrepid USA Healthcare Services #00000214 (79226)	Shelby	3	537	662	615
Maxim Healthcare Services, Inc. #00000618 (79536)	Shelby	6	82	103	197
Methodist Alliance Home Care #00000233 (79316)	Shelby	7	3352	3226	3180
No Place Like Home, Inc. #00000611 (79506)	Shelby	3	48	38	55
Senior Services Home Health (79106)	Shelby	N/A	670	642	127
Still Waters Home Health Agency, LLC #00000616 (79526)	Shelby	1	83	105	unavailable
Willowbrook Visiting Nurse Association, Inc. #00000244 (79236)	Shelby	6	451	479	533
Sumner Homecare and Hospice, LLC (Highpoint Homecare) #00000245 (80064)	Smith	8	316	212	unavailable
Advanced Home Care, Inc. #00000249 (82051)	Sullivan	5	2665	2825	2583
Gentiva Health Services #00000251 (82061)	Sullivan	9	1244	1286	979
Sumner Homecare and Hospice, LLC #00000258 (83114)	Sumner	7	1102	978	unavailable
Baptist Home Care and Hospice – Covington #00000260 (84046)	Tipton	8	330	326	361
CareAll Homecare Services #00000288 (84076)	Tipton	19	1424	1491	unavailable
Unicoi County Home Health #00000355 (86051)	Unicoi	1	205	246	209
CareAll Home Care Services #00000265 (89074)	Warren	10	515	520	337
Friendship Home Health, Inc. #00000619 (89084)	Warren	10	1083	1025	1345
Intrepid USA Healthcare Services #00000263 (89064)	Warren	16	506	650	159
Amedisys Home Health #00000273 (90121)	Washington	7	2905	2496	2384
Medical Center Homecare Services #00000271 (90091)	Washington	6	2667	2801	3118
Medical Center Homecare, Kingsport #00000269 (90081)	Washington	7	1298	1126	1628
NHC Homecare #00000267 (90131)	Washington	7	279	241	264
CareAll Homecare Services #00000276 (92025)	Weakley	13	1902	1903	unavailable

Guardian Home Care of Nashville, LLC #00000607 (94074)	Williamson	14	1982	1265	1365
Home Health Care Services, LLC (Health at Home) #00000617 (94094)	Williamson	1	62	63	unavailable
CareAll (95064)	Wilson	N/A	1680	1473	unavailable
Deaconess Homecare #00000282 (95034)	Wilson	21	1076	1237	1210
Donelson Home Health (95074)	Wilson	N/A	1931	1705	unavailable
Quality Care Home Health Agency (95084)	Wilson	N/A	128	217	unavailable
Camellia Home Health of East Tennessee, LLC #00000144 (47062)	**Out-of-State (MS)**	**28**	**1513**	**1448**	**1556**
Magnolia Regional Health Center Home Health #00000296 (96010)	Out-of-State	2	1009	1000	915
Professional Home Health Care Agency, Inc. #00000298 (96030)	Out-of-State	7	2920	3021	2985
Regional Home Care Parkway #00000297 (96020)	Out-of-State	2	23	31	14

**** Please highlight any HHA in bold font that offers intrathecal home infusion services, even if on a limited basis.***

***** Please show the # of all counties for each HHA. The # of counties in the applicant's service area should be shown separately in the bracket.***

The applicant must also complete Exhibit II to address the need standard in the project specific criteria for Home Health Agency services. This Exhibit is provided to help the applicant identify all existing licensed HHAs authorized to serve the statewide service area in, to apply the need formula correctly and to identify the net need (surplus or shortage) for any additional agencies at this time and four years in the future (CY2018). Please complete the table as requested.

IPM utilized population demographics information from the US Census Bureau as well as from the Applicant Toolbox on the HSDA website (please see Attachment 8. Section C.Need.Item 1A.US Census Quickfacts).

In comparison with the Tennessee Department of Health's 2013 Final Joint Annual Report (JAR) population projections per county (see Attachment 8. Section C.Need.Item 1A.2013 Final JAR), reflects an overall similarity in IPM's population projections for all counties. You will notice, however, that the data we collected from the prior published JAR has three discrepant pieces of data as reported in Clay, Franklin and Greene Counties. The estimated population seems to be very similar but the total patients served in those counties are much higher

than the estimated population (ex. Clay has an estimated population of 7,673 with 103,667 total patients served). We do not believe this will affect Tennessee cumulatively if the data is correct but simply hasn't been divided into counties in exact proportions.

Exhibit 2

County (A)	# Authorized Agencies* (B)	2014 Pop* (C)	Patients served -2013 (D)	Use Rate (Patient /1000 pop.) (E)	2018 Pop (F)	Projected Capacity (G)	Projected Need (H)	Additional Need (Surplus) for 2018 (G-H)
Please list all 95 counties Examples are provided for the eastern division of TN below				(Column D Divided by Column C)		Column E Times Column F	Column F Times 0.015	Column G Minus Column H
Anderson	24	76,579	582	0.00759999	77,851	591.667193	1167.765	-576.097807
Bedford	25	47,368	241	0.00508782	50,566	257.270858	758.49	-501.219142
Benton	16	16,257	1164	0.07159993	16,104	1153.04521	241.56	911.4852113
Blount`	19	128,368	1224	0.00953509	135,171	1288.86719	2027.565	-738.697806
Bradley	20	103,308	4593	0.04445929	107,481	4778.5286	1612.215	3166.313604
Campbell	24	41,474	341	0.00822202	42,566	349.978444	638.49	-288.511556
Cannon	25	14,125	0	0	14,540	0	218.1	-218.1
Carroll	16	28,119	262	0.00931754	27,831	259.316548	417.465	-158.148452
Carter	12	57,284	1171	0.02044201	57680	1179.09504	865.2	313.8950353
Cheatham	31	39,853	0	0	40765	0	611.475	-611.475
Chester	15	17,472	0	0	17999	0	269.985	-269.985

Claiborne	23	32,604	2682	0.08225985	33280	2737.60766	499.2	2238.407656
Clay	11	7,702	103667	13.4597507	7673	103276.667	115.095	103161.5722
Cocke	19	36,762	1296	0.03525379	38615	1361.32528	579.225	782.1002815
Coffee	23	54,273	3865	0.07121405	56841	4047.87767	852.615	3195.262674
Crockett	15	14,596	0	0	14683	0	220.245	-220.245
Cumberland	20	57,815	407	0.0070397	60292	424.437326	904.38	-479.942674
Davidson	37	656,385	25202	0.03839515	682330	26198.1621	10234.95	15963.21215
Decatur	17	11,822	2614	0.22111318	12080	2671.0472	181.2	2489.8472
DeKalb	29	18,952	3537	0.18662938	19125	3569.28688	286.875	3282.411883
Dickson	29	50,860	0	0	51964	0	779.46	-779.46
Dyer	14	38,218	702	0.01836831	38427	705.838976	576.405	129.4339764
Fayette	30	40,930	499	0.01219155	44888	547.254141	673.32	-126.065859
Fentress	15	18,404	3404	0.18495979	18987	3511.83156	284.805	3227.026558
Franklin	19	41,230	50467	1.2240359	42122	51558.84	631.83	50927.01002
Gibson	17	51,102	3616	0.07076044	52163	3691.07683	782.445	2908.631827
Giles	14	29,315	0	0	29285	0	439.275	-439.275
Grainger	22	23,111	0	0	23675	0	355.125	-355.125
Greene	21	70,187	177437	2.52806075	71594	180993.981	1073.91	179920.0715
Grundy	26	13,355	0	0	13293	0	199.395	-199.395
Hamblen	21	64,108	6392	0.09970674	65570	6537.77126	983.55	5554.221261
Hamilton	21	347,451	12394	0.03567122	353577	12612.5219	5303.655	7308.866875
Hancock	20	6,652	537	0.0807276	6640	536.031269	99.6	436.4312688
Hawkins	22	57,509	96	0.0016693	58164	97.0933941	872.46	-775.366606
Haywood	20	18,117	0	0	18009	0	270.135	-270.135
Henderson	13	28,186	0	0	28631	0	429.465	-429.465
Henry	15	32,697	374	0.01143836	32956	376.962535	494.34	-117.377465
Hickman	25	24,422	214	0.0087625	24698	216.41847	370.47	-154.051525

				9		5		
Houston	16	8,388	0	0	8447	0	126.705	-126.705
Humphreys	20	18,498	0	0	18561	0	278.415	-278.415
Jackson	15	11,368	0	0	11495	0	172.425	-172.425
Jefferson	19	53,729	0	0	56872	0	853.08	-853.08
Johnson	11	18,094	12247	0.6768542 1	18127	12269.336 2	271.905	11997.4311 9
Knox	25	453,629	18026	0.0397373 2	475569	18897.836 8	7133.535	11764.3017 7
Lake	8	9,732	0	0	9468	0	142.02	-142.02
Lauderdale	19	27,341	0	0	27125	0	406.875	-406.875
Lawrence	16	42,329	0	0	42387	0	635.805	-635.805
Lewis	16	12,112	0	0	12224	0	183.36	-183.36
Lincoln	16	34,281	1189	0.0346839 4	35697	1238.1124 5	535.455	702.657453
Loudon	25	50,926	0	0	53192	0	797.88	-797.88
McMinn	24	53,233	529	0.0099374 4	54203	538.63932 1	813.045	-274.405679
McNairy	17	26,582	0	0	27299	0	409.485	-409.485
Macon	23	23,188	0	0	24121	0	361.815	-361.815
Madison	20	99,555	7118	0.0714981 7	101001	7221.3863 5	1515.015	5706.37134 9
Marion	19	28,556	0	0	28992	0	434.88	-434.88
Marshall	24	31,286	0	0	321015	0	4815.225	-4815.225
Maury	26	82,280	5158	0.0626883 8	83256	5219.1838 6	1248.84	3970.34386
Meigs	23	12,205	0	0	12643	0	189.645	-189.645
Monroe	21	46,092	971	0.0210665 6	48088	1013.0488 6	721.32	291.728858 8
Montgomery	25	187,649	17349	0.0924545 3	200566	18543.235 2	3008.49	15534.7451 6
Moore	14	6,350	0	0	6401	0	96.015	-96.015
Morgan	25	21,848	0	0	22004	0	330.06	-330.06
Obion	14	31,453	302	0.0096016 3	31222	299.78202 4	468.33	-168.547976
Overton	14	22,489	1453	0.0646093 6	22967	1483.8832 8	344.505	1139.37827 6
Perry	14	8,014	0	0	8096	0	121.44	-121.44
Pickett	13	5,019	0	0	4943	0	74.145	-74.145
Polk	17	16,604	0	0	16588	0	248.82	-248.82

Putnam	20	77,024	356	0.00462194	82623	381.87822	1239.345	-857.46678
Rhea	22	33,392	0	0	34790	0	521.85	-521.85
Roane	26	54,006	0	0	54457	0	816.855	-816.855
Robertson	31	70,391	1803	0.02561407	74371	1904.944	1115.565	789.3789985
Rutherford	38	293,582	6098	0.02077103	329446	6842.93216	4941.69	1901.242155
Scott	21	21,944	394	0.01795479	21969	394.44887	329.535	64.91386985
Sequatchie	20	15,019	0	0	16004	0	240.06	-240.06
Sevier	18	94,833	0	0	100362	0	1505.43	-1505.43
Shelby	28	943,812	20342	0.02155302	954012	20561.8408	14310.18	6251.660816
Smith	25	19,618	377	0.01921705	20281	389.740901	304.215	85.52590121
Stewart	12	13,549	0	0	13941	0	209.115	-209.115
Sullivan	15	158,975	5123	0.03222519	161136	5192.63864	2417.04	2775.598641
Sumner	32	172,262	855	0.00496337	183406	910.311793	2751.09	-1840.77821
Tipton	29	63,865	1915	0.02998512	67545	2025.34526	1013.175	1012.17026
Trousdale	24	8,167	0	0	8582	0	128.73	-128.73
Unicoi	14	18,376	351	0.019101	18511	353.578635	277.665	75.91363518
Union	24	19,301	0	0	19605	0	294.075	-294.075
Van Buren	18	5,450	0	0	5474	0	82.11	-82.11
Warren	27	40,489	1307	0.03228037	41155	1328.49873	617.325	711.173728
Washington	16	130,586	2085	0.01596649	138370	2209.28315	2075.55	133.7331544
Wayne	12	16,854	0	0	16724	0	250.86	-250.86
Weakley	18	38,522	2036	0.05285292	39491	2087.21447	592.365	1494.849475
White	21	26,871	0	0	27974	0	419.61	-419.61
Williamson	36	202,923	1541	0.00759401	223333	1695.99382	3349.995	-1654.00118
Wilson	36	124,073	7014	0.05653124	133357	7538.83599	2000.355	5538.480992
Total	1907	6,523,686	524919	0.08046356	7,057,604	567879.943	105864.1	462015.883

SUPPLEMENTAL #1
July 28, 2014
9:26 am

Attachment C.Need-Item 1.c.

*** The official population source used by HSDA is the TN Dept. of Health, Division of Health Statistics' Population Projections, 2010-2020. This data is available through the applicant's toolbox on the HSDA website.**

9. **Section C. Need, Item 1 (Specific Criteria: Home Health Services, Item 5 – Documentation of Referral Sources)**

   The clarifying information with letters of support from the 2 pump manufacturers and two patients is noted.

   Letters from physicians and other referral sources such as HHAs should also be provided as requested in the following standards. Please note the following:

   A. ***The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.***

   Our initial referrals will come directly from the pump manufacturer representatives, in which you have noted to have received their letters of support. You have also noted to have received letters of support from patients (see Attachment 9.Section C.Need.Item 1A). IPM has found that at this time, physicians are not comfortable recommending a company that does not have the proper licensure in place in the state. Therefore, letters of support from physicians will not be available until licensure is obtained.

   B. ***The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.***

   The pump manufacturer representatives will be providing IPM with the initial referrals from surgeons implanting new pumps. The implanting surgeon will continue to manage these individuals in conjunction with IPM's proposed services for intrathecal homecare management. The projected number of cases in the initial year of operation referred by implanting surgeons is projected at 60 cases.

   Once IPM obtains state licensure, we can anticipate additional referrals to come directly from the MD. Patients in need of an intrathecal pump commonly have a physically disabling condition, and would greatly benefit from home infusion services in which care is delivered to their doorstep, eliminating the need for travel. The projected number of cases by managing physicians in the initial year of operation is approximately 60 cases.

   The total number of cases by service category in the initial year of operation is projected to be 120.

   C. ***The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.***

   In your response, please be sure that the letters help quantify the "*projected number of cases by service category.*" Please provide the *projected number of referrals from these sources.*

IPM has obtained a letter from a Medtronic representative evidencing the great difficulty experienced by Tennessee intrathecal pump patients in obtaining IPM's proposed services, specifically due to the specialization of these services (see Attachment 9.Section C.Need.Item 1C). Please note that this representative cites that such patients often require emergency medical care due to the inability to obtain intrathecal services within the home, thus producing poorer patient outcomes.

Please refer also to the previously submitted letters from potential patients indicating a need for our services (see Attachment 9.Section C.Need.Item 1A).

10. Section C. Need, Item 1 (Specific Criteria: Home Health Services- Items 6a and 6b)

Your response shows an average cost of $100 per visit and an average cost of $200 per patient. The response also indicates that the range of charges for this type of proposed service is $150 - $200. Is the average charge on a per visit or per patient basis? Please clarify. Note: the reply should take into account that the range of charges covers the average cost per visit. It falls below the estimated average cost per patient.

All amounts pertaining to costs and charges are based on the average cost and reimbursement rates for one RN Home Infusion Visit for one patient.

The question asked about a comparison to the prevailing charge for this type of service by providers in Tennessee. Absent any providers in Tennessee (except 1) to compare to, it would be helpful to identify a range of charges for similar services in other states that the applicant is active in.

In any state, the cost for an IPM RN to provide one patient a visit would be approximately $100.
The current reimbursement in alternate states ranges between $150-$200 per single patient visit.

11. Section C, Need, Item 3

The question asked the applicant to identify and justify the reasonableness of the proposed statewide service area using estimates of potential caseloads. While it is understood that confidential information of the pump vendor (Medtronics) cannot be provided, please understand that the applicant should attempt to illustrate the nature and scope of its projected patient caseload as it pertains to the proposed statewide service area. Using the applicant's estimate of 120 patients (1,440 visits) in Year 1 with primary diagnoses relative to pain or intractable spasticity, please justify the service area by providing a breakout of patients by patient county in the proposed 95 county service area of residence for the first year of the project.

County	No. of patients being served by home health agencies in county	% of total patients
Anderson	2893	1.67
Bedford	1120	0.65

Benton	667	0.39
Blount`	462	1.45
Bradley	2,021	1.17
Campbell	1,715	0.99
Cannon	423	0.24
Carroll	1,246	0.72
Carter	2,072	1.2
Cheatham	772	0.45
Chester	563	0.33
Claiborne	2,002	1.16
Clay	250	0.14
Cocke	1,467	0.85
Coffee	1,874	1.08
Crockett	537	0.31
Cumberland	1,601	0.92
Davidson	14,910	8.61
Decatur	638	0.37
DeKalb	469	0.27
Dickson	1,616	0.93
Dyer	1,671	0.97
Fayette	713	0.41
Fentress	1,015	0.59
Franklin	1,423	0.82
Gibson	1,924	1.11
Giles	1,001	0.58
Grainger	886	0.51
Greene	2,454	1.42
Grundy	529	0.31
Hamblen	2,835	1.64
Hamilton	7,778	4.49
Hancock	682	0.39
Hawkins	2,148	1.24
Haywood	612	0.35
Henderson	1,015	0.59
Henry	1,283	0.74
Hickman	725	0.42
Houston	281	0.16
Humphreys	803	0.46
Jackson	402	0.23
Jefferson	1,749	1.01
Johnson	907	0.52
Knox	9,976	5.76
Lake	325	0.19
Lauderdale	857	0.5
Lawrence	1,667	0.96
Lewis	402	0.23
Lincoln	1,062	0.61
Loudon	1,572	0.91
McMinn	1,807	1.04
McNairy	1,089	0.63

Macon	849	0.49
Madison	3,121	1.8
Marion	725	0.42
Marshall	816	0.47
Maury	2,410	1.39
Meigs	346	0.2
Monroe	1,517	0.88
Montgomery	2,903	1.68
Moore	97	0.06
Morgan	472	0.27
Obion	1,280	0.74
Overton	741	0.43
Perry	258	0.15
Pickett	271	0.16
Polk	427	0.25
Putnam	2,405	1.39
Rhea	922	0.53
Roane	2,354	1.36
Robertson	1,738	1.00
Rutherford	5,503	3.18
Scott	835	0.48
Sequatchie	413	0.24
Sevier	2,452	1.42
Shelby	18,064	10.44
Smith	708	0.41
Stewart	339	0.2
Sullivan	5,259	3.04
Sumner	4,159	2.40
Tipton	1,298	0.75
Trousdale	431	0.25
Unicoi	659	0.38
Union	371	0.21
Van Buren	240	0.14
Warren	2,266	1.31
Washington	4,181	2.42
Wayne	640	0.37
Weakley	1,180	0.68
White	962	0.56
Williamson	2,813	1.62
Wilson	3,727	2.15
Total	173,108	100%

12. Section C, Need, Item 4.a. and Item 4.b

Item 4.a.: as is the case with the project specific criteria, the applicant must identify the demographics of the proposed statewide service area. As such, please complete the table below that was requested in the 7/21/14 HSDA supplemental questionnaire.

Medtronic has assured IPM that there are inthrathecal pump patients in almost every county of the state of TN. Medtronic has also assured IPM that currently there are approximately 300 intrathecal pump patients in the state of TN. IPM is unable to obtain per county information based on pump manufacturer's privacy practices. This information can only be obtained from pump manufacturers and unfortunately they are not privileged to release this amount of detailed patient information. The manufacturers have only provided us with information based on the overall state of TN, which is what IPM's projected numbers are based off of. We therefore extrapolated the data provided in the below table from population statistics from the HSDA Applicant Toolbox as well as TennCare enrollment data per TN county (see Attachment 12.Section C.Need.Item 4A.TennCare Data).

Demographic Variable/ Geographic Area	Total Population-Current Year	Total Population-Projected Year	Total Population-% change	*Target Population-Current Year	*Target Population-Projected Year	Target Population-% change	Target Population-Projected Year as % of Total	Median Age	Median Household Income $	TennCare Enrollees	TennCare Enrollees as % of Total	Persons Below Poverty Level %	Persons Below Poverty Level as % of Total
Anderson	76,579	77,851	1.66	582	1167	100%	1.5%	45	44154	14173	1.2	16.7	-.6
Bedford	47,368	50,566	6.75	241	758	215%	1.5%	40	39635	10562	0.9	18.9	1.6
Benton	16,257	16,104	-.94	1164	241	-79%	1.5%	45	33663	3408	0.3	20.4	3.1
Blount`	128,368	135,171	5.3	1224	2027	66%	1.5%	45	46347	18622	1.5	12.7	-4.6
Bradley	103,308	107,481	4.04	4593	1612	-65%	1.5%	40	40614	18565	1.5	17.8	.5
Campbell	41,474	42,566	2.63	341	638	87%	1.5%	35	31312	11966	1.0	23.7	6.4
Cannon	14,125	14,540	2.94	0	218	218%	1.5%	45	40998	2791	0.2	16.4	-.9
Carroll	28,119	27,831	-1.02	262	417	59%	1.5%	45	35595	6648	0.6	19.2	1.9
Carter	57,284	57680	0.69	1171	865	-26%	1.5%	40	32908	11359	0.9	22.8	5.5
Cheatham	39,853	40765	2.29	0	611	611%	1.5%	40	53363	6083	0.5	11.7	-5.6
Chester	17,472	17999	3.02	0	269	270%	1.5%	40	42097	3397	0.3	16.9	-.4
Claiborne	32,604	33280	2.07	2682	499	-81%	1.5%	40	33563	7948	0.7	23	5.7
Clay	7,702	7673	-.38	103667	115	-100%	1.5%	40	30184	1992	0.2	19.7	2.4
Cocke	36,762	38615	5.04	1296	579	-55%	1.5%	40	29764	9911	0.8	26	8.7
Coffee	54,273	56841	4.75	3865	852	-78%	1.5%	40	38151	11065	0.9	20.6	3.3
Crockett	14,596	14683	0.60	0	220	220%	1.5%	40	37601	3431	0.3	19.2	1.9
Cumberland	57,815	60292	4.28	407	904	122%	1.5%	40	37963	10327	0.9	16.4	-0.9
Davidson	656,385	682330	3.95	25202	10234	-59%	1.5%	34	46,676	119510	9.9	18.5	1.2
Decatur	11,822	12080	2.18	2614	181	-93%	1.5%	45	34146	2475	0.2	20.9	3.6
DeKalb	18,952	19125	0.91	3537	286	-92%	1.5%	45	36713	4354	0.4	19	1.7
Dickson	50,860	51964	2.17	0	779	779%	1.5%	40	45109	8891	0.7	16	-1.3
Dyer	38,218	38427	.55	702	576	-17%	1.5%	40	38167	9436	0.8	19.2	1.9
Fayette	40,930	44888	9.67	499	673	35%	1.5%	40	56297	5646	0.5	13.2	-4.1
Fentress	18,404	18987	3.17	3404	284	-92%	1.5%	40	27773	5527	0.5	25.4	8.1
Franklin	41,230	42122	2.16	50467	631	-99%	1.5%	40	41625	6418	0.5	15.9	-1.4
Gibson	51,102	52163	2.08	3616	782	-78%	1.5%	40	36981	11115	0.9	18.6	1.3
Giles	29,315	29285	-0.1	0	439	439%	1.5%	40	38014	5422	0.5	18.6	1.3
Grainger	23,111	23675	2.44	0	355	355%	1.5%	35	33185	4923	0.4	20.2	2.9
Greene	70,187	71594	2	177437	1073	-99%	1.5%	45	35613	12977	1.1	22.5	5.2

Grundy	13,355	13293	-0.46	0	199	199%	1.5%	40	26644	4593	0.4	29	11.7
Hamblen	64,108	65570	2.28	6392	983	-85%	1.5%	35	39316	13027	1.1	18.6	1.3
Hamilton	347,451	353577	1.76	12394	5303	-57%	1.5%	40	46544	55258	4.6	16.2	-1.1
Hancock	6,652	6640	-0.18	537	99	-81%	1.5%	40	22205	2163	0.2	32.7	15.4
Hawkins	57,509	58164	1.14	96	872	808%	1.5%	45	36419	11852	1.0	16.4	-0.9
Haywood	18,117	18009	-0.6	0	270	270%	1.5%	35	32827	5287	0.4	21.2	3.9
Henderson	28,186	28631	1.58	0	429	429%	1.5%	40	37784	6005	0.5	17.5	0.2
Henry	32,697	32956	0.79	374	494	32%	1.5%	40	36593	6910	0.6	17.4	0.1
Hickman	24,422	24698	1.13	214	370	73%	1.5%	40	42330	5376	0.4	16.3	-1
Houston	8,388	8447	0.7	0	126	126%	1.5%	40	34595	1745	0.1	21.7	4.4
Humphreys	18,498	18561	.34	0	278	278%	1.5%	40	41943	3514	0.3	14	-3.3
Jackson	11,368	11495	1.12	0	172	172%	1.5%	45	33363	2592	0.2	24.1	6.8
Jefferson	53,729	56872	5.85	0	853	853%	1.5%	40	38800	10271	0.9	19.2	1.9
Johnson	18,094	18127	.18	12247	271	-98%	1.5%	45	30063	3880	0.3	25.4	8.1
Knox	453,629	475569	4.84	18026	7133	-60%	1.5%	35	47270	62766	5.2	14.2	-3.1
Lake	9,732	9468	-2.71	0	142	142%	1.5%	40	26212	1940	0.2	30.3	13
Lauderdale	27,341	27125	-.79	0	406	407%	1.5%	40	32987	7212	0.6	26.1	8.8
Lawrence	42,329	42387	.14	0	635	635%	1.5%	35	36663	8658	0.7	18	0.7
Lewis	12,112	12224	.92	0	183	183%	1.5%	40	33956	2636	0.2	19.4	2.1
Lincoln	34,281	35697	4.13	1189	535	-55%	1.5%	40	40904	6607	0.5	16.4	-0.9
Loudon	50,926	53192	4.45	0	797	797%	1.5%	45	49602	7021	0.6	14.6	-2.7
McMinn	53,233	54203	1.82	529	813	53%	1.5%	40	38944	10462	0.9	18.5	1.2
McNairy	26,582	27299	2.70	0	409	409%	1.5%	40	33066	6970	0.6	23.5	6.2
Macon	23,188	24121	4.02	0	361	362%	1.5%	40	35452	5796	0.5	23.5	6.2
Madison	99,555	101001	1.45	7118	1515	-78%	1.5%	35	42348	20997	1.7	18.3	1
Marion	28,556	28992	1.53	0	434	434%	1.5%	40	39817	6300	0.5	19.2	1.9
Marshall	31,286	321015	2.33	0	480	480%	1.5%	40	40687	5629	0.5	17.9	0.6
Maury	82,280	83256	1.19	5158	1248	-75%	1.5%	35	45603	15047	1.2	15.8	-1.5
Meigs	12,205	12643	3.59	0	189	189%	1.5%	45	33492	2703	0.2	23.3	6
Monroe	46,092	48088	4.33	971	721	-25%	1.5%	40	36430	9673	0.8	19.3	2
Montgomery	187,649	200566	6.88	17349	3008	-82%	1.5%	30	49459	23776	2.0	16.2	-1.1
Moore	6,350	6401	.8	0	96	96%	1.5%	35	44977	885	0.1	14.7	-2.6
Morgan	21,848	22004	.71	0	330	330%	1.5%	40	37522	4250	0.4	19.1	1.8
Obion	31,453	31222	-.73	302	468	55%	1.5%	40	40516	6381	0.5	17.1	-0.2
Overton	22,489	22967	2.13	1453	344	-76%	1.5%	40	34119	4427	0.4	22.1	4.8
Perry	8,014	8096	1.02	0	121	121%	1.5%	45	32101	1796	0.1	24.2	6.9
Pickett	5,019	4943	-1.51	0	74	74%	1.5%	45	34255	990	0.1	21	3.7
Polk	16,604	16588	-.1	0	248	248%	1.5%	40	37235	3609	0.3	17.8	0.5
Putnam	77,024	82623	7.27	356	1239	248%	1.5%	40	34107	14258	1.2	24.1	6.8
Rhea	33,392	34790	4.19	0	521	521%	1.5%	40	36470	7841	0.7	22.4	5.1
Roane	54,006	54457	.84	0	816	816%	1.5%	40	43017	9790	0.8	14.4	-2.9
Robertson	70,391	74371	5.65	1803	1115	-38%	1.5%	35	52588	11452	1.0	13	-4.3
Rutherford	293,582	329446	12.22	6098	4941	-18%	1.5%	30	55105	36715	3.0	13	-4.3
Scott	21,944	21969	.11	394	329	-16%	1.5%	35	29161	7272	0.6	25.8	8.5
Sequatchie	15,019	16004	6.56	0	240	240%	1.5%	40	33181	3508	0.3	19.3	2
Sevier	94,833	100362	5.83	0	1505	1505%	1.5%	40	43300	15430	1.3	13.4	-3.9
Shelby	943,812	954012	1.08	20342	14310	-29%	1.5%	35	46251	229641	19.1	20.2	2.9
Smith	19,618	20281	3.38	377	304	-19%	1.5%	35	44116	3813	0.3	17.7	0.4
Stewart	13,549	13941	2.89	0	209	209%	1.5%	40	40200	2564	0.2	20	2.7
Sullivan	158,975	161136	1.36	5123	2417	-52%	1.5%	45	40025	27381	2.3	16.9	-0.4

Sumner	172,262	183406	6.47	855	2751	221%	1.5%	40	55560	22900	1.9	9.8	-7.5
Tipton	63,865	67545	5.76	1915	1013	-47%	1.5%	40	51847	11468	1.0	14	-3.3
Trousdale	8,167	8582	5.08	0	128	128%	1.5%	35	43613	1637	0.1	13.2	-4.1
Unicoi	18,376	18511	.73	351	277	-20%	1.5%	40	35415	3666	0.3	22.1	4.8
Union	19,301	19605	1.58	0	294	294%	1.5%	35	33456	4382	0.4	22.6	5.3
Van Buren	5,450	5474	.44	0	82	82%	1.5%	40	31940	1203	0.1	22.4	5.1
Warren	40,489	41155	1.64	1307	617	-52%	1.5%	35	34008	9230	0.8	22.9	5.6
Washington	130,586	138370	5.96	2085	2075	-1%	1.5%	35	42995	18964	1.6	17.3	0
Wayne	16,854	16724	-.77	0	250	250%	1.5%	40	35377	2871	0.2	20.7	3.4
Weakley	38,522	39491	2.52	2036	592	-70%	1.5%	40	35509	6384	0.5	20.5	3.2
White	26,871	27974	4.10	0	419	419%	1.5%	40	34717	5796	0.5	20.1	2.8
Williamson	202,923	223333	10.06	1541	3349	117%	1.5%	40	91146	8690	0.7	5.8	-11.5
Wilson	124,073	133357	7.48	7014	2000	-71%	1.5%	40	61353	14092	1.2	9.3	-8
Service-Area Total	6,523,686	7,057,604	8.18	524,919	105,864	14552%	1.5%	40	44,140	1,204,364	100	17.3	-
State of TN Total	6,523,686	7,057,604	8.18	524,919	105,864	14552%	1.5%	40	44,140	1,204,364	100	17.3	-

Target Population is population that project will primarily serve. For example, nursing home, home health agency, hospice agency projects typically primarily serve the Age 65+ population; projects for the discontinuance of OB services would mainly affect Females Age 15-44; projects for child and adolescent psychiatric services will serve the Population Ages 0-19. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2014, then default Projected Year is 2018

The table below shows an estimated total number of sufferers that Basic Home Infusion can target in each county in Tennessee. A rate of each of the three diseases was calculated using statistics from findings, then calculated to find an estimated number of sufferers in each of the counties in Tennessee. A final total target market is then calculated from the individual diseases in the whole of Tennessee.
Data were obtained utilizing statistics listed on the following websites: www.msnews.org/ms-statistics/ (see Attachment 12.Section C.Need.Item 4B.Multiple Sclerosis), www.cdc.gov/features/dsCerebralPalsy/ (see Attachment 12.Section C.Need.Item 4B.Cerebral Palsy), www.painmed.org/PatientCenter/Facts_on_Pain.aspx (see Attachment 12.Section C.Need.Item 4B.Chronic Pain), and http://www.census.gov/popclock/ (see Attachment 12.Section C.Need.Item 4B.Population Clock). Please note that all data was calculated utilizing a US population total of 318,606,523 as stated on the US Census Bureau Population Clock at the time of analysis.

Multiple Sclerosis, Cerebral Palsy, Chronic Pain Diseases Within the TN: Who We Target				
Tennessee County	**Population 2014**	**Sufferers of MS**	**Sufferers of CP (Age 5-17)**	**Sufferers of Chronic Pain**
Anderson	76,579	84	253	25526
Bedford	47,368	52	156	15789
Benton	16,257	18	54	5419
Blount	128,368	141	424	42789

Bradley	103,308	114	341	34436
Campbell	41,474	46	137	13825
Cannon	14,125	16	47	4708
Carroll	28,119	31	93	9373
Carter	57,284	63	189	19095
Cheatham	39,853	44	132	13284
Chester	17,472	19	58	5824
Claiborne	32,604	36	108	10868
Clay	7,702	8	25	2567
Cocke	36,762	40	121	12254
Coffee	54,273	60	179	18091
Crockett	14,596	16	48	4865
Cumberland	57,815	64	191	19272
Davidson	656,385	721	2,166	218795
Decatur	11,822	13	39	3941
DeKalb	18,952	21	63	6317
Dickson	50,860	56	168	16953
Dyer	38,218	42	126	12739
Fayette	40,930	45	135	13643
Fentress	18,404	20	61	6135
Franklin	41,230	45	136	13743
Gibson	51,102	56	169	17034
Giles	29,315	32	97	9772
Grainger	23,111	25	76	7704
Greene	70,187	77	232	23396
Grundy	13,355	15	44	4452
Hamblen	64,108	70	212	21369
Hamilton	347,451	382	1,147	115817
Hancock	6,652	7	22	2217
Hawkins	57,509	63	190	19170
Haywood	18,117	20	60	6039
Henderson	28,186	31	93	9395
Henry	32,697	36	108	10899
Hickman	24,422	27	81	8141
Houston	8,388	9	28	2796
Humphreys	18,498	20	61	6166
Jackson	11,368	12	38	3789
Jefferson	53,729	59	177	17910
Johnson	18,094	20	60	6031
Knox	453,629	498	1,497	151210

Lake	9,732	11	32	3244
Lauderdale	27,341	30	90	9114
Lawrence	42,329	47	140	14110
Lewis	12,112	13	40	4037
Lincoln	34,281	38	113	11427
Loudon	50,926	56	168	16975
McMinn	53,233	58	176	17744
McNairy	26,582	29	88	8861
Macon	23,188	25	77	7729
Madison	99,555	109	329	33185
Marion	28,556	31	94	9519
Marshall	31,286	34	103	10429
Maury	82,280	90	272	27427
Meigs	12,205	13	40	4068
Monroe	46,092	51	152	15364
Montgomery	187,649	206	619	62550
Moore	6,350	7	21	2117
Morgan	21,848	24	72	7283
Obion	31,453	35	104	10484
Overton	22,489	25	74	7496
Perry	8,014	9	26	2671
Pickett	5,019	6	17	1673
Polk	16,604	18	55	5535
Putnam	77,024	85	254	25675
Rhea	33,392	37	110	11131
Roane	54,006	59	178	18002
Robertson	70,391	77	232	23464
Rutherford	293,582	323	969	97861
Scott	21,944	24	72	7315
Sequatchie	15,019	17	50	5006
Sevier	94,833	104	313	31611
Shelby	943,812	1037	3,115	314604
Smith	19,618	22	65	6539
Stewart	13,549	15	45	4516
Sullivan	158,975	175	525	52992
Sumner	172,262	189	569	57421
Tipton	63,865	70	211	21288
Trousdale	8,167	9	27	2722
Unicoi	18,376	20	61	6125
Union	19,301	21	64	6434

Van Buren	5,450	6	18	1817
Warren	40,489	44	134	13496
Washington	130,586	144	431	43529
Wayne	16,854	19	56	5618
Weakley	38,522	42	127	12841
White	26,871	30	89	8957
Williamson	202,923	223	670	67641
Wilson	124,073	136	409	41358
Tennessee Total	**6,523,686**	**7169**	**21,530**	**2174562**
Total Target Market 2,203,261				

Item 4.b: although the reply states that no charity will be provided, please note that the applicant has budgeted $1,000 in Year 1 and $2,000 in Year 2 in the Projected Data Chart. Please explain.

IPM has budgeted $1000 for year 1 and $2000 in year 2 because although IPM does not provide charity care in general, IPM is anticipating the event of unforeseen circumstances in which non-payment occurs.

13. Section C, Need, Item 5

The applicant must address the utilization of all existing home health agencies in its proposed service area. A summary of the responses provided for the project specific criteria in Section C, Need, Item 1identifying the names of counties with a shortage of HHAs and the utilization of existing HHAs will suffice for this question.

Out of the 95 counties in the state of Tennessee, only 28 counties are covered by just one agency providing intrathecal home infusion services. This agency, Camellia, is licensed to provide services in the following 28 counties: Anderson, Blount, Bradley, Campbell, Claiborne, Cocke, Cumberland, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, and Union. This leaves the remaining 67 counties within Tennessee without access to IPM's proposed services: Bedford, Benton, Bledsoe, Cannon, Carroll, Carter, Cheatham, Chester, Clay, Coffee, Crockett, Davidson, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Greene, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Johnson, Lake, Lauderdale, Lawrence, Lewis, Lincoln, McNairy, Macon, Madison, Marshall, Maury, Montgomery, Moore, Obion, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, and Wilson. (Please reference Attachment 4.Section B, Project Description, Item ID.Camellia License Info for our source of counties serviced by Camellia and for a map of Camella's Tennessee county coverage.)

Please note that Camellia does not specialize in intrathecal home infusion services.

14. Section C, Economic Feasibility, Item 4 (Projected Data Chart)

The revised table in the replacement application received on 7/28/14 is noted.

What accounts for the projected 17% increase in patient visits from Year 1?

Is this question number a typo? Is the actual question number 18? An increase in patient visits would be a direct response to an expected increase patient census.

20. Section C, Economic Feasibility, Item 9

The total Year 1 gross revenue amount identified in the table was $139,150 in lieu of the $288,000.00 amount entered in the Projected Data Chart. Please revise the table provided below to illustrate the projected revenues by payor source for Year 1 of the project.

The below chart was revised. This Projected Data Chart was previously submitted to reflect Net Revenues. We have adjusted them to reflect Gross Revenues.

Payor	Year One Gross Revenues	% of Total Revenues
Medicare	$ 0. non covered service	0%
Medicaid/TennCare	$ 0. Non covered service	0%
Commercial insurance	$ 285,120.	99%
Self-Pay	$2880.	1%
Charity	$ 0. NA	0%
Total	$288,000.	100%

21. Section C, Contribution to Orderly Development, Item 7.a.

The responses are noted. Please describe the organization and responsibilities of the applicant's governing body consistent with TDH licensure requirements set forth in TDH Rule 1200-08-26.

IPM's governing body will consist of a DON/Administrator who meets the criteria of TDH Rule 1200-08-26 of an HHA's administrator because she is an RN with over 9 years supervisory and administrative experience in home health care services.

26. Proof of Publication

The requested documentation of the publication in the newspapers listed in the table below was completed on Wednesday, July 30, 2014. Thank you

Newspaper	# TN Counties Included in Newspapers Coverage Area (as noted in copies of LOIs submitted to HSDA)
Tennessean	29
Commercial Appeal	14

Paris Post Intelligencer	**4**
Daily News Journal	**7**
McMinnville General Standard	**4**
Buffalo River Review	**3**
Knoxville News Sentinel	**17**
Murfreesboro Daily News	**5**
Johnson City Press	**7**
Kingsport Times	**6**
Jackson Sun	**5**
Greenville Sun	**3**
Clarksville The Leaf Chronicle	**1**
Cookeville Herald Tribune	**7**
Dyersburg State Gazette	**5**
Chattanooga Free Times Press	**16**
Rogersville review	**6**
Bristol Herald Courier	**6**

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is September 23, 2014. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. э 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive

Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Jeff Grimm
HSD Examiner
Enclosure

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

Attachment 4.Section B.Project Description.Item 1.Pharmacy License

SUPPLEMENTAL #2

August 18, 2014
12:30 pm 9003650
39603

State of Tennessee

TENNESSEE BOARD OF PHARMACY
PHARMACY
INTRATHECAL COMPOUNDING SPECIALIST, LLC
206A JACOB'S RUN
SCOTT LA 70583

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000004485
EXPIRATION DATE: 02/28/2016

CONTROLLED SUBSTANCE REGISTRATION

Rosemarie Otto
DIRECTOR, HEALTH RELATED BOARDS

DCF171

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

Attachment 4.Section B.Project Description.Item1.Pharmacy Contract

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

Pharmacy Service Agreement

This Pharmacy Services Agreement ("Agreement") is entered into _____, ("Effective Date"), by and between **Implanted Pump Management**, ("IPM") located at 200 Prosperity Place #102, Knoxville, TN 37923 and _____, located at _____ ("CONTRACTOR");

WHEREAS, CONTRACTOR is in the business of providing professional pharmacy services in jurisdictions where it is licensed;

WHEREAS, IPM is in the business of providing pharmacy and home infusion services to patients requiring intrathecal therapy in various jurisdictions;

WHEREAS, the parties desire that IPM shall use CONTRACTOR to all medication orders for patients of IPM when requested in jurisdictions where IPM is not licensed and/or requires assistance with said orders;

WHEREAS, the parties by this Agreement desire to set forth their various rights and responsibilities regarding the procedure and filling of medication orders;

NOW, THEREFORE, in consideration of the premises and mutual covenants contained herein, the parties hereto agree as follows:

1. TERM. This agreement shall remain in full force and effect for an initial term of one year commencing on the Effective Date, and shall automatically be renewed unless either party delivers to the other party a written notice of intent to not to renew at least sixty (60) days prior to the end of each term, or any renewal thereof.

2. TERMINATION. This Agreement may be terminated with or without cause by either party at any time upon ninety (90) days prior written notice to the other party. The effective date of termination will be the first day of the month following the expiration of this ninety (90) day period.

3. REPRESENTATIONS. Contractor hereby agrees to:

a. Dispense certain prescription medication orders (collectively "Services") to and for the clients of IPM as requested and instructed by **only** IPM's clinical staff. Services shall include delivery to authorized representatives of the individual patient or the patient and consultation with the appropriate dispensing physician, patient and/or IPM clinical staff.

b. Provide services and be available to IPM on a normal workweek based on Monday through Friday from 8:30 am to 7:00 pm EST and be available 24 hours a day, 7 days per week for consultation.

c. Bill independently for all pharmacy services provided.

d. Maintain at all times throughout the Term of this Agreement a valid policy of insurance covering professional liability arising from the acts, omissions or negligence of CONTRACTOR, its agents, employees, designees or sub-contractors in an amount no less

than One Million Dollars ($1,000,000) per claim or occurrence and Three Million Dollars ($3,000,000) aggregate per year and One Hundred Thousand ($100,000) in property damage coverage. Said polices shall name IPM as an additional insured and shall provide that the insurance company will not cancel said policy of insurance without giving IPM thirty (30) days advance written notice. CONTRACTOR's insurance shall be primary. On or before the Effective Date of this Agreement, CONTRACTOR shall provide to IPM a copy of such policy or certificate of insurance, indicating that CONTRACTOR has liability coverage (in at least the minimum coverage amounts set forth above) including coverage for any acts of malpractice if CONTRACTOR is a licensed professional.

f. CONTRACTOR agrees to be in compliance with the following:
   1. Has all required current local, state, and federal pharmacy licensure subject to no restrictions or limitations for each jurisdiction in which a medication order is received and filled by CONTRACTOR for an IPM patient.
   2. Has no prior record of noncompliance with any state or federal agency or board regulating the distribution or dispensing of pharmaceuticals that would prevent the operation of this Agreement.
   3. For all staff performing services hereunder, current state licensure subject to no restrictions or limitations.
   4. Performs services in accordance with current standards for pharmaceutical services as promulgated by an accrediting organization approved by BHI.
   5. Shall allow IPM to audit drug purchases for medications delivered to IPM patients and upon reasonable request provide documentation for drug purchases upon request.

4. REPRESENTATIONS. IPM agrees to provide records and information as is necessary for CONTRACTOR to dispense medications as requested by IPM ordering physicians and as permitted under applicable state and/or federal law, if any, and the rules and regulations promulgated there under and provides payment within sixty (60) days of the date of IPM's receipt of monthly billing statement.

5. JOINT REPRESENTATIONS. IPM and CONTRACTOR agree that:

a. Nothing in this Agreement shall be used to constitute and obligation on the part of either party to make referrals to the other party. Further, nothing in this Agreement shall prohibit the parties from participating in health maintenance, insurance or third party payer programs as they so choose. This Agreement allows for the cost-effective use of resources and delivery of services and in no way constitutes a closed referral arrangement.

b. The parties agree that each is at all times acting and performing as an independent contractor. Nothing in this Agreement shall be construed as creating a partnership, joint venture, or employment arrangement and no Party will have the power to obligate or bind the other Party in any manner whatsoever.

c. Each party shall operate at all times in compliance with federal, state, and local laws, rules and regulations, the standards of Joint Commission (if applicable), and all currently

accepted methods and practices related to the provision of services contemplated hereunder.

d. In order to facilitate the performance of this Agreement, each party may deem it necessary to disclose to the other certain proprietary and/or confidential information. Such information may include, without limitation, patient information, personnel information, financial information, market information, pricing information and service delivery information. Each party agrees to keep such information confidential. Each party agrees to maintain any information about the services provided by each party as propriety and confidential information and agree not to disseminate or disclose any information about the other to third parties.

e. Any provisions of this Agreement creating obligations extending beyond the term of this Agreement will survive the expiration or termination of this Agreement, regardless of the reason of such termination.

f. **HIPAA** - To the extent applicable to this Agreement, the parties agree to comply with the applicable requirements of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified as 42 U.S.C.§1320d ("HIPAA") and any current and future regulations promulgated there under, including without limitation, the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards as contained in 45 C.F.R. Part 142 (the "Federal Security Regulations"), and the federal standards for electronic transactions in 45 C.F.R. Parts 160 and 162 (the "Federal Transaction Standards") on or before their official compliance dates.

g. All notices, consents or other communications which either party is required or may desire to give to the other under this Agreement shall be in writing and shall be given by personal delivery or by deposit, postage prepaid, in the United States mail, certified or registered mail, return receipt requested, addressed to the parties at their respective addresses set forth below:

If to CONTRACTOR: Name: _____

Address: _____

_____

If to IPM: Implanted Pump Management
200 Prosperity Place #102
Knoxville, TN 37923

h. This Agreement may be executed in several counterparts, each of which will be deemed an original, which together will constitute but one and the same Agreement.

i. The validity, interpretation and performance of this Agreement will be governed

according to the laws of the State of New Jersey, without reference to its conflict of laws principles. All parties agree to and hereby submit to the jurisdiction of the Superior Court of the State of New Jersey, County of Bergen.

j. Each party warrants that it has the right to enter into this Agreement. Performance of the Agreement will not violate any agreement between it and any other third party.

k. Any amendments to this Agreement will be effective only if in writing and signed by both parties. This Agreement constitutes the entire agreement of the parties hereto and supersedes all prior or contemporaneous agreements, undertakings and understanding of the parties in connection with the subject matter hereof.

l. No waiver of a breach of any provision of this Agreement will be construed to be a waiver of any other breach of this Agreement, whether of a similar or dissimilar nature.

6. NON COMPETITION OF INFUSION SERVICES. During the term of this Agreement and for a minimum period of three (3) years after termination of this Agreement or any additional period of time that protects the interests of IPM that is allowed by law, CONTRACTOR specifically agrees not to perform any such business IPM performs including, but not limited to any monitoring of patients, home care, and/or nursing services related to implanted pump therapies. Notwithstanding the foregoing, nothing in this provision shall be interpreted to restrict CONTRACTOR at any time from the filling of implanted pump therapy prescriptions in any way, with the exception of providing services to another homecare entity. It shall be deemed a breach of this provision if any patients serviced by IPM for implanted pump therapies during the term of this Agreement are subsequently serviced by another provider that is affiliated in any way with CONTRACTOR or its employees, directors, partners, owners or agents, directly or indirectly. If ownership of IPM is transferred or if IPM sells all or substantially all of its assets then this provision and full agreement will be transferable to the new entity. Further, CONTRACTOR agrees that during the term of this Agreement and for a period of five (5) years after termination of this Agreement or any such cessation of this agreement or employment for whatever reason, CONTRACTOR shall not solicit any employee of IPM during the term of this Agreement to enter into any employment agreement or independent contract arrangement with Contractor

7. EXCLUSIVITY. a. For so long as CONTRACTOR is capable of dispensing medication for IT therapy to certain patients of IPM, IPM agrees to provide all medication orders for the specific patients that are enrolled in the homecare program with IPM residing in States where CONTRACTOR is licensed unless IPM decides to fill patient prescriptions itself or in those jurisdictions that IPM receives referrals that request and/or are from pharmacies or physicians that require the pharmacy services to be used by another or currently used entity for that patient. IPM is not restricted in the performing pharmacy services in any manner during this Agreement and upon termination of this Agreement.

b. Upon the commencement and through the term of this agreement, CONTRACTOR agrees that IPM shall be the exclusive home infusion provider that will be referred or recommended to patients, referral sources and/or physicians.

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8. JOINT DISASTER RECOVERY. Both parties agree to act as back-up pharmacy sites for each other in the event that one party experiences a Disaster situation. Both parties hereby agree to sign or contact governmental or quasi-governmental agency, any accreditation companies or entities to evidence such an agreement between the parties. In the event that one party requires emergency services as a result of a disaster whether a result of natural causes or other inability to function, the other party hereby agrees to reasonably perform and service the patients of the other at a cost to be mutually agreed upon.

In Witness whereof, we the undersigned, duly authorized representatives of the parties to this Agreement, hereinabove expressed, have entered into this Agreement without reservation and have read terms herein.

Dated: By:_____

_____
(Print Name and Title)

Implanted Pump Management

Dated: By:_____

_____
(Print Name and Title)

CONTRACTOR:

_____

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Attachment 4.Section B.Project Description.Item1.Pharmacy Letter

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ICS
Intrathecal Compounding Specialists

July 31, 2014

To Whom It May Concern:

Intrathecal Compounding Specialists (ICS) would like to formally express interest in contracting with a home infusion nursing provider in order to provide compounded medication to patients in need within the state of Tennessee. We currently hold all applicable valid pharmacy licensure that indicates our ability to provide such services sufficiently.

Regards,

Stuart H Burg RPL

Stuart H. Burgess, R.Ph.
Director of Pharmacy

206-A Jacob's Run
Scott, LA 70583

Tel 337.237.6077
Fax 337.237.8841
Toll 877.334.5548

www.icspharmacy.com

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Attachment 4.Section B.Project Description.Item 1.Pharmacy Brochure

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Dedicated to improving the outcomes of IT Therapy

icspharmacy.com

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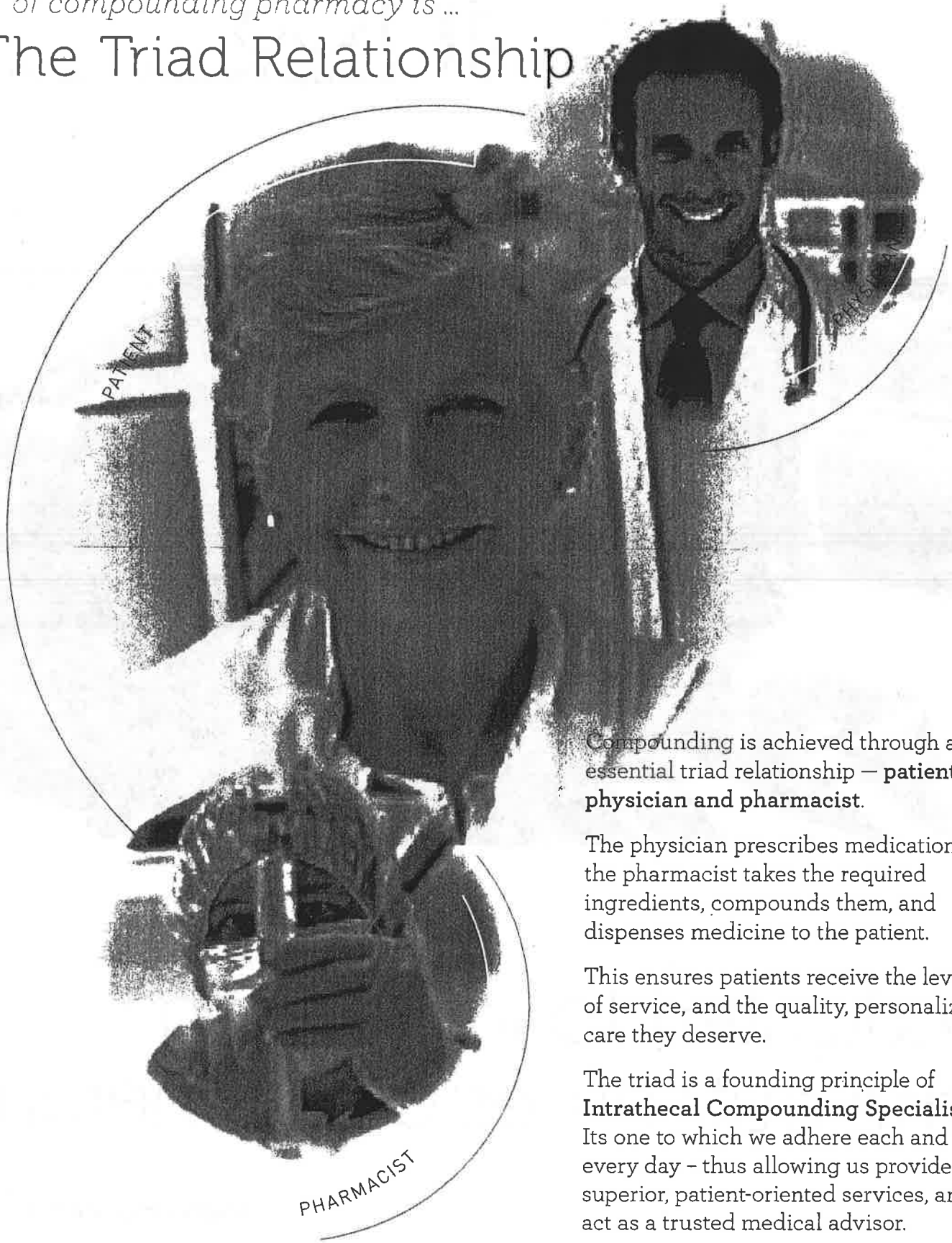
the most distinguishing feature of compounding pharmacy is ...

The Triad Relationship



Compounding is achieved through an essential triad relationship — **patient, physician and pharmacist**.

The physician prescribes medication, the pharmacist takes the required ingredients, compounds them, and dispenses medicine to the patient.

This ensures patients receive the level of service, and the quality, personalized care they deserve.

The triad is a founding principle of **Intrathecal Compounding Specialists**. Its one to which we adhere each and every day – thus allowing us provide superior, patient-oriented services, and act as a trusted medical advisor.

Experienced Personnel & Quality Processes

ICS understands the business and operations of a clinic, and we know how to offer solutions that make managing IT Therapy more clinically, logistically and economically viable.

Our pharmacists are highly trained, and available for consultation about any aspect of the preparation, ordering and delivery of our medications.

The stringent systems we've put in place assure patient safety and quality control checks throughout the entire process, which includes:

+ All powders are from FDA registered facilities
+ All preparations include a certificate of analysis
+ All preparations tested for endotoxins, sterility, pH, potency, and particulate matter by an independent lab
+ Automated technology integrated with lab processes to prevent human error
+ Exceeds levels set by USP <797> for highest levels (Risk Level III compounds)
+ PCAB Accredited™ (equivalent to board certification)

All Medications Prepared In Our Top Tier Facility

We built ICS from the ground up, and we put a priority on designing a facility with the most sophisticated and advanced technology available to the industry.

All preparations are made in our state-licensed facility, which houses an impressive ISO 7 Class 10,000 clean room. The clean room is regulated for air quality, humidity, and temperature control. It features Laminar flow hoods, positive pressure controlled compounding rooms, HEPA filtration, and air exchanges at a rate of 60-90x/per hour.

The mission of ICS is to increase patient access to intrathecal drug therapy by assuring better clinical outcomes and creating a favorable environment to support physician interests.

ICS Provides Ancillary Services

ICS is a name you can trust. Intrathecal medications are our specialty, and serving you as a business partner is our focus. We are licensed across the United States, and we offer a wide range of ancillary services to help you run a more efficient practice.

In the current healthcare environment, we've seen reimbursements decrease, payment denials increase, operational costs increase, and the costs of defensive medicine skyrocket due to litigation and a steady rise in malpractice premiums.

ICS provides ancillary services to help you achieve financial success with your IT therapy patients.

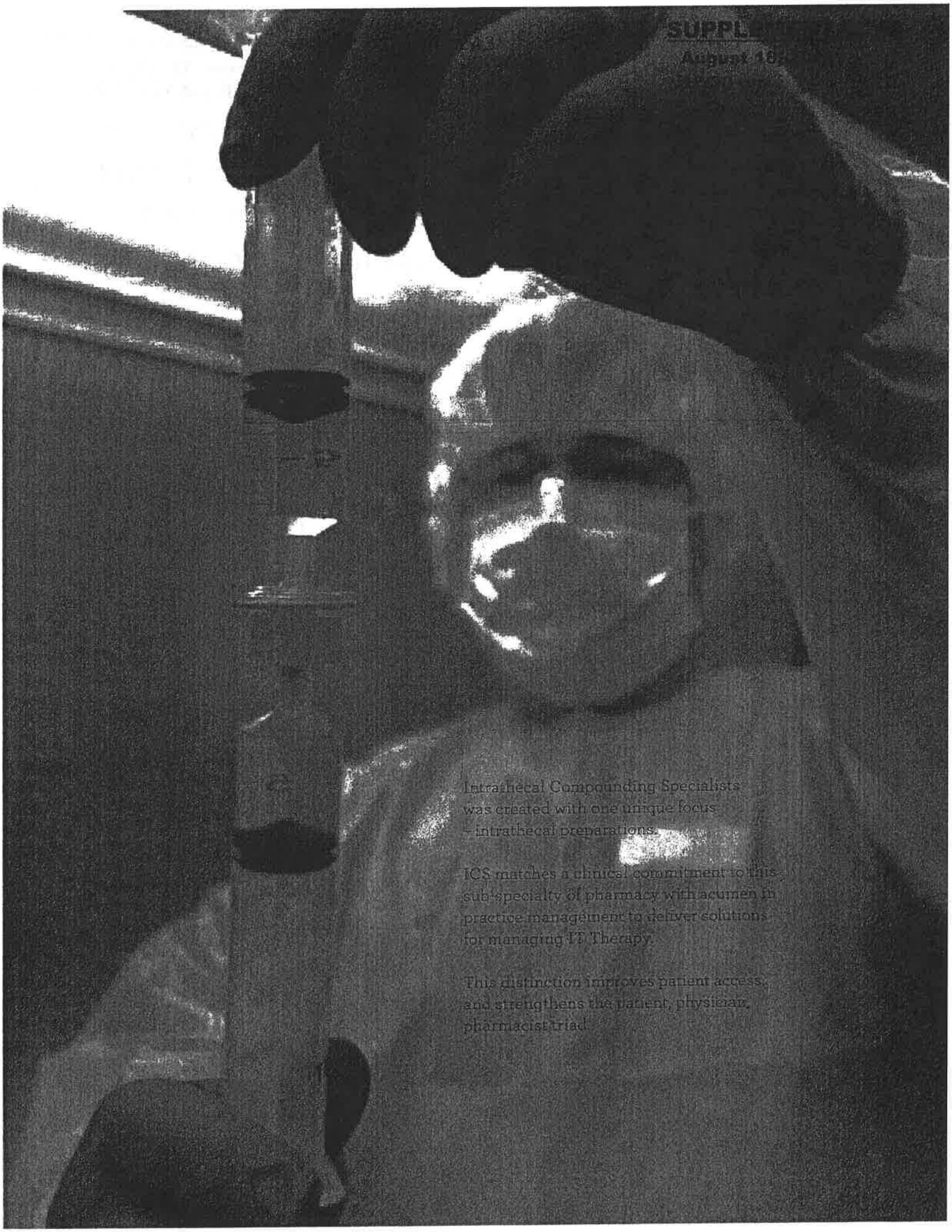
Services include:

+ Back office support for claim submission & EOB analysis
+ Customized financial reports (refill analysis)
+ Off site pump management service (home, hospital, nursing home, rehab facility)
+ Outsourced billing
+ A seamless ordering process
+ Hassle free transition to ICS
+ Order verifications
+ FedEx Priority Alert™ Delivery (meets critical needs for healthcare shipments)
+ Clinical consultation on polyanalgesia
+ Assistance with the clinic's refill schedule
+ On-call pharmacists (24/7)

206-A Jacob's Run
Scott, LA 70583

tel: 877 334 5548
fax: 877 334 5549

icspharmacy.com



Intrathecal Compounding Specialists was created with one unique focus – intrathecal preparations.

ICS matches a clinical commitment to this sub-specialty of pharmacy with acumen in practice management to deliver solutions for managing IT Therapy.

This distinction improves patient access, and strengthens the patient, physician, pharmacist triad.

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ICS is a compounding pharmacy that is focused solely on improving the efficacy of intrathecal preparations. ICS combines expert pharmacological knowledge with business acumen in practice management to help physicians improve patient access to IT Therapy.

Our sole focus on IT medications and commitment to quality patient outcomes puts ICS at the top of this sub specialty of pharmacy.

We deliver the highest quality preparations, and provide physicians, medical staff and patients with seamless access throughout the process.

ICS articulates reimbursement needs, and helps you run a more efficient practice.

Quality Preparations, Fully Qualified

All major medical decisions are qualified. Don't you think its time your pharmacy is, too?

All preparations are not created equal, and one size does not fit all. Never have these statements been more applicable than to the integrity of intrathecal preparations. But, until now, quality guarantees have been lacking.

ICS is leading a charge within the industry to make qualified preparations a standard of care. We provide these assurances because we know integrity of the preparations is vital to improving patient outcomes, and it can be critical to achieving operational success.

IT refills are our sole focus. Integrity in our preparations drives that focus. It also serves as the foundation of our business philosophy.

An Impact on your Bottom Line

It starts with assurances, peace of mind, and improved patient access that results from high-quality practices and qualified meds. Bring ICS to your team, and you'll see an increase in cash flow, a reduction in procedural costs, and improvement in the claims process.

Why? Quite simply – better meds and better practices leads to better patient outcomes. The time, hassle, and cost associated with marginal outcomes, titrations, the addition of adjuvant medications, dye studies, rotor studies, and surgical explorations would become less prevalent with pre-qualified medications. In fact, clinical risks associated with IT therapy, such as inflammatory mass, may decline once we adopt the use of pre-qualified preparations as the standard of care.

All Pharmacies Not Created Equal

ICS operates at the highest levels of compliance. Since our founding, we've surpassed USP Chapter <797>. But, more importantly, we've earned PCAB Accreditation. PCAB is to compounding pharmacies what ABMS Certification is to physician specialties. It's a process that signals our commitment and expertise to helping you achieve superior patient outcomes. We encourage you to speak with your current provider of high-risk sterile preparations and put them to the challenge: **Is your pharmacy PCAB Accredited?** ICS is because we think its the best indicator of knowledge, experience and skills in this specialized field of pharmacy.

PCAB Accreditation is an even more comprehensive way to ensure your compounding pharmacy has undergone the profession's most rigorous review and inspection measures. ICS Pharmacy is PCAB Accredited.™

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Attachment 6.Project Description.Item IIA

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CARE COORDINATION CONTRACT

This Agreement made this _____day of _ 2013, between Implanted Pump Management, LLC with office located at 200 Prosperity Place #102, Knoxville, TN 37923, referred to as "IPM" and _____ located at _____, referred to as "Referral Source".

Recitals

A. IPM or its affiliates, contractors and/or agents, is licensed to perform nursing and pharmacy duties in the jurisdiction of the Referral Source and/or its patients.

B. IPM and the Referral Source are fully insured to perform their respective services set forth herein.

C. The Referral Source desires to refer certain patients in need of infusion therapy and monitoring for an intrathecal implanted pump.

The parties hereby agree to the following:

1. **SERVICES**

IPM will be responsible for refilling, titration and monitoring of the intrathecal pump patients. IPM will supply the nursing services associated with home infusion therapy. IPM will handle all issues associated with the pump and field all patient calls. The patient will be directed to call IPM when in need of dose titration or any other issues related to infusion therapy. IPM will coordinate all refill dates with the patient and schedule accordingly with the Referral Source. All reports, nursing notes and telemetry results will be accessible to the prescribing physician via WebPortal after each visit for review. IPM is able to go to the patient's home, school, work, hospital, nursing facility or other location to refill the pump.

Referred patients are billed through insurance procedures obtained at admission with IPM and will not be billed through the Referral Source. The Referral Source is a Third Party and not part of IPM's billing process. Such billing is processed through IPM.

2. **NO PAYMENT FOR REFERRAL**

It is specifically agreed to by IPM and the Referral Source that this Agreement does not allow for remuneration of any kind for any patient referrals. No monetary, as well as other payments have or will be exchanged for referrals as contemplated by the parties. Payments such as kick-backs in any form are prohibited by any person directly or indirectly from each party.

3. **NO PRIOR AGREEMENT**

This Agreement embodies the entire understanding between the Parties relating to the subject of this Agreement, and there are no related prior representations or agreements not specified herein.

4. **NO CHANGES**

No change in this Agreement will be binding on either Party unless approved in writing by its authorized representative.

5. **ENFORCEABILITY**

If any provision of this Agreement is determined to be invalid, illegal or unenforceable for any reason, that provision will be reformed to the maximum extent permitted to preserve the Parties' original intent, failing which, it will be severed from this Agreement with the balance of the Agreement continuing in full force and effect. Such occurrence will not have the effect of rendering the provision in question invalid in any other jurisdiction or in any other case or circumstances, or of rendering invalid any other provisions constrained in this Agreement to the extent that such other provisions are not themselves actually in conflict with any applicable law.

6. **TERMINATION**

Either party may terminate with or without cause this Agreement at any time upon ninety (90) days prior written notice to the other party. The effective date of termination will be the first day of the month following the expiration of this ninety (90) day period. This Agreement may automatically renew upon the expiration of the Agreement.

7. **INSURANCE**

IPM shall maintain general and professional liability insurance with a limit of not less than $1,000,000 per occurrence and $3,000,000 in the aggregate, and shall supply the Referral Source with a certificate of insurance evidencing such coverage and shall provide thirty (30) days' written notice prior to the cancellation of any such policies.

8. **ASSIGNMENT**

Neither party may assign its rights or obligations with respect to this Agreement without the prior written approval of the other party; provided, however, that such an assignment may be made to an entity which is related by virtue of a common parent corporation or which is directly or indirectly, wholly owned or controlled by the same entity as the assigning party.

9. **INDEMNIFICATION**

Each party agrees to indemnify the other, their affiliates and their respective officers, directors, employees and agents against, and hold the same harmless from, all liability, losses, damages, obligations, judgments, claims, causes of action and expenses associated therewith (including settlements, judgments court costs and attorney's fees) resulting from or arising out of, directly or indirectly, and, any negligent or intentional act or omission or any failure to perform any obligation undertaken in or any covenant made under this Agreement. Upon notice, each party shall resist and defend at its own expense, and by counsel reasonably satisfactory to the other, any such claim or action.

IPM agrees to indemnify and hold the Referral Source harmless against and from any and all claims of the patients that arise from the infusion, programming or care provided by IPM, its affiliates, contractors and/or agents. IPM will be responsible for infusion and monitoring as set forth above. The Referral Source and/or the physicians providing the prescription are solely responsible for medication errors not related to IPM-provided infusion therapies. The Referral Source and/or the physicians agrees to indemnify and hold IPM harmless against and from any and all claims of the patients that arise from the incorrect prescription or any such medication order and/or prescription error not related to IPM-provided infusion therapies.

10. **INDEPENDENT CONTRACTOR**

The parties agree that each is at all times acting and performing as an independent contractor. Nothing in this Agreement shall be construed as creating a partnership, joint venture, or employment arrangement and no Party will have the power to obligate or bind the other Party in any manner whatsoever. Each party may contract/subcontract with multiple providers or agencies at anytime.

11. **EQUAL EMPLOYMENT OPPORTUNITY POLICY**

The parties agree, if applicable, to comply with the Equal Employment Opportunity policies provided in Executive Order 11246 (as set forth in 41 CFR § 60-1.4(a) and incorporated herein by reference), the Rehabilitation Act of 1973 (as set forth in 41 CFR § 60-741.5(a) and incorporated herein by reference), and the Vietnam Era Veterans Readjustment Assistance Act (as set forth in 41 CFR § 60-250.4 and incorporated herein by reference).

12. **LICENSURE AND CERTIFICATION**

Each party shall operate at all times in compliance with federal, state, and local laws, rules and regulations, the standards of Joint Commission (if applicable), and all currently accepted methods and practices related to the provision of services contemplated hereunder.

13. **CONFIDENTIALITY AND NON-SOLICITATION**

In order to facilitate the performance of this Agreement, each party may deem it necessary to disclose to the other certain proprietary and/or confidential information. Such information may include,

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without limitation, patient information, personnel information, financial information, [illegible] pricing information and service delivery information. Each party agrees to keep such information confidential. Each party agrees to maintain any information about the services provided by each party as propriety and confidential information and agree not to disseminate or disclose any information about the other to third parties.

During the term of this agreement and for a period of five (5) years thereafter the Referral Source will not in conjunction with any other person, firm or entity solicit, entice or attempt to solicit or entice or employ any person that is or was employed with IPM.

Referral Source will not on behalf of or in conjunction with any other person, firm or entity, to solicit, entice or attempt to solicit or entice any principal or owner of IPM to sever or alter its/his relationship with IPM to the detriment of IPM.

14. **SURVIVAL**

Any provisions of this Agreement creating obligations extending beyond the term of this Agreement will survive the expiration or termination of this Agreement, regardless of the reason of such termination.

15. **HIPAA**

To the extent applicable to this Agreement, the parties agree to comply with the applicable requirements of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified as 42 U.S.C.§1320d ("HIPAA") and any current and future regulations promulgated thereunder, including without limitation, the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards as contained in 45 C.F.R. Part 142 (the "Federal Security Regulations"), and the federal standards for electronic transactions in 45 C.F.R. Parts 160 and 162 (the "Federal Transaction Standards") on or before their official compliance dates. The parties agree not to use or further disclose any protected health information, as defined in 45 C.F.R. §164.501, or individually identifiable health information, as defined in 42 U.S.C. § 1320(d) (collectively, the "Protected Health Information"), concerning a patient other than as permitted by this Agreement, the requirements of HIPAA, and the regulations promulgated under HIPAA including, without limitation, the Federal Privacy Regulations, the Federal Security Regulations, and the Federal Transaction Standards. Additionally, on or before the official date of compliance, shall enter into a mutually agreeable business associate agreement with Referral Source, if required under the Federal Privacy Regulations agreeing to safeguard Protected Health Information, and upon its execution, such agreement shall be attached to this Agreement and incorporated herein as an addendum. IPM will fully adhere to the requirements under HIPAA procedure and will have all referred patients sign the proper HIPAA disclosure/consent forms at the admission of treatment and such is a permanent part of the patient's medical chart.

16. **ELECTRONIC STORAGE OF AGREEMENT**

The parties agree that the original of the Agreement, including the signature pages, may be scanned and stored in a computer database or similar device, and that any printout or other output which is readable, and which is shown to be an accurate reproduction of the original of this document, may be used for any purpose just as if it were the original Agreement, including the proof of the content of the original writing and the signing of the original writing.

17. **NOTICES**

All notices, consents or other communications which either party is required or may desire to give to the other under this Agreement shall be in writing and shall be given by personal delivery or by deposit, postage prepaid, in the United States mail, certified or registered mail, return receipt requested, addressed to the parties at their respective addresses set forth below:

If to Referral Source:

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If to IPM:

Implanted Pump Management
200 Prosperity Place #102
Knoxville, TN 37923

18. GENERAL PROVISIONS

This Agreement may be executed in several counterparts, each of which will be deemed an original, which together will constitute but one and the same Agreement.

The validity, interpretation and performance of this Agreement will be governed according to the laws of the State of Tennessee, without reference to its conflict of laws principles. All parties agree to and hereby submit to the jurisdiction of the Superior Court of the State of Tennessee, County of Knox.

Each party warrants that it has the right to enter into this Agreement.
Performance of the Agreement will not violate any agreement between it and any third party.

Corporation warrants that it owns the Corporation represented in this Agreement and that the execution of this Agreement does not violate any other agreement or understanding by which Corporation is bound. Corporation further warrants that it is unaware of any information that would render any of the claims of its Confidential Information invalid or unenforceable.

Corporation further warrants that, to the best of its knowledge, there is no third party ownership claims to the Corporation and that Corporation has taken all measures to have employees and contractors assign such intellectual property rights to Corporation.

Contracting parties must be clearly identified by using the contracting party's full legal name and state of legal incorporation or registration.

Any amendments to this Agreement will be effective only if in writing and signed by both parties.

This Agreement constitutes the entire agreement of the parties hereto and supersedes all prior or contemporaneous agreements, undertakings and understanding of the parties in connection with the subject matter hereof.

No waiver of a breach of any provision of this Agreement will be construed to be a waiver of any other breach of this Agreement, whether of a similar or dissimilar nature.

Dated: By:_____

Dated: By:_____
Melissa Hess, Director of Nursing
Implanted Pump Management

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Attachment 8. Section C.Need.Item 1A.US Census Quickfacts

Tennessee

People QuickFacts	Tennessee	USA
Population, 2013 estimate	6,495,978	316,128,839
Population, 2010 (April 1) estimates base	6,346,113	308,747,716
Population, percent change, April 1, 2010 to July 1, 2013	2.4%	2.4%
Population, 2010	6,346,105	308,745,538
Persons under 5 years, percent, 2013	6.2%	6.3%
Persons under 18 years, percent, 2013	23.0%	23.3%
Persons 65 years and over, percent, 2013	14.7%	14.1%
Female persons, percent, 2013	51.2%	50.8%
White alone, percent, 2013 (a)	79.1%	77.7%
Black or African American alone, percent, 2013 (a)	17.0%	13.2%
American Indian and Alaska Native alone, percent, 2013 (a)	0.4%	1.2%
Asian alone, percent, 2013 (a)	1.6%	5.3%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.2%
Two or More Races, percent, 2013	1.7%	2.4%
Hispanic or Latino, percent, 2013 (b)	4.9%	17.1%
White alone, not Hispanic or Latino, percent, 2013	74.9%	62.6%
Living in same house 1 year & over, percent, 2008-2012	84.4%	84.8%
Foreign born persons, percent, 2008-2012	4.5%	12.9%
Language other than English spoken at home, pct age 5+, 2008-2012	6.6%	20.5%
High school graduate or higher, percent of persons age 25+, 2008-2012	83.9%	85.7%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	23.5%	28.5%
Veterans, 2008-2012	493,980	21,853,912
Mean travel time to work (minutes), workers age 16+, 2008-2012	24.1	25.4
Housing units, 2013	2,840,914	132,802,859
Homeownership rate, 2008-2012	68.4%	65.5%
Housing units in multi-unit structures, percent, 2008-2012	18.2%	25.9%
Median value of owner-occupied housing units, 2008-2012	$138,700	$181,400
Households, 2008-2012	2,468,841	115,226,802
Persons per household, 2008-2012	2.51	2.61
Per capita money income in past 12 months (2012 dollars), 2008-2012	$24,294	$28,051
Median household income, 2008-2012	$44,140	$53,046
Persons below poverty level, percent, 2008-2012	17.3%	14.9%

Business QuickFacts	Tennessee	USA
Private nonfarm establishments, 2012	130,592[1]	7,431,808
Private nonfarm employment, 2012	2,344,047[1]	115,938,468
Private nonfarm employment, percent change, 2011-2012	1.9%[1]	2.2%
Nonemployer establishments, 2012	471,026	22,735,915
Total number of firms, 2007	545,348	27,092,908
Black-owned firms, percent, 2007	8.4%	7.1%
American Indian- and Alaska Native-owned firms, percent, 2007	0.5%	0.9%

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Asian-owned firms, percent, 2007	2.0%	5.7%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	0.1%	0.1%
Hispanic-owned firms, percent, 2007	1.6%	8.3%
Women-owned firms, percent, 2007	25.9%	28.8%
Manufacturers shipments, 2007 ($1000)	140,447,760	5,319,456,312
Merchant wholesaler sales, 2007 ($1000)	80,116,528	4,174,286,516
Retail sales, 2007 ($1000)	77,547,291	3,917,663,456
Retail sales per capita, 2007	$12,563	$12,990
Accommodation and food services sales, 2007 ($1000)	10,626,759	613,795,732
Building permits, 2012	20,147	829,658

Geography QuickFacts	Tennessee	USA
Land area in square miles, 2010	41,234.90	3,531,905.43
Persons per square mile, 2010	153.9	87.4
FIPS Code	47	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Tuesday, 08-Jul-2014 06:37:34 EDT

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Attachment 8. Section C.Need.Item 1A.2013 Final JAR

SUPPLEMENTAL #2

August 18, 2014

Joint Annual Report of Home Health Agencies - 2013 Data
Comparison of Population Based Need Projection vs. Actual Utilization (2018 vs. 2013)**

Service Area	Agencies Licensed to Serve	Agencies Report Serving	Total Patients Served	Estimated 2013 Pop.	Use Rate	Projected 2018 Pop.	Projected Capacity	Projected Need (.015 x 2018 Pop.)	Need or (Surplus) for 2018
Tennessee	1,619	1,457	175,924	6,528,014	0.0269	6,833,509	184,157	102,503	(81,654)
Anderson	22	19	2,893	76,182	0.0380	77,851	2,956	1,168	(1,789)
Bedford	20	19	1,120	46,700	0.0240	50,566	1,213	758	(454)
Benton	11	10	667	16,315	0.0409	16,104	658	242	(417)
Bledsoe	10	8	462	12,698	0.0364	12,599	458	189	(269)
Blount	18	18	2,507	126,809	0.0198	135,171	2,672	2,028	(645)
Bradley	16	14	2,021	102,235	0.0198	107,481	2,125	1,612	(512)
Campbell	21	18	1,715	41,163	0.0417	42,566	1,773	638	(1,135)
Cannon	19	16	423	14,013	0.0302	14,540	439	218	(221)
Carroll	13	13	1,246	28,213	0.0442	27,831	1,229	417	(812)
Carter	12	11	2,072	57,228	0.0362	57,680	2,088	865	(1,223)
Cheatham	24	25	772	39,603	0.0195	40,765	795	611	(183)
Chester	14	13	563	17,355	0.0324	17,999	584	270	(314)
Claiborne	19	15	2,002	32,457	0.0617	33,280	2,053	499	(1,554)
Clay	8	6	250	7,719	0.0324	7,673	249	115	(133)
Cocke	16	14	1,467	36,330	0.0404	38,615	1,559	579	(980)
Coffee	20	16	1,874	53,784	0.0348	56,841	1,981	853	(1,128)
Crockett	13	12	537	14,568	0.0369	14,683	541	220	(321)
Cumberland	15	13	1,601	57,370	0.0279	60,292	1,683	904	(778)
Davidson	32	32	14,912	649,507	0.0230	682,330	15,666	10,235	(5,431)
Decatur	17	14	638	11,773	0.0542	12,080	655	181	(473)
DeKalb	21	16	469	18,918	0.0248	19,125	474	287	(187)
Dickson	25	24	1,617	50,596	0.0320	51,964	1,661	779	(881)
Dyer	11	10	1,671	38,205	0.0437	38,427	1,681	576	(1,104)
Fayette	26	23	713	40,081	0.0178	44,888	799	673	(125)
Fentress	10	7	1,015	18,290	0.0555	18,987	1,054	285	(769)
Franklin	17	12	1,424	41,099	0.0346	42,122	1,459	632	(828)
Gibson	15	14	1,924	50,748	0.0379	52,163	1,978	782	(1,195)
Giles	12	11	1,001	29,325	0.0341	29,285	1,000	439	(560)
Grainger	22	20	886	22,994	0.0385	23,675	912	355	(557)
Greene	20	17	2,454	69,888	0.0351	71,594	2,514	1,074	(1,440)
Grundy	18	16	529	13,396	0.0395	13,293	525	199	(326)
Hamblen	19	17	2,835	63,763	0.0445	65,570	2,915	984	(1,932)
Hamilton	16	16	8,038	345,447	0.0233	353,577	8,227	5,304	(2,924)
Hancock	14	11	682	6,652	0.1025	6,640	681	100	(581)
Hardeman	17	15	917	26,492	0.0346	26,067	902	391	(511)
Hardin	16	14	1,157	25,968	0.0446	26,244	1,169	394	(776)
Hawkins	21	18	2,148	57,273	0.0375	58,164	2,181	872	(1,309)
Haywood	15	13	612	18,199	0.0336	18,009	606	270	(335)
Henderson	14	13	1,015	28,080	0.0361	28,631	1,035	429	(605)
Henry	10	10	1,283	32,595	0.0394	32,956	1,297	494	(803)
Hickman	18	17	725	24,393	0.0297	24,698	734	370	(364)
Houston	12	11	281	8,358	0.0336	8,447	284	127	(157)
Humphreys	16	14	803	18,488	0.0434	18,561	806	278	(528)
Jackson	12	11	402	11,355	0.0354	11,495	407	172	(235)
Jefferson	20	19	1,749	53,006	0.0330	56,872	1,877	853	(1,023)
Johnson	5	5	907	18,126	0.0500	18,127	907	272	(635)
Knox	24	23	9,976	448,093	0.0223	475,569	10,588	7,134	(3,454)
Lake	6	5	325	9,795	0.0332	9,468	314	142	(172)

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics

May 2014

SUPPLEMENTAL #2

August 18, 2014

Joint Annual Report of Home Health Agencies - 2014 Final*
Comparison of Population Based Need Projection vs. Actual Utilization (2018 vs. 2013)**

Service Area	Agencies Licensed to Serve	Agencies Report Serving	Total Patients Served	Estimated 2013 Pop.	Use Rate	Projected 2018 Pop.	Projected Capacity	Projected Need (.015 x 2018 Pop.)	Need or (Surplus) for 2018
Lauderdale	14	11	857	27,465	0.0312	27,125	846	407	(440)
Lawrence	15	12	1,667	42,280	0.0394	42,387	1,671	636	(1,035)
Lewis	12	10	402	12,111	0.0332	12,224	406	183	(222)
Lincoln	14	12	1,062	33,979	0.0313	35,697	1,116	535	(580)
Loudon	23	21	1,572	50,356	0.0312	53,192	1,661	798	(863)
McMinn	17	17	1,807	53,004	0.0341	54,203	1,848	813	(1,035)
McNairy	15	13	1,089	26,408	0.0412	27,299	1,126	409	(716)
Macon	17	15	849	22,957	0.0370	24,121	892	362	(530)
Madison	16	15	3,121	99,153	0.0315	101,001	3,179	1,515	(1,664)
Marion	16	15	729	28,448	0.0256	28,992	743	435	(308)
Marshall	21	17	816	31,159	0.0262	32,015	838	480	(358)
Maury	23	21	2,412	82,029	0.0294	83,256	2,448	1,249	(1,199)
Meigs	18	16	346	12,064	0.0287	12,643	363	190	(173)
Monroe	19	19	1,517	45,664	0.0332	48,088	1,598	721	(876)
Montgomery	19	20	2,903	184,087	0.0158	200,561	3,163	3,008	(154)
Moore	13	10	97	6,369	0.0152	6,401	97	96	(1)
Morgan	21	21	472	21,826	0.0216	22,004	476	330	(146)
Obion	12	12	1,280	31,536	0.0406	31,222	1,267	468	(799)
Overton	14	11	742	22,376	0.0332	22,967	762	345	(417)
Perry	11	6	258	7,971	0.0324	8,096	262	121	(141)
Pickett	8	6	271	5,045	0.0537	4,943	266	74	(191)
Polk	11	11	427	16,654	0.0256	16,588	425	249	(176)
Putnam	16	14	2,405	75,646	0.0318	82,623	2,627	1,239	(1,387)
Rhea	16	15	927	32,966	0.0281	34,790	978	522	(456)
Roane	24	22	2,354	53,918	0.0437	54,457	2,378	817	(1,561)
Robertson	26	26	1,739	69,336	0.0251	74,371	1,865	1,116	(750)
Rutherford	29	29	5,503	285,141	0.0193	329,446	6,358	4,942	(1,416)
Scott	18	15	835	21,986	0.0380	21,969	834	330	(505)
Sequatchie	14	11	413	14,756	0.0280	16,004	448	240	(208)
Sevier	19	18	2,452	93,637	0.0262	100,362	2,628	1,505	(1,123)
Shelby	27	27	18,064	940,972	0.0192	954,012	18,314	14,310	(4,004)
Smith	17	14	708	19,445	0.0364	20,281	738	304	(434)
Stewart	10	10	339	13,436	0.0252	13,941	352	209	(143)
Sullivan	14	13	5,259	158,451	0.0332	161,136	5,348	2,417	(2,931)
Sumner	26	27	4,160	169,409	0.0246	183,406	4,504	2,751	(1,753)
Tipton	26	22	1,298	63,001	0.0206	67,545	1,392	1,013	(378)
Trousdale	16	14	431	8,046	0.0536	8,582	460	129	(331)
Unicoi	13	11	659	18,334	0.0359	18,511	665	278	(388)
Union	21	18	371	19,231	0.0193	19,605	378	294	(84)
Van Buren	12	11	240	5,456	0.0440	5,474	241	82	(159)
Warren	20	15	2,266	40,299	0.0562	41,155	2,314	617	(1,697)
Washington	16	14	4,181	128,537	0.0325	138,370	4,501	2,076	(2,425)
Wayne	11	9	640	16,887	0.0379	16,724	634	251	(383)
Weakley	13	11	1,180	38,255	0.0308	39,491	1,218	592	(626)
White	14	9	962	26,612	0.0361	27,974	1,011	420	(592)
Williamson	32	32	2,815	198,045	0.0142	223,333	3,174	3,350	176
Wilson	28	31	3,727	121,626	0.0306	133,357	4,086	2,000	(2,086)

*Most recent year of Joint Annual Report data for Home Health Agencies

Data is projected four years from the year the Home Health data was **finalized, not the actual year of Home Health data.

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics

May 2014

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

Attachment 9.Section C.Need.Item 1A

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

July 24, 2014

To Whom It May Concern:

This letter is written in regards to the need for more home intrathecal infusion services in the state of Tennessee.
I have an implanted intrathecal pump and a homecare option is definitely the best for me and my family.
Please consider allowing more companies to introduce intrathecal home management services to better serve the individuals of Tennessee.

Sincerely,

Bonnie Flint

Bonnie Flint
120 Brookwood Lane Apt 20
Gainesboro, TN 38562

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

July 24, 2014

To Whom It May Concern:

This letter is written in regards to the need for more home intrathecal infusion services in the state of Tennessee.
I have an implanted intrathecal pump and a homecare option is definitely the best for me and my family.
Please consider allowing more companies to introduce intrathecal home management services to better serve the individuals of Tennessee.

Sincerely, Margaret Stacey

Margaret Stacey
6610 SE Tater Peeler Rd
Lebanon, TN 37090

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

Attachment 9.Section C.Need.Item 1C

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

To Who it may concern,

I am writing this letter to request consideration for allowing for an increase in specialized implanted pump home care services in the state of Tennessee. This service is needed to assist in refilling and managing implanted Intrathecal pumps in patients with spasticity and pain that have failed traditional pain and spasticity treatment modalities. It has been my experience that it is difficult to assist physicians in finding qualified home care services capable of handling implanted pump refills and management. Many physicians have expressed that past attempts with "non-pump specialized" home care services have produced discouraging results. They have expressed that a lack of refill skill, pump mechanical understanding and ability to coordinate pump management as reasons to not use existing home care options.

Care and management of these devices require detailed, skilled professional services that are best handled by Home professionals trained and focused on the specific task of pump refill and management in order to maximize patient outcomes and safety. Many patients in this population have great difficulty making it to a facility to have their pump managed post implant. This exposes patients to safety risks when appointments are missed. Many patients require the assistance of ambulance and other intensive transfer methods in order to keep refill appointments.

Offering an increase in specialized intrathecal pump home care management services will allow for improved quality of life in the spasticity and pain pump patient population. Implant numbers continue to increase and with it, the need for care, refills and education from Intrathecal home care services.

Please let me know if I can answer any questions.

Sincerely,

Denny Castillo
Smokey Mountains District
Medtronic Neurological

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

Attachment 12.Section C.Need.Item 4A.TennCare Data

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

TennCare Enrollment Data as of 15 Mar 2012

MCO	REGION	Total
UnitedHealthcare Community Plan	East Tennessee	191,323
UnitedHealthcare Community Plan	Middle Tennessee	199,110
UnitedHealthcare Community Plan	West Tennessee	172,067
AMERIGROUP COMMUNITY CARE	Middle Tennessee	198,980
BLUECARE	East Tennessee	219,886
BLUECARE	West Tennessee	179,298
TENNCARE SELECT	All	45,874
Grand Total		1,206,538

	Female				Female	Male				Male	
COUNTY	0 - 18	19 - 20	21 - 64	65 ->	Total	0 - 18	19 - 20	21 - 64	65 ->	Total	Grand Total
ANDERSON	3,711	327	3,368	619	8,025	4,024	216	1,628	280	6,148	14,173
BEDFORD	3,271	259	2,182	246	5,958	3,357	165	987	96	4,604	10,562
BENTON	897	89	766	150	1,902	959	46	431	70	1,506	3,408
BLEDSOE	752	33	641	122	1,548	840	63	382	52	1,337	2,925
BLOUNT	5,220	446	4,424	700	10,790	5,227	299	2,014	292	7,832	18,622
BRADLEY	4,984	487	4,598	661	10,629	5,322	327	2,013	274	7,936	18,565
CAMPBELL	2,715	253	3,101	671	6,740	2,859	201	1,775	391	5,226	11,966
CANNON	709	83	617	126	1,535	816	53	322	69	1,260	2,795
CARROLL	1,701	144	1,581	349	3,775	1,814	112	804	143	2,873	6,648
CARTER	2,939	272	2,662	699	6,472	3,070	187	1,369	261	4,887	11,359
CHEATHAM	1,759	152	1,356	168	3,435	1,830	114	639	65	2,648	6,083
CHESTER	735	86	818	160	1,799	935	60	344	59	1,398	3,397
CLAIBORNE	1,869	168	1,883	546	4,466	1,901	128	1,194	259	3,482	7,948
CLAY	507	45	435	110	1,097	812	36	278	74	898	1,995
COCKE	2,514	240	2,344	457	5,555	2,636	156	1,352	212	4,356	9,911
COFFEE	3,135	280	2,883	276	6,574	3,202	174	1,161	104	4,691	11,265
CROCKETT	971	74	708	207	1,960	985	63	334	89	1,471	3,431
CUMBERLAND	2,826	248	2,269	379	5,822	2,946	184	1,141	234	4,505	10,327
DAVIDSON	35,865	2,656	27,147	3,215	68,883	37,210	1,844	10,126	1,447	50,627	119,510
DECATUR	598	26	517	202	1,343	676	47	292	75	1,092	2,435
DEKALB	1,164	93	974	199	2,430	1,249	68	519	88	1,924	4,354
DICKSON	2,482	184	2,138	317	5,121	2,637	135	898	100	3,770	8,891
DYER	2,564	222	2,294	418	5,498	2,686	134	976	142	3,938	9,436
FAYETTE	1,583	146	1,169	309	3,207	1,723	80	518	121	2,442	5,649
FENTRESS	1,275	107	1,270	390	3,042	1,392	99	801	193	2,485	5,527
FRANKLIN	1,771	147	1,683	277	3,878	1,813	91	725	111	2,740	6,618
GIBSON	2,909	263	2,612	643	6,427	3,072	212	1,139	265	4,688	11,115
GILES	1,450	132	1,281	257	3,121	1,471	86	633	111	2,301	5,422
GRAINGER	1,318	94	1,065	294	2,771	1,280	71	649	152	2,152	4,923
GREENE	3,246	260	3,098	738	7,342	3,377	190	1,718	353	5,635	12,977
GRUNDY	1,125	118	1,096	220	2,559	1,201	86	623	124	2,034	4,593
HAMBLEN	3,699	247	2,753	691	7,390	3,915	161	1,286	215	5,577	13,027
HAMILTON	15,298	1,263	13,644	2,108	32,313	15,965	849	5,376	755	22,945	55,258
HANCOCK	460	32	504	174	1,170	542	31	305	85	963	2,133
HARDEMAN	1,627	143	1,556	349	3,675	1,629	116	728	142	2,615	6,290
HARDIN	1,595	167	1,417	393	3,572	1,631	118	746	199	2,694	6,266
HAWKINS	3,056	291	2,819	548	6,714	3,244	177	1,454	263	5,138	11,852
HAYWOOD	1,454	124	1,270	301	3,149	1,495	103	393	108	2,098	5,247
HENDERSON	1,658	143	1,448	273	3,522	1,641	96	649	97	2,483	6,005
HENRY	1,821	139	1,612	372	3,943	1,971	116	765	117	2,967	6,910
HICKMAN	1,399	140	1,282	179	3,000	1,521	101	673	81	2,376	5,376
HOUSTON	418	61	393	111	983	467	37	201	77	782	1,765
HUMPHREYS	941	91	858	159	2,049	938	57	395	75	1,465	3,514
JACKSON	678	45	632	141	1,466	646	37	308	84	1,126	2,592
JEFFERSON	2,847	209	2,283	523	5,862	2,890	153	1,174	192	4,409	10,271

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

TennCare Enrollment Data as of 15 Mar 2012

	Female				Female	Male				Male	
COUNTY	0 - 18	19 - 20	21 - 64	65 ->	Total	0 - 18	19 - 20	21 - 64	65 ->	Total	Grand Total
JOHNSON	923	83	852	293	2,151	935	84	555	155	1,729	3,880
KNOX	17,171	394	18,518	2,386	38,469	17,794	905	6,623	945	26,267	64,736
LAKE	417	37	510	167	1,131	491	32	227	59	809	1,940
LAUDERDALE	1,913	182	1,780	329	4,204	2,039	134	716	124	3,013	7,217
LAWRENCE	2,331	201	1,946	423	4,901	2,503	142	941	171	3,757	8,658
LEWIS	702	62	594	118	1,476	784	32	280	64	1,160	2,636
LINCOLN	1,772	169	1,454	338	3,733	1,906	107	736	125	2,874	6,607
LOUDON	2,061	147	1,521	397	4,126	1,987	93	685	132	2,895	7,021
MACON	1,590	153	1,271	246	3,260	1,637	114	683	102	2,536	5,796
MADISON	5,918	681	5,359	893	12,851	5,910	345	1,739	332	8,316	21,167
MARION	1,645	174	1,583	270	3,672	1,691	114	687	136	2,628	6,300
MARSHALL	1,595	135	1,305	169	3,204	1,714	69	572	70	2,424	5,629
MAURY	4,210	349	3,578	578	8,715	4,517	261	1,361	193	6,332	15,047
MCMINN	2,735	260	2,347	535	5,877	2,805	180	1,173	227	4,385	10,262
MCNAIRY	1,697	167	1,679	403	3,946	1,776	147	911	190	3,024	6,970
MEIGS	750	67	621	93	1,531	744	80	326	82	1,172	2,703
MONROE	2,493	230	2,191	525	5,439	2,698	163	1,127	246	4,234	9,673
MONTGOMERY	7,060	850	5,825	636	14,322	7,313	302	1,874	215	9,704	23,776
MOORE	238	24	172	47	481	283	9	96	16	404	885
MORGAN	1,128	87	923	196	2,334	1,184	69	664	99	1,916	4,250
OBION	1,788	139	1,552	313	3,792	1,814	98	570	107	2,589	6,381
OVERTON	1,130	86	962	292	2,470	1,921	73	520	143	2,657	5,127
PERRY	485	48	366	91	990	519	27	212	48	806	1,796
PICKETT	220	17	195	94	526	274	16	109	66	465	991
POLK	926	78	851	164	2,019	979	54	474	83	1,590	3,609
PUTNAM	3,691	381	3,289	768	8,129	3,865	252	1,717	311	6,129	14,258
RHEA	2,214	199	1,783	352	4,548	2,172	123	860	138	3,293	7,841
ROANE	2,330	199	2,405	556	5,490	2,611	150	1,316	223	4,300	9,790
ROBERTSON	3,531	245	2,367	385	6,528	3,634	157	968	165	4,924	11,452
RUTHERFORD	11,226	989	8,026	948	21,189	11,212	505	2,882	350	15,949	37,138
SCOTT	1,817	174	1,708	409	4,108	1,855	137	977	195	3,164	7,272
SEQUATCHIE	922	86	795	143	1,946	980	55	465	63	1,663	3,609
SEVIER	4,780	318	3,163	456	8,717	5,042	206	1,295	170	6,713	15,430
SHELBY	68,661	6,472	55,145	6,563	136,842	70,255	4,359	15,732	2,353	92,799	229,641
SMITH	1,021	100	895	175	2,191	1,091	65	405	61	1,622	3,813
STEWART	655	64	601	125	1,445	878	28	326	68	1,300	2,745
SULLIVAN	7,071	603	6,724	1,334	15,732	7,284	426	3,341	598	11,649	27,381
SUMNER	6,652	561	5,333	734	13,280	6,945	365	2,050	287	9,647	22,927
TIPTON	3,381	334	2,555	373	6,643	3,589	221	879	136	4,825	11,468
TROUSDALE	466	38	371	79	954	446	27	178	42	693	1,647
UNICOI	921	78	814	292	2,105	1,009	57	380	115	1,561	3,666
UNION	1,249	93	918	161	2,421	1,282	74	524	81	1,961	4,382
VAN BUREN	281	33	268	60	642	329	22	167	43	561	1,203
WARREN	2,476	185	2,131	447	5,239	2,588	147	1,086	170	3,991	9,230
WASHINGTON	4,807	427	4,816	983	11,033	4,997	303	2,237	394	7,931	18,964
WAYNE	731	84	644	176	1,635	799	46	321	93	1,259	2,894
WEAKLEY	1,687	204	1,480	297	3,668	1,764	129	714	109	2,716	6,384
WHITE	1,460	131	1,273	335	3,199	1,631	98	745	122	2,597	5,796
WILLIAMSON	2,650	182	1,759	324	4,915	2,823	145	696	111	3,775	8,690
WILSON	4,043	345	3,272	496	8,156	4,342	231	1,375	190	6,139	14,295
z Other	198	67	754	104	1,123	308	67	605	71	1,051	2,174
Grand Total	337,649	29,341	283,155	47,440	697,595	351,085	20,091	118,203	19,564	508,943	1,206,538

SUPPLEMENTAL #2
August 18, 2014
12:30 pm

AFFIDAVIT

STATE OF NEW JERSEY

COUNTY OF BERGEN

CONNIE ADAMEK being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

SIGNATURE/TITLE

Sworn to and subscribed before me this 14 day of AUGUST (Month), 2014 (Year) a Notary

Public in and for the County/State of NEW JERSEY

NOTARY PUBLIC

My commission expires 12-29 (Month/Day), 2016 (Year)

NADIA SALMON
Notary Public
New Jersey
My Commission Expires 12-29-16

SUPPLEMENTAL #3

SUPPLEMENTAL #3
August 29, 2014
9:44 am

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax:615/532-9940

August 28, 2014

Melissa Hess, RN
Director of Nursing
Implanted Pump Management
200 Prosperity Place #102
Knoxville, TN 37923

RE: Certificate of Need Application CN1407-027
Implanted Pump Management

Dear Ms. Hess,

This will acknowledge our August 18, 2014 receipt of your supplemental response pertaining to your application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services to patients residing in all 95 Tennessee counties from its parent office located at 200 Prosperity Place #102, Knoxville (Knox County), TN 37932.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. **I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.**

Towards the end of this letter you will find information regarding "deemed complete" or "deemed incomplete" status of an application and a "deemed void" date. If this application is not complete prior to that date, it will be deemed void. In order to help expedite the review process, please resubmit all required information in the format described and respond to our initial questions in **triplicate, with affidavit by 1:00 p.m. August 29, 2014.** If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

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1. **Section A, Applicant Profile, Item 13 (Medicare/Tenncare coverage)**

   The response is noted. Please document non-coverage by these parties using references such as excerpts of laws, statutes, rules, bulletins, or related correspondence from CMS and/or related parties. This would be helpful to

confirm since some coverage by Medicare appears to be available for implanted pump infusion management for individuals with cancer pain.

Since IPM is not a Medicare certified agency, Medicare plans will not reimburse IPM for services provided to Medicare recipients. Medicare only covers services done by Medicare Certified Agencies.

2. **Section B, Project Description, Item 1**

Item G: Given the existing Camellia Home Health Agency of East Tennessee's licensed coverage of Cocke County, why does the applicant feel it necessary to base an RN out Newport?

The base locations for our nurses were chosen with intention of providing comprehensive statewide coverage of services. The fact that a single home health agency in the state – Camellia Home Health Agency – includes intrathecal home infusion therapy within their expansive repertoire of services does not factor into our goal of providing intrathecal pump patients across the state with access to our highly specialized care. We anticipate receiving referrals for patients regardless of whether they are within Camellia's geographic service area due to their disease states requiring the specific specialization of services that we will provide.

Cocke County was specifically chosen as the agency office site due to its centralized location within the state. Again, the fact that Camellia also has an office location within this county has no bearing on our company regarding our provision of services and vice versa due to our dissimilar structure and IPM's specialization of services.

Item I: Please explain how the Administrator/RN Director of Nurses is going to respond to on call situations in the 20 minute response time noted while also providing skilled nursing care services to patients in their homes.

Our Administrator/RN Director of Nursing will respond to <u>all</u> on call and emergency situations within 20 minutes via phone service for the requisite assessment and triaging. As our specialized services successfully negate a vast majority of inpatient and hospital emergency room and physician services, this is an appropriate and highly effective response time and manner.

Item J: Please summarize what is involved in the required pump manufacturer training curriculum. A copy of a course outline or similar reference may be helpful in this regard. Please explain education and training that is necessary to respond to emergency situations such as an overdose situation.

The training for an IPM RN consists of two days of theory, mechanics, and medications utilized for the therapy. The second phase of training focuses on the programmer (device used to program the pump) and the refill procedure done in a classroom setting. The next phase is clinical practice with the refill and programming through required programming tests and successful demonstration of pump refill techniques through utilizing a "dummy" patient. At this point in the training the IPM RN would be able to observe home visits. The IPM RN in training will work with an IPM RN licensed in the state of Tennessee for practical and clinical experience and proficiency. The training RN must demonstrate accurate knowledge of the pump system, all components and steps for programming and refill at least three times

supervised for every level of pump. IPM grades each pump from 1 to 3 based on difficulty level of palpation, identification of borders, and refill procedure. Please see attached documentation (Attachment 2.Section B.Project Description.Item 1.Item J) for training.

3. **Section B, Project Description, Item II.C. The response is noted. The attached graph appears to be an excerpt of a bar chart showing the results of a study over a 4 year period regarding complication rates after intrathecal catheter and pump placement in pediatric patients (Pain Physician Journal, 2012). The authors are two physicians at the Department of Anesthesiology, University of Virginia. It is unclear how this medical research supports the applicant's whole patient approach leading to a 50% reduction in ED visits. Please explain.**

   Note: as a general request for clarification, review of page 8 of the 1st supplemental response described potential patient care enhancements. Please clarify why the applicant would limit its skilled care to assessing skin and UTIs but referring to other HHAs for resolution of problems. Please also clarify how the applicant proposes to reduce hospital knowledge deficits.

   The attached documentation only shows the most common pump complications and the anticipated red flags with the intrathecal pump therapy. This was important to show based on the traditional result of pump complications. When an individual is being followed in the MD office, as the normal in Tennessee, the MD may not have the resources in staff, knowledge base, and or expertise in the therapy to quickly and efficiently identify potential problems. These potential problems will usually present as an emergency room visit and possibly a hospital stay. Utilizing IPM's service would allow the MD's an earlier approach to potential pump complications and in most cases eliminating those ER visits for the pump complications. It is very important to explain that the common emergency room staff and MD's do not have a programmer to read the pump, and in most cases do not fully understand the entire therapy. This lack of knowledge often times leads to extreme studies, imaging, and MD workups that are not indicated for the patient.

   To clarify the described potential patient care enhancements. IPM will not only identify only changes in skin integrity and UTI's, but will identify to the MD and the patient any assessment that is found to be out of the "norm" This early identification of abnormal findings to patients and physicians is a pro-active approach to early identification and treatment of many secondary infections such as, changes in skin integrity, UTI's, pump site infections, abnormal heart rate, increases in blood pressure, SOB, and many others. The identified changes in skin integrity and UTI's were referenced because they are often very common in individuals with movement disorders, and or limited ambulation and or ROM due to chronic pain. IPM will identify and direct the patient to the MD and then coordinate with the MD the required care and coordinate with existing HHA's that provides the specific required service.

4. **Section B, Project Description, Item V.4. (Home Health Agency) - Page 10-Is the RN not dispensing medications when taking the drugs to the patient? According to the Department of Health, dispensing medications outside of a physician's office constitutes a dispensing act which falls under pain clinic guidelines. Please explain how the plans for RNs to take drugs to the patient would be a permissible activity.**

The IPM RN will not be dispensing medication to the individual patient. The contracted Infusion Pharmacy will be dispensing the medication to the patient and the RN will simply transport the medication to ensure temperature control and safety. The RN will be administering the medication based on the signed MD orders for the medication administration. The same scenario could be described as a home care RN bringing an intravenous antibiotic to the patient home for intravenous administration.

5. **Section C, Need, Item 1 (State Health Plan) – Please summarize the key details of how the proposed service will "protect, promote and improve" the health of Tennesseans.**

   In summary the proposed intrathecal home infusion services will "protect, promote, and improve" the health of Tennesseans by offering specific, quality clinical care for implanted intrathecal pumps in the homecare setting. Focusing on a pro-active approach that identifies potential problems early for the best overall outcomes, both pump related and health related.

6. **Section C, Need, Item 1 (Project Specific Criteria)**

   <u>Items 1-4:</u> the responses are noted. Please include utilization for 2013 in a revised Exhibit 1 (see HSDA worksheet attached to this correspondence). Also, it appears there are errors in the number of patients served & calculation of HHA capacity in Exhibit 2. Comparison of your response to the attachment sent with my August 13, 2014 e-mail revealed that the TDH worksheet-statewide calculation of HHA need should be used as the source/reference for this response. Please revise both exhibits.

   Note: please recap how the indicators identified on pages 17/18 of your 7/28/14 supplemental response were determined. In revisiting that response, some confusion exists about IPM's ability to meet the 48 hour waiting time target for dose changes compared to 7-10 days for physicians. Also, how were the measures determined for the hospitalizations for pump complications (2/year per physician compared to the IPM rate of 0.2 per year?

Exhibit 1
Existing Licensed HHAS & Their Utilization serving the 95 County Declared Service Area

Agency Name (license #)*	County of Parent Office	Total Counties authorized in license (# counties in service area) **	2010 JAR Total patients served	2011 JAR Total patients served	2012 JAR Total patients served	2013 JAR Total patients served
Clinch River Home Health #00000001 (01032)	Anderson	7	596	473	468	461
Home Option by Harden Health Care (Girling) #00000148	Anderson	Unavailable	Unavailable	Unavailable	Unavailable	29
Professional Case Management of	Anderson	8	105	127	182	164

Tennessee #00000620 (01042)						
Heritage Home Health #00000004 (02024)	Bedford	7	286	282	280	241
Tennessee Quality Homecare – Northwest #00000008 (03025)	Benton	15	1129	1129	1128	1164
Blount Memorial Hospital Home Health Services #00000213 (05012)	Blount	19	1299	1357	1308	1224
Family Home Care, Cleveland #00000013 (06043)	Bradley	5	594	673	1023	598
Home Health Care of East Tennessee, Inc. #00000014 (06043)	Bradley	17	4976	4764	4755	3318
Sunbelt Homecare #00000016 (07032)	Campbell	10	246	285	260	261
Baptist Memorial Home Care #00000019 (09065)	Carroll	11	245	235	213	262
Amedisys Home Health Care #00000023 (10031)	Carter	7	1523	1241	1147	1171
Amedisys Home Health of Tennessee #00000025 (13022)	Claiborne	5	1272	1730	2074	1830
Suncrest Home Health #00000093	Claiborne	11	unavailable	unavailable	unavailable	852
Claiborne Home Health Care (13032)	Claiborne	Unavailable	504	436	unavailable	unavailable
Cumberland River Homecare #00000135 (14024)	Clay	10	313	361	236	392
Smoky Mountain Home Health and Hospice, Inc. #00000027 (15032)	Cocke	12	1699	1622	1535	1296
Doctor's Associates Home Health (16034)	Coffee	unavailable	787	unavailable	unavailable	unavailable
Gentiva Health Services #00000030	Coffee	9	unavailable	unavailable	unavailable	424
Medical Home Health Care (16024)	Coffee	unavailable	1002	726	unavailable	unavailable
Suncrest Home Health of Manchester, Inc #00000029	Coffee	15	unavailable	unavailable	unavailable	1588
C.M.C. Home C.A.R.E. #00000033 (18054)	Cumberland	1	545	536	409	407
Alere Women's and Children's Health LLC	Davidson	14	349	140	196	202

#00000471 (19654)						
Amedisys Home Care #00000038? (19674)	Davidson	22	2881	1538	1598	2008
Amedisys Home Health #00000068? (19024)	Davidson	10	1443	756	388	5182
Amedisys of Nashville East #00000040 (19684)	Davidson	10	701	unavailable	unavailable	23
Angel Private Duty & Home Health (Friendship Private Duty) #00000622	Davidson	24	Unavailable	Unavailable	Unavailable	123
Careall (moved from Wilson county) #00000295	Davidson	22	Unavailable	Unavailable	Unavailable	1562
Continuous Care Services, LLC #00000048 (19664)	Davidson	6	788	905	671	407
Coram Specialty Infusion Services #00000624	Davidson	38	Unavailable	Unavailable	Unavailable	11
Elk Valley Health Services, Inc. #00000042 (19494)	Davidson	95	547	250	245	277
Friendship Home Healthcare, Inc. #00000323 (19614) N/A	Davidson	14	769	1040	1093	845
Friendship Private Duty, Inc. (19714)	Davidson	unavailable	9	10	unavailable	unavailable
Gentiva Health Services #00000049 (19084)	Davidson	12	1345	1239	1239	1003
Home Care Solutions #00000056 (19544)	Davidson	95	2140	unavailable	2080	1930
Home Health Care of Middle Tennessee, LLC #00000046 (19584)	Davidson	14	4017	4246	3914	2963
Innovative Senior Care Home Health	Davidson	22	unavailable	unavailable	Unavailable	677
Intrepid USA Healthcare Services #00000034 (19364)	Davidson	19	386	644	920	766
Maxim Healthcare Services, Inc. #00000615 (19704)	Davidson	9	154	138	141	106
Premiere Home Health, Inc. #00000035 (19374)	Davidson	1	113	118	81	87
Suncrest Home Health #00000070 (19324)	Davidson	12	4728	5428	6710	5490
US Bioservices (19504)	Davidson	unavailable	unavailable	unavailable	unavailable	Unavailable
Vanderbilt Community and Home Services	Davidson	20	1155	1180	1230	1879

#00000043 (19394)						
Vanderbilt Home Care Services #00000065 (19314)	Davidson	7	1049	1179	1268	1812
Willowbrook Home Health Care Agency, Inc. #00000259 (19694)	Davidson	36	3413	3088	2149	1565
Tennessee Quality Homecare – Southwest #00000221 (20045)	Decatur	15	1352	1352	1082	1080
Volunteer Homecare of West Tennessee, Inc. #00000063 (20055)	Decatur	17	1401	1598	1503	1534
SunCrest Home Health #00000060 (21024)	DeKalb	7	1282	1406	1501	1568
Regional HomeCare, Dyersburg #00000077 (23035)	Dyer	6	655	744	814	707
NHC Homecare #00000291 (24026)	Fayette	8	254	254	217	226
Where The Heart Is, Inc. #00000612 (24036)	Fayette	3	34	253	284	116
Quality Home Health #00000287 (25044)	Fentress	16	4059	4540	4012	3404
Quality Private Duty Care #00000080 (25034)	Fentress	5	461	599	703	879
Amedisys Home Care #00000082 (26054)	Franklin	16	1197	1015	1074	1150
Caresouth HHA Holdings of Winchester, LLC #00000083 (26024)	Franklin	34	1229	1395	1371	2030
NHC Homecare #00000085 (27025)	Gibson	12	546	479	625	569
Volunteer Home Care, Inc. #00000285 (27085)	Gibson	13	2443	2549	3027	3041
Advanced Home Care, Inc. #00000086 (30021)	Greene	7	323	385	526	762
Laughlin Home Health Agency #00000088 (30041)	Greene	5	608	553	547	655
Procare Home Health Services #00000087 (30051)	Greene	6	323	418	384	433
Amedysis Home Health Care #00000091 (32102)	Hamblen	13	3494	3613	3675	3896
Premier Support Services, Inc. #00000010 (32132)	Hamblen	30	839	972	900	1169

University of TN Medical Center Home Health Services #00000153 (32122)	Hamblen	20	663	unavailable	1244	1327
Alere Women's and Children's Health, LLC #00000457 (33423)	Hamilton	13	6	18	52	74
Amedysis Home Health #00000113 (33103)	Hamilton	21	2907	3358	3343	2878
Camellia Home Health of Southeast TN # 00000624	**Hamilton**	**9**	**Unavailable**	**Unavailable**	**Unavailable**	**269**
Continucare Healthservices, Inc.-I #00000098 (33213)	Hamilton	8	1537	1638	1494	1466
Continucare Healthservices, Inc.-II #00000108 (33383)	Hamilton	11	18	21	17	8
Gentiva Health Services #00000100 (33093)	Hamilton	12	459	487	268	328
Guardian Home Care, LLC #00000115 (33083)	Hamilton	7	2122	2179	2116	1484
Home Care of Chattanooga #00000014 (33133)	Hamilton	17	223	208	119	Unavailable
Home Care Solutions #00000338 (33363)	Hamilton	10	401	unavailable	734	663
Life Care at Home of Tennessee #00000109 (33303)	Hamilton	10	772	616	989	956
Maxim Hospital Home Health #00000613 (33433)	Hamilton	8	106	71	150	56
Memorial Hospital Home Health #00000103 (33253)	Hamilton	11	3448	3469	3264	2439
NHC Homecare #00000111 (33033)	Hamilton	11	207	199	203	354
Hancock County Home Health Agency #00000117 (34011)	Hancock	4	342	299	323	463
Deaconess Homecare #00000290 (36025)	Hardin	11	1124	1213	1244	1330
HMC Home Health, LLC #00000137 (36035)	Hardin	6	308	252	274	341
Hometown Home Health Care, Inc. #00000320 (37021)	Hawkins	3	177	173	unavailable	89
Regional Home Care, Lexington #00000139 (39035)	Henderson	22	683	579	616	569

Henry County Medical Center Home Health #00000122 (40075)	Henry	12	474	355	399	363
Hickman Community Home Care, Inc. (41034)	Hickman	8	154	9	134	214
Johnson County Home Health #00000130 (46031)	Johnson	2	408	251	396	446
Amedisys Home Health Care #00000150 (47202)	Knox	28	4958	3470	5420	5354
Camellia Home Health of East TN #00000144	**Knox**	**22**	**Unavailable**	**Unavailable**	**Unavailable**	**1716**
CareAll Home Care Services #00000131 (47232)	Knox	6	277	177	278	510
Covenant Homecare #00000133 (47402)	Knox	17	3940	2254	3946	3953
East Tennessee Children's Hospital Home Health Care #00000132 (47222)	Knox	16	1066	319	559	586
Gentiva Health Services #00000142 (47042)	Knox	16	812	636	870	779
Girling Health Care Services of Knoxville, Inc. #00000149 (47372)	Knox	Unavailable	1	0	1	Unavailable
Girling Health Care, Inc. (47182)	Knox	27	1130	760	1031	1467
Maxim Healthcare Services, Inc. #00000149 (47182)	Knox	18	210	83	150	159
NHC Homecare #00000143 (47012)	Knox	15	573	352	567	613
Priority Healthcare Services of Tennessee, Inc. (47062)	Knox	Unavailable	1513	unavailable	unavailable	Unavailable
St. Mary's Home Care Services (47092)	Knox	Unavailable	4206	unavailable	unavailable	Unavailable
Tennova Home Health # 00000151	Knox	15	Unavailable	unavailable	unavailable	3063
The Home Option by Harden Health Care	Knox	Unavailable	unavailable	unavailable	unavailable	Unavailable
University of TN Medical Center Home Care Services #00000156 (47132)	Knox	16	1877	1492	3264	3439
Deaconess Homecare #00000161 (52024)	Lincoln	25	604	381	704	842
Hospital Home Health and Hospice (52044)	Lincoln	unavailable	259	210	unavailable	Unavailable

Lincoln Medical Home Health and Hospice # 00000160	Lincoln	7	unavailable	unavailable	unavailable	348
Home Care Solutions – Etowah #00000168	McMinn	4	Unavailable	Unavailable	Unavailable	283
NHC Homecare #00000166 (54043)	McMinn	8	234	117	183	239
Woods Home Health LLC (54083)	McMinn	unavailable	N/A	177	unavailable	Unavailable
Amedisys Home Health Care #00000177	Madison	19	2407	1618	2586	2741
Extendicare Home Health of West Tennessee #00000120 (57095)	Madison	21	1015	unavailable	993	1085
Intrepid USA Healthcare Services (57165)	Madison	15	210	168	86	422
Medical Center Home Health, LLC 00000174 (57055)	Madison	17	1329	810	1617	1706
Regional Home Care, Jackson #00000178 (57085)	Madison	20	969	755	1061	1164
CareAll Homecare Services #00000194 (60074)	Maury	18	354	285	224	609
Maury Regional Home Services #00000180 (60044)	Maury	8	1022	1188	1220	1151
NHC Homecare #00000181 (60024)	Maury	21	2150	2212	2134	2408
Quality First Home Care #00000090 (60084)	Maury	5	877	906	855	923
Intrepid USA Healthcare Services #00000190 (62052)	Monroe	15	240	238	273	358
Sweetwater Hospital Home Health #00000189 (62062)	Monroe	5	470	462	569	613
Gateway Home Health, Clarksville #00000186 (63034)	Montgomery	7	873	1050	1067	949
Suncrest Home Health of Nashville #00000293	Montgomery	11	Unavailable	Unavailable	Unavailable	587
Extendicare Home Health of Western Tennessee #00000188 (66035)	Obion	5	499	398	347	302
Amedisys #00000191 (67024)	Overton	11	1355	1325	1277	1453
Highland Rim Home	Putnam	14	597	555	495	574

Health Agency #00000197 (71014)						
Intrepid USA Healthcare Services #00000198 (71084)	Putnam	8	275	244	341	327
Lifeline Home Health Care #00000203 (74064)	Robertson	5	325	289	336	428
NHC Homecare #00000205 (74054)	Robertson	7	830	869	909	1332
Amedisys #00000207 (75054)	Rutherford	7	613	543	554	661
Amedisys Home Health Care #00000005 (75064)	Rutherford	19	1315	1476	1431	1582
NHC Homecare #00000208 (75024)	Rutherford	24	2794	3007	3269	3776
Deaconess Homecare #00000211 (76032)	Scott	5	402	406	352	394394
Accredo Health Group, Inc. #00000347 (79456)357	Shelby	6	7	9	14	2020
Alere Women's and Children's Heal2411th LLC #00000459 (79466)576	Shelby	7	4	357	401	417
Amedisys Home Care #00000239 (79146)	Shelby	3	789	892	938	1060
Amedisys Home Health #00000215 (79386)	Shelby	3	2344	2411	1806	1934
Amedisys Home Health Agency, Inc. #00000238 (79256)	Shelby	4	567	576	683	936
Americare Home Health Agency, Inc. #00000216	Shelby	2	Unavailable	Unavailable	Unavailable	1811
Baptist Trinity Home Care #00000241 (79276)	Shelby	4	3314	3248	3367	3862
Baptist Trinity Home Care – Private Pay Division #00000242 (79446)	Shelby	5	1	1	1	1
Best Nurses, Inc. #00000621 (79546)	Shelby	3	41	311	366	364
Elder Care, Inc. (79136)	Shelby	unavailable	421	780	unavailable	Unavailable
Extended Health Care, Inc.#00000120	Shelby	6	unavailable	unavailable	unavailable	79
Family Home Health Agency #00000229 (79206)	Shelby	2	1070	375	863	379

Functional Independence Home Care, Inc. #00000610 (79496)	Shelby	3	903	unavailable	804	953
Home Health Care of West Tennessee, Inc. #00000227 (79486)	Shelby	4	1617	unavailable	1118	1010
Homechoice Health Services #00000240 (79376)	Shelby	6	2963	unavailable	unavailable	861
Interim Healthcare of Memphis, Inc. #00000228 (79056)	Shelby	3	727	720	889	769
Intrepid USA Healthcare Services #00000214 (79226)	Shelby	3	537	662	615	605
Maxim Healthcare Services, Inc. #00000618 (79536)	Shelby	6	82	103	197	155
Meritan, Inc. (Senior Services Home Health) #00000237	Shelby	4	Unavailable	Unavailable	Unavailable	609
Methodist Alliance Home Care #00000233 (79316)	Shelby	7	3352	3226	3180	3179
No Place Like Home, Inc. #00000611 (79506)	Shelby	3	48	38	55	58
Senior Services Home Health (79106)	Shelby	unavailable	670	642	127	Unavailable
Still Waters Home Health Agency, LLC #00000616 (79526)	Shelby	1	83	105	unavailable	101
Willowbrook Visiting Nurse Association, Inc. #00000244 (79236)	Shelby	6	451	479	533	479
Sumner Homecare and Hospice, LLC (Highpoint Homecare) #00000245 (80064)	Smith	8	316	212	unavailable	377
Advanced Home Care, Inc. #00000249 (82051)	Sullivan	5	2665	2825	2583	2245
Gentiva Health Services #00000251 (82061)	Sullivan	9	1244	1286	979	936
Highpoint Homecare #00000258	Sumner	7	unavailable	unavailable	unavailable	855
Sumner Homecare and Hospice, LLC #00000258 (83114)	Sumner	7	1102	978	unavailable	Unavailable
Baptist Home Care and Hospice – Covington #00000260 (84046)	Tipton	8	330	326	361	353
CareAll Homecare Services #00000288	Tipton	19	1424	1491	unavailable	1556

(84076)						
Unicoi County Home Health #00000355 (86051)	Unicoi	1	205	246	209	206
CareAll Home Care Services #00000265 (89074)	Warren	10	515	520	337	637
Friendship Home Health, Inc. #00000619 (89084)	Warren	10	1083	1025	1345	1724
Intrepid USA Healthcare Services #00000263 (89064)	Warren	16	506	650	159	822
Amedisys Home Health #00000273 (90121)	Washington	7	2905	2496	2384	1821
Medical Center Homecare Services #00000271 (90091)	Washington	6	2667	2801	3118	3503
Medical Center Homecare, Kingsport #00000269 (90081)	Washington	7	1298	1126	1628	1960
NHC Homecare #00000267 (90131)	Washington	7	279	241	264	259
CareAll Homecare Services #00000276 (92025)	Weakley	13	1902	1903	unavailable	2036
Guardian Home Care of Nashville, LLC #00000607 (94074)	Williamson	14	1982	1265	1365	1370
Health at Home #00000617	Williamson	1	unavailable	unavailable	unavailable	58
Home Health Care Services, LLC (Health at Home) #00000617 (94094)	Williamson	1	62	63	Unavailable	Unavailable
Vanderbilt HC Affiliated w/ Walgreens #00000604	Williamson	33	Unavailable	Unavailable	Unavailable	67
American National Home Health	Wilson	unavailable	unavailable	unavailable	unavailable	311
CareAll (95064)	Wilson	Unavailable	1680	1473	Unavailable	Unavailable
Deaconess Homecare #00000282 (95034)	Wilson	21	1076	1237	1210	1222
Donelson Home Health (95074)	Wilson	unavailable	1931	1705	unavailable	Unavailable
Gentiva Health Services	Wilson	unavailable	unavailable	unavailable	unavailable	1380
Quality Care Home Health Agency (95084)	Wilson	unavailable	128	217	unavailable	unavailable
Magnolia Regional Health Center Home Health #00000296 (96010)	Out-of-State	2	1009	1000	915	856

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Professional Home Health Care Agency, Inc. #00000298 (96030)	Out-of-State	7	2920	3021	2985	2641
Regional Home Care Parkway #00000297 (96020)	Out-of-State	2	23	31	14	28

Exhibit 2

Service Area	Agencies Licensed to Serve	Agencies Report Serving	Total Patients Served	Estimated 2013 Pop.	Use Rate	Projected 2018 Pop.	Projected Capacity	Projected Need (.015 x 2018 Pop.)	Need or (Surplus) for 2018
Tennessee	1,619	1,457	175,924	6,528,014	0.0269	6,833,509	184,157	102,503	(81,654)
Anderson	22	19	2,893	76,182	0.0380	77,851	2,956	1,168	(1,789)
Bedford	20	19	1,120	46,700	0.0240	50,566	1,213	758	(454)
Benton	11	10	667	16,315	0.0409	16,104	658	242	(417)
Bledsoe	10	8	462	12,698	0.0364	12,599	458	189	(269)
Blount	18	18	2,507	126,809	0.0198	135,171	2,672	2,028	(645)
Bradley	16	14	2,021	102,235	0.0198	107,481	2,125	1,612	(512)
Campbell	21	18	1,715	41,163	0.0417	42,566	1,773	638	(1,135)
Cannon	19	16	423	14,013	0.0302	14,540	439	218	(221)
Carroll	13	13	1,246	28,213	0.0442	27,831	1,229	417	(812)
Carter	12	11	2,072	57,228	0.0362	57,680	2,088	865	(1,223)
Cheatham	24	25	772	39,603	0.0195	40,765	795	611	(183)
Chester	14	13	563	17,355	0.0324	17,999	584	270	(314)
Claiborne	19	15	2,002	32,457	0.0617	33,280	2,053	499	(1,554)
Clay	8	6	250	7,719	0.0324	7,673	249	115	(133)
Cocke	16	14	1,467	36,330	0.0404	38,615	1,559	579	(980)
Coffee	20	16	1,874	53,784	0.0348	56,841	1,981	853	(1,128)
Crockett	13	12	537	14,568	0.0369	14,683	541	220	(321)
Cumberland	15	13	1,601	57,370	0.0279	60,292	1,683	904	(778)
Davidson	32	32	14,912	649,507	0.0230	682,330	15,666	10,235	(5,431)
Decatur	17	14	638	11,773	0.0542	12,080	655	181	(473)
DeKalb	21	16	469	18,918	0.0248	19,125	474	287	(187)
Dickson	25	24	1,617	50,596	0.0320	51,964	1,661	779	(881)
Dyer	11	10	1,671	38,205	0.0437	38,427	1,681	576	(1,104)
Fayette	26	23	713	40,081	0.0178	44,888	799	673	(125)
Fentress	10	7	1,015	18,290	0.0555	18,987	1,054	285	(769)
Franklin	17	12	1,424	41,099	0.0346	42,122	1,459	632	(828)
Gibson	15	14	1,924	50,748	0.0379	52,163	1,978	782	(1,195)
Giles	12	11	1,001	29,325	0.0341	29,285	1,000	439	(560)
Grainger	22	20	886	22,994	0.0385	23,675	912	355	(557)
Greene	20	17	2,454	69,888	0.0351	71,594	2,514	1,074	(1,440)
Grundy	18	16	529	13,396	0.0395	13,293	525	199	(326)
Hamblen	19	17	2,835	63,763	0.0445	65,570	2,915	984	(1,932)
Hamilton	16	16	8,038	345,447	0.0233	353,577	8,227	5,304	(2,924)
Hancock	14	11	682	6,652	0.1025	6,640	681	100	(581)

Hardeman	17	15	917	26,492	0.0346	26,067	902	391	(511)
Hardin	16	14	1,157	25,968	0.0446	26,244	1,169	394	(776)
Hawkins	21	18	2,148	57,273	0.0375	58,164	2,181	872	(1,309)
Haywood	15	13	612	18,199	0.0336	18,009	606	270	(335)
Henderson	14	13	1,015	28,080	0.0361	28,631	1,035	429	(605)
Henry	10	10	1,283	32,595	0.0394	32,956	1,297	494	(803)
Hickman	18	17	725	24,393	0.0297	24,698	734	370	(364)
Houston	12	11	281	8,358	0.0336	8,447	284	127	(157)
Humphreys	16	14	803	18,488	0.0434	18,561	806	278	(528)
Jackson	12	11	402	11,355	0.0354	11,495	407	172	(235)
Jefferson	20	19	1,749	53,006	0.0330	56,872	1,877	853	(1,023)
Johnson	5	5	907	18,126	0.0500	18,127	907	272	(635)
Knox	24	23	9,976	448,093	0.0223	475,569	10,588	7,134	(3,454)
Lake	6	5	325	9,795	0.0332	9,468	314	142	(172)
Lauderdale	14	11	857	27,465	0.0312	27,125	846	407	(440)
Lawrence	15	12	1,667	42,280	0.0394	42,387	1,671	636	(1,035)
Lewis	12	10	402	12,111	0.0332	12,224	406	183	(222)
Lincoln	14	12	1,062	33,979	0.0313	35,697	1,116	535	(580)
Loudon	23	21	1,572	50,356	0.0312	53,192	1,661	798	(863)
McMinn	17	17	1,807	53,004	0.0341	54,203	1,848	813	(1,035)
McNairy	15	13	1,089	26,408	0.0412	27,299	1,126	409	(716)
Macon	17	15	849	22,957	0.0370	24,121	892	362	(530)
Madison	16	15	3,121	99,153	0.0315	101,001	3,179	1,515	(1,664)
Marion	16	15	729	28,448	0.0256	28,992	743	435	(308)
Marshall	21	17	816	31,159	0.0262	32,015	838	480	(358)
Maury	23	21	2,412	82,029	0.0294	83,256	2,448	1,249	(1,199)
Meigs	18	16	346	12,064	0.0287	12,643	363	190	(173)
Monroe	19	19	1,517	45,664	0.0332	48,088	1,598	721	(876)
Montgomery	19	20	2,903	184,087	0.0158	200,561	3,163	3,008	(154)
Moore	13	10	97	6,369	0.0152	6,401	97	96	(1)
Morgan	21	21	472	21,826	0.0216	22,004	476	330	(146)
Obion	12	12	1,280	31,536	0.0406	31,222	1,267	468	(799)
Overton	14	11	742	22,376	0.0332	22,967	762	345	(417)
Perry	11	6	258	7,971	0.0324	8,096	262	121	(141)
Pickett	8	6	271	5,045	0.0537	4,943	266	74	(191)
Polk	11	11	427	16,654	0.0256	16,588	425	249	(176)
Putnam	16	14	2,405	75,646	0.0318	82,623	2,627	1,239	(1,387)
Rhea	16	15	927	32,966	0.0281	34,790	978	522	(456)
Roane	24	22	2,354	53,918	0.0437	54,457	2,378	817	(1,561)
Robertson	26	26	1,739	69,336	0.0251	74,371	1,865	1,116	(750)
Rutherford	29	29	5,503	285,141	0.0193	329,446	6,358	4,942	(1,416)
Scott	18	15	835	21,986	0.0380	21,969	834	330	(505)
Sequatchie	14	11	413	14,756	0.0280	16,004	448	240	(208)
Sevier	19	18	2,452	93,637	0.0262	100,362	2,628	1,505	(1,123)
Shelby	27	27	18,064	940,972	0.0192	954,012	18,314	14,310	(4,004)
Smith	17	14	708	19,445	0.0364	20,281	738	304	(434)
Stewart	10	10	339	13,436	0.0252	13,941	352	209	(143)

Sullivan	14	13	5,259	158,451	0.0332	161,136	5,348	2,417	(2,931)
Sumner	26	27	4,160	169,409	0.0246	183,406	4,504	2,751	(1,753)
Tipton	26	22	1,298	63,001	0.0206	67,545	1,392	1,013	(378)
Trousdale	16	14	431	8,046	0.0536	8,582	460	129	(331)
Unicoi	13	11	659	18,334	0.0359	18,511	665	278	(388)
Union	21	18	371	19,231	0.0193	19,605	378	294	(84)
Van Buren	12	11	240	5,456	0.0440	5,474	241	82	(159)
Warren	20	15	2,266	40,299	0.0562	41,155	2,314	617	(1,697)
Washington	16	14	4,181	128,537	0.0325	138,370	4,501	2,076	(2,425)
Wayne	11	9	640	16,887	0.0379	16,724	634	251	(383)
Weakley	13	11	1,180	38,255	0.0308	39,491	1,218	592	(626)
White	14	9	962	26,612	0.0361	27,974	1,011	420	(592)
Williamson	32	32	2,815	198,045	0.0142	223,333	3,174	3,350	176
Wilson	28	31	3,727	121,626	0.0306	133,357	4,086	2,000	(2,086)

Item 5A – As noted, it is important to justifying the need for the service by providing letters of support and related correspondence from physicians who will issue orders for patient services in the home regardless of whether or not the referrals come from the pump vendor representatives. This criterion cannot be met without letters from physicians, at least documenting a need for the service in lieu of a letter of support for IPM (the company). Given the provision of the service by Camellia Home Health Agency in 28 counties of East & Southeast Tennessee, including Knox and Hamilton Counties, it seems that physicians from these areas utilizing the IP home infusion service would be able to speak to the need for the service in their community(s). Please provide the documentation requested in the application and supplemental questionnaires.

IPM has not been able to obtain letters of support from referring physicians without a valid home health license.

Item 5B – It appears the response indicates 60 referrals by physicians following implantation and 60 referrals from physicians that mange patients with existing pumps for a total of 120 cases in Year 1. Of the 120 total patients, how many are patients with chronic pain, CP and MS clinical conditions (targeted populations identified on page 28 of the supplemental response)?

The breakdown of patients by diagnoses can only be guesstimated, as IPM does not have access to the Medtronic database of pump implants based on medical diagnoses. IPM does though feel that the estimated breakdown from the total number of 120 to be as indicated.

Chronic Pain 108
Multiple Sclerosis 2
Cerebral Palsy 11

Item 6A - In light of the projected operating expenses and patients in the projected Data Chart, the average cost per patient seems to be approximately $1,263/ patient in Year 1 ($151,500 divided by 120 projected patients). However, when looking at a cost per visit measure, the applicant's cost of $100 per visit appears reasonable. Please confirm the projected average cost per patient in Year 1 of the project.

IPM would like to confirm that we have projected an average cost of $100 per each patient visit. IPM has also projected to see each patient once monthly. Therefore, IPM's projected average cost per patient is approximately $1200 per year.

7. **Section C, Need, Item 6 -**
Using the target population data on pages 28-30 of your 8/18/14 supplemental response, it appears that individuals with chronic pain account for approximately 90% of the total target patient population, followed by Cerebral Palsy (9%) and Multiple Sclerosis (1%) patients. Is this a predictor of the applicant's 120 patient caseload in Year 1 increasing to 240 patients in Year 2? If so, what are the projections by each category?

Yes, the predictor of IPM's 120 patient caseload that increases to 240 in year two is based on the assumption of the percentages of the above question. The same guesstimates would be used, chronic pain 90%, MS 1% and Cerebral Palsy 9%.

Since the applicant is targeting only private pay or commercial insurance based on coverage availability, what assurances can the applicant provide that the IP service will be a covered service by commercial or managed care plans and that managed care plan networks have a need for the proposed service? Please identify major commercial plans that include IP home infusion as a covered service in their networks.

Since IPM is not a Medicare certified agency, Medicare plans will not reimburse IPM for services provided to Medicare recipients. Therefore IPM is targeting the patient population covered by private pay or commercial insurances. IPM will receive assurance that the service will be covered prior to providing the service by conducting a verification of benefits over the phone with the commercial insurance plan. Unlike Medicare, almost ALL commercial insurance plan networks include a benefit for in-home nursing services. IPM does not believe it is the managed care plan that necessarily has a need for IPM's proposed service. IPM is proposing a service that will benefit patients with intrathecal pumps and the physicians managing these patients.

8. **Section C, Orderly Development, Item 2**

What effect will limiting admissions to patients with private or commercial insurance have on existing providers, especially hospitals and physicians that are closer to the patient to respond to patient emergencies?

While the service is currently being provided in the East Tennessee by an existing HHA, the proposal has a unique opportunity to be the first service offered by a HHA in the Middle and West Grand Divisions of Tennessee, if approved. What consideration was given to providing the service in counties of the Middle and West Tennessee Grand Divisions and/or counties where the target populations are highest (MS,CP and chronic pain) in order to prevent duplication with the existing HHA that serves 28 counties located in the East Grand Division of the state?

Please summarize the benefits of the proposal and address how these might outweigh the potential risks in terms of patient safety.

The affect of limiting admissions that are not required to patients with commercial and or private payers will not adversely affect the area hospitals and emergency rooms. The fact remains that the majority of hospitals and emergency rooms are not equipped with the necessary programmers and staff trained to handle the intrathecal pumps. This introduction of services will not eliminate all ER and hospital admissions, only the un-necessary ones related to the pump trouble shooting and or potential pump problems. The individual population will still utilize the local ERs and hospitals for other non- pump related emergencies in addition to pump reimplantations. The Medtronic Intrathecal Pump must be surgically replaced every five to seven years depending on rate of flow.

Although the service is currently being provided in the East Grand Division of Tennessee by an existing HHA, IPM still feels that the introduction of another HHA to provide the therapy will only benefit the individual pts. The existing HHA provides many other services other than intrathecal home infusion management, so the introduction of IPM services to the East Grand Division of Tennessee would not be a direct competitor for the existing HHA's pt population. IPM is also hoping to refer individuals requiring services not provided by IPM to the existing HHA in the East Grand Division of Tennessee.

In summary the proposal is to introduce specialty services of intrathecal home infusion management to the entire state of Tennessee. IPM does recognize the safety implications and potential risks that come with this therapy. The risks are inherent and cannot be completely removed. IPM will create a specialty RN workforce that has a sole focus on the proposed therapy with several safety checks, quality control, and safeguards that promote optimal safety and positive patient outcomes.

9. **Section C, Orderly Development, Item 7.c.**
Item 7c: For purposes of clarification and consistency, the response to this item on page 30 of the revised application noted operations in New Jersey and Florida (recent JCAHO accreditation). Please describe how these entities are licensed, the types of services being provided and the number of patient served for the most recent 12 month period.

IPM currently has locations in New Jersey as well as Florida. We hold accreditation by the Joint Commission for our Florida location (see Attachment 9.Section C.Orderly Development.Item 7C) and are currently anticipating the receipt of our home health licensure within this state. We do not require this licensure within the State of New Jersey as our provision of just a single service exempts us from this requirement. We are not currently servicing patients within the state of New Jersey.

10. **Revised Application Questions and Additional Questions**

Based on HSDA staff review of the revised application and input from HSDA partners, some additional questions for clarification are provided in **Exhibit 1** and **Exhibit 2** attached to this letter. The intent of the questions is to provide the applicant with an opportunity to present the proposal in a summary format. While HSDA staff apologizes if the questions are similar to questions in prior Supplemental Questionnaires, please answer all questions in the order provided. If the applicant feels that the question has been addressed previously, please include the date of the supplemental response, item # and page that applies in your response. Thank you for

your interest and consideration in helping HSDA complete initial review of your application.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is September 23, 2014. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. ∋ 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Jeff Grimm
HSD Examiner
Enclosure

SUPPLEMENTAL #3

August 29, 2014

9:44 am

SUPPLEMENTAL #3
August 29, 2014
9:44 am

Exhibit 1 – Additional Clarification – Revised Application

I. **Section B, Project Description, Item 1**

1. **Page 10, 1st paragraph---the applicant states that its services will be provided to patients in their home and in third party facilities. Please define the term third party facilities (types that might apply) and give examples of the nature and scope of services that IPM plans to provide as a licensed home health agency limited to IP home infusion management.**

   On page 10, first paragraph, it is stated that IPM will provide services to patients in their homes and third party facilities. Third party facilities refer to in-patient hospital stays, long term care facilities, and or possibly rehabilitation facilities. In the event that IPM must enter a third party facility to refill and or titrate a patient. IPM will gain authorization from that individual facility. Based on the specific therapy, most hospitals and or other type of facilities do not have the resources to manage the intrathecal pump.

2. **Page 11, 1st paragraph- the applicant states that the RN staff will be rigorously trained in all aspects of pump management. Please define rigorously trained. In your response, please include a description of the type of training a nurse must complete to provide this service, including training on management of implanted pumps taught in nursing schools, if any.**

   The Board of Nursing Rules require that the RN be licensed and be competent (have the education and training) to perform any anticipated services; please document how the RN is trained to be competent and how the RN will retain those competencies.

   The training for an IPM RN consists of two days of theory, mechanics, and medications utilized for the therapy. The second phase of training focuses on the programmer (device used to program the pump) and the refill procedure done in a classroom setting. The next phase is clinical practice with the refill and programming through required programming tests and successful demonstration of pump refill techniques through utilizing a "dummy" patient. At this point in the training the IPM RN would be able to observe home visits. The IPM RN in training will work with an IPM RN licensed in the state of Tennessee for practical and clinical experience and proficiency. The training RN must demonstrate accurate knowledge of the pump system, all components and steps for programming and refill at least three times supervised for every level of pump. IPM grades each pump from 1 to 3 based on difficulty level of palpation, identification of borders, and refill procedure. Please see

Attachment 2.Section B.Project Description.Item 1.Item J for documentation of training. To the best of IPM's knowledge, nursing schools do not train on intrathecal pump management. The modality is referenced, but not expounded upon.
Each nurse will be subjected to yearly clinical reviews, and un-scheduled clinical spot-checks to evaluate policy adherence to safety and pump training. Each RN will also be required to participate in quarterly continuing education created by IPM and Medtronic for enhancing further knowledge in regards to the intrathecal pump.

3. **Page 11, 2nd paragraph-financial viability is identified as one of the admission criteria. A search of the medical literature on intrathecal pumps revealed that they are used to relieve cancer pain with medication costs covered under Medicare and other insurance (apmsurgery.com). While not taking TennCare may certainly enhance IPMs financial viability, what effect will IPM's plans to limit the service to private or commercial insurance patients have on hospitals, ambulatory surgery center/pain management clinics and physician offices who currently provide these services? In addition, what commercial plans have opportunities for participation in their networks by IPM (please provide documentation of this need)?**

   Since IPM is not a Medicare certified agency, Medicare plans including TennCare will not reimburse IPM for services provided to Medicare recipients. Medicare only covers services done by Medicare Certified Agencies. Therefore, patients covered under Medicare or TennCare will not be eligible for home infusion nursing services through IPM. This factor will only affect the physician because these individuals would need to continue to receive their intrathecal infusion services by their physician in the office. The other settings mentioned in this question were hospitals and ambulatory surgery centers which will remain unaffected. In regards to becoming participating providers for the commercial insurance plans, IPM has intentions to submit applications to these plans once IPM is established. However, participating provider status is not necessary for insurance coverage of services with most plans.

4. **Page 11, 2nd - 4th paragraphs- care model and responsibilities are addressed and identified. Please provide a detailed summary of implanted pump from the time the pump is inserted by the physician to the ongoing care needed. In your response, please address each of the following:**

   Will there be MD supervision during the administration of the service and in follow-up care situations?
   Who will determine refill dosage and regimen changes?
   Who will evaluate and manage complications arising from the pump treatment?
   What assurances will be provided to insure the compounding pharmacy chosen is practicing FDA recommended guidelines?

   A detailed summary of the implanted pump for the time the pump is inserted by the physician to the ongoing care required follows.
   The implanting physician implants the intrathecal pump after a successful trial has been done to establish efficacy with the therapy. The implanting physician can chose to manage the patient in regards to patient dosaging, refills, therapy changes, or refer them to a managing physician. IPM works directly with ordering MD's and implements MD orders in the homecare setting for the home management of the intrathecal pump. When the RN is in the home with the patient, the MD will not be

physically there with the RN. The RN will be trained to alert the MD of any abnormal findings during the patient encounter. The MD is therefore allowed an insight on the patients living condition, dynamics and also a full nursing assessment from a RN focused on intrathecal pump management. It is important to emphasize that the ordering MD will still need to see the patient in the MD office. The frequency of required visits will be controlled and set by the ordering MD. When the patient does go to the office, that patient will be filled, assessed and titrated by IPM RN's. This will allow the MD the ability to focus on the patient and not on a clinical procedure, i.e.: pump refill or titration. The ordering MD will have access to clinical computerized records via a secure website 24 hours of every day, the clinical records including telemetry, assessments and nursing notes will be available.
The ordering MD determines and orders all changes done in regards to the intrathecal pump, Dosage, Concentration, Refills, Medications, Visit frequency is all implemented by IPM RN's directly from a MD order. No MD orders will be carried out without a signature for implementation.
In the event that IPM recognizes or suspects a potential pump complication the ordering MD will be made aware and the MD will manage and evaluate any potential concerns. The ordering MD has full control of the patients' intrathecal management program. IPM will serve only as an "extension" of services to the MD.
The contracted compounding pharmacy will be researched and must provide documentation of successful pharmacy surveys, JCAHO accreditation and also compliance with all 797 Pharmacy Standards.

II. **Section B, Project Description, Item II.C.8. (page 12)**

1. **Please provide additional details explaining how providing this service in the home can reduce the time to implement the care from 2 weeks by a physician practice to 48 hours by IPM.**

   IPM can reduce the amount of time that an intrathecal pump patient must have to wait to see a MD for an ordered titration greatly. The typical MD office will take up to a week for an appointment with the MD, IPM can respond within 48 hours or less with a titration order. The individual whom has to travel to the MD office for dose changes also faces a possible economic hardship due to price of gasoline. or possibly a logistic problem, requiring a caregiver to take the individual. The response time for titrations is greatly reduced if a patient can take advantage of the home management program.

2. **For continuity of care, if an existing patient needs an increase in the amount of medication, such as an opioid-based drug, would the physician call the order into IPM or a local pharmacy without first seeing the patient to complete an assessment, take and report laboratory values to assess dosage levels, etc.? Who is responsible if the patient is admitted to a hospital? In an emergent situation, such as an overdose, what will be done to manage the situation? What happens if the treating physician does not have admitting privileges at the nearest hospital?**

   If a patient has had any change in pain and or spasticity level the IPM nurse will evaluate the individual and alert the MD of the findings. If after reviewing the nurse assessment, or a MD assessment the MD would like to make a dose change then the MD will send a signed order to IPM for implementation. A simple dose change does

not require pharmacy involvement because the medication is in the pump, the rate of flow delivered must be changed to implement the MD order. The intrathecal pump has a reservoir that acts as a "holding tank" for medication. For a dose increase or decrease no new medication is required, just programming. Due to the fact that the medication is delivered directly into the cerebrospinal fluid, the medication does not cross the blood brain barrier, therefore not entering the systemic system, so no labs or any other testing is required for this therapy for maintenance. In the event that the individual is admitted to the hospital the ordering is ultimately responsible, but IPM will work with the MD to assist if possible. In the event of an overdose, which could occur as a result of a programming error or a subcutaneous pocket fill, the pt will go to the ER for immediate evaluation. IPM has polices for their RN's in the event of a suspected pocket fill to call 911, monitor vital signs, stay with the patient until EMT arrives and call the ER to alert them of the situation. In the event of a pocket fill, IPM assumes full liability. The MD is responsible for making sure their orders are correct, but does not maintain responsibility for the pump refill. IPM assumes all of that responsibility. To manage the situation in the event of an over dose or pocket fill, the pt will be monitored for airway, have the pump turned to "minimal rate" and possibly a lumbar puncture to remove fluid to decrease the concentration of medication in the cerebrospinal fluid.

III. **Section B, Project Description, Item V.3.**

Please provide a summary of the details regarding the proposed draft contract with the compounding pharmacy in Louisiana. What services will be provided, will drugs be shipped to the Knoxville office for all of IPMs patients or will the patients have a choice in where they obtain the medications? Are these contracted services accounted for in Line D.8 of the Projected Data Chart (other expenses)?

Services provided by this pharmacy, as indicated within our previously provided contract template (see Attachment – Exhibit 1.Additional Clarification III.Section B.Project Description.Item V3), include the compounding and dispensing of medication as instructed by IPM staff and according to physician orders as well as consultation regarding medication.

Medications will be shipped by the pharmacy directly to our RNs for delivery to IPM patients – there will be no exceptions to this policy. Patients will not choose where they obtain medication from. Pharmacy services are not accounted for within our projected data chart since the pharmacy will be billing for all medication directly.

IV. **Section C, Need, Item 1 (Project Specific Criteria – Home Health Services)**

1. **Page 20, 1.a.1-There are currently 157 licensed home health agencies in Tennessee. Many have branch offices located in other counties within their service areas with nursing staff stationed in those counties ready to deliver services in much less than 48 hours. Please explain why establishing another limited service home health agency that would deal only with pump related services is a better option than an existing agency training its existing staff to provide the full range of services the patient might require.**

The establishment of a statewide intrathecal home management program would be beneficial because although there are over 100 licensed HHA's in the state only two of those HHA's off this specific therapy. This therapy is unlike any other intravenous infusion and requires a much higher skill set and sole focus. IPM is confident that the existing agencies are ample to offer all other home care services required, but not intrathecal homecare management. This opinion is cemented by the fact that out of 157 licensed HHA's in the state of Tennessee, only two provide the therapy and very minimally at that. The therapy is so specialized; success is contingent on a sole focus and highly trained staff.

2. **Page 22, 1.a.6- If no comparison charges are available from other home health agencies, please provide the charge data for this type service in a physician's office.**

   The documented data from Medtronic for an intrathecal pump refill in the MD office setting is approximately $121/visit (please see Attachment – Exhibit 1.Additional Clarification IV.Section C.Need.Item 1 for Medtronic reimbursement rates).

3. **Please provide a definition of an MRI check and how this relates to the proposed IP home infusion service.**

   The definition of a MRI check is as follows. Medtronic requires the intrathecal pump to be interrogated at least 15 minutes or up to 2 hours post MRI exposure. The rationale for this policy is that the EMI (electromagnetic interference) can cause the pump motor to stall; Medtronic has developed the pump motor to stall to protect the system under high exposure of EMI. The pump must be interrogated (read with a programmer) post MRI to ensure that the motor stall has "recovered" This is essential because abrupt cessation of intrathecal therapy will cause severe withdrawals for the patient.

V. **Section C, Need, Item 4.a (Service Area)**

1. **Page 23- last paragraph- Staff was under the impression that physicians may adjust medications based upon lab values based on lab samples taken by IPM. Please clarify by describing the process that will apply.**

   The impression that physicians may adjust medications based upon lab values is not correct in regards to this therapy. Lab values are not used for therapeutic levels as in other systemic medications. The medication does not cross the blood brain barrier; therefore lab results would not be of a benefit. The ordering MD will assess the patient based on pain and or spasticity level, functional changes and overall general response to therapy.

2. **Page 24, 4.b.-Since age and income directly relate to a person's ability to qualify for Medicare and Medicaid, how can the applicant indicate that it will "aggressively attempt to provide our services to any patient in need of pump**

management" in light of the high number of Tennesseans enrolled in Medicare and TennCare (approximately 2.3 million Tennesseans participate in these programs)?

IPM has indicated that we will "aggressively attempt to provide our services to any patient in need of pump management" based on our attempt to look at every individual on a case-by-case basis. For many individuals, traditional Medicare does not offer a home infusion benefit, but many of the Medicare Advantage Programs (MAP) do include a homecare benefit. IPM will provide information to make the patient aware of the possible option for homecare.

VI **Section C, Need, Item 6**

Page 23 - What percentage of the 300 Medtronics pumps are utilized by Medicare and TennCare enrollees?

Of the 300 Medtronic Pumps in Tennessee IPM is unable to provide the individuals whom are TennCare and Medicare enrollees. This information is not available to IPM from Medtronic.

VII **Section C, Orderly Development, Item 7**

Page 30, - what license type does IPM have to provide services in New Jersey and Florida? In your response, please document with a copy of the Joint Commission Certificate and appropriate state license.

Please see attached TJC award letter indicating our Florida accreditation (Attachment – Exhibit 1.Additional Clarification IIV.Section C Orderly Development.Item 7). We are currently in the process of obtaining applicable home health licensure within the state of Florida.

Since New Jersey does not require a home health provider to obtain licensure if only administering a single skilled nursing service, IPM does not hold home health licensure within this state. Please refer to Attachment – Exhibit 1.Additional Clarification VII.Section C Orderly Development.Item7 for applicable NJ regulations, which define a home health agency as a facility that provides "at a minimum nursing, homemaker-home health aide, and physical therapy services and are eligible for Medicare-certification."

Exhibit 2 – Additional Questions Summarizing Administration of Proposed Service

I. Administration of Home Service – General Licensure Requirements

1. **Is any certification required or available for performing IP services? The Board of Nursing Rules require that the RN be licensed and be competent (have the education and training) to perform any anticipated services; the applicant therefore must document how the RN is trained to be competent and how the RN will retain those competencies. High risk of overdose due to high conversion**

ratio requires adequate experience with IPs and with interventional pain medication.

There is no national accreditation for RN's to perform for intrathecal homecare management. The specific training that IPM conducts with the homecare RN is specific, detailed, and accepted by Medtronic (please see Attachment 2.Section B Project Description.Item 1.Item J). The state Tennessee Board of Nursing rules "that the RN be licensed and competent to perform the skill" will be proven through study, clinical presentation, and rigorous training and ongoing continuing education modules. IPM understands the concern regarding high concentrations of pain medications and the potential for error with the proposed therapy. This reason, among others is why IPM feels strongly that a sole therapy approach is the safest and only approach for patient safety and success of the intrathecal therapy. A professional RN must be able to learn and master a plethora of skills to perform their individual job responsibilities. IPM gives the RN the luxury of a single focus of intrathecal homecare management, therefore increasing success and decreasing and or eliminating the risk for error with intrathecal homecare management.

2. **The continuity of care should lie with the implanting physician or the primary care provider following the patient's release from surgical care. The response provided by the applicant in Item 4 of Supplemental 2, clarified that there will be a "therapeutic arrangement or helping alliance" between IPM and the patient's managing physician where IPM serves as an extension of the physician. What are the key terms of the proposed contract between IPM and the patient's managing physician that address continuity of care and related responsibilities of the parties, including responsibilities for the patient's follow-up care such as the development & communication of patient care plans between IPM and the managing physician, frequency of RN visits with each patient, etc.?**

The continuity of care required between IPM and the managing physician is not in the contract between the physician and IPM. The coordination of care contract serves only to indemnify the physician of any liability with programming, and refilling the pump. The physician is solely responsible for writing and signing the correct medication orders. This does not relieve the physician of the inherent need for managing this individual pt. The alliance between IPM and the physician serves essentially as a bridge and assistance to the physician to assist in the implementation of the intrathecal implanted pump. IPM does not presume to take any more responsibility away from the ordering MD. IPM does however; fully plan on assisting the patient and physician in coordinating and indentifying any further needs that the individual patient might have unrelated to the prescribed pump therapy. IPM wishes only to become an "extension" of the MD office in regards to the intrathecal implanted pump.

II. Administration of Home Service – Risks

There are risks of coordination of care, infection, diversion, overdose, and equipment malfunction/troubleshooting. Please address these matters in the questions that follow below.

1. **It appears that the physician, pharmacist and RN will not be together to perform cross checks of the pump for dosage and adjustment of medications. As such, physician review of patient condition is dependent upon report by RN, rather than face-to-face assessment by physician. Please describe how coordination between the parties will occur. Please also describe the process for "troubleshooting" the IP.**

   It is correct in stating that the physician and RN will not be face to face to perform crosschecks on the dosages, syringes and titrations of medications. The process will be as follows:

   a. The physician will write an order for medication and or dosage change for the individual patient
   b. If a new syringe is required, the order will be sent to the compounding pharmacy for creation
   c. The compounding pharmacy will send the medication to the primary RN.
   d. The primary RN, upon receiving the medication, will do a medication check with the on-call administrator
   e. The medication check will check: pt name, DOB, color, clarity, volume, medication, concentration, daily dose, and sterile, tamper free cap.
   f. All required indicators will be documented and double checked with the signed MD order on file
   g. After accuracy is confirmed the RN will travel to the pt home for implementation
   h. The next safety check at the pt home is to confirm the anticipated pump settings with the syringe in hand. At this point if there are any discrepancies, the RN will not proceed but call the on –call administrator for guidance.
   i. The home RN will perform the ordered changes, double-checking anticipated volume compared to actual, new pump settings, and a full review with the pt of the new telemetry to confirm, line-by-line accuracy. (The telemetry shows settings at first reading, and any updated settings.)
   j. If the RN is performing any other programming than a simple refill (changing the volume of medication) then the RN will call the on-call admistrator for a second RN review for accuracy.

2. **There are risks of the proposed service related to dispensing and delivery of controlled substance medications. For example, Department of Health guidelines**

require that morphine equivalents be "delivered" directly to the ultimate user by an "agent" of a pharmacist. Are there other Pharmacy guideline requirements?

The pharmacy guidelines for storage and delivery of intrathecal medication are derived from the individual medication manufacturer. Most intrathecal medications are sensitive to light and extreme heat and or cold. For that reason the compounding pharmacy will ship the medication in amber, light resistant envelopes. The medication will be kept in a locked box until patient instillation. Also the medication syringe will be checked with the patient and the patient and or caregiver will confirm, their name, medication and dosage in the home prior to any implementation.

3. **How will the medications be transported & obtained by the patient? For example, by the RN from the pharmacy delivered to the patient, by the RN from the physician's office delivered to the patient, or by the patient to pick-up directly from the pharmacy? What precautions are in place to prevent opioid diversion?**

   Opiod diversion will be evaluated by utilizing spot checks for RN evaluation, pt response to therapy and any trends with the RN and also by utilizing tamper proof caps to the vials. The pt will confirm that they syringe tamper proof cap in intact and that confirmation will be documented. IPM RN's will also be required to perform mandatory drug testing prior to hire and at regular intervals set by IPM.

4. **How can patient issues be resolved before they transition into an emergent situation? How does a patient or caregiver know if there is an emergent situation? Who is responsible if the patient is admitted to a hospital? What actions will be taken to ensure that patients can be admitted by their personal physician to the nearest hospital?**

   The key to avoiding and or reducing emergent situations in regards to the patient is education. A large portion of every RN visit is education for the individual patient and the caregivers involved in care. The pump has internal alarms that sound for preset reasons. The patient and caregivers will be educated intensely on alarms, demonstrated the sounds to listen for, also on signs and symptoms of over/under dose, and on the need to have oral medications available in the home for emergency situations of under dosing. In addition to other topics, MRI safety and pt home safety, the patient and applicable caregivers will be educated on these above topics at every patient encounter. IMP feels that the better educated and more actively involved in the plan of care, the patient will obtain the highest possible results.

5. **In terms of workforce issues, how will sick days and capacity issues be handled?**

In terms of workforce issues, sick days, leaves of absence and capacity issues will be handled on a short term basis by utilizing a traveling IPM RN that is licensed in the state of Tennessee. As the need arises for more hires, IPM will determine the best demographics for the pt census to be covered and recruit in those specific areas.

III. Administration of Home Service - Secure Medications

1. **Compounding of drugs by contracted pharmacies - how or where are drugs mixed or are only FDA-approved, commercially available products used? If mixed, is manipulation or diversion of the product possible once mixed? What precautions will be taken by the contract pharmacy(s) to ensure preparation in a controlled, sterile environment? Is there information on infection rates in the home with IP services?**

   All drugs will be compounded directly pursuant to individual patient prescriptions in accordance with USP 797 standards, which are the federal regulations applicable to the compounding of infusion medications. The pharmacy with which we have chosen to contract is accredited by the Pharmacy Certification Accreditation Board (PCAB) which is a fundamental indicator of a compounding pharmacy's sterility and compliance with state and federal regulations (see Attachment – Exhibit 2.Additional Questions III.Administration of Home Service 1 for information regarding this accreditation). All powders mixed are from FDA-registered facilities and compounded in-house at the pharmacy location: 206-A Jacob's Run, Scott, LA 70583. Once compounded, diversion or manipulation of the product is not possible.

   IPM currently has no data regarding rates of infection in the home as we do not yet have a sufficient patient caseload with which to compile such information.

2. **Dosage is changed based on laboratory values. How will these values be taken and reported? For example, will the applicant's RN's draw blood and deliver it to laboratories? How is this process an improvement for the patient compared to performing this service in the physician practices that have existing arrangements with laboratory services?**

   This question is not relevant, the impression that physicians may adjust medications based upon lab values is not correct in regards to this therapy. Lab values are not used for therapeutic levels as in other systemic medications. The medication does not cross the blood brain barrier; therefore lab results would not be of a benefit. The ordering MD will assess the patient based on pain and or spasticity level, functional changes and overall general response to therapy.

3. **What safeguards are in place to ensure security of medications during transport to the home?**

   Upon receipt by the IPM RN, medications are immediately stored in a locked box in the trunk of the vehicle during transport to patient homes. The IPM RN is the only individual with access to this secure box.

   Please refer to our attached policy regarding the safe transport of medication to patients (see Attachment – Exhibit 2.Additional Questions III.Administration of Home Service 3).

IV. Administration of Home Service – Payment for Service

Are there lower costs to the patient in providing this service in the home setting that can be passed on to commercial third parties? .

The lower costs to the patient for homecare management comes into play when the model eliminates most travel for pump management. The commercial third party payers are provided with the overall reduction of ER and un-necessary hospital admissions as part of IPM's proactive approach. IPM ultimately offers a more well rounded, more actively involved patient driving higher outcomes and lower overall costs.

SUPPLEMENTAL #3
August 29, 2014
9:44 am

Attachment 9.Section C.Orderly Development.Item 7C

SUPPLEMENTAL #3
August 29, 2014
9:44 am

Pharmacy Service Agreement

This Pharmacy Services Agreement ("Agreement") is entered into _____, ("Effective Date"), by and between **Implanted Pump Management**, ("IPM") located at 200 Prosperity Place #102, Knoxville, TN 37923 and _____, located at _____ ("CONTRACTOR");

WHEREAS, CONTRACTOR is in the business of providing professional pharmacy services in jurisdictions where it is licensed;

WHEREAS, IPM is in the business of providing pharmacy and home infusion services to patients requiring intrathecal therapy in various jurisdictions;

WHEREAS, the parties desire that IPM shall use CONTRACTOR to all medication orders for patients of IPM when requested in jurisdictions where IPM is not licensed and/or requires assistance with said orders;

WHEREAS, the parties by this Agreement desire to set forth their various rights and responsibilities regarding the procedure and filling of medication orders;

NOW, THEREFORE, in consideration of the premises and mutual covenants contained herein, the parties hereto agree as follows:

1. TERM. This agreement shall remain in full force and effect for an initial term of one year commencing on the Effective Date, and shall automatically be renewed unless either party delivers to the other party a written notice of intent to not to renew at least sixty (60) days prior to the end of each term, or any renewal thereof.

2. TERMINATION. This Agreement may be terminated with or without cause by either party at any time upon ninety (90) days prior written notice to the other party. The effective date of termination will be the first day of the month following the expiration of this ninety (90) day period.

3. REPRESENTATIONS. Contractor hereby agrees to:

a. Dispense certain prescription medication orders (collectively "Services") to and for the clients of IPM as requested and instructed by **only** IPM's clinical staff. Services shall include delivery to authorized representatives of the individual patient or the patient and consultation with the appropriate dispensing physician, patient and/or IPM clinical staff.

b. Provide services and be available to IPM on a normal workweek based on Monday through Friday from 8:30 am to 7:00 pm EST and be available 24 hours a day, 7 days per week for consultation.

c. Bill independently for all pharmacy services provided.

d. Maintain at all times throughout the Term of this Agreement a valid policy of insurance covering professional liability arising from the acts, omissions or negligence of CONTRACTOR, its agents, employees, designees or sub-contractors in an amount no less

than One Million Dollars ($1,000,000) per claim or occurrence and Three Million Dollars ($3,000,000) aggregate per year and One Hundred Thousand ($100,000) in property damage coverage. Said polices shall name IPM as an additional insured and shall provide that the insurance company will not cancel said policy of insurance without giving IPM thirty (30) days advance written notice. CONTRACTOR's insurance shall be primary. On or before the Effective Date of this Agreement, CONTRACTOR shall provide to IPM a copy of such policy or certificate of insurance, indicating that CONTRACTOR has liability coverage (in at least the minimum coverage amounts set forth above) including coverage for any acts of malpractice if CONTRACTOR is a licensed professional.

f. CONTRACTOR agrees to be in compliance with the following:
   1. Has all required current local, state, and federal pharmacy licensure subject to no restrictions or limitations for each jurisdiction in which a medication order is received and filled by CONTRACTOR for an IPM patient.
   2. Has no prior record of noncompliance with any state or federal agency or board regulating the distribution or dispensing of pharmaceuticals that would prevent the operation of this Agreement.
   3. For all staff performing services hereunder, current state licensure subject to no restrictions or limitations.
   4. Performs services in accordance with current standards for pharmaceutical services as promulgated by an accrediting organization approved by BHI.
   5. Shall allow IPM to audit drug purchases for medications delivered to IPM patients and upon reasonable request provide documentation for drug purchases upon request.

4. REPRESENTATIONS. IPM agrees to provide records and information as is necessary for CONTRACTOR to dispense medications as requested by IPM ordering physicians and as permitted under applicable state and/or federal law, if any, and the rules and regulations promulgated there under and provides payment within sixty (60) days of the date of IPM's receipt of monthly billing statement.

5. JOINT REPRESENTATIONS. IPM and CONTRACTOR agree that:

a. Nothing in this Agreement shall be used to constitute and obligation on the part of either party to make referrals to the other party. Further, nothing in this Agreement shall prohibit the parties from participating in health maintenance, insurance or third party payer programs as they so choose. This Agreement allows for the cost-effective use of resources and delivery of services and in no way constitutes a closed referral arrangement.

b. The parties agree that each is at all times acting and performing as an independent contractor. Nothing in this Agreement shall be construed as creating a partnership, joint venture, or employment arrangement and no Party will have the power to obligate or bind the other Party in any manner whatsoever.

c. Each party shall operate at all times in compliance with federal, state, and local laws, rules and regulations, the standards of Joint Commission (if applicable), and all currently

accepted methods and practices related to the provision of services contemplated hereunder.

d. In order to facilitate the performance of this Agreement, each party may deem it necessary to disclose to the other certain proprietary and/or confidential information. Such information may include, without limitation, patient information, personnel information, financial information, market information, pricing information and service delivery information. Each party agrees to keep such information confidential. Each party agrees to maintain any information about the services provided by each party as propriety and confidential information and agree not to disseminate or disclose any information about the other to third parties.

e. Any provisions of this Agreement creating obligations extending beyond the term of this Agreement will survive the expiration or termination of this Agreement, regardless of the reason of such termination.

f. **HIPAA** - To the extent applicable to this Agreement, the parties agree to comply with the applicable requirements of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified as 42 U.S.C.§1320d ("HIPAA") and any current and future regulations promulgated there under, including without limitation, the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards as contained in 45 C.F.R. Part 142 (the "Federal Security Regulations"), and the federal standards for electronic transactions in 45 C.F.R. Parts 160 and 162 (the "Federal Transaction Standards") on or before their official compliance dates.

g. All notices, consents or other communications which either party is required or may desire to give to the other under this Agreement shall be in writing and shall be given by personal delivery or by deposit, postage prepaid, in the United States mail, certified or registered mail, return receipt requested, addressed to the parties at their respective addresses set forth below:

If to CONTRACTOR: Name: _____

Address: _____

_____

If to IPM: Implanted Pump Management
200 Prosperity Place #102
Knoxville, TN 37923

h. This Agreement may be executed in several counterparts, each of which will be deemed an original, which together will constitute but one and the same Agreement.

i. The validity, interpretation and performance of this Agreement will be governed

according to the laws of the State of New Jersey, without reference to its conflict of laws principles. All parties agree to and hereby submit to the jurisdiction of the Superior Court of the State of New Jersey, County of Bergen.

j. Each party warrants that it has the right to enter into this Agreement. Performance of the Agreement will not violate any agreement between it and any other third party.

k. Any amendments to this Agreement will be effective only if in writing and signed by both parties. This Agreement constitutes the entire agreement of the parties hereto and supersedes all prior or contemporaneous agreements, undertakings and understanding of the parties in connection with the subject matter hereof.

l. No waiver of a breach of any provision of this Agreement will be construed to be a waiver of any other breach of this Agreement, whether of a similar or dissimilar nature.

6. NON COMPETITION OF INFUSION SERVICES. During the term of this Agreement and for a minimum period of three (3) years after termination of this Agreement or any additional period of time that protects the interests of IPM that is allowed by law, CONTRACTOR specifically agrees not to perform any such business IPM performs including, but not limited to any monitoring of patients, home care, and/or nursing services related to implanted pump therapies. Notwithstanding the foregoing, nothing in this provision shall be interpreted to restrict CONTRACTOR at any time from the filling of implanted pump therapy prescriptions in any way, with the exception of providing services to another homecare entity. It shall be deemed a breach of this provision if any patients serviced by IPM for implanted pump therapies during the term of this Agreement are subsequently serviced by another provider that is affiliated in any way with CONTRACTOR or its employees, directors, partners, owners or agents, directly or indirectly. If ownership of IPM is transferred or if IPM sells all or substantially all of its assets then this provision and full agreement will be transferable to the new entity. Further, CONTRACTOR agrees that during the term of this Agreement and for a period of five (5) years after termination of this Agreement or any such cessation of this agreement or employment for whatever reason, CONTRACTOR shall not solicit any employee of IPM during the term of this Agreement to enter into any employment agreement or independent contract arrangement with Contractor

7. EXCLUSIVITY. a. For so long as CONTRACTOR is capable of dispensing medication for IT therapy to certain patients of IPM, IPM agrees to provide all medication orders for the specific patients that are enrolled in the homecare program with IPM residing in States where CONTRACTOR is licensed unless IPM decides to fill patient prescriptions itself or in those jurisdictions that IPM receives referrals that request and/or are from pharmacies or physicians that require the pharmacy services to be used by another or currently used entity for that patient. IPM is not restricted in the performing pharmacy services in any manner during this Agreement and upon termination of this Agreement.

b. Upon the commencement and through the term of this agreement, CONTRACTOR agrees that IPM shall be the exclusive home infusion provider that will be referred or recommended to patients, referral sources and/or physicians.

SUPPLEMENTAL #3
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8. **JOINT DISASTER RECOVERY**. Both parties agree to act as back-up pharmacy sites for each other in the event that one party experiences a Disaster situation. Both parties hereby agree to sign or contact governmental or quasi-governmental agency, any accreditation companies or entities to evidence such an agreement between the parties. In the event that one party requires emergency services as a result of a disaster whether a result of natural causes or other inability to function, the other party hereby agrees to reasonably perform and service the patients of the other at a cost to be mutually agreed upon.

In Witness whereof, we the undersigned, duly authorized representatives of the parties to this Agreement, hereinabove expressed, have entered into this Agreement without reservation and have read terms herein.

Dated: By:_____

_____
(Print Name and Title)

Implanted Pump Management

Dated: By:_____

_____
(Print Name and Title)

CONTRACTOR:

_____

SUPPLEMENTAL #3
August 29, 2014
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Attachment – Exhibit 1.Additional Clarification IIV.Section C Orderly Development.Item 7

SUPPLEMENTAL #3
August 29, 2014
9:44 am

Licensing Standards

For

Home Health Agencies

N.J.A.C. 8:42

New Jersey Department of Health and Senior Services
Certificate of Need and Acute Care Licensure Program

Effective Date: January 20, 2009
Expiration Date: December 19, 2013
Preparation Date: May 26, 2009

SUPPLEMENTAL #3
August 29, 2014
9:44 am

N.J.A.C. 8:42
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SUPPLEMENTAL #3
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SUBCHAPTER 1. SCOPE, PURPOSE AND DEFINITIONS

8:42-1.1 Scope; purpose

(a) The rules in this chapter pertain to all home health agencies in the State of New Jersey.

(b) The purpose of this chapter is to assure the provision of high quality home health care services to the residents of New Jersey in a coordinated and cost-effective manner.

8:42-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Activities of daily living (ADL)" means the functions or tasks for self-care which are performed either independently or with supervision or assistance. Activities of daily living include at least mobility, transferring, walking, grooming, bathing, dressing and undressing, eating, and toileting.

"Administrator" means a person who is administratively responsible and available for all aspects of facility operations, and:

1. Has a master's degree in administration or a health related field, and at least two years of supervisory or administrative experience in home health care or in a health care setting; or

2. Has a baccalaureate degree in administration or a health related field and four years of supervisory or administrative experience in home health care or in a health care setting.

"Advance directive" means a written statement of the patient's instructions and directions for health care in the event of future decision making incapacity in accordance with the New Jersey Advance Directives for Health Care Act, P.L. 1991, c.201. It may include a proxy directive, an instruction directive, or both.

"Available" means ready for immediate use (pertaining to equipment); capable of being reached (pertaining to personnel).

"Branch office" means a facility site from which services are provided to patients in their homes or place of residence; which is physically separate from the home health agency but shares administrative oversight and services; which meets all requirements for licensure; and which has available a nursing supervisor or alternate coverage by a registered professional nurse. When the nursing supervisor or alternate is not on the premises then there must be a licensed nurse on the premises when the facility is open to the public.

"Full-time" means a time period established by the facility as a full working week, as defined and specified in the facility's policies and procedures.

"Governing authority" means the organization, person, or persons designated to assume legal responsibility for the determination and implementation of policy and for the management, operation, and financial viability of the facility.

"Home health agency" or "agency" means a facility, which is licensed by the Department to provide preventive, rehabilitative, and therapeutic services to patients on a visiting basis in a place of residence used as a patient's home. All home health agencies shall provide at a minimum nursing, homemaker-home health aide, and physical therapy services and are eligible for Medicare-certification.

"Homemaker-home health aide" means a person who has completed a training program approved by the New Jersey Board of Nursing and who is so certified by that Board.

"Hours of operation" means normal business hours, during which the site is open to the public for business.

"Job description" means written specifications developed for each position in the facility, containing the qualifications, duties, competencies, responsibilities, and accountability required of employees in that position.

"Licensed nursing personnel" (licensed nurse) means registered professional nurses and practical (vocational) nurses licensed by the New Jersey Board of Nursing.

"Licensed practical nurse" means a person who is so licensed by the New Jersey Board of Nursing.

"Medication" means a drug or medicine as defined by the New Jersey Board of Pharmacy.

"Monitor" means to observe, watch, or check.

"Nursing supervisor" means a registered professional nurse who has at least one of the following qualifications:

1. A bachelor of science degree in nursing and two years combined community health nursing and progressive professional responsibilities in community health nursing; or

2. Three years combined community health nursing and progressive professional responsibilities in community health nursing.

"Occupational therapist" means a person who is certified as an occupational therapist, and is registered by the National Board for Certification in Occupational Therapy and has at least one year of experience as an occupational therapist and complies with all New Jersey licensure requirements.

SUPPLEMENTAL #3
August 29, 2014
9:44 am

Attachment – Exhibit 2.Additional Questions III.Administration of Home Service 3

SUPPLEMENTAL #3
August 29, 2014
9:44 am

Policy For Transport and Delivery of Patient Medication

Purpose: To outline the mandated steps when the Registered Nurse (RN) transports patient medication to the individual patients home.

Policy: Each Implanted Pump Management (IPM) RN will adhere and comply with the procedure outlined in this policy.

Procedure:

1. The IPM RN will take only the required syringes from a locked box in his/her home required for the daily scheduled visits.
2. The IPM RN will verify the correct syringes have been selected for the scheduled visits
3. The IPM RN will transfer the syringes in an insulated bag from the RN home to the RN car and deposit the syringes in the locked box located in the vehicle trunk space.
4. The IPM RN will keep the key to the locked box on him/her at all times while performing daily activities. When home for the day the RN will place the key in a secure area.
5. The IPM RN will take one syringe per visit as indicated from MD orders out of the locked box located in the RN trunk space.
6. The IPM RN will wear no identifying "nurse" attire, i.e. scrubs, lab jacket, stethoscope.
7. The IPM RN will wear business casual dress attire as IPM policy dictates.
8. Upon instillation of medication, the IPM RN will re-check for clarity, sediment, volume, medication, patient name, concentration and daily dose with initial pump interrogation.
9. IPM RN will also ensure that safety cap has not been compromised.
10. In the event of the safety cap being compromised the IPM RN will not use the medication and follow the IPM policy for potentially contaminated syringe.

SUPPLEMENTAL #3
August 29, 2014
9:44 am

AUG 29 2014 9:57

AFFIDAVIT

STATE OF New Jersey

COUNTY OF Passaic

Connie Adamek being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Vice President

SIGNATURE/TITLE

Sworn to and subscribed before me this 28th day of August (Month), 2014 (Year) a Notary Public in and for the County/State of Passaic / New Jersey

NOTARY PUBLIC

My commission expires 12-29-2016 (Month/Day), 2016 (Year)

NADIA SALMON
Notary Public
New Jersey
My Commission Expires 12-29-16

SUPPLEMENTAL #3
August 29, 2014
9:44 am

July 18, 2014

Melissa Hess, RN
Director of Nursing
Implanted Pump Management LLC
2200 N Commerce Parkway, Suite 253
Weston, FL 33326

Joint Commission ID #: 557274
Program: Home Care Accreditation
Accreditation Activity: Early Survey - Option 1
Accreditation Activity Completed: 07/18/2014

Dear Ms. Hess:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Preliminary Accreditation for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Home Care

This accreditation cycle is effective beginning July 19, 2014. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 6 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark Pelletier

Mark G.Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

SUPPLEMENTAL #4

SUPPLEMENTAL #4
September 16, 2014
9:49 am

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax:615/532-9940

September 15, 2014

Melissa Hess, RN
Director of Nursing
Implanted Pump Management
200 Prosperity Place #102
Knoxville, TN 37923

RE: Certificate of Need Application CN1407-027
Implanted Pump Management

Dear Ms. Hess,

This will acknowledge our August 29, 2014 receipt of your 3rd supplemental response pertaining to your application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services to patients residing in all 95 Tennessee counties from its parent office located at 200 Prosperity Place #102, Knoxville (Knox County), TN 37932.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. **I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.**

Towards the end of this letter you will find information regarding "deemed complete" or "deemed incomplete" status of an application and a "deemed void" date. If this application is not complete prior to that date, it will be deemed void. In order to help expedite the review process, please resubmit all required information in the format described and respond to our initial questions in **triplicate, with affidavit by 4:00 p.m. Tuesday, September 9, 2014.** If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

---

1. **Section B, Project Description, Item 1**

On page 20 of the 8/29/14 response, the applicant states that it plans to provide IP services at other third party facilities such as long term care facilities and hospitals.

Please describe the responsibilities of the parties and provide a copy of a draft working agreement or similar arrangement to document same.

IPM intends to provide all nursing services related to intrathecal infusion therapy. IPM will only be responsible for all aspects of care directly related to the refill and maintenance of the infusion pump and will coordinate this care with third-party facilities as necessary in order to provide services to patients at their home, school, work, hospital, or nursing facility.

Please see Attachment 1.Section B Project Description.Item 1 for a copy of our Care Coordination Contract template.

2. **Section B, Project Description, Item II.C.8**

The response on page 22 is noted. In addition to calling 911 and transfer to an ED, what arrangements will be coordinated with the patient's managing physician regarding admission to area hospitals in emergent situations?

The coordination of emergency situations with patients will be done directly with the patients ordering physician. IPM will only assist in facilitating or recommending emergency care if required. If the recommendation is made by IPM, or any concerns are present based upon assessment findings and or phone triaging, the ordering physician will be made aware regardless of the time of day. IPM will implement any recommendations without knowledge of the ordering MD.

3. **Section C, Need, Item 1 (Project Specific Criteria)**

<u>Item 5A</u> – As noted, it is important to note that this criterion cannot be met without letters from physicians, or other providers closely associated with them such as hospitals that documents a need for the service. In addition, as a suggestion, testimonials by existing HHAs, pain clinics and long term care facilities could also be submitted to document the need for the proposed IP home infusion. Please provide the documentation requested in the application and supplemental questionnaires.

4. **Section C, Need, Item 5**

In earlier correspondence the applicant states that there are 2 existing home health agencies in Tennessee that provide IP home infusion therapy services, although the extent was believed to be minimal. Please identify the utilization of the 2 HHAs such as # of skilled nursing visits for the most recent 12 month period available. Identify the name of the agency and visits by county, if known.

Earlier correspondence had incorrectly stated that Intrepid Home Health provided intrathecal home infusion therapy services. Upon further investigation it was found that they, in fact, do not – Intrepid provides alternate types of home infusion therapy.

The only home health agency that is able to provide intrathecal home infusion services within the state of Tennessee is Camellia Home Health. According to Angie Hyatt, their Director of Nursing for the Knoxville office, Camellia has never provided these specific services to any of their Tennessee patients as of yet. Therefore, IPM

will, once licensed, be the first home health agency within the state to provide these services.

The following utilizations were taken from Camellia's 2013 Joint Annual Report, the most current report available (please see Attachment 4.Section C Need.Item 5). The total number of patients served by Camellia Home Health of Tennessee in 2013 was 1,716. The unduplicated patient census for the first day of the 2013 reporting period was 453. Total revenue from this period from all sources is $15,731,719. The total number of skilled nursing care visits for this period is 19,479 (out of 58,202 total visits) and the total number of hours of skilled nursing care provided is 128,013 (out of 221,966 total hours). Camellia reported servicing patients within the following 22 counties for this period: Anderson, Blount, Campbell, Claiborne, Cocke, Cumberland, Grainger, Hamblen, Hancock, Hawkins, Jefferson, Knox, Loudon, McMinn, Meigs, Monroe, Morgan, Rhea, Roane, Scott, Sevier, and Union.

Please reference Camellia's utilization in the below table.

Skilled Nursing Visits	**19,479**
Total Visits	**58,202**

Tennessee County	Camellia Patients per county
Anderson	92
Bedford	
Benton	
Blount`	40
Bradley	
Campbell	77
Cannon	
Carroll	
Carter	
Cheatham	
Chester	
Claiborne	12
Clay	
Cocke	39
Coffee	
Crockett	
Cumberland	60
Davidson	
Decatur	
DeKalb	
Dickson	
Dyer	
Fayette	

SUPPLEMENTAL #4
September 16, 2014
9:49 am

Fentress	
Franklin	
Gibson	
Giles	
Grainger	17
Greene	
Grundy	
Hamblen	162
Hamilton	
Hancock	6
Hawkins	13
Haywood	
Henderson	
Henry	
Hickman	
Houston	
Humphreys	
Jackson	
Jefferson	68
Johnson	
Knox	484
Lake	
Lauderdale	
Lawrence	
Lewis	
Lincoln	
Loudon	103
McMinn	162
McNairy	
Macon	
Madison	
Marion	
Marshall	
Maury	
Meigs	23
Monroe	70
Montgomery	
Moore	
Morgan	16
Obion	

Overton	
Perry	
Pickett	
Polk	
Putnam	
Rhea	26
Roane	122
Robertson	
Rutherford	
Scott	4
Sequatchie	
Sevier	108
Shelby	
Smith	
Stewart	
Sullivan	
Sumner	
Tipton	
Trousdale	
Unicoi	
Union	12
Van Buren	
Warren	
Washington	
Wayne	
Weakley	
White	
Williamson	
Wilson	
Tennessee Total	1,716

5. **Section C, Need, Item 6 and Section C, Economic Feasibility, Item 8**

   Please provide an estimate for the percentage of 1,440 projected visits in Year 1 of the project that might apply to visits by IPM staff at other third party facilities such as hospitals and long term care facilities.

   The applicant estimates utilization by patients with commercial insurance at 99% of revenues. Based on this, the financial viability of the project is highly dependent on this source of revenue. As a new service provider in Tennessee, please document the interest in the proposed IP home infusion service by commercial or managed care plans in the service area.

The estimated visits of 1,440 projected for year one are completely independent of any visits of emergency nature. The estimated year 1 visits are solely for implanted pump refilling, titrating and assessment required for proper and effective pump management.

6. **Section C, Orderly Development, Item 2**

   The applicant's response is noted. Please also describe consideration given to establishing an HHA limited to IP home infusion services in those counties where the target populations are highest (MS, CP and chronic pain).

   The consideration and decision to create the services in the state of Tennessee was made due to the fact that the proposed services are not currently available to the majority of the state and only limited in before mentioned counties. As IPM will grow, more focus may be required in certain counties where the highest prevalence of MS, CP and chronic pain exist. The proposed IPM structure will only require additional staffing and trained professionals to accomplish this goal.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is September 23, 2014. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. ∋ 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete

> and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Jeff Grimm
HSD Examiner
Enclosure

SUPPLEMENTAL #4
September 16, 2014
9:49 am
SEP 16 '14 9:49

Attachment 1.Section B Project Description.Item 1

COPY

ADDITIONAL INFORMATION

Supplemental -4

Implanted Pump Management

CN1407-027

SUPPLEMENTAL #4
September 23, 2014
10:00 am

Rex E. Arendall, MD
Richard A. Berkman, MD
Khan W. Li, MD

Neurosurgical Associates
2400 Patterson Street, Suite 319
Nashville, Tennessee 37203
Phone: (615) 986-1256 Fax: (615) 383-08[illegible]

William R. Schooley, MD
Michael J. Schlosser, MD
Jacob P. Schwarz, MD

September 19, 2014

To Whom It May Concern:

This intent of this letter is to request an expansion of intrahthecal home care services in the state of Tennessee. The current home health agency structure established in Tennessee does not efficiently provide intrathecal home care services to the state of Tennessee.

It is my opinion that the expansion of intrathecal home care services in the state of Tennessee would be beneficial to the intrathecal pump patient population.

Sincerely,

Bill Schooley

William R. Schooley, M.D.

SUPPLEMENTAL #4

September 23, 2014

10:00 am

Additional Information – Supplemental 4 – CN1407-027

SEP 23 2014

SUPPLEMENTAL #4
September 23, 2014
10:00 am

CPS
COMPREHENSIVE PAIN SPECIALISTS
131 SAUNDERSVILLE ROAD SUITE 160, U.S. 1 & 2 NOVILLE, TN 37375 | WWW.CPSPA.COM

September 11, 2014

To Whom It May Concern:

The intent of this letter is to request an expansion of intrathecal home care services in the state of Tennessee. The current home health agency structure established in Tennessee does not efficiently provide intrathecal home care services to the patients of Tennessee. It is my opinion that the expansion of intrathecal home care services in the state of Tennessee would be beneficial to the intrathecal pump patient population.

Sincerely

SUPPLEMENTAL #4
September 23, 2014
10:00 am

Humana Military.

TRICARE

Home Infusion Injectables Guidelines

The following educational information is provided to facilitate timely and accurate claim filing for reduction of billing errors, rework of claims, and prompt payment of home infusion therapy services for TRICARE.

TRICARE Policy (TRM Chapter 3, Section 6, II, B, 1) requires the use of appropriate "J" HCPCS codes and the specific NDC # for pricing using 95% of the AWP.

Recurring billing errors have been identified and are listed here:

1. Use of Miscellaneous "J" codes (e.g., J3490, J3590, and J9999) when specific "J" codes are available.
2. Non-compliance with billing guidelines (e.g., paper CMS-1500 or electronic HIPAA 837).
3. Entry of NDC quantities in the HCPCS quantity field.
4. Failure to provide the NDC#.
5. Failure to provide the NDC Unit of Measure.
6. Failure to provide the NDC Quantity.

Instructions below should improve your timely and accurate claims resolution and payment:

A. NDC field
Each NDC must be reported as an 11-digit code unique to the manufacturer of the specific drug or product administered to the patient, using a 5-4-2 format (i.e., 5 digits, followed by 4 digits, followed by 2 digits) 99999999999.

Some NDCs may be in a 10-digit format. The chart below illustrates how to convert the code into 11-digits. (Hyphens *in the example below are for illustration only.*)

10-Digit Format on Package	10-Digit Format on Example	11-Digit Format	11-Digit Format Example
4-4-2	9999-9999-99	5-4-2	099999-9999-99
5-3-2	99999-999-99	5-4-2	99999-0999-99
5-4-1	99999-9999-9	5-4-2	99999-9999-09

B. NDC Units/Quantity field
The quantity of each submitted NDC must be a numeric value greater than zero. In most cases, the NDC quantity will be different from the HCPCS billed units. To determine the correct NDC quantity, refer to the data column titled CF (conversion factor) on the Noridian Crosswalk Table. This table is updated monthly by CMS.

Identify your "J" code and correlating NDC# for your combination record, divide the number of billed HCPCS units by the CF; and enter the resulting number as the NDC Quantity.

NOTE (1): Whenever a Miscellaneous "J" code is used, the CF is NOT valid. In these cases your entry of the NDC Quantity is the sole source of quantity to be priced based on the AWP.
NOTE (2): "J" code HCPCS Quantities must always be stated in "whole" numbers. NDC Quantities

7. **INSURANCE**

IPM shall maintain general and professional liability insurance with a limit of not less than $1,000,000 per occurrence and $3,000,000 in the aggregate, and shall supply the Referral Source with a certificate of insurance evidencing such coverage and shall provide thirty (30) days' written notice prior to the cancellation of any such policies.

8. **ASSIGNMENT**

Neither party may assign its rights or obligations with respect to this Agreement without the prior written approval of the other party; provided, however, that such an assignment may be made to an entity which is related by virtue of a common parent corporation or which is directly or indirectly, wholly owned or controlled by the same entity as the assigning party.

9. **INDEMNIFICATION**

Each party agrees to indemnify the other, their affiliates and their respective officers, directors, employees and agents against, and hold the same harmless from, all liability, losses, damages, obligations, judgments, claims, causes of action and expenses associated therewith (including settlements, judgments court costs and attorney's fees) resulting from or arising out of, directly or indirectly, and any negligent or intentional act or omission or any failure to perform any obligation undertaken in or any covenant made under this Agreement. Upon notice, each party shall resist and defend at its own expense, and by counsel reasonably satisfactory to the other, any such claim or action.

IPM agrees to indemnify and hold the Referral Source harmless against and from any and all claims of the patients that arise from the infusion, programming or care provided by IPM, its affiliates, contractors and/or agents. IPM will be responsible for infusion and monitoring as set forth above. The Referral Source and/or the physicians providing the prescription are solely responsible for medication errors not related to IPM-provided infusion therapies. The Referral Sources and/or the physicians agree to indemnify and hold IPM harmless against and from any and all claims of the patients that arise from the incorrect prescription or any such medication order and/or prescription error not related to IPM-provided infusion therapies.

10. **INDEPENDENT CONTRACTOR**

The parties agree that each is at all times acting and performing as an independent contractor. Nothing in this Agreement shall be construed as creating a partnership, joint venture, or employment arrangement and no Party will have the power to obligate or bind the other Party in any manner whatsoever. Each party may contract/subcontract with multiple providers or agencies at anytime.

11. **EQUAL EMPLOYMENT OPPORTUNITY POLICY**

The parties agree, if applicable, to comply with the Equal Employment Opportunity policies provided in Executive Order 11246 (as set forth in 41 CFR § 60-1.4(a) and incorporated herein by reference), the Rehabilitation Act of 1973 (as set forth in 41 CFR § 60-741.5(a) and incorporated herein by reference), and the Vietnam Era Veterans Readjustment Assistance Act (as set forth in 41 CFR § 60-250.4 and incorporated herein by reference).

12. **LICENSURE AND CERTIFICATION**

Each party shall operate at all times in compliance with federal, state, and local laws, rules and regulations, the standards of Joint Commission (if applicable), and all currently accepted methods and practices related to the provision of services contemplated hereunder.

13. **CONFIDENTIALITY AND NON-SOLICITATION**

In order to facilitate the performance of this Agreement, each party may deem it necessary to disclose to the other certain proprietary and/or confidential information. Such information may include, without limitation, patient information, personnel information, financial information, market information, pricing information and service delivery information. Each party agrees to keep such information confidential. Each party agrees to maintain any information about the services provided by each party as propriety and confidential information and agree not to disseminate or disclose any information about the other to third parties.

During the term of this agreement and for a period of five (5) years thereafter the Referral Source will not in conjunction with any other person, firm or entity solicit, entice or attempt to solicit or entice or

employ any person that is or was employed with IPM 27

Referral Source will not on behalf of or in conjunction with any other person or entity, to solicit, entice or attempt to solicit or entice any principal or owner of IPM to sever or alter its/his relationship with IPM to the detriment of IPM.

14. **SURVIVAL**

Any provisions of this Agreement creating obligations extending beyond the term of this Agreement will survive the expiration or termination of this Agreement, regardless of the reason of such termination.

15. **HIPAA**

To the extent applicable to this Agreement, the parties agree to comply with the applicable requirements of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified as 42 U.S.C.§1320d ("HIPAA") and any current and future regulations promulgated thereunder, including without limitation, the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards as contained in 45 C.F.R. Part 142 (the "Federal Security Regulations"), and the federal standards for electronic transactions in 45 C.F.R. Parts 160 and 162 (the "Federal Transaction Standards") on or before their official compliance dates. The parties agree not to use or further disclose any protected health information, as defined in 45 C.F.R. §164.501, or individually identifiable health information, as defined in 42 U.S.C. § 1320(d) (collectively, the "Protected Health Information"), concerning a patient other than as permitted by this Agreement, the requirements of HIPAA, and the regulations promulgated under HIPAA including, without limitation, the Federal Privacy Regulations, the Federal Security Regulations, and the Federal; Transaction Standards. Additionally, on or before the official date of compliance, shall enter into a mutually agreeable business associate agreement with Referral Source, if required under the Federal Privacy Regulations agreeing to safeguard Protected Health Information, and upon its execution, such agreement shall be attached to this Agreement and incorporated herein as an addendum. IPM will fully adhere to the requirements under HIPAA procedure and will have all referred patients sign the proper HIPAA disclosure/consent forms at the admission of treatment and such is a permanent part of the patient's medical chart.

16. **ELECTRONIC STORAGE OF AGREEMENT**

The parties agree that the original of the Agreement, including the signature pages, may be scanned and stored in a computer database or similar device, and that any printout or other output which is readable, and which is shown to be an accurate reproduction of the original of this document, may be used for any purpose just as if it were the original Agreement, including the proof of the content of the original writing and the signing of the original writing.

17. **NOTICES**

All notices, consents or other communications which either party is required or may desire to give to the other under this Agreement shall be in writing and shall be given by personal delivery or by deposit, postage prepaid, in the United States mail, certified or registered mail, return receipt requested, addressed to the parties at their respective addresses set forth below:

If to Referral Source: _____
_____
_____

If to IPM: Implanted Pump Management LLC
200 Prosperity Place
Knoxville, TN 37923

18. **GENERAL PROVISIONS**

This Agreement may be executed in several counterparts, each of which will be deemed an original, which together will constitute but one and the same Agreement.

The validity, interpretation and performance of this Agreement will be governed according to the laws of the State of Tennessee, without reference to its conflict of laws principles. All parties agree to and hereby submit to the jurisdiction of the Superior Court of the State of Tennessee, County of Knox.

Each party warrants that it has the right to enter into this Agreement.

Performance of the Agreement will not violate any agreement between it and any third party.

Corporation warrants that it owns the Corporation represented in this Agreement and that the execution of this Agreement does not violate any other agreement or understanding by which Corporation is bound. Corporation further warrants that it is unaware of any information that would render any of the claims of its Confidential Information invalid or unenforceable.

Corporation further warrants that, to the best of its knowledge, there is no third party ownership claims to the Corporation and that Corporation has taken all measures to have employees and contractors assign such intellectual property rights to Corporation.

Contracting parties must be clearly identified by using the contracting party's full legal name and state of legal incorporation or registration.

Any amendments to this Agreement will be effective only if in writing and signed by both parties.

This Agreement constitutes the entire agreement of the parties hereto and supersedes all prior or contemporaneous agreements, undertakings and understanding of the parties in connection with the subject matter hereof.

No waiver of a breach of any provision of this Agreement will be construed to be a waiver of any other breach of this Agreement, whether of a similar or dissimilar nature.

Dated: By:_____

Dated: By:_____
Roy C. Putrino, CEO
Implanted Pump Management LLC

CARE COORDINATION CONTRACT

This Agreement made this _____ day of __ 2014, between Implanted Pump Management LLC ("IPM") located at 200 Prosperity Place, Knoxville, TN 37923 and _____ ("Referral Source") located at _____.

Recitals

A. IPM or its affiliates, contractors and/or agents, is licensed to perform nursing and pharmacy duties in the jurisdiction of the Referral Source and/or its patients.

B. IPM and the Referral Source are fully insured to perform their respective services set forth herein.

C. The Referral Source desires to refer certain patients in need of infusion therapy and monitoring for an intrathecal implanted pump.

The parties hereby agree to the following:

1. **SERVICES**

IPM will be responsible for refilling, titration and monitoring of the Medtronic pump patients. IPM will supply the nursing services associated with infusion therapy. IPM will handle all issues associated with the pump and field all patient calls. The patient will be directed to call IPM staff RNs when in need of dose titration or for any other issues related to infusion therapy. IPM will coordinate all refill dates with the patient and schedule accordingly with the Referral Source. All reports, nursing notes and telemetry results will be mailed to the prescribing physician after each visit. IPM is able to go to the patient's home, school, work, hospital, nursing facility or other location to refill the pump.

2. **NO PAYMENT FOR REFERRAL**

It is specifically agreed to by IPM and the Referral Source that this Agreement does not allow for remuneration of any kind for any patient referrals. No monetary, as well as other payments have or will be exchanged for referrals as contemplated by the parties. Payments such as kick-backs in any form are prohibited by any person directly or indirectly from each party.

3. **NO PRIOR AGREEMENT**

This Agreement embodies the entire understanding between the Parties relating to the subject of this Agreement, and there are no related prior representations or agreements not specified herein.

4. **NO CHANGES**

No change in this Agreement will be binding on either Party unless approved in writing by its authorized representative.

5. **ENFORCEABILITY**

If any provision of this Agreement is determined to be invalid, illegal or unenforceable for any reason, that provision will be reformed to the maximum extent permitted to preserve the Parties' original intent, failing which, it will be severed from this Agreement with the balance of the Agreement continuing in full force and effect. Such occurrence will not have the effect of rendering the provision in question invalid in any other jurisdiction or in any other case or circumstances, or of rendering invalid any other provisions constrained in this Agreement to the extent that such other provisions are not themselves actually in conflict with any applicable law.

6. **TERMINATION**

Either party may terminate with or without cause this Agreement at any time upon ninety (90) days prior written notice to the other party. The effective date of termination will be the first day of the month following the expiration of this ninety (90) day period. This Agreement may automatically renew upon the expiration of the Agreement.

SUPPLEMENTAL #4
September 16, 2014
9:49 am

Attachment 4.Section C Need.Item 5

can be stated in up to three places to the right of the decimal. When NDC is "rounded" to the nearest "whole" number.

C. NDC Measurement (Package/Unit Indicator) field
The unit of measurement (UOM) for each NDC must be submitted. Noridian Crosswalk Table assumes the conversion of Units NOT Packages. If using the conversion factor on the Noridian Crosswalk Table, the UOM should always be submitted as "Units". (UN, ML, or GR for electronic HIPAA 837 and "U" for paper CMS-1500 claims).

If you are one of the many providers enjoying the benefits of electronic claim filing, the following data elements should be used to submit the NDC information in the HIPAA-standard ASC X12 837 claims format:

- LIN03-product/srevic-NDC (11-digit format).
- CTP04-NDC units (must be numeric value greater than 0 (up to 3 decimal places allowed).
- CTP05-1-NDC unit of measurement (UN, ML, GR, or F2). The UN, ML, and GR are priced as units. The F2 is priced as a package. However, you should avoid using the F2 value if possible.

Some things to remember when filing claims for home infusion medications:

- Make sure the NDC number, units, and unit of measurement are listed on the gray line above the HCPCS code if you are filing using a CMS-1500 claim form.
- Report the NDC number in the 11-digit format.
- Use the Noridian Crosswalk Table to convert the HCPCS units into NDC units: submit the UOM as units (UN, ML, or GR).
- Place of service must be "home".
- If Infusion therapy is performed in an Ambulatory Infusion Suite, place of service must be "office" and the HCPCS must be submitted with modifier "SS"

Back to Top

Last Update: September 26, 2013

© Copyright 2014, Humana Military Healthcare Services Inc., administrator of the Department of Defense TRICARE South program.

SUPPLEMENTAL #4
September 16, 2014
9:49 am

SEP 16 '14 9:49

AFFIDAVIT

STATE OF NEW JERSEY

COUNTY OF PASSAIC

ROY PURLINO being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

, CEO
SIGNATURE/TITLE

Sworn to and subscribed before me this 9 day of SEPTEMBER (Month) 2014 (Year) a Notary

Public in and for the County/State of NEW JERSEY

NOTARY PUBLIC

My commission expires 12-29 (Month/Day), 2016 (Year)

NADIA SALMON
Notary Public
New Jersey
My Commission Expires 12-29-16

NHC

NATIONAL HEALTHCARE CORPORATION

December 2, 2014

Ms. Melanie Hill, Executive Director
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Implanted Pump Management, LLC, CN1407-027 **OPPOSITION LETTER**

Dear Ms. Hill:

We are aware of the intent of Implanted Pump Management, LLC to establish a new Home Health Care service organization limited to intrathecal home infusion services and to provide services to all 95 counties in the State of Tennessee from one office in Knoxville. **NHC has serious concerns regarding numerous aspects of the referenced CON application including but not limited to whether there is a demonstrated need in the State of Tennessee for such services, whether or not the proposed service delivery model is even legal in the State, that approval of said application would duplicate existing similar services already approved by HSDA, and that the project would adversely impact the existing home health care delivery system. Therefore, I am writing this letter in opposition to the referenced project pursuant to T.C.A., Section 68-11-1609(g) (1).**

In recent months, there has been an alarming trend of applicants requesting Home Care CON's to service all 95 counties in Tennessee with limited staff, single office locations and with a single specialty focus that will do nothing more than further fragment the health care delivery system in our State. In addition, these recent CON's appear to fall outside the established criteria for the home care service. Consequently, it would seem appropriate that until further study is conducted on what criteria should actually be used to evaluate said CON's, a moratorium should be imposed on CON's of this type prohibiting their acceptance and review before the agency

In summary, I am opposed to this CON and ask that it not be approved. There are many unanswered questions regarding this application and more than adequate existing providers delivering high quality home health services to populations of all race and payment source. If you need any additional information please do not hesitate to call me.

Sincerely,

NHC/OP, L.P. d/b/a NHC HomeCare

Lisa Reed, RN
Vice President/HomeCare

Cc: Ms. Melissa Hess, DON
200 Prosperity Place, #102
Knoxville, TN 37923

CERTIFICATE OF NEED
REVIEWED BY THE DEPARTMENT OF HEALTH
DIVISION OF POLICY, PLANNING AND ASSESSMENT
615-741-1954

DATE: November 28, 2014

APPLICANT: Implanted Pump Management, LLC
200 Prosperity Place, #102
Knoxville, Tennessee 37923

CON #: CN1407-027

CONTACT PERSON: Mellissa Hess, Director of Nursing
200 Prosperity Place
Knoxville, Tennessee 37923

COST: $13,038

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

SUMMARY:
The applicant, Implanted Pump Management, (IPM) LLC, located at 200 Prosperity Place, #102, Knoxville (Knox County), Tennessee, seeks Certificate of Need (CON) approval for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The service includes refills, titrations, 24-hour on call services, and advanced information technology that simulates telemedicine for participating providers. The applicant will lease 325 square feet of office space in Knoxville. The applicant's declared service area includes all 95 Tennessee counties.

Implanted Pump Management, LLC, is a New Jersey LLC formed in 2012 and registered to do business in Tennessee since October 2013. IPM is a single owner LLC owned by Roy Putrino, a licensed New Jersey pharmacist. Mr. Putrino is a 70% owner of Basic Home Infusion Pharmacy (BHI) that previously operated as Basic Home Care. BHI will be one of two compounding pharmacy contractors involved in this project. IPM is applying for a Home Health license in Florida and has been granted a provisional Home Health license (#2014-HHAUT000641) in Utah. New Jersey has exempted IPM from requiring home health licensure due to their provision of one skilled service. The applicant reports they will soon begin serving patients in Florida, New Jersey, and Utah. Currently, IPM is not serving any patients in any States.

The total estimated project cost is $13,038 and will be funded through cash reserves.

GENERAL CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan.*

NEED:
The applicant intends to serve patients in all 95 of Tennessee's counties. See Attachment 1 for population projections.

Implanted Pump Management, Inc. is a relatively new company formed in 2012. The applicant reports they are in the process of receiving a license, have a provisional license, or are exempt from needing a license in Florida, Utah, and New Jersey, respectively. However, to this point, the

applicant has not provided intrathecal pump services to any patients in any of these States.

Implanted Pump Management, Inc. proposes to provide intrathecal pump services to individuals who have one of two diagnoses: pain and/or intractable spasticity. These two diagnoses should provide a varied patient population that the applicant believes could benefit from home pump management.

The individuals with chronic pain could range from those individuals who are highly debilitated to those who have the ability to work fulltime.

Individuals who have intractable spasticity most generally suffer from diseases such as:

- Multiple sclerosis;
- Cerebral palsy;
- Traumatic brain injury;
- Spinal cord injuries; and
- Varied neurological disorders

IPM projects 120 patients in year one and 240 patients in year two of the project. The applicant estimates the percentage of the patients who will receive their services will be 90% pain management, 1% multiple sclerosis, and 9% cerebral palsy in both years, respectively.

Due to the nature of both these diagnoses, both physical and economic challenges can be encountered when a patient's only choice is to go to a medical doctor's office for this service.

The service includes refills, titrations, 24-hour on call services, and advanced information technology that simulates telemedicine for participating providers.

The applicant believes a need exists for their proposed several reasons. First, No Home Health Agency in Tennessee provides this specialized, technical service in the home; Second, Medtronics, a leading pump manufacturer, reports 300 patients residing individuals residing in Tennessee currently have intrathecal pumps; Third, Physician's requests for IMP to enter the State of Tennessee; and Fourth, requests from patients who would like to have access to this service in their homes.

The following concerns and questions were asked by Department of Health staff in order to ascertain the applicant's prior history serving patients needing intrathecal pump management services, the number of patients served, and any quality issues that might exist in other states. The applicant's replies follow the questions asked by staff.

10/13/2014 Mellissa Hess, Director of Nursing,

Please provide me further information regarding CN1407-027. Specifically I need detailed answers to the following questions.

1 The number of patients currently being seen by IPM in Florida and New Jersey. If no patients are being served, please explain. Have any services ever been performed by IPM since its inception in December 2012?

2) License numbers if applicable from the New Jersey and Florida Departments of Health.

3) All surveys performed by the respective health departments and plans of correction, sanctions, monetary penalties, or judgments against IPM if applicable.

4) Does Mr. Putrino own Health Care Infusion? If yes, do they perform pump management services? Does he own Basic Home Health Care? If yes, please provide surveys and plans of correction, sanctions, monetary penalties, or judgments against said companies.

Joe F. Culp, Health Planner III
Tennessee Department of Health
Division of Policy, Planning, and Assessment
Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243
615-741-0244

From: *IPM [mailto:info@ipmservices.org]*
Sent: *Monday, October 13, 2014 12:36 PM*
To: *'Joe F. Culp'*
Subject: *RE: Implanted Pump Management CN1407-027*

Mr. Culp,

In response to your previous inquiries:

1) *IPM is not currently servicing any patients. Within the next 6 weeks, IPM will begin servicing patients in Florida, New Jersey and Utah. This time frame is based on licensure requirements and state mandates.*
2) *The state of New Jersey has deemed IPM exempt from requiring home health agency licensure due to our provision of one single skilled service.*
   IPM is still in the process of applying for licensure in the state of Florida. IPM has received a survey approved by The Joint Commission (TJC) for this licensure. We are waiting for the final license to be issued.
   IPM has been granted a provisional home health agency license in the state of Utah. The number of this license is as follows: 2014-HHAUT000641.
3) *Please see attached preliminary survey performed by TJC. IPM has no other plans of correction, sanctions, monetary penalties, or judgments.*
4) *Mr. Putrino does not own, nor is he affiliated, with Health Care Infusion. Mr. Putrino is part owner of the Basic Home Infusion Pharmacy (BHI), which previously operated as Basic Home Health Care. Basic Home Infusion does provide intrathecal pump management services. Please see attached order from Indiana, order from Illinois, and stipulations from Colorado.*
   Please note attached TJC accreditation and pharmacy inspections regarding zero deficiencies as evidence of corrective action regarding issues in Illinois and Colorado.
   In reference to the attached final order received from the state of Indiana, BHI has successfully subcontracted with 3 licensed home health agencies within the state to provide intrathecal home care services.

Thank You,
Brynn Beekman
Administrative Assistant
Implanted Pump Management
T: (201) 475-9635
F: (201) 475-9630
info@IPMservices.org

10/17/2014 Ms. Hess: Thank you for your timely responses to my previous questions. I have several more now and perhaps more later as I delve through this lengthy application.

Please respond to the following questions:

1) It is unclear from review of the application if the compounding pharmacy will compound, fill individual Dr. written prescriptions, ship, and bill the individual patient, or if there will be local Tennessee pharmacies that fill the prescriptions from supplied compounded formulas. In one area of the application it is stated "2 or 3 pharmacies and a compounding pharmacy". Will each share a role or will the La. Pharmacy be doing all? Please clarify.
2) Could you please explain your reasoning for selecting Tennessee, Utah, and Florida for Home Health services instead of States contiguous to New Jersey?
3) It is understood that Mr. Purtrino is an experienced and licensed pharmacist, as well as having experience in home infusion and intrathecal pump infusion. However, to date IPM has had no historical track record of these services. Please explain how, as a newly formed entity, you intend to demonstrate you can provide a safe and effective service? How will individual Doctors and third party payors evaluate and potentially select your company to provide these services to their patients and insured?
4) What if any, relationship (professional or financial) involvement does the applicant have with Medtronics and Flowonix?

Thank you in advance for your prompt response.

Joe F. Culp, Health Planner III
Tennessee Department of Health
Division of Policy, Planning, and Assessment
Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243
615-741-0244
Fax 615-253-1688

Please see answers to the second set of questions below.

From: Joe F. Culp [mailto:Joe.F.Culp@tn.gov]
Sent: Friday, October 17, 2014 9:42 AM
To: Melissa Hess
Cc: Trent Sansing; Jeff Ockerman
Subject: IPM CON Application questions

Ms. Hess: Thank you for your timely responses to my previous requests. I have several more now and perhaps more later and I delve through this lengthy application.

Please respond to the following questions:

1) It is unclear from review of the application if the compounding pharmacy will compound, fill individual Dr. written prescriptions, ship, and bill the individual patient, or if there will be local Tennessee pharmacies that fill the prescriptions from supplied compounded formulas. In one area of the application it is stated "2 or 3 pharmacies and a compounding pharmacy". Will each share a role or will the La. Pharmacy be doing all? Please clarify. *IPM will utilize two or more compounding pharmacies that fill individual Dr. written prescriptions, ship, and bill the individual pts. insurance. The selected compounding pharmacies that IPM intends to contract with are which are fully licensed and accredited to provide intrathecal medications are Basic Home Infusion and ICS. IPM does intend to increase the compounding pharmacy network if needed for patient*

coverage if necessary, but at that point the selected compounding pharmacy and or pharmacies will be selected based on quality, accreditation and experience in intrathecal compounding.

2) Could you please explain your reasoning for selecting Tennessee, Utah, and Florida for Home Health services instead of States contiguous to New Jersey? *Upon developing IPM's strategic business plan, there are multiple states such as Pennsylvania, NJ, Ohio, and numerous others, a Home Health Agency License is not required, in fact IPM is exempt from licensure due to the singular therapy that IPM proposes to deliver. I hope that this assists you in clarifying the strategic approach taken by IPM. The states selected are only the beginning of the projected business plan for IPM. Eventually IPM intends to extend its' network to multiple states, but this will take a significant amount of time. IPM's approach is to move strategically across the country and ascertain all required licensure for each applicable state in place prior to initiation of services.*
3) It is understood that Mr. Purtrino is an experienced and licensed pharmacist, as well as having experience in home infusion and intrathecal pump infusion. However, to date IPM has had no historical track record of these services. Please explain how, as a newly formed entity, you intend to demonstrate you can provide a safe and effective service? How will individual Doctors and third party payors evaluate and potentially select your company to provide these services to their patients and insured? *Although IPM is a new company, the time proven model that Roy Putrino has successfully utilized for over twenty years will be simulated. This model is effective, efficient, and focuses on quality. IPM has every confidence that the care delivered will be centered on exceptional care, clinical strength and overall patient benefit. MD's and insurance payors will be targeted by IPM professionals once IPM is able to do intrathecal home management in the state of Tennessee, this will focus and highlight the effective model and the overall quality of care that IPM will provide to the individual pts. in the homecare setting.*
4) What relationship (professional or financial) involvement does the applicant have with Medtronics and Flowonix? *The only relationship that exists between IPM, Medtronic, and Flowonix is a professional one that focuses on quality of care. No formal agreement of participation or preferred company has or will be made. Also no financial agreement has or will be made with either of the mentioned manufacturers.*

Note to Agency Members: The applicant provided surveys and plans of correction, sanctions, monetary penalties, or judgments against said companies to Health Department staff. These are located in Attachment 2 of this report along with other monetary penalties, or judgments found by Department staff.

It should also be noted by Agency members that Intrathecal Compounding Specialists, reported by the applicant to be the other compounding pharmacy in addition to Basic Home Infusion, has had sanctions, judgments, and monetary penalties against them as well. Copies of these are also provided in Attachment 2.

TENNCARE/MEDICARE ACCESS:
IPM will not participate in the TennCare and Medicare programs. This service is not covered by Medicare.

The applicant estimates year one gross commercial insurance revenues of $137,758.50 or 99% of total gross revenues and self-pay revenues of $1,391.50 or 1% of total gross revenues

ECONOMIC FACTORS/FINANCIAL FEASIBILITY:
The Department of Health, Division of Policy, Planning, and ` has reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine they are mathematically accurate and the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

Project Costs Chart: The Project Costs Chart is located on page 32 of the application.

The total project cost is $13,038.

Historical Data Chart: There is no Historical Data Chart as this is a new provider in Tennessee.

Projected Data Chart: The Projected Data Chart is located on 35 of the application. The applicant projects 120 and 240 patients in years one and two with a net operating income of $134,962 and $369,562 each year, respectively.

The applicant's proposed gross charge per patient is $100 and proposed gross charge per visit is $200.

Due to the nature and specific type of therapy IPM provides, and the fact that no other home health agency provides this service currently, the applicant sees no other alternative to this project.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:
IPM provided a list of all Home Health Agencies in Tennessee in Attachment 1. It appears the applicant has no formal agreements, contacts, or relationships with anyone.

According to the applicant, intrathecal pump management will contribute to the orderly development of healthcare by allowing individuals access to higher access to a higher quality of care while simultaneously working with the patient to optimize therapy outcomes and increasing quality of life outcomes. IPM believes that allowing an intrathecal pump management company into Tennessee has the potential to greatly reduce overall health care costs.

The applicant's staffing will include 2.0 FTE registered nurses initially. When the applicant reaches their goal of 120 patients, they envision needing a total of 3.0 FTE registered nurses. Each FTE will be responsible for an area of 180 miles radius from the FTE's home.

IPM will not participate in the training or education of students in medicine, social work, nursing, etc.

If the CON is approved, the applicant will seek licensure from the Tennessee Department of Health, Board for Licensing Healthcare Facilities. According to the applicant, they have preliminary accreditation for all services under Comprehensive Accreditation Manual for Home Care in Florida for six months, beginning July 19, 2014.

SPECIFIC CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan.*

HOME HEALTH SERVICES

1. The need for home health agencies/services shall be determined on a county by county basis.

   Please see Attachment 1.

2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county.

   The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.
   There is no need for Home Health Services in Tennessee. The Department of Health, Division of Policy, Planning, and Assessment, calculated the need for Home Health Services to be a ***surplus of 81,654.***

3. Using recognized population sources, projections for four years into the future will be used.

   See Attachment 1.

4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

   Based on the number of patients served by home health agencies in the service area, estimation will be made as to how many patients could be served in the future.

   There is no need for Home Health Services in Tennessee. The Department of Health, Division of Policy, Planning, and Assessment, calculated the need for Home Health Services to be a ***surplus of 81,654.***

5. Documentation from referral sources:

   a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

      In Supplemental 4, the applicant supplies a letter from William R. Schooley, MD of Nashville, Tennessee, and a letter from Comprehensive Pain Specialists with an illegible signature also from Nashville. It does not appear that the applicant adequately meets this criterion.

   b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

      The applicant states the referring physicians would be those who refer their patients to IPM to do all pump refills, titrations, MRI checks, and changes in status in the homecare setting.

   c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

      The applicant provides two form letters from potential patients in Supplemental 1. One is from Gainesboro, Tennessee and the other is from Lebanon, Tennessee. It does not appear the applicant adequately meets this criterion.

   d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.
      N/A

6. The proposed charges shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.
   a. The average cost per visit by service category shall be listed.

   b. The average cost per patient based upon the projected number of visits per patient shall be listed.

      The applicant's proposed gross charge per patient is $100 and proposed gross charge per visit is $200.

ATTACHMENT 1

Tennessee Population Estimates 2014 and 2018 *

	Population Estimate 2014			Population Estimate 2018			% Increase	
	Total	18+	%18+	Total	18+	%18+	18+	Total
Tennessee	6,588,698	5,083,707	77.2%	6,833,509	5,307,357	77.7%	4.4%	3.7%
Anderson	76,579	61,045	79.7%	77,851	62,959	80.9%	3.1%	1.7%
Bedford	47,368	35,103	74.1%	50,566	37,800	74.8%	7.7%	6.8%
Benton	16,257	13,083	80.5%	16,104	13,009	80.8%	-0.6%	-0.9%
Bledsoe	12,641	10,135	80.2%	12,599	10,261	81.4%	1.2%	-0.3%
Blount	128,368	101,110	78.8%	135,171	107,275	79.4%	6.1%	5.3%
Bradley	103,308	80,204	77.6%	107,481	84,506	78.6%	5.4%	4.0%
Campbell	41,474	32,670	78.8%	42,566	33,757	79.3%	3.3%	2.6%
Cannon	14,125	11,167	79.1%	14,540	11,537	79.3%	3.3%	2.9%
Carroll	28,119	22,101	78.6%	27,831	21,921	78.8%	-0.8%	-1.0%
Carter	57,284	46,062	80.4%	57,680	46,531	80.7%	1.0%	0.7%
Cheatham	39,853	31,010	77.8%	40,765	33,601	82.4%	8.4%	2.3%
Chester	17,472	13,624	78.0%	17,999	14,095	78.3%	3.5%	3.0%
Claiborne	32,604	26,001	79.7%	33,280	26,485	79.6%	1.9%	2.1%
Clay	7,702	6,141	79.7%	7,673	6,113	79.7%	-0.5%	-0.4%
Cocke	36,762	28,237	76.8%	38,615	28,570	74.0%	1.2%	5.0%
Coffee	54,273	41,958	77.3%	56,841	44,096	77.6%	5.1%	4.7%
Crockett	14,596	11,083	75.9%	14,683	11,292	76.9%	1.9%	0.6%
Cumberland	57,815	46,784	80.9%	60,292	48,212	80.0%	3.1%	4.3%
Davidson	656,385	505,898	77.1%	682,330	518,945	76.1%	2.6%	4.0%
Decatur	11,822	9,345	79.0%	12,080	9,515	78.8%	1.8%	2.2%
DeKalb	18,952	14,773	77.9%	19,125	15,003	78.4%	1.6%	0.9%
Dickson	50,860	39,369	77.4%	51,964	42,393	81.6%	7.7%	2.2%
Dyer	38,218	29,191	76.4%	38,427	29,652	77.2%	1.6%	0.5%
Fayette	40,930	32,345	79.0%	44,888	35,843	79.8%	10.8%	9.7%
Fentress	18,404	14,373	78.1%	18,987	14,947	78.7%	4.0%	3.2%
Franklin	41,230	32,565	79.0%	42,122	33,327	79.1%	2.3%	2.2%
Gibson	51,102	38,814	76.0%	52,163	39,993	76.7%	3.0%	2.1%
Giles	29,315	23,023	78.5%	29,285	23,099	78.9%	0.3%	-0.1%
Grainger	23,111	18,110	78.4%	23,675	18,371	77.6%	1.4%	2.4%
Greene	70,187	55,882	79.6%	71,594	57,176	79.9%	2.3%	2.0%
Grundy	13,355	10,379	77.7%	13,293	10,456	78.7%	0.7%	-0.5%
Hamblen	64,108	49,432	77.1%	65,570	51,054	77.9%	3.3%	2.3%
Hamilton	347,451	273,939	78.8%	353,577	278,518	78.8%	1.7%	1.8%
Hancock	6,652	5,288	79.5%	6,640	5,280	79.5%	-0.2%	-0.2%
Hardeman	26,359	21,111	80.1%	26,067	21,011	80.6%	-0.5%	-1.1%
Hardin	26,012	20,672	79.5%	26,244	20,925	79.7%	1.2%	0.9%
Hawkins	57,509	46,208	80.3%	58,164	48,679	83.7%	5.3%	1.1%
Haywood	18,117	13,817	76.3%	18,009	13,831	76.8%	0.1%	-0.6%
Henderson	28,186	21,713	77.0%	28,631	22,392	78.2%	3.1%	1.6%
Henry	32,697	25,566	78.2%	32,956	25,785	78.2%	0.9%	0.8%
Hickman	24,422	19,358	79.3%	24,698	19,882	80.5%	2.7%	1.1%
Houston	8,388	6,500	77.5%	8,447	6,621	78.4%	1.9%	0.7%
Humphreys	18,498	14,465	78.2%	18,561	14,610	78.7%	1.0%	0.3%
Jackson	11,368	9,207	81.0%	11,495	9,348	81.3%	1.5%	1.1%
Jefferson	53,729	42,467	79.0%	56,872	45,403	79.8%	6.9%	5.8%
Johnson	18,094	14,891	82.3%	18,127	14,992	82.7%	0.7%	0.2%
Knox	453,629	357,424	78.8%	475,569	376,924	79.3%	5.5%	4.8%
Lake	9,732	8,510	87.4%	9,468	8,327	87.9%	-2.2%	-2.7%
Lauderdale	27,341	20,945	76.6%	27,125	21,090	77.8%	0.7%	-0.8%
Lawrence	42,329	32,110	75.9%	42,387	32,497	76.7%	1.2%	0.1%

Tennessee Population Estimates 2014 and 2018 *

	Population Estimate 2014			Population Estimate 2018			% Increase	
	Total	18+	%18+	Total	18+	%18+	18+	Total
Lewis	12,112	9,378	77.4%	12,224	9,584	78.4%	2.2%	0.9%
Lincoln	34,281	26,860	78.4%	35,697	27,879	78.1%	3.8%	4.1%
Loudon	50,926	41,531	81.6%	53,192	44,218	83.1%	6.5%	4.4%
McMinn	53,233	41,669	78.3%	54,203	42,552	78.5%	2.1%	1.8%
McNairy	26,582	20,660	77.7%	27,299	21,349	78.2%	3.3%	2.7%
Macon	23,188	17,690	76.3%	24,121	18,797	77.9%	6.3%	4.0%
Madison	99,555	75,976	76.3%	101,001	77,086	76.3%	1.5%	1.5%
Marion	28,556	22,650	79.3%	28,992	23,238	80.2%	2.6%	1.5%
Marshall	31,286	23,965	76.6%	32,015	24,856	77.6%	3.7%	2.3%
Maury	82,280	62,826	76.4%	83,256	64,215	77.1%	2.2%	1.2%
Meigs	12,205	9,855	80.7%	12,643	10,404	82.3%	5.6%	3.6%
Monroe	46,092	36,256	78.7%	48,088	38,574	80.2%	6.4%	4.3%
Montgomery	187,649	132,604	70.7%	200,561	139,824	69.7%	5.4%	6.9%
Moore	6,350	5,061	79.7%	6,401	5,152	80.5%	1.8%	0.8%
Morgan	21,848	17,554	80.3%	22,004	17,909	81.4%	2.0%	0.7%
Obion	31,453	24,619	78.3%	31,222	24,690	79.1%	0.3%	-0.7%
Overton	22,489	17,463	77.7%	22,967	17,938	78.1%	2.7%	2.1%
Perry	8,014	6,275	78.3%	8,096	6,416	79.2%	2.2%	1.0%
Pickett	5,019	4,078	81.3%	4,943	4,056	82.1%	-0.5%	-1.5%
Polk	16,604	13,155	79.2%	16,588	13,363	80.6%	1.6%	-0.1%
Putnam	77,024	59,787	77.6%	82,623	62,854	76.1%	5.1%	7.3%
Rhea	33,392	26,086	78.1%	34,790	27,536	79.1%	5.6%	4.2%
Roane	54,006	43,452	80.5%	54,457	44,459	81.6%	2.3%	0.8%
Robertson	70,391	53,384	75.8%	74,371	59,728	80.3%	11.9%	5.7%
Rutherford	293,582	219,365	74.7%	329,446	247,954	75.3%	13.0%	12.2%
Scott	21,944	16,677	76.0%	21,969	16,847	76.7%	1.0%	0.1%
Sequatchie	15,019	11,946	79.5%	16,004	13,075	81.7%	9.5%	6.6%
Sevier	94,833	74,728	78.8%	100,362	79,511	79.2%	6.4%	5.8%
Shelby	943,812	704,633	74.7%	954,012	718,611	75.3%	2.0%	1.1%
Smith	19,618	15,119	77.1%	20,281	15,872	78.3%	5.0%	3.4%
Stewart	13,549	10,572	78.0%	13,941	10,977	78.7%	3.8%	2.9%
Sullivan	158,975	129,556	81.5%	161,136	136,255	84.6%	5.2%	1.4%
Sumner	172,262	131,011	76.1%	183,406	141,247	77.0%	7.8%	6.5%
Tipton	63,865	48,247	75.5%	67,545	52,390	77.6%	8.6%	5.8%
Trousdale	8,167	6,321	77.4%	8,582	6,701	78.1%	6.0%	5.1%
Unicoi	18,376	14,767	80.4%	18,511	15,039	81.2%	1.8%	0.7%
Union	19,301	14,996	77.7%	19,605	15,503	79.1%	3.4%	1.6%
VanBuren	5,450	4,401	80.8%	5,474	4,436	81.0%	0.8%	0.4%
Warren	40,489	30,909	76.3%	41,155	31,728	77.1%	2.6%	1.6%
Washington	130,586	104,372	79.9%	138,370	109,665	79.3%	5.1%	6.0%
Wayne	16,854	13,742	81.5%	16,724	13,753	82.2%	0.1%	-0.8%
Weakley	38,522	31,009	80.5%	39,491	31,234	79.1%	0.7%	2.5%
White	26,871	20,929	77.9%	27,974	21,777	77.8%	4.1%	4.1%
Williamson	202,923	147,874	72.9%	223,333	167,251	74.9%	13.1%	10.1%
Wilson	124,073	94,491	76.2%	133,357	102,945	77.2%	8.9%	7.5%

* 2013 Tennessee Population Series.

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

ATTACHMENT 2

South Carolina Board of Pharmacy
MINUTES

Board Meeting
9:00 a.m., November 19 2008
SC Pharmacy Association
1350 Browning Road
Columbia, South Carolina

Wednesday, November 19, 2008

Meeting Called to Order

Davis Hook, R.Ph., chairman, of West Columbia, called the regular meeting of the SC Board of Pharmacy to order at 9:00 a.m. Other Board members participating in the meeting included: Allen Toole, R.Ph., vice chairman, of Liberty; David Banks, R.Ph., of Simpsonville; Bobby Bradham, R.Ph., of Charleston; Dan Bushardt, R.Ph., of Lake City; Hugh Mobley, R.Ph., of Lancaster, Leo Richardson, Ph.D., of Columbia; and Dock Henry Rose, R.Ph., of Greer.

Staff members participating during the meeting included: Lee Ann Bundrick, R.Ph., Administrator; Marilyn Crouch, Program Assistant; Eddie Durant, R.Ph, Temporary Investigator; Joe Newton, R.Ph., Pharmacist Investigator; Tom Porter, R.Ph., Pharmacist Investigator; and Clelia Sanders, R.Ph., Pharmacist Investigator. LLR employees participating during the meeting included: Randy Bryant, Assistant Deputy Director; Sharon Dantzler, Deputy General Counsel, Office of General Counsel; Pat Hanks, Attorney, Office of General Counsel; and Bob Selman, LLR Legislative Liaison.

Members of the public attending the meeting included: Victor Arzabe, Mark Boesen, Stephanie Bryant, Carmelo Cinqueonce, Senator Ronnie Cromer, Jon Davidson, Joanne Epley, Kevin Floyd, Wilbur Harling, Ken Hipshfur, Toni Hurdle, Brandi Johnson, Megan Montgomery, Ken Monroe, Carolyn Moore, Joe Mullinax, Christy Pettit, Thomas Phillips, Vimal Porag, Roy Putrino, Eric Ridings, Nasim Roosin, Frank Sheheen, Robert Spires, Rob Stone, and Rick Wilson.

Mr. Hook announced that this meeting was being held in accordance with Section 30-4-80 of the S. C. Freedom of Information Act by notice mailed to The State Newspaper, Associated Press, WIS-TV and all other requesting persons, organizations, or news media. In addition, notice was posted on the bulletin boards at the two main entrances of the Kingstree Building and the front entrance of the SC Pharmacy Association.

Invocation

Mr. Bushardt delivered the invocation.

Pledge of Allegiance

All present recited the Pledge of Allegiance.

Chairman's Remarks – Davis Hook, R.Ph.

Mr. Hook thanked the SC Pharmacy Association for allowing the Board to meet at their facility and thanked staff for preparing for the meeting.

Introduction of Board Members and all others attending

The Board members, staff and members of the public attending the meeting introduced themselves.

Mr. Hook informed Mr. Boesen the Board would take his testimony under advisement and would discuss the matter in executive session in order to seek legal advice.

E. Request Approval of Non-Resident Pharmacy – Basic Home Infusion, Roy Putrino

Roy Putrino appeared before the Board by conference call during the September 17, 2008 meeting regarding the permit application for Basic Home Infusion. The application included a cease and desist order and an attachment addressing violations and fines totaling $7,650.00 from the New Jersey Board of Pharmacy. During that meeting Mr. Mobley questioned Mr. Putrino regarding compounding issues, the company's policies and procedures, and USP<797>. Also during that meeting the Board voted to deny the application until such time Mr. Putrino could document current compliance with the current USP <797> guidelines.

Roy Putrino appeared before the Board at this time and offered the following testimony.

Basic Home Infusion is a joint commission accredited specialty infusion pharmacy which provides only one therapy. The pharmacy was deficient in two areas according to the joint commission's guidelines: the pressure gauge and fingertip testing. The pressure gauge has now been purchased and installed. He presented information regarding the fingertip testing.

Basic Home Infusion runs tests independently with Western Slope on off label pain medications. The company does selective testing on drugs containing combinations on which the company is not familiar. The company is taking the lab test results to determine 90 % potency to establish the day time line to determine the beyond use date. All products are patient specific but shipped to a registered nurse. Everything is billed to the patient's insurance.

Mrs. Sanders stated she had reviewed the documentation Mr. Putrino had mailed to the Board. She noted the policies and procedures address several procedures she did not think the facility was doing and address several matters happening in hospitals.

Mr. Putrino stated he addressed other issues in the policies and procedures to establish a policy should the pharmacy address those issues. He is heavily involved with hospital since the therapies are not available in the hospital. All employees, including pharmacy technicians, are required to take continuing education training.

Mr. Hook informed Mr. Putrino the Board would take his testimony under advisement and would discuss the matter in executive session to seek legal advice.

F. SC DHEC MOA – Joanne Epley, R.Ph.

Joanne Epley, of DHEC, appeared before the Board at this time to discuss the Memorandum of Agreement regarding a declared disaster by the Governor.

MOTION

Mr. Rose made a motion the Board approve the MOA. Mr. Banks seconded the motion, which carried unanimously.

G. Pharmacists Dispensing on Public Health Orders – Joanne Epley, R.Ph.

Joanne Epley, of DHEC, appeared before the Board at this time to discuss pharmacists dispensing on public health orders. The US Department of Health and Human Services, part of

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

JEFFREY S. CHIESA
Attorney General

ERIC T. KANEFSKY
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

BOARD OF PHARMACY
OPEN SESSION MINUTES
MONMOUTH CONFERENCE ROOM, 7TH FLOOR
MARCH 27, 2013

I. CALL TO ORDER

The Open Meeting of the New Jersey Board Of Pharmacy was called to order by the Board President Edward McGinley in the Monmouth Conference Room at 124 Halsey Street, Newark, New Jersey on March 27, 2013, at 9:00a.m. All members were duly notified of the time, place and all pertinent materials were provided to members.

II. SUNSHINE LAW ANNOUNCEMENT

President Edward McGinley, read a statement that the newspapers and appropriate elected officials had been notified of the meeting according to the requirements of Open Public Meetings Act N.J.S.A., Chapter 231, PL 1975,C.10:4-8

III. ROLL CALL

Edward G. McGinley, R.Ph.	President
Thomas Bender, R.Ph.	Vice President
Margherita Cardello, R.Ph.	Late Arrival 9:25 a.m.
Marc Sturgill, R. Ph.	
Richard Palombo, R.Ph.	
Mahesh Shah, R.Ph.	
Stephen Lieberman, R.Ph.	

OTHERS IN ATTENDANCE

Anthony Rubinaccio	Executive Director
Linda Brodie	Customer Service Rep.
Matthew Wetzel	Government Rep.
Jodi Krugman	Deputy Attorney General
Megan Cordoma	Deputy Attorney General

IV. UPDATES BY EXECUTIVE DIRECTOR

The Executive Director reported for the month of February, $16,725 was collected in fines and penalties. The following permit, licenses, and registrations were issued during the month of February:

3. **Kenneth Grossett, R.Ph.** - Request for modification of Consent Order

Mahesh Shah moved, seconded by Marc Sturgill, to modify his Consent Order by reducing urine screens from once a month to quarterly based on seven years in recovery and PAPNJ recommendation. **Motion passed 6-0.**

4. **Alan Kay, R.Ph.** - Request for modification of Consent Order

The Board reviewed all documentation received. Marc Sturgill moved, seconded by Margherita Cardello, that before the Board offers a decision Mr. Kay is to complete item number one of his Consent Order. Thomas Bender was recused due to his affiliation with Walgreens. **Motion passed 6-0.**

5. **Randall Higgins, R.Ph.** - Request for modification of Consent Order

Mr. Higgins is requesting a clarification of item number four on his Consent Order, to help him decide on a job offer. The Board reviewed all documentation received. Richard Palombo moved, seconded by Mahesh Shah, to put in place a letter of agreement between the Board and Roy Putrino, RPIC of Basic HomeInfusion. The letter is to include: reports on Mr. Higgins job performance sent quarterly; notification to the Board within twenty four hours if there is any type of problem concerning Mr. Higgins; and his evening work is to be reviewed every morning, by Mr. Putrino.
Under separate correspondence the Board is requesting a clarification of Mr. Higgins daytime work duties verses his night duties and a list of narcotics that will be used in the compounding processes. **Motion passed 7-0.**

6. **Camden County Health Services Center** - Waiver for dispensing to discharged patients

Margherita Cardello moved, seconded by Thomas Bender, to deny waiver. Camden County Health Services Center is required to apply for a retail permit or utilize a different contract retail pharmacy. **Motion passed 7-0.**

7. **National Association of Boards of Pharmacy** - Election of New Jersey voting delegate to NABP

Richard Palombo moved, seconded by Stephen Lieberman, to nominate Thomas Bender as delegate. **Motion passed 7-0**

Stephen Lieberman moved seconded by Mahesh Shah to nominate Richard Palombo as an alternate delegate. **Motion passed 7-0.**

8. **Bill** Comment Request - **S-2615**, establishes prescription drug donation repository program

Stephen Lieberman moved, seconded by Richard Palombo, to opposed the bill in its current form, for public safety concerns (accepting medication returns from individual patients cannot assure that product integrity or stability has been maintained). All

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

BOARD OF PHARMACY

OPEN SESSION AGENDA

SOMERSET ROOM, 6th FLOOR

November 9, 2011

I. CALL TO ORDER

II. SUNSHINE LAW ANNOUNCEMENT

III. ROLL CALL

IV. UPDATE BY EXECUTIVE DIRECTOR

V. OLD BUSINESS

1) Finalization of Provisional Orders of Discipline

a) Nick R. Coleman, technician

VI. NEW BUSINESS

1) Kan Solanki, PharmD – requesting a waiver of NJAC 13:39-2.1(a)4

2) Bob Colonna - Dept. of Superintendent Middlesex County Weights & Measures Regarding NJAC 13:39-5.8(a)5

3) Mark Pyatak, R.Ph. – Request for modification of Consent Order

4) Neelan Chand, R.Ph. – Request for modification of Consent Order

5) Kenneth W. Grossett II, R.Ph. – Request for an unrestricted license

VII. MITIGATION/ HEARING REQUESTS

1) Jason Wood, R. Ph. - Walgreens Pharmacy

Mr. Hook informed Mr. Boesen the Board would take his testimony under advisement and would discuss the matter in executive session in order to seek legal advice.

E. Request Approval of Non-Resident Pharmacy – Basic Home Infusion, Roy Putrino

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MOTION

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Joanne Epley, of DHEC, appeared before the Board at this time to discuss pharmacists dispensing on public health orders. The US Department of Health and Human Services, part of

STATE OF ILLINOIS
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant,	)	
v.	)	No. 2012-04074
BASIC HOME INFUSION, INC. License No. 054-016441 Respondent	)	

CONSENT ORDER

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation (hereinafter the "Department") by Scott A. Golden, its attorney, and BASIC HOME INFUSION, INC., Respondent, by and through its authorized representative, agree to the following:

STIPULATIONS

BASIC HOME INFUSION, INC. is licensed as a pharmacy in the State of Illinois, holding License No. 054-016441. Said license is presently in active status. At all times material to the matter set forth in this Consent Order, the Department had jurisdiction over the subject matter and parties to this Consent Order.

On or about February 10, 2004, Respondent was ordered to pay a penalty of Three Thousand Six Hundred Twenty-Five Dollars ($3,625.00) following an inspection of its New Jersey pharmacy by the New Jersey State Board of Pharmacy. On or about March 3, 2004, Respondent successfully challenged a portion of the penalty and paid Two Thousand Five Hundred Twenty-Five Dollars ($2,525.00) to the New Jersey State Board of Pharmacy. On or about January 26, 2006, Respondent was ordered to pay a penalty of Seven Thousand Six Hundred Fifty Dollars ($7,650.00) and to provide a Letter of Correction following an inspection of its New Jersey pharmacy by the New Jersey State Board of Pharmacy. On or about May 10, 2006, Respondent successfully challenged a portion of the penalty and

was required to pay Five Thousand Six Hundred Fifty Dollars ($5,650.00) to the New Jersey State Board of Pharmacy. On or about December 22, 2009, Respondent was ordered to pay a penalty in the amount of One Thousand Three Hundred Dollars ($1,300.00) and provide a Letter of Correction following an inspection of its New Jersey pharmacy by the New Jersey State Board of Pharmacy. Respondent paid the full penalty. On or about October 12, 2011, Respondent was issued a warning by the New Jersey State Board of Pharmacy for having prescription labels that do not have the current address of the pharmacy. Respondent did not disclose said disciplines by the New Jersey State Board of Pharmacy to the Department until submitting a Change of Address Application.

The aforementioned conduct as set forth herein, if proven to be true, would constitute grounds for discipline of Respondent's license as a pharmacy in the State of Illinois on the authority of 225 ILCS 85/30(a)(8)(2011).

Respondent admit the Department's allegations.

Illinois State Board of Pharmacy Member Sud[illegible] was consulted in this matter.

Respondent have been advised of the right to have the pending allegation reduced to written charges, the right to counsel, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waive each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation. Respondent acknowledge that it has entered into this Consent Order freely and of its own will without threat or coercion by the Department or any person. Respondent acknowledge that the Department attorney may be requested to communicate with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation in furtherance of the approval of this Consent Order.

Respondent and the Department have agreed in order to resolve this matter that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interest of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Scott A. Golden, its attorney, and BASIC HOME INFUSION, INC., Respondent, by and through its authorized representative, agree:

A. The license of BASIC HOME INFUSION, INC., License No. 054-016441, to practice as a pharmacy in the State of Illinois is hereby REPRIMANDED.

B. This Consent Order shall become effective immediately upon signing and approval by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

7/10/12
DATE

Scott A. Golden
Attorney for the Department

6.8.2012
DATE

Basic Home Infusion, Inc.,
by its authorized representative, Respondent

7-10-12
DATE

Sudhir C. Manek, R.Ph.
Member, Illinois State Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 14th DAY OF August, 2012.

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
BRENT E. ADAMS, SECRETARY
DIVISION OF PROFESSIONAL REGULATION

JAY STEWART
DIRECTOR

Ref: Case No. 201104074
License Nos. 054016441

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	201204074
BASIC HOME INFUSION, INC. Respondent	)	

NOTICE

TO: BASIC HOME INFUSION, INC.
ROY C. PUTRINO
1401 VALLEY ROAD, 4TH FLR.
WAYNE, NJ 7470

PLEASE TAKE NOTICE that the Director of the Division of Professional Regulation did sign the attached Consent Order.

The Order of the Director of the Division of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

BY: _____
Clerk for the Department

All inquiries should be
Directed to:
Chicago Office - 312-814-4504
Springfield Office - 217-785-0820

STATE OF ILLINOIS)
) ss:
COUNTY OF SANGAMON)

UNDER PENALTY of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned Certifies that I caused copies of the attached NOTICE AND CONSENT OR ORDER, to be deposited in the United States mail, by certified mail at 320 W. Washington, Springfield, Illinois 62786, before 5:00 p.m. with proper postage prepaid on the 14th day of August, 2012 to all parties at the addresses listed on the attached documents.

Traci S Endrey
AFFIANT

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-003982

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF BASIC HOME INFUSION, REGISTRATION NO. OSP 5793,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Basic Home Infusion ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-003982 as follows:

1. On February 4, 2009, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5793 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2010), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 17-17 Broadway, Fair Lawn, NJ 07410.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. This is the second disciplinary action against Respondent Pharmacy for violations of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP"). On November 1, 2010, Respondent Pharmacy entered into a Stipulation and Final Agency Order with the Board in which it agreed to a fine of $5,000 with a 10% surcharge for PDMP violations pursuant to Board Policy 30-8. Respondent Pharmacy specifically acknowledged in the November 2010 Stipulation that future violations of PDMP requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period as required by regulation, would lead to additional penalties pursuant to Board Policy 30-8, which in the case of a registrant with one or more prior disciplinary actions for

PDMP non-compliance includes a fine of ten thousand dollars plus a surcharge as required pursuant to §24-34-108, C.R.S., or voluntary relinquishment of the registration.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period of April 1 through April 10, 2011, and did not submit a "zero" report indicating no dispensing transactions for said reporting period as required by Board rule.

7. Respondent Pharmacy admits that the conduct described above constitutes a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$10,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Ten Thousand Dollars and No Cents ($10,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Eleven Thousand Dollars and No Cents ($11,000.00).** The total amount shall be payable to the State of Colorado and shall be remitted in monthly installments of $1,100.00 beginning on September 1, 2011. The final installment of $1,100.00 shall be remitted on June 1, 2012. Respondent Pharmacy shall write its registration number (OSP 5793) and the case number (2011-003982) on each installment it submits. Respondent Pharmacy shall immediately submit this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

a. To have a formal notice of hearing and charges served upon it;
b. To respond to said formal notice of charges;
c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

    a. promptly pay all its own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmaceuticals and Pharmacists Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceutical and pharmacists in the State of Colorado.

13. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or

unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 8/18/11

Subscribed and sworn to before me in the County of PASSAIC, State of NJ, this 18 day of AUGUST, 2011 by ROY PUERINO, in his/her capacity as an authorized agent of Basic Home Infusion.

My commission expires: 12/29/11

Notary Public
NADIA SALMON
Notary Public
State of New Jersey
My Commission Expires 12/29/2011

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 6th DAY OF September 2011.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic mail and by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 17th day of August 2011, addressed as follows:

Basic Home Infusion
Attn: Roy Putrino, RPH
17-17 Broadway
Fair Lawn, NJ 07410
rputrino@basichi.com

Lauri A. Rose

Lauri A. Rose

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 10th day of September 2011, addressed as follows:

Basic Home Infusion
Attn: Roy Putrino, RPH
17-17 Broadway
Fair Lawn, NJ 07410

Agent of the Board

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov

Minutes

Regular Meeting Wednesday, February 1, 2012 at 1:00 p.m.

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700

Administrative Hearing Thursday, February 2, 2012 at 8:30 a.m.

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700

CVS Pharmacy No. 5360 (PHY.005774) Mr. Bond moved to approve the voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board assessed the permit owner a fine of $5,000 plus administrative and investigative costs.

Paul Stephen Sims (PST.010994) Mr. Bond moved to approve the voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $500 plus administrative costs.

Southwest Medical Center (PHY.003089) Mr. Bond moved to approve the voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board assessed the permit owner a fine of $10,000 plus administrative and investigative costs.

Intrathecal Compounding Specialists, LLC (PHY.005856) Mr. Bond moved to approve the voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board assessed the permit owner a fine of $10,000 plus administrative and investigative costs.

Catherine Joette Pearson (CPT.007615) Mr. Bond moved to approve the voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the technician certificate for two years and stayed the execution thereof, and then placed the certificate on probation for two years, subject to certain terms enumerated in the consent agreement, and further, assessed administrative and investigative costs.

Finally, Mr. Bond expressed appreciation to the other members of the committee for their ongoing efforts.

Having completed the transferred agenda item, Mr. Aron returned to the posted agenda.

Wednesday, February 1, 2012

E. Impairment Committee

Mr. Aron called upon Mr. Rabb for the committee report. Mr. Rabb reported the committee met the previous day to consider eleven referrals from staff. He then presented the following files for Board action.

Sharron Renee Barnes Michael (PST.017155) Mr. Rabb moved to approve the voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board granted the request for reinstatement of the previously suspended license, converted the previous suspension from an indefinite term to a term of ten years and stayed the

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The Law of Compounding Medications And Drugs

Human Medications, Human Drugs, Animal Medications, Animal Drugs, Pharmacy law, Pharmaceutical law, Compounding law, Sterile and Non Sterile Compounding 797 Compliance, Veterinary law, Veterinary Compounding Law; Health Care; Awareness of all Types of Compounding Issues; LISTED ON BEST SEARCHING 2012 & 2013; LISTED ON BEST BLOG

Home

Monday, July 16, 2012

$10,000 fine Imposed Against Intrathecal Compounding Specialists

Share The Louisana Board of Pharmacy assessed a fine of $10,000 plus cost against Intrathecal Compounding Specialists. The fine was for six counts, including accountability for the diversion of 220 pints of promethazine with codeine syrup and over 16,000 tablets of hydrocodone/acetaminophen 10/500 over a six month period of time.

Source found here.

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Purpose of Blog

A blog dedicated to educating pharmacists, doctors, veterinarians, and the general public about the law in the United States relating to compounded medications for both humans and animals

Essential and Historical Documents Related to Compounding

- November 14, 2012 – Written testimony of Dr. Margaret A. Hamburg, M.D. before the House Committee on Energy and Commerce, Subcommittee on Oversight and Investigations hearing "The Fungal Meningitis Outbreak: Could It Have Been Prevented?"
- November 14, 2012 – Video of the testimoney of Dr. Margaret A. Hamburg, M.D. before the House Committee on Energy and Commerce.
- November 15, 2012 – Written testimony of Dr. Margaret A. Hamburg, M.D., before the Senate Committee on Health, Education, Labor and Pensions "Pharmacy Compounding: Implications ofthe 2012 Meningitis Outbreak".
- November 15, 2012 – Video of the Senate HELP Committee hearing.
- December 2012 - Transcript of FDA Meeting – "Framework for Pharmacy Compounding – State and Federal Roles"
- January 2013 – Comments Submitted to FDA Docket regarding "Framework for Pharmacy Compounding – State and Federal Roles"
- April 16, 2013 - Written testimony of Dr. Margaret A. Hamburg before the House Committee on Energy and Commerce, Subcommittee on Oversight and Investigations – "Continuing

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FEB 27

LOUISIANA COUPLE AWARDED NEARLY HALF-A-MILLION DOLLARS IN MEDICAL MALPRACTICE LAWSUIT

Published under Medical Malpractice by Jennifer Keel

A couple from Houma, Louisiana, was recently awarded more than $400,000 in a lawsuit that claimed an overdose of a medicine led to the husband's severe sickness.

According to the **Lafourche Daily Comet**, the suit was filed in Terrebonne Courthouse, and claimed that Kirk Harvey showed symptoms similar to those of a stroke after he was given more than 20 times the allowed dosage of the medication clonidine.

Clonidine is used to treat high blood pressure, and works by lowering an individual's heart rate and relaxing the body's blood vessels to allow for increased blood flow. In the event of an overdose, the medication has been linked to slowing of the heart, slurred speech, confusion and weakness, according to the **National Library of Medicine**.

The lawsuit states Harvey was prescribed the medication by his doctor, which was then filled by the Lafayette-based company Intrathecal Compounding Specialists. The next day, Harvey returned to the doctor with feelings of "very light-headedness, dizziness and extreme fatigue," according to Harvey's medical malpractice lawyer.

In the trial, Judge David Arceneaux declared that Intrathecal Compounding was negligent, and awarded Harvey the sum, while his wife was given another $10,000 for suffering incurred from her husband's illness.

Jennifer Keel

Jennifer has devoted her career to helping people who have been catastrophically injured by medical errors. She handles cases involving birth trauma, kernicterus, cerebral palsy and other brain injuries, spinal cord injuries, as well as many other types of medical error resulting in catastrophic injury or death. Jennifer is also on the Adjunct Faculty at the University of Denver's Sturm College of Law, where she teaches law students about Medical Malpractice Law and Litigation.

in G

POPULAR POSTS

Exercise in 70s and 80s lowers risk of future mobility problems

Mental health linked to cardiovascular health

New research demonstrates the increase of prediabetes

Antibiotics not necessary after gallbladder surgery

A new study links a lack of sleep with Alzheimer's related protein in the brain

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- Medical Malpractice Myths Debunked
- Social Media
- Subrogation

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- Brachial Plexus Injuries
- Cerebral Palsy
- Hypoxic Ischemia Encephalopathy (HIE)
- Kernicterus
- Shoulder Dystocia

Brain and Spinal Cord Injuries
- Brain Damage
- Brain Death
- Hypoxic Brain Injuries
- Spinal Cord Injury
- Stroke

Cardiovascular Problems
- Arrhythmia
- Heart Attack

Dangerous Drugs and Recalls

Hospital Negligence
- Hospital Policies

Nursing Home Neglect
- Decubitus Ulcers
- Parasites

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- Fraudulent Billing Practices
- Infection
  - Sepsis
- Informed Consent
- Medication Errors
- Missed Diagnosis
- Physician Misconduct
- Product Recalls and Safety Alerts
- Pulmonary Embolus

Personal Injury and Accidents

Surgical Errors
- Contaminated Infusions and Surgical Tools
- Dangerous Medical Devices and Recalls

April 2012

Louisiana Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

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Board Member Appointments (12-04-405)

Louisiana Board of Pharmacy member appointments are made in accordance with La. R.S. 37:1175, which provides that whenever a vacancy occurs among the members representing one of the eight districts, the pharmacists who are bona fide residents of the district in which the vacancy occurs shall nominate, from among their number, a representative to the Board. Whenever the vacancy will occur by reason of an expiring term, the nominations shall be made by mail at least 60 days in advance of the expiration date of the term.

The Board's secretary is responsible for mailing a ballot, by United States First Class Mail, to each pharmacist holding an active license and residing in the district in which the vacancy will occur, at the last known address as indicated in the Board's records. The ballot, or another enclosed communication, will state the date, time, and place for counting ballots. At a gathering open to the public, the secretary and one or more persons designated by him or her will open and count the ballots. The secretary will then certify to the governor the names of the three nominees in each district receiving the highest number of votes. For each district in which the vacancy will occur, the governor may appoint one of those three nominees to the Board.

The terms of six current Board members will expire on September 15, 2012. The ballots with the necessary information will be mailed to pharmacists in the respective districts on or about June 1, 2012. The ballots will be opened and counted on July 10-11, 2012; information about the exact time and place will be included with the ballot.

Board member terms that will expire on September 15, 2012, and their districts, are as follows:

- **Joseph L. Adams, Mandeville, LA** (District 1, composed of the parishes of Jefferson and St Tammany).
- **Blake P. Pitre, Houma, LA** (District 3, composed of the parishes of Ascension, Assumption, Iberia, Iberville, Lafourche, St Charles, St James, St John the Baptist, St Martin, St Mary, Terrebonne, and West Baton Rouge).
- **Lois R. Anderson, Shreveport, LA** (District 4, composed of the parishes of Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, and Webster).
- **T. Morris Rabb, Monroe, LA** (District 5, composed of the parishes of Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll, and Winn).
- **Chris B. Melancon, Carencro, LA** (District 7, composed of the parishes of Acadia, Calcasieu, Cameron, Jefferson Davis, Lafayette, and Vermilion).
- **Brian A. Bond, Jena, LA** (District 8, composed of the parishes of Allen, Avoyelles, Beauregard, Catahoula, Concordia, Evangeline, Grant, LaSalle, Pointe Coupee, Rapides, St Landry, and Vernon).

Should any pharmacist need a list of pharmacists in his or her own district for purposes related to this nomination election, the Board office will supply one complimentary list upon written request by the pharmacist.

New Continuing Education Procedures for Pharmacists and Technicians (12-04-406)

Have you had enough of managing all of those paper statements of credit documenting your continuing pharmacy education (CPE) activities? Good news – the end of the "paper chase" is near.

CPE Monitor™ is a collaborative service from the the National Association of Boards of Pharmacy® (NABP®), the Accreditation Council for Pharmacy Education (ACPE), and ACPE providers. The service will allow pharmacists and technicians to track their ACPE-accredited CPE activities electronically through the use of an e-Profile maintained by NABP. How does it work? When you register for an ACPE-accredited CPE activity, the provider will request your NABP e-Profile ID number, along with the month and day of your birth (MMDD). Following the CPE activity, the provider will electronically transmit the participation data to ACPE. Following verification of the data, ACPE will electronically transmit the CPE data to NABP.

Continued on page 4

Continued from page 5

McGee's Pharmacy (PHY.004706): Permit revoked; for 14 counts, including improper closure of pharmacy and failure to transfer prescription records to another pharmacy.

Robert Mark McGee (PST.015107): Assessed a fine of $1,000 plus costs, and further, a lifetime prohibition on the acceptance of an appointment as the pharmacist-in-charge of any pharmacy permitted by the Board; for 16 counts, including as owner and pharmacist-in-charge of McGee's pharmacy, the improper permanent closure of the pharmacy and failure to transfer prescription records to another pharmacy.

CVS Pharmacy No. 5360 (PHY.005774): Assessed a fine of $5,000 plus costs; for six counts, including allowing a pharmacy technician with an expired certificate to continue to work in the prescription department.

Southwest Medical Center (PHY.003089): Assessed a fine of $10,000 plus costs; for six counts, including accountability for the diversion of 398 pints of promethazine with codeine syrup over a two-year period.

Intrathecal Compounding Specialists (PHY.005856): Assessed a fine of $10,000 plus costs; for six counts, including accountability for the diversion of 220 pints of promethazine with codeine syrup and over 16,000 tablets of hydrocodone/acetaminophen 10/500 over a six-month period of time.

Catherine Joette Pearson (CPT.007615): Suspended certificate for two years and stayed the execution thereof, and then placed the certificate on probation for two years, effective January 1, 2012, subject to certain terms enumerated in the consent agreement; for seven counts, including forgery of prescriptions for phentermine and the subsequent processing thereof.

Mary Rush Schultz (PTC.017371): Revoked registration, with permanent prohibition on any future application for reinstatement; for four counts, including the diversion of controlled substances from her employer pharmacy.

Paul Thomas DelFavero (CPT.010194): Revoked certificate, with permanent prohibition on any future application for reinstatement; for five counts, including the diversion of controlled substances from his employer pharmacy.

Cathy Lynn Mitchell (CPT.001195): Revoked certificate, with permanent prohibition on any future application for reinstatement; for five counts, including the diversion of controlled substances from her employer pharmacy.

Laura Jean Fairbanks (CDS.029124-MD): Accepted voluntary surrender of the credential, resulting in suspension of the license for an indefinite period of time, effective January 11, 2012.

At the same meeting in February, the Board also issued letters of reprimand to two pharmacies and two pharmacists; and further, granted a request from one pharmacist to modify previously imposed probationary terms.

Calendar Notes (12-04-410)

The next Board meeting and administrative hearing will be May 2-3, 2012, at the Board office. The office will be closed April 6, in observance of Good Friday.

Special Note (12-04-411)

The *Louisiana Board of Pharmacy Newsletter* is considered an official method of notification to pharmacies, pharmacists, pharmacy interns, pharmacy technicians, and pharmacy technician candidates credentialed by the Board. **These *Newsletters* will be used in administrative hearings as proof of notification.** Please read them carefully. The Board encourages you to keep them in the back of the *Louisiana Pharmacy Law Book* for future reference.

The *Louisiana Board of Pharmacy News* is published by the Louisiana Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

Malcolm J. Broussard, RPh - State News Editor
Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor
Larissa Doucette - Communications Manager

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SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE SOUTH CAROLINA BOARD OF PHARMACY

In the Matter of:

BASIC HOME INFUSION, INC.

Applicant.

ORDER

This matter is before the Board pursuant to the application, dated June 30, 2008, of BASIC HOME INFUSION, INC. (Applicant) for a permit to operate as a non-resident pharmacy in this State. In that application Applicant disclosed discipline by the State of New Jersey resulting from an inspection in December 2005. Applicant appeared without counsel before the board at its regular meeting on September 17, 2008.

Roy C. Putrino, RPh., and pharmacist in charge offered testimony that Applicant has corrected all deficiencies identified in 2005 and that the pharmacy is in good standing in New Jersey. He testified that he was familiar with the most recent edition of USP 797 but that the pharmacy was not yet in compliance. Further questioning revealed that pharmacy practices were not comparable to USP 797.

Initially, it should be recognized that in considering any application for licensure or permit, the burden is upon the Applicant to demonstrate to the satisfaction of this Board that it is qualified for permit for which it has applied and that it can practice the profession of pharmacy without danger to the public health. Applicant compounds products for intrathecal use and the Board notes that these products pose significant risks and require the highest degree of care in maintaining sterile conditions.

The South Carolina Board, by publication of its policies #132 and 137, has notified its licensees that if a pharmacy is compounding sterile products, the pharmacy shall be in compliance with the South Carolina Pharmacy Practice Act and review USP guidelines regarding the compounding of sterile products and keep abreast of any new changes. In the absence of confirming documentation that Applicant is abreast of the current USP 797 standards, this Board cannot make such a determination.

THEREFORE, IT IS ORDERED that this application be denied until such time that Applicant can document that its practices are in substantial compliance with the most current edition of USP 797.

AND IT IS SO ORDERED.

STATE BOARD OF PHARMACY

Sept 18, 2008

By: Davis C. Hook

DAVIS C. HOOK, R. PH.
Chairman of the Board