



**State of Tennessee  
Health Services and Development Agency**

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**Date: October 14, 2016**

**To: HSDA Members**

**From: *M. Hill*  
Melanie M. Hill, Executive Director**

**Re: CONSENT CALENDAR JUSTIFICATION**

**VIP Home Nursing and Rehabilitation Service d/b/a CareAll Home Care Services, Nashville (Davidson County), TN – CN1608-028**

The addition of six counties (Maury, Giles, Lawrence, Wayne, Lewis, and Hickman) to the existing 22 county (Bedford, Cheatham, Davidson, Rutherford, Williamson, Wilson, Clay, Cumberland, Jackson, Overton, Putnam, Macon, Robertson, Sumner, Smith, Trousdale, Dekalb, Van Buren, Warren, White, Perry, and Cannon Counties) service area of VIP Home Nursing and Rehabilitation Services d/b/a CareAll Home Care Services located at 4015 Travis Drive, Suite 102, Nashville, TN 37211. The estimated project cost is \$21,000.

As permitted by Statute and further explained by Agency Rule later in this memo, I have placed this application on the Consent Calendar based upon my determination that the application appears to meet the established criteria for granting a Certificate of Need.

Need, Economic Feasibility, Health Care that Meets Appropriate Quality Standards, and Contribution to the Orderly Development of Health Care appear to have been met as detailed below.

If Agency Members determine the criteria have been met, a member may move to approve the application by adopting the criteria set forth in this justification or develop another motion for approval that addresses each of the criteria required for approval of a Certificate of Need. If you find one or more of the criteria have not been met, then a motion to deny is in order.

At the time the application entered the review cycle, it was not opposed. If the application is opposed prior to it being heard, it will be moved to the bottom of the regular October agenda and the applicant will make a full presentation.

**Summary—**

This is the first of two companion applications on the October 2016 agenda. VIP Home Nursing and Rehabilitation Service, LLC d/b/a CareAll Home Care Services located at 4015 Travis Drive, Suite 102, in Nashville is seeking to add six counties that are being de-licensed by sister agency Maxlife at Home of Tennessee d/b/a CareAll Home Care Services. The six counties are Maury, Giles, Lawrence, Lewis, Wayne, and Hickman Counties. VIP has an existing 22 county service area—Bedford, Cheatham, Davidson, Rutherford, Williamson, Wilson, Clay, Cumberland, Jackson, Overton, Putnam, Macon, Robertson, Sumner, Smith, Trousdale, Dekalb, Van Buren, Warren, White, Perry, and Cannon Counties.

CareAll management believes the addition of the six counties to the service area will reorganize and realign services between two of CareAll's six licensed home health care agencies in Tennessee which will enhance operational efficiencies and reduce overhead. It is believed the consolidation of services is necessary in Middle Tennessee to create a more efficient organizational structure due to anticipated 1% payment reductions by Medicare and Medicaid/TennCare which will be effective in 2017. Through its six agencies, CareAll currently serves 62 of Tennessee's 95 counties. In addition to companion application, Maxlife at Home of Tennessee, the other four agencies in Tennessee are University Home Health in Martin, Professional Home Health Care in Brownsville, JW Carell Enterprises in McMinnville and JW Carell Enterprises in Knoxville.

As part of the reorganization, VIP will concentrate on more typical home health services (intermittent visits) while Maxlife will focus more on private duty nursing, CNA services, home and community based waiver services, and workers compensation services for both adult and pediatric clients. Services will be provided to both TennCare recipients and to private insurance payer sources.

Please refer to the staff summary and to the TDH report for more detailed information.

***NOTE TO AGENCY MEMBERS: CareAll Management and related entities have agreed to two settlements of alleged False Claims Act violations within the last four years. In 2012, CareAll paid a \$9.375 million dollar settlement and in 2014 they agreed to pay a 25 million dollar settlement, plus interest. The company also agreed to be bound by the terms of an enhanced and extended Corporate Integrity Agreement with the Department of Health and Human Services—Office of Inspector General "in an effort to avoid future fraud and compliance failures" quoting from the US Department of Justice Middle District of Tennessee Press Release. Copies of the press releases are attached.***

**Executive Director Justification -**

**I recommend approval of VIP Home Nursing and Rehabilitation Service, LLC d/b/a CareAll Home Care Services, CN1608-028, to add the following six counties to its services area: Maury, Giles, Lawrence, Lewis, Wayne, and Hickman with the condition they be concurrently de-licensed from Maxlife at**

**Home of Tennessee d/b/a CareAll Home Care. My recommendation for approval is based upon my belief the following general criteria for a Certificate of Need have been met.**

**Need-**The need to add the Maury, Giles, Lawrence, Lewis, Wayne and Hickman Counties is based upon the need to consolidate services in Middle Tennessee to create a more efficient organizational structure due to the anticipated 1% payment reductions by Medicare and TennCare which are anticipated to be effective in 2017.

**Economic Feasibility-**The project is economically feasible and with only minimal costs associated with legal and administrative fees and moving costs. It will be funded through the cash reserves of VIP Home Nursing and Rehabilitation Service d/b/a CareAll Home Care Services. The current ratio is 0.12:1 but the applicant has indicated \$3,026,912 of the total liabilities of \$3,342,180 are loans from CareAll, LLC and CareAll Management, LLC and since both are family-owned and not threats to operating cash, the family is willing to defer obligations.

**Health Care that Meets Appropriate Quality Standards-***This new criterion was established as a result of PC 1043 and is effective for all CONs granted after July 1, 2016.* It appears that this will be met based upon the CareAll's assertion that it has an extensive Quality Assurance and Performance Improvement program in place to ensure regulatory compliance. According to the applicant it is evaluated continually and improvement activities are initiated as needed. Additionally, CareAll is subject to an enhanced and extended Corporate Integrity Agreement.

**Contribution to the Orderly Development of Health Care-** The project contributes to the orderly development of health care since the addition will fill a long-standing gap in the service area of the home health agency and make the entire service area contiguous. However, that alone is not a reason to approve it. With revenue projected to be 51% Medicare and 44% TennCare, the consolidation of services between the VIP and Maxlife at Home will reduce administrative costs at a time when reimbursement is being reduced; therefore, making both more financially viable and available to the patients that depend upon both agencies.

**Again, approval is recommended with the condition that Maury, Giles, Lawrence, Lewis, Wayne and Hickman Counties be concurrently de-licensed from the service area of Maxlife at Home of Tennessee d/b/a CareAll Home Care Services.**

**Statutory Citation -TCA 68-11-1608. Review of applications -- Report**

(d) The executive director may establish a date of less than sixty (60) days for reports on applications that are to be considered for a consent or emergency calendar established in accordance with agency rule. Any such rule shall provide that, in order to qualify for the consent calendar, an application must not be opposed by any person with legal standing to oppose and the application must appear to meet the established criteria for the issuance of a certificate of need. If opposition is stated in writing prior to the application being formally considered by the agency, it shall be taken off the consent calendar and placed on the next regular agenda, unless waived by the parties.

## **Rules of the Health Services and Development Agency - 0720-10-.05 CONSENT CALENDAR**

(1) Each monthly meeting's agenda will be available for both a consent calendar and a regular calendar.

(2) In order to be placed on the consent calendar, the application must not be opposed by anyone having legal standing to oppose the application, and the executive director must determine that the application appears to meet the established criteria for granting a certificate of need. Public notice of all applications intended to be placed on the consent calendar will be given.

(3) As to all applications which are placed on the consent calendar, the reviewing agency shall file its official report with The Agency within thirty (30) days of the beginning of the applicable review cycle.

(4) If opposition by anyone having legal standing to oppose the application is stated in writing prior to the application being formally considered by The Agency, it will be taken off the consent calendar and placed on the next regular agenda. Any member of The Agency may state opposition to the application being heard on the consent calendar, and if reasonable grounds for such opposition are given, the application will be removed from the consent calendar and placed on the next regular agenda.

(a) For purposes of this rule, the "next regular agenda" means the next regular calendar to be considered at the same monthly meeting.

(5) Any application which remains on the consent calendar will be individually considered and voted upon by The Agency.

## JUSTICE NEWS

### Department of Justice

Office of Public Affairs

FOR IMMEDIATE RELEASE

Friday, August 10, 2012

### **Tennessee-Based Home Health Care Provider & Related Entities Agree to Pay More Than \$9 M to Resolve False Claims Act Lawsuit**

James W. Carell, CareAll Management LLC (formerly known as Diversified Health Management Inc.), Care All Inc., the James W. Carell Family Trust, VIP Home Nursing and Rehabilitation Services LLC, Professional Home Health Care LLC, University Home Health, LLC and Elizabeth Vining (as representative of the Estate of Robert Vining) have agreed to pay \$9.375 million to the federal government. This payment is to resolve the lawsuit that the United States filed in 2009 alleging that they violated the False Claims Act, caused Medicare to pay out money through mistake of fact, and were unjustly enriched by falsely concealing the home health agencies' relationship with their management company, the Justice Department announced today.

VIP, Professional and University now operate under the name CareAll. James W. Carell and the related CareAll entities named above also agreed to be bound by the terms of a Corporate Integrity Agreement with the Department of Health and Human Services – Office of Inspector General (HHS-OIG).

CareAll and its related entities are one of the largest home health providers in Tennessee. This settlement resolves the United States' lawsuit alleging that the CareAll entities fraudulently submitted eight cost reports for fiscal years 1999, 2000 and 2001 to support their Medicare billings. The United States alleged that these cost reports were false because they knowingly hid the relationship between the management company and the home health agencies. According to the complaint the United States filed in this case, the cost reports should have disclosed that the management company was related to the home health agencies, which would have lowered the Medicare reimbursement for the management company's services. During the relevant years, the United States alleged that James W. Carell owned the management company, and his friend Robert Vining – an attorney who lived in Missouri – served as the nominee or "sham" owner of the home health agencies.

The United States further alleged in court filings that the management company exerted significant control over the home health agencies in a myriad of ways, including: James W. Carell's key role in facilitating Robert Vining's purchase of the home health agencies; loans worth millions of dollars from companies owned by James W. Carell to the home health agencies; cash transfers for millions of dollars from the management company to the home health agencies; the management company's day to day control over the home health agencies' operations; and Robert Vining's role as a mere figurehead owner. The United States also alleged in court filings that James W. Carell profited greatly from this "sham" owner relationship and that he monetarily rewarded Robert Vining for his participation in this scheme.

"The false reporting scheme alleged in this case robbed the Medicare Trust Fund of millions of taxpayer dollars," said Stuart Delery, Acting Assistant Attorney General for the Civil Division of the Department of

Justice. "Settlements like this one make sure that our federal health care dollars are spent appropriately – on maintaining critical health care programs."

"This settlement is yet another example of this office's commitment to enforcing the False Claims Act in health care cases and protecting the taxpayer's interests," said Jerry E. Martin, U.S. Attorney for the Middle District of Tennessee. "The U.S. Attorney's Office will continue to return money to the federal treasury by aggressively pursuing cases where, based on false reporting and concealment, health care companies are unjustly enriched."

"This settlement represents a significant victory in our fight against fraud in the Medicare system," said Derrick L. Jackson, Special Agent in Charge of the U.S. Department of Health and Human Services, Office of Inspector General in Atlanta. "The OIG is committed to protecting the integrity of federal health care programs by aggressively pursuing entities that increase their revenue through deceitful schemes and trickery."

The United States' investigation was conducted by the U.S. Attorney's Office for the Middle District of Tennessee, the Justice Department's Civil Division and HHS-OIG.

This resolution is part of the government's emphasis on combating health care fraud and another step for the Health Care Fraud Prevention and Enforcement Action Team (HEAT) initiative, which was announced by Attorney General Eric Holder and Kathleen Sebelius, Secretary of the Department of Health and Human Services in May 2009. The partnership between the two departments has focused efforts to reduce and prevent Medicare and Medicaid financial fraud through enhanced cooperation. One of the most powerful tools in that effort is the False Claims Act, which the Justice Department has used to recover more than \$9.3 billion since January 2009 in cases involving fraud against federal health care programs. The Justice Department's total recoveries in False Claims Act cases since January 2009 are over \$12.9 billion.

The case is docketed as *United States v. James W. Carell, et al.*, No. 3:09-0445 (M.D. Tenn.). The claims settled by this agreement are allegations only, and there has been no determination of liability.

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12-997

Civil Division

*Updated September 15, 2014*



THE UNITED STATES ATTORNEY'S OFFICE  
MIDDLE DISTRICT *of* TENNESSEE

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Department of Justice

U.S. Attorney's Office

Middle District of Tennessee

FOR IMMEDIATE RELEASE

Wednesday, November 12, 2014

## CareAll Companies Agree To Pay \$25 Million to Settle False Claims Act Allegations

CareAll Management, LLC, and its affiliated entities (collectively, "CareAll") have agreed to pay \$25 million, plus interest, to the United States and the State of Tennessee to resolve allegations that CareAll violated the False Claims Act ("FCA") by submitting false and upcoded home healthcare billings to the Medicare and Medicaid programs, announced David Rivera, U.S. Attorney for the Middle District of Tennessee and Acting Assistant Attorney General Joyce R. Branda for the Justice Department's Civil Division. This is CareAll's second FCA settlement within the last two years, having paid \$9.375 million in 2012 relating to allegations of submitting false cost reports to Medicare. The company also agreed to be bound by the terms of an enhanced and extended Corporate Integrity Agreement with the Department of Health and Human Services – Office of Inspector General ("HHS-OIG") in an effort to avoid future fraud and compliance failures.

CareAll is based in Nashville, Tennessee and is one of Tennessee's largest home health providers. This settlement resolves allegations that, between 2006 and 2013, CareAll improperly billed for services that were upcoded, not medically necessary, and rendered to patients who were not homebound.

"This case demonstrates that enforcement of the False Claims Act is a priority of the United States Attorney's Office for the Middle District of Tennessee," said United States Attorney David Rivera. "The U.S. Attorney's Office and our law enforcement partners are committed to protecting the public and vigorously pursuing all those who knowingly submit false claims affecting Medicare and Medicaid programs."

"Home health agencies may only bill Medicare and Medicaid for care that is covered," said Acting Assistant Attorney General Joyce R. Branda for the Justice Department's Civil Division. "This settlement is another example of the department's commitment to ensuring that scarce home health care dollars are spent for their intended purposes."

Under the FCA, private citizens, known as relators, can bring suit on behalf of the United States and share in any recovery. The relator in this case, Toney Gonzales, will receive over \$3.9 million as his share of the recovery.

“We are seeing a surge across the country in fraudulent home-based services,” said Special Agent in Charge Derrick L. Jackson of HHS-OIG in Atlanta. “This settlement demonstrates our commitment to protect the Medicare Trust Fund and ensure that funds are not siphoned off by companies that are more concerned with the bottom line than patient care.”

The United States’ investigation was conducted by the U.S. Attorney’s Office for the Middle District of Tennessee, the Civil Division of the Department of Justice, HHS-OIG and the Tennessee Bureau of Investigation. The United States was represented by Assistant U.S. Attorney Christopher C. Sabis and Trial Attorney Susan Lynch of the Civil Division - U.S. Department of Justice. The case is docketed as *United States ex rel. Gonzales v. J.W. Carell Enterprises, Inc., et al.*, No. 12-0389 (M.D. Tenn.).

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USAO - Tennessee, Middle

Updated March 19, 2015

**HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING  
OCTOBER 26, 2016  
APPLICATION SUMMARY**

NAME OF PROJECT: VIP Home Nursing and Rehabilitation Service d/b/a  
CareAll Home Care Services

PROJECT NUMBER: CN1608-028

ADDRESS: 4015 Travis Drive, Suite #102  
Nashville (Davidson County), Tennessee 37211

LEGAL OWNER: CareAll, LLC  
326 Welch Road  
Nashville (Davidson County), Tennessee 37211

OPERATING ENTITY: CareAll Management, LLC  
326 Welch Road  
Nashville (Davidson County), Tennessee 37211

CONTACT PERSON: Mary Ellen Foley  
Project Director  
CareAll Management, LLC  
326 Welch Road  
Nashville (Davidson County), Tennessee 37211  
(731) 587-2996

DATE FILED: August 12, 2016

PROJECT COST: \$21,000

FINANCING: Cash Reserves

PURPOSE FOR FILING: Addition of 6 Middle Tennessee Counties to the  
applicant's existing home health license

DESCRIPTION:

VIP Home Nursing and Rehabilitation Service, LLC d/b/a CareAll Home Care Services (CareAll) located at 4015 Travis Drive, Suite 102, Nashville, TN 37211 is seeking *Consent Calendar Approval* for the addition of Maury, Giles, Lawrence,

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Wayne, Lewis, and Hickman counties to their existing 22 county licensed service area. The existing 22 county service area of VIP Home Nursing and Rehabilitation, LLC includes Robertson, Cheatham, Davidson, Sumner, Macon, Trousdale, Wilson, Rutherford, Bedford, Williamson, Smith, Clay, Jackson, Overton, Putnam, Cumberland, Dekalb, Van Buren, Warren, White, Perry, and Cannon Counties. If approved, MaxLife at Home of Tennessee d/b/a CareAll Home Care Services, an affiliated sister agency of the applicant, will surrender the counties of Maury, Giles, Lawrence, Lewis, Wayne, and Hickman from the licensed service area and transfer these six counties to the licensed service area of VIP Home Nursing and Rehabilitation Service, LLC dba CareAll. If approved, the MaxLife at Home of Tennessee's remaining service area counties will include Davidson, Cheatham, Decatur, Hardin, McNairy, Perry, Robertson, Rutherford, Sumner, Wilson, Williamson, and Humphreys.

The applicant has been placed under **CONSENT CALENDAR REVIEW** in accordance with TCA 68-11-1608(d) and Agency Rule 0720-10-.05.

#### SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

#### **HOME HEALTH SERVICES**

1. **Determination of Need:** 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. This 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed Service Area.

*The applicant applied the 1.5 percent need formula to the proposed service area population.*

*It appears this criterion has been met.*

2. The need for home health services should be projected three years from the latest available year of final JAR data.

*The applicant projected need three years from the 2015 final JAR.*

*It appears this criterion has been met.*

3. The use rate of existing home health agencies in each county of the Service Area will be determined by examining the latest utilization rate as calculated from the JARs of existing home health agencies in the Service Area. Based on the

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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.

*Following Steps 1-3 above the Department of Health report that is based on 2015 data, indicates that 2,990 service area residents will need home health care in 2018; however 7,197 patients are projected to be served in 2018 resulting in a net excess of 3,878 patients.*

*If approved, the applicant's sister agency, VIP Home Nursing and Rehabilitation Service, LLC dba CareAll, proposes to de-license the same 6 counties so there will not be no net increase in the number of home health agencies in the service area.*

*It appears this criterion has been met.*

**4. County Need Standard:** The applicant should demonstrate that there is a need for home health services in each county in the proposed Service Area by providing documentation (e.g., letters) where: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare's system Home Health Compare and/or similar data; b) potential patients or providers in the proposed Service Area attempted to find appropriate home health services but were not able to secure such services; c) providers supply an estimate of the potential number of patients that they might refer to the applicant.

*The applicant proposes to de-license the same 6 counties from a sister agency so there will not be no net increase in the number of home health agencies in the service area.*

*It appears this criterion has been met.*

**5. Current Service Area Utilization:** The applicant should document by county: a) all existing providers of home health services within the proposed Service Area; and b) the number of patients served during the most recent 12-month period for which data are available. To characterize existing providers located within Tennessee, the applicant should use final data provided by the JARs maintained by the Tennessee Department of Health. In each county of the proposed Service Area, the applicant should identify home health agencies that have reported serving 5 or fewer patients for each of the last three years based on

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final and available JAR data. If an agency in the proposed Service Area who serves few or no patients is opposing the application, that opponent agency should provide evidence as to why it does not serve a larger number of patients.

*The applicant provided 2 tables, one on pages 13-14 and another on pages 22-23 of the application that includes all existing home health providers and the number of patients served for the latest three JAR reporting years.*

*It appears this criterion has been met.*

**6. Adequate Staffing:** Using TDH Licensure data, the applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and document that such personnel are available to work in the proposed Service Area. The applicant should state the percentage of qualified personnel directly employed or employed through a third party staffing agency.

*With the proposed addition of the 6 county service area to the applicant, the MaxLife at Home of Tennessee current field staff will be retained under VIP Home Nursing and Rehabilitation Services, LLC d/b/a CareAll. A staffing chart is located on page 16 of the application.*

*It appears this criterion has been met.*

**7. Community Linkage Plan:** The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, referral arrangements with appropriate health care system providers/services (that comply with CMS patient choice protections) and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. A new provider may submit a proposed community linkage plan.

*The applicant has been in operation for 30 years and has an existing community linkage plan.*

*It appears this criterion has been met.*

**8. TennCare Managed Care Organizations (MCOs) and Financial Viability:** Given the time frame required to obtain Medicare certification, an applicant proposing to contract with the Bureau of TennCare's MCOs should provide

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evidence of financial viability during the time period necessary to receive such certification. Applicants should be aware that MCOs are under no obligation to contract with home care organizations, even if Medicare certification is obtained, and that Private Duty Services are not Medicare certifiable services. Applicants who believe there is a need to serve TennCare patients should contact the TennCare MCOs in the region of the proposed Service Area and inquire whether their panels are open for home health services, as advised in the notice posted on the HSDA website, to determine whether at any given point there is a need for a provider in a particular area of the state; letters from the TennCare MCOs should be provided to document such need. See Note 2 for additional information.

Applicants should also provide information on projected revenue sources, including non-TennCare revenue sources.

*The applicant contracts with the TennCare Managed Care Organizations BlueCare, TennCare Select and AmeriGroup. In 2017 the applicant projects \$2,567,305 in TennCare/Medicaid or 44% of total revenue.*

*It appears this criterion has been met.*

**9. Proposed Charges:** The applicant's proposed charges should be reasonable in comparison with those of other similar agencies in the Service Area or in adjoining service areas. The applicant should list:

a. The average charge per visit and/or episode of care by service category, if available in the JAR data.

*The applicant provided a chart on page 17 of the application that compares the VIP Home Nursing and Rehabilitation cost per visit with other agencies in the proposed 6 county service area.*

*It appears this criterion has been met.*

b. The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data.

*Average gross charges for the proposed 6 counties are as follows:*

	<b>Year One (2017)</b>
Projected Home Health Gross Charge Per Visit	\$84.63
Projected Private Duty Gross Charge Per Hour	\$21.79
Projected Home Health Deduction Per Visit	\$1.69
Projected Private Duty Deduction Per Hour	\$0.41
Projected Home Health Net Charge Per Visit	\$82.93
Projected Private Duty Net Charge Per Hour	\$21.38

Source: CN1608-028

*It appears this criterion has been met.*

**10. Access:** In concert with the factors set forth in HSDA Rule 0720-11-.01(1) (which lists those factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area for groups with special medical needs such as, but not limited to, medically fragile children, newborns and their mothers, and HIV/ AIDS patients. Pediatrics is a special medical needs population, and therefore any provider applying to provide these services should demonstrate documentation of adequately trained staff specific to this population's needs with a plan to provide ongoing best practice education. For purposes of this Standard, an applicant should document need using population, service, special needs, and/or disease incidence rates. If granted, the Certificate of Need should be restricted on condition, and thus in its licensure, to serving the special group or groups identified in the application. The restricting language should be as follows: **CONDITION:** Home health agency services are limited to (*identified specialty service group*); the expansion of service beyond (*identified specialty service group*) will require the filing of a new Certificate of Need application. Please see Note 3 regarding federal law prohibitions on discrimination in the provision of health care services.

*Not applicable.*

**11. Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting (including data on patient re-admission to hospitals), quality improvement, and an outcome and process monitoring system (including continuum of care and transitions of care from acute care facilities). If applicable, the applicant should provide documentation that it is, or that it intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS.

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*The applicant has an extensive quality assessment and performance improvement program in place to ensure clinical and regulatory compliance.*

*It appears this criterion has been met.*

**12. Data Requirements:** Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

*The applicant will continue to provide all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested.*

*It appears this criterion has been met.*

## Staff Summary

*The following information is a summary of the original application and all supplemental responses. Any staff comments or notes, if applicable, will be in bold italics.*

### **Application Synopsis**

CareAll is a full service home health agency providing services in 62 counties in Tennessee through 6 separately licensed home health agencies. VIP Home Nursing and Rehabilitation Services, LLC and MaxLife at Home of Tennessee, LLC are the CareAll agencies that serve home health patients in the Middle Tennessee region. The Medicare and Medicaid payor mix of the two agencies equals 70% of its combined total revenue. CareAll proposes to reduce overhead cost and enhance operational efficiency by consolidating a portion of the service areas of these two Middle Tennessee agencies. The consolidation will make it possible for the Middle Tennessee region to become more efficient in response to proposed 2017 scheduled 1% Medicare and Medicaid payment reductions. The consolidation plan includes the surrender of six counties of Maury, Giles, Wayne, Lawrence, Lewis, and Hickman from the service area of MaxLife at Home Tennessee, LLC and the addition of the same six counties to the VIP Home Nursing and Rehabilitation, LLC licensed area. As a result of the surrender of the six South Central Middle Tennessee counties, MaxLife at Home of Tennessee, LLC will move their principal office from 900 Nashville Highway, Columbia (Maury County), to 4015 Travis Drive, Suite 103, Nashville (Davidson County), TN.

A second companion CON application, CN1608-029 MaxLife at Home of Tennessee d/b/a CareAll Home Care Services has been filed simultaneously by CareAll to surrender the same six counties from their existing 18 county licensed service area that are being added by the sister Agency VIP Home Nursing and Rehabilitation Service, LLC d/b/a CareAll Home Care Services. MaxLife at Home of Tennessee is also seeking *Consent Calendar Approval* and will be heard by the Agency on October 26, 2016.

An overview of the project is provided on pages 8-10 of supplemental #1 to the original application.

The applicant projects the initiation of service on October 27, 2016.

### **Facility Information**

- The current office of VIP Home Nursing and Rehabilitation Service, LLC dba CareAll Home Care Services will remain at its current location at 4015

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Travis Drive, Suite 102, Nashville (Davidson County) and will house administrative staff.

### **Ownership**

- VIP Home Nursing and Rehabilitation Services, LLC dba as CareAll, LLC is 100% owned by CareAll, LLC.
- CareAll, LLC is owned by the James W. Care 2007 Dynasty Trust, The James W. Carell Education Trust, and the estate of James M. Carell

## **NEED**

### **Project Need**

CareAll cites the following reasons for the addition of 6 service area counties:

- The purpose of this project is for better organizational efficiency and cost enhancement.
- The transfer of 6 service area counties from MaxLife at Home of Tennessee, LLC to the applicant will result in the elimination of 4 administrative positions from MaxLife at Home of Tennessee saving a total of \$180,000.
- As a result of the proposed consolidation, sister agency MaxLife at Home of Tennessee, LLC will shift the largest portion of the current intermittent home health patient services which is primarily Medicare to VIP home Nursing and Rehabilitation Services, LLC.
- The consolidation will allow the sister agency MaxLife at Home of Tennessee to focus on other lines of business including Private Duty Nursing, CNA Services, Home and Community Based Waiver Services, and Workers Compensation Services.

### **Service Area Demographics**

- The total population of the proposed six county service area is estimated at 212,231 residents in calendar year (CY) 2015 increasing by approximately 5.01% to 221,310 residents in (PY) 2018.
- The overall statewide population is projected to grow by 5.19% from 2015 to 2018.
- The 65 and older population will increase from 15.3% of the general population in 2016 to 18.8% in 2018. The statewide 65 and older population will increase from 15.6% in 2015 of the general population to 16.8% in 2018.
- The latest August 2016 percentage of the service area population enrolled in the TennCare program is approximately 23.5%, as compared to the statewide enrollment proportion of 22.80%.

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Source: The University of Tennessee Center for Business and Economic Research Population Projection Data Files, Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

**Service Area Historical Utilization**

The trend of all home health patients served in the proposed 6-county service area is presented in the table below:

**Service Area Home Health Utilization Trends**

	2013 Home Health Patients	2014 Home Health Patients	2015 Home Health Patients	2013-2015 Percent Changed
6-County Service Area.	6,775	7,975	7,027	+3.7%

Source: 2013-2015 Home Health Joint Annual Report and DOH Licensure Applicable Listings

- The preceding chart demonstrates there has been a 3.7% increase in home health patients served in the proposed 6-county service area between 2013 and 2015.

**Applicant’s Historical and Projected Utilization**

The following two tables provide historical utilization for the 22-county service area and the applicant’s projected utilization.

**Applicant Historical and Projected Utilization (Hrs./Visits)**

	2013 Patients Visits		2014 Patients Visits		2015 Patients Visits			Year One (2017)		Year One (2018)	
	Hrs.	Visits	Hrs.	Visits	Hrs.	Visits		Hrs.	Visits	Hrs.	Visits
22-County Service Area	232,184	36,107	119,676	11,695	87,045	12,570	<i>Includes New Proposed 6 County Service Area</i>	128,744	34,968	134,614	39,432

Source: CN1608-028

- Private duty hours will decrease from 232,184 in 2013 to 128,744 private duty hours in 2017 (Year One), or -44.5%.
- It appears the decrease in private duty hours from 2013 to Year One may be the result of transferring six counties to MaxLife of Tennessee that will focus more on private duty, personal care/waiver, and workers compensation hourly business home health.

**VIP HOME NURSING AND REHABILITATION, LLC D/B/A CAREALL HOME CARE SERVICES**

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- The applicant's patient visits will increase 9.2% from 36,107 in 2013 to 39,432 in Year Two.

**Applicant Historical and Projected Utilization (Patients Served)**

	2013 Patients Served	2014 Patients Served	2015 Patients Served	Projected Patients Served	
				Year One (2017)	Year Two (2018)
Davidson	319	301	218	175	184
Robertson	25	20	6	3	3
Cheatham	15	1	2	2	2
Sumner	156	179	109	51	54
Macon	65	87	44	28	29
Trousdale	19	12	4	8	8
Wilson	73	67	33	16	17
Rutherford	96	101	57	62	65
Bedford	8	5	4	14	15
Williamson	41	38	22	34	36
Smith	28	19	9	8	8
Clay	43	89	31	22	23
Jackson	41	50	29	20	21
Overton	29	31	13	0	5
Putnam	259	297	165	77	81
Cumberland	16	305	116	53	56
Dekalb	43	8	6	18	19
Van Buren	41	3	1	0	0
Warren	1	3	2	0	0
White	148	34	12	33	35
Perry	0	0	0	0	5
Cannon	96	2	0	0	0
Sub-total	1,562	1,652	883	963	1,023
Addition of 6 Proposed Counties				339	357
Total				1,302	1,380

Source: CN1608-028

- If approved, the proposed 6 county service area addition will represent 339 patients, or 26% of the projected 1,302 patients for the applicant's entire 28 county service area.
- The applicant projects a 5.3% increase in patients in the proposed 6 county addition from 339 in Year One (2017) to 357 in Year Two (2018).

## **ECONOMIC FEASIBILITY**

### **Project Cost**

The estimated total project cost is \$21,000.00.

Major cost(s) are:

- CON Filing Fee- \$15,000.00 or 71.4% of total cost.
- Moving Miscellaneous Cost-\$3,000 or 14.3% of total cost.
- Legal, Administrative, Consultant Fees-3,000 or 14.3% of total cost

For details of the Project Cost Chart, see page 15 of the original application.

### **Financing**

An August 9, 2016 letter from Rick W. Hartwig, CEO, CareAll, attests that the applicant has sufficient cash reserves to fund this project. VIP Home and Rehabilitation, LLC unaudited financial statements for the period ending June 30, 2016 indicates \$73,666 in cash, total current assets of \$388,770, total current liabilities of \$3,342,180, and a current ratio of 0.12:1.

*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.*

*In supplemental #1, the applicant explained \$2,500,580 of the current liabilities are CareAll LLC loans and \$526,332 of the current liabilities are loans from CareAll Management LLC. The applicant stated both amounts are not threats to operating cash since both companies are family owned and the family is willing to defer the obligations.*

### **Historical Data Chart**

- According to the Historical Data Chart, VIP Nursing and Rehabilitation reported the following gross operating revenue; \$8,766,615 in 2013, \$4,959,223 in 2014; and \$3,506,808 for 2015.

**VIP HOME NURSING AND REHABILITATION, LLC D/B/A CAREALL  
HOME CARE SERVICES**

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- According to the Historical Data Chart the applicant experienced net operating losses for the three most recent years reported: (\$366,559) for 2013; (\$1,436,628) for 2014; and (\$1,567,431) for 2015.
- Average Annual Net Operating Income (NOI) was unfavorable at approximately -0.04%, -34.0%, and -45.9% of annual net operating revenue for the Years 2013, 2014, and 2015, respectively.

**Projected Data Chart**

The Projected Data Chart for VIP Home Nursing and Rehabilitation, LLC reflects \$5,764,193.00 in gross operating revenue on 34,968 patient visits and 128,744 patient hours during the first year of operation and \$6,279,812 on 39,432 patient visits and 134,614 patient hours in Year Two. The Projected Data Chart reflects the following:

- Net operating income less capital expenditures for the applicant will equal \$198,845 in Year One (2017) increasing to \$338,351.00 in Year Two (2018).

**Charges**

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

	<b>Home Health</b>	<b>Private Duty</b>		<b>Total Per Patient</b>
	Per Visit	Per Hour		
Gross Charge	\$84.63	\$21.79		<b>\$17,004.00</b>
Deduction	\$1.69	\$0.41		<b>\$330.00</b>
Net Charge	\$82.93	\$21.38		<b>\$16,674.00</b>

*Source: CN1608-028*

- The proposed average gross charge is \$17,004.00/patient
- The average deduction is \$330.00/patient, producing an average net charge of \$16,674.00/patient.

**Medicare/TennCare Payor Mix**

- TennCare-In 2017 the applicant projects \$2,567,305 in TennCare/Medicaid or 44% of total revenue.
- Medicare-In 2017 the applicant projects \$2,959,200 in revenue from Medicare or 51.0% of total revenue.
- The applicant has contractual relationships with TennCare MCOs AmeriGroup, BlueCare, TennCare Select, and TennCare Select Community.

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- The applicant does not have a contract with United Healthcare Community Plan.

## **PROVIDE HEALTHCARE THAT MEETS APPROPRIATE QUALITY STANDARDS**

### **Licensure**

- VIP Nursing and Rehabilitation d/b/a CareAll Home Care Services is licensed by the Tennessee Department of Health.
- A letter dated April 12, 2016 from the Tennessee Department of Health states the applicant's plan of correction from a February 23-25, 2016 recertification/complaint investigation survey was accepted. A copy of the survey is located in the attachments of the application.

### **Certification**

- VIP Nursing and Rehabilitation d/b/a CareAll Homecare Services is Medicare and Medicaid certified.

### **Accreditation**

- CareAll is not accredited.

## **CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE**

### **Agreements**

- The applicant has a community linkage plan that includes established agreements with hospitals, nursing homes, homes for the aged, and retirement homes.

### **Impact on Existing Providers**

- The transfer of the 6 counties Maury, Giles, Lawrence, Wayne, Lewis, and Hickman from MaxLife to VIP will have no negative impact on the existing healthcare system.

## Staffing

The applicant's direct care current and proposed staffing is as follows:

Position	Current FTEs	Proposed FTEs
Administrator	1.0	1.0
RN Case Manager	8.75	8.75
Staff LPNs	5.5	5.5
Physical Therapist	4.0	4.0
Physical Therapy Asst.	2.5	2.5
Staff HHA/CAN	14	14
Occupational Therapist	1.5	1.5
Staff HHA/CNA	14.0	14.0
Total	51.25	51.25

Source: CN1608-028

*Corporate documentation, real estate lease, and agency policies/procedures 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.

### **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.

*Note: CareAll Home Care Services has a financial interest in this project and the following:*

#### **Pending Applications:**

**MaxLife at Home of Tennessee d/b/a CareAll Home Care Services, CN1608-029**, has a pending application scheduled to be heard at the October 26, 2016 agency meeting. The application is for the relocation of the applicant's principal office from 900 Nashville Highway, Columbia (Maury County) to 4015 Travis Drive, Suite 102, Nashville, TN 37211. The relocation will occur with the surrender of Maury, Giles, Lawrence, Lewis, Wayne, and Hickman Counties from the licensed service area and the transfer of these six counties to the applicant's sister Agency of VIP Home Nursing and Rehabilitation Services, LLC dba CareAll. The remaining service area will consist of Cheatham, Davidson, Rutherford, Williamson, Robertson, Sumner, Hardin, McNairy, Decatur, Lewis, Perry, Hickman, and Humphreys. The estimated project cost is **\$67,054.88**.

**VIP HOME NURSING AND REHABILITATION, LLC D/B/A CAREALL  
HOME CARE SERVICES**

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**CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:**

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

**Pending Applications**

**AxelaCare Health Solutions, LLC, CN1606-022**, has a pending application to be heard at the October 26, 2016 Agency meeting. The application is for the establishment of a home care organization and the initiation of home health services limited to the home infusion of immune globulin pharmaceuticals in 21 West Tennessee counties. The principal office will be located at 5100 Poplar Avenue, 27<sup>th</sup> Floor, Suite 2739, Memphis (Shelby County) Tennessee. The estimated project cost is **\$69,628**.

**Denied Applications:**

**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.*

## Outstanding Certificates of Need

**Maxim Healthcare Services, CN1606-023A**, has an outstanding Certificate of Need that will expire on October 1, 2018. The application was recently approved at the August 24, 2016 Agency meeting for the relocation of its parent office from 2416 21<sup>st</sup> Avenue South, Suite 208, Nashville (Davidson County), TN 37212 to 115 East Park Drive, Suite 200, Brentwood (Williamson County), TN 37027. Maxim's service area will not change. The counties included in the service area are Cheatham, Davidson, Dickson, Montgomery, Robertson, Rutherford, Sumner, Williamson, and Wilson. If approved, Maxim will close the office in Davidson County and will continue to maintain a branch office in Clarksville (Montgomery County). The estimated project cost is **\$3,201,828**. *Project Status: The project was recently approved.*

**Alere Women's & Children's Health, CN1512-056A**, has an outstanding Certificate of Need that will expire on May 1, 2018. The application was approved at March 23, 2016 Agency meeting for the addition of 16 counties, including, Benton, Carroll, Chester, Crockett, Decatur, Dyer, Gibson, Hardin, Henderson, Henry, Lake, McNairy, Obion, Perry, Wayne, and Weakley Counties to the existing 7-county service area of Alere Women's and Children's Health, a home health organization licensed by the Tennessee Department of Health whose parent office is located at 3175 Lenox Park Blvd, Suite 400, Memphis (Shelby County), TN, 38115. **The estimated project cost is \$79,000**. *Project Status: An update received September 28, 2016 reported the project is completed and patients are being served. A final project report is pending.*

**Implanted Pump Management, CN1406-027A**, has an outstanding Certificate of Need that will expire on August 1, 2017. The application was approved at the June 24, 2015 Agency meeting for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The parent office will be located at 200 Prosperity Place #102, Knoxville (Knox County), TN 37932. There are no branch offices proposed for this project. The service area includes all 95 counties in Tennessee. The estimated project cost is **\$8,100.00**. *Project Status: A project status report dated September 29, 2016 states the Agency is licensed and receiving patients. A final project report is pending.*

**PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH,  
FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED,  
ECONOMIC FEASIBILITY, HEALTH CARE THAT MEETS APPROPRIATE  
QUALITY STANDARDS, 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.**

PME  
10/03/2016

# **LETTER OF INTENT**



**State of Tennessee  
Health Services and Development Agency**

Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda) Phone: 615-741-2364 Fax: 615-741-9884

**LETTER OF INTENT**

The Publication of Intent is to be published in the Daily Herald, Hickman County Times, Wayne County News and The Tennessean which is a newspaper of general circulation in Davidson, Williamson, Rutherford, Sumner, Wilson, Robertson, Cheatham, Marshall, Giles, Lawrence, and Lewis, Tennessee, on or before August 10, 2016, for one day. (Name of Newspaper) (County) (Month / day) (Year)

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:

VIP Home Nursing and Rehabilitation Service, LLC D/B/A CareAll Home Care Services Home Health Agency  
(Name of Applicant) (Facility Type-Existing)

owned by: CareAll, LLC with an ownership type of Limited Liability company

and to be managed by: CareAll Management, LLC intends to file an application for a Certificate of Need for [PROJECT DESCRIPTION BEGINS HERE]: VIP Home Nursing and Rehabilitation Service, LLC D/B/A CareAll Home Care Services located at 4015 Travis Drive, Suite 102, Nashville, TN 37211, Davidson County, intends to add the counties of Maury, Giles, Lawrence, Wayne, Lewis, and Hickman to their licensed service area of Robertson, Cheatham, Davidson, Sumner, Macon, Trousdale, Wilson, Rutherford, Bedford, Williamson, Smith, Clay, Jackson, Overton, Putnam, Cumberland, DeKalb, Van Buren, Warren, White, Perry, and Cannon. These six counties will be acquired with the surrender of these same six counties from the licensed service area of the sister company of Maxlife at Home of Tennessee, LLC D/B/A CareAll Home Care Services. Existing home care service will not be affected, and no new service will be initiated or service discontinued. The project does not impact patient care, involves no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. The anticipated cost of this project is \$21,000.

The anticipated date of filing the application is: August 12, 2016

The contact person for this project is Mary Ellen Foley Project Director  
(Contact Name) (Title)

who may be reached at: CareAll Home Care Services 135 Kennedy Drive  
(Company Name) (Address)  
Martin TN 38237 731 / 587-2996  
(City) (State) (Zip Code) (Area Code / Phone Number)

Mary Ellen Foley August 10 maryellen.foley@careallinc.com  
(Signature) (Date) (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  
Andrew Jackson Building, 9<sup>th</sup> 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.

**ORIGINAL  
APPLICATION**

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

VIP Home Nursing and Rehabilitation Service, LLC D/B/A CareAll Home Care Services

Name \_\_\_\_\_  
 4015 Travis Drive, Suite 102 \_\_\_\_\_ Davidson  
 Street or Route \_\_\_\_\_ County  
 Nashville \_\_\_\_\_ TN \_\_\_\_\_ 37211  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

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

Mary Ellen Foley \_\_\_\_\_ Project Director \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 CareAll Management, LLC \_\_\_\_\_ maryellen.foley@careallinc.com \_\_\_\_\_  
 Company Name \_\_\_\_\_ Email address \_\_\_\_\_  
 326 Welch Road \_\_\_\_\_ Nashville \_\_\_\_\_ TN \_\_\_\_\_ 37211  
 Street or Route \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code  
 employee \_\_\_\_\_ 731-587-2996 \_\_\_\_\_ 731-587-3228  
 Association with Owner \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number

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

CareAll, LLC \_\_\_\_\_ 615-331-6137 \_\_\_\_\_  
 Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 326 Welch Road \_\_\_\_\_ Davidson \_\_\_\_\_  
 Street or Route \_\_\_\_\_ County \_\_\_\_\_  
 Nashville \_\_\_\_\_ TN \_\_\_\_\_ 337211  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

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

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

**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)**

CareAll Management, LLC  
 \_\_\_\_\_  
 Name  
 326 Welch Road \_\_\_\_\_ Davidson  
 Street or Route \_\_\_\_\_ County  
 Nashville \_\_\_\_\_ TN \_\_\_\_\_ 37211  
 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 \_\_\_\_\_ D. Option to Lease \_\_\_\_\_  
 B. Option to Purchase \_\_\_\_\_ E. Other (Specify) \_\_\_\_\_  
 C. Lease of 3 Years \_\_\_\_\_

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

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

- A. New Institution \_\_\_\_\_ G. Change in Bed Complement \_\_\_\_\_  
 B. Replacement/Existing Facility \_\_\_\_\_ [Please note the type of change  
 C. Modification/Existing Facility \_\_\_\_\_ by underlining the appropriate  
 D. Initiation of Health Care \_\_\_\_\_ response: Increase, Decrease,  
 Service as defined in TCA § Designation, Distribution,  
 68-11-1607(4) Conversion, Relocation]  
 (Specify) \_\_\_\_\_ H. Change of Location \_\_\_\_\_  
 E. Discontinuance of OB Services \_\_\_\_\_ I. Other (Specify) to add 6 counties \_\_\_\_\_  
 F. Acquisition of Equipment \_\_\_\_\_ in TN to the licensed service area \_\_\_\_\_

**9. Bed Complement Data**

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

NA

	<u>Current Beds Licensed</u>	<u>*CON</u>	<u>Staffed Beds</u>	<u>Beds Proposed</u>	<u>TOTAL Beds at Completion</u>
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	_____	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____	_____

\*CON-Beds approved but not yet in service

10. Medicare Provider Number 44-7425  
 Certification Type Home Health Agency

11. Medicaid Provider Number 44-7425  
 Certification Type Home Health Agency

12. If this is a new facility, will certification be sought for Medicare and/or Medicaid? NA

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? Yes If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted or plans to contract.

Section: Applicant profile, item 3

**Response:** See attached corporate charter and certificate of corporate existence.

Section A: Applicant profile, item 4

*Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relates to the applicant. As applicant, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% or more ownership interest.*

**Response:** VIP Home Nursing and Rehabilitation Service, LLC dba CareAll Home Care Services is 100% owned by CareAll, LLC. CareAll LLC is 89.2% owned by James W. Carell 2007 Dynasty Trust, 9.8% owned by James W. Carell Education Trust, and 1% owned by the Estate of James M. Carell. See attached ownership chart.

*In addition, please document the financial interest of the applicant's parent/owner in any other health care institution as defined in Tennessee code Annotated, 68-11-1602 in Tennessee. At a minimum please provide the name, address, current status of licensure/certification, and percentage of ownership of each health care institution identified.*

**Response:** CareAll, LLC owns 100% of the following other health care institutions in Tennessee: University Home Health, LLC-135 Kennedy Drive, Martin, TN 38237-license #276, Professional Home Health Care, LLC-1151 Tammell Street, Brownsville, TN 38012-license #288, JW Carell Enterprises, LLC 200 Hobson Street, Suite 44, McMinnville, TN 37110-license #265, and JW Carell Enterprises, LLC 118 Mabry Hood Road, Suite 100, Knoxville, TN 37922, license #131.

Section A: Applicant Profile, Item 5

*For facilities with existing management agreements, attach a copy of the fully executed final contract.*

**Response:** see attached management agreement.

*Please describe the management entity's experience in providing management services for the type of facility, which is the same or similar to the applicant facility. Please describe the ownership structure of the management entity.*

**Response:** CareAll Management has provided billing, financial, regulatory, clinical and compliance over-site services for this agency since 1984. See attached ownership structure of CareAll Management including the percentage of ownership of each entity.

*Section A: Applicant Profile, item 6*

*Attach a copy of the fully executed lease agreement for the project location*

**Response:** See attached lease agreement

*Section A: Applicant profile, item 13*

*Please identify all MCOs/BHOs with which the applicant has contracted or plans to contract.*

**Response:** BlueCare, TennCare Select, TennCare Select Community and Amerigroup. We have no contract at this time with United Health Care (Americhoice).

*Section B, Project description, Item 1*

*Provide a brief executive summary of the project including a brief description of propose services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.*

**Response:** CareAll Home Care Services provides quality home health, private duty, and personnel care services in 62 counties in Tennessee. These counties are served through 6 separate licensed home health agencies. The CareAll agencies that serve the Middle Tennessee area are VIP Home Nursing and Rehabilitation Service, LLC and Maxlife at Home of Tennessee, LLC. The revenue generated by these two agencies from services provided to Medicare and Medicaid patients is 70% of their total revenue. Medicare is proposing to decrease payment to home health agencies in 2017 by 1%. TennCare is also scheduled to decrease payment for home health and private duty services by 1% in 2017. In anticipation of these payment reductions and resulting loss of revenue, CareAll proposes to consolidate a portion of the service areas of these two agencies to reduce overhead cost and enhance operational efficiency. This consolidation will be achieved by the addition of the six counties of Maury, Giles, Wayne, Lawrence, Lewis, and Hickman to the VIP licensed area with the surrender of these same six counties from the service area of Maxlife at Home of Tennessee, LLC. This consolidation will make it possible for the Middle Tennessee service area to be placed under a more efficient organizational structure. The cost reduction will be achieved by the elimination of 4 administrative positions from Maxlife at a savings of \$180,000. This change will not only promote cost efficiency but improve continuity of care to patients in this region. With the addition of these six counties to the VIP services area, the administration of the Middle Tennessee service area will achieve this enhanced operational efficiency. With this project, there will be no change in services provided or equipment required. The ownership structure will not change. Justification of need is not a factor because there is no net addition or subtraction of service area or services. Staffing patterns for provision of care in the area will only be enhanced by this project due to the change in organizational structure. Funding and financial feasibility will be established with cash reserves. The project cost will only involve the cost of preparation and filing of the CON application which includes \$3,000 for administrative and consulting fees used to prepare the application, miscellaneous cost of \$3,000 in filing the application, and \$15,000 CON filing fee to the State for a total \$21,000 project cost.

**See the attached letter from the executrix of the estate authorizing the surrender of the six counties from MaxLife.**

*Section B, Project description, Item 2*

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

- A. *Describe the development of the proposal. Include a discussion of the location of the principle office, the location of each branch office (city and count), and the counties that will be covered by each branch office.*

**Response:** The principle office of VIP Home Nursing and Rehabilitation Service, LLC dba CareAll Home Care Services will remain at its current location of 4015 Travis Drive, Suite 102, Nashville, TN 37211, Davidson County. The principle office in Nashville will house the Administrative staff as well as direct the staff that will be serving the counties of Bedford, Cheatham, Davidson, Rutherford, Williamson, and Wilson counties. The existing branches and the counties they serve are the branch office at 1101 Neal Street, Suite 103, Cookeville, TN 38501 in Putnam County which serves Clay, Cumberland, Jackson, Overton, and Putnam counties and the branch at 12124 Highway 52 West, Suite 4, Westmoreland, TN 37186 in Sumner County which serves the counties of Macon, Robertson, Sumner, Smith, and Trousdale. An application will be submitted to Health Care Facilities for a branch office in Columbia , TN in the same location as the current office for Maxlife at Home of Tennessee, LLC at 900 Nashville Highway, Columbia, TN 38401, Maury County to serve the requested counties of Maury, Giles, Lewis, Lawrence, Wayne, and Hickman.

- B. *Describe the need for change and if it will have an impact on existing services.*

**Response:** The change is needed to enhance the consistency of the organizations oversight of the entire Middle Tennessee service area by the consolidation of the licensed service area under one administration. It should not impact the existing services that are being provided by CareAll in this area except to enhance cost and organizational efficiency. There is no new construction required for this proposal.

- C. *As the applicant, describe your need to provide the following health care services.*

**Response:** VIP will continue to provide high quality home health, private duty, and personal services in in the same area that CareAll is currently serving with no change in the type of services provided.

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

**Response:** The need to add these six counties to the VIP services area with the surrender of the same six counties from the sister agency of Maxlife at Home of Tennessee, LLC DBA CareAll Home Care Services is for organizational and cost enhancement. There will be no net change in services or service area that is currently being provided by CareAll.

E. *Describe the acquisition of any items of major medical equipment which exceeds a cost of \$1.5 million.*

**Response:** There will be no acquisition of any items of major medical equipment with this proposal.

*Section B, Project description, item3*

A. *Attach a copy of the site on a 8 ½" x 11" sheet of white paper which must include: (see attached)*

1. *Size of site (in acres).* **Response: + or - .5 acres**
  2. *Location of the structure on the site:* **Response: back 1/3 of the property**
  3. *Location of proposed construction.* **Response: No proposed construction.**
  4. *Names of streets, roads or highways that cross or border the site.* **Response:** The principle office of VIP Home Nursing and Rehabilitation Service, LLC dba CareAll Home Care Services is located on Travis Drive. The roads that border the site are Welch Road to the south, Paragon Mills Road to the North East, and Nolensville Road (Highway 41A) to the East.
- B. *1. Describe the relationship of the site to public transportation routes, if any, and to any highway of major road developments in the area. Describe the accessibility of the proposed site to patient/clients.*

**Response:** There is a bus stop on the right side of Nolensville Road as you travel north before reaching Welch Road. I-24 is to west of the site and I65 is to the east of the site. These major highways give the staff excellent access to patients/clients as well as the other agency branch offices. See attached google map of the area.

*Section B, Project Description, item 4*

*Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms, ancillary area, equipment areas, etc.. on a 8 1/2"x11" sheet of white paper.*

**Response:** See attached floor plan

*Section B, Project description, Item 5*

*For Home Health Agency or Hospice, identify:*

1. *Existing service area by county.* **Response:** The existing service area of VIP Home Nursing and Rehabilitation Service, LLC dba CareAll Home Care Services currently serves the counties of Bedford, Cheatham, Davidson, Rutherford, Williamson, Wilson, Clay, Cumberland, Jackson, Overton, Putnam, Macon, Robertson, Sumner, Smith, and Trousdale.
2. *The proposed service area.* **Response:** VIP proposes to add to their service area the counties of Maury, Giles, Lawrence, Wayne, Lewis, and Hickman.
3. *A parent or primary service provided.* **Response:** The primary office is located at 4015 Travis Drive, Suite 102, Nashville, TN 37211, Davidson County
4. *Existing branches:* **Response:** The existing branches are located at 1101 Neal Street, Suite 103, Cookeville, TN 38501 in Putnam County and 12124 Highway 52 West, Suite 4, Westmoreland, TN 37186 in Sumner County.
5. *Proposed branches:* **Response:** We propose to request a branch to be located at the same location as the existing office of Maxlife at Home of Tennessee, LLC dba CareAll Home Care Services at 900 Nashville Highway, Columbia, TN 38401 in Maury County. We are also planning to relocate this office to a new location in Columbia, Maury County as of October 1, 2016 to 1121 Trotwood Avenue, Suite 7 Columbia, TN 38401.

*Section C: General Criteria for Certificate of Need*

*Item 1, Need*

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

**Response:** The transition of the six counties of Maury, Giles, Lawrence, Wayne, Lewis and Hickman from Maxlife at Home of Tennessee, LLC to VIP Home Nursing and Rehabilitation Service, LLC will not involve the initiation of any new or cessation of any existing home health services. This project will not involve the acquisition of any equipment or the construction of a new facility. The five principles for achieving better health will be addressed accordingly.

- 1. Healthy Lives:** *The purpose of the State Health Plan is to improve the health of people in Tennessee. VIP Home Nursing and Rehabilitation Service, LLC DBA CareAll Home Care Services has been providing high quality, comprehensive home health services to the residents of Middle Tennessee for 30 years. The agency treats each patient through a variety of disciplines including skilled nursing, home health aide services, occupational, speech, and physical therapy, medical social services, private duty nursing and personal care services, and attendant and companion services with respect and dignity. The agency cooperates closely with local hospitals, SNF's, ICF's and ALF facilities in their service area in an attempt to maximize the quality of life of their patients.,*
- 2. Access:** *People in Tennessee should have access to health care and the conditions to achieve optimal health. The agency serves Medicare, TennCare, and private pay patients. The agency's patients include the demographic spectrum. The agency denies access to no one.*
- 3. Economic Efficiencies:** *Health resources in Tennessee, include health care, should be developed to address the health of people in Tennessee while encouraging value and economic efficiencies. The transition of the counties of Maury, Giles, Lawrence, Wayne, Lewis, and Hickman counties from Maxlife at Home of Tennessee, LLC to VIP Home Nursing and Rehabilitation Service, LLC will result in a cost reduction of \$180,000 annually to the company with the organizational restructuring. This cost savings in the face of declining Medicare and TennCare reimbursement to home health will assist in achieving economic efficiencies and retain the ability to provide high quality health services.*
- 4. Quality of Care:** *People in Tennessee should have the confidence that the quality of care is continually monitored and standards are adhered to by providers. CareAll has a long history of providing high quality health care to the residents of Middle Tennessee. The transition of*

*these six counties from Maxlife to VIP will enhance organizational structure and provide consistent more efficient care to patients in this service area.*

**5. Workforce:** *The state should support the development, recruitment, and retention of a sufficient and quality health workforce. All agency employees have been trained in the delivery of high quality health care and are licensed appropriately. The agency provides all staff with ongoing comprehensive continuing education programs as well as assistance in completion of formal education. Further, the agency periodically assists through preceptor programs in training nursing and therapy students in home care delivery.*

*Section C, Need Item 1 a.*

*Please provide a response to each criterion and standard in Certificate of Need Category that is applicable to the proposed project'*

**Response:**

The Certificate of Need Standards and Criteria for Home Health Services is being used for the response to this item.

- 1. Determination of Need:** Because the scope of this project does not include any net addition or change in services to the licensed service area, the need formula would not be required to justify need for this project.
- 2. The need for home health services should be projected three years from the latest available year of final JAR data:** The scope of this project does not include any net additions or change in services to the licensed service area. The project proposal of the addition of Maury, Giles, Lawrence, Wayne, Lewis, and Hickman to the applicants services area is proposed with the surrender of the same six counties from the sister agency of Maxlife at Home of Tennessee, LLC.

VIP proposed Counties  
 Section C 1 a., Home health Criteria #2  
 JAR Annual report of Need three year projection by county

County	Projected Pop 2019	Projected Capacity	Projected need	Need (surplus) 2019
Maury	91,811	2,955	1,377	-1,578
Giles	29,802	1,023	447	-576
Lawrence	43,689	1,791	655	-1,136

Wayne	17,598	832	264	-586
Lewis	13,002	438	195	-243
Hickman	27,123	734	407	-327

3. The use rate of existing home health agencies in each county of the service area will be determined by examining the latest utilization rate as calculated from the JARs of existing home health agencies in the service area: Response: See chart below of the home health agency utilization in the counties of the proposed area.

Agency (base County)	counties served	2013	2014	2015	% of change from 2013-2015
Alere Women's and Children's Health (Davidson)	Davidson, Maury	202	186	196	1%
Amedysis (Cumberland Bend - Davidson)	Davidson, Maury, Hickman	23	210	638	70%
Amedysis (Glen Echo - Davidson)	Davidson, Maury, Lewis, Hickman	2008	1508	1205	-17%
Amedysis Home Health Services (Davidson)	Davidson, Maury	5182	2148	1634	-39%
Amedysis (Rutherford)	Maury, Lewis, Lawrence, Giles, Davidson	661	535	1265	24%
Amedysis (Franklin )	Giles	1150	1002	909	-7.80%
Angel Private Duty & Home Health (Davidson)	Hickman, Davidson, Maury	123	79	37	35.90%
Corum CVS Specialty Infusion (Davidson)	Davidson, Hickman, Maury	11	26	36	34%
Elk Valley Health Services (Davidson)	Davidson, Hickman, Wayne, Maury, Lewis, Lawrence, Giles	277	293	457	17.50%
Friendship Home Healthcare (Davidson)	Davidson, Hickman, Maury	845	745	631	-9.60%
Homecare Solutions	Davidson, Hickman, Maury	1930	1689	1813	-2.10%
Davidson	Lewis				
Home Health Care of Middle Tennessee (Davidson)	Davidson, Hickman, Maury	2963	2975	2998	0.20%
Intrepid (Davidson)	Davidson, Hickman, Maury	766	1389	1146	11.50%
Intrepid (Warren)	Davidson	822	804	843	0.80%
Vanderbilt Community & Home Services (Davidson)	Davidson, Hickman, Maury, Lewis	1879	1700	1907	0.50%
Willowbrook Home Health Care (Davidson)	Davidson, Hickman, Maury	1565	1283	1512	-1.20%
Tennessee Quality Homecare (Decatur)	Hickman, Wayne, Maury, Lewis, Lawrence	1080	988	1043	-1.10%

Volunteer of West TN (Decatur)	Hickman, Wayne, Lewis	1534	1797	1833	5.70%
CareSouth HHA Holdings of Winchester (Franklin)	Davidson, Hickman, Maury, Lewis, Lawrence, Giles	2030	2444	2581	7.80%
Regional Home Care (Lexington - Henderson)	Hickman, Wayne, Lewis, Lawrence	569	582	1164	25.70%
Henry Co. Medical Center (Henry)	Hickman	363	408	428	5.40%
St. Thomas Hickman Com HH (Hickman)	Hickman, Lewis	214	311	370	17.40%
Maury Regional HH (Maury)	Maury, Hickman, Wayne, Lewis, Lawrence, Giles	1,151	1,553	1,489	8%
NHC Home Care (Maury)	Maury, Hickman, Wayne, Lewis, Lawrence, Giles, Davidson)	2,408	2,591	2,517	1.40%
Guardian HC (Williamson)	Davidson, Hickman	1,370	1,668	1,810	9%
Vanderbilt HC/Walgreens (Williamson)	Davidson, Hickman, Wayne, Maury, Lewis, Lawrence, Giles	67	135	309	47.30%
Deaconess Homecare (Wilson)	Davidson, Hickman, Maury	1,222	1,706	956	-6.80%
Deaconess Homecare (Hardin)	Wayne	1,330	2,122	1,120	-4.50%
Deaconess Homecare (Lincoln)	Maury, Lawrence, Giles	842	1,294	731	-3.80%
Gentiva Health Services (Davidson)	Davidson, Maury	1,003	831	869	-4.90%
Quality First HC (Maury)	Maury, Lawrence, Giles	923	1,023	1,133	6.80%
Lincoln Medical HH (Lincoln)	Giles	348	339	396	4.40%
CareAll (Maury)	Davidson, Maury, Lewis, Giles, Hickman, Wayne, Lawrence	609	881	614	0.20%

- 4 **County Need Standard:** This project proposes no net new service area or services. It involves no acquisition or modification of any item of major medical equipment. There for this documentation of need is not required for this project proposal.
- 5 **Current Service Area Utilization:** See chart under criteria three (3) above for the most current JAR utilization statistics for the existing agencies in the proposed VIP service area
  
- 6 **Adequate staffing:** The proposed service area addition is currently being served adequately by qualified well trained staff from the sister agency of Maxlife at Home of Tennessee, LLC dba CareAll Home Care Services. With addition of this proposed area to the licensed service area of the applicant, the current field staff will be retained under VIP Home Nursing and Rehabilitation Service, LLC D/B/A CareAll. There will be reductions in administrative staff at Maxlife with surrender of this proposed area by the applicant from their CON. **Please see spread sheet with information on the current staff FTE's in each category for Agency.**

Position	No. of Full Time Equivalent Employees	Current Year	<sup>proposed</sup> Year	Applicant's Planned Salary/Wage Range	Prevailing Wage for this type of employee*
Administrator	1	1	1	\$76,500.06	\$67,369.00
Staff RNs	3	3	3	\$57,000.00	\$56,083.00
Staff LPNs	5.5	5.5	5.5	\$34,254.58	\$37,856.00
Physical Therapist	4	4	4	\$91,666.72	\$84,767.00
Staff HHA/CNA	14	14	14	\$21,002	\$19,033.00
Administrative Assistant	1	1	1	\$33,756.92	\$29,286.00
Authorization Specialist	1	1	0.5	\$37,440.00	\$37,440.00
Director of Patient Services	1	1	.5	\$75,000.00	\$77,190.00
HR Coordinator	1	1	0.5	\$32,760.00	\$36,612.00
Office Coordinator	1	1	0.5	\$32,760.00	\$36,612.00
Occupational Therapist	4	4	2	\$33,623.00	\$30,951.00
Occupational Therapist	1.5	1.5	1.5	\$85,000.00	\$89,370.00
RN Case Manager	8.75	8.75	8.75	\$58,000.00	\$56,083.00
Physical Therapy Assistant	2.5	2.5	2.5	\$62,400.00	\$56,102.00
<b>Total</b>	<b>50.55</b>	<b>50.55</b>	<b>46.55</b>	<b>\$52,702.89</b>	<b>\$51,758.13</b>

**7. Community Linkage Plan:** VIP Home Nursing and Rehabilitation, LLC dba CareAll Home Care Services have been in operation for over 30 years. During this time VIP has established relationships with the hospitals, SNF's, and ICF's in their licensed area and surrounding areas to meet health care needs as patients are transitioned to the home. The agency also works with local ALF's, homes for the aged, and retirement homes to assist with the health care needs of the clients in a safe environment with the goal to limit inpatient facility admissions. The agency with the use of the business development department work to establish relationships with local physicians to meet the acute and chronic health care and personal care needs of their patients in the home environment. These collaborative relationships between physicians and the Agency promote continuity of the care provided to the patients.

**8. TennCare Managed care Organizations (MCOs) and Financial Viability:** VIP Home Nursing and Rehabilitation Service, LLC dba CareAll Home Care Services is currently Medicare and Medicaid certified. The Agency holds contracts with 2 of the 3 TennCare

MCO's including BlueCare/TennCare Select and Amerigroup. The Agency has contracts with numerous other payer sources. **See attached list.**

**9. Proposed Charges:** See spread sheet below

VIP Cost per visit comparison with other agencies in the Proposed service area by county

Agency	HH aide	MSS	OT	PT	SNC	ST	
Maury Regional HH		\$50	\$500	\$288	\$191	\$175	\$277
NHC Homecare		\$44	\$108	\$158	\$135	\$96	\$295
Quality First HC		\$45	\$180	\$125	\$117	\$91	\$117
Alere W & C Health		none reported					
Amedysis cumb bend		\$14	\$73	\$78	\$70	\$53	\$91
Amedysis Glen Echo		\$24	\$65	\$74	\$73	\$59	\$98
Amedysis HHS		\$11	\$95	\$88	\$89	\$79	\$84
Continuous Care Services		\$80	\$185	\$165	\$165	\$145	\$165
Elk Valley Health		\$40	0	\$0	\$0	\$79	\$0
Friendship HHC		\$74	\$697	\$278	\$225	\$152	9%
Gentiva		\$41	\$415	\$162	\$158	\$115	\$199
Home Care Solutions		\$58	\$193	\$165	\$163	\$102	\$190
Angel PD & HH	\$153	0	0	\$84	\$320	0	
Home Health Care Mid TN	\$49	\$267	\$111	\$117	\$136	\$85	
Intrepid	\$94	\$180	\$161	\$140	\$126	\$154	
Vanderbuilt Community HS	\$85	\$225	\$200	\$200	\$175	\$200	
Willow brook HH	\$93	\$563	\$238	\$194	\$205	\$206	
Tennessee Quality HC	\$26	\$715	\$145	\$128	\$60	\$154	
Volunteer HH	\$34	\$229	\$233	\$134	\$79	\$147	
CareSouth HHA Winchester	\$48	\$237	\$81	\$75	\$59	\$85	
Regional HH Lex	\$25	\$165	\$90	\$75	\$60	\$100	
Henry Co MC HH	\$46	\$163	\$176	\$176	\$188	\$148	
St. Thomas HH Hickman Co	\$87	105%	\$105	\$105	\$95	\$110	
Lincoln Med center HH	\$70	\$230	\$160	\$170	\$140	\$180	
Gaurdian HC of nashville	\$30	\$160	\$66	\$88	\$65	\$57	
Amedysis HHC Rutherford	\$17	\$56	\$81	\$79	\$50	\$75	
Vanderbuilt/Walgreens	0	0	0	0	\$180	0	
Deacones Lincoln	\$48	\$158	\$371	\$185	\$104	\$108	
Amediysis Franklin	\$24	\$237	\$81	\$75	\$59	\$85	
Coram CVS Infusion		none reported					
Hardin Co MC HH	\$62	\$273	\$0	\$125	\$116	\$0	
VIP CareAll Davidson	\$29	\$103	\$121	\$98	\$68	\$153	

- 10. Access:** The Agency provides Skilled Nursing, Physical, Speech, and Occupational Therapy, Medical Social Services, Home Health Aide, private duty nursing and certified nursing assistant services as well as personal care services to all ages. A clinician's competency level is established on hire. All staff has required compliance, infection control and safety education on hire and annually. Any special procedure that the clinician is deemed not competent, education will be provide with both written information and through a preceptor program to establish competency before the service is provided. The Agency utilizes best practices in all services areas to equip clinicians to provide the highest quality of care. See attached orientation and continuing education programs as well as best practice policies.
- 11. Quality Control and Monitoring:** The Agency has an extensive quality assessment and performance improvement program in place to ensure clinical and regulatory compliance is maintained. This program continually evaluates and initiates improvement activities. See attached QAPI program policies. VIP Home Nursing and Rehabilitation Services, LLC is not accredited or is seeking accreditation from the Joint commission or other accrediting body.
- 12. Data Requirements:** The Agency will continue to provide annual statistical reports through the JAR as required. The Agency also agrees to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested.

*Section C, Need, Item 2*

*Describe the relationship of this project to the applicant's facility's long-range development plans.*

**Response:** CareAll anticipates the continuation of the current trend of decreasing reimbursement to home health from Medicare and TennCare. Accordingly, the agency's financial success depends upon achieving cost savings with organizational restructuring and consolidation. The transition of these six counties from Maxlife to VIP will eliminate the need for 4 full time administrative positions from the sister agency of Maxlife at an annual cost savings of \$180,000 as well as more consistent management of patient care thus enhancing the continuation of high quality home care.

*Section C, Need, Item 3*

*Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county map including the State of Tennessee clearly marked to reflect the service area.*

**Response:** See attached map of the existing licensed area with the addition of the proposed service area.

Section C, Need, Item 4

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

**Response:** The demographic area serviced by VIP Home Nursing and Rehabilitation Service, LLC dba CareAll Home Care Services consists of both rural and metropolitan areas. The primary population of patients served by the agency consists of patients over the age of 65 with Medicare/Medicare Advantage or dual benefits. The remainder of the patient population is between 18 and 64 years of age with TennCare and private insurance benefits. Many of the patients in both categories require private duty and home and community based care services. **See graph below for the proposed service area as well as the county of location of the principle office.**

Demographic variable/Geographic area

County	Total Pop 2015	Total Pop 2018	Total Pop % change	Target Pop 2015	Target Pop 2018	Target Pop 2018 % change	Target pop 2018 as % of Total
Davidson	678,888	698,061	2.70%	76,321	82,501	7.40%	11.80%
Maury	87,772	90,666	3.10%	13,379	15,760	15.10%	17.30%
Lewis	11,847	12,912	8.20%	2,321	2,821	17.70%	21.80%
Hickman	24,370	26,876	9.30%	3,874	4,824	19.60%	17.90%
Giles	28,929	29,787	2.80%	5,603	6,355	11.80%	21.30%
Lawrence	42,572	43,518	2.10%	7,491	8,640	13.20%	19.80%
Wayne	16,741	17,551	4.60%	3,103	3,420	9.20%	19.40%
Service area Total	891,119	919,371	3.07%	112,092	124,321	9.83%	13.52%
TN Total	6,600,211	6,962,031	5.19%	1,016,502	1,175,143	13.40%	16.87%

Demographic variable/Geographic area

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TN Total	6,600,211	6,962,031	5.19%	1,016,502	1,175,143	13.40%	16.87%

*B. Describe the special needs of the service 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.*

**Response:** The agency services all types of patients including the elderly, women, racial and ethnic minorities, low income groups and those with health disparities. The Medicare population which is primarily elderly is provided with intermittent care from a variety of disciplines such as nursing, therapy, medical social services and home health aide services. The patient population with TennCare which are low-income or those patients with catastrophic health issues are provided with intermittent as well as private duty and personal care services. The agency services pediatrics as well as adult patients including patients with special needs such as ventilator care and infusion therapy. The proposed project will include the continuation of care to these same populations of patients and provision of this variety of services.

*Section C, Need, Item 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 sure to list each institution and its utilization and/or occupancy individually.*

**Response:** See graph below with the utilization trends including total patients served obtained from data on the most recent 3 years of JAR reports for licensed home health agencies in the VIP proposed service area as well as a graph of total home health patient trends by county of residence for the proposed service area counties.

Agency (base County)	counties served	2013	2014	2015	% of change from 2013-2015
Alere Women's and Children's Health (Davidson)	Davidson, Maury	202	186	196	1%
Amedysis (Cumberland Bend - Davidson)	Davidson, Maury, Hickman	23	210	638	70%
Amedysis (Glen Echo - Davidson)	Davidson, Maury, Lewis, Hickman	2008	1508	1205	-17%
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Elk Valley Health Services (Davidson)	Davidson, Hickman, Wayne, Maury, Lewis, Lawrence, Giles	277	293	457	17.50%
Friendship Home Healthcare (Davidson)	Davidson, Hickman, Maury	845	745	631	-9.60%
Homecare Solutions	Davidson, Hickman, Maury	1930	1689	1813	-2.10%
Davidson	Lewis				
Home Health Care of Middle Tennessee (Davidson)	Davidson, Hickman, Maury	2963	2975	2998	0.20%
Intrepid (Davidson)	Davidson, Hickman, Maury	766	1389	1146	11.50%
Intrepid (Warren)	Davidson	822	804	843	0.80%
Vanderbilt Community & Home Services (Davidson)	Davidson, Hickman, Maury, Lewis	1879	1700	1907	0.50%
Willowbrook Home Health Care (Davidson)	Davidson, Hickman, Maury	1565	1283	1512	-1.20%

Tennessee Quality Homecare (Decatur)	Hickman, Wayne, Maury, Lewis, Lawrence	1080	988	1043	-1.10%
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Volunteer of West TN (Decatur)	Hickman, Wayne, Lewis	1534	1797	1833	5.70%
CareSouth HHA Holdings of Winchester (Franklin)	Davidson, Hickman, Maury, Lewis, Lawrence, Giles	2030	2444	2581	7.80%
Regional Home Care (Lexington - Henderson)	Hickman, Wayne, Lewis, Lawrence	569	582	1164	25.70%
Henry Co. Medical Center (Henry)	Hickman	363	408	428	5.40%
St. Thomas Hickman Com HH (Hickman)	Hickman, Lewis	214	311	370	17.40%
Maury Regional HH (Maury)	Maury, Hickman, Wayne, Lewis, Lawrence, Giles	1,151	1,553	1,489	8%
NHC Home Care (Maury)	Maury, Hickman, Wayne, Lewis, Lawrence, Giles, Davidson)	2,408	2,591	2,517	1.40%
Guardian HC (Williamson)	Davidson, Hickman	1,370	1,668	1,810	9%
Vanderbilt HC/Walgreens (Williamson)	Davidson, Hickman, Wayne, Maury, Lewis, Lawrence, Giles	67	135	309	47.30%
Deaconess Homecare (Wilson)	Davidson, Hickman, Maury	1,222	1,706	956	-6.80%
Deaconess Homecare (Hardin)	Wayne	1,330	2,122	1,120	-4.50%
Deaconess Homecare (Lincoln)	Maury, Lawrence, Giles	842	1,294	731	-3.80%
Gentiva Health Services (Davidson)	Davidson, Maury	1,003	831	869	-4.90%
Quality First HC (Maury)	Maury, Lawrence, Giles	923	1,023	1,133	6.80%
Lincoln Medical HH (Lincoln)	Giles	348	339	396	4.40%
CareAll (Maury)	Davidson, Maury, Lewis, Giles, Hickman, Wayne, Lawrence	609	881	614	0.20%

Total Home Health Trends by County of Residence

County	2012 JAR Total Residents served	2013 JAR Total Residents served	2014 JAR Total Residents served	12-'14 % change
Davidson	13,874	14,910	14,105	0.50%
Maury	2,415	2,410	2,764	4.50%
Giles	1,336	1,001	1,019	-9.40%
Lewis	414	402	423	0.70%
Hickman	607	725	698	4.40%
Lawrence	1,456	1,667	1,753	6%
Wayne	547	640	818	3.50%

Current JAR summary for Home Health Agencies is unavailable

*Section C, Need, item 6*

*Provide applicable utilization and/or occupancy statistics for your institution for each of the past 3 years and the projected annual utilization for each of the two years following the completion of the project.*

**Response:** See the d graph below with utilization trends for VIP Home Nursing and Rehabilitation Service, LLC dba CareAll Home Care Services which includes patients served from each of the last 3 years Jar reports by county and for each of the (2) two years following completion of the project.

The project methodology was provided through a comparison of current trends in patient census as these counts compare to previous years.

Historical and Projected Utilization Chart proposed service area

County	2013 JAR patients	2014 JAR patients	2015 JAR patients	2017 patient projections	2018 patient projections
Maury	0	0	0	113	119
Giles	0	0	0	70	74
Lewis	0	0	0	8	9
Hickman	0	0	0	20	21
Lawrence	0	0	0	106	111
Wayne	0	0	0	22	23

Historical and Projected Utilization Chart current service area

Davidson	319	301	218	175	184
Robertson	25	20	6	3	3
Cheatham	15	1	2	2	2
Sumner	156	179	109	51	54
Macon	65	87	44	28	29
Trousdale	19	12	4	8	8
Wilson	73	67	33	16	17
Rutherford	96	101	57	62	65
Bedford	8	5	4	14	15
Williamson	41	38	22	34	36
Smith	28	19	9	8	8
Clay	43	89	31	22	23
Jackson	41	50	29	20	21
Overton	29	31	13	0	5
Putnam	259	297	165	77	81
Cumberland	16	305	116	53	56
Dekalb	43	8	6	18	19
Van Buren	41	3	1	0	0
Warren	1	3	2	0	0
White	148	34	12	33	35
Perry	0	0	0	0	5

Cannon	96	2	0	0	0
Total	1562	1652	883	963	1023

The methodology used for the projections for 2017 were based on current patient census trends in the current service area plus the current trends for the proposed area under MaxLife, a 5% projected increase from 2017 was used for the 2018 projection

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**PROJECT COSTS CHART**

A.	Construction and equipment acquired by purchase:	
1.	Architectural and Engineering Fees	_____
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	\$3,000 _____
3.	Acquisition of Site	_____
4.	Preparation of Site	_____
5.	Construction Costs	_____
6.	Contingency Fund	_____
7.	Fixed Equipment (Not included in Construction Contract)	_____
8.	Moveable Equipment (List all equipment over \$50,000)	_____
9.	Other (Specify) <u>Miscellaneous/organizational cost</u>	\$3,000 _____
B.	Acquisition by gift, donation, or lease:	
1.	Facility (inclusive of building and land)	_____
2.	Building only	_____
3.	Land only	_____
4.	Equipment (Specify) _____	_____
5.	Other (Specify) _____	_____
C.	Financing Costs and Fees:	
1.	Interim Financing	_____
2.	Underwriting Costs	_____
3.	Reserve for One Year's Debt Service	_____
4.	Other (Specify) _____	_____
D.	Estimated Project Cost (A+B+C)	\$6,000 _____
E.	CON Filing Fee	\$15,000 _____
F.	Total Estimated Project Cost (D+E)	_____
	<b>TOTAL</b>	\$21,000 _____

*Section C: Economic Feasibility*

*Item 2:*

*Identify the funding sources for this project.*

**Response:** E. Cash reserves- see attached documentation from CEO.

*Item 3:*

*Discuss and document the reasonableness of the proposed project cost. If applicable, compare the cost per square foot of construction to similar projects recently approved by the health Services and Development Agency.*

**Response:** This project involves no construction, real or personal property acquisition or initiation of new services. This project simply is a transfer of the service area of the six (6) counties of Maury, Giles, Lawrence, Wayne, Lewis, and Hickman from the sister agency of Maxlife @ Home of Tennessee, LLC dba CareAll Home Care Services to the applicant VIP Home Nursing and Rehabilitation Service, LLC for the purpose of company cost and operational enhancement.

*Item 4:*

*Complete Historical and Projected Data Charts on the following two pages. Historical Data chart represents revenue and expense information for the last three (3) years for which complete data is available for the institution. Project Data Chart requests information for the two (2) years following the completion of this proposal. Project Data Chart should reflect revenue and expense projections for the PROPOSAL ONLY.*

**Response:** See attached Historical Data Charts for 2013, 2014, 2015, and Projected Data Charts for 2017, and 2018.

*Item 5:*

*Please identify the projects average gross charge, average deduction from operating revenue, and average net change.*

**Response:** There should be no change in the average gross charge, average deduction from operating revenue, or average net change as a result of this proposed project.

*Item 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.*

**Response:** SN-\$170.00/visit

SN Evaluation-\$260.00/visit

Therapies (PT, OT, ST)-\$225.00/visit

Therapy Evaluation (PT, OT, ST)-\$340.00/visit

MSW- \$350.00/visit

Home Health Aide- \$75.00/visit

CNT-\$35.00/hour

Pediatric CNT Hourly-\$40.00/hour

SN Hourly-\$80.00/hour

Hi Tech SN Hourly-\$90.00/hour

Sitter/Companion-\$25.00/hour

There is no anticipated change in rates due to the proposed project. This change will have no impact on revenue or 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 Service 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).*

**Response:** See chart of home health agencies providing services in the proposed county area of the applicant and cost per visit/reimbursement as reported on the most current JAR. (Charge schedules are not recorded on the JAR report)

VIP Cost per visit comparison with other agencies in the Proposed service area by county

Agency	HH aide	MSS	OT	PT	SNC	ST
Maury Regional HH	\$50	\$500	\$288	\$191	\$175	\$277
NHC Homecare	\$44	\$108	\$158	\$135	\$96	\$295
Quality First HC	\$45	\$180	\$125	\$117	\$91	\$117
Alere W & C Health	none reported					
Amedysis cumb bend	\$14	\$73	\$78	\$70	\$53	\$91
Amedysis Glen Echo	\$24	\$65	\$74	\$73	\$59	\$98
Amedysis HHS	\$11	\$95	\$88	\$89	\$79	\$84
Continuous Care Services	\$80	\$185	\$165	\$165	\$145	\$165
Elk Valley Health	\$40	0	\$0	\$0	\$79	\$0
Friendship HHC	\$74	\$697	\$278	\$225	\$152	9%
Gentiva	\$41	\$415	\$162	\$158	\$115	\$199
Home Care Solutions	\$58	\$193	\$165	\$163	\$102	\$190
Angel PD & HH	\$153	0	0	\$84	\$320	0
Home Health Care Mid TN	\$49	\$267	\$111	\$117	\$136	\$85
Intrepid	\$94	\$180	\$161	\$140	\$126	\$154
Vanderbuilt Community HS	\$85	\$225	\$200	\$200	\$175	\$200
Willow brook HH	\$93	\$563	\$238	\$194	\$205	\$206
Tennessee Quality HC	\$26	\$715	\$145	\$128	\$60	\$154
Volunteer HH	\$34	\$229	\$233	\$134	\$79	\$147
CareSouth HHA Winchester	\$48	\$237	\$81	\$75	\$59	\$85
Regional HH Lex	\$25	\$165	\$90	\$75	\$60	\$100
Henry Co MC HH	\$46	\$163	\$176	\$176	\$188	\$148
St. Thomas HH Hickman Com	\$87	105%	\$105	\$105	\$95	\$110
Lincoln Med center HH	\$70	\$230	\$160	\$170	\$140	\$180
Gaurdian HC of nashville	\$30	\$160	\$66	\$88	\$65	\$57
Amedysis HHC Rutherford	\$17	\$56	\$81	\$79	\$50	\$75
Vanderbuilt/Walgreens	0	0	0	0	\$180	0

Deacones Lincoln	\$48	\$158	\$371	\$185	\$104	\$108
Amediysis Franklin	\$24	\$237	\$81	\$75	\$59	\$85
Coram CVS Infusion	none reported					
Hardin Co MC HH	\$62	\$273	\$0	\$125	\$116	\$0
VIP CareAll Davidson	\$29	\$103	\$121	\$98	\$68	\$153

*Item 7:*

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

**Response:** The projected utilization rates will be sufficient to maintain cost-effectiveness for VIP Home Nursing and Rehabilitation Service, LLC with the addition of the six county area. With the enhancement in cost reduction and operational control with this project, utilization should also be enhanced.

*Item 8:*

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

**Response:** Given the limited scope of the project, the Agency's current financial viability will not be affected by this project. The total project cost is estimated at \$21,000 payable from cash reserves. Cash flow will not be affected. See letter from CEO, regarding cash reserves, attached as Attachment C-Economic Feasibility -Item 2.

*Item 9:*

*Discuss the projects 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.*

**Response:** The Agency is Medicare certified and participates in the TennCare program. The agency contracts with BlueCare/TennCare Select and Amerigroup for services. The Agency proposes to continue to serve this population of patient under these payer sources including the medically indigent patients.

VIP Estimated revenue amount from each government payer with % of project revenue for 2017

Medicare	2,959,200	51%
TennCare	2,567,305	44%
Total	5,764,193	100%

*Item 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 –Item 10.*

**Response:** Balance sheet and other financial statements as of June 30, 2016 are attached as Attachment C-Economic Feasibility- Item 10.

*Item 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.*

**Response:** The alternative would be to leave the service areas of the two agencies of Maxlife and VIP as they are currently distributed. This alternative would not provide the necessary cost and organization enhancements that are projected with this proposed change.

- 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.*

**Response:** There is no new construction involved in this project. This project is considered superior to the alternative and is a modernization and sharing arrangement. This project will provide the opportunity for cost and organizational enhancements for the company and streamline operations for better continuity of services at a reduced cost in the Middle Tennessee service area.

*Section C: 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.*

**Response:** See attached list of organizations and payer sources for which VIP Home Nursing and Rehabilitation Service, LLC dba CareAll Home Care Services has agreements.

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.*

**Response:** The project proposal should have no negative effect on the health care system in the area. The transfer of the six (6) counties of Maury, Giles, Lawrence, Wayne, Lewis, and Hickman from Maxlife to VIP will provide no additions, duplication or competition arising from this project. This project involves no additional services to the existing service area. The utilization rates of existing providers in the service area should not be affected due to this project due to the fact that this project proposes no change to the service area or change in services provided by CareAll.

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.*

**Response:** See attached schedule of staff FTE's for each staff position, current and proposed. The net change proposed for FTEs and the average agency annual wage for each position as compared to the state annual wage for each professional position and overall annual wage for the service area.

Position	No. of Full Time Equivalent Employees	Current Year	proposed Year	Applicant's Planned Salary/Wage Range	Prevailing Wage for this type of employee*
Administrator	1	1	1	\$76,500.06	\$67,369.00
Staff RNs	3	3	3	\$57,000.00	\$56,083.00
Staff LPNs	5.5	5.5	5.5	\$34,254.58	\$37,856.00
Physical Therapist	4	4	4	\$91,666.72	\$84,767.00
Staff HHA/CNA	14	14	14	\$21,002	\$19,033.00
Administrative Assistant	1	1	1	\$33,756.92	\$29,286.00
Authorization Specialist	1	1	0.5	\$37,440.00	\$37,440.00
Director of Patient Services	1	1	.5	\$75,000.00	\$77,190.00
HR Coordinator	1	1	0.5	\$32,760.00	\$36,612.00
Office Coordinator	1	1	0.5	\$32,760.00	\$36,612.00
Office Coordinator	4	4	2	\$33,623.00	\$30,951.00
Occupational Therapist	1.5	1.5	1.5	\$85,000.00	\$89,370.00
RN Case Manager	8.75	8.75	8.75	\$58,000.00	\$56,083.00
Physical Therapy Assistant	2.5	2.5	2.5	\$62,400.00	\$56,102.00
Total	50.55	50.55	46.55	\$52,702.89	\$51,758.13

4. *Discuss the availability of and the 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.*

**Response:** Adequate professional and support staff will continue to be available and accessible to provide the services needed to the agency. The field staff availability will not change and will have better accessibility to the administrative staff with the organizational enhancement of this proposed project. The consolidation of this six county area will promote improved continuity between administrative and field staff resulting in better management of patient care in the Middle Tennessee service area. The staff is currently and will remain with this project proposal in accordance with the standards of the Department of Health for Home Health Agencies.

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.*

**Response:** See attached agency policies addressing each of the requested licensing certification requirements.

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.).*

**Response:** See attached Agency policies on the Student Preceptor Program.

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.

**Response:** Please see attached policy from the Agency's Policy and Procedure Manual on Regulatory Requirements.

- b. Please provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

**Licensure: Response:** State of Tennessee, Department of Health, Board of Licensing Health Care Facilities.

**Certification: Response:** VIP Home Nursing and Rehabilitation Service, LLC dba CareAll Home Care services is Medicare and Medicaid certification.

**Accreditation: Response:** VIP Home Nursing and Rehabilitation Service, LLC dba CareAll Home Care Services have no 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.

**Response:** See attached copy of the current facility license. Also see attached the current revalidation certification from Medicare and Medicaid.

- 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.

**Response:** Please see the attached copy of the most recent licensure/certification inspection with the 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 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

**Response:** No final orders or judgments entered against professional licenses held by the applicant or any entity or persons with more than 5% ownership interest in this applicant.

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.

**Response:** No final civil or criminal judgments for fraud or theft against any person or entity with more than 5% ownership interest in this 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 or other data as required.

**Response:** The agency will provide the JAR data annually which will include the number of patients treated, and the number and type of visits performed. The Agency will provide any requested data from the Tennessee Health Services and Development Agency.

CHRISTINE A. PALMER  
2811 TYNE BLVD.  
NASHVILLE, TN 37215-4533

August 8, 2016

Rick W. Hartwig  
CareAll, LLC  
326 Welch Road  
Nashville, TN 37211

Re: *Approval from the Estate of James W. Carell*

Dear Rick:

As you know, I am the executrix for the Estate of my father, James W. Carell. By this letter, I approve the proposed move of six counties held by MaxLife under its Certificate of Need to VIP Home Health. My approval is solely limited to the movement of the business done by CareAll Home Care in those six counties, which are Hickman, Maury, Lewis, Giles, Lawrence, and Wayne, from MaxLife to VIP.

If you have any questions, please feel free to call me.

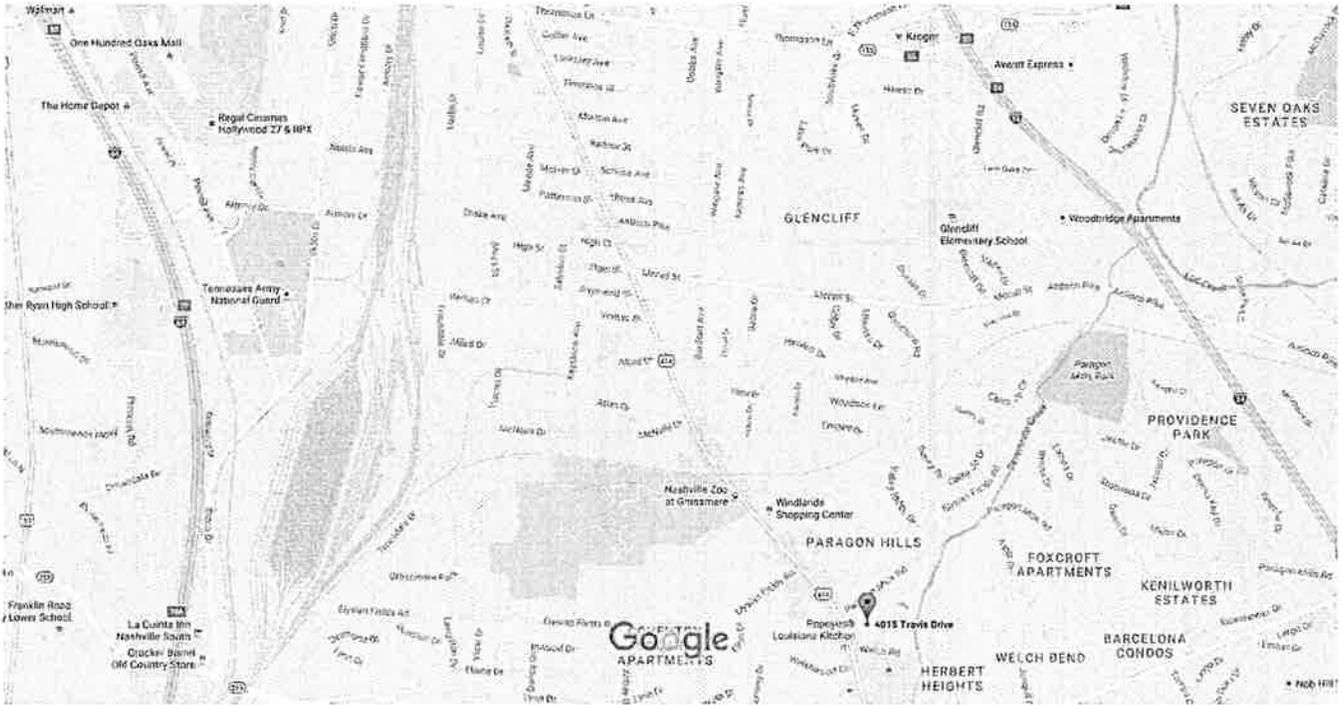
Sincerely,

*Christine A. Palmer*

Christine A. Palmer



# Google Maps 4015 Travis Dr



Map data ©2016 Google 1000 ft

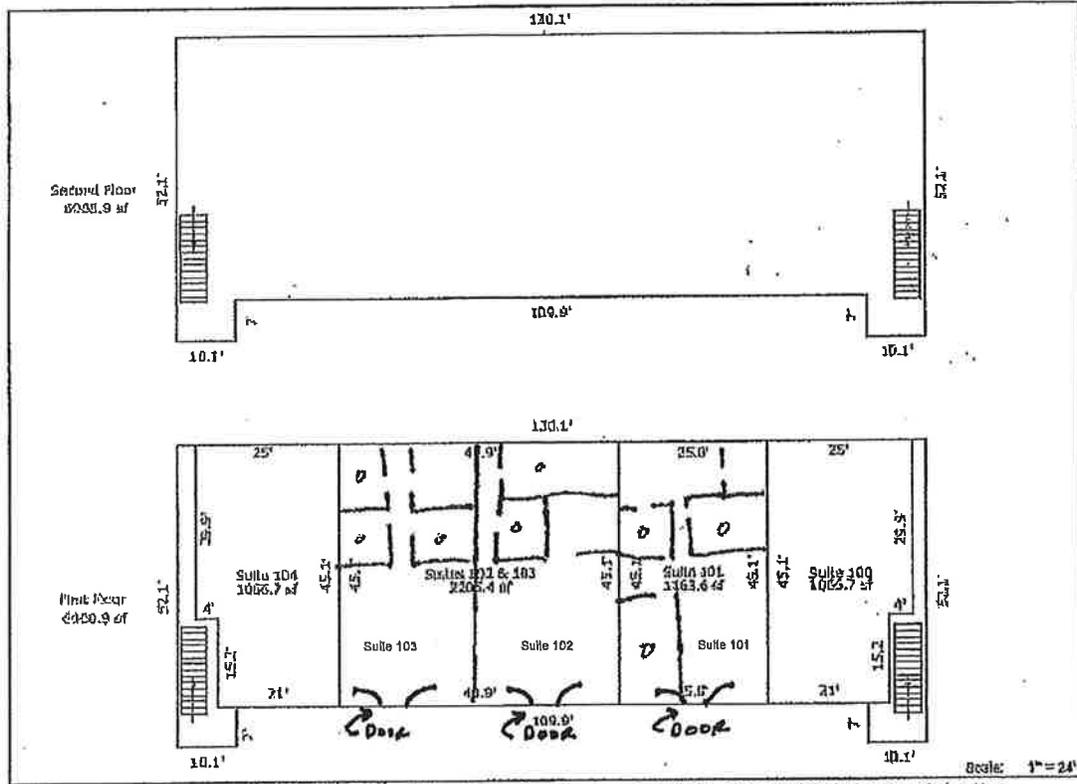


4015 Travis Dr  
Nashville, TN 37211

175

5 SUPPLEMENTAL Project  
 August 26, 2016  
 10:47 am  
 Floor Plan

BUILDING SKETCH



AREA CALCULATIONS SUMMARY			BUILDING AREA BREAKDOWN			
Code	Description	Total Size	Total Totals	Breakdown	Subtotals	
GBAL	First Floor	6008.91		First Floor		
	Second Floor	6008.91	12017.82	7.0 x 10.1	70.70	
OTB	Suite 100	1066.70		7.0 x 10.1	70.70	
	Suite 101	1163.58		45.1 x 130.1	5867.51	
	Suites 102 & 103	2205.39	5902.37	Second Floor		
	Suite 104	1066.70		7.0 x 10.1	70.70	
				7.0 x 10.1	70.70	
				45.1 x 130.1	5867.51	
	Net BUILDING Area	(rounded)	12018	6 Items	(rounded)	12018

Traditional Medicare and Medicare Advantage Plans apply to Home Health only. All other plans, where benefits are available, apply to Home Health and Private Duty.



Section C, Need, Item 1 a  
Criteria 8  
Section C, contribution  
to orderly development  
Please call us with  
your next referral!  
**931-840-0713**  
of Health care, item 1

Please check with the local office for verification as this list does NOT include ALL health plans. <sup>1</sup> Patient's admittance is based on approved authorization.

**Contracted / In Network Insurances**

**Traditional Medicare**

*(Patient's Traditional Medicare HIC# must be obtained)*

**Veterans Administration (VA)**

IL - Marion; TN - Knoxville, Memphis, Murfreesboro, Nashville

**Medicare Advantage Plans**

*(Patient's Traditional Medicare HIC# must be obtained as well as MA Plan HIC# in order to accurately verify benefits and for OASIS reporting)*

**Medicaid**

AmeriGroup & CHOICES  
BlueCare & CHOICES  
TennCare Select  
TennCare Select Community - MR Waiver, Arlington Waiver, Statewide Waiver plans

AmeriVantage

Blue Advantage *PPO, HMO & D-SNP plans*

Humana

Healthspring *Processed by myNEXUS*

**Commercial Plans**

*(Plans will have to be verified before acceptance)*

**Other Plans**

Aetna *For the following counties only:  
Benton, Carroll, Crockett, Dyer,  
Gibson, Henry, Houston,  
Humphreys, Lake, Madison,  
Obion, Stewart, and Weakley*

BCBS *All States and Networks*

Humana *Not in network with all Plans*

AARP  
Accredo  
Allstate Ins  
Bankers Life & Casualty  
Caremark  
CareScout  
Coventry  
Crum & Forster  
Cypress Care *(Healthcare Solutions)*

Home Care Connect  
GEHA  
Long Term Solutions  
MCAS *(Managed Care Network Svcs)*  
One Call Care Mgmt.  
Private Insurance  
Private Pay  
Progressive Medical  
RxCrossroads

**Non-Contracted / Out of Network Insurances <sup>2</sup>**

**Commercial Plans**

Aetna *All other counties (see above)*

Cigna *Processed by CareCentrix <sup>2</sup>*

Humana *Not all plans (see above)*

**Military Plans**

Champas  
ChampVA  
Humana Military  
Tricare

**Insurances Not Accepted**

Community Health Alliance    Out of State Medicaid (Any)    United Healthcare (All plans)    Windsor Medicare

<sup>1</sup> Acceptance of a certain insurance plan does not necessarily indicate acceptance of all plans offered within a specified network  
<sup>2</sup> If an In Network provider cannot be found, a Single Case Agreement can be negotiated on Out of Network Insurances. Acceptance of an Out of Network Single Case Agreement is at the discretion of CareAll Management, and acceptance is on a case-by-case basis.



VIP CON Counties

Section C, need,  
item 4 A.

County	Census										Total	%
	All Ages	65-69	70-74	75-79	80-84	85 and over						
Bedford	45,058	2,015	1,435	980	759	645	5,834	12.9%				
Cannon	13,801	735	543	438	244	256	2,216	16.1%				
Cheatham	39,105	1,536	1,135	733	490	356	4,250	10.9%				
Clay	7,861	549	418	281	177	154	1,579	20.1%				
Cumberland	56,053	4,836	3,811	2,808	1,842	1,256	14,553	26.0%				
Davidson	626,681	20,002	14,991	11,910	9,560	8,940	65,403	10.4%				
DeKalb	18,723	997	725	507	376	351	2,956	15.8%				
Jackson	11,638	748	510	365	237	195	2,055	17.7%				
Macon	22,248	1,108	733	578	375	340	3,134	14.1%				
Overton	22,083	1,255	985	672	457	342	3,711	16.8%				
Perry	7,915	510	355	290	196	132	1,483	18.7%				
Putnam	72,321	3,394	2,525	1,999	1,443	1,204	10,565	14.6%				
Robertson	66,283	2,647	1,950	1,463	913	831	7,804	11.8%				
Rutherford	262,604	7,603	5,367	3,756	2,590	2,250	21,566	8.2%				
Smith	19,166	903	630	448	322	300	2,603	13.6%				
Sumner	160,645	7,166	4,922	3,483	2,500	2,191	20,262	12.6%				
Trousdale	7,870	356	268	190	124	127	1,065	13.5%				
Van Buren	5,548	347	254	156	119	66	942	17.0%				
Warren	39,839	1,931	1,498	1,102	813	681	6,025	15.1%				
White	25,841	1,431	1,136	856	577	534	4,534	17.5%				
Williamson	183,182	6,353	4,132	3,012	2,223	2,087	17,807	9.7%				
Wilson	113,993	5,094	3,524	2,369	1,536	1,345	13,868	12.2%				
Total	1,828,458	71,516	51,847	38,396	27,873	24,583	214,215	11.7%				

counties shared with McMinnville  
counties shared with MaxLife



August 9, 2016

State of Tennessee  
Health Services and Development Agency  
Andrew Jackson Building  
500 Deaderick Street, 9<sup>th</sup> Floor  
Nashville, TN 37243

Dear Director:

The funding source for the project proposed with the CON applications to remove the following counties: Hickman, Maury, Lewis, Giles, Lawrence and Wayne from our MaxLife At Home of Tennessee, LLC CON and move them to our VIP Home Nursing and Rehabilitation Service, LLC CON will be from cash reserves. I attest that VIP Home Nursing and Rehabilitation Service, LLC has sufficient cash reserves to fund this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick W. Hartwig".

Rick W. Hartwig, CEO  
CareAll, LLC

## VIP Home Nursing + Rehabilitation Services LLC

## PROJECTED DATA CHART

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

	Hrs.-Private Duty Visits-Home Health	Year 2017 128,744 Hrs. 34,968 visits	Year 2018 134,614 Hrs. 39,432 visits
A. Utilization Data (Specify unit of measure)			
B. Revenue from Services to Patients			
1. Inpatient Services		\$ _____	\$ _____
2. Outpatient Services		<u>5,764,193</u>	<u>6,279,812</u>
3. Emergency Services		_____	_____
4. Other Operating Revenue (Specify) _____		_____	_____
<b>Gross Operating Revenue</b>		<b><u>\$5,764,193</u></b>	<b><u>\$6,279,812</u></b>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments		<u>\$ 51,642</u>	<u>\$ 62,798</u>
2. Provision for Charity Care		_____	_____
3. Provisions for Bad Debt		<u>54,257</u>	<u>59,254</u>
<b>Total Deductions</b>		<b><u>\$ 111,899</u></b>	<b><u>\$ 122,052</u></b>
<b>NET OPERATING REVENUE</b>		<b><u>\$5,652,294</u></b>	<b><u>\$6,157,760</u></b>
D. Operating Expenses			
1. Salaries and Wages		<u>\$3,586,744</u>	<u>\$3,837,219</u>
2. Physician's Salaries and Wages		_____	_____
3. Supplies		<u>78,628</u>	<u>84,663</u>
4. Taxes		<u>268,904</u>	<u>290,372</u>
5. Depreciation		_____	_____
6. Rent		<u>45,929</u>	<u>45,929</u>
7. Interest, other than Capital		_____	_____
8. Management Fees:			
a. Fees to Affiliates		<u>771,080</u>	<u>851,303</u>
b. Fees to Non-Affiliates		_____	_____
9. Other Expenses (Specify) _____		<u>702,164</u>	<u>709,923</u>
<b>Total Operating Expenses</b>		<b><u>\$5,453,449</u></b>	<b><u>\$5,819,409</u></b>
E. Other Revenue (Expenses) -- Net (Specify)		\$ _____	\$ _____
<b>NET OPERATING INCOME (LOSS)</b>		<b>\$ _____</b>	<b>\$ _____</b>
F. Capital Expenditures			
1. Retirement of Principal		\$ _____	\$ _____
2. Interest		_____	_____
<b>Total Capital Expenditures</b>		<b>\$ _____</b>	<b>\$ _____</b>
<b>NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES</b>		<b><u>\$ 198,845</u></b>	<b><u>\$ 338,351</u></b>

# VIP Home Nursing + Rehabilitation Services LLC

## HISTORICAL DATA CHART

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

	Year 2013 232,184 Hrs. 36,107 Visits	Year 2014 119,575 Hrs. 11,695 Visits	Year 2015 87,046 Hrs. 12,570 Visits
A. Utilization Data (Specify unit of measure)			
B. Revenue from Services to Patients			
1. Inpatient Services	\$ _____	\$ _____	\$ _____
2. Outpatient Services	\$ 8,766,615	\$ 4,959,223	\$ 3,506,808
3. Emergency Services	_____	_____	_____
4. Other Operating Revenue (Specify) _____	_____	_____	_____
<b>Gross Operating Revenue</b>	<b>\$ 8,766,615</b>	<b>\$ 4,959,223</b>	<b>\$ 3,506,808</b>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$ 91,317	\$ 508,116	\$ 259,969
2. Provision for Charly Care	_____	_____	_____
3. Provisions for Bad Debt	337,741	222,645	164,599
<b>Total Deductions</b>	<b>\$ 429,058</b>	<b>\$ 730,761</b>	<b>\$ 95,370</b>
<b>NET OPERATING REVENUE</b>	<b>\$ 8,337,557</b>	<b>\$ 4,228,462</b>	<b>\$ 3,411,438</b>
D. Operating Expenses			
1. Salaries and Wages	\$ 4,534,068	\$ 2,909,426	\$ 2,769,877
2. Physician's Salaries and Wages	_____	_____	_____
3. Supplies	108,587	75,263	62,579
4. Taxes	428,505	248,607	155,595
5. Depreciation	23,761	11,736	10,379
6. Rent	104,800	75,238	80,903
7. Interest, other than Capital	13,056	5912	48,375
8. Management Fees:			
a. Fees to Affiliates	2,069,927	996,603	437,643
b. Fees to Non-Affiliates	_____	_____	_____
9. Other Expenses (Specify) _____	1,444,457	1,091,646	1,259,420
<b>Total Operating Expenses</b>	<b>\$ 8,727,161</b>	<b>\$ 5,414,431</b>	<b>\$ 4,824,771</b>
E. Other Revenue (Expenses) - Net (Specify)	\$ 23,045	\$ 250,659	\$ 154,098
<b>NET OPERATING INCOME (LOSS)</b>	<b>\$ 366,559</b>	<b>\$ 1,436,628</b>	<b>\$ 1,567,431</b>
F. Capital Expenditures			
1. Retirement of Principal	\$ _____	\$ _____	\$ _____
2. Interest	_____	_____	_____
<b>Total Capital Expenditures</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES</b>	<b>\$ 366,559</b>	<b>\$ 1,436,628</b>	<b>\$ 1,567,431</b>

# VIP Home Nursing & Rehabilitation Services LLC

## HISTORICAL DATA CHART-OTHER EXPENSES

<u>OTHER EXPENSES CATEGORIES</u>	Year 2013	Year 2014	Year 2015
1. Auto + Mileage	\$ 228,150	\$ 130,815	\$ 170,779
2. Employee Benefits	317,473	186,646	230,333
3. Insurance	44,396	47,140	44,742
4. Phone + Utilities	67,881	64,191	58,453
5. Advertising + Marketing	201,368	202,865	212,221
6. Compliance + Training	135,773	223,578	289,967
7. Other Administrative	449,416	236,411	252,925
Total Other Expenses	\$ 1,444,457	\$ 1,091,646	\$ 1,259,420
<u>Other Revenue (Expense)</u>			
Interest Income	23,045	9,436	1,363
Gain (Loss) on Asset Disposal	-	< 811	8894
Debt Forgiveness Income	-	2,046,227	-
Legal Settlement	-	< 2,305,511	< 164,355
	23,045	< 250,659	< 154,098

## PROJECTED DATA CHART-OTHER EXPENSES

<u>OTHER EXPENSES CATEGORIES</u>	Year 2017	Year 2018
1. Auto + Mileage	\$ 92,717	\$ 100,040
2. Employee Benefits	84,297	84,736
3. Insurance	38,043	38,043
4. Phone + Utilities	48,789	48,789
5. Advertising + Marketing	211,513	211,513
6. Compliance + Training	118,957	118,957
7. Other Administrative	107,848	107,845
Total Other Expenses	\$ 702,164	\$ 709,923

dx

VIP HOME NURSING & REHABILITATION  
BALANCE SHEET

	<u>JUNE 30,</u> <u>2016</u>
<b><u>ASSETS</u></b>	
Current Assets	
Cash	73,666
Accounts Receivable - Trade	416,105
Accounts Receivable - Other	20
Allowance for Bad Debts	(144,409)
Prepaid Expenses	<u>43,388</u>
Total Current Assets	388,770
Fixed Assets	
Vehicles, Equipment, Computer Hardware	149,460
Less: Accum Depreciation	<u>(137,653)</u>
Total Fixed Assets	11,807
Other Assets	715
<b>Total Assets</b>	<b><u><u>401,292</u></u></b>
<b><u>LIABILITIES</u></b>	
Current Liabilities	
Accounts Payable	7,363
Interest Payable - JWC Estate (Settlement)	78,474
Deferred Revenue	35,513
Other Current Liabilities	133,350
Accrued PTO	60,568
Due to Intercompany (Careall LLC)	526,332
Due to CareAll Management, LLC	<u>2,500,580</u>
Total Current Liabilities	3,342,180
Long Term Liabilities	
Notes Payable - JWC Estate (Settlement)	806,249
Management Fees Payable	<u>5,401,424</u>
Total Long Term Liabilities	6,207,673
Total Liabilities	9,549,853
<b><u>EQUITY</u></b>	
Retained Earnings - Current Year	(709,714)
Retained Earnings - Prior	(9,410,424)
Paid-in-Capital	970,577
Common Stock	<u>1,000</u>
Total Equity	(9,148,561)
<b>Total Liabilities and Equity</b>	<b><u><u>401,292</u></u></b>

VIP HOME NURSING & REHABILITATION  
INCOME STATEMENT

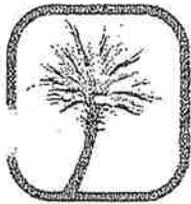
JAN 1 - JUNE 30,  
2016

OPERATING REVENUE:	
COMMERCIAL INSURANCE	262,066
MEDICARE A	568,795
HOME HEALTH TENNCARE	24,166
PRIVATE DUTY (TENNCARE)	766,446
PRIVATE DUTY (COMM INS)	755
PRIVATE DUTY (PRIVATE PAY)	2,704
SITTER REVENUE	158,542
MEDICARE/TENNCARE REV. ADJ.	(205,488)
TOTAL OPERATING REVENUE	1,577,986
DIRECT LABOR COST:	
HOME HEALTH AGENCIES:	
SALARIES	503,795
FICA/WORKERS COMP	55,028
MILEAGE	51,136
GROUP HEALTH/PTO	49,818
TOTAL HOME HEALTH AGENCIES	659,777
PRIVATE DUTY:	
SALARIES	546,183
FICA/WORKERS COMP	65,503
MILEAGE	15,079
GROUP HEALTH/PTO	28,074
TOTAL PRIVATE DUTY	654,839
TOTAL DIRECT LABOR COST	1,314,616
CMS SUPPLY PURCHASES	16,570
PLANT OPERATIONS:	
PLANT OPERATIONS - RENT	40,484
PLANT OPERATIONS - UTILITIES	8,671
TOTAL PLANT OPERATIONS	49,155
ADMINISTRATIVE PAYROLL:	
SALARIES - ADMINISTRATOR	39,892
SALARIES - DIRECTOR	6,588
SALARIES - BILLING COORD/AUTH SPEC.	34,496
SALARIES - OFFICE	217,391
BONUS - REFERRAL/NON-MGT	683
PAYROLL TAXES - G&A	27,132
TOTAL ADMINISTRATIVE PAYROLL	326,182

VIP HOME NURSING & REHABILITATION  
 INCOME STATEMENT

JAN 1 - JUNE 30,  
 2016

ADMINISTRATIVE - OTHER:	
MANAGEMENT FEES	236,283
WORKERS COMPENSATION-G&A	1,734
VESTED PTO-G&A	20,474
GROUP INSURANCE-G&A	31,702
OTHER BENEFITS (STD, LIFE)	5,650
STORAGE/MOVING FEES	4,256
SEMINAR/BOOK EXPENSE	601
ADVERTISING/MARKETING	100,264
EMPLOYEE ADS/RECRUITING	12,160
BACKGROUND INVESTIGATIONS	994
COMPLIANCE/QA/CODING/TRAINING	133,760
EXPENDABLE EQUIPMENT	662
TELEPHONE/INTERNET	19,117
DIRECTORY LISTING	1,022
POSTAGE	1,468
PRINTING & DUPLICATION	4,956
OFFICE SUPPLIES	16,395
MEDICAL CONSULTING FEES	6,000
LEGAL/ACCOUNTING FEES	54,801
SOFTWARE SUPPORT	17,951
DUES & SUBSCRIPTIONS	2,095
MEALS/LODGING/ENTERTAINMENT	3,379
MAINT/REPAIR/SERV. AGREEMENTS	2,689
TAXES & LICENSES	1,087
PROF/LIABILITY INSURANCE	18,952
VEHICLE INSURANCE	2,192
BAD DEBTS	(219,804)
FUEL/AUTO/MILEAGE EXPENSE	16,779
TOTAL OTHER ADMINISTRATIVE	497,619
TOTAL OPERATING EXPENSES	2,204,142
EBITDA	(626,156)
INTEREST INCOME	186
INTEREST EXPENSE	24,187
DEPRECIATION	5,732
HATCHER LAWSUIT SETTLEMENT	53,825
NET INCOME (LOSS)	(709,714)



**Palmetto GBA**

PARTNERS IN EXCELLENCE

Section C, Contribution to order  
development of healthcare,  
item 7 c.

A/B/MAC Jurisdiction 11

North Carolina, South Carolina,  
Virginia, West Virginia,  
Home Health and Hospice

June 27, 2012

VIP Home Nursing and Rehabilitation Services, LLC  
d/b/a CareAll HomeCare Services  
Attention: James W. Carell  
501 Park Ave, Suite B  
Lebanon, TN 37087

DCN: 12052021100033

We have processed your Medicare enrollment application(s) to revalidate your Medicare enrollment information. The revalidation was completed for the following entity.

Legal Business Name: VIP Home Nursing and Rehabilitation Services, LLC  
DBA: CareAll HomeCare Services  
NPI(s): 1578528923  
PTAN/CCN: 447425

In addition, to revalidating the above provider number information, the following updates were completed.

- Name Change
- Structure Change : VIP Home Nursing and Rehabilitation Services, LLC
- Practice Special Payment Address
- Management Personnel Addition : Effective date 02/01/12 - Louis Vick
- Management Personnel Deletion : End date 01/31/12 - Dorothy Smith
- Telephone Number
- Fax Number
- Branch Location
- Authorized/Delegated Official : Louis Vick
- Billing Agency - CareAll management LLC, 4015 Travis Dr., Nashville TN 37211
- N/A

**Change of Address and Branch/Unit Additions**

Please note that this approval letter does not signify CMS's approval of the changed or new location. Only the CMS Regional Office can approve the change or addition. Written notification will be made once the approval is granted.

Please verify the accuracy of your enrollment information. If you disagree with any portion of this initial determination, you may request a reconsideration before a contractor hearing officer. The reconsideration is an independent review and will be conducted by a person who was not involved in the initial determination. You must request the reconsideration in writing to this office within 60 calendar days of the postmark date of this letter. The request for reconsideration must state the issues, or the

findings of fact with which you disagree and the reasons for disagreement. You may submit additional information with the reconsideration request that you believe may have a bearing on the decision. The reconsideration request must be signed and dated by the physician, non-physician practitioner or any responsible authorized or delegated official within the entity. Failure to timely request a reconsideration is deemed a waiver of all rights to further administrative review. The request for reconsideration should be sent to:

Centers for Medicare & Medicaid Services  
Center for Program Integrity  
Provider Enrollment Operations Group  
7500 Security Blvd.  
Mailstop: AR-18-50  
Baltimore, MD 21244-1850

To maintain an active enrollment status in the Medicare Program, regulations found at 42 CFR 424.516 require that you submit updates and changes to your enrollment information in accordance with specified timeframes. Reportable changes include, but are not limited to changes in: (1) legal business name (LBN)/tax identification number (TIN), (2) practice location, (3) ownership, (4) authorized/delegated officials, (5) changes in payment information such as changes in electronic funds transfer information, and (6) final adverse legal actions, including felony convictions, license suspensions or revocations of a health care license, an exclusion or debarment from participation in Federal or State health care program, or a Medicare revocation by a different Medicare contractor.

Providers and suppliers may enroll or make changes to their existing enrollment in the Medicare program using the Internet-based Provider Enrollment, Chain and Organization System (PECOS). To apply via the Internet-based PECOS or to download the CM-855 enrollment applications, go to <http://www.cms.hhs.gov/MedicareProviderSupEnroll>.

If additional changes are necessary or if you have any questions, feel free to contact our Provider Contact Center at 866-830-3925.

Sincerely,

*Dale Estrada*

Provider Enrollment Analyst

cc: State Survey Agency Contact: Marsha Neuenschwander

Section C, Contribution to  
the orderly development  
of health care, item 7d.



April 12, 2016

Ms. Charlotte Cream, R.N., Administrator  
Careall Homecare Services  
4015 Travis Drive, Suite 102  
Nashville, TN 37211

Provider Number: 44-7425

Dear Ms. Cream:

The East Tennessee Regional Office of Health Care Facilities conducted a recertification survey and a complaint investigation on February 23 - 25, 2016. A Health desk review was conducted on April 4, 2016. Based on the review, we are accepting your plan of correction and your facility is in compliance with all participation requirements as of April 1, 2016.

If you should have any questions, please contact the East Tennessee Regional Office at (865) 594-9396.

Sincerely,

A handwritten signature in cursive script that reads "Tamra Turberville" followed by a stylized flourish.

Tamra Turberville, R.N.  
Regional Administrator  
East TN Health Care Facilities

TT:cvb                      TN00038195

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/29/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  447425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/25/2016
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  CAREALL HOMECARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4015 TRAVIS DRIVE SUITE 102 NASHVILLE, TN 37211
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

G 000	INITIAL COMMENTS  A Recertification survey and Investigation of complaint (#38195) were completed at Careall Homecare Services from 2/23/16 through 2/25/16. No deficiencies were cited related to complaint (#38195) under CFR Part 484, Requirements for Home Care Organizations Providing Home Health Services.	G 000		
G 165	484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS  Drugs and treatments are administered by agency staff only as ordered by the physician.  This STANDARD is not met as evidenced by: Based on medical record review and interview, the agency failed to obtain physician orders for physical therapy for 1 patient (#9) of 12 patients reviewed.  The findings included:  Medical record review revealed Patient #9 was admitted to the agency on 12/1/15 with diagnoses including Pressure Ulcer of Right Buttock and Muscle Weakness.  Medical record review of the physical therapy notes for Patient #9 from 1/30/16 to 2/20/16 revealed the patient was seen by physical therapy on 2/1/16; 2/3/16; 2/4/16; 2/8/16; 2/10/16; 2/11/16; 2/15/16; 2/17/16; and 2/19/16.  Medical record review of the Home Health Certification and Plan of Care dated 1/30/16 to 3/29/16 revealed no physician orders for physical therapy.	G 165	Unable to locate these orders during survey, but they were found just after surveyor left. PT orders from Recert Reassessment did not map correctly to plan of care due to a computer software glitch. To correct, the entire P.T. Recert Reassessment including orders & goals was sent for MD signature. Signature received on 2/10. According to our internal review, no other patients were affected or found. Ongoing monitoring will include final review of plan of care by Agency Administrator prior to completion. We are also scheduled to go live w/ new software on 5/1/16 that should resolve the	04/01/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Charlotte Crean</i>	TITLE RN Administrator	(X6) DATE 03/18/2016
---	---------------------------	-------------------------

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/29/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  447425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/25/2016
NAME OF PROVIDER OR SUPPLIER  CAREALL HOMECARE SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 4015 TRAVIS DRIVE SUITE 102 NASHVILLE, TN 37211	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 165	Continued From page 1	G 165	software issues as well.	
G 176	<p>Interview with the administrator on 2/25/16 at 9:00 AM, in the conference area, confirmed the agency had not obtained physician orders for the physical therapy visits for Patient #9.</p> <p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.</p> <p>This STANDARD is not met as evidenced by: Based on medical record review, observation and interview, the registered nurse failed to coordinate home health aide services to reflect physician orders for 1 patient (#9) of 5 patients who received home health aide services.</p> <p>The findings included:</p> <p>Medical record review revealed Patient #9 was admitted to the agency on 12/1/15 with diagnoses including Pressure Ulcer of the Right Buttock and Essential Hypertension.</p> <p>Medical record review of Patient #9's Home Health Certification and Plan of Care dated 1/30/16 to 3/29/16 revealed a physician's order to "...Notify MD (physician) if systolic (blood pressure) greater than 160 or less than 90, diastolic (blood pressure) greater than 90 or less than 58..."</p> <p>Medical record review of Patient #9's Home Health/Home Care - Aide Assignment Sheet</p>	G 176	<p>Error caused by RN completing documentation on plan of care and HHA assignment sheet at different times and did not review for consistency. HHA assignment sheet for this patient has been corrected to match plan of care. Internal audit review found no other patients affected. All field clinicians were inserviced on 3/3/16 regarding need for HHA assignment sheets to exactly match plan of care. Ongoing monitoring will include Audit review of all HHA assignment sheets by Administrator or designee. Also new software system will have hard stops for this kind of discrepancy. RN's will monitor these assignment sheets weekly.</p>	04/01/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/29/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  447425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  02/25/2016
NAME OF PROVIDER OR SUPPLIER  CAREALL HOMECARE SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 4015 TRAVIS DRIVE SUITE 102 NASHVILLE, TN 37211		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 176	Continued From page 2 dated 1/26/16 revealed "...Parameters to notify care manager BP (blood pressure) less than 80/50 or greater than 160/100..."  Observation of Patient #9 on 2/24/16 at 11:00 AM, in the patient's home, revealed the home health aide obtained the patient's blood pressure which was documented as 80/60. According to the Home Health/Home Care - Aide Assignment Sheet the home health aide did not need to report this blood pressure to the nurse manager in charge of the patient. However, according to the Plan of Care (physician's orders) the agency was to report blood pressures less than 90/58 or greater than 160/90.	G 176			
G 224	484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE  Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.  This STANDARD is not met as evidenced by: Based on medical record review, observation and interview, the agency failed to provide correct written patient care instructions for the home health aide for 1 patient (#9) of 5 patients who received home health aide services.	G 224	Error caused by RN completing documentation on Plan of Care and HHA assignment sheet at different times and did not review consistency. HHA assignment sheet has been corrected to match the plan of care. Internal audit review found no other patients affected. All field clinicians were inserviced on 3/3/16 regarding need for HHA assignment sheets to	04/01/16	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/29/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  447425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  02/25/2016
NAME OF PROVIDER OR SUPPLIER  CAREALL HOMECARE SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 4015 TRAVIS DRIVE SUITE 102 NASHVILLE, TN 37211		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 224	Continued From page 3  The findings included:  Medical record review Patient #9 was admitted to the agency on 12/1/15 with diagnoses including Pressure Ulcer of the Right Buttock and Essential Hypertension.  Medical record review of Patient #9's Home Health Certification and Plan of Care dated 1/30/16 to 3/29/16 revealed a physician's order to "...Notify MD (physician) if systolic (blood pressure) greater than 160 or less than 90, diastolic (blood pressure) greater than 90 or less than 58..."  Medical record review of Patient #9's Home Health/Home Care - Aide Assignment Sheet dated 1/26/16 revealed "...Parameters to notify care manager BP (blood pressure) less than 80/50 or greater than 160/100..."  Observation of Patient #9 on 2/24/16 at 11:00 AM, in the patient's home, revealed the home health aide obtained the patient's blood pressure which was documented as 80/60. According to the Home Health/Home Care - Aide Assignment Sheet the home health aide did not need to report this blood pressure to the nurse manager in charge of the patient. However, according to the Plan of Care (physician's orders) the agency was to report blood pressures less than 90/58 or greater than 160/90.  Interview with the administrator on 2/25/16 at 9:15 AM, in the conference area, confirmed Patient #9's Home Health/Home Care - Aide Assignment Sheet was incorrect and did not reflect the physician's orders on the Plan of Care.	G 224	cont... exactly match the plan of care. Ongoing monitoring will include Audit review of all HHA assignment sheets by Administrator or designer. Also, new software system will have hard stops to prevent this kind of error. Go live date for software is 5/1/16		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/29/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  447425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  02/25/2016
NAME OF PROVIDER OR SUPPLIER  CAREALL HOMECARE SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 4015 TRAVIS DRIVE SUITE 102 NASHVILLE, TN 37211		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TNH185</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/25/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAREALL HOMECARE SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4015 TRAVIS DRIVE SUITE 102 NASHVILLE, TN 37211</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 001	<p>1200-8-26 Initial.</p> <p>A Licensure survey and investigation of complaint (#38195) were completed at Careall Homecare Services from 2/23/16 through 2/25/16. No deficiencies were cited under Chapter 1200-08-26 Standards for Home Care Organizations Providing Home Health Services.</p>	H 001		

Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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**State of Tennessee  
Health Services and Development Agency**

Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda) Phone: 615-741-2364 Fax: 615-741-9884

**PUBLICATION OF INTENT**

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

**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:

VIP Home Nursing & Rehabilitation Service, LLC D/B/A CareAll Home Care Services, Home Health Agency  
(Name of Applicant) (Facility Type-Existing)

owned by: CareAll, LLC with an ownership type of Limited Liability Company

and to be managed by: CareAll Management, LLC intends to file an application for a Certificate of Need for [PROJECT DESCRIPTION BEGINS HERE]: VIP Home Nursing and Rehabilitation Service, LLC D/B/A CareAll Home Care Services located at 4015 Travis Drive, Suite 102, Nashville, TN 37211, Davidson County intends to add the

counties of Maury, Giles, Lawrence, Wayne, Lewis, and Hickman to their licensed service area of Robertson, Cheatham, Davidson, Sumner, Macon, Trousdale,

Wilson, Rutherford, Bedford, Williamson, Smith, Clay, Jackson, Overton, Putnam, Cumberland, Dekalb, Van Buren, Warren, White, Perry, and Cannon. These

six counties will be acquired with the surrender of these same six counties including Maury, Giles, Lawrence, Wayne, Lewis, and Hickman from the licensed service area of the sister company of Maxlife at Home of Tennessee, LLC DBA CareAll Home care Services. Existing home care services will not be affected, and no new service will be initiated or service discontinued. The project does not impact patient care, involves no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. Anticipated cost of the project is \$ 21,000.

The anticipated date of filing the application is: August 12, 20 16

The contact person for this project is Mary Ellen Foley Project Director  
(Contact Name) (Title)

who may be reached at: CareAll Home Care Services 135 Kennedy Drive  
(Company Name) (Address)

Martin TN 38237 731 / 587-2996  
(City) (State) (Zip Code) (Area Code / Phone Number)

**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, 9<sup>th</sup> 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.

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# FARM NEWS The Wayne County News, Inc. - 4-H News & Farm Report



**AGRICULTURE NEWS**  
WAYNE COUNTY  
**EXTENSION**  
INSTITUTE OF AGRICULTURE  
Jason McGarrh  
Agent

**CAN COMMERCIAL SOLAR BENEFIT YOUR BUSINESS?**  
There has been a lot of talk in recent years about green energy, and how different organizations are utilizing solar energy. Last fall I met the representatives of Green Earth Solar at the Tennessee Cattlemen's Meeting in Murfreesboro, and I was intrigued by the potential opportunities that solar energy could offer to rural Wayne County. So, I spoke later with Green Earth Solar and asked them to be a guest speaker to talk about tax incentives, tax credits, and grants that are available to rural businesses and farmers. Any business that uses a significant amount of electricity could qualify for the government programs.  
With regard to residential systems they do not pay for themselves as quick as commercial. However, I invite everyone who might be interested in looking into this technology to come to

the Utilizing Commercial Solar Energy meeting September 8<sup>th</sup>. Please call the Wayne County Extension Office to register (931) 722-3229.  
**NOTICE:**  
Utilize Commercial Solar Energy Meeting, Wayne County Extension Office, September 8, 2016, P.M., Diner Provided.  
**Revival Aug. 21-26, Piney Grove FWB**  
Revival services will be held at Piney Grove FWB Church in the Cypress Inn Community Aug. 21-26.  
Marcus Morrow will be the Evangelist. Services will begin at 6 P.M. on Sunday and 7 Monday through Friday. Special singing will be featured each night and a men's prayer service will be held 15 minutes prior to the service each night.  
Greg Eaton, pastor, along with the congregation extends a warm welcome to everyone.



**FAMILY AND CONSUMER SCIENCES EDUCATION NEWS**  
WAYNE COUNTY  
**EXTENSION**  
INSTITUTE OF AGRICULTURE  
Joy Powell, Agent

**PACKING FOR PICNICS**  
Those lazy, lazy, crazy days of summer are here. Warm weather provides ideal temperatures for bacteria to grow to dangerous levels and cause foodborne illness. Bacteria grow rapidly when food is between 40°- 140°F - the Danger Zone. In the span of a few hours, billions of bacteria can be produced with the potential for disaster. The time in the danger zone is cumulative. To keep foods safe, keep hot foods hot and cold foods cold. Practice the 2-hour rule; do not allow foods in the danger zone for more than 2 hours total (1 hour if the temperature is < above 90°F) from purchase to consumption.  
As you are shopping for picnic items, buy perishables last and go straight home. Never leave perishables in the car while you do other shopping. Chill all ingredients before assembling salads, sandwiches, and other potentially hazardous foods. Chill again before packing the cooler. Foods that are safe at room temperature include peanut butter sandwiches, cookies, crackers, dried fruit, unopened cans of fruit or pudding, unopened juice boxes and fruit filled pastries. Keep foods safe in transit by packing them in insulated bags, lunch boxes or coolers with frozen gel packs. Make sure food is cold or frozen before placing it in the cooler. Use cold packs throughout large containers, not just on the top or bottom. Pack the cooler carefully with raw products well wrapped, placed on the bottom so raw foods will not drip on cooked.  
Transport the cooler in the passenger compartment of the car. At the picnic area place it in the shade or in a shelter out of the sun and keep the lid closed. If you are brown bagging, use new, clean bags; use grocery bags are a potential source of bacteria and insects. Wash the cooler or lunch box after each use to keep bacteria from growing.  
Everything that touches the food needs to be clean - bowls, utensils, cutting boards, etc. Wash your hands before and after preparing or handling food to keep bacteria from being transferred. Take along wet wipes and antibacterial gel to clean hands if no running water is available.  
When you are packing, take only what you think you will use. If you do

have leftovers, put them back in the cooler as soon as possible.  
If you are grilling foods, take care not to cross contaminate by handling raw meat and then cooked foods without washing hands and utensils in between. Cook burgers to 160°F and use a food thermometer to check the temperature. Serve immediately or keep hot (140° F) until serving. Do not reuse the same plate and utensils for raw and cooked food.  
Whatever the season, some individuals are more at risk to get foodborne illness than others. Small children, elderly, pregnant women, and immune compromised individuals are all at higher risk. There is more chance of foodborne illness occurring in the summer because of the warmer temperatures. Don't spoil a summer outing by leaving food in the danger zone too long.  
*Source: Nebraska Extension*



**4-H NEWS**  
Samantha Morrow  
TSU 4-H Agent



This week's featured State 4-H Photo Search entry was taken by Jesse Keeton, a student at Collinwood Middle School. His photo is titled "Peach Tree Blossoms".

**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. § 68-11-1001 et seq., and the Rules of the Health Services and Development Agency, that VP Home Nursing & Rehabilitation Services, LLC DBA CareAll Home Care Services, Home Health Agency owned by CareAll, LLC with an ownership type of Limited Liability Company and to be managed by CareAll Management, LLC intends to file an application for a Certificate of Need for: VP Home Nursing and Rehabilitation Services, LLC DBA CareAll Home Care Services located at 4015 Trade Drive, Suite 103, Nashville, TN 37211, Davidson County intends to add the counties of Maury, Giles, Lawrence, Wayne, Lewis and Hickman to their licensed service area of Bedford, Clarkston, Davidson, Sumner, Macon, Trousdale, Wilson, Buchanan, Bedford, Williamson, Smith, Clay, Jackson, Overton, Putnam, Cumberland, DeKalb, Van Buren, Warren, White, Perry and Cannon. These six counties will be acquired with the surrender of these same six counties including: Maury, Giles, Lawrence, Wayne, Lewis and Hickman from the licensed service area of the sister company of Health at Home of Tennessee, LLC DBA CareAll Home Care Services. Existing home care services will not be affected, and no new services will be added or service discontinued. The project does not impact patient care, involves no construction or capital expenditure or the acquisition or modification of any type of major medical equipment. Anticipated start of the project is 12/1/2016. The anticipated date of filing the application is: August 12, 2016. The contact person for this project is Mary Ellen Foley, Project Director who may be reached at CareAll Home Care Services, 132 Kennedy Drive, Martin, TN 38237 731-597-3916.  
Upon written request by interested parties, a local Fair Hearing public hearing shall be conducted.  
Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 533 Deaderick Street, Nashville, Tennessee 37243.  
The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1002(c)(1): (A) Any health care institution wishing to approve a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than 180 days (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.

**NOTICE TO FURNISHERS OF LABOR AND MATERIALS TO:**  
Lu, Inc.  
PROJECT NO.: 16031-4164-04  
CONTRACT NO.: CNP131  
COUNTY: Wayne  
The Tennessee Department of Transportation solicits make final bid for the construction of the above numbered project. All persons wishing to file claims pursuant to Section 54-5-122, T.C.A., must file the same with the Director of Construction, Tennessee Department of Transportation, Suite 100, James K. Polk Bldg., Nashville, Tennessee 37243-0326, on or before 09/22/16.

**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. § 68-11-1001 et seq., and the Rules of the Health Services and Development Agency, that Health at Home of Tennessee, LLC DBA CareAll Home Care Services, Home Health Agency owned by Health at Home of Tennessee, LLC with an ownership type of Limited Liability Company and to be managed by: CareAll Management, LLC intends to file an application for a Certificate of Need for: the location of its principal office from 607 Nashville Highway, Columbia, TN, Maury County to 4015 Trade Drive, Suite 103, Nashville, TN Davidson County. Health at Home of Tennessee, LLC DBA CareAll Home Care is licensed to serve Perry, Hickman, Maury, Lewis, Giles, Lawrence, DeKalb, Hardin, McMurry, Decatur, Montgomery, Davidson, Williamson, Buchanan, Sumner, Wilson, Buchanan and Cheatham counties. This relocation will occur with the surrender of the counties of Maury, Giles, Lawrence, Lewis, Wayne and Hickman from the licensed service area and the transfer of these six counties to the licensed service area of the sister agency of VP Home Nursing and Rehabilitation Services, LLC DBA CareAll Home Care Services. This project will not impact patient care services in this Care Services. The project will not impact patient care services in this Care Services. This project will not involve construction or capital expenditure or the acquisition or modification of any type of major medical equipment. The anticipated start of the project is 12/1/2016. The anticipated date of filing the application is: August 12, 2016. The contact person for this project is Mary Ellen Foley, Project Director who may be reached at CareAll Home Care Services, 132 Kennedy Drive, Martin, TN 38237 731-597-3916.  
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**HANDGUN PERMIT TRAINING CLASSES**  
Class and Range time combined  
Saturday, August 20 • 8 a.m. - 5 p.m.  
Savannah City Hall  
REGISTRATION REQUIRED: <http://apps.tn.gov/handgun>

**MAXXGUARD**  
For info 321-427-7222  
[www.maxxguard.com](http://www.maxxguard.com)

**HARDIN COUNTY STOCKYARD**  
3350 HWY 226, SAVANNAH, TN 38372  
731-925-3287 931-224-2247

**MARKET REPORT**  
August 3, 2016  
Total Hd 1142 Last Week 570 Last Yr 625  
Cattle 1112 Goats 19 Hogs 11

**#1 STEERS & BULLS**

200-300 WT	186.00-194.00
300-400 WT	169.00-186.00
400-500 WT	154.00-169.00
500-600 WT	141.00-154.00
600-700 WT	134.00-141.00
700-800 WT	125.00-134.00
800-900 WT	116.00-125.00

**#1 HEIFERS**

200-300 WT	156.00-172.00
300-400 WT	143.00-156.00
400-500 WT	132.00-143.00
500-600 WT	124.00-132.00
600-700 WT	119.00-124.00
700-800 WT	114.00-119.00
800-900 WT	109.00-114.00

**HIGH DRESSING UTILITY COWS 72.00-80.50**  
**HIGH DRESSING SLAUGHTER BULLS 92.00-100.50**

**LOAD LOTS**

30 str avg. wt. 619 lbs.	147.00
23 hrs avg. wt. 624 lbs.	130.00
117 str avg. wt. 778 lbs.	144.75
73 str avg. wt. 665 lbs.	147.00
77 hrs avg. wt. 629 lbs.	141.75

**lumberjack**  
**CONTEST**  
TUESDAY, SEPT. 20  
7:00 P.M.  
HARDIN COUNTY  
FAIRGROUNDS ARENA  
(Sign in at 6 p.m.)  
**ENTRY FEE: \$10.00**

**CONTEST EVENTS:**

- Loader Contest
- Chainsaw Racing
- Crosscut Saw Contest
- Ax Chopping Contest
- Precision Cut Contest
- Cross Tie Carry Contest

Search for prizes for every event. Bring your own personal protection equipment. If not available, we will have some! (MUST BE 18+)

For more information call:  
Scott at (731) 727-7780  
Tim at (731) 438-5328

**TENNESSEE VALLEY LIVESTOCK**  
620 S. POPLAR  
FLORENCE, AL 35631  
256-766-0281 931-224-2247

**MARKET REPORT**  
August 8, 2016  
TOTAL HD 823 LAST WK 675 LAST YR 714  
CATTLE 818 GOATS 3 HOGS 7

**#1 STEERS & BULLS**

200-300 WT	174.00-196.00
300-400 WT	163.00-174.00
400-500 WT	151.00-163.00
500-600 WT	142.00-151.00
600-700 WT	134.00-142.00
700-800 WT	128.00-134.00
800-900 WT	121.00-128.00

**#1 HEIFERS**

200-300 WT	153.00-172.00
300-400 WT	144.00-158.00
400-500 WT	133.00-144.00
500-600 WT	122.00-133.00
600-700 WT	116.00-122.00
700-800 WT	113.00-116.00
800-900 WT	109.00-113.00

**HIGH DRESSING UTILITY COWS 74.00-82.50**  
**HIGH DRESSING SLAUGHTER BULLS 93.00-101.00**

# Hickman County Times

104 North Central Ave. P. O. Box 100  
Centerville, TN 37033  
Phone: 931-729-4283 Fax: 931-729-4282  
E-mail: hctimes@centerville.net  
www.hickmancountytimes.net

## AFFIDAVIT OF PUBLICATION

STATE OF TENNESSEE  
HICKMAN COUNTY

I, Jennifer Warren, of the Hickman County Times, a weekly newspaper of general circulation, published in Centerville, Hickman County, Tennessee, do hereby swear that the attached notice was published 1 consecutive weeks on 8-8-16 in the Hickman County Times, Centerville, Tennessee.

This legal notice was published online at [www.hickmancountytimes.net](http://www.hickmancountytimes.net) and [www.publicnoticeads.com](http://www.publicnoticeads.com) during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1-3-120.

Jennifer Warren

Subscribed and sworn to before me this the 9th day of August 2016



Pam Morgan  
Notary Public

My Commission Expires: 11-26-18

Company: Care All Inc.  
RE: 2 Legal Displays  
Ad Number: VIP & Maxlife  
Total Cost: Paid in full  
Notes: \_\_\_\_\_

Revised:  No  Yes  
By: \_\_\_\_\_ Date:   /  /    
Cancellation:  No  Yes  
By: \_\_\_\_\_ Date:   /  /  

Care All

284



# REALESTATE

**Apartment Unfurnished**

**MT. PLEASANT - North**  
 1 BR, 1 Bath, 5175/mo., 2-BR 3475/mo., 3-BR 3600/mo. Water, sewer, garbage pickup included. Rates available for 1-BR and 2-BR. Section 8 accepted application approval. \$350 deposit. (931)787-2309.

**FOR LEASE**  
 1, 2 & 3 Bedroom Apartments, Condos, Duplexes and Houses in the Columbia, Neapolis and Spring Hill Area from \$550 to \$1725 a month. For current availability call Deborah (931)388-0412 or (931)626-8880 nights and weekends (until 7pm only) see also our website: mcrahome.com.net

**TROTWOOD APARTMENTS**  
 Close to Downtown 506 Trotwood Avenue  
 1 & 2 Bedroom ALL APPLIANCES No Pets. Call (931)388-1211 EHO.

**Commercial Property**

1,000SQ.FT. RETAIL/Office space available. Neapolis. (931)638-1760.

**Houses Unfurnished**

2BR CH and air. Re-decorated. \$500 Monthly also a deposit down. References needed. Call (931)866-3181.

2/4 Bedroom with 2 Baths. Starting at \$695-\$995 monthly. In Maiba. Call Don (931)336-3658.

**HOME FOR Rent - Mt. Pleasant, Adams St.**  
 2BR, 1BA, Electric CHA, 500 sq. ft., refrigerator, microwave. No utilities. \$600 monthly. \$500 deposit. Call (931)797-2105.

**FOR DOZENS MORE**

GO TO The Daily Herald.  
 WEBSITE: cd.on.net or columbiainjobs.carecast.com

**STOP IN FOR SOME GREAT DEALS!!!**  
 In Columbia, Villages We have 2, 1 and 1.5 bed, 1, 2 and 3 bath homes. Brand new Doublewide, and singlewide.

Rest starting as low as \$59.00 per month!!!  
 "Rest" "Buy" "Lease" to "Purchase" Your Home

We also have previously lived homes for Rent and for Sale.

LET MY STAFF HELP YOU MAKE YOUR DREAM OF HOME OWNERSHIP BECOME A REALITY! CALL TODAY AND BREAK TO US OR HEATHEN

**931-388-8412**

Where the American Dream of Home Ownership BECOMES A REALITY!

**COUNTRYSIDE VILLAGE**  
 200 Early Road (931)388-8412  
 Licensed by the TN Dept of Revenue 00459-20021

**Houses Unfurnished**

**HOUSE FOR RENT - North Columbia, Heights Subdivision. 2/3 Bedrooms, NO PETS. \$2,000 monthly. \$2,000 deposit. (615)794-9921.**

**PROPERTY MANAGEMENT Services, Residential & Commercial. DUCK RIVER REALTY. (931)381-3655.**

**RIVERSIDE - 4BR, 2BA with unfurnished basement. Stove, dishwasher, A/C, fridge. Hardwood floors. No pets. \$1,100 monthly. \$1,100 deposit. Duck River Realty. (931)381-3384.**

**TROTWOOD - 4BR, 2BA, basement with 2 car garage. Kitchen appliances. No pets. \$1,300 monthly. \$1,300 deposit. Duck River Realty. (931)381-3384.**

**VERY NICE Brick home. 3BR, 2BA, new carpet, w/ carpet. \$1,300 mo. plus deposit. Call (931)626-4518.**

**OUT HELP WANTED**

ALL THE ADS IN OUR CLASSIFIED SECTION ON TUESDAYS, THURSDAYS & SUNDAYS  
 The Daily Herald.

**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: MaxLife at Home of Tennessee, LLC DBA/ CareAll Home Care Services, Home Health Agency owned by Molly, LLC with an ownership type of Limited Liability Company and to be managed by CareAll Management, LLC intends to file an application for a Certificate of Need for the relocation of its principle office from 900 Nashville Highway, Columbia, TN, Maury County to 4015 Travis Drive, Suite 101, Nashville, TN, Davidson County. MaxLife at Home of Tennessee, LLC DBA/ CareAll Home Care Services is licensed to serve Perry, Hickman, Maury, Lewis, Giles, Lawrence, Wayne, Hardin, McNairy, Decatur, Humphreys, Davidson, Williamson, Rutherford, Sumner, Wilson, Robertson and Cheatham counties. This relocation will occur with the surrender of the counties of Maury, Giles, Lawrence, Lewis, Wayne, and Hickman from the licensed service area and the transfer of these six counties to the licensed service area of the sister agency VIP Home Nursing and Rehabilitation Service, LLC DBA/ CareAll Home Care Services. This project will not impact patient care services in this area, involves no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. The anticipated costs of this project are \$28,000.

The anticipated date of filing the application is August 12, 2016.

The contact person for this project is Mary Ellen Foley, Project Director, who may be reached at: CareAll Home Care Services 135 Kennedy Drive, Martin, TN 38237, 731-587-2996

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  
 503 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.

Aug. 10 1st

**Lots For Sale**

LAND FOR Sale by Owner. 5 acre tracts and larger tracts. Over 500 acres of beautiful land divided. Only three miles from Pulaski. Public water and electricity. Terms available. Please call. (931)383-5348.

**Mobile Homes-Rent**

**1, 2 & 3 Bedrooms, with stove and frig. Washer and dryer hook-ups. Owner pays all utilities. We mow your yard. No rental references required. No Pets. 388-1485**

**EQUAL HOUSING OPPORTUNITY**

All real estate advertising in this newspaper is subject to the Federal Fair Housing Act of 1968 which makes it illegal to advertise "any preference, limitation or discrimination based on race, color, religion, handicap, family status, sex or national origin, or an intention to make any such preference, limitation or discrimination". This newspaper will not knowingly accept any advertising for real estate which is in violation of the act. Our readers are hereby informed that all dealings advertised in this newspaper are available on an equal opportunity basis.

**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: VIP Home Nursing & Rehabilitation Service, LLC DBA/ Home Care Services, Home Health Agency owned by CareAll, LLC with an ownership type of Limited Liability Company and to be managed by CareAll Management, LLC intends to file an application for a Certificate of Need for VIP Home Nursing and Rehabilitation Service, LLC DBA/ CareAll Home Care Services located at 4015 Travis Drive, Suite 102, Nashville, TN 37211, Davidson County intends to add the counties of Maury, Giles, Lawrence, Wayne, Lewis, and Hickman to their licensed service area of Robertson, Cheatham, Davidson, Sumner, Macon, Trousdale, Wilcox, Rutherford, Bedford, Williamson, Smith, Clay, Jackson, Overton, Putnam, Cumberland, DeKalb, Van Buren, Warren, White, Perry, and Cannon. These six counties will be acquired with the surrender of these counties including Maury, Giles, Lawrence, Wayne, Lewis, and Hickman from the licensed service area of the sister company of MaxLife at Home of Tennessee, LLC DBA/ CareAll Home Care Services. Existing home care services will not be affected, and no new service will be initiated or service discontinued. The project does not impact patient care, involves no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. Anticipated cost of the project is \$21,000.

The anticipated date of filing the application is August 12, 2016.

The contact person for this project is Mary Ellen Foley, Project Director, who may be reached at: CareAll Home Care Services 135 Kennedy Drive, Martin, TN 38237, 731-587-2996

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.

Aug. 10 1st

**Mobile Homes-Rent**

**2 & 3 BDR Doublewide Gas & Electric Furnished Washer & Dryer Hookups NO PETS Close to Wal-Mart 381-3873**

**Mobile Homes-Rent**

**EXTRA Doublewide, 3 Bedroom, 2 Bath, \$700 monthly. (931)548-2639.**

**NICE Doublewide, 3 Bedroom, 2 Bath, \$700 monthly. Call (931)388-2937.**

**INVITATION TO BID**

Columbia Power and Water Systems request to receive bids on the following items:  
**DIGITAL CAPABLE RADIO REPEATER SYSTEM**

Specifications are on file at the office of the purchasing manager. Sealed bids will be received at the office of the purchasing manager, James R. Clark, Columbia Power and Water Systems, 201 Pickens Lane, Columbia, TN 38401 until 2:00 p.m. (local time) September 9, 2016.

Aug. 10 1st

**Safe Storage**  
 606 Lun Parkway, Columbia, TN 38401  
**FORECLOSED UNIT SALE**  
 Saturday August 13th, 2016  
 10:00 AM

**Customer**

Joan Barbara	121
Marquies Biggers	320
Phyllis Braden	031
Mervin Brooks	098
Les Buttrey	192
Lutalsha Camel	166
Kristal Cline	165
Justin Frantz	212
Gary Hannah	268
Tristee Kelly	144
Tiffany Martin	244
Shavita Mayes	052
Miller James/Melliss	024
Lisa Parent	012
Darryl Shepard	059
Deanna Sewell	814
Claudia Williams	454

Aug. 10, 24, 26 3rd

**NOTICE TO CREDITORS**  
 As required by TCA §30-2-306

**P-178-16**  
 Notice is hereby given that on August 2 of 2016 Letters Testamentary in respect of the estate of Linda E. Russell who died 7/21/2016, were issued to the undersigned by the Maury County Chancery Court of Maury 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; (2) Sixty (60) days from the date 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); (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. Debra L. Speed Executor  
 Houston Parks Attorney  
 Larry M. Roe, Jr. Clerk & Master  
 Aug. 10, 17 21st

**Mobile Homes-Rent**

**FREEBOM BUYERS. HOME Home Community, 1 and 2 BR, utilities included. Call (615)454-0105.**

**Office-Rent**

6,600SQ.FT. WAREHOUSE with office. Soroka Mill. (931)668-1760.

**PRIME OFFICE SPACE DOWNTOWN and Around - Let us know your needs. Call (931)388-2937.**

**Public Auction**

**PUBLIC AUCTION - GARAGE Keeper's Lien: 1994 Chevy Blazer, 6.5 L, Diesel, 186658 Miles, 4WD, Automatic. Vin: 1GNEK1B50R354921. Location: Dixie Drive, 200 East 11th Street, Columbia, Tennessee. Thursday Sep01 at 2:00pm.**

**Want to Buy-Trade**

**CASH FOR CARS. For Cars, Trucks and Vans, Running or not. No title no problem. Call Mike (931)215-8634.**

**Child Care Services**

**Transportation**

**Automobiles**

**Automobiles**

**FOR SALE 2000 Jeep had another motor put in it. 80,000 miles, new tires. Backed into right side, drives fine. \$2000 OBO. Call (931)626-3402**

**Carriers Needed**  
 in Spring Hill, Mt. Pleasant, Lynnville, Columbia, Sante Fe & Cullena Areas

**Earn \$400 - \$600 per month a Valid Driver's License and a Reliable Vehicle are required**

Call Steve at (931)388-6464 or come by the main office at 1115 S Main St, Columbia, TN 38401.

**NOTICE TO CREDITORS**  
 As required by TCA §30-2-306

**P-178-16**  
 Notice is hereby given that on August 2 of 2016 Letters Testamentary in respect of the estate of Blaine Tammam, Esq. who died 7/16/2016, were issued to the undersigned by the Maury County Chancery Court of Maury 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; (2) Sixty (60) days from the date 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); (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. Donald Claude Russell Executor  
 Pro Se Attorney  
 Larry M. Roe, Jr. Clerk & Master  
 Aug. 10, 17 21st

**Transportation**

**Automobiles**

**Automobiles**

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**NOTICE TO CREDITORS**  
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**P-178-16**  
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 Pro Se Attorney  
 Larry M. Roe, Jr. Clerk & Master  
 Aug. 10, 17 21st



## PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in T.C.A. § 68-11-1609(c): October 26,2016

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.

<u>Phase</u>	<u>DAYS REQUIRED</u>	<u>Anticipated Date (MONTH/YEAR)</u>
<u>1. Architectural and engineering contract signed</u>	NA	NA
<u>2. Construction documents approved by the Tennessee Department of Health</u>	NA	NA
<u>3. Construction contract signed</u>	NA	NA
<u>4. Building permit secured</u>	NA	NA
<u>5. Site preparation completed</u>	NA	NA
<u>6. Building construction commenced</u>	NA	NA
<u>7. Construction 40% complete</u>	NA	NA
<u>8. Construction 80% complete</u>	NA	NA
<u>9. Construction 100% complete (approved for occupancy)</u>	NA	NA
<u>10. *Issuance of license</u>	NA	10/26/2016
<u>11. *Initiation of service</u>	NA	10/27/2016
<u>12. Final Architectural Certification of Payment</u>	NA	NA
<u>13. Final Project Report Form (HF0055)</u>	NA	NA

\* 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.

AFFIDAVIT

STATE OF TN

COUNTY OF Weakley

VIP Home Nursing and Rehabilitation Service, LLC DBA Care All Home Care Services, 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.

Mary Ellen Foley  
(SIGNATURE/TITLE)

Sworn to and subscribed before me this 11<sup>th</sup> day of August, 2016 a Notary  
(Month) (Year)

Public in and for the County/State of Weakley / Tennessee

Tammy Marie Hazelwood  
NOTARY PUBLIC

My commission expires May 24, 2017.  
(Month/Day) (Year)



**Supplemental #1  
-COPY-**

**VIP Home Nursing and  
Rehabilitation Services  
d/b/a Careall Home Care  
Services**

**CN1608-028**



**State of Tennessee**

**Health Services and Development Agency**

Andrew Jackson State Office Building, 9<sup>th</sup> Floor  
502 Deaderick Street, Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda) Phone: 615-741-2364/Fax: 615-741-9884

**August 26, 2016**

**10:47 am**

August 19, 2016

Mary Ellen Foley  
Project Director  
CareAll Management, LLC  
326 Welch Road  
Nashville, TN 37211

RE: Certificate of Need Application CN1601-028  
VIP Home Nursing and Rehabilitation Services d/b/a CareAll Home Care Services

Dear Ms. Foley,

This will acknowledge our August 12, 2016 receipt of your application for a Certificate of Need for the addition of six counties (Maury, Giles, Lawrence, Wayne, Lewis, and Hickman) to the existing 22 county licensed service area of VIP Home Nursing and Rehabilitation Services d/b/a CareAll Home Care Services located at 4015 Travis Drive, Suite 102, Nashville, TN 37211.

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.

Please submit responses in triplicate by 12:00 noon, Friday, August 26, 2016. 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 6**

Your response is noted. It appears the lease provided in the attachments is not signed. Please provide a signed signature page.

It appears the applicant will be located in Suite #102. What will be located in suites #101 and #103?

**2. Section A, Applicant Profile, Item 13**

It is noted the applicant has no contract with AmeriChoice. Please explain why the applicant is not contracted with AmeriChoice.

**3. Section B, Project Description, Item 1**

Please briefly specify the reasons for requesting Consent Calendar by addressing each of the three criteria: 1) Need, 2) Economic Feasibility, and 3) Contribution to the Orderly Development of Health Care.

The executive summary is noted. However, please list each of the following topics and provide a brief description underneath each:

- Brief description of proposed services and equipment
- Ownership structure
- Service area
- Need
- Existing Resources
- Project Cost
- Funding Financial Feasibility, and
- Staffing

**4. Section B, Project Description Item III.A.(Plot Plan)**

The plot plan is noted. However, please 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) If applicable, location of the proposed construction.
- 4) Names of streets, roads or highway that cross or border the site.

**5. Section B, Project Description, Item IV (Floor Plan)**

The floor plan is noted. However, please indicate the location of Suite #102 on the floor plan and submit.

**6. Section B, Project Description, Item IID**

Does the applicant project an increase, decline, or status quo regarding patient volume?  
 Please discuss.

**7. Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services)**

*Please complete the following charts to assist in determining need:*

**Existing Licensed HHAS & Their Utilization serving the 6-County Declared Service Area**

Agency (license #)	County of Parent Office	Date Licensed	Total Counties authorized in license (# counties in PSA) *	2013 JAR Total patients served	2014 JAR Total patients served	2015 JAR Total patients served
Total –						

\* show the # of all counties for each HHA. The # of counties in the applicant's primary service area (PSA) should be shown separately in the bracket

The next step regarding the need formula for home health services (Items 1-4) is to collate the data and show your work using the chart that follows:

**Home Health Need Formula in the Applicant's 6-County additional Service Area**

County (A)	# Authorized Agencies (B)	2015 Pop (C)	Patients served (2015) (D)	Use Rate (Patient /1000 pop.) (E)	2018 Pop (F)	Projected Capacity (G)	Projected Need (H)	Additional Need (Surplus) for 2018 (G-H)
				(Column D Divided by Column C)		Column E Times Column F	Column F Times 0.015	Column G Minus Column H
Maury								
Giles								
Hickman								
Lawrence								
Lewis								
Wayne								
Total								

**8. Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services) Item #5**

In each county of the proposed service area, please identify home health agencies that have reported serving 5 or fewer patients for each of the last three years based on final and available JAR data.

**9. Section C, Need, Item 3 (Service Area)**

Your response to this item is noted. The Tennessee county map identifies Perry County in the current licensed service area. Please clarify.

**10. Section C, Need, Item 4. (Service Area Demographics)**

It is noted Davidson County is included in the table located on page 20 but is not located in the proposed 6 county service area. Please revise the table to exclude Davidson County and submit a replacement page 20.

**11. Section C, Need, Item 5 (Service Area Utilization)**

The tables located on pages 22-23 are noted. Please indicate if the totals provided in the columns labeled 2013, 2014, and 2015 are patients.

The applicant did not include the most recent JAR (2015) in the table located on page 24. Please complete the following chart for your service area counties.



**16. Section C, Contribution to Orderly Development, Item 3**

It appears the applicant wages for Staff LPNs and Occupational Therapist are less than the average annual wage in the service area. Does the applicant have difficulty recruiting for these types of positions?

The table on page 34 appears to be out of line. There are 13 positions listed with 14 number of full time employees listed. In addition, Year One FTEs calculates to 49.25 and Year Two 42.25. Please clarify.

**17. Proof of Publication ✱**

Please submit a copy of the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit which is supplied by the newspaper as proof of the publication of the letter of intent.

In your response, please verify publication of the LOI in a newspaper of general circulation whose coverage area includes any or all of the proposed 6 counties.

Please also complete the table below to help illustrate publication of the LOI for the project.

Name of Newspaper of General Circulation	Address	How often is this Newspaper Distributed? (must be weekly or less)	Applicant's Proposed Service Area County	Date LOI Published

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 (60<sup>th</sup>) day after written notification is October 18, 2016. 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.

**August 26, 2016****10:47 am**

Mary Ellen Foley  
August 19, 2016  
Page 6

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,

Phillip M. Earhart  
HSD Examiner

Certificate of need Application CN1601-028

VIP Home Nursing and Rehabilitation Services DBA CareAll Home Care Services

**1. Section A, Applicant, Item 6**

*Please provide a signed signature page for the lease provided.*

**Response:** See attached current lease for Suites 101,102, and 103. See also proposed lease for Suites 101 and 102.

*It appears the applicant will be located in Suite #102. What will be located in Suites #101 and #103.*

**Response:** The principle office for VIP Home Nursing and Rehabilitation Service, LLC dba CareAll is currently utilizing/leasing the office space located in the suites of 101, 102, and 103. At which time the proposed application for MaxLife and the move of their principle office to Nashville, the suite 103 will be transitioned and leased to MaxLife for the location of the principle office. VIP will then execute a new lease for the suites of 101 and 102 to be utilized for the principle office of VIP which houses both the home health and private duty divisions of the Agency.

**2. Section A, Applicant Profile, Item 13**

*It is noted the applicant has no contract with AmeriChoice. Please explain why the applicant is not contracted with AmeriChoice*

**Response:** The Agency provided services through a provider contract with United Health Care (AmeriChoice) until December 31, 2009 at which time the MCO terminated our contract. The reason for termination was stated to be "limiting the provider network". We have attempted on two separate occasions since the termination to contract again with this MCO. Each time our application is approved in credentialing but then refused at the corporate level. The Agency does on occasion negotiate single case agreements with this MCO to treat patients that have been difficult to find placement. It has been

rates do not cover our costs, medically necessary care provided and documented is often not reimbursed, and authorization for medically necessary care is routinely denied.

**3. Section B, Project Description, Item 1**

*Please briefly specify the reasons for requesting Consent Calendar by addressing each of the three criteria:*

**Response:**

- 1. Need:** The scope of this project involves the transition of six counties from the sister agency of MaxLife @ Home of Tennessee, LLC dba CareAll Home care services to the licensed services are of the applicant. These six counties will be surrendered from the service area of MaxLife on the approval of this CON. Therefore, there is no net addition for which the need in the six proposed counties would effect. Because there will be no net change in the service areas of these two agencies of CareAll Home Care Services then there should be no opposition by anyone having legal standing to oppose the application. The CON procedures authorize that an unopposed application may be placed on the consent calendar.
- 2. Economic Feasibility:** The project involves no construction, real or personal property acquisition or initiation of a new service or purchase of new equipment. The project cost will only involve the cost of the preparation and filing of the CON application which will be funded and financially feasible with cash reserves. Therefore the decision to approve the CON application could be reviewed through the consent calendar rather than the regular calendar.
- 3. Contribution to the Orderly Development of Health Care:** The proposed project should have no negative effect on the health care system in the area. With the organizational and cost enhancements that will result from this addition of the six counties surrendered by the sister agency of MaxLife, there should be no opposition to the scope of this project.

- **Brief description of proposed services and equipment:** The services provided will include intermittent home health services including skilled nursing, physical therapy, occupational therapy, speech therapy, medical social services, and home health aide. Private duty nursing and CNA as well as home and community based personal care services will also be provided. There is no major medical equipment services provided.
- **Ownership structure:** VIP Home Nursing and Rehabilitation Service, LLC dba CareAll is 100% owned by CareAll, LLC. CareAll, LLC is owned by the James W. Carell 2007 Dynasty Trust, the James W. Carell Education Trust, and the Estate of James M. Carell. The James W. Carell 2007 Dynasty Trust is made up of the Michael Carell exempt trust, the Eileen Carell Nicholson exempt trust, the estate of James M. Carell Exempt trust, the estate of Richard Carell exempt trust, and the Christine Carell Palmer exempt trust.
- **Service Area:** The proposed service area is the addition of Maury, Giles, Lawrence, Wayne, Lewis, and Hickman counties to the current service area of Bedford, Cheatham, Davidson, Rutherford, Williamson, Wilson, Clay, Cumberland, Jackson, Overton, Putnam, Macon, Robertson, Sumner, Smith, Trousdale, Dekalb, Van Buren, Warren, White, Perry, and Cannon.
- **Need:** There will be no net change in the service area of CareAll, so therefore the need in the area will not change.
- **Existing Resources:** The current location that is servicing these six (6) counties that the application is proposing to be added to the services area in Columbia, TN, Maury County will be transitioned from MaxLife to VIP. The existing staff and resources presently being utilized by that office will continue. The organizational and cost enhancements made by this transition of service area will also enhance the quality of services provided.
- **Project Cost:** The project cost include \$3,000 for administrative consulting and legal fees in preparing the application, \$3,000 miscellaneous cost including publishing of the letters of intent in 4 newspapers as well as other preparation costs, and a \$15,000 filing fee which brings the total estimate of the project cost to \$21,000.

**August 26, 2016**

**10:47 am**

- **Funding Financial Feasibility:** Due to the limited scope of this project, it will be funded with cash reserves.
- **Staffing:** The existing staff currently servicing this area will not change with the transition of these counties from MaxLife to VIP.

**4. Section B, Project Description Item 3. A. Plot Plan:**

**Response:** Please see the attached revised copy of the plot plan.

**5. Section B, Project Description, Item 4 Floor Plan**

**Response:** Please see revised floor plan indicating the location of suite #102.

**6. Section B, Project Description, Item 2 D.**

**Response:** The patient volume is projected to increase with the addition of the 6 counties to the licensed service area of VIP. With the organizational and cost enhancement of this proposal, the ability to service patients more efficiently and effectively will result in an increase in patient volume.

**7. Section C, Need, Item 1. A. project specific criteria-Home Health Services**

**Response: See charts below as requested.**

Agency (License #)	County of Parent Office	Date Licensed	Total Counties authorized in license (# counties in PSA)*	2013	2014	2015	% of change from 2013-2015
Alere Women's and Children's Health (471 )	Davidson	03/01/1999	13 (2)	202	186	196	1%
Amedysis ( 254 )	Davidson	07/01/1998	16(2)	5,182	2,148	1,634	-68%
Amedysis (38 )	Davidson	02/02/1976	22 (3)	2008	1508	1205	-17%
Amedysis (82 )	Franklin	09/19/1983	16 (1)	1,150	1,002	909	-21%
Amedysis (207 )	Rutherford	06/07/1984	17(4)	661	535	1265	24%
Amedisys Home care Services (68)	Davidson	09/10/1982	10 (1)	23	210	638	
Angel Private Duty & Home Health (622 )	Davidson	Not on State list	15 (2)	123	79	37	-35.90%
Corum CVS Specialty Infusion (624 )	Davidson	01/30/2013	38 (2)	11	26	36	34%
Elk Valley Health Services (42 )	Davidson	07/17/1984	All (6)	277	293	457	17.50%
Friendship Home Healthcare ( 323 )	Davidson	03/04/1996	14 (2)	845	745	631	-9.60%
Homecare Solutions (56 )	Davidson	09/07/1988	All (6)	1930	1689	1813	-2.10%
Home Health Care of Middle Tennessee (46 )	Davidson	12/20/1982	14 (2)	2963	2975	2998	0.20%
Intrepid (34 )	Davidson	06/20/1984	19 (2)	766	1389	1146	11.50%
Vanderbilt Community & Home Services ( 43 )	Davidson	06/08/1984	20 (3)	1879	1700	1907	0.50%
Willowbrook Home Health Care (259 )	Davidson	10/29/1981	36 (6)	1512	1283	1512	-1.20%
Tennessee Quality Homecare (221 )	Decatur	03/19/1984	15 (5)	1043	988	988	-110%

Volunteer of West TN ( 63 )	Decatur	06/11/1984	17 (4)	1534	1797	1833	5.70%
CareSouth HHA Holdings of Winchester (83 )	Williamson	Not on State list	34 (5)	2030	2444	2581	7.80%
Regional Home Care ( 178 )	Henderson	06/07/1984	22 (4)	569	582	1164	25.70%
Henry Co. Medical Center ( 122 )	Henry	12/07/1984	12 (1)	363	408	428	5.40%
St. Thomas Hickman Com HH (125 )	Hickman	06/01/1984	8 (3)	214	311	370	17.40%

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Maury Regional HH (180 )	Maury	05/31/1984	8 (6)	1151	1553	1489	8%
NHC Home Care (181 )	Maury	11/22/1977	21 (6)	2408	2591	2517	1.40%
Guardian HC (607 )	Williamson	05/24/2001	14 (1)	1370	1668	1810	9%
Vanderbilt HC/Walgreens (604 )	Williamson	09/15/2000	33 (6)	67	135	309	47.30%
Deaconess Homecare (282 )	Wilson	12/18/1978	21 (2)	1222	1706	956	-6.80%
Deaconess Homecare (290 )	Hardin	02/11/1983	11 (1)	1330	2122	1120	-4.50%
Deaconess Homecare (161 )	Lincoln	02/23/1976	25 (3)	842	1294	731	-3.80%
Gentiva Health Services (49 )	Davidson	08/22/1984	12 (1)	1003	831	869	-4.90%
Quality First HC (90 )	Maury	08/12/1982	5 (3)	923	1023	1133	6.80%
Lincoln Medical HH (160 )	Lincoln	11/22/1983	7 (1)	348	339	396	4.40%
CareAll (194 )	Maury	02/09/1984	18 (6)	609	881	614	0.20%

Intrepid (Warren) was removed –did not serve any of the proposed six (6) county area.

The next step regarding the need formula for home health services (Items 1-4) is to collate the data and show your work using the chart that follows:

**Home Health Need Formula in the Applicant's 6-County additional Service Area**

County (A)	# Authorized Agencies (B)	2015 Pop (C)	Patients served (2015) (D)	Use Rate (Patient /1000 pop.) (E)	2018 Pop (F)	Projected Capacity (G)	Projected Need (H)	Additional Need (Surplus) for 2018 (G-H)
				(Column D Divided by Column C)		Column E Times Column F	Column F Times 0.015	Column G Minus Column H
Maury	25	87,772	2,691	0.0306589	90,666	2,779	1,359	(1,420)
Giles	14	28,929	921	0.0318365	29,787	948	447	(501)
Hickman	24	24,370	618	0.025359	26,876	682	403	(279)
Lawrence	16	42,572	1,675	0.0393451	43,518	1,712	653	(1,059)
Lewis	16	11,847	383	0.0323288	12,912	417	194	(223)
Wayne	13	16,741	739	0.0441431	17,551	775	263	(512)

**8. Section C, Need, item, 1. A. Project Specific Criteria-Home Health Services Item #5:**

In each county in the proposed service area, please identify home health agencies that have reported serving 5 or fewer patients for each of the last three years based on final and available JAR data.

**Response: See chart below**

Licensed Agencies in the proposed 6 county area  
(those with an x have served 5 or fewer patients)

Maury County (24)	2013	2014	2015	Hickman County(24)	2013	2014	2015
Alere Women's and Children's health					x		x
Amedysis Cumberland bend	x	x	x				
Amedysis Glen Echo	x	x	x		x	x	x
Angel PD and HH	x	x	x		x	x	x
Corum CVS speciality infusion	x	x	x		x	x	x
Elk valley HS	x				x	x	
Friendship HHC			x		x	x	x
Gentiva					Not in service area		
Home care Solutions			x				
Home Health Care of MT							
Intrepid			x		x	x	x
Vanderbilt Community and HS	x	x	x		x	x	x
Willowbrook							x
Tennessee Quality HC-Southwest							
CareSouth of Winchester					x	x	x
St Thomas HH							
Deaconess (Lincoln)	x	x	x		Not in service area		
CareAll (Maury)							
Maury Regional HS							
NHC							

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Quality First	Not in service area				
Amedysis (Rutherford)	Not in service area				
Deaconess (Wilson)	x	x	x	x	x
Vanderbilt/Walgreens	x	x		x	x
Volunteer HC of WT	Not in service area				
Regional HC Lexington	Not in service area			x	x
Guardian HC of Nashville	Not in service area				
Henry Co. Medical HH	Not in service area			x	x

Licensed Counties in the proposed six county area  
(those with an x have 5 or fewer patients served)

Lewis County(16)	2013	2014	2015	Lawrence County(16)	2013	2014	2015
Amedisys (Glen Echo)	x	x	x	Not in service area			
Corum CVS Specialty infusion	x	x	x	x	x	x	
Elk Valley HS	x		x	x			
Home care Solutions	x	x	x	x	x	x	
Vanderbilt Community & HS	x	x	x	Not in service area			
Willowbrook HHC	x	x	x	x	x	x	
Tennessee Quality HC- SW							
Volunteer HC of WT				x	x	x	
CareSouth Winchester	x	x	x	x	x	x	
Regional HC Lexington	x	x	x	x	x	x	
St. Thomas Hickman	x			Not in service area			
CareAll Maury							
Maury Regional HS							
NHC Homecare							
Amedisys HHC(Rutherford)							
Vanderbilt/Walgreens	x	x	x	x	x	x	
Deaconess(Lincoln)	Not in service area			x	x	x	

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Deaconess(Hardin)	Not in service area
Quality First HC	Not in service area

Giles County(14)	2013	2014	2015	Wayne County (13)	2013	2014	2015
Corum CVS Specialty Infusion	x	x	x				Not in service area
Elk Valley HS							
Home Care Solutions	x	x	x		x	x	x
Willowbrook HHC	x	x	x		x	x	x
Amedisys HC(Franklin)	x	x	x				Not in service area
Caresouth HHA Winchester	x	x	x				Not in service area
Deaconess (Lincoln)							Not in service area
Lincoln Medical HH & H	x	x	x				Not in service area
CareAll Maury							
Maury Regional HS					x		
NHC HC							
Quality First HC							Not in service area
Amedisys HC(Rutherford)							Not in service area
Vanderbilt/Walgreens	x	x	x		x	x	x
Deaconess (Hardin))							Not in service area
Hardin Medical center HH							Not in service area
Regional HC Lexington					x	x	x
Corum CVS Specialty (Shelby)					x	x	x
Tennessee Quality HC SW							Not in service area
Volunteer HC of WT							Not in service area

**9. Section C, Need, Item 4 Service Area**

The Tennessee county map identifies Perry County in the current licensed service area. Please clarify.

**Response:** Perry County has been a part of the agency's licensed service area since the agency was originally licensed in 1984.

**10. Section C, Need, Item 4 Service Area Demographics**

Please revise the table to exclude Davidson County and submit a replacement page 20.

**Response:** See attached revised replacement page 20.

**11. Section C, Need, Item 5 Service Area Utilization**

The tables located on pages 22-23 are noted. Please indicate if the totals provided in the columns labeled 2013, 2014, and 2015 are patients

**Response:** Yes, these are patient totals.

The applicant did not include the most recent JAR 2015 in the table located on page 24. Please complete the following chart for your service area counties.

**Response:** See revised chart.

County	2013 JAR Total Residents served	2014 JAR Total Residents served	2015 JAR Total Residents served	13-'15 % change
Maury	2,410	2,764	2,691	10.4%
Giles	1,001	1,019	921	-7.90%
Lewis	402	423	383	-4.70%
Hickman	725	698	618	-14.7%
Lawrence	1,667	1,753	1,675	.4%
Wayne	640	818	739	13.39%

**12. Section C. Economic feasibility, Item 4**

It is noted home health care management fees are 18% and Private duty 8.5%. Please clarify how \$771,080 in management fees is calculated in year one.

**Response:** For projected year one (2017), the \$771,080 of VIP Management fees is calculated as:

$$\begin{aligned} & \$2,959,200 \text{ of projected Medicare revenue} \times 18\% = \$532,656 \\ & \$2,804,993 \text{ of projected Private Duty/TennCare revenue} \times 8.5\% = \$238,424 \\ & \$532,656 + \$238,424 = \mathbf{\$771,080} \end{aligned}$$

Why is there no charity care allotted in both the Historical and Projected Data charts?

*RESPONSE: We are serving the Medicaid/TennCare population, for which we are unable to fully cover our costs. We lack the financial resources to offer charity care beyond the Medicaid/TennCare supplement at this time.*

Please discuss the legal settlement in the amount of \$2,305,511 under "other expenses" for the Year 2014.

*RESPONSE: \$2,245,470 of VIP's 2014 Legal Settlement Expense represents a portion of a civil lawsuit settled with the Department of Justice involving claim documentation from prior years. \$60,041 of VIP's 2014 Legal Settlement Expense represents a portion of a FSLA settlement arising from payroll overtime issues in prior years.*

Please indicate the reason Management fees in the Historical Data Chart decreased from \$2,069,927 in 2013 to \$437,643 in 2015.

*RESPONSE: The Management Fees in years 2013 and 2014 were calculated under a previous contract where home health fees were 30% of gross home health revenue and private duty fees were 20% of gross private duty revenue less related staffing wages and staffing payroll taxes. In 2015, the new contract set management fees at 18% of gross home health revenue and 8.5% of private duty revenue.*

**13. Section C. Economic Feasibility Item 5**

Using data from the Projected Data Chart please provide the projected average gross charge per visit/hour, projected deduction from revenue per visit/hour, and the projected net charge per visit/hour.

**RESPONSE:**  
VIP 2017 Projected Home Health Gross Charge per Visit = 84.63

VIP 2017 Projected Private Duty Gross Charge per Hour = 21.79  
VIP 2017 Projected Home Health Deduction per Visit = 1.69  
VIP 2017 Projected Private Duty Deduction per Hour = 0.41  
VIP 2017 Projected Home Health Net Charge per Visit = 82.93  
VIP 2017 Projected Private Duty Net Charge per Hour = 21.38

VIP 2018 Projected Home Health Gross Charge per Visit = 84.76  
VIP 2018 Projected Private Duty Gross Charge per Hour = 21.82  
VIP 2018 Projected Home Health Deduction per Visit = 1.70  
VIP 2018 Projected Private Duty Deduction per Hour = 0.41  
VIP 2018 Projected Home Health Net Charge per Visit = 83.07  
VIP 2018 Projected Private Duty Net Charge per Hour = 21.41

**14. Section C. Economic Feasibility Item 9**

It is noted the applicant proposes to serve the medically indigent. However there is no charity care in Year One and Year Two of the Projected Data Chart. Please clarify.

*RESPONSE: We are serving the Medicaid/TennCare population, for which we are unable to fully cover our costs. We lack the financial resources to offer charity care beyond the Medicaid/TennCare supplement at this time.*

The estimated revenue amount from each government payer is noted. However, the amounts of Medicare calculates at 51.3% rather than 51%, and TennCare at 44.5% rather than 44%. Please clarify.

*RESPONSE: Rounding was applied to the provided figures.*

**15. Section C. Economic Feasibility Item 10**

The VIP Home and Rehabilitation Balance Sheet as of June 30, 2016 in Attachment 10 is noted. Please clarify why the applicant has current assets of \$338,770 and current liabilities of \$3,342,180, and how has this impacted the current operations of the applicant in meeting short-term obligations?

*RESPONSE: \$526,332 of the current liabilities are intercompany CareAll LLC loans and \$2,500,580 of the current liabilities are loans from CareAll Management LLC. Both amounts are not threats to operating cash since the intercompany amounts cancel out between CareAll LLC entities, and CareAll Management is family-owned and the family is willing to defer these obligations.*

**16. Section C, Contribution to Orderly development, Item 3**

It appears the applicant wages for staff LPNs and Occupational Therapist are less than the average wage in the service area. Does the applicant have difficulty recruiting for these types of positions.

**Response:**

No, we have not had difficulty recruiting LPNs and OT's in this area.

The table on 34 appears to be out of line.

**Response:**

See revised table

Position	No. of Full Time Equivalent Employees	Current Year	proposed Year	Applicant's Planned Salary/Wage Range	Prevailing Wage for this type of employee*
Administrator	1	1	1	\$76,500.06	\$67,369.00
Staff RNs	3	3	3	\$57,000.00	\$56,083.00
Staff LPNs	5.5	5.5	5.5	\$34,254.58	\$37,856.00
Physical Therapist	4	4	4	\$91,666.72	\$84,767.00
Staff HHA/CNA	14	14	14	\$21,002	\$19,033.00
Administrative Assistant	1	1	1	\$33,756.92	\$29,286.00
Authorization Specialist	1	1	0.5	\$37,440.00	\$37,440.00
Director of Patient Services	1	1	.5	\$75,000.00	\$77,190.00
HR Coordinator	1	1	0.5	\$32,760.00	\$36,612.00
Office Coordinator	4	4	2	\$33,623.00	\$30,951.00
Occupational Therapist	1.5	1.5	1.5	\$85,000.00	\$89,370.00
RN Case Manager	8.75	8.75	8.75	\$58,000.00	\$56,083.00
Physical Therapy Assistant	2.5	2.5	2.5	\$62,400.00	\$56,102.00
<b>Total</b>	<b>48.25</b>	<b>48.25</b>	<b>44.75</b>	<b>\$53,723.33</b>	<b>\$52,164.77</b>

**17. Proof of Publication**

Please submit a copy of the full page of the newspaper in which the notice of intent appears with the mast and date line intact or submit a publication affidavit which is supplied by the newspaper as proof of the publication of the letter of intent.

**Response:** These are attached as they were previously along with the affidavits.

In your response, please verify publication of the LOI in a newspaper of general circulation whose coverage area includes any or all of the proposed 6 counties.

Please also complete the table below to help illustrate publication of the LOI for the project

Name of Newspaper of General Circulation	Address	How often is this Newspaper	Applicant's Proposed Service	Date LOI Published
--	---------	-----------------------------	------------------------------	--------------------

**SUPPLEMENTAL #1****August 26, 2016****10:47 am**

		Distributed? (must be weekly or less)	Area County	
Hickman County Times	104 North Central Ave. P.O. Box 100 Centerville, TN 37033	One time per week on Monday	Hickman County	August 8, 2018
Wayne County News	119 East Hollis street, P.O. Box 156 Waynesboro, TN 38485	One time per week on Wednesday	Wayne County	August 10, 2016
The Tennessean	1100 broad way Nashville, TN 37203	daily	Davidson, Williamson, Cheatham, Dickson, Robertson, Rutherford, Sumner, Wilson	August 10, 2016
The Daily Herald	1150 S. Main Street, Columbia, TN 38401	Every day but Saturday	Maury, Giles, Lewis, Lawrence	August 10, 2016

Section C, Need, Item 4

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

**Response:** The demographic area serviced by VIP Home Nursing and Rehabilitation Service, LLC dba CareAll Home Care Services consists of both rural and metropolitan areas. The primary population of patients served by the agency consists of patients over the age of 65 with Medicare/Medicare Advantage or dual benefits. The remainder of the patient population is between 18 and 64 years of age with TennCare and private insurance benefits. Many of the patients in both categories require private duty and home and community based care services. **See graph below:**

Demographic variable/Geographic area

County	Total Pop 2015	Total Pop 2018	Total Pop % change	Target Pop 2015	Target Pop 2018	Target Pop 2018 % change	Target pop 2018 as % of Total
Maury	87,772	90,666	3.10%	13,379	15,760	15.10%	17.30%
Lewis	11,847	12,912	8.20%	2,321	2,821	17.70%	21.80%
Hickman	24,370	26,876	9.30%	3,874	4,824	19.60%	17.90%
Giles	28,929	29,787	2.80%	5,603	6,355	11.80%	21.30%
Lawrence	42,572	43,518	2.10%	7,491	8,640	13.20%	19.80%
Wayne	16,741	17,551	4.60%	3,103	3,420	9.20%	19.40%
Service area Total	212,231	221,310	5.01%	32,668	41,820	14.43%	19.58%
TN Total	6,600,211	6,962,031	5.19%	1,016,502	1,175,143	13.40%	16.87%

**August 26, 2016**

**10:47 am**

# Hickman County Times

104 North Central Ave. P. O. Box 100

Centerville, TN 37033

Phone: 931-729-4283 Fax: 931-729-4282

E-mail: hctimes@centerville.net

www.hickmancountytimes.net

## AFFIDAVIT OF PUBLICATION

STATE OF TENNESSEE

HICKMAN COUNTY

I, Jennifer Warren, of the Hickman County Times, a weekly newspaper of general circulation, published in Centerville, Hickman County, Tennessee, do hereby swear that the attached notice was published 1 consecutive weeks on 8-8-16 in the Hickman County Times, Centerville, Tennessee.

This legal notice was published online at [www.hickmancountytimes.net](http://www.hickmancountytimes.net) and [www.publicnoticeads.com](http://www.publicnoticeads.com) during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1-3-120.

Jennifer Warren

Subscribed and sworn to before me this the 9th day of August 2016

Pam Morgan  
Notary Public



My Commission Expires: 11-26-18

Company: Care All Inc.  
 RE: 2 Legal Displays  
 Ad Number: VIP & Maxlife  
 Total Cost: Paid in full  
 Notes: \_\_\_\_\_

Revised:  No  Yes  
 By: \_\_\_\_\_ Date:   /  /    
 Cancellation:  No  Yes  
 By: \_\_\_\_\_ Date:   /  /  

Care All

91  
208  
92

August 26, 2016

10:47 am

Deadline: 3 p.m. Wednesday

WANTED TO BUY

WANT TO BUY—Land and timber. Will buy just timber. 662-728-4718. 251/tp/1838/08857

HOUSES FOR RENT

HOUSE FOR RENT—3BR, 2BA, CHA, appliances in Centerville. Hardwood floors, newly remodeled. References required. \$600 per month, plus deposit. 615-418-2896. 31/1tp/1933/109171

APARTMENTS FOR RENT

FOR RENT—1BR apartment in Lyles. Utilities and appliances furnished. \$600 per month. 931-729-9353. 31/tp/1932

FOR RENT—1-2 bedroom, as available, Barber's Apartments, 729-3772. Jerrie Wayne Barber, manager. 1/tp/63441

HARVEST EDGE APARTMENTS

—is currently accepting applications. Starting at \$585 per month, includes water, sewer and trash. Call 931-670-3838 for more information, or come by the office located at 7898 Hwy. 7 in Lyles. Monday 9-5, Friday 9-5, EHO. 39/tp/62118

FOR RENT—Efficiency apartment. 1 bathroom, stove, microwave, and fridge. Water, sewer, electric (AC & heat), & washer/dryer hookup included. Available immediately. No pets. \$350 a month for one person, \$400 a month for two people. References & \$200 deposit required. 931-729-0768 or 931-623-0324. 28/4/tp/1892

STORAGE FOR RENT

BARBER'S STORAGE—55 and up. No deposit. Call Barber's Storage 729-3772. Visa, MC accepted. www.barbersstorage.com. 38/tp/10215

MOBILE HOMES FOR RENT

FOR RENT—Mobile home, available now, nice 2BR, new CHA, stove and refrigerator furnished. Hwy. 100 in East Hickman area. No pets. Call 931-670-5777. 30/tp/1911

FOR SALE

FOR SALE—1995 Chevy 1500 work truck, clean title, week motor, \$1,000. Contact 931-682-3144. Can leave message. 31/2/tp/1921/109137

FOR SALE—Scrub oak, tops and jackets, med. and lg. 2 new bar stools; dresser with mirror, chest, night stands and regular size head board. 931-729-5271. 31/1/tp/1922/109143

SHOP 'TIL IT STOPS—Summer clothing is 25 cents each. Orange tag clothing is priced at market. All wedding and formal wear is 50% off. 30/tp/1919

CAR FOR SALE—2004 Chevrolet Avoa, 115,368 miles body good. \$1,000. Call 931-729-3210. 31/1/tp/1917/109173

HUGE SUMMER CLEARANCE—Now in progress. All Croc brand scrubs, \$5, \$10, and \$15. Look for red tags throughout the store. Granny's Bargain Barn, 2176 Hwy. 100, Linden. 931-589-6300. 31/4/tp/1926/109163

Emergency? Dial 911

HELP WANTED

CUSTOMER NEED—In Hickman area. Must pass background and drug test. Call Debbie, 931-996-9322, between 8 and 5. 31/2/tp/1931/109170

DRIVER—CDL-A, new sign-on bonus for sales and teams. Paid vacation and holidays, benefits after 60 days; 100% employee owned, free retirement. We hire you to retire you. Call today. 888-543-6480. 30/2/tp/1910/109125

SAINT THOMAS HICKMAN NURSING HOME—In Centerville, TN has the following opportunity available for a Registered Nurse: FT Weekend and Sunday, 12 hour shifts, Premium Pay with salary range of \$44,535.78 - \$66,803.67 per year; in our 40 bed long term care facility. You will provide direct nursing care to residents in the long term care setting in accordance with established policies, procedures and protocols of the healthcare organization. Interested applicants should apply at the Saint Thomas Health website at sthealth.com and go to the Careers tab. You may also call Renee at Wholesale RD DON at 931-729-1933 if you need assistance with the application process. 31/1/tp/1927

YARD SALES HUGE INSIDE FLEA MARKET—Multi-families, junk or brassy. Monthly Community Center, Aug. 12 and 13, 8 until 7. Collectibles, antiques, glassware, garden, quilts, toys, furniture, clothing, Mens women's kid's, all sizes. \$1 a box deals. 31/1/tp/1923/109157

WATKINS SHOP—104 Army St., Centerville, TN 37033. 931-623-4167. Come in and see our line of Jettsons, bath oils, bodybutter, body mist, spray, body scrub. We can make baskets up. 31/1/tp/1928/109162

Dave's Dozier Service Lou cleared Drivesways cut Underbrushing, etc. 615-207-9673

Forty-two percent of murdered women are killed by their intimate male partners. Need help? Call the Women Aid Sale hotline at 729-5720. See something suspicious in school? Call 729-3381, ext. 1234

BUSINESS SERVICES

GO TO GUY—Clean out basements, garages, yards. Painting, cleaning, yard work, almost anything. Call today 931-623-8163. 28/4/tp/1884/108943

3665 SERVICES—kroving and landscaping, leaf removal, hushhoggging. Billy and Brenda Scott. Home: 931-729-5906 or Call: 731-234-1116. 21/tp/62838

HOME IMPROVEMENT—Remodel, repair, cabinets, counters, custom furniture, tile, floors, porches and decks. Call Billy James at 615-305-9163. 31/1/tp/1924/109158

GARAGE DOOR SALES & SERVICE—Callier Garage Door Service. We will repair or replace residential and commercial garage doors and openers. Free estimates. 729-3564. 28/tp/47734

THE POVERTY LINE 1/2 billion lives are living in poverty. Do you know what you can do to help? Call today for more information. 1-800-424-2424

Seen something suspicious in school? Call 729-3381, ext. 1234

LOST AND FOUND

FOUND—Sat. July 20, 2 young Rottweilers. Friendly, healthy. Vicinity of Church St. in Centerville. Call to identify and claim. Hickman Humane Society, 931-729-1572. Our phone team has been having trouble getting the call so for now I am using my own home number. 31/2ac

MR. C's

in Main Street, Leblond, TN

CLOCK & WATCH REPAIR (m) 593-3000

BUYING GOLD & SILVER

Perry Community Hospital

Full-Time Position Available: -MLT or MT (Tennessee State License or Eligible)

Please send resume or contact: Glenda Qualls, Lab. Supervisor Perry Community Hospital, 2718 Squirrel Hollow Drive Linden, TN 37086 931-589-2121, ext. 8912 EOE

CLICK IT OR TICKET

Position Available

Women Are Safe, Inc., a non-profit agency serving the victims of domestic violence in Hickman, Dickson, Perry and Humphreys counties, is interviewing for the position of Court Advocate: Hickman/Perry Counties. Job duties involve coordinating and providing legal advocacy for the victims of domestic violence in Hickman and Perry Counties. The Court Advocate will provide information and support to victims that have filed Orders of Protection, will track and record domestic violence cases and enter data into a program database in a timely manner. The Court Advocate will rotate hotline backup duty one day each week and on weekends as assigned. The ideal candidate will have some educational or work background in a social services field; a college degree is desirable but not required. Experience with the court system would be helpful. All applicants must pass a criminal background check. This is a part-time position, and salary is DOE. Please send a resume to wasta@bellsouth.net.

HUDGINS Auctions & Realty

Farmhouse & 10 acs - Skyview Dr - \$149,900

Excellent Condition - 3BR's Road Frontage - Skyview & DeLoret Creek Barn - Workshop - Storage Bldg 10.87 acres - New Survey 931-994-7097 To View, Call Bobby McFarlin Next LIVE Auction... Saturday, Oct. 1st TennesseeBid.com (931) 994-7097 Bobby McFarlin

Seen something suspicious in school? Call 729-3391, ext. 1234

PUBLIC NOTICES

Deadline: 3 p.m. Wednesday

This 26th day of July, 2016 CHANCERY/PROBATE COURT OF HICKMAN COUNTY AT CENTERVILLE, TENNESSEE NOTICE TO CREDITORS ESTATE OF CLAUDE LESLIE GRIGSBY Notice is hereby given that on the 26th day of July, 2016, Letters Testamentary (or Letters of Administration) in respect to the estate of CLAUDE LESLIE GRIGSBY, who died June 21, 2016, were issued to the undersigned, by Probate Court of Hickman 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) and (2) otherwise their claim 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 the 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); (2) Twelve (12) months from the decedent's date of death.

Trustee, by JPMorgan Chase Bank, National Association, will, on September 13, 2016, on the 1st day of September, at the Hickman County Courthouse, Centerville, Tennessee, offer for sale certain property hereinafter described to the highest bidder FOR certified funds. The sale is subject to the terms, conditions and covenants set forth in the Deed of Trust, said property being real estate situated in Hickman County, Tennessee, and being more particularly described as follows: Being a parcel of land located in the Fourteenth (14th) Civil District of Hickman County, Tennessee, bounded on the North by Mobley Ridge Road, on the East by Kinzer's Northwest corner as recorded in Deed Book 41, Page 174; hence, along the West line with a wire fence, South 39 degrees 00 minutes West 227.00 feet to iron rod in fence; thence along new division lines severing Patterson property of which this tract is a part of North 63 degrees 13 minutes West 153.60 feet to iron rod; North 23 degrees 00 minutes East 217.00 feet to an iron rod on the Southern margin of Mobley Ridge Road, 50 feet East of a fence post; thence along said right of way with a curve to the right, having a radius of 440.74 feet, a length of 219.00 feet, a central angle of 3.29 degrees 34 minutes East 216.75 feet to the beginning, containing 1.00 acre, more or less, according to a survey by Boyd G. Gibbs, 106 South Public Square, Centerville, TN 37033, RLS No. 1578, dated November 22, 1993. (Legal description of the premises might be revised in accordance with an Attorney Affidavit recorded on the above-referenced property.) LUCY L. ENGLAND MIDLAND FUND, INC. LUCY R. ENGLAND The sale held pursuant to this Notice may be rescinded at the option of the Trustee at 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. 313859 DATED July 28, 2016 WILSON & ASSO-

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. Wilson Home Nursing & Rehabilitation Center, LLC DBA CONIA Home Care Services Home Health Agency (Name of Applicant) (Name of Agency) owned by: Conia, LLC with an ownership type of: United Liability Company and to be managed by: Conia Management, LLC intends to file an application for a Certificate of Need for PRODUCT DESCRIPTION (LONG TERM): 4015 Tenth Drive, Suite 102, Nashville, TN 37211. Davidson County intends to add the counties of: Maury, Giles, Lawrence, Wayne, Lewis, and Hickman to their licensed service area of Hickman, Christian, Davidson, Sumner, Marion, Trousdale, Wilcox, Rutherford, DeKalb, Williamson, Smith, Clay, Jackson, Chester, Putnam, Cumberland, Cannon, Van Buren, Warren, Union, Polk, Perry, and Cannon. There are no facilities to be acquired with the exception of those same six counties including Maury, Giles, Lawrence, Wayne, Lewis, and Hickman from the 1-4-2016. The anticipated date of filing the application is: August 12, 2016. The contact person for this project is: May Ellen Fyfe (Contact Name) Project Director who may be reached at: Conia Home Care Services (Company Name) 138 Kentucky Drive (Address) Mtn TN 37227 731 / 581-2096 (Phone) (State) (Zip Code) (Area Code) (Phone Number) 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 Deaderhead Street Nashville, Tennessee 37242

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1601(e)(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.

CLATES, P.L.L.C., Successor Trustee and WWW.MYFIR.COM FOR SALE BY COM-MATION, VISIT (continued on page B8)

SOLUTION

AMEND OTIC BEST RODEO RUDE RAPE MODAL ITEM ARIA STOREHOUSE INK B G B G U W R E N S I A T O L L D O O R S T O P S L U L U L O U S Y O L E D L I T T E R A L L Y T R I A L B I A W I E W D E M O T E G W A N ' S B O I T L A T I C U N S G R A M M L E D I N K I O M A N A I A D O G E E T S A R U N D I D M A I S T S E F S S E E D Y

93 98 280

**SUPPLEMENTAL #1**

**August 26, 2016**

**10:47 am**

*The Wayne County News*

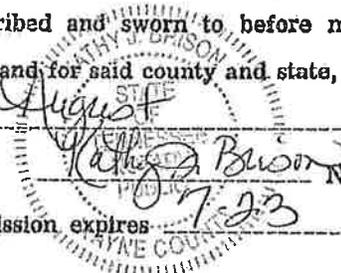
**WAYNESBORO, TENNESSEE**

State of Tennessee, Wayne County:

I, *Jan Carter*, Bookkeeper of The Wayne County News, a weekly newspaper printed and published at Waynesboro, Wayne County, Tennessee, solemnly swear that the attached Notice was published in the said newspaper for 1 consecutive issues, beginning with the issue of Aug 10, 2016 and ending with the issue of Aug 10, 2016

*Jan Carter*

Subscribed and sworn to before me, a Notary Public, in and for said county and state, this 23rd day of August, 2016



My commission expires 7-23, 2018

<u>10</u> inches/words	\$ <u>54.00</u>
_____ inches/words	\$ _____
Total Publication Fees Due	\$ <u>54.00</u>

Notification of Inmate - VIP

**FARM NEWS**

The Wayne County News, Inc. - 4-H News & Farm Report



**AGRICULTURE NEWS**  
WAYNE COUNTY  
**EXTENSION**  
INSTITUTE OF AGRICULTURE  
Jason McGarrh  
Agent

**CAN COMMERCIAL SOLAR ENERGY MEETING BENEFIT YOUR BUSINESS?**

There has been a lot of talk in recent years about green energy, and how different organizations are utilizing solar energy. Last fall I met the representatives of Green Earth Solar at the Tennessee Cattlemen's Meeting in Murfreesboro, and I was intrigued by the potential opportunities that solar energy could offer to rural Wayne County. So, I spoke later with Green Earth Solar and asked them to be a guest speaker to talk about tax incentives, tax credits, and grants that are available to rural businesses and farmers. Any business that uses a significant amount of electricity could qualify for the government programs.

With regard to residential systems they do not pay for themselves as quick as commercial.

However, I invite everyone who might be interested in looking into this technology to come to

the Utilizing Commercial Solar Energy meeting September the 8<sup>th</sup>. Please call the Wayne County Extension Office to register (931) 722-3229.

**NOTICE:**  
Utilize Commercial Solar Energy Meeting, Wayne County Extension Office, September 8, 2016, P.M., Dinner Provided.

**Revival Aug. 21-26, Piney Grove FWB**

Revival services will be held at Piney Grove FWB Church in the Cypress Inn Community Aug. 21-26.

Marcus Morrow will be the Evangelist.

Services will begin at 6 P.M. on Sunday and 7 Monday through Friday.

Special singing will be featured each night and a men's prayer service will be held 15 minutes prior to the service each night.

Greg Eaton, pastor, along with the congregation extends a warm welcome to everyone.



**FAMILY AND CONSUMER SCIENCES EDUCATION NEWS**  
WAYNE COUNTY  
**EXTENSION**  
INSTITUTE OF AGRICULTURE  
Joy Powell, Agent

**PACKING FOR PICNICS**

Those lazy, lazy, crazy days of summer are here. Warm weather provides ideal temperatures for bacteria to grow to dangerous levels and cause foodborne illness.

Bacteria grow rapidly when food is between 40° - 140°F - the Danger Zone. In the span of a few hours, billions of bacteria can be produced with the potential for disaster. The time in the danger zone is cumulative. To keep foods safe, keep hot foods hot and cold foods cold. Practice the 2-hour rule, do not allow foods in the danger zone for more than 2 hours total (1 hour if the temperature is < above 90°F) from purchase to consumption.

As you are shopping for picnic items, buy perishables last, buy straight home. Never leave perishables in the car while you do other shopping. Chill all ingredients before assembling salads, sandwiches, and other potentially hazardous

foods. Chill again before packing the cooler.

Foods that are safe at room temperature include peanut butter sandwiches, cookies, crackers, dried fruit, unopened cans of fruit or pudding, unopened juice boxes and fruit filled pastries.

Keep foods safe in transit by packing them in insulated bags, lunch boxes or coolers with frozen gel packs. Make sure food is cold or frozen before placing it in the cooler. Use cold packs throughout large containers, not just on the top or bottom.

Pack the cooler carefully with raw products well wrapped, placed on the bottom so raw foods will not drip on cooked.

Transport the cooler in the shade or in a shelter out of the sun and keep the lid closed. If you are brown bagging, use new, clean bags; used grocery bags are a potential source of bacteria and insects. Wash the cooler or lunch box after each use to keep bacteria from growing.

Everything that touches the food needs to be clean - bowls, utensils, cutting boards, etc. Wash your hands before and after preparing or handling food to keep bacteria from being transferred. Take along wet wipes and antibacterial gel to clean hands if no running water is available.

When you are packing, take only what you think you will use. If you do

have leftovers, put them back in the cooler as soon as possible.

If you are grilling foods, take care not to cross contaminate by handling raw meat and then cooked foods without washing hands and utensils in between. Cook burgers to 160°F and use a food thermometer to check the temperature. Serve immediately or keep hot (140° F) until serving. Do not reuse the same plate and utensils for raw and cooked food.

Whatever the season, some individuals are more at risk to get foodborne illness than others. Small children, elderly, pregnant women, and immune compromised individuals are all at higher risk. There is more chance of foodborne illness occurring in the summer because of the warmer temperatures. Don't spoil a summer outing by leaving food in the danger zone too long.

Source: Nebraska Extension



**4-H NEWS**  
Samantha Morrow  
TSU 4-H Agent



This week's featured State 4-H Photo Search entry was taken by Jesse Keeton, a student at Colliwood Middle School. His photo is titled "Peach Tree Blossoms".

**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 VFP Home Nursing & Rehabilitation Service, LLC DBA CareAll Home Care Services, Home Health Agency, owned by CareAll Management, LLC with an ownership type of Limited Liability Company and to be managed by CareAll Management, LLC, intends to file an application for a Certificate of Need for VFP Home Nursing and Rehabilitation Service, LLC DBA CareAll Home Care Services located at 4913 Travis Drive, Suite 103 Nashville, TN 37211, Davidson County intends to add the counties of Henry, Giles, Lawrence, Wayne, Lewis and Hickman to their licensed service area of Robertson, Cheatham, Davidson, Sumner, Macon, Trousdale, Wilson, Rutherford, Bedford, Williamson, Jackson, Owsen, Putnam, Cumberland, DeKalb, Van Buren, Warren, White, Perry and Cannon. These six counties will be added with the consent of the respective county commissions. The project does not impact patient care, involve no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. Anticipated cost of the project is \$21,000. The contact person for this project is Mary Ellen Fries, Project Director who may be reached at CareAll Home Care Services, 120 Kennedy Drive, Martin, TN 38237 721-587-2396.

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, 5th Floor  
502 Deaderick Street  
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1601(2)(D): (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 (thirty) (30) 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 after the conclusion of the application by the Agency.

**NOTICE TO FURNISHERS OF LABOR AND MATERIALS TO:**  
Lot No. PROJECT NO.: 9301-14154-04 CONTRACT NO.: CMP131 COUNTY: Wayne  
The Tennessee Department of Transportation solicits proposals for the construction of the above numbered project. All persons wishing to be placed on the list of qualified bidders should submit a bid form to the Department of Transportation, Tennessee Department of Transportation, Suite 700 Jettmar Plaza Building, Nashville, Tennessee 37243-0224, on or before 02/21/16.

**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 Health at Home of Tennessee, LLC DBA CareAll Home Care Services, Home Health Agency, owned by Mally, LLC with an ownership type of Limited Liability Company, intends to file an application for a Certificate of Need for the relocation of its principal office from 900 Nashville Highway, Columbia, TN, Wayne County to 4015 Travis Drive, Suite 103, Nashville, TN Davidson County, Nashville at Home of Tennessee, LLC DBA CareAll Home Care Services to serve Perry, Hickman, Maury, Lewis, Giles, Lawrence, Wayne, Hardin, Wilkerson, Decatur, Humphreys, Davidson, Williamson, Rutherford, Sumner, Wilson, Robertson and Cheatham counties. This relocation will occur with the variance of the counties of Henry, Giles, Lawrence, Lewis, Wayne and Hickman from the licensed service area and the transfer of these six counties to the licensed service area of the sister agency of VFP Home Nursing and Rehabilitation Service, LLC DBA CareAll Home Care Services. The project will not impact patient care services in this area, involve no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. The anticipated cost of this project is \$18,000. The contact person for this project is Mary Ellen Fries, Project Director who may be reached at CareAll Home Care Services, 120 Kennedy Drive, Martin, TN 38237 721-587-2396.

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, 5th Floor  
502 Deaderick Street  
Nashville, Tennessee 37243

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**HARDIN COUNTY STOCKYARD**  
3350 HWY 228, SAVANNAH, TN 38372  
731-923-3287 931-224-2247

**MARKET REPORT**  
August 3, 2016

Total Hd 1142 Last Week 570 Last Yr 625  
Cattle 1112 Goats 19 Hogs 11

**#1 STEERS & BULLS**

200-300 WT	186.00-194.00
300-400 WT	169.00-186.00
400-500 WT	154.00-169.00
500-600 WT	141.00-154.00
600-700 WT	134.00-141.00
700-800 WT	125.00-134.00
800-900 WT	116.00-125.00

**#1 HEIFERS**

200-300 WT	156.00-172.00
300-400 WT	143.00-156.00
400-500 WT	132.00-143.00
500-600 WT	124.00-132.00
600-700 WT	119.00-124.00
700-800 WT	114.00-119.00
800-900 WT	109.00-114.00

**HIGH DRESSING UTILITY COWS 72.00-80.50**  
**HIGH DRESSING SLAUGHTER BULLS 92.00-100.50**

**LOAD LOTS**

30 stns avg. wt. 619 lbs.	147.00
23 hrs avg. wt. 624 lbs.	130.00
117 stns avg. wt. 778 lbs.	144.75
73 stns avg. wt. 665 lbs.	147.00
77 hrs avg. wt. 629 lbs.	141.75

**HANDGUN PERMIT TRAINING CLASSES**  
Class and Range time combined  
Saturday, August 20 • 8 a.m.-5 p.m.  
Savannah City Hall  
REGISTRATION REQUIRED: <http://apps.tn.gov/handgun>

**MAXXGUARD**  
For info 731-471-7222  
[www.maxxguard.com](http://www.maxxguard.com)

**Bumper Pack**

**COLTIST**  
TUESDAY, SEPT. 20  
7:00 P.M.

**HARDIN COUNTY FAIRGROUNDS ARENA**  
(Sign in at 6 p.m.)  
**ENTRY FEE: \$10.00**

**CONTEST EVENTS:**

- Loader Contest
- Chainsaw Racing
- Crosscut Saw Contest
- Ax Chopping Contest
- Precision Cut Contest
- Cross Tie Carry Contest

For more information call:  
Scoot at (731) 727-7780  
Tim at (731) 438-5328

**TENNESSEE VALLEY LIVESTOCK**  
620 S. POPLAR  
FLORENCE, AL 35631  
256-766-0281 931-224-2247

**MARKET REPORT**  
August 8, 2016

Total Hd 823 Last Wk 675 Last Yr 714  
CATTLE 813 GOATS 3 HOGS 7

**#1 STEERS & BULLS**

200-300 WT	174.00-196.00
300-400 WT	163.00-174.00
400-500 WT	151.00-163.00
500-600 WT	142.00-151.00
600-700 WT	134.00-142.00
700-800 WT	128.00-134.00
800-900 WT	121.00-128.00

**#1 HEIFERS**

200-300 WT	153.00-172.00
300-400 WT	144.00-158.00
400-500 WT	133.00-144.00
500-600 WT	122.00-133.00
600-700 WT	115.00-122.00
700-800 WT	113.00-116.00
800-900 WT	109.00-113.00

**HIGH DRESSING UTILITY COWS 74.00-82.50**  
**HIGH DRESSING SLAUGHTER BULLS 93.00-101.00**

95  
99  
28T

**August 26, 2016**

**10:47 am**

**AFFIDAVIT OF PUBLICATION**

0001478825

Newspaper The Tennessean

State of Tennessee

Account Number NAS-301106JS

Advertiser CAREALL HOMECARE SERVICES

CAREALL HOMECARE SERVICES  
135 KENNEDY DR  
MARTIN, TN  
38237

**TEAR SHEET  
ATTACHED**

Jackie Cooper

Sales Assistant for the above mentioned newspaper,

hereby certify that the attached advertisement appeared in said newspaper on the following dates:

↓  
08/10/16

Jackie Cooper

Subscribed and sworn to before me this 10 day of August 2016

Angela Murray  
Notary Public



96  
45

THE TENNESSEAN

Continued from next column

entire indebtedness having been declared due and payable by REGINA BARNETT... 20001710121299, for the benefit of MORTGAGE ELECTRONIC...

Continued from next column

WAY, TENNESSEE 37214. J. PHILLIP JONES, JR., JESSICA D. BINKLEY, Substituted Trustee... 20001710121299, for the benefit of MORTGAGE ELECTRONIC...

Continued from next column

WAY, TENNESSEE 37214. J. PHILLIP JONES, JR., JESSICA D. BINKLEY, Substituted Trustee... 20001710121299, for the benefit of MORTGAGE ELECTRONIC...

CAREER BUILDER logo with text: Go Beyond the Job Search. Check out the manufacturer's career center.

Transportation logo with image of a truck and text: 10:47 am

GANNETT Publishing Services of The Tennessee. Night Full-Time Truck Driver Opening @ \$15 per hour and Day Part-Time Truck Driver needed @ \$14 per hour.

Real Estate advertisement for a 3 bedroom, 2 bath brick home with a large corner lot.

Auction advertisement for Saturday, August 13, 2016 at 10:00 A.M. 3700 Brickmont Drive-Nashville.

Auction advertisement for Saturday, August 13, 2016 at 10:00 A.M. 3700 Brickmont Drive-Nashville.

Auction advertisement for Saturday, August 13, 2016 at 10:00 A.M. 3700 Brickmont Drive-Nashville.

Wally Gilliam Real Estate logo and contact information.

Public Notices section header.

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...

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...

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Auctions section header with text: 1800 SQ. FT. CONDO / AUTUMN CHASE 2 FULL BATHS / 2 CAR GARAGE / PERSONAL PROPERTY...

Auction advertisement for Saturday, August 20th. 1800 SQ. FT. CONDO / AUTUMN CHASE 2 FULL BATHS / 2 CAR GARAGE / PERSONAL PROPERTY...

Auction advertisement for Thursday, August 18th at 6:00 PM. 720 BELL ROAD • NASHVILLE.

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Auction advertisement for Thursday, August 18th at 6:00 PM. 720 BELL ROAD • NASHVILLE.

Continued to next column

Continued to next column

Continued to next column

Handwritten numbers: 97, 96, 282

**August 26, 2016**

**10:47 am**

STATE OF TENNESSEE

COUNTY OF MAURY

**PROOF OF PUBLICATION**

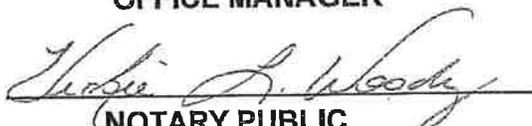
Before me, Vickie L. Woody, of the county and state of aforesaid, personally appeared Betty Stewart, with whom I am personally acquainted and who upon oath acknowledged herself to be the Office Manager of **THE DAILY HERALD**, a newspaper published in the City of Columbia, in said county and state, who, on oath, deposes and says that the publication of which the annexed slip is a true copy, was published in said newspaper

AUGUST 10, 2016

21.00"

This legal notice was published online at [www.columbiadailyherald.com](http://www.columbiadailyherald.com) and <http://www.publicnoticeads.com/TN/> during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1-3-120.

  
\_\_\_\_\_  
OFFICE MANAGER

  
\_\_\_\_\_  
NOTARY PUBLIC

Subscribed and sworn to before me, this 10th day of August, 2016.

MY COMMISSION EXPIRES:  
JUNE 25, 2017



# REALS

**Apartment Unfurnished**  
**MT. PLEASANT -** 1-BR. 1,000 sq. ft. \$375/mo. 2-BR \$475/mo. 2-BR \$500/mo. Water, sewer, garbage pickup. Weekly rates available for 1-BR and 2-BR. Section 8 accepted with application approval. \$350 deposit. (931)797-2209.

**FOR LEASE** 1, 2, & 3 Bedroom Apartments, Condos, Duplexes and Houses in the Columbia, Neapolis and Spring Hill Area from \$550 to \$1725 a month. For current availability call Deborah (931)388-0412 or (931)628-8800 nights and weekends (text 7pm only) see also our website: mcbroomhomes.net

**TROTWOOD APARTMENTS** Close to Downtown 526 Trotwood Avenue 1 & 2 Bedroom ALL APPLIANCES No pets (931)386-1211 EHO.

**Commercial Property**  
 1,000 SQ. FT. RETAIL/Office space available Hwy. 31 Neapolis. (931)628-1760.

**Houses Unfurnished**  
 2BR CH and air. Re-decorated \$500 Monthly also a deposit down. References needed. Call (931)386-3382.

3/4 Bedroom with 2 baths. Starting at \$495-\$595 monthly. In Madison. Call Don (931)333-3998.

**Home For Rent - Mt. Pleasant, Adams St. 2BR, 1BA, Electric, Microwave, utilities, no pets. \$600 monthly. Deposit. Call (931)797-2309.**

**FOR DOZENS MORE**  
 GO TO The Daily Herald WEBSITE: c-dh.net or columbiainfo.com

**STOP IN FOR SOME GREAT DEALS!! At CountrySide Village**  
 We have 2, 3, and 4 Bedroom, 2 bath homes. Brand new Doublewide and Singlewide.  
 Rent starting as low as \$59.00 per month!! "Rent 30 Day" Lease to Purchase Your Choice  
 We also have previously loved homes for Rent and for Sale.

**LET ME HELP YOU MAKE YOUR DREAM "HOME OWNERSHIP" BECOME A REALITY! CALL TODAY AND PLEASE TO ME ON MY NUMBER**  
**931-388-8412**  
 Where the American Dream of Home Ownership BECOMES A REALITY!  
**COUNTRYSIDE VILLAGE**  
 200 Early Road (931)388-8412 Licensed by the TN Dept of Revenue NMLS# 209321

**Houses Unfurnished**  
**HOUSE FOR RENT -** North Columbia Heights Subdivision, 2/3 Bedrooms, NO PETS. \$1,200 monthly, \$1,000 deposit. (615)794-9923.

**PROPERTY MANAGEMENT Services.** Residential, Commercial, DUCK RIVER REALTY, (931)381-3655.

**RIVERSIDE - 4BR, 2BA** unfinished basement, slope dishwasher, NO fridge, Hardwood floors. No pets. \$1,100 monthly, \$1,100 deposit. Duck River Realty, (931)381-3384.

**TROTWOOD - 4BR, 2BA** unfinished basement, slope dishwasher, NO fridge, Hardwood floors. No pets. \$1,300 monthly, \$1,300 deposit. Duck River Realty, (931)381-3384.

**VERY NICE Brick home.** 3BR, 2BA, new carpet, w/ carport. \$1,300 mo plus deposit. Call (931)626-4518.

**OUT ALL THE HELP WANTED ADS IN OUR CLASSIFIED SECTION ON TUESDAYS, THURSDAYS & SUNDAYS**  
 The Daily Herald

**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: MasLife at Home of Tennessee, LLC DBA CareAll Home Care Services, Home Health Agency owned by Molly, LLC with an ownership type of Limited Liability Company and to be managed by: CareAll Management, LLC intends to file an application for a Certificate of Need for the relocation of its principle office from 900 Nashville Highway, Columbia, TN, Maury County to 4015 Travis Drive, Suite 102, Nashville, TN, Davidson County. MasLife at Home of Tennessee, LLC DBA CareAll Home Care is licensed to serve Perry, Hickman, Maury, Lewis, Giles, Lawrence, Wayne, Hardin, McNairy, Decatur, Humphreys, Davidson, Williamson, Rutherford, Sumner, Wilson, Robertson and Cheatham counties. This relocation will occur with the surrender of the counties of Maury, Giles, Lawrence, Lewis, Wayne, and Hickman from the licensed service area and the transfer of these six counties to the licensed service area of the sister agency VIP Home Nursing and Rehabilitation Service, LLC DBA CareAll Home Care Services. This project will not impact patient care services in this area, involves no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. The anticipated cost of this project is \$28,000.

The anticipated date of filing the application is: August 12, 2016.  
 The contact person for this project is Mary Ellen Foley, Project Director, who may be reached at: CareAll Home Care Services 135 Kennedy Drive, Martin, TN 38237, 731-587-2996.  
 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  
 503 Deaderick Street  
 Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1601(c)(1): (A) Any health care institution wishing to propose 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. Aug. 10 11c

**LAND FOR Sale By Owner.** 5 acre tracts and larger tracts. Over 500 acres of beautiful land divided into three miles from Putnam. Public water and electricity. Terms available. Please call, (931)363-5349.

**Mobile Homes-Rent**  
**1, 2 & 3 Bedrooms, with stove and frig. Washer and dryer hook-ups. Owner pays all utilities. We move your yard. No rental references required. No Pets.**  
**388-1485**

**INVITATION TO BID**  
 Columbia Power and Water System request to receive bids on the following items:  
**DIGITAL CAPABLE RADIO REPEATER SYSTEM**  
 Specifications are on file at the office of the purchasing manager. Sealed bids will be received at the office of the purchasing manager, James R. Clark, Columbia Power and Water Systems, 201 Pickens Lane, Columbia, TN 38401 until 2:00 p.m. (local time) September 9, 2016.  
 Aug. 10 11c

**Safe Storage**  
 606 Lin Parkway, Columbia, TN 38401  
**FORECLOSED UNIT SALE**  
 Saturday August 27th, 2016  
 10:00 AM

Customer	Unit
Jean Barbara	131
Marquelene Biggers	330
Phyllis Braden	031
Marvin Brooks	098
Les Bullrey	192
Lateisha Camel	166
Kristal Cline	165
Jarvis Fralk	212
Gary Hannah	268
Triston Kelly	144
Tiffany Martin	264
Shaquita Mayes	052
Miller James/Melissa	024
Lisa Parent	012
Darryl Shepard	069
Demmond Sovell	814
Claudia Williams	454

**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: VIP Home Nursing & Rehabilitation Service, LLC DBA CareAll Home Care Services, Home Health Agency owned by Molly, LLC with an ownership type of Limited Liability Company and to be managed by: CareAll Management, LLC intends to file an application for a Certificate of Need for VIP Home Nursing and Rehabilitation Service, LLC DBA CareAll Home Care Services located at 4015 Travis Drive, Suite 102, Nashville, TN 37211, Davidson County intends to add the counties of Maury, Giles, Lawrence, Wayne, Lewis, and Hickman to their licensed service area of Robertson, Cheatham, Davidson, Sumner, Macon, Trousdale, Wilson, Rutherford, Bedford, Williamson, Smith, Clay, Jackson, Overton, Putnam, Cumberland, DeKalb, Van Buren, Warren, White, Perry, and Cannon. These six counties will be acquired with the surrender of those same six including Maury, Giles, Lawrence, Wayne, Lewis, and Hickman from the licensed service area of the sister company of MasLife at Home of Tennessee, LLC DBA CareAll Home Care Services. Existing home care services will not be affected, and no new services will be initiated or service discontinued. The project does not impact patient care, involves no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. Anticipated cost of the project is \$21,000.

The anticipated date of filing the application is: August 12, 2016.  
 The contact person for this project is Mary Ellen Foley, Project Director, who may be reached at: CareAll Home Care Services 135 Kennedy Drive, Martin, TN 38237, 731-587-2996.  
 Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:  
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**2 & 3 BDR Doublewide**  
**2 & 3 BDR Singlewide**  
**Gas & Electric Furnished**  
**Washer & Dryer Hookups**  
**NO PETS**  
 Close to Wal-Mart  
**381-3873**

**Mobile Homes-Rent**  
**NICE Doublewide, 3 Bedroom, 2 Bath. \$700 month. (931)548-2039.**

**Mobile Homes-Rent**  
**\$120 A Week - 1 bedroom mobile homes for rent. Utilities furnished. Call for availability. (931)388-1485. No pets.**

**Mobile Homes-Rent**  
**CLEAN 3BR, 2 BA, country setting near Spring Hill. Appliances, no pets. \$750 month. (931)490-1815.**

**Mobile Homes-Rent**  
**EXTRA NICE Doublewide, 3 Bedroom, 2 Bath. \$700 month. (931)548-2039.**

**Mobile Homes-Rent**  
**FREE HOME BUYERS: MOBILE Home Community, 1 and 2 BR, utilities included. Call (615)454-0105.**

**Office-Rent**  
**4,000 SQ. FT. WAREHOUSE with office. Service Mill. (931)608-1760.**

**PRIME OFFICE SPACE** and **SHOWROOM** Around - Let us know your needs. Call (931)388-2537.

**Transportation**  
**Automobiles**  
**PUBLIC AUCTION:** GARAGE Keeper's Lien: 1997 Chevy Blazer, 6.5 L Diesel, 18658 Miles, AWD, Automatic. VIN: 1GNK1B5G0R3354921. Location: Dixie Diesel, Inc. 208 East 16th Street, Columbia, TN. Date: Thursday Sept 01 at 2:00pm.

**Want to Buy-Trao**  
**CASH FOR CARS** For Cars, Trucks and Vans. Running or not. No title no problem. Call Mike (931)215-6434.

**CHILD CARE SERVICES**

**Carriers Needed**  
 in Spring Hill, Mt. Pleasant, Lynnville, Columbia, Sante Fe & Culleoka Areas  
**Earn \$400 - \$600 per month**  
 a Valid Driver's License and a Reliable Vehicle are required  
 Call Steve at (931)388-6464 or come by the main office at 1115 S Main St, Columbia, TN 38401.

**NOTICE TO CREDITORS**  
 As required by TCA §30-2-306  
 P-179-16  
 Notice is hereby given that on August 2 of 2016, Letitia Testametary in respect of the estate of Linda F. Gemmill who died 7/12/2016, were issued to the undersigned by the Maury County Chancery Court of Maury 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) of this notice if the creditor received an actual copy of this notice in creditors at least sixty(60)days before date that is four (4) months from the date of the first publication (or posting); (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); (C) 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); (D) 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); (E) 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); (F) 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); (G) 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); (H) 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); (I) 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); (J) 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); (K) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors. 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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); (CI) 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); (CJ) 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); (CK) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors. 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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); (CO) 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); (CP) 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); (CQ) 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); (CR) 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); (CS) 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); (CT) 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); (CU) 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); (CV) 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); (CW) 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); (CX) 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); (CY) 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); (CZ) 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(

**August 26, 2016**

**10:47 am**

**AFFIDAVIT**

STATE OF TENNESSEE

COUNTY OF Weakley

NAME OF FACILITY: VIP Home Nursing and Rehabilitation Service, LLC  
&ba Care All Home Care Services

I, Mary Ellen Foley, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Mary Ellen Foley  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 25<sup>th</sup> day of August, 2016, witness my hand at office in the County of Weakley, State of Tennessee.

Tammy Marie Hazlewood  
NOTARY PUBLIC

My commission expires May 24, 2017.



HF-0043  
Revised 7/02

**Supplemental #2**  
**-COPY-**

**VIP Home Nursing and  
Rehab Services dba  
CareAll Home Care  
Services**

**CN1608-028**



State of Tennessee

Health Services and Development Agency 1:12 am

Andrew Jackson State Office Building, 9th Floor

502 Deaderick Street, Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364/Fax: 615-741-9884

August 30, 2016

August 29, 2016

Mary Ellen Foley
Project Director
CareAll Management, LLC
326 Welch Road
Nashville, TN 37211

RE: Certificate of Need Application CN1608-028
VIP Home Nursing and Rehabilitation Services d/b/a CareAll Home Care Services

Dear Ms. Foley,

This will acknowledge our August 26, 2016 supplemental response for a Certificate of Need for the addition of six counties (Maury, Giles, Lawrence, Wayne, Lewis, and Hickman) to the existing 22 county licensed service area of VIP Home Nursing and Rehabilitation Services d/b/a CareAll Home Care Services located at 4015 Travis Drive, Suite 102, Nashville, TN 37211.

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.

Please submit responses in triplicate by 12:00 noon, Tuesday, August 30, 2016. 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. Your response is noted. Please complete the following table identifying the project's gross charge, average deduction from operating revenue, and average net charge per patient. The applicant should divide the total number of projected patients in Year One and Year Two of the Projected Data Chart into the total gross charges, deductions from operating revenue total, and total net charges to calculate the charges. On page 25 of the application, the applicant appears to project to serve 339 patients in Year One and 357 patients in Year Two.

Response:

Table with 3 columns: Metric, Year One per Patient 2017, Year Two per Patient 2018. Rows include Average Gross Charge (Gross charges/total cases) and Average Deduction (Total Deductions/total).

cases)		
Average net Charge	\$16,674	\$17,249
Total Net Operating Revenue/total cases)	\$587	\$948

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 (60<sup>th</sup>) day after written notification is October 18, 2016. 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,

Phillip M. Earhart

Mary Ellen Foley  
August 29, 2016  
Page 3

HSD Examiner

**AFFIDAVIT**

STATE OF TENNESSEE

COUNTY OF Weakley

NAME OF FACILITY: VIP Home Nursing and Rehabilitation Service, LLC  
dba Care All Homecare Services

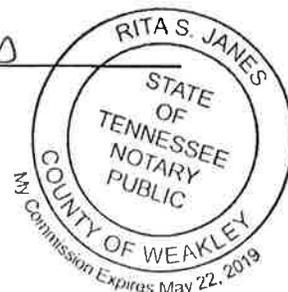
I, Mary Ellen Foley, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Mary Ellen Foley  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 29<sup>th</sup> day of August, 2016, witness my hand at office in the County of Weakley, State of Tennessee.

Rita S. James  
NOTARY PUBLIC

My commission expires 5/22, 19.



## Melanie Hill

---

**From:** Melanie Hill  
**Sent:** Monday, October 10, 2016 6:23 PM  
**To:** 'Mary Ellen Foley'  
**Subject:** RE: Maxlife d/b/a CareAll & VIP d/b/a CareAll

Thank you.

*Melanie*

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

[www.tn.gov/hsda](http://www.tn.gov/hsda)  
Phone: 615-741-2364  
Fax: 615-741-9884

---

**From:** Mary Ellen Foley [mailto:MaryEllen.Foley@careallinc.com]  
**Sent:** Monday, October 10, 2016 4:34 PM  
**To:** Melanie Hill  
**Cc:** Randy Forrest; Rick Hartwig  
**Subject:** Re: Maxlife d/b/a CareAll & VIP d/b/a CareAll

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See response in [blue](#) below.

Let me know if you need further information.

Mary Ellen Foley, RN, BSN, COS-C  
Director of Quality Services  
CareAll Home Care Services  
135 Kennedy Drive  
Martin, TN 38237  
cell-731-514-1618  
office-731-587-2996

---

**From:** Mary Ellen Foley  
**Sent:** Monday, October 10, 2016 4:17 PM  
**To:** Randy Forrest; Rick Hartwig  
**Subject:** Re: Maxlife d/b/a CareAll & VIP d/b/a CareAll

See response in blue.

Mary Ellen Foley, RN, BSN, COS-C  
Director of Quality Services  
CareAll Home Care Services  
135 Kennedy Drive  
Martin, TN 38237  
cell-731-514-1618  
office-731-587-2996

---

**From:** Melanie Hill <[Melanie.Hill@tn.gov](mailto:Melanie.Hill@tn.gov)>  
**Sent:** Friday, October 7, 2016 4:16 PM  
**To:** Mary Ellen Foley  
**Subject:** Maxlife d/b/a CareAll & VIP d/b/a CareAll

Mary Ellen,

We are completing the staff summaries on the these agencies.

As you are probably aware, legislation was enacted this past July that made significant changes to the CON program. It was included in PC 1043 and was effective July 1, 2016. I've include the pertinent sections below I want to address. This legislation focuses on quality and accountability. In reviewing the referenced applications, I noted that neither agency is accredited nor do they plan to be. It appears that each agency plans to maintain CMS certification although I would expect that Maxlife would keep intermittent patients at a minimum since that will not be its focus. How many intermittent patients would you expect that Maxlife would need to see annually to maintain certification ( an estimate would suffice)? Maxlife intends to maintain billing privileges through compliance with 42 CFR Part 424.540 which states that "a provider who does not submit any Medicare claims for 12 consecutive months will have its Medicare billing privileges deactivated". Therefore as previously indicated intermittent Medicare home health patients will be at a minimum and not the primary focus but sufficient to maintain billing privileges.

It appears from a review of the Quality Assessment and Performance Improvement (QAPI) materials that that this is an internal program provided at the agency level. Does CareAll Management, LLC have any quality control and monitoring programs in place? If so, please describe in detail. Yes, CareAll Management has an extensive quality control and monitoring system as outlined in the CIA agreement. Through this agreement, CareAll conducts a corporate compliance program which implements effective internal process and controls to ensure compliance with applicable federal, state, and local laws, regulations, guidelines and standards. These processes and controls will be monitored and assessed for success in achieving compliance and to improve the processes and controls as needed to thereby improve outcomes. CareAll conducts on going reviews to ensure billings are based on accurate, reliable documentation. Annual compliance training to all employees and the Board of Directors is provided and monitored. An independent claims review by a Independent Review Organization is performed annually as outlined in the CIA. CareAll Management maintains a disclosure program between personnel and management, screening of employees at hire and ongoing for exclusion, and AR /payment monitoring. See attached detail of program agreement.

Here are the pertinent sections from PC 1043-----

*Section 14 of PC 1043 adds language to item 5 of TCA 68-11-1608- Review of Applications-Report (a) (5) Specific determination as to whether a proposed project is consistent with any applicable quality measures under § 68-11 1609 (b) the state health plan. Reviewing agencies reports must now include this determination.*

Section 15 adds a fourth criterion for a certificate of need. TCA §68-11-1609(b) (b) No certificate of need shall be granted unless the action proposed in the application is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of adequate and effective health care facilities or services.

Section 16 directs the Health Services and Development Agency to maintain continuing oversight of certificates of need approved after July 1, 2016 by requiring applicants to submit annual reports concerning continued need and appropriate quality measures as determined by the agency. The agency may impose conditions that require the demonstration of compliance with continued need and quality measures; provided, that the conditions for quality measures may not be more stringent than those measures identified in the applicant's submitted application.

Section 21 adds a new part to be designated as TCA §68-11-1633.

(a) In consultation with the state health planning division and the board for licensing healthcare facilities or the department of mental health and substance abuse services, whichever is appropriate, and subject to Section 16 of this act, the agency shall develop measures by rule for assessing quality for entities that, on or after July 1, 2016, receive a certificate of need under this part. In developing quality measures, the agency may seek the advice of stakeholders with respect to certificates of need for specific institutions or services.

(b) If the agency determines that an entity has failed to meet the quality measures developed under this section, the agency shall refer that finding to the board for licensing healthcare facilities or the department of mental health and substance abuse services, whichever is appropriate, for appropriate action on the license of the entity under part 2 of this chapter.

(c) If the agency determines that an entity has failed to meet any quality measure imposed as a condition for a certificate of need by the agency, the agency may impose penalties pursuant to § 68-11-1617 or revoke a certificate of need pursuant to § 68-11-1619.

*Melanie*

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

[www.tn.gov/hsda](http://www.tn.gov/hsda)  
Phone: 615-741-2364  
Fax: 615-741-9884

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## Mark Ausbrooks

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**From:** Phillip M. Earhart  
**Sent:** Friday, October 14, 2016 9:03 AM  
**To:** Mark Ausbrooks  
**Subject:** FW: service area question on VIP Home Nursing and Maxlife at Home

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**From:** Melanie Hill  
**Sent:** Thursday, October 13, 2016 5:39 PM  
**To:** Phillip M. Earhart; Mark Farber  
**Subject:** FW: service area question on VIP Home Nursing and Maxlife at Home

*Melanie*

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

[www.tn.gov/hsda](http://www.tn.gov/hsda)  
Phone: 615-741-2364  
Fax: 615-741-9884

---

**From:** Mary Ellen Foley [<mailto:MaryEllen.Foley@careallinc.com>]  
**Sent:** Thursday, October 13, 2016 5:30 PM  
**To:** Melanie Hill  
**Cc:** Randy Forrest; Rick Hartwig  
**Subject:** Re: service area question on VIP Home Nursing and Maxlife at Home

Please see response below in **pink**.

Thank You,

Mary Ellen Foley, RN, BSN, COS-C  
Director of Quality Services  
CareAll Home Care Services  
135 Kennedy Drive  
Martin, TN 38237  
cell-731-514-1618  
office-731-587-2996

---

**From:** Mary Ellen Foley  
**Sent:** Thursday, October 13, 2016 4:04 PM

**To:** Randy Forrest; Rick Hartwig

**Subject:** Re: service area question on VIP Home Nursing and Maxlife at Home

Mary Ellen Foley, RN, BSN, COS-C

Director of Quality Services

CareAll Home Care Services

135 Kennedy Drive

Martin, TN 38237

cell-731-514-1618

office-731-587-2996

---

**From:** Melanie Hill <[Melanie.Hill@tn.gov](mailto:Melanie.Hill@tn.gov)>

**Sent:** Wednesday, October 12, 2016 4:25 PM

**To:** Mary Ellen Foley

**Cc:** Randy Forrest; Rick Hartwig

**Subject:** RE: service area question on VIP Home Nursing and Maxlife at Home

Does the enhanced and extended CIA include any quality standards or measures that you must meet? Are any quality of care issues looked at?

In addition to the CIA agreement activities, the QAPI program that was provided in the application is not only implemented on an agency level but on a company wide level as well. As the Director of Quality Services, I pull together quarterly the data for each agency under CareAll Management which includes the risk adjusted outcome, process measure outcome, utilization outcome, star rating, HHCAHPS, HHVBP, potentially avoidable events, infection control, occurrence, grievance, OASIS transmission and quarterly clinical record audit reports. These reports are analyzed and compared to previous quarters on an agency as well as a corporate level. The QAPI committees in each agency review these findings quarterly, explore areas that require improvement and develop a plan of correction to implement improvement in the quality of care. This is then reviewed corporately by the CareAll Management team together with each agency's management to develop any policy and procedure changes that may be required to facilitate improvement in care for the company. Through this program we have experienced significant improvement in quality of care outcomes which are reflected in the increase of star ratings for several of our agencies. Our Board of Directors for the agencies oversees these quality activities and provides intervention as is necessary.

*Melanie*

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

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364

Fax: 615-741-9884

---

**From:** Mary Ellen Foley [<mailto:MaryEllen.Foley@careallinc.com>]

**Sent:** Monday, October 10, 2016 4:38 PM

**To:** Melanie Hill

**Cc:** Randy Forrest; Rick Hartwig

**Subject:** Re: service area question on VIP Home Nursing and Maxlife at Home

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See response in pink below.

Let me know if you need further information.

Mary Ellen Foley, RN, BSN, COS-C

Director of Quality Services

CareAll Home Care Services

135 Kennedy Drive

Martin, TN 38237

cell-731-514-1618

office-731-587-2996

---

**From:** Mary Ellen Foley

**Sent:** Monday, October 10, 2016 4:18 PM

**To:** Randy Forrest; Rick Hartwig

**Subject:** Re: service area question on VIP Home Nursing and Maxlife at Home

See response in pink.

Mary Ellen Foley, RN, BSN, COS-C

Director of Quality Services

CareAll Home Care Services

135 Kennedy Drive

Martin, TN 38237

cell-731-514-1618

office-731-587-2996

---

**From:** Melanie Hill <[Melanie.Hill@tn.gov](mailto:Melanie.Hill@tn.gov)>

**Sent:** Monday, October 10, 2016 12:37 PM

**To:** Mary Ellen Foley

**Subject:** service area question on VIP Home Nursing and Maxlife at Home

Mary Ellen,

As I prepare to write my Consent Calendar justification for these two agencies, I am trying to understand the service area on these two home agencies. The criteria and standards for certificate of need define service area in the following manner:

**Service Area:** Refers to the county or contiguous counties in which the applicant intends to provide home health services

The addition of the of the 6 counties to the to the service area of VIP will certainly "plug" a hole in in the service area of VIP and make the service area contiguous now between Perry and Williamson Counties. Has VIP de-licensed other counties in the past or has the service area always been like this? **VIP has never deactivated counties in the service area and the VIP licensed service area has always been as outlined in the application.**

When Maxlife surrenders the six counties, its service area will no longer be contiguous. Please address any staffing issues or any problems this might cause. **No staffing issues or problems are anticipated with the change resulting in a non-contiguous service area for Maxlife. The company has invested in a sophisticated electronic records system which will enable adequate staff communication and operational monitoring of services. The company has in place staff recruitment procedures which will continue to ensure adequate staffing in all CareAll service areas.**

Since we hope to have this information online for agency members and the public by the end of the week, I need your responses as soon as possible. I apologize for not asking these questions during the review of the application.

*Melanie*

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

[www.tn.gov/hsda](http://www.tn.gov/hsda)

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**State of Tennessee  
Health Services and Development Agency**

Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda) Phone: 615-741-2364 Fax: 615-741-9884

**LETTER OF INTENT**

The Publication of Intent is to be published in the Daily Herald, Hickman County Times, Wayne County News and The Tennessean which is a newspaper of general circulation in Davidson, Williamson, Rutherford, Sumner, Wilson, Robertson, Cheatham, Marshall, Giles, Lawrence, and Lewis, Tennessee, on or before August 10, 20 16, for one day. Hickman County, and Wayne county

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:

VIP Home Nursing and Rehabilitation Service, LLC D/B/A CareAll Home Care Services Home Health Agency  
(Name of Applicant) (Facility Type-Existing)  
owned by: CareAll, LLC with an ownership type of Limited Liability company

and to be managed by: CareAll Management, LLC intends to file an application for a Certificate of Need for [PROJECT DESCRIPTION BEGINS HERE]: VIP Home Nursing and Rehabilitation Service, LLC D/B/A CareAll Home Care Services located at 4015 Travis Drive, Suite 102, Nashville, TN 37211, Davidson County, intends to add the counties of Maury, Giles, Lawrence, Wayne, Lewis, and Hickman to their licensed service area of Robertson, Cheatham, Davidson, Sumner, Macon, Trousdale, Wilson, Rutherford, Bedford, Williamson, Smith, Clay, Jackson, Overton, Putnam, Cumberland, Dekalb, Van Buren, Warren, White, Perry, and Cannon. These six counties will be acquired with the surrender of these same six counties from the licensed service area of the sister company of Maxlife at Home of Tennessee, LLC D/B/A CareAll Home Care Services. Existing home care service will not be affected, and no new service will be initiated or service discontinued. The project does not impact patient care, involves no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. The anticipated cost of this project is \$21,000.

The anticipated date of filing the application is: August 12, 20 16

The contact person for this project is Mary Ellen Foley Project Director  
(Contact Name) (Title)

who may be reached at: CareAll Home Care Services 135 Kennedy Drive  
(Company Name) (Address)

Martin TN 38237 731 / 587-2996  
(City) (State) (Zip Code) (Area Code / Phone Number)

Mary Ellen Foley August 10 maryellen.foley@careallinc.com  
(Signature) (Date) (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  
Andrew Jackson Building, 9<sup>th</sup> 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.

**RULES  
OF  
HEALTH SERVICES AND DEVELOPMENT AGENCY**

**CHAPTER 0720-11  
CERTIFICATE OF NEED PROGRAM – GENERAL CRITERIA**

**TABLE OF CONTENTS**

0720-11-.01    General Criteria for Certificate of Need

**0720-11-.01 GENERAL CRITERIA FOR CERTIFICATE OF NEED.** The Agency will consider the following general criteria in determining whether an application for a certificate of need should be granted:

- (1) Need. The health care needed in the area to be served may be evaluated upon the following factors:
  - (a) The relationship of the proposal to any existing applicable plans;
  - (b) The population served by the proposal;
  - (c) The existing or certified services or institutions in the area;
  - (d) The reasonableness of the service area;
  - (e) The special needs of the service area population, including the accessibility to consumers, particularly women, racial and ethnic minorities, TennCare participants, and low-income groups;
  - (f) Comparison of utilization/occupancy trends and services offered by other area providers;
  - (g) The extent to which Medicare, Medicaid, TennCare, medically indigent, charity care patients and low income patients will be served by the project. In determining whether this criteria is met, the Agency shall consider how the applicant has assessed that providers of services which will operate in conjunction with the project will also meet these needs.
  
- (2) Economic Factors. The probability that the proposal can be economically accomplished and maintained may be evaluated upon the following factors:
  - (a) Whether adequate funds are available to the applicant to complete the project;
  - (b) The reasonableness of the proposed project costs;
  - (c) Anticipated revenue from the proposed project and the impact on existing patient charges;
  - (d) Participation in state/federal revenue programs;
  - (e) Alternatives considered; and
  - (f) The availability of less costly or more effective alternative methods of providing the benefits intended by the proposal.
  
- (3) Contribution to the Orderly Development of Adequate and Effective Healthcare Facilities and/or Services. The contribution which the proposed project will make to the orderly development of an adequate and effective health care system may be evaluated upon the following factors:

(Rule 0720-11-.01, continued)

- (a) The relationship of the proposal to the existing health care system (for example: transfer agreements, contractual agreements for health services, the applicant's proposed TennCare participation, affiliation of the project with health professional schools);
  - (b) The positive or negative effects attributed to duplication or competition;
  - (c) The availability and accessibility of human resources required by the proposal, including consumers and related providers;
  - (d) The quality of the proposed project in relation to applicable governmental or professional standards.
- (4) Applications for Change of Site. When considering a certificate of need application which is limited to a request for a change of site for a proposed new health care institution, The Agency may consider, in addition to the foregoing factors, the following factors:
- (a) Need. The applicant should show the proposed new site will serve the health care needs in the area to be served at least as well as the original site. The applicant should show that there is some significant legal, financial, or practical need to change to the proposed new site.
  - (b) Economic factors. The applicant should show that the proposed new site would be at least as economically beneficial to the population to be served as the original site.
  - (c) Contribution to the orderly development of health care facilities and/or services. The applicant should address any potential delays that would be caused by the proposed change of site, and show that any such delays are outweighed by the benefit that will be gained from the change of site by the population to be served.
- (5) Certificate of need conditions. In accordance with T.C.A. § 68-11-1609, The Agency, in its discretion, may place such conditions upon a certificate of need it deems appropriate and enforceable to meet the applicable criteria as defined in statute and in these rules.

*Authority:* T.C.A. §§ 4-5-202, 68-11-1605, and 68-11-1609. *Administrative History:* Original rule filed August 31, 2005; effective November 14, 2005.

**CERTIFICATE OF NEED  
REVIEWED BY THE DEPARTMENT OF HEALTH  
DIVISION OF POLICY, PLANNING AND ASSESSMENT  
615-741-1954**

**DATE:** October 31, 2016

**APPLICANT:** VIP Home Nursing d/b/a Careall Home Care Services  
4015 Travis Drive, Suite 102  
Nashville, Tennessee 37211

CN1608-028

**CONTACT PERSON:** Mary Ellen Foley  
4015 Travis Drive, Suite 103  
Nashville, Tennessee 37211

**COST:** \$21,000

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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:**

VIP Home Nursing and Rehabilitation Service, LLC, d/b/a Careall, located at 415 Travis Drive, Suite 103, Nashville Tennessee 37211, seeks Certificate of Need (CON) approval to add the counties of Maury, Giles, Lawrence, Lewis, Wayne, and Hickman to their existing service area of Bedford, Clay, Cheatham, Cumberland, Davidson, Cannon, DeKalb, Giles, Hickman, Jackson, Lawrence, Lewis, Macon, Maury, Overton, Perry, Putnam, Robertson, Rutherford, Smith, Sumner, Trousdale, Van Buren, Wayne, Warren, White, Williamson, and Wilson. These six counties will be acquired with the surrender of these same six counties from the licensed service area of the sister company of Maxlife at Hot of Tennessee, LLC, d/b/a Careall Home Care Services.

Existing home care services will not be affected, and no new service will be initiated or discontinued. The project does not impact patient care, involves not new construction or capital expenditure or the acquisition or modification of any item or major medical equipment.

The total project cost is \$21,000 and will be funded through cash reserves as attested to by the Chief Operating Officer. The applicant is 100% owned by owned by Careall, LLC.

This application has been placed on the Consent Calendar. Tenn. Code Ann. § 68-11-1608 Section (d) states the executive director of Health Services and Development Agency may establish a date of less than sixty (60) days for reports on applications that are to be considered for a consent or emergency calendar established in accordance with agency rule. Any such rule shall provide that, in order to qualify for the consent calendar, an application must not be opposed by any person with legal standing to oppose and the application must appear to meet the established criteria for the issuance of a certificate of need. If opposition is stated in writing prior to the application being formally considered by the agency, it shall be taken off the consent calendar and placed on the next regular agenda, unless waived by the parties.

**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:**

Careall Home Care Services provides home health, private duty nursing care, and personnel care services in 62 counties in Tennessee. These counties are served through 6 separate licensed home health agencies. VIP Home Nursing and Rehabilitation Service, LLC, d/b/a Careall and Maxlife at Home of Tennessee, LLC d/b/a Careall Home Care Services are the agencies that serve the Middle Tennessee service area.

Revenues generated by these two agencies' from services provided to Medicare and Medicaid patients total 70% of their revenues. Medicare is proposing a 1% cut in payments for home health and private duty in 2017; and TennCare is also scheduled to reduce payments by 1% in 2017. In anticipation of these cuts in revenue, Careall is proposing to consolidate a portion of the service areas of these two agencies to reduce overhead and enhance operational efficiency.

The applicant proposes to consolidate by the addition of the 6 aforementioned counties to the VIP service area. That will enable the Middle Tennessee service area to put into place a more efficient organization structure. A portion of the savings will be achieved by the elimination of 4 administrative positions from Maxlife saving \$180,000.

There will be no change in ownership or equipment. There is no net addition of subtraction of services to the service area. The staffing patterns for the provision of care will be enhanced by the project due to change in organizational structure.

The following table presents the applicant's current service area and the six counties proposed in this application.

County	2016 Population	2020 Population	% of Increase/ (Decrease)
Bedford	50,005	51,672	3.3%
Clay	7,879	7,876	0%
Cheatham	40,798	41,692	2.2%
Cumberland	8,521	8,661	1.6%
Davidson	680,427	714,756	5.0%
Cannon	14,464	14,658	1.3%
DeKalb	19,644	19,936	1.5%
Giles	29,743	29,787	0.1%
Hickman	26,351	26,876	2.0%
Jackson	12,120	12,375	2.1%
Lawrence	43,164	43,518	0.8%
Lewis	12,752	12,912	1.3%
Macon	23,453	23,838	1.6%
Mauzy	88,337	90,666	2.6%
Overton	23,460	24,291	3.5%
Perry	8,266	8,466	2.4%
Putnam	79,658	84,087	5.6%
Robertson	73,796	78,659	6.6%
Rutherford	318,638	357,615	12.2%
Smith	20,207	20,833	3.1%
Sumner	178,730	190,261	6.5%
Trousdale	8,402	8,564	1.9%
Van Buren	5,651	5,668	0.3%
Wayne	17,428	17,642	1.2%
Warren	40,872	41,167	0.7%
White	27,519	28,541	3.7%
Williamson	215,859	237,832	8.8%
Wilson	129,094	138,561	7.3%
	2,185,031	2,320,577	6.2%

*Tennessee Population Projections 2000-2020, 2015 Revised UTCBER, Tennessee Department of Health*

The Department of Health, Division of Policy, Planning and Assessment calculated the addition of the six counties to be a surplus of (3,878).

**Home Health Patients and Need in Service Area**

County	# of Agencies Licensed	# of Agencies Serving	2015 Population	2015 Patients Served	2018 Population	Projected Capacity	Projected Need	Need or (Surplus) for 2020
Tennessee	1,635	1,473	6,735,706	170,304	6,962,031	176,109	104,430	(71,679)
Maury	22	18	87,149	2,694	90,666	2,803	1,360	(1,443)
Giles	11	8	29,721	921	29,787	923	117	(476)
Lawrence	14	10	42,969	1,675	43,518	1,696	653	(1,044)
Lewis	11	8	12,661	383	12,912	391	194	(197)
Hickman	22	20	26,081	618	26,876	637	403	(234)
Wayne	10	9	17,366	739	17,551	747	263	(484)
<b>Total</b>	<b>90</b>	<b>73</b>	<b>215,947</b>	<b>7,030</b>	<b>221,310</b>	<b>7,197</b>	<b>2,990</b>	<b>(3,878)</b>

Source: *Tennessee Population Projections 2000-2018 February 2015 Revision*, Tennessee Department of Health, Division of Health Statistics and the *Joint Annual Report of Home Health Agencies, 2015\*\**

- \*\*Most recent Year of Joint Annual Report data for Home Health Agencies.

**TENNCARE/MEDICARE ACCESS:**

Maxlife contracts with BlueCare/TennCare Select, and AmeriGroup MCOs.

The applicant projects first year Medicare revenues of \$2,959,200 or 51% of gross operating revenues and TennCare revenues of \$2,567,305 or 44% of total gross revenues.

**ECONOMIC FACTORS/FINANCIAL FEASIBILITY:**

The Department of Health, Division of Policy, Planning, and Assessment have reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine if they are mathematically accurate and if 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 page 16/28 of the application. The total estimated cost is \$21,000.

**Historical Data Chart:** The Historical Data Chart, located page 197, the applicant reports 232,184 hours private duty and 36,017 home health visits, 119,676 hours private duty and 11,695 visits home health visits, and 87,046 net operating revenues of \$(366,559), \$1,436,628), and \$(1,567,431) each year, respectively private duty hours and 12,570 home health visits in 2013, 2014, and 2015, respectively; with net operating revenues of \$(366,559), \$1,436,628), and \$(1,567,431) each year, respectively.

**Projected Data Chart:** The Projected Data Chart located on page 196, the applicant projects 128,744 private duty hours and 34,968 visits and 134,614 private duty hours and 39,432 visits in years one and two, with net operating revenues of \$198,845, and \$338,351 each year, respectively

The applicant’s charges are provided in the following table.

Skilled Nursing -\$170/visit
Skilled Nursing Evaluation-\$260/Visit
Therapies (PT,OT,ST) \$225/Visit
MSW-\$350/Visit

Home Health Aide-\$75/Visit
Certified Nursing Tech-\$35/Hour
Pediatric Certified Nursing Tech-\$40/Hour
Skilled Nursing-\$90/Hour
Hi Tech Skilled Nursing-\$90/Hour
Sitter/Companion-\$25/Hour

Charges of service area providers per service are compared with the applicant on pages 30 and 31 of the application.

No alternatives to the proposed project were identified.

**CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:**

The applicant provides a listing of all existing organizations and payor source with which they have working relationships and contractual relationships with on page 177 of the application.

This proposal should have no negative effects on the health care system. The transfer of six counties to a sister agency will provide no additions, duplications, or competition in the service area.

The applicant provides the current and proposed staffing on page 34 of the application. The field staff will not change and will have better accessibility to the administrative staff. Current staff Consists of 50.55 FTEs and will decrease to 46.55 FTEs in the first year of the project.

**QUALITY CONTROL AND MONITORING:**

VIP is licensed by the Tennessee Department of Health, Board for Licensing Healthcare Facilities.

**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.
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.

*The applicant’s service area contains the following counties.*

<b>County</b>	<b>2016 Population</b>	<b>2020 Population</b>	<b>% of Increase/ (Decrease)</b>
Bedford	50,005	51,672	3.3%
Clay	7,879	7,876	0%
Cheatham	40,798	41,692	2.2%
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Williamson	215,859	237,832	8.8%
Wilson	129,094	138,561	7.3%
	2,185,031	2,320,577	6.2%

Tennessee Population Projections 2000-2020, 2015 Revised UTCBER, Tennessee

- 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.

The Department of Health, Division of Policy, Planning and Assessment calculated the addition of the six counties to be a surplus of (3,878).

**Home Health Patients and Need in Service Area**

<b>County</b>	<b># of Agencies Licensed</b>	<b># of Agencies Serving</b>	<b>2015 Population</b>	<b>2015 Patients Served</b>	<b>2018 Population</b>	<b>Projected Capacity</b>	<b>Projected Need</b>	<b>Need or (Surplus) for 2020</b>
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Maury	22	18	87,149	2,694	90,666	2,803	1,360	(1,443)
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<b>Total</b>	<b>90</b>	<b>73</b>	<b>215,947</b>	<b>7,030</b>	<b>221,310</b>	<b>7,197</b>	<b>2,990</b>	<b>(3,878)</b>

Source: Tennessee Population Projections 2000-2018 February 2015 Revision, Tennessee Department of Health, Division of Health Statistics and the Joint Annual Report of Home Health Agencies, 2015\*\*

\*\*Most recent Year of Joint Annual Report data for Home Health Agencies.

- Documentation from referral sources:

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

*This is an established service area with patients currently served by the applicant's sister agency.*

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.

*This is an established service area with patients currently served by the applicant's sister agency.*

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.

*This is an established service area with patients currently served by the applicant's sister agency.*

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

*This is an established service area with patients currently served by the applicant's sister agency.*

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.

Average gross charges for the proposed 23 counties are as follows:

	<b>Year One</b>
2017 Projected Home Health Gross Charge Per Visit	84.63
2017 Projected Private Duty Gross Charge Per Hour	21.79
2017 Projected Home Health Deduction Per Visit	1.69
2017 Projected Private Duty Deduction Per Hour	0.41
2017 Projected Home Health Net Charge Per Visit	82.93
2017 Projected Private Duty Net Charge Per Hour	21.38

Gross charges for all counties are as follows:

	<b>Year Two</b>
2018 Projected Home Health Gross Charge Per Visit	84.76

2018 Projected Private Duty Gross Charge Per Hour	21.82
2018 Projected Home Health Deduction Per Visit	1.70
2018 Projected Private Duty Deduction Per Hour	041
2018 Projected Home Health Net Charge Per Visit	83.07
2018 Projected Private Duty Net Charge Per Hour	<i>21.41</i>