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HEALTH FACILITIES COMMISSION
DECEMBER 13, 2023
APPLICATION REVIEW

NAME OF PROJECT: 901 Home Health Care, LLC

PROJECT NUMBER: CN2309-023

ADDRESS: 9842 Garden Place
Germantown (Shelby County), TN 38139

LEGAL OWNER: 901 Home Health Care, LLC
9842 Garden Place
Germantown (Shelby County), TN 38139

OPERATING ENTITY: N/A

CONTACT PERSON: E. Graham Baker, Jr.
(615) 370-3380

DATE FILED: October 2, 2023

PROJECT COST: \$40,932

PURPOSE FOR FILING: Establishment of a home care organization and the initiation of home health services

Staff Review

Note to Commission members: This staff review is an analysis of the statutory criteria of Need, Consumer Advantage Attributed to Competition, and Quality Standards, including data verification of the original application and, if applicable, supplemental responses submitted by the applicant. Any Health Facilities Commission Staff comments will be presented as a "Note to Commission members" in bold italic.

PROJECT DESCRIPTION:

This application is for the establishment of a home health care organization and the initiation of home health services to be officed at 9842 Garden Place, Germantown (Shelby County), TN 38139. The service area will consist of Shelby, Fayette and Tipton counties.

Executive Summary

- If approved, the applicant projects the proposed project will open for service in January 2024.
- The applicant's owner, Dr. Kelsey DeFreece is a doctorate level home health occupational therapist who has worked as a travel occupational therapist for multiple home health providers since 2019.
- The applicant states that it will target primary care providers, cardiologists, neurologists, and orthopedic surgeons in the Memphis area who see the geriatric population but are not currently using or satisfied with home health services.
- The applicant lists the service types which will be offered through its home health agency in the table below:

Service Type	Yes	No
Home Health Aide Services	x	
Homemaker Services		x
Medical Social Services	x	
Occupational Therapy	x	
Physical Therapy	x	
Skilled Nursing Care	x	
Infusion Therapy - Pain Management		x
Infusion Therapy - Other		x
Speech Therapy	x	
Private Duty Nursing		x
Pediatric		x

Source: CN2310-023, Supplemental #1, Pages 3 & 4

- Please see application Attachment 1E. on page 6 for the applicant's executive summary overview that includes project description, ownership, service area, existing similar service providers, project cost, and staffing.

Consent Calendar: Yes No

- Executive Director's Consent Memo Attached: Yes Not applicable

Facility Information

- The 155 square foot project office site will be a home health office located within the applicant owner's personal residence.
- The applicant is not proposing to establish any branch offices.

Ownership

- The applicant is owned by 901 Home Health Care, LLC, which is owned (100%) by Dr. Kelsey DeFreece.

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Project Cost Chart

- The total project cost is \$40,932. Of this amount, the highest line-item costs of the project are Site Acquisition Costs (\$29,632) and Supplies Costs (\$8,000).
- Please see the Project Cost Chart on page 9 of the application.

NEED

The applicant provided the following supporting the need for the proposed project:

- The applicant states that the state health plan need formula for home health understates the need for the service area is too conservative.
- The applicant states that it will provide a unique service within the service area in that it is locally owned and managed and intends to remain small and boutique, partnering with 10-15 physicians who are currently not using or unsatisfied with home care agencies to manage their patients' needs at home.
- The applicant has provided (23) letters of support from service area providers including 10 area physicians stating the need for this project.
- The applicant cites population growth in the service area and the prevalence of patients with chronic health conditions such as COPD, obesity, Alzheimer's, etc. in the greater Memphis area as factors demonstrating need.

(For applicant discussion, see the Original Application, Attachment 2E, Page 7 and Attachment 1N Page 2).

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

Home Health Services:

All applicable criteria and standards were met except for the following:

- Did not meet the standard of #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."** *This project proposes to initiate home health services in a three-county service area, which cumulatively show a surplus of (4,810) home health admissions according to the standard of (1.5%) of the total population of the counties included in the project service area. The three counties included in the service area each show a surplus: Shelby County (4,228), Tipton County (498), and Fayette County (84). See Attachment 1N, Pages 2 & 3.*

Home Health Agency Need / Surplus Projections 2022-2025

Service Area	Agencies Report Serving	Total Patients Served	Estimated 2022 Pop.	Use Rate	Projected 2025 Pop.	Projected Capacity	Projected Need (.015 x 2025 Pop.)	Need or (Surplus) for 2025
Fayette	18	720	42,567	0.0169	43,941	743	659	(84)
Shelby	33	18,366	944,036	0.0194	949,181	18,466	14,238	(4,228)
Tipton	21	1,435	62,919	0.0228	63,763	1,454	956	(498)

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment

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- Each of the service area counties experienced a use rate above (1.5%) in 2022.
- The use rate for the service area counties is (1.95%) which is higher than the (1.5%) rate prescribed by the need formula.

Note to Commission Members: The applicant cites concerns with the existing home health service need formula including the following:

- *To demonstrate need, the applicant provides the following statement in response to the Need Formula for Home Health in Attachment 1N, Page 2: “If only 1.5% of the population is deemed needing home health care services, that means 15,844 out of the 1,056,321 total population of the service area would need home health care. In 2027, the service area is projected to have 180,191 people over the age of 65. Assuming that the entirety of the home health care population is 65 and over, that means 91% (164,347 people) of the 65+ community will sufficiently take care of their own medical needs without the use of home health services.”*

Please see attached for a full listing of the criteria and standards and the applicant’s responses.

Service Area Demographics

- The proposed service area includes Fayette, Shelby and Tipton Counties. (see Attachment 2N for a county level map).
- The target population is the adult population age 65 and older. (See Attachment 3N-B for more demographic details.)

	2023 Population		2027 Population		% Change		Person below poverty level	TennCare %
	Total	Over 65	Total	Over 65	Total	Over 65		
Fayette	43,097	44,833	10,584	11,929	4.0%	12.7%	12.2%	18.6%
Shelby	941,637	947,491	146,215	156,519	0.6%	7.0%	18.0%	32.8%
Tipton	62,909	63,997	10,592	11,743	1.7%	10.9%	13.1%	24.5%
Service Area	1,047,643	1,056,321	167,391	180,191	0.8%	7.6%		31.7%
Tennessee Total	7,071,060	7,282,134	1,290,989	1,413,040	3.0%	9.5%	13.3%	24.9%

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.

- The proposed service area projects a 4-year growth rate (2023-2027) among residents aged 65 and older of (7.6%) which is lower than the statewide rate of (9.5%). The latest 2023 percentage of (31.7%) of service area residents enrolled in the TennCare program is higher than the (24.9%) statewide average.
- The applicant highlights the leading causes of death in the 65+ population in Shelby County which can be served through home health care including heart disease, respiratory disease, Alzheimer’s disease, cerebrovascular disease, diabetes mellitus and Parkinson’s. See Supplemental #1, Page 6.

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Service Area- Historical Utilization (Home Health Agencies)

- Utilization of all service area home health providers for the past three years (2020-2022) is provided by the applicant in Attachment 5N. The following table is a summary of the service area home health utilization from 2020 to 2022:

	Total Patients			
	2020	2021	2022	% Change 20-22
Fayette County	565	741	720	27.4%
Shelby County	18,229	18,259	18,345	0.6%
Tipton County	1,497	1,383	1,435	-4.1%
35 Home Health Agencies Serving Patients	20,291	20,383	20,500	1.0%

Source: CN2310-023, Attachment 5N

- From 2020-2022, the (35) combined home health agencies operating in the three service area counties reported an increase of (1.0%) in total home health visits from 20,291 in 2020 to 20,500 in 2022.
- The five highest volume providers in 2022 were Functional Independence Home Care, Inc. - ID #79496 (3,261 patients); Baptist Trinity Home Care - ID #79276 (3,220 patients); Methodist Alliance Home Care - ID #79316 (2,386 patients); Amedisys Home Health (Amedisys Tennessee, LLC) - ID #79386 (1,535 patients); Adoration Home Health Care West Tennessee - ID #79486 (1,250 patients); and Extencicare Home Health of West Tennessee, Inc. - ID #57095 (1,070 patients).

Applicant's Historical and Projected Utilization

Since this application is for the establishment of a home care organization, there is no historical utilization for the applicant. The following table indicates the applicant's projected home health utilization by number of cases in Year 1 (2024) and Year 2 (2025).

Projected Utilization - 901 Home Health Care, LLC

Service Area County	Projected Utilization Year 1 (2024)	Total Cases
Fayette	32	8.3%
Shelby	320	83.3%
Tipton	32	8.3%
Total	384	100%

Source: CN2310-023, Application, Page 13

- The applicant projects that (83.3%) of patients will reside in Shelby County, followed by Fayette County and Tipton County (8.3%) each.

Projected Home Health Patients, Patient Visits Year 1 (2024) and Year 2 (2025)

	Year 1 (2024)	Year 2 (2025)
Home Health Patients	384	600
Total Home Health Visits	5,760	8,400
Average Visits per Patient	15	14

Source: CN2310-023, Attachment 6N

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- The applicant projects a (45.8%) increase in home health visits from 5,760 in Year 1 (2024) to 8,400 in Year 2 (2025) and a (56.2%) increase in the number of total patients from 384 to 600.

Note to Commission members: The applicant details its methodology in calculating its projected home health agency utilization on Pages 15 & 16 of the application:

“Our estimations come from the assumption of partnering with 8 physicians who send an average of 4 referrals a month, with a conservative estimate of 384 patients in the first year. We predict that patients will receive an average of 15 visits among all disciplines while in our care, for a total of 5,760 visits in Year 1. We predict about 85% of our referrals to be in the Shelby County area. For Year 2, our estimations come from the assumption of partnering with 10 physicians who send an average of 5 referrals a month, with a conservative estimate of 600 patients in the second year. We predict that patients will receive an average of 15 visits among all disciplines while in our care, for a total of 8,400 visits for year 2. We predict about 85% of our referrals to be in Shelby County area.”

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

Charges

- The applicant’s proposed charges are listed on page 22. The applicant’s unit of measure for calculating charge information is home health visits.

	Projected Data Chart	
	Year 1	Year 2
Gross Charges	\$200	\$200
Deduction from Revenue	\$50	\$50
Average Net Charges	\$150	\$150

Source: CN2310-023, Application, Page 22

- The applicant’s proposed charges are projected to remain the same from Year One (2024) to Year Two (2025) of the project.
- The applicant provides a comparison of service area charges by service type in Attachment 9C.

2022 Home Health Provider Average Charge per Visit

State ID	Facility Name	County	Visits	Gross Revenue	Average Charge per Visit
19494	Elk Valley Health Services, LLC	Davidson	70,851	\$77,587	\$1.10
19544	Home Care Solutions	Davidson	53,623	\$9,007,273	\$167.97
19744	Pentec Health, Inc.	Hamilton	737	\$606,509	\$822.94
19754	Advanced Nursing Solutions	Davidson	987	\$164,585	\$166.75
19994	Vanderbilt HC Option Care IV Services	Davidson	3,306	\$417,028	\$126.14
20045	Tennessee Quality Care - Home Health	Decatur	125,115	\$30,396,181	\$242.95
24026	NHC Homecare	Fayette	10,973	\$1,751,915	\$159.66
24036	Where The Heart Is, Inc.	Fayette	22,436	\$4,251,315	\$189.49
38015	Adoration Home Health Brownsville	Haywood	17,547	\$8,478,074	\$483.16
47452	Implanted Pump Management LLC	Knox	221	\$33,150	\$150.00
57075	Amedisys Home Health Care	Madison	30,032	\$16,412,406	\$546.50
57095	Extencicare Home Health of West Tennessee	Dyer	48,079	\$8,075,480	\$167.96
57165	Intrepid USA Healthcare Services	Madison	14,822	\$1,058,913	\$71.44
74054	NHC Homecare Springfield	Robertson	58,818	\$8,989,653	\$152.84
79106	Meritan INC	Shelby	11,602	\$2,519,184	\$217.13
79136	Quality Home Health Services	Shelby	5,989	\$6,293	\$1.05
79146	Amedisys Home Care	Shelby	23,592	\$4,239,754	\$179.71
79226	Intrepid USA Healthcare Services	Shelby	9,290	\$777,223	\$83.66
79246	Amedisys Home Health Care	Shelby	29,305	\$4,801,876	\$163.86
79256	Americare Home Health Agency, Inc.	Shelby	12,829	\$2,525,177	\$196.83
79276	Baptist Trinity Home Care and Hospice	Shelby	38,841	\$9,589,737	\$246.90
79316	Methodist Alliance Home Care	Shelby	35,725	\$7,708,509	\$215.77
79376	Homechoice Health Services	Shelby	9,774	\$2,203,378	\$225.43
79386	Amedisys Home Health	Shelby	21,404	\$6,634,320	\$309.96
79456	Accredo Health Group, Inc.	Shelby	535	\$159,709	\$298.52
79466	Optum Womens and Childrens Health LLC	Shelby	777	\$698,594	\$899.09
79486	Adoration Home Health Care of West Tennessee	Shelby	34,866	\$33,845,426	\$970.73
79496	Functional Independence Home Care, Inc.	Shelby	84,029	\$9,519,699	\$113.29
79506	No Place Like Home, Inc.	Shelby	0	\$7,534,744	
79526	Still Waters Home Health Agency	Shelby	18,402	\$3,658,271	\$198.80
79536	Maxim Healthcare Services Inc.	Shelby	0	\$18,204,191	
79546	Best Nurses, Inc.	Shelby	0	\$1,912,923	
79556	Coram CVS Speciality Infusion Service	Shelby	852	\$154,295	\$181.10
79566	Hemophilia Preferred Care of Memphis, Inc.	Shelby	0	\$0	
79856	Optum Infusion Services LLC	Williamson	1,436	\$159,348	\$110.97
	Total All Providers		796,795	\$206,572,720	\$259.25
	901 Home Health Care, LLC (Proposed Year 1 2024)	Shelby	5,760	\$1,152,000	\$200.00

Source: CN2310-023, HFC Staff compiled 2022 Joint Annual Report, Schedule D3. Application includes data from 2021 Joint Annual Report in Attachment 9C.

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- The applicant's projected charge per visit (\$200.00) in Year 1 (2024) is below the average charge per visit of service area providers.
- The applicant's projected charges are higher than nineteen of thirty-one service area providers.

Project Payor Mix

	Percentage of Gross Operating Revenue						
	Medicare	Medicaid/TennCare	Commercial	Self-Pay	Other	Total	Charity Care
Year 1	100%	0%	0%	0%	0%	100%	0%
Year 2	72.4%	5.6%	22.0%	0%	0%	100%	0%

Source: CN2310-023, Application, Page 23

- The applicant states that it will not pursue TennCare Certification until Year 2 of the project and has not contacted any TennCare Managed Care Organizations.
- Please refer to Item 10C. in the Consumer Advantage section of the application for specific Payor Mix information. See application page 23.
- The applicant states that it plans to contract with the following commercial insurance plans: Blue Cross Blue Shield of Tennessee and United Healthcare UHC.

Agreements

- The applicant does not identify any transfer agreements that it plans to establish. The following entities are listed Methodist Germantown Hospital, the Campbell Clinic (Orthopaedics), Ortho South, which is an orthopedic practice with ten locations in the Memphis area, and Baptist East Hospital as potential referral bases for the project.

Staffing

- The applicant's Year One proposed staffing includes the following:

	Year One
Direct Patient Care Positions	4.0
Non-Patient Care Positions	1.0
Contractual Staff	0.0
Total	5.0

Source: CN2310-023, Application, Page 28

- Direct Care positions includes the following: PRN Registered Nurse (0.5 FTE); PRN Physical Therapist Assistant (PTA) (0.5 FTE); PRN Home Health Aide (0.5 FTE); PRN Occupational Therapist (0.5 FTE); PRN Physical Therapist (0.5 FTE); PRN Certified Occupational Therapy Assistant (COTA) (0.5 FTE); PRN Medical Social Worker (0.5 FTE); and PRN Speech Therapist (ST) (0.5 FTE).
- Non-Patient Care positions includes the following: Clinical Manager (1.0 FTE).
- There are no Contractual Staff projected for this project.

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QUALITY STANDARDS

- The applicant commits to obtaining and/or maintaining the following:

Licensure	Certification	Accreditation
Health Facilities Commission	Medicare/TennCare	CHAP

Source: CN2310-023, Application, Page 25.

- The applicant will apply for Licensure through the Tennessee Health Facilities Commission. It will pursue Certification through Medicare and TennCare, and Accreditation through the Community Health Accreditation Partner (CHAP).

Note to Commission members: The applicant has already submitted an application for CMS Certification prior to obtaining state licensure. See Supplemental #2, Page 2.

- The applicant states that it will not contract with Tennessee Managed Care Organizations (MCOs) serving the area until Year 2 of the project.

Application Comments

Application Comments may be filed by the Department of Health, Department of Mental Health, and Substance Abuse Services, and the Department of Intellectual and Developmental Disabilities. The following department(s) filed comments with the Commission and are attached:

- Department of Health
- Department of Mental Health and Substance Abuse Services
- Department of Intellectual and Developmental Disabilities
- No comments were filed**

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.

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no other Letter of Intent, pending applications or denied applications on file for other entities proposing this type of service.

Outstanding Applications

Project Name	AccentCare Home Health of West Tennessee, CN2203-016A
Project Cost	\$317,508
Approval Date	June 22, 2022
Description	The establishment of a home care organization and the initiation of home health services. The applicant parent office will be located at 855 Ride Lake Boulevard, Memphis, (Shelby County), TN 38120. The proposed service area includes Fayette, Shelby, and Tipton Counties. The applicant, AccentCare Home Health of West Tennessee, LLC, a limited liability company, is owned by Horizon Group Holdings, L.P. a for-profit limited partnership.
Project Status	Project Status Update 9/8/2023 "We are waiting for CMS results of CHAP survey. No billing has been performed at this point. Once we get the final CMS approval and are able to bill, we will move forward with expansion of the team."
Expiration	August 1, 2024

Project Name	TwelveStone Infusion Support, LLC, CN2205-025
Project Cost	\$134,416
Meeting Date	August 24, 2022
Description	The establishment of a new home care organization to initiate and provide home health services to 90 counties limited to the administration of home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of TwelveStone, Holdings, Inc. The new home health organization's home office will be located at 352 West Northfield Boulevard, Suite 3, Murfreesboro (Rutherford County), Tennessee 37129. The applicant also plans to serve Grundy, Lake, and Perry Counties which are designated as economically distressed counties and are exempt from CON requirements. In addition to the three distressed counties, Bedford and Smith Counties are excluded from the proposed service area for this project. The applicant is owned by TwelveStone Holdings, Inc.
Project Status	This project has been implemented. The final project report is pending.
Expiration	November 1, 2024.

Project Name	TriState Infusion, LLC, CN2204-022
Project Cost	\$70,5000
Meeting Date	August 22, 2022
Description	The establishment of a home health care organization and initiation of home health services limited to home infusion therapy services. The applicant's home office will be located at 7796 Wolf Trail Cove, Suite 103, Germantown, (Shelby County), TN 38138. The proposed service area includes Benton, Chester, Crockett, Decatur, Dickson, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Lauderdale, Lawrence, Lewis, Madison, McNairy, Montgomery, Obion, Shelby, Stewart, Tipton, Wayne and Weakley Counties. The applicant also plans to serve Lake and Perry Counties which are designated as economically distressed counties and are exempt from CON requirements. The applicant is owned by PRMC Holdings, LLC (90%) and LWS Holdings, LLC (10%).
Project Status	Annual Progress Report (9-1-23) - TriState Infusion, LLC received ACHC accreditation on June 30, 2023. Infusion nursing services are projected to begin on January 1, 2024 as accreditation and licensing is now complete.
Expiration	October 1, 2024.

TPP (11/15/2023)

CRITERION AND
STANDARDS

Original Application

NOTE: Supplemental responses to criterion and standards follows in the supplemental attachments.

STATE OF TENNESSEE

STATE HEALTH PLAN

CERTIFICATE OF NEED STANDARDS AND CRITERIA

FOR

HOME HEALTH SERVICES

The Health Services and Development Agency (HSDA) may consider the following standards and criteria for applications seeking to provide home health services. Rationale statements for each standard are provided following the standard. Existing providers of home health services are not affected by these standards and criteria unless they take an action that requires a new certificate of need (CON) for such services.

These standards and criteria are effective immediately upon approval and adoption by the Governor. However, applications for certificates of need to provide home health services that are deemed complete by HSDA prior to the approval and adoption of these standards and criteria by the Governor shall be considered under the Guidelines for Growth, 2000 Edition.

Definitions

Home Health Service: “Home health service” is defined by Tennessee Code Annotated § 68-11-201. This definition is included in HSDA Rule 0720-9-.01. As set out in the statute, home health services include skilled nursing care; physical, occupational, or speech therapy; medical social services; home health aid services; and the provision of certain medical supplies and medical appliances. For the purposes of these standards and criteria, a “home health service” shall be performed by a “home care organization.” Please see Note 1 for information regarding Professional Support Services and Personal Support Services.

Home Care Organization: “Home care organization” is defined by Tennessee Code Annotated § 68-11-201 and includes an entity that provides home health services.

Service Area: Refers to the county or contiguous counties in which the applicant intends to provide home health services.

Joint Annual Reports (JARs): The JARs prepared and submitted by home care organizations shall be identified by the Health Services and Development Agency (HSDA) as the primary source of data regarding home health services performed in Tennessee. The Tennessee Department of Health (TDH) maintains the JARs and is responsible for generating reports utilizing TDH data as required by the Certificate of Need program.

Private Duty Services: Refers to those skilled nursing and CNT services under physician orders provided in the home or community setting.

Intermittent Care Services: Refers to those nursing services provided by an RN or an LPN, therapist, social worker, or aide under physician orders that are normally no more than one visit per day of a maximum duration of two hours.

Standards and Criteria

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.

Rationale: After much effort, the Division has determined that limitations of the data obtained from the current JAR form do not permit a revision of the Need formula, and that there are no more accurate data sources available. Consequently, it has at this time decided to retain the current Need formula from the Guidelines for Growth, and has repeated it herein. The Division commits to working with stakeholders to assess the data needs of the HSDA, the TDH, and stakeholders and to revise the JAR form accordingly. Once sufficient data are collected, a review of the Need formula will be undertaken.

The existing Need formula is admittedly a conservative one. The Division's research regarding Medicare-Medicaid fraud and abuse in the home health services industry supports a conservative Need formula. In 2012, the Government Accountability Office reported that 40% of all fraud convictions initiated by a group of Medicaid fraud-control units were for home health services — the biggest category of providers convicted through the Medicaid units' efforts. The Centers for Medicare and Medicaid Services (CMS) states that home health agencies offer services and supplies "vulnerable to fraud."

Applicant Response: As reported above, the 1.5% need formula is very conservative and does not match the needs of our aging population. It is too conservative to the current needs of the project area and aging population. See attachment 3N.BR for reference. In 2027, it is projected that over 17% of my service area will be over the age of 65. If only 1.5% of the population is deemed needing home health care services, that means 15,844 out of the 1,056,321 total population of the service area would need home health care. In 2027, the service area is projected to have 180,191 people over the age of 65. Assuming that the entirety of the home health care population is 65 and over, that means 91% (164,347 people) of the 65+ community will sufficiently take care of their own medical needs without the use of home health services. Due to the high prevalence of COPD, obesity, Alzheimer's, etc in this population, it's impossible to believe that 91% of this age group is appropriately managing their health needs. It's obvious that a much greater percent of the population could benefit from home health care as opposed to the proposed 1.5%. Given the provided formula of "1.5% of the population", no other home health agency will be able to open in the state of Tennessee. As a healthcare

provider striving to serve patients in need, there is a significantly higher demand for patient centered home health agencies that are locally owned. Shelby county is notoriously underserved in regards to access to healthcare, and the addition of a locally owned/operated home health care group is needed to serve both physicians and patients whose needs are not being met. This formula inhibits patients and physicians who are currently unsatisfied with their options pursue smaller, locally owned and patient-focused options. It allows large, nationally owned and operated corporations whose owners never meet or speak to the actual patients or local onsite team / employees continue to grow and disappoint employees, patients, and physicians / referral bases. Meanwhile, local clinicians who are deeply invested in the community who want to break this corporately dominated field are excluded from serving the community. Access to healthcare and options for patients are a positive for providers as well as patients. An additional option for quality health care should not be denied.

Using the 1.5% need formula, the chart shows a surplus of patients projected in 2025. However, with our growing and aging population, I think the percent that could benefit from home health care is much higher. I added columns to show what the need would be if one assumes even just 3% of the 2025 population (of which almost 20% will be over the age of 65) receives home health care.

According to the US Bureau of Labor Statistics, home health care employment will grow by 20% from 2021 to 2031, a growth projected at 7% due to the aging population. (Resource: <https://www.amnhealthcare.com/amn-insights/news/why-is-home-healthcare-growing-so-fast/>) This source also states that 2 out of 3 older Americans have multiple chronic conditions conducive to home care. According to NAHC statistics, 4.5% of Americans utilize home health care services, excluding infusion therapy and home daycare. To determine that only 1.5% of the population needs home health greatly differs from the actual needs of an aging population. Allowing more patients access to an additional, locally owned option only benefits our healthcare system.

Service Area	Agencies Report Serving	Total Patients Served	Estimated 2022 Pop.	Use Rate	Projected 2025 Pop.	Projected Capacity	Projected Need (.015 x 2025 Pop.)	Need or (Surplus) for 2025	(.03 x 2025 Pop)	Need
Tennessee	1,822	187,539	6,997,493	0.0268008846	7,153,758	191,727	107,306	(84,421)		
Fayette	18	720	42,567	0.0169145510	43,941	743	659	(84)	1318	743
Shelby	33	18,366	944,036	0.0194547748	949,181	18,466	14,238	(4,228)	28,475	10,009
Tipton	21	1,435	62,919	0.0228070649	63,763	1,454	956	(498)	1912	458

*Most recent year of Joint Annual Report data for Home Health Agencies
 **Data is projected three years from the latest available year of final Home Health Joint Annual Report data.

Projections Source: Boyd Center for Business and Economic Research, University of Tennessee, Knoxville
 Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment
 Note: Totals may not match due to rounding. (TN_CoPopProj_2019 series)

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

Note: The Division recognizes that a home care organization can be established within a 12-15 month period of time, and that ideally a one year planning horizon would be used. However, in

this instance a three-year planning horizon is used because final JAR data lag significantly behind the current date. Final 2012 JAR data became available in May 2014, thus providing data for need to be projected in 2015 but not for any other future full calendar year. Should a change occur that enables TDH to provide final JAR data significantly earlier, the Division would propose a change in the planning horizon.

Applicant Response: See attachment 3N.BR for reference for 2027 population predictions to determine need of additional home health care options.

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 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.

Rationale: This Standard is carried over from the Guidelines for Growth.

Applicant Response: See attachment 8CR for JAR reports of existing utilization.

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.

Rationale: This Standard seeks to promote State Health Plan Principle 2 concerning Access to Care. The Division believes that if the Need formula is not met, a pattern of problems with referring patients successfully to home care organizations should be demonstrated by the applicant. If no such pattern can be established, there is likely not a need for a new home care organization.

Applicant Response: I am in the process of gathering letters from physicians who are currently not using or unsatisfied with current home health care options in the project area. Letters will be submitted by November 15.

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 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.

Rationale: From comments expressed by many stakeholders, the Division is aware that a home care organization may be licensed to provide services in a county/Service Area but may serve few or no patients there. The Division believes this situation may unreasonably impede the expansion of home health services in a county/Service Area and that any such home care organization that is opposing an application should provide evidence that supports its low market penetration.

Applicant Response: See attachment 5N for JAR reports of existing utilization.

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.

Rationale: This Standard seeks to promote State Health Plan Principle 5 concerning a sufficient and quality health care work force. Home care organization workers do not necessarily need to live in the county in which they work. However, in the short-term, the number of possible workers in a general area is unlikely to change quickly. In order to promote economic efficiencies and access to health care through reduced personnel cost, applicants should demonstrate that they have a plan to recruit sufficient workforce in the general area within reasonable commuting distance of the proposed Service Area. Moreover, the applicant should present its long-term plans to ensure an adequate supply of quality home care workers is available to meet future needs.

Applicant Response: As a well connected member of this population, I will directly hire individuals for each position. I will hire, train, and supervise clinicians so that patients receive the highest level of care. I will not use a 3rd party staffing agency for any hires.

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.

Rationale: This Standard seeks to promote State Health Plan Principles 3 and 4 concerning Economic Efficiencies and Quality of Care, respectively. In order to promote economic

efficiencies and the quality of health care provided in Tennessee, applicants should demonstrate that they have established relationships with other health care providers that will ensure a continuity of care for their patients.

Applicant Response: I am in the process of gathering letters from physicians who are currently not using or unsatisfied with current home health care options in the project area. Letters will be submitted by November 15. With myUnity EHR, communication with these referral bases will be faxed in real time, ensuring continuity of care at all times.

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 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.

Rationale: This Standard seeks to promote State Health Plan Principle 3 concerning Economic Efficiencies. This Standard further seeks to promote the orderly development of the health care system by bringing to the forefront issues concerning Medicaid/Medicare certification.

Applicant Response: I am in the process of becoming a Medicare provider and plan to see Medicare patients only for year 1. As our company grows, we will seek certification with other providers in year 2.

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.
- 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.

Rationale: This Standard seeks to promote State Health Plan Principle 3 concerning Economic Efficiencies through greater marketplace transparency.

Applicant Response: See attachments 8C and 9C to see that our proposed charges are lower than the average cost of home care charges.

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.

Rationale: This Standard seeks to promote State Health Plan Principle 2 concerning Access to Care.

Applicant Response: This project will not serve the pediatric population.

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.

Rationale: This Standard seeks to promote the State Health Plan Principle 4 concerning Quality of Care. The Division recognizes that certain home care organizations are certified by CMS but are not necessarily accredited by the entities listed above.

Applicant Response: Once approved and licensed, we will seek accreditation by the Community Health Accreditation Program. We will also be using myUnity EHR to promote timely communication with physicians and continuation of care from other facilities.

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.

Rationale: This Standard seeks to promote accurate health planning through the availability of accurate and timely data.

Applicant Response: I 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.

Notes

1. Professional Support Services and Personal Support Services: It should be noted that an entity providing either “professional support services,” as defined by TCA § 68-11-201 (regarding nursing and occupational, physical, or speech therapy services provided to individuals with mental retardation or developmental disabilities pursuant to a contract with the state agency financially responsible for such services), or “personal support services,” as set forth in the Rules of the Department of Mental Health and Substance Abuse Services Office of Licensure Chapter 0940-05-38 (regarding self-care assistance, household assistance, personal assistance to access community activities, and education services), does not require a Certificate of Need in order to be licensed by the appropriate department to perform its services.

2. TennCare Medicare Certification: As of the effective date of these standards and criteria, the Rules of the Bureau of TennCare (“TennCare”), the state of Tennessee’s Medicaid program, require that any applicant for a Certificate of Need to provide home health services that desires to contract with TennCare’s MCOs become Medicare-certified. The process of becoming Medicare-certified can take several months if an agency does not meet Medicare “deemed certified” status through accreditation by national accrediting organizations.

It should be noted that as of the effective date of these standards and criteria, Private Duty Services do not qualify as a Medicare reimbursable service. Thus, an entity that applies for a Certificate of Need should not apply to provide only Private Duty Services if it intends to try to contract with the MCOs as it will not be able to receive Medicare certification. Additionally, applicants should contact TennCare for specific information regarding the ability to contract with MCOs. On the Health Services and

Development Agency website (<http://www.tn.gov/hsda/>) an informational letter is available entitled “Are you thinking about applying for a CON to provide Home Health or Private Duty Nursing Services in Tennessee?”

3. Services not to be Discriminatory in Nature: Some past applications have endeavored to provide home health services to specific populations. It should be noted that federal law prohibits health care providers from providing health care services that discriminate against any population in the areas of race, color, national origin, disability, or age. This prohibition is enforced by the Office for Civil Rights to ensure that eligible persons have equal access to quality health care regardless of race, color, national origin, disability, or age.

Criteria #1: Determination of Need								
Service Area County	Number of Agencies Report Serving	Total Patients Served*	Estimated 2022 Population (Most Recent Year Available)**	Use Rate	Projected 2026 Population (3 Years Forward)	Projected Capacity	Projected Need (.015 x 2023 Population)	Need or (Surplus) for 2024
Shelby County	31	18,345	916,372	0.0200191625	950,748	19,033	14,261	(4,772)
Tipton County	21	1,435	61,661	0.0232724088	64,016	1,490	960	(530)
Fayette County	18	720	43,622	0.0165054330	44,364	732	665	(67)
				▲		▲	0	▲
				▲		▲	0	▲
				▲		▲	0	▲
<i>Add Rows as Necessary</i>				▲		▲	0	▲
TOTAL	31	20,500	1,021,655	0.0200654820		0	0	0

Source: Joint Annual Report - Home Health Agencies and Tennessee Department of Health, Division of Policy, Planning and Assessment - Home Health Agency Need Projections (available upon request)

**Source: Tennessee Department of Health, Division of Policy Planning and Assessment, <https://www.tn.gov/health/health-program-areas/statistics/health-data/population.html>

LETTER OF INTENT



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

hsda.staff@tn.gov

LETTER OF INTENT

The Publication of Intent is to be published in The Commercial Appeal which is a newspaper of general circulation in Shelby, Fayette and Tipton counties, Tennessee, on or before 09/15/2023 for one day.

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that 901 Home Health Care LLC, a/an Home Health Agency owned by Kelsey DeFreece with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a home health care organization and the initiation of home health services to be officed at 9842 Garden Place, Germantown, TN 38139. The Service area will consist of Shelby, Fayette and Tipton counties. The address of the project will be 9842 Garden Place, Germantown, Shelby County, Tennessee, 38139. The estimated project cost will be \$11,300.

The anticipated date of filing the application is 10/02/2023

The contact person for this project is Dr. Kelsey DeFreece who may be reached at 901 Home Health Care LLC - 9842 Garden Pl, Germantown, Tennessee, 38139 – Contact No. 901-361-5144.

Kelsey DeFreece

09/02/2023

keldef794@gmail.com

Signature of Contact

Date

Contact's Email Address

The Letter of Intent must be received between the first and the fifteenth day of the month. If the last day for filing is a Saturday, Sunday, or State Holiday, filing must occur on the next business day. Applicants seeking simultaneous review must publish between the sixteenth day and the last day of the month of publication by the original applicant.

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



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

hsda.staff@tn.gov

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 Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that 901 Home Health Care LLC, a/an Home Health Agency owned by Kelsey DeFreece with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a home health care organization and the initiation of home health services to be officed at 9842 Garden Place, Germantown, TN 38139. The Service area will consist of Shelby, Fayette and Tipton counties. The address of the project will be 9842 Garden Place, Germantown, Shelby County, Tennessee, 38139. The estimated project cost will be \$11,300.

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ORIGINAL
APPLICATION



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

hsda.staff@tn.gov

CERTIFICATE OF NEED APPLICATION

1A. Name of Facility, Agency, or Institution

901 Home Health Care LLC

Name

9842 Garden Place

Shelby County

Street or Route

County

Germantown

Tennessee

38139

City

State

Zip

<https://www.901homehealth.com/>

Website Address

Note: The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.

2A. Contact Person Available for Responses to Questions

Kelsey DeFreece

Dr.

Name

Title

901 Home Health Care LLC

keldef794@gmail.com

Company Name

Email Address

9842 Garden Pl

Street or Route

Germantown

Tennessee

38139

City

State

Zip

self

901-361-5144

Association with Owner

Phone Number

3A. Proof of Publication

Attach the full page of newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent. (Attachment 3A)

Date LOI was Submitted: 09/02/23

Date LOI was Published: 09/02/23

RESPONSE: No response was given from the public. LOI was published Sept 1, but Sept 2 is automatically selected in the calendar above and will not allow me to edit. See attachment for newspaper ad and affidavit.

4A. Purpose of Review (*Check appropriate box(es) – more than one response may apply*)

- Establish New Health Care Institution
- Relocation
- Change in Bed Complement
- Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- Initiation of MRI Service
- MRI Unit Increase
- Satellite Emergency Department
- Addition of Therapeutic Catheterization
- Positron Emission Tomography (PET) Service
- Initiation of Health Care Service as Defined in §TCA 68-11-1607(3)

Please answer all questions on letter size, white paper, clearly typed and spaced, single sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate “N/A” (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable item Number on the attachment, i.e. Attachment 1A, 2A, etc. The last page of the application should be a completed signed and notarized affidavit.

5A. Type of Institution (*Check all appropriate boxes – more than one response may apply*)

- Hospital
- Ambulatory Surgical Treatment Center (ASTC) – Multi-Specialty
- Ambulatory Surgical Treatment Center (ASTC) – Single Specialty
- Home Health
- Hospice
- Intellectual Disability Institutional Habilitation Facility (ICF/IID)
- Nursing Home
- Outpatient Diagnostic Center
- Rehabilitation Facility
- Residential Hospice
- Nonresidential Substitution Based Treatment Center of Opiate Addiction
- Other

Other -

Hospital -

6A. Name of Owner of the Facility, Agency, or Institution

901 Home Health Care LLC

Name

9842 Garden Place		901-361-5144
Street or Route		Phone Number
Germantown	Tennessee	38139
City	State	Zip

7A. Type of Ownership of Control (Check One)

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation (For Profit)
- Corporation (Not-for-Profit)
- Government (State of TN or Political Subdivision)
- Joint Venture
- Limited Liability Company
- Other (Specify)

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State’s website at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx> If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. (Attachment 7A)

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 relate to the applicant. As applicable, identify the members of the ownership entity and each member’s percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

RESPONSE: LLC attached - applicant owns and manages 100% of project

8A. Name of Management/Operating Entity (If Applicable)

Name

Street or Route		County
City	State	Zip

Website Address

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. (Attachment 8A)

9A. Legal Interest in the Site

Check the appropriate box and submit the following documentation. (Attachment 9A)

The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.

- Ownership (Applicant or applicant's parent company/owner) – Attach a copy of the title/deed.
 - Lease (Applicant or applicant's parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
 - Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
 - Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
 - Letter of Intent, or other document showing a commitment to lease the property - attach reference document
 - Other (Specify)
-

RESPONSE: NA - applicant owns 100% of project

10A. Floor Plan

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page. (Attachment 10A)

- Patient care rooms (Private or Semi-private)
- Ancillary areas
- Other (Specify)

RESPONSE: NA - agency will be housed within the home office of owner

11A. Public Transportation Route

Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients. (Attachment 11A)

RESPONSE: Office accessible by car to all employees. Patients will be seen in their home with no need to leave the home.

12A. Plot Plan

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter size sheet of white paper, legibly labeling all requested information. It **must** include:

- Size of site (in acres);
- Location of structure on the site;
- Location of the proposed construction/renovation; and
- Names of streets, roads, or highways that cross or border the site.

(Attachment 12A)

RESPONSE: NA - home health care

13A. Notification Requirements

- TCA §68-11-1607(c)(9)(B) states that "... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the

application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested.” Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.

- Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
- Notification in process, attached at a later date
- Notification not in process, contact HFC Staff
- Not Applicable

- TCA §68-11-1607(c)(9)(A) states that “... Within ten (10) days of the filing of an application for a nonresidential substitution based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of the municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution based treatment center for opiate addiction has been filed with the agency by the applicant.

- Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
- Notification in process, attached at a later date
- Notification not in process, contact HFC Staff
- Not Applicable

EXECUTIVE SUMMARY**1E. Overview**

Please provide an overview not to exceed **ONE PAGE** (for 1E only) in total explaining each item point below.

- Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes.

RESPONSE:

901 Home Health Care is a new home health care agency to serve patients in their homes in the Memphis area. 901 Home Health Care is unique in that it is locally owned and managed and intends to remain small and boutique, partnering with 10-15 physicians who are currently not using or unsatisfied with home care agencies to manage their patients' needs at home.

- Ownership structure

RESPONSE: Single member LLC

- Service Area

RESPONSE: Shelby, Tipton, and Fayette Counties

- Existing similar service providers

RESPONSE: There are multiple home health agencies including but not limited to Baptist Trinity Home Health, Amedisys, and TN Quality Care. We will be unique in that we will be locally owned and operated rather than becoming a large multi-state corporation.

- Project Cost

RESPONSE: Estimated at \$40,932

- Staffing

RESPONSE: 1 full time owner / manager (self), 1 PRN PT, 1 PRN PTA, 1 PRN OT, 1 PRN COTA, 1 PRN RN, 1 PRN HHA, 1 PRN MSW, 1 PRN ST. These 9 positions (8 clinical) will be the equivalent of 4 FTEs. The 8 clinical employees will average 14 visits / week for the projected 5,760 home health visits in Year 1.

2E. **Rationale for Approval**

A Certificate of Need can only be granted when a project is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers

Provide a brief description not to exceed ONE PAGE (for 2E only) of how the project meets the criteria necessary for granting a CON using the data and information points provided in criteria sections that follow.

- Need

RESPONSE: Patients in the Memphis metro area will benefit with more access to home health care to help meet their needs including Occupational Therapy, Physical Therapy, and Nursing. The Baby Boomer generation is aging, living longer, and many seniors prefer to receive healthcare services in the comfort of their homes. There is a need for additional home health care options to meet the needs of the growing aging population and the chronic health conditions present in the greater Memphis area.

- Quality Standards

RESPONSE: We strive to uphold the highest standards of healthcare to meet all of our patients' needs. Ensuring quality standards in a home health care agency is crucial to provide the best possible care to clients and maintain a high level of professionalism and safety. Here are some of the ways we will ensure and maintain quality standards: 1. Compliance with Regulations: We will stay informed and comply with all federal, state, and local regulations and licensing requirements related to home health care. As a TAHC member, I will remain informed of the changes to our legislation and remain in compliance with all regulations. 2. Hiring and Training: 901 Home Health Care will thoroughly vet and hire qualified healthcare professionals and provide ongoing training and development opportunities for staff to ensure they are up-to-date with the latest healthcare practices. 3. Client Assessment and Care Planning: 901 Home Health Care will conduct comprehensive assessments of each client's health and needs to develop individualized care plans. We will involve patients and their families in the care planning process to ensure their preferences and goals are considered. 4. Monitoring and Supervision: We will implement regular supervision and monitoring of our staff and the patients' caregivers to ensure they are following care plans and providing high-quality care. We will establish clear lines of communication between caregivers, supervisors, and patients. 5. Documentation and Record-Keeping: We have partnered with Netsmart Technologies and myUnity EHR to maintain accurate and up-to-date client records, including care plans, medication records, and progress notes. We will ensure that all documentation complies with legal and regulatory requirements. The Document Manager feature within myUnity will allow for direct communication in real time with all providers. 6. Continuous Quality Improvement (CQI): We will develop and implement a CQI program to regularly assess and improve the agency's services. We will collect feedback from patients, caregivers, and healthcare professionals via client satisfaction surveys to identify areas for improvement. We will establish a clear and responsive process for handling client complaints and grievances, ensuring timely resolution. 7. Infection Control and Safety Measures: We will enforce strict infection control protocols to prevent the spread of infections within clients' homes. We will ensure that our staff are trained in proper hygiene, bag techniques, and safety procedures. 8. Medication Management: We will work alongside families to establish strict procedures for medication management, including accurate administration and monitoring for any adverse reactions. 9. Emergency Preparedness: We will develop emergency response plans and train staff on how to handle medical emergencies in patients' homes. 10. Ethical and Cultural Competence: We will train staff in ethical and cultural competence to respect patients' diverse backgrounds and values. 11. Performance Reviews: We will conduct regular performance reviews for staff members to identify strengths and areas for improvement and provide necessary support and training to best serve our patients. 12. External Audits and Accreditation: We will seek accreditation from relevant healthcare accreditation bodies to demonstrate commitment to quality standards. As a

TAHC member, I will have easy access to accreditation agencies for frequent and thorough supervision and guidance. By implementing these strategies, our home health care agency can ensure that it consistently provides high-quality care while maintaining a commitment to client safety and satisfaction.

- Consumer Advantage

- Choice

RESPONSE: 901 Home Healthcare will provide an additional option to meet home health needs in the Memphis metro area to further provide access to care.

- Improved access/availability to health care service(s)

RESPONSE: We plan on being 100% home health based, meaning we will go to our patient's homes in order to provide access to their medical needs

- Affordability

RESPONSE: We are in the process of becoming accredited with Medicare to cover patients health care costs and expand the home health coverage in Memphis.

3E. Consent Calendar Justification

- Letter to Executive Director Requesting Consent Calendar (Attach Rationale that includes addressing the 3 criteria)
- Consent Calendar NOT Requested

If Consent Calendar is requested, please attach the rationale for an expedited review in terms of Need, Quality Standards, and Consumer Advantage as a written communication to the Agency's Executive Director at the time the application is filed.

4E. PROJECT COST CHART

A. Construction and equipment acquired by purchase:		
1. Architectural and Engineering Fees		\$0
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees		\$300
3. Acquisition of Site		\$29,632
4. Preparation of Site		\$0
5. Total Construction Costs		\$0
6. Contingency Fund		\$0
7. Fixed Equipment (Not included in Construction Contract)		\$0
8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)		\$0
9. Other (Specify): <u>medical bags, therapy equipment, tablets, badges, medical supplies</u>		\$8,000
B. Acquisition by gift, donation, or lease:		
1. Facility (inclusive of building and land)		\$0
2. Building only		\$0
3. Land only		\$0
4. Equipment (Specify): <u>NA</u>		\$0
5. Other (Specify): <u>NA</u>		\$0
C. Financing Costs and Fees:		
1. Interim Financing		\$0
2. Underwriting Costs		\$0
3. Reserve for One Year's Debt Service		\$0
4. Other (Specify): <u>NA</u>		\$0
D. Estimated Project Cost (A+B+C)		\$37,932
E. CON Filing Fee		\$3,000
F. Total Estimated Project Cost (D+E)	TOTAL	\$40,932

GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with TCA §68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to completion or duplication would be positive for consumers.” In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

NEED

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

- 1N.** Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. <https://www.tn.gov/hsda/hsda-criteria-and-standards.html> (Attachment 1N)

RESPONSE:

Once approved, we plan to market to physicians in the greater Memphis area who are currently not utilizing home health care services for their patients or are unsatisfied with the home health care their patients receive. This will allow for greater use of the home care setting and greater satisfaction for physicians and patients.

- 2N.** Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable. (Attachment 2N)

RESPONSE:

The proposed service area will be Shelby County, Tipton County, and Fayette County. I predict that approximately 90% of our patients will be located in Shelby County. Shelby County is home to Memphis, which is the largest city in Tennessee and a major urban center in the region. Here are some key healthcare needs and considerations for Shelby County:

1. Access to Healthcare: Ensuring equitable access to healthcare services for all residents, including those in underserved communities, is a significant challenge. Improving access to primary care, specialty care, and preventive services is essential. Coming to patients' home through home care services decreases the barriers to receive services and allows underserved communities and patients with limited access to transportation to be served well.
2. Chronic Disease Management: Shelby County faces significant challenges related to chronic diseases such as heart disease, diabetes, and obesity. Addressing these conditions requires comprehensive prevention and management programs.
3. Health Disparities: Addressing health disparities based on race, socioeconomic status, and other factors is crucial in improving overall health outcomes in Shelby County. 901 Home Health Care will seek to decrease the disparities seen in Shelby County by offering quality home health care to all.
4. Healthcare Workforce: Ensuring an adequate healthcare workforce, including physicians, nurses, and other healthcare professionals, is essential to meet the growing healthcare needs of the county's residents. Especially since the Covid pandemic, healthcare workers have left the workforce due to feeling overworked and underpaid.

901 Home Health Care will seek to compensate employees well, appreciate their work, and allow employees to create their own work schedule. Since all employees will be PRN with no requirement of a specific amount of hours, employees can work as little or as much as they wish. Additionally, as a small business with fewer overhead costs, we will be able to compensate employees at a higher rate.

5. **Public Health Preparedness:** Being prepared for public health emergencies, such as pandemics or natural disasters, is critical. This includes having a robust public health infrastructure and emergency response plans in place. These plans will be discussed and prepared for during home health care visits.
6. **Access to Health Insurance:** Ensuring that residents have access to affordable health insurance coverage is important for improving overall health outcomes and reducing healthcare disparities. 901 Home Health Care is in the process of applying to be a Medicare provider, followed by other commercial payers. This will allow for reduced or no costs to the patients receiving home care.
7. **Health Education and Promotion:** Promoting health literacy and providing education on healthy lifestyles, nutrition, and exercise can help prevent many health issues. Our team at 901 Home Health Care will educate on the disease processes specific to each patient, as well as healthy lifestyles that will promote healthier lives for everyone we see.
8. **Aging Population:** Addressing the needs of the aging population, including long-term care services and support for seniors, is becoming increasingly important as the population ages. Since the majority of patients who need home care are in the aging population, 901 Home Health will provide services for patients in the stage of life they need it the most. 901 Home Health will promote healthy aging in place for every patient we serve.

Tipton County, Tennessee, similar to Shelby County, has a range of healthcare needs that require attention and planning. To discuss these healthcare needs, we can look at several key aspects:

1. **Access to Healthcare Services:** Tipton County includes rural areas with limited access to healthcare facilities. Ensuring that residents in these areas have access to primary care, specialty care, and emergency services is a priority. Additionally, identifying and addressing healthcare deserts, where residents have to travel long distances to access healthcare, is essential. In home care, we always drive to our patients home so there is no gap in care simply because of where they live.
2. **Availability of Services:** Ensuring an adequate number of health care providers to serve the population is crucial for preventive care and early intervention. Entering into Tipton County will give patients a much needed additional option for home health care needs.
3. **Chronic Disease Management:** Diabetes, obesity, and heart disease are prevalent in Tipton County. Healthcare providers within 901 Home Health will focus on education, prevention, and management of these chronic conditions.
4. **Health Education:** Promoting health literacy and educating residents about healthy lifestyle choices can help prevent many health issues.
5. **Aging Population:** Tipton County is home to an aging population. Preparing for the healthcare needs of the elderly, including long-term care and senior services, is essential. Since the majority of patients who need home care are in the aging population, 901 Home Health will provide services for patients in the stage of life they need it the most. 901 Home Health will promote healthy aging in place for every patient we serve.
6. **Health Disparities:** Addressing health disparities, including disparities based on race, income, and access to care, is a priority to ensure equitable healthcare for all residents. 901 Home Health Care will seek to decrease the disparities seen in Tipton County by offering quality home health care to all.
7. **Emergency Preparedness:** Preparing for public health emergencies, such as natural disasters or disease outbreaks, is essential. This includes having sufficient healthcare resources and a coordinated response plan. These plans will be discussed and prepared for during home health care visits.

Fayette County, Tennessee, like Shelby and Tipton Counties, has unique healthcare needs and challenges. These needs are influenced by factors such as the county's demographics, socioeconomic status, access to healthcare facilities, and prevalent health issues. Here are some key considerations:

1. **Access to Healthcare Facilities:** Rural areas like Fayette County often face challenges in terms of access to healthcare facilities. The county may have limited options for hospitals, clinics, and specialists, making it more difficult for residents to receive timely and specialized care. 901 Home Health Care will allow many of these medical needs to be met in the home, without need to travel for care.
2. **Health Insurance Coverage:** The availability of health insurance coverage plays a significant role in accessing healthcare services. In Tennessee, the extent of health insurance coverage can vary, impacting the ability of residents to afford necessary medical care. 901 Home Health will be credentialed by Medicare and other major Commercial payers over time, allowing costs to be free or minimal to those receiving services.
3. **Chronic Disease Management:** As is the case in many rural areas, chronic diseases such as diabetes, heart disease, and obesity are prevalent in Fayette County. Access to primary care and preventative services is crucial

for managing and reducing the impact of these conditions. 901 Home Health will educate on and treat these chronic conditions.

4. **Healthy Aging:** An aging population often requires specialized healthcare services, including geriatric care, home health care, and long-term care facilities. 901 Home Health will treat this aging population so they can safely age in place.
 5. **Health Education and Preventative Care:** Promoting health education and preventative care can help reduce the overall burden of disease. Initiatives such as vaccinations, cancer screenings, and public health campaigns can play a vital role. 901 Home Health Care will seek to thoroughly explain and advocate for health education and preventative care for various levels of health literacy.
-

Complete the following utilization tables for each county in the service area, if applicable.

PROJECTED UTILIZATION

Unit Type:

- Procedures
- Cases
- Patients
- Other

Service Area Counties	Historical Utilization Most Recent Year	% of Total Current Patients
Fayette	32	8.33%
Shelby	320	83.33%
Tipton	32	8.33%
Total	384	100%

3N. A. Describe the demographics of the population to be served by the proposal.

RESPONSE:

According to the United States Census Bureau, as of July 1, 2022, there was a population of 929,722 in Shelby County, of which 15% were of the age of 65 and older. This same Census shows a population of 61,656 in Tipton county, of which 15.9% were of the age of 65 and older. This same Census shows a population of 43,630 in Fayette county, of which 23.3% were of the age of 65 and older. A great majority of this 65+ age group have intermittent medical needs that can be treated with home health care. The current home health care agencies serving this area cannot adequately reach all patients who are in need of home health care services.

B. Provide the following data for each county in the service area:

- Using current and projected population data from the Department of Health. (www.tn.gov/health/health-program-areas/statistics/health-data/population.html);
- the most recent enrollee data from the Division of TennCare (<https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>),
- and US Census Bureau demographic information (<https://www.census.gov/quickfacts/fact/table/US/PST045219>).

RESPONSE:

See attached chart of proposed demographics.

- 4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, 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:

Addressing the special needs of the Shelby County, Tipton County, and Fayette County populations is a critical aspect of developing a home health care agency business plan. To create an effective plan that caters to these diverse demographics, it is essential to consider their unique challenges and healthcare disparities. Here are some of the ways we plan to take these special needs into account:

1. Health Disparities: The data within this application that demonstrates the health disparities of the greater Memphis area will serve as the foundation for our agency's services.
2. Accessibility to Consumers: Accessibility is a significant issue, particularly in rural areas. With home health care, we can reach individuals who reside in such remote locations.
3. Uninsured and Underinsured: When given a referral for a patient who would benefit from our services but are uninsured, we will create a case by case sliding fee scale or discounted payment options for uninsured and underinsured individuals to ensure they can access services without financial barriers.
4. Elderly Population: Since the majority of our patients will be the aging population, we will tailor specialized care plans for the elderly, focusing on chronic disease management, mobility support, and cognitive health. We will provide caregiver support and education for family members caring for seniors.
5. Racial and Ethnic Minorities: Recognizing cultural competency will be a priority. We will employ staff from diverse backgrounds and provide training to ensure sensitivity to the cultural and linguistic needs of minority communities.
6. Community Engagement: We will engage in community outreach and education initiatives to raise awareness about the services our agency offers. We will attend health fairs, partner with local clinics, and host informational sessions on home healthcare options.
7. Culturally Competent Care: We will train staff to provide culturally competent care that respects the values and beliefs of diverse populations. This will enhance trust and the quality of care provided.
8. Data-Driven Approach: Continuously collect data on patient demographics, health outcomes, and satisfaction to assess the effectiveness of our services and make data-driven improvements.

Incorporating these considerations into our business plan demonstrates a commitment to providing equitable and accessible home health services to the diverse populations in Shelby County, Tipton County, and Fayette County. Tailoring our services to meet the specific needs of these groups will not only benefit the community but also contribute to the success and sustainability of our home health care agency.

- 5N. Describe the existing and approved but unimplemented services of similar healthcare providers 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. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days, Average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.

RESPONSE:

See attached charts to see current utilization of home health care agencies in Shelby, Fayette, and Tipton counties.

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

RESPONSE:

As a new home health care agency, we do not have utilization statistics from the past. See attachment 6N for Year 1 and Year 2 utilization.

Our estimations come from the assumption of partnering with 8 physicians who send an average of 4 referrals a month, with a conservative estimate of 384 patients in the first year. We predict that patients will receive an average of 15 visits among all disciplines while in our care, for a total of 5760 visits in year 1. We predict about 85% of our referrals to be in Shelby County area.

For year 2, our estimations come from the assumption of partnering with 10 physicians who send an average of 5 referrals a month, with a conservative estimate of 600 patients in the second year. We predict that patients will receive an average of 15 visits among all disciplines while in our care, for a total of 9000 visits for year 2. We predict about 85% of our referrals to be in Shelby County area.

7N. Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.

RESPONSE:

NA - applicant has no other CON.

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area.

1C. List all transfer agreements relevant to the proposed project.

RESPONSE: NA

2C. List all commercial private insurance plans contracted or plan to be contracted by the applicant.

- Aetna Health Insurance Company
- Ambetter of Tennessee Ambetter
- Blue Cross Blue Shield of Tennessee
- Blue Cross Blue Shield of Tennessee Network S
- Blue Cross Blue Shiled of Tennessee Network P
- BlueAdvantage
- Bright HealthCare
- Cigna PPO
- Cigna Local Plus
- Cigna HMO - Nashville Network
- Cigna HMO - Tennessee Select
- Cigna HMO - Nashville HMO
- Cigna HMO - Tennessee POS
- Cigna HMO - Tennessee Network
- Golden Rule Insurance Company
- HealthSpring Life and Health Insurance Company, Inc.
- Humana Health Plan, Inc.
- Humana Insurance Company
- John Hancock Life & Health Insurance Company
- Omaha Health Insurance Company
- Omaha Supplemental Insurance Company
- State Farm Health Insurance Company
- United Healthcare UHC
- UnitedHealthcare Community Plan East Tennessee
- UnitedHealthcare Community Plan Middle Tennessee
- UnitedHealthcare Community Plan West Tennessee

- WellCare Health Insurance of Tennessee, Inc.
- Others

3C. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.

RESPONSE:

Proposing another home health care agency within the greater Memphis health care system will have great effects among the existing services and the patients we will reach. These benefits include but are not limited to:

1. Increased Quality of Care: Competition can drive home healthcare providers to improve the quality of their services to attract and retain clients. Providers may invest in staff training, technology, and infrastructure to differentiate themselves in the market. This ultimately benefits patients by ensuring better care.
2. Innovation: Competition often leads to innovation in service delivery. Home healthcare providers may develop new models, use of technology, and specialized services to gain a competitive edge. This can result in better outcomes and more efficient care.
3. Lower Costs: In competitive markets, providers may strive to offer competitive pricing to attract clients. This can lead to cost efficiencies and potentially lower consumer charges, making home healthcare services more affordable for patients.
4. Choice for Consumers: Competition increases the variety of home healthcare providers available to consumers, providing them with a wider array of options to choose from. This can empower consumers to select services that match their specific needs and preferences.
5. Accessibility: A greater number of providers can lead to improved access to home healthcare services, particularly in underserved areas. Duplication of services can ensure that more people have access to care when they need it.

Regarding choice, I believe 901 Home Health Care will stand out in that it is locally owned with the vision of having a personal relationship with each physician and patient we serve. We hope to remain small and thorough so that medical needs are always addressed quickly. Additionally, as a small business with fewer overhead costs, we will be able to offer lower costs for our services for those needing to pay out of pocket costs.

4C. Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

RESPONSE:

To operate a home health care agency in the State of Tennessee, as well as meet the requirements of federal agencies like the Centers for Medicare & Medicaid Services (CMS) and accrediting bodies like Community Health Accreditation Partner (CHAP), it is essential to ensure the availability and accessibility of human resources, including clinical leadership and professional staff. As a TAHC member, I will always be informed and equipped with the most relevant home health care policies and regulations, with the support needed to abide by them.

Here are a few considerations:

1. State of Tennessee Licensing Requirements: Since Tennessee's Department of Health governs the licensure of health care agencies in the state, I will obtain this license after project approval. I am in touch with Mary Clark regarding the process and will begin my Tennessee licensure application as soon as my CON is approved.
2. Leadership: I will operate as the owner and clinical manager of 901 home health, ensuring that I hire staff who have the appropriate license, experience, and education to do the role they are hired for. Our staff will receive weekly training to ensure our practices are up to date and our patients are always in good hands.
3. Centers for Medicare & Medicaid Services (CMS): 901 Home Health Care is in the process of becoming a certified Medicare provider.
4. Accreditation - I plan to become accredited by Community Health Accreditation Program (CHAP) after project approval.

In summary, 901 Home Health Care will comply with state licensing requirements, CMS regulations for Medicare and Medicaid participation, and the standards of accrediting bodies like CHAP. These requirements stress the importance of clinical leadership, professional staff qualifications, and adequate staffing levels to ensure patient safety and the delivery of high-quality care. It is essential to continuously monitor and adjust our staffing levels and leadership structures to remain compliant with these requirements and provide the best possible care to our patients. I will continue to be a dedicated member of TAHC, participating in the community board threads and annual conferences to learn the latest home health care education and lead my team well.

- 5C.** Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

RESPONSE:

Licenses / certifications applicable to project:

CMS Application tracking ID: T090820230004479

Tax ID: 93-3308082

Memphis and Shelby County Tax License: 230005169 (Issued 9/15/23, Expires 5/15,24)

Personal OT license: 6374 (Issued 1/16/20, Expires 7/31/24)

Personal NPI: 1508417437

TN Secretary of State Filing: LLC filed with SOS Control #:001454718

Tennessee Association for Home Care: Current Member (July 1, 2023 - June 30,2024)

Record keeping / Communication with referral base / Quality assurance: We are contracted with Netsmart Technologies to use myUnity for all record keeping, communication with physicians / referral bases, and for quality assurance.

Staff requirements: I will keep a folder for each employee with their signed contract, all completed training courses, performance reviews, vaccination records, medical screenings, professional licenses, CPR certification, and CE credits.

Staff education: Staff will be educated regularly on bag technique, fall prevention, medication reconciliation, and best practice in home care. Staff will meet on a weekly basis to discuss current caseload and for training on recent home health care policies.

TAHC member: As a TAHC member, I will stay informed with updated policies and programs to ensure the best level of care for my patients and employees.

PROJECTED DATA CHART

- Project Only
- Total Facility

Give information for the *two (2)* years following the completion of this proposal.

	Year 1	Year 2
	<u>2024</u>	<u>2025</u>
A. Utilization Data		
Specify Unit of Measure <u>Other : Home Health Visits</u>	<u>5760</u>	<u>9000</u>
B. Revenue from Services to Patients		
1. Inpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
2. Outpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
3. Emergency Services	<u>\$0.00</u>	<u>\$0.00</u>
4. Other Operating Revenue (Specify) <u>home health care</u>	<u>\$1,152,000.00</u>	<u>\$1,800,000.00</u>
Gross Operating Revenue	<u>\$1,152,000.00</u>	<u>\$1,800,000.00</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	<u>\$288,000.00</u>	<u>\$450,000.00</u>
2. Provision for Charity Care	<u>\$0.00</u>	<u>\$0.00</u>
3. Provisions for Bad Debt	<u>\$0.00</u>	<u>\$0.00</u>
Total Deductions	<u>\$288,000.00</u>	<u>\$450,000.00</u>
NET OPERATING REVENUE	<u>\$864,000.00</u>	<u>\$1,350,000.00</u>

- 7C. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Historical and Projected Data Charts of the proposed project.

Project Only Chart

	Previous Year to Most Recent Year	Most Recent Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge (<i>Gross Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$200.00	\$200.00	0.00
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)	\$0.00	\$0.00	\$50.00	\$50.00	0.00
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$150.00	\$150.00	0.00

- 8C. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

RESPONSE:

The proposed charges for 901 Home Health Care are based on Medicare reimbursement averages for the area we will be serving. The attached data shows how these numbers were determined. As a smaller start up agency with lower overhead costs, I predict that my average fee for service will be \$200, \$101 less than the average per visit cost of other agencies. This reduced cost will allow for a more affordable option for those needing home health care services.

See attached table (8C) to compare average per visit charge per discipline from existing agencies to my proposed project.

- 9C. Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas, or to proposed charges of recently approved Certificates of Need.

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 attached table (9C) to compare average per visit charge from existing agencies to my proposed project.

10C. Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

**Applicant’s Projected Payor Mix
Project Only Chart**

Payor Source	Year-2023		Year-2024	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	\$1,152,000.00	100	\$1,304,000.00	72.44
TennCare/Medicaid	\$0.00	0	\$100,000.00	5.56
Commercial/Other Managed Care	\$0.00	0	\$396,000.00	22.00
Self-Pay	\$0.00	0	\$0.00	0
Other(Specify)	\$0.00	0	\$0.00	0
Total	\$1,152,000.00	100%	\$1,800,000.00	100%
Charity Care	\$0.00		\$0.00	

**Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

Discuss the project’s participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project.

RESPONSE: As a new agency, I will first get certified as a Medicare provider and begin to see Medicare patients. With time, I plan to contract with other commercial payers. For this reason, my year 1 predictions show 100% Medicare payers, while my year 2 predictions show use of other commercial payers and Medicaid.

QUALITY STANDARDS

1Q. Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.

- Yes
- No

2Q. The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.

- Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application?
 - Yes
 - No
- Does the applicant commit to obtaining and maintaining all applicable state licenses in good 3standing?
 - Yes

No

- Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?

Yes

No

3Q. Please complete the chart below on accreditation, certification, and licensure plans. Note: if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.

Credential	Agency	Status (Active or Will Apply)	Provider Number or Certification Type
Licensure	<input checked="" type="checkbox"/> Health Facilities Commission/Licensure Division <input type="checkbox"/> Intellectual & Developmental Disabilities <input type="checkbox"/> Mental Health & Substance Abuse Services	Will Apply	in progress
Certification	<input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> TennCare/Medicaid <input type="checkbox"/> Other _____	Will Apply Will Apply	in progress
Accreditation(s)	CHAP – Community Health Accreditation Partner	Will Apply	

4Q. If checked “TennCare/Medicaid” box, please list all Managed Care Organization’s currently or will be contracted.

- AMERIGROUP COMMUNITY CARE- East Tennessee
- AMERIGROUP COMMUNITY CARE - Middle Tennessee
- AMERIGROUP COMMUNITY CARE - West Tennessee
- BLUECARE - East Tennessee
- BLUECARE - Middle Tennessee
- BLUECARE - West Tennessee
- UnitedHealthcare Community Plan - East Tennessee
- UnitedHealthcare Community Plan - Middle Tennessee
- UnitedHealthcare Community Plan - West Tennessee
- TENNCARE SELECT HIGH - All
- TENNCARE SELECT LOW - All
- PACE
- KBB under DIDD waiver
- Others

Please Explain

RESPONSE: NA - no managed care organizations at this time. Additional payor sources will be pursued in year 2.

5Q. Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?

- Yes
- No

6Q. For an existing healthcare institution applying for a CON:

- Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future.

- Yes

- No
- N/A

- Has the entity been decertified within the prior three years? If yes, please explain in detail. (This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility.)

- Yes
- No
- N/A

7Q. Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.

Has any of the following:

- Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);
- Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or.

Been subject to any of the following:

- Final Order or Judgment in a state licensure action;
 - Yes
 - No
- Criminal fines in cases involving a Federal or State health care offense;
 - Yes
 - No
- Civil monetary penalties in cases involving a Federal or State health care offense;
 - Yes
 - No
- Administrative monetary penalties in cases involving a Federal or State health care offense;
 - Yes
 - No
- Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services;
 - Yes
 - No
- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or
 - Yes
 - No
- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.
 - Yes
 - No

8Q. Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.

Existing FTE not applicable (Enter year)

Position Classification	Existing FTEs(enter year)	Projected FTEs Year 1
A. Direct Patient Care Positions		
PRN Registered Nurse	0.00	0.50
PRN Physical Therapist Assistant (PTA)	0.00	0.50
PRN Home Health Aide (HHA)	0.00	0.50
PRN Occupational Therapist	0.00	0.50
PRN Physical Therapist	0.00	0.50
PRN Certified Occupational Therapy Assistant (COTA)	0.00	0.50
PRN Medical Social Worker (MSW)	0.00	0.50
PRN Speech Therapist (ST)	0.00	0.50
Total Direct Patient Care Positions	N/A	4

B. Non-Patient Care Positions		
owner / clinical manager (self)	0.00	1.00
Total Non-Patient Care Positions	N/A	1
Total Employees (A+B)	0	5

C. Contractual Staff		
Contractual Staff Position	0.00	0.00
Total Staff (A+B+C)	0	5

DEVELOPMENT SCHEDULE

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

- Complete the Project Completion Forecast Chart below. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
- If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the “good cause” for such an extension.

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HFC action on the date listed in Item 1 below, indicate the number of days from the HFC decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date (Month/Year)
1. Initial HFC Decision Date		12/13/23
2. Building Construction Commenced		12/12/23
3. Construction 100% Complete (Approval for Occupancy)		12/12/23
4. Issuance of License	15	12/27/23
5. Issuance of Service	15	12/27/23
6. Final Project Report Form Submitted (Form HR0055)	20	01/01/24

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



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

SS-4270



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$50.00 per member
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only

-FILED-

Control # 001454718

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.

1. The name of the Limited Liability Company is: 901 Home Health Care LLC

(Note: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: None

4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:

KELSEY E DEFREECE
9842 GARDEN PL
GERMANTOWN, TN 38139
SHELBY COUNTY

5. Fiscal Year Close Month: December

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

7. The Limited Liability Company will be:

Member Managed Manager Managed Director Managed

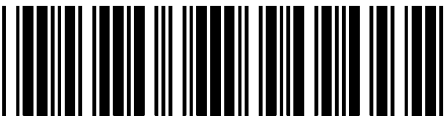
8. Number of Members at the date of filing: 1

9. Period of Duration: Perpetual

10. The complete address of the Limited Liability Company's principal executive office is:

9842 GARDEN PL
GERMANTOWN, TN 38139
SHELBY COUNTY

B1441-0614 08/10/2023 9:50 AM Received by Tennessee Secretary of State Tre Hargett



ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

SS-4270



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$50.00 per member
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only

-FILED-

Control # 001454718

The name of the Limited Liability Company is: 901 Home Health Care LLC

11. The complete mailing address of the entity (if different from the principal office) is:
9842 GARDEN PL
GERMANTOWN, TN 38139

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.
Licensed Profession:

14. Series LLC (optional)

I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)

This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)
I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:

This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions:

Electronic

Signature

Kelsey E DeFreece

Printed Name

Title/Signer's Capacity

Aug 10, 2023 9:50AM

Date



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

901 Home Health Care LLC
9842 GARDEN PL
GERMANTOWN, TN 38139

August 10, 2023

Filing Acknowledgment

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

SOS Control # :	001454718	Formation Locale:	TENNESSEE
Filing Type:	Limited Liability Company - Domestic	Date Formed:	08/10/2023
Filing Date:	08/10/2023 9:50 AM	Fiscal Year Close:	12
Status:	Active	Annual Report Due:	04/01/2024
Duration Term:	Perpetual	Image # :	B1441-0614
Managed By:	Member Managed		
Business County:	SHELBY COUNTY		

Document Receipt

Receipt # : 008298790	Filing Fee:	\$300.00
Payment-Credit Card - State Payment Center - CC #: 3856205315		\$300.00

Registered Agent Address:
KELSEY E DEFREECE
9842 GARDEN PL
GERMANTOWN, TN 38139

Principal Address:
9842 GARDEN PL
GERMANTOWN, TN 38139

Congratulations on the successful filing of your Articles of Organization for 901 Home Health Care LLC in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Please visit the Tennessee Department of Revenue website (www.tn.gov/revenue) to determine your online tax registration requirements. If you need to obtain a Certificate of Existence for this entity, you can request, pay for, and receive it from our website.

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

Tre Hargett
Secretary of State

8A. - Does not apply. There is no management agreement associated with this project.

American Land Title Association

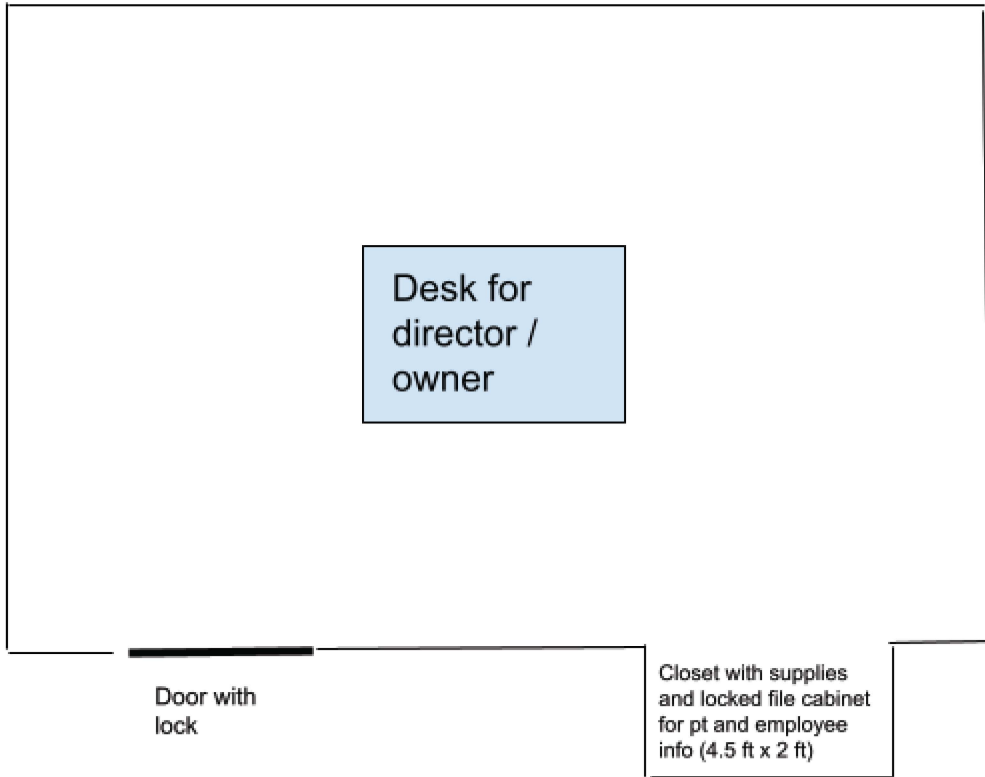
ALTA Settlement Statement - Borrower/Buyer
Adopted 05-01-2015

Foundation Title & Escrow Series, LLC
ALTA Universal ID: 1180276
300 S Walnut Bend
Suite 3
Cordova, TN 38018

File No./Escrow No. : MEM-2209705REF
Print Date & Time: September 2, 2022 2:17 pm
Officer/Escrow Officer : J Kevin Floyd
Settlement Location : 300 S Walnut Bend, Suite 3
Cordova, TN 38018

Property Address: 9842 Garden Place
Germantown, TN 38139

Home office used for the sole purpose of
901 Home Health Care (10 ft x 15.5 ft)



Fair Market Value versus Total Lease Cost for Project cost Chart Calculation			
<i>Building and Land Lease Cost and Fair Market</i>			
<i>Amount Rounded to Nearest Dollar</i>			
<i>Use the HIGHEST calculated value in the Project Cost Chart</i>			
<u>LEASE - NA - home is owned</u>			
Number of Months for Lease			
Lease Monthly Payment			
Total Lease Payments		\$0	
<u>FAIR MARKET VALUE OF BUILDING/LAND - Value of Residential Home</u>			
Property Assessment Document Specified Amount		\$650,000	
Total Square Footage of Building/Land		3400 square feet	
Square Footage Used By Project		155 square feet	
Calculated Market Value		\$650,000	
<i>Medical Equipment - For MRI, Linear Accelerator, & PET - NA</i>			
<i>Amount Rounded to Nearest Dollar</i>			
<i>Use the HIGHEST calculated value in the Project Cost Chart</i>			
<u>LEASE</u>			
Number of Months for Lease			
Lease Monthly Payment			
Total Lease Payments		\$0	
<u>FAIR MARKET VALUE OF FIXED AND MOVEABLE MEDICAL EQUIPMENT</u>			
Vendor Quote Amount			
Maintenance Agreement Amount (Over Expected Useful Life)			
Federal/State/Local Taxes			
Government Assessments			
Installation Charges			
Calculated Fair Market Value		\$0	

3N.B - Service Area Demographic Chart

Demographic Area	Department of Health / Health Statistics				Census Bureau				TennCare				
	Total Population: Current Year: 2023	Total Population: Projected Year: 2027	Total Population: % change	Target Population: Current Year 2023	Target Population Projected Year 2027	Target Population: % change	Target Population Projected Year as % of total	Median Age	Median Household Income	Person below poverty level	Person below poverty level as % of total	TennCare Enrollees	TennCare Enrollees as % of Total
Shelby County	941,637	947,491	.6%	146,215	156,519	7%	16.5%	35.7	\$55,015	164,947	18%	300,192	32.8%
Fayette County	43,097	44,833	4.0%	10,584	11,929	12.7%	26.6%	46.5	\$69,729	5,322	12.2%	8,098	18.6%
Tipton County	62,909	63,997	1.7%	10,592	11,743	10.9%	18.3%	37.9	\$63,783	8,078	13.1%	15,114	24.5%
Service Area Total	1,047,643	1,056,321	.8%	167,391	180,191	7.6%	17.1%			178,347		323,404	31.7%
State of TN Total	7,071,060	7,282,134	3.0%	1,290,989	1,413,040	9.5%	19.4%	38.8	\$58,516	937,830	13.3%	1,755,326	24.9%

**Target Population: Age 65+

**Current Year: 2023

**Projected Year: 2027

**LEADING CAUSES OF DEATH WITH RATES PER 100,000 POPULATION AGE 65+,
BY SEX, RESIDENT DATA, 2020**

CAUSE	TOTAL			MALE			FEMALE		
	RANK	NUMBER	RATE	RANK	NUMBER	RATE	RANK	NUMBER	RATE
DISEASES OF HEART	1	13,465	1140.6	1	6,955	1329.5	1	6,510	990.3
MALIGNANT NEOPLASMS	2	10,096	855.2	2	5,438	1039.5	2	4,658	708.6
COVID-19	3	5,505	466.3	3	2,963	566.4	3	2,542	386.7
CHRONIC LOWER RESPIRATORY DISEASES	4	3,638	308.2	4	1,694	323.8	5	1,944	295.7
ALZHEIMER'S DISEASE	5	3,564	301.9	6	1,058	202.2	4	2,506	381.2
CEREBROVASCULAR DISEASE	6	2,987	253.0	5	1,249	238.8	6	1,738	264.4
DIABETES MELLITUS	7	1,803	152.7	7	993	189.8	7	810	123.2
ACCIDENTS AND ADVERSE EFFECTS	8	1,570	133.0	8	846	161.7	8	724	110.1
PNEUMONIA AND INFLUENZA	9	1,183	100.2	10	567	108.4	9	616	93.7
PARKINSON'S DISEASE	10	985	83.4	9	600	114.7	12	385	58.6
HYPERTENSION AND RENAL DISEASE	11	838	71.0	12	357	68.2	10	481	73.2
TOTALS MAY INCLUDE EVENTS WITH SEX 'NOT STATED' OR 'UNKNOWN'.									
SOURCE: TENNESSEE DEATH STATISTICAL FILE, 2020, TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF VITAL RECORDS AND STATISTICS. RATES CALCULATED BASED ON TOTAL POPULATION COUNTS FROM THE TENNESSEE POPULATION ESTIMATES PROGRAM, 2020, TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF POPULATION HEALTH ASSESSMENT.									
* FIGURE IS NOT DISPLAYED ACCORDING TO THE TENNESSEE DEPARTMENT OF HEALTH GUIDELINES FOR RELEASE OF AGGREGATE DATA TO THE PUBLIC.									
+ RANK NOT ASSIGNED FOR CAUSES WITH NO DEATHS.									

Home Health Agencies - Patient Counts (2020 Final JAR)						
<i>(Licensed Counties source Department of Health - Licensure -10/28/2020)</i>						
County	Agency Name	Agency Type	Fayet	Shelb	Tipto	Total
Davidson	Advanced Nursing Solutions (Intrathecal)	Home				0
Davidson	Elk Valley Health Services Inc	Home	2	34	4	40
Davidson	Home Care Solutions, Inc	Home				0
Davidson	Pentec Health	Home		1		1
Davidson	Vanderbilt HC/Option Care IV Services	Home		3	1	4
Decatur	Tennessee Quality Homecare - Southwest	Home				0
Dyer	Extencicare Home Health of West Tennessee, Inc	Home	22	543	55	620
Fayette	NHC Homecare	Home	137	160	19	316
Fayette	Where the Heart Is, Inc	Home	1	825	2	828
Haywood	AbilisHealth Brownsville	Home	27		144	171
Knox	Implanted Pump Management	Home		1		1
Madison	Amedisys Home Health Care	Home			1	1
Madison	Intrepid USA Healthcare Services	Home	32	8	81	121
Shelby	Accredo Health Group, Inc	Home		35	3	38
Shelby	Amedisys Home Care	Home		1300		1300
Shelby	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	6	1696	624	2326
Shelby	Amedisys Home Health Care	Home	64	609		673
Shelby	Americare Home Health Agency, Inc	Home		501	6	507
Shelby	Baptist Trinity Home Care	Home	89	2716	162	2967
Shelby	Best Nurses	Home		86		86
Shelby	Coram Specialty Infusion Services	Home	6	96	1	103
Shelby	Functional Independence Home Care, Inc	Home	64	3312	145	3521
Shelby	Hemophilia Preferred Care of Memphis	Home		2		2
Shelby	Home Health Care of West Tennessee, Inc	Home	27	794	48	869
Shelby	Homechoice Health Services	Home	28	752	48	828
Shelby	Intrepid USA Healthcare Services	Home		459	1	460
Shelby	Maxim Healthcare Services	Home				0
Shelby	Meritan, Inc.	Home		612		612
Shelby	Methodist Alliance Home Care	Home	53	2401	128	2582
Shelby	No Place Like Home, Inc	Home	2	80	1	83
Shelby	Optum Infusion Services (BriovaRx Infusion Service)	Home		3	2	5
Shelby	Optum Women's and Children's Health LLC	Home	5	233	16	254
Shelby	Quality Home Health Services	Home		237	5	242
Shelby	Still Waters Home Health Agency	Home		729		729

Williamson	Guardian Home Care of Nashville, LLC	Home		1		1
	Total Agencies Licensed to Serve (Not Including Those Closed During FY 2019 and FY 2020)	35	30	31	31	
	Total Agencies Served	35	16	29	22	35
	Percent of Licensed Agencies that Served County		53%	94%	71%	
	Of Agencies Served - No. Not Licensed		0	2	0	
	Total Patients Served		565	18229	1497	20291
						20291

Provided to applicant by Alecia Craighead

Home Health Agencies - Patient Counts (2020 Final JAR)				
<i>(Licensed Counties source Department of Health - Licensure -10/28/2020)</i>				
JAR Status	County	Agency Name	Agency Type	Fayet
	Davidson	Advanced Nursing Solutions (Intrathecal)	Home	
Final	Davidson	Elk Valley Health Services Inc	Home	2
Final	Davidson	Home Care Solutions, Inc	Home	
Final	Davidson	Pentec Health	Home	
Final	Davidson	Vanderbilt HC/Option Care IV Services	Home	
Final	Decatur	Tennessee Quality Homecare - Southwest	Home	
Final	Dyer	Extencicare Home Health of West Tennessee, Inc	Home	22
Final	Fayette	NHC Homecare	Home	137
Final	Fayette	Where the Heart Is, Inc	Home	1
Final	Haywood	AbilisHealth Brownsville	Home	27
Final	Knox	Implanted Pump Management	Home	
Final	Madison	Amedisys Home Health Care	Home	
Final	Madison	Intrepid USA Healthcare Services	Home	32
Final	Shelby	Accredo Health Group, Inc	Home	
Final	Shelby	Amedisys Home Care	Home	
Final	Shelby	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	6
Final	Shelby	Amedisys Home Health Care	Home	64
Final	Shelby	Baptist Trinity Home Care	Home	89
Final	Shelby	Best Nurses	Home	
Final	Shelby	Coram Specialty Infusion Services	Home	6
Final	Shelby	Functional Independence Home Care, Inc	Home	64
Final	Shelby	Home Health Care of West Tennessee, Inc	Home	27
Final	Shelby	Homechoice Health Services	Home	28
Final	Shelby	Intrepid USA Healthcare Services	Home	
	Shelby	Maxim Healthcare Services	Home	
Final	Shelby	Methodist Alliance Home Care	Home	53
Final	Shelby	No Place Like Home, Inc	Home	2
Final	Shelby	Optum Infusion Services (BriovaRx Infusion Services)	Home	
Final	Shelby	Optum Women's and Children's Health LLC	Home	5
Final	Shelby	Quality Home Health Services	Home	
Closed	Shelby	Tennessee Quality Care Home Health (Willowbrook)	Home	
		Total Agencies Licensed to Serve (Not Including Those Closed During FY 2019 and FY 2020)		30
		Total Agencies Served		16
		Percent of Licensed Agencies that Served County		53%
		Of Agencies Served - No. Not Licensed		0
		Total Patients Served		565

Provided to applicant by Alecia Craighead

Home Health Agencies - Patient Counts (2020 Final JAR)				
<i>(Licensed Counties source Department of Health - Licensure -10/28/2020)</i>				
JAR Status	County	Agency Name	Agency Type	Shelb
	Davidson	Advanced Nursing Solutions (Intrathecal)	Home	
Final	Davidson	Elk Valley Health Services Inc	Home	34
Final	Davidson	Home Care Solutions, Inc	Home	
Final	Davidson	Pentec Health	Home	1
Final	Davidson	Vanderbilt HC/Option Care IV Services	Home	3
Final	Decatur	Tennessee Quality Homecare - Southwest	Home	
Final	Dyer	Extencicare Home Health of West Tennessee, Inc	Home	543
Final	Fayette	NHC Homecare	Home	160
Final	Fayette	Where the Heart Is, Inc	Home	825
Final	Knox	Implanted Pump Management	Home	1
Final	Madison	Intrepid USA Healthcare Services	Home	8
Final	Shelby	Accredo Health Group, Inc	Home	35
Final	Shelby	Amedisys Home Care	Home	1300
Final	Shelby	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	1696
Final	Shelby	Amedisys Home Health Care	Home	609
Final	Shelby	Americare Home Health Agency, Inc	Home	501
Final	Shelby	Baptist Trinity Home Care	Home	2716
Final	Shelby	Best Nurses	Home	86
Final	Shelby	Coram Specialty Infusion Services	Home	96
Final	Shelby	Functional Independence Home Care, Inc	Home	3312
Final	Shelby	Hemophilia Preferred Care of Memphis	Home	2
Final	Shelby	Home Health Care of West Tennessee, Inc	Home	794
Final	Shelby	Homechoice Health Services	Home	752
Final	Shelby	Intrepid USA Healthcare Services	Home	459
	Shelby	Maxim Healthcare Services	Home	
Final	Shelby	Meritan, Inc.	Home	612
Final	Shelby	Methodist Alliance Home Care	Home	2401
Final	Shelby	No Place Like Home, Inc	Home	80
Final	Shelby	Optum Infusion Services (BrioRx Infusion Services)	Home	3
Final	Shelby	Optum Women's and Children's Health LLC	Home	233
Final	Shelby	Quality Home Health Services	Home	237
Final	Shelby	Still Waters Home Health Agency	Home	729
Closed	Shelby	Tennessee Quality Care Home Health (Willowbrook)	Home	
Final	Williamson	Guardian Home Care of Nashville, LLC	Home	1
		Total Agencies Licensed to Serve (Not Including Those Closed During FY 2019 and FY 2020)		31
		Total Agencies Served		29
		Percent of Licensed Agencies that Served County		94%
		Of Agencies Served - No. Not Licensed		2
		Total Patients Served		18229

Provided to applicant by Alecia Craighead

Home Health Agencies - Patient Counts (2020 Final JAR)				
<i>(Licensed Counties source Department of Health - Licensure -10/28/2020)</i>				
JAR Status	County	Agency Name	Agency Type	Tipto
	Davidson	Advanced Nursing Solutions (Intrathecal)	Home	
Final	Davidson	Elk Valley Health Services Inc	Home	4
Final	Davidson	Home Care Solutions, Inc	Home	
Final	Davidson	Pentec Health	Home	
Final	Davidson	Vanderbilt HC/Option Care IV Services	Home	1
Final	Decatur	Tennessee Quality Homecare - Southwest	Home	
Final	Dyer	Extendicare Home Health of West Tennessee, Inc	Home	55
Final	Fayette	NHC Homecare	Home	19
Final	Fayette	Where the Heart Is, Inc	Home	2
Final	Haywood	AbilisHealth Brownsville	Home	144
Final	Knox	Implanted Pump Management	Home	
Final	Madison	Amedisys Home Health Care	Home	1
Final	Madison	Intrepid USA Healthcare Services	Home	81
Final	Shelby	Accredo Health Group, Inc	Home	3
Final	Shelby	Amedisys Home Care	Home	
Final	Shelby	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	624
Final	Shelby	Amedisys Home Health Care	Home	
Final	Shelby	Americare Home Health Agency, Inc	Home	6
Final	Shelby	Baptist Trinity Home Care	Home	162
Final	Shelby	Best Nurses	Home	
Final	Shelby	Coram Specialty Infusion Services	Home	1
Final	Shelby	Functional Independence Home Care, Inc	Home	145
Final	Shelby	Home Health Care of West Tennessee, Inc	Home	48
Final	Shelby	Homechoice Health Services	Home	48
Final	Shelby	Intrepid USA Healthcare Services	Home	1
	Shelby	Maxim Healthcare Services	Home	
Final	Shelby	Methodist Alliance Home Care	Home	128
Final	Shelby	No Place Like Home, Inc	Home	1
Final	Shelby	Optum Infusion Services (BrioVaRx Infusion Services)	Home	2
Final	Shelby	Optum Women's and Children's Health LLC	Home	16
Final	Shelby	Quality Home Health Services	Home	5
Closed	Shelby	Tennessee Quality Care Home Health (Willowbrook)	Home	
		Total Agencies Licensed to Serve (Not Including Those Closed During FY 2019 and FY 2020)		31
		Total Agencies Served		22
		Percent of Licensed Agencies that Served County		71%
		Of Agencies Served - No. Not Licensed		0
		Total Patients Served		1497

Provided to applicant by Alecia Craighead

Home Health Agencies - Patient Counts (2021 Final JAR)							
<i>(Licensed Counties source Department of Health - Licensure -9/27/2021)</i>							
County	Health Statistics ID	Agency Name	Agency Type	Fayet	Shelb	Tipto	Total
Davidson	19754	Advanced Nursing Solutions (Intrathecal)	Home		3	1	4
Davidson	19494	Elk Valley Health Services Inc	Home	2	35	5	42
Davidson	19544	Home Care Solutions, Inc	Home				0
Davidson	19744	Pentec Health	Home				0
Davidson	19994	Vanderbilt HC/Option Care IV Services	Home		3	1	4
Decatur	20045	Tennessee Quality Homecare - Southwest	Home	50	167	52	269
Dyer	57095	Extendicare Home Health of West Tennessee, Inc	Home	39	689	96	824
Fayette	24026	NHC Homecare	Home	127	157	26	310
Fayette	24036	Where the Heart Is, Inc	Home	2	616	1	619
Haywood	38015	AbilisHealth Brownsville	Home	21		132	153
Knox	47452	Implanted Pump Management	Home		1		1
Madison	57075	Amedisys Home Health Care	Home				0
Madison	57165	Intrepid USA Healthcare Services	Home	22		115	137
Shelby	79456	Accredo Health Group, Inc	Home	2	37	4	43
Shelby	79486	Adoration Home Health Care West Tennessee	Home	61	1100	50	1211
Shelby	79146	Amedisys Home Care	Home		967		967
Shelby	79386	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	1	1115	440	1556
Shelby	79246	Amedisys Home Health Care	Home	132	927		1059
Shelby	79256	Americare Home Health Agency, Inc	Home		421	15	436
Shelby	79276	Baptist Trinity Home Care	Home	107	2735	138	2980
Shelby	79546	Best Nurses	Home		90		90
Shelby	79556	Coram Specialty Infusion Services	Home	5	100	4	109
Shelby	79496	Functional Independence Home Care, Inc	Home	74	3255	135	3464
Shelby	79566	Hemophilia Preferred Care of Memphis	Home		1		1
Shelby	79376	Homechoice Health Services	Home	12	656	15	683
Shelby	79226	Intrepid USA Healthcare Services	Home		589		589
Shelby	79536	Maxim Healthcare Services	Home	9	160	3	172
Shelby	79106	Meritan, Inc.	Home		519		519
Shelby	79316	Methodist Alliance Home Care	Home	69	2615	136	2820
Shelby	79506	No Place Like Home, Inc	Home	1	58	2	61
Shelby	79856	Optum Infusion Services (BriovaRx Infusion Service)	Home		6	2	8
Shelby	79466	Optum Women's and Children's Health LLC	Home	5	205	8	218
Shelby	79136	Quality Home Health Services	Home		229	2	231
Shelby	79526	Still Waters Home Health Agency	Home		803		803

	Total Agencies Licensed to Serve (Not Including Those Closed During FY 2020 and FY 2021)	34	30	31	31	
	Total Agencies Served	34	19	29	23	34
	Percent of Licensed Agencies that Served County		63%	94%	74%	
	Of Agencies Served - No. Not Licensed		0	0	0	
	Total Patients Served		741	18259	1383	20383
						20383

Provided to applicant by Alecia Craighead

Home Health Agencies - Patient Counts (2021 Final JAR)			
<i>(Licensed Counties source Department of Health - Licensure -9/27/2021)</i>			
County	Agency Name	Agency Type	Fayette
Davidson	Advanced Nursing Solutions (Intrathecal)	Home	
Davidson	Elk Valley Health Services Inc	Home	2
Davidson	Home Care Solutions, Inc	Home	
Davidson	Pentec Health	Home	
Davidson	Vanderbilt HC/Option Care IV Services	Home	
Decatur	Tennessee Quality Homecare - Southwest	Home	50
Dyer	Extendicare Home Health of West Tennessee, Inc	Home	39
Fayette	NHC Homecare	Home	127
Fayette	Where the Heart Is, Inc	Home	2
Haywood	AbilisHealth Brownsville	Home	21
Knox	Implanted Pump Management	Home	
Madison	Amedisys Home Health Care	Home	
Madison	Intrepid USA Healthcare Services	Home	22
Shelby	Accredo Health Group, Inc	Home	2
Shelby	Adoration Home Health Care West Tennessee	Home	61
Shelby	Amedisys Home Care	Home	
Shelby	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	1
Shelby	Amedisys Home Health Care	Home	132
Shelby	Baptist Trinity Home Care	Home	107
Shelby	Best Nurses	Home	
Shelby	Coram Specialty Infusion Services	Home	5
Shelby	Functional Independence Home Care, Inc	Home	74
Shelby	Homechoice Health Services	Home	12
Shelby	Intrepid USA Healthcare Services	Home	
Shelby	Maxim Healthcare Services	Home	9
Shelby	Methodist Alliance Home Care	Home	69
Shelby	No Place Like Home, Inc	Home	1
Shelby	Optum Infusion Services (BriovaRx Infusion Service)	Home	
Shelby	Optum Women's and Children's Health LLC	Home	5
Shelby	Quality Home Health Services	Home	
	Total Agencies Licensed to Serve (Not Including Those Closed During FY 2020 and FY 2021)		30
	Total Agencies Served		19
	Percent of Licensed Agencies that Served County		63%
	Of Agencies Served - No. Not Licensed		0
	Total Patients Served		741

Provided to applicant by Alecia Craighead

Home Health Agencies - Patient Counts (2021 Final JAR)			
<i>(Licensed Counties source Department of Health - Licensure -9/27/2021)</i>			
County	Agency Name	Agency Type	Shelby
Davidson	Advanced Nursing Solutions (Intrathecal)	Home	3
Davidson	Elk Valley Health Services Inc	Home	35
Davidson	Home Care Solutions, Inc	Home	
Davidson	Pentec Health	Home	
Davidson	Vanderbilt HC/Option Care IV Services	Home	3
Decatur	Tennessee Quality Homecare - Southwest	Home	167
Dyer	Extendicare Home Health of West Tennessee, Inc	Home	689
Fayette	NHC Homecare	Home	157
Fayette	Where the Heart Is, Inc	Home	616
Knox	Implanted Pump Management	Home	1
Shelby	Accredo Health Group, Inc	Home	37
Shelby	Adoration Home Health Care West Tennessee	Home	1100
Shelby	Amedisys Home Care	Home	967
Shelby	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	1115
Shelby	Amedisys Home Health Care	Home	927
Shelby	Americare Home Health Agency, Inc	Home	421
Shelby	Baptist Trinity Home Care	Home	2735
Shelby	Best Nurses	Home	90
Shelby	Coram Specialty Infusion Services	Home	100
Shelby	Functional Independence Home Care, Inc	Home	3255
Shelby	Hemophilia Preferred Care of Memphis	Home	1
Shelby	Homechoice Health Services	Home	656
Shelby	Intrepid USA Healthcare Services	Home	589
Shelby	Maxim Healthcare Services	Home	160
Shelby	Meritan, Inc.	Home	519
Shelby	Methodist Alliance Home Care	Home	2615
Shelby	No Place Like Home, Inc	Home	58
Shelby	Optum Infusion Services (BriovaRx Infusion Services)	Home	6
Shelby	Optum Women's and Children's Health LLC	Home	205
Shelby	Quality Home Health Services	Home	229
Shelby	Still Waters Home Health Agency	Home	803
	Total Agencies Licensed to Serve (Not Including Those Closed During FY 2020 and FY 2021)		31
	Total Agencies Served		29
	Percent of Licensed Agencies that Served County		94%
	Of Agencies Served - No. Not Licensed		0
	Total Patients Served		18259

Provided to applicant by Alecia Craighead

Home Health Agencies - Patient Counts (2021 Final JAR)			
<i>(Licensed Counties source Department of Health - Licensure -9/27/2021)</i>			
County	Agency Name	Agency Type	Tipton
Davidson	Advanced Nursing Solutions (Intrathecal)	Home	1
Davidson	Elk Valley Health Services Inc	Home	5
Davidson	Home Care Solutions, Inc	Home	
Davidson	Pentec Health	Home	
Davidson	Vanderbilt HC/Option Care IV Services	Home	1
Decatur	Tennessee Quality Homecare - Southwest	Home	52
Dyer	Extendicare Home Health of West Tennessee, Inc	Home	96
Fayette	NHC Homecare	Home	26
Fayette	Where the Heart Is, Inc	Home	1
Haywood	AbilisHealth Brownsville	Home	132
Knox	Implanted Pump Management	Home	
Madison	Amedisys Home Health Care	Home	
Madison	Intrepid USA Healthcare Services	Home	115
Shelby	Accredo Health Group, Inc	Home	4
Shelby	Adoration Home Health Care West Tennessee	Home	50
Shelby	Amedisys Home Care	Home	
Shelby	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	440
Shelby	Amedisys Home Health Care	Home	
Shelby	Americare Home Health Agency, Inc	Home	15
Shelby	Baptist Trinity Home Care	Home	138
Shelby	Best Nurses	Home	
Shelby	Coram Specialty Infusion Services	Home	4
Shelby	Functional Independence Home Care, Inc	Home	135
Shelby	Homechoice Health Services	Home	15
Shelby	Intrepid USA Healthcare Services	Home	
Shelby	Maxim Healthcare Services	Home	3
Shelby	Methodist Alliance Home Care	Home	136
Shelby	No Place Like Home, Inc	Home	2
Shelby	Optum Infusion Services (BriovaRx Infusion Service)	Home	2
Shelby	Optum Women's and Children's Health LLC	Home	8
Shelby	Quality Home Health Services	Home	2
	Total Agencies Licensed to Serve (Not Including Those Closed During FY 2020 and FY 2021)		31
	Total Agencies Served		23
	Percent of Licensed Agencies that Served County		74%
	Of Agencies Served - No. Not Licensed		0
	Total Patients Served		1383

Provided to applicant by Alecia Craighead

Home Health Agencies - Patient Counts (2022 Final JAR)							
<i>(Licensed Counties source Department of Health - Licensure -9/26/2022)</i>							
County	Health Statistics ID	Agency Name	Agency Type	Fayet	Shelb	Tipto	Total
Davidson	19754	Advanced Nursing Solutions (Intrathecal)	Home		6	1	7
Davidson	19494	Elk Valley Health Services Inc	Home	2	39	8	49
Davidson	19544	Home Care Solutions, Inc	Home				0
Davidson	19744	Pentec Health	Home		2		2
Davidson	19994	Vanderbilt HC/Option Care IV Services	Home	3	87	6	96
Decatur	20045	Tennessee Quality Homecare - Southwest	Home	67	506	114	687
Dyer	57095	Extendicare Home Health of West Tennessee, Inc	Home	54	857	159	1070
Fayette	24026	NHC Homecare	Home	97	253	26	376
Fayette	24036	Where the Heart Is, Inc	Home		588		588
Haywood	38015	AbilisHealth Brownsville	Home	7		163	170
Knox	47452	Implanted Pump Management	Home		2		2
Madison	57075	Amedisys Home Health Care	Home				0
Madison	57165	Intrepid USA Healthcare Services	Home	19	3	61	83
Robertson	74054	NHC Homecare	Home		1		1
Shelby	79456	Accredo Health Group, Inc	Home	2	43	5	50
Shelby	79486	Adoration Home Health Care West Tennessee	Home	83	1145	22	1250
Shelby	79146	Amedisys Home Care	Home		978		978
Shelby	79386	Amedisys Home Health (Amedisys Tennessee, LLC)	Home		1060	475	1535
Shelby	79246	Amedisys Home Health Care	Home	130	881	1	1012
Shelby	79256	Americare Home Health Agency, Inc	Home		622	24	646
Shelby	79276	Baptist Trinity Home Care	Home	113	2953	154	3220
Shelby	79546	Best Nurses	Home		92		92
Shelby	79556	Coram Specialty Infusion Services	Home	5	61	2	68
Shelby	79496	Functional Independence Home Care, Inc	Home	87	3042	132	3261
Shelby	79566	Hemophilia Preferred Care of Memphis	Home				0
Shelby	79376	Homechoice Health Services	Home		646		646
Shelby	79226	Intrepid USA Healthcare Services	Home		491		491
Shelby	79536	Maxim Healthcare Services	Home	9	145	4	158
Shelby	79106	Meritan, Inc.	Home		435		435
Shelby	79316	Methodist Alliance Home Care	Home	33	2289	64	2386
Shelby	79506	No Place Like Home, Inc	Home	4	57	5	66
Shelby	79856	Optum Infusion Services (BriovaRx Infusion Services)	Home		3	2	5
Shelby	79466	Optum Women's and Children's Health LLC	Home	4	128	7	139
Shelby	79136	Quality Home Health Services	Home	1	117		118

Shelby	79526	Still Waters Home Health Agency	Home		813		813
		Total Agencies Licensed to Serve (Not Including Those Closed During FY 2021 and FY 2022)	35	30	31	31	
		Total Agencies Served	35	18	31	21	35
		Percent of Licensed Agencies that Served County		60%	94%	68%	
		Of Agencies Served - No. Not Licensed		0	2	0	
		Total Patients Served		720	18345	1435	20500
							20500

Provided to applicant by Alecia Craighead

Home Health Agencies - Patient Counts (2022 Final JAR)				
<i>(Licensed Counties source Department of Health - Licensure -9/26/2022)</i>				
County	Health Statistics ID	Agency Name	Agency Type	Fayet
Davidson	19754	Advanced Nursing Solutions (Intrathecal)	Home	
Davidson	19494	Elk Valley Health Services Inc	Home	2
Davidson	19544	Home Care Solutions, Inc	Home	
Davidson	19744	Pentec Health	Home	
Davidson	19994	Vanderbilt HC/Option Care IV Services	Home	3
Decatur	20045	Tennessee Quality Homecare - Southwest	Home	67
Dyer	57095	Extencicare Home Health of West Tennessee, Inc	Home	54
Fayette	24026	NHC Homecare	Home	97
Fayette	24036	Where the Heart Is, Inc	Home	
Haywood	38015	AbilisHealth Brownsville	Home	7
Knox	47452	Implanted Pump Management	Home	
Madison	57075	Amedisys Home Health Care	Home	
Madison	57165	Intrepid USA Healthcare Services	Home	19
Shelby	79456	Accredo Health Group, Inc	Home	2
Shelby	79486	Adoration Home Health Care West Tennessee	Home	83
Shelby	79146	Amedisys Home Care	Home	
Shelby	79386	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	
Shelby	79246	Amedisys Home Health Care	Home	130
Shelby	79276	Baptist Trinity Home Care	Home	113
Shelby	79546	Best Nurses	Home	
Shelby	79556	Coram Specialty Infusion Services	Home	5
Shelby	79496	Functional Independence Home Care, Inc	Home	87
Shelby	79376	Homechoice Health Services	Home	
Shelby	79226	Intrepid USA Healthcare Services	Home	
Shelby	79536	Maxim Healthcare Services	Home	9
Shelby	79316	Methodist Alliance Home Care	Home	33
Shelby	79506	No Place Like Home, Inc	Home	4
Shelby	79856	Optum Infusion Services (BriovaRx Infusion Service)	Home	
Shelby	79466	Optum Women's and Children's Health LLC	Home	4
Shelby	79136	Quality Home Health Services	Home	1
		Total Agencies Licensed to Serve (Not Including Those Closed During FY 2021 and FY 2022)	30	30
		Total Agencies Served	30	18
		Percent of Licensed Agencies that Served County		60%
		Of Agencies Served - No. Not Licensed		0
		Total Patients Served		720

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Provided to applicant by Alecia Craighead

Home Health Agencies - Patient Counts (2022 Final JAR)				
<i>(Licensed Counties source Department of Health - Licensure -9/26/2022)</i>				
County	Health Statistics ID	Agency Name	Agency Type	Shelb
Davidson	19754	Advanced Nursing Solutions (Intrathecal)	Home	6
Davidson	19494	Elk Valley Health Services Inc	Home	39
Davidson	19544	Home Care Solutions, Inc	Home	
Davidson	19744	Pentec Health	Home	2
Davidson	19994	Vanderbilt HC/Option Care IV Services	Home	87
Decatur	20045	Tennessee Quality Homecare - Southwest	Home	506
Dyer	57095	Extendicare Home Health of West Tennessee, Inc	Home	857
Fayette	24026	NHC Homecare	Home	253
Fayette	24036	Where the Heart Is, Inc	Home	588
Knox	47452	Implanted Pump Management	Home	2
Madison	57165	Intrepid USA Healthcare Services	Home	3
Robertson	74054	NHC Homecare	Home	1
Shelby	79456	Accredo Health Group, Inc	Home	43
Shelby	79486	Adoration Home Health Care West Tennessee	Home	1145
Shelby	79146	Amedisys Home Care	Home	978
Shelby	79386	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	1060
Shelby	79246	Amedisys Home Health Care	Home	881
Shelby	79256	Americare Home Health Agency, Inc	Home	622
Shelby	79276	Baptist Trinity Home Care	Home	2953
Shelby	79546	Best Nurses	Home	92
Shelby	79556	Coram Specialty Infusion Services	Home	61
Shelby	79496	Functional Independence Home Care, Inc	Home	3042
Shelby	79566	Hemophilia Preferred Care of Memphis	Home	
Shelby	79376	Homechoice Health Services	Home	646
Shelby	79226	Intrepid USA Healthcare Services	Home	491
Shelby	79536	Maxim Healthcare Services	Home	145
Shelby	79106	Meritan, Inc.	Home	435
Shelby	79316	Methodist Alliance Home Care	Home	2289
Shelby	79506	No Place Like Home, Inc	Home	57
Shelby	79856	Optum Infusion Services (BriovaRx Infusion Service)	Home	3
Shelby	79466	Optum Women's and Children's Health LLC	Home	128
Shelby	79136	Quality Home Health Services	Home	117
Shelby	79526	Still Waters Home Health Agency	Home	813
		Total Agencies Licensed to Serve (Not Including Those Closed During FY 2021 and FY 2022)	33	31
		Total Agencies Served	33	31
		Percent of Licensed Agencies that Served County		94%
		Of Agencies Served - No. Not Licensed		2
		Total Patients Served		18345

Provided to applicant by Alecia Craighead

Home Health Agencies - Patient Counts (2022 Final JAR)				
<i>(Licensed Counties source Department of Health - Licensure -9/26/2022)</i>				
County	Health Statistics ID	Agency Name	Agency Type	Tipto
Davidson	19754	Advanced Nursing Solutions (Intrathecal)	Home	1
Davidson	19494	Elk Valley Health Services Inc	Home	8
Davidson	19544	Home Care Solutions, Inc	Home	
Davidson	19744	Pentec Health	Home	
Davidson	19994	Vanderbilt HC/Option Care IV Services	Home	6
Decatur	20045	Tennessee Quality Homecare - Southwest	Home	114
Dyer	57095	Extencicare Home Health of West Tennessee, Inc	Home	159
Fayette	24026	NHC Homecare	Home	26
Fayette	24036	Where the Heart Is, Inc	Home	
Haywood	38015	AbilisHealth Brownsville	Home	163
Knox	47452	Implanted Pump Management	Home	
Madison	57075	Amedisys Home Health Care	Home	
Madison	57165	Intrepid USA Healthcare Services	Home	61
Shelby	79456	Accredo Health Group, Inc	Home	5
Shelby	79486	Adoration Home Health Care West Tennessee	Home	22
Shelby	79146	Amedisys Home Care	Home	
Shelby	79386	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	475
Shelby	79246	Amedisys Home Health Care	Home	1
Shelby	79256	Americare Home Health Agency, Inc	Home	24
Shelby	79276	Baptist Trinity Home Care	Home	154
Shelby	79546	Best Nurses	Home	
Shelby	79556	Coram Specialty Infusion Services	Home	2
Shelby	79496	Functional Independence Home Care, Inc	Home	132
Shelby	79376	Homechoice Health Services	Home	
Shelby	79226	Intrepid USA Healthcare Services	Home	
Shelby	79536	Maxim Healthcare Services	Home	4
Shelby	79316	Methodist Alliance Home Care	Home	64
Shelby	79506	No Place Like Home, Inc	Home	5
Shelby	79856	Optum Infusion Services (BriovaRx Infusion Services)	Home	2
Shelby	79466	Optum Women's and Children's Health LLC	Home	7
Shelby	79136	Quality Home Health Services	Home	
		Total Agencies Licensed to Serve (Not Including Those Closed During FY 2021 and FY 2022)	31	31
		Total Agencies Served	31	21
		Percent of Licensed Agencies that Served County		68%
		Of Agencies Served - No. Not Licensed		0
		Total Patients Served		1435

Provided to applicant by Alecia Craighead

6N - Utilization for Year 1 and Year 2

County	Year 1 - # of patients	Year 1 - # of visits	Year 2 - # of patients	Year 2 - # of visits	% change # of patients	% change # of visits
Shelby	320	4800	520	7800	62.5%	62.5%
Tipton	32	480	40	600	25%	25%
Fayette	32	480	40	600	25%	25%

2022 Provider Charges by Service Type - Direct Only

Home Health Agency	Home Health Aide	Medical Social Work	Occupational Therapy	Physical Therapy	Skilled Nursing	Infusion - pain	Infusion - other	Speech Therapy
NHC Homecare	95	195	225	225	175			225
Where the Heart Is	42		83	102	98			95
Meritan INC	100	250	250	250	200			250
Quality Home Health Services	65		150	157	145			150
Amedisys Home Care	38	122	179	206	305			151
Intrepid USA Healthcare Services	22	125	105	107	46			106
Amedisys Home Health Care	38	151	157	192	271			179
Americare Home Health Agency, Inc.	71		173	171	157			186
Baptist Trinity Home Care and Hospice	48	151	93	105	102			147
Methodist Alliance Home Care	125	400	325	325	300	300	300	350
Homechoice Health Services	44	267	155	171	180		357	
Amedisys Home Health	44	136	167	182	360			183

Adoration Home Health Care of West Tennessee	150	150	150	150	150			150
Functional Independence Home Care, Inc.	32	200	160	160	155			160
No Place Like Home, Inc.	35				120			
Still Waters Home Health Agency	75	250	155	155	150			180
Maxim Healthcare Services Inc.	23				80			
Best Nurses, Inc.	45							
St Jude Childrens Research Hospital Homecare LLC	17				80			

Limited services of 2022:

- No Place Like Home - HHA and Skilled Nursing
- Maxim Healthcare - HHA and Skilled Nursing
- Best Nurses - HHA
- St Jude - HHA and Skilled Nursing

Source: JAR MasterFile - HHA_Sch_D1

9C. Comparison of Licensed Home Health Agencies in the Project Service Area
2021 Average Charge per Visit

Agency	License Number	Total Visits	Total Gross Revenue	Average charge per visit
Coram CVS	627	1067	\$1,541,090	\$1,444
Adoration Home Health	227	31,582	\$36,804,713	\$1,156
Quality Home Health	287	89,196	\$102,857,164	\$1153
AbilisHealth	288	14,691	\$10,127,395	\$689
Elk Valley	42	89,527	\$32,651,817	\$365
Optum Women's	459	1,946	\$684,933	\$352
Adoration Home Health	622	146,268	\$49,839,545	\$341
Accredo	347	586	\$177,387	\$303
Intrepid USA	175	16,677	\$3,940,636	\$236
Baptist Trinity	241	42,741	\$10,052,694	\$235
Still Waters	616	13,288	\$2,959,768	\$223
Tennessee Quality Care	221	102,902	\$22,615,007	\$220
Methodist Alliance	233	43,540	\$9,510,183	\$218
Intrepid USA (Shelby)	214	9,182	\$1,962,831	\$214
Amedisys Home Health	238	36,186	\$7,618,247	\$211
Homechoice	240	13,478	\$2,817,819	\$209
Where the Heart Is	612	20,726	\$4,255,129	\$205
901 Home Health Care (proposed)	NA	NA	NA	\$200

charge)				
NHC Home Care	291	10,262	\$1,881,176	\$183
Amedisys Home Care	239	25,058	\$4,516,084	\$180
Extencicare Home Health	120	53,065	\$9,493,710	\$179
Willowbrook Visiting Nurse	259	44,058	\$7,839,040	\$178
Americare Home Health	216	11,864	\$2,031,484	\$171
Home Care Solutions	56	49,986	\$8,373,914	\$168
Meritan	237	11,104	\$1,865,329	\$168
Amedisys Home Health (Shelby)	215	34,431	\$5,570,491	\$162
Intrathecal dba Advanced Nursing	635	857	\$136,164	\$159
Home Care Solutions (Hamilton)	338	19,125	\$2,967,243	\$155
Amedisys Home Health (Madison)	177	128,082	\$19,437,721	\$152
Vanderbilt HC Option Care	604	1243	\$181,404	\$146
Extended Health dba Quality Home Health	224	16,340	\$2,341,884	\$143
Optum RX Infusion	634	1116	\$155,079	\$139
Implanted Pump Management	633	218	\$24,860	\$114
Functional Independence	610	93,298	\$9,870,346	\$106

Pentec Health	632	1016	\$73,436	\$72
TOTAL		1,167,902	\$375,344,937	\$301

**Used data from AccentCare application on TNHFC website


commercial appeal
PART OF THE USA TODAY NETWORK

901 HOME HEALTH CARE LLC
9842 GARDEN PL
GERMAN TOWNSHIP, IN 48139
ALLEN KELSEY DEBRIEF

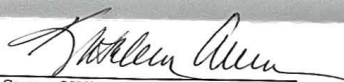
Affidavit of Publication

Personally appeared before me, a Notary Public, of MEMPHIS PUBLISHING COMPANY, a corporation, publishers of The Commercial Appeal, morning and Sunday paper, published in Memphis, Tennessee, who makes oath in due form of law, that he is Legal Clerk of the said Memphis Publishing Company, and that the accompanying and hereto attached notice was published in the following edition of The Commercial Appeal to-wit:

9/1/2023



Subscribe and sworn to before me this 1st day of September, 2023



Notary Public, State of Wisconsin, County of Brown

My commission expires:

1-7-25

Ad Number: GCI1097139

KATHLEEN ALLEN
Notary Public
State of Wisconsin

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that 901 Home Health Care LLC, a/an Home Health Agency owned by Kelsey DeFreece with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a home health care organization and the initiation of home health services to be officed at 9842 Garden Place, Germantown, TN 38139. The Service area will consist of Shelby, Fayette and Tipton counties. The address of the project will be 9842 Garden Place, Germantown, Shelby County, Tennessee, 38139. The estimated project cost will be \$11,300.

The anticipated date of filing the application is 10/02/23

The contact person for this project is Dr. Kelsey DeFreece who may be reached at 901 Home Health Care LLC - 9842 Garden Pl, Germantown, Tennessee, 38139 – Contact No. 901-361-5144.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c) (1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 503 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov

Home Health Agencies Licensed to Serve Listed Counties						
Agency County	Agency	Type	Licensed County	Infusion Only	County Contains Home Officw	County Contains Branch Office
Davidson	Advanced Nursing Solutions	Home	Fayette	Yes	No	No
Davidson	Elk Valley Health Services Inc	Home	Fayette	No	No	No
Davidson	Home Care Solutions, Inc	Home	Fayette	No	No	No
Davidson	Vanderbilt HC w/ Option Care IV Services	Home	Fayette	Yes	No	No
Decatur	Tennessee Quality Homecare - Southwest	Home	Fayette	No	No	No
Dyer	Extendicare Home Health of West Tennessee	Home	Fayette	No	No	No
Fayette	NHC Homecare	Home	Fayette	No	Yes	No
Fayette	Where The Heart Is	Home	Fayette	No	Yes	No
Hamilton	Pentec Health, Inc.	Home	Fayette	Yes	No	No
Haywood	Adoration Home Health Brownsville	Home	Fayette	No	No	No
Knox	Implanted Pump Management	Home	Fayette	Yes	No	No
Madison	Amedisys Home Health Care	Home	Fayette	No	No	No
Madison	Intrepid USA Healthcare Services	Home	Fayette	No	No	No
Shelby	Accredo Health Group, Inc	Home	Fayette	No	No	No
Shelby	Adoration Home Health of West Tennessee	Home	Fayette	No	No	Yes
Shelby	Amedisys Home Care	Home	Fayette	No	No	No
Shelby	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	Fayette	No	No	No
Shelby	Amedisys Home Health Care	Home	Fayette	No	No	No
Shelby	Baptist Home Care and Hospice	Home	Fayette	No	No	No
Shelby	Best Nurses, Inc.	Home	Fayette	No	No	No
Shelby	Coram CVS/Specialty Infusion Service	Home	Fayette	Yes	No	No
Shelby	Extended Health Care Inc. dba Quality Home Health	Home	Fayette	No	No	No
Shelby	Functional Independence Home Care, Inc	Home	Fayette	No	No	No
Shelby	Homechoice Health Services	Home	Fayette	No	No	No
Shelby	Intrepid USA Healthcare Services	Home	Fayette	No	No	No
Shelby	Maxim Healthcare Services, Inc.	Home	Fayette	No	No	No
Shelby	Methodist Alliance Home Care	Home	Fayette	No	No	No
Shelby	No Place Like Home, Inc	Home	Fayette	No	No	No
Shelby	Optum Infusion Services	Home	Fayette	Yes	No	No
Shelby	Optum Women's and Children's Health LLC	Home	Fayette	No	No	No
Shelby	St. Jude Children's Research Hospital Homecare LLC	Home	Fayette	No	No	No
Number of Licensed Home Health Agencies in Fayette County			31			
Davidson	Advanced Nursing Solutions	Home	Shelby	Yes	No	No
Davidson	Elk Valley Health Services Inc	Home	Shelby	No	No	No
Davidson	Home Care Solutions, Inc	Home	Shelby	No	No	No
Davidson	Vanderbilt HC w/ Option Care IV Services	Home	Shelby	Yes	No	No
Decatur	Tennessee Quality Homecare - Southwest	Home	Shelby	No	No	No

Dyer	Extencicare Home Health of West Tennessee	Home	Shelby	No	No	Yes
Fayette	NHC Homecare	Home	Shelby	No	No	No
Fayette	Where The Heart Is	Home	Shelby	No	No	Yes
Hamilton	Pentec Health, Inc.	Home	Shelby	Yes	No	No
Knox	Implanted Pump Management	Home	Shelby	Yes	No	No
Shelby	Accredo Health Group, Inc	Home	Shelby	No	Yes	No
Shelby	Adoration Home Health of West Tennessee	Home	Shelby	No	Yes	No
Shelby	Amedisys Home Care	Home	Shelby	No	Yes	No
Shelby	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	Shelby	No	Yes	No
Shelby	Amedisys Home Health Care	Home	Shelby	No	Yes	No
Shelby	Americare Home Health Agency, Inc	Home	Shelby	No	Yes	No
Shelby	Baptist Home Care and Hospice	Home	Shelby	No	Yes	No
Shelby	Best Nurses, Inc.	Home	Shelby	No	Yes	No
Shelby	Coram CVS/Specialty Infusion Service	Home	Shelby	Yes	Yes	No
Shelby	Extended Health Care Inc. dba Quality Home Health	Home	Shelby	No	Yes	No
Shelby	Functional Independence Home Care, Inc	Home	Shelby	No	Yes	No
Shelby	Hemophilia Preferred Care of Memphis	Home	Shelby	No	Yes	No
Shelby	Homechoice Health Services	Home	Shelby	No	Yes	No
Shelby	Intrepid USA Healthcare Services	Home	Shelby	No	Yes	No
Shelby	Maxim Healthcare Services, Inc.	Home	Shelby	No	Yes	No
Shelby	Meritan, Inc.	Home	Shelby	No	Yes	No
Shelby	Methodist Alliance Home Care	Home	Shelby	No	Yes	No
Shelby	No Place Like Home, Inc	Home	Shelby	No	Yes	No
Shelby	Optum Infusion Services	Home	Shelby	Yes	Yes	No
Shelby	Optum Women's and Children's Health LLC	Home	Shelby	No	Yes	No
Shelby	St. Jude Children's Research Hospital Homecare LLC	Home	Shelby	No	Yes	No
Shelby	Still Waters Home Health Agency	Home	Shelby	No	Yes	No
Number of Licensed Home Health Agencies in Fayette County			32			
Davidson	Advanced Nursing Solutions	Home	Tipton	Yes	No	No
Davidson	Elk Valley Health Services Inc	Home	Tipton	No	No	No
Davidson	Home Care Solutions, Inc	Home	Tipton	No	No	No
Davidson	Vanderbilt HC w/ Option Care IV Services	Home	Tipton	Yes	No	No
Decatur	Tennessee Quality Homecare - Southwest	Home	Tipton	No	No	Yes
Dyer	Extencicare Home Health of West Tennessee	Home	Tipton	No	No	No
Fayette	NHC Homecare	Home	Tipton	No	No	No
Fayette	Where The Heart Is	Home	Tipton	No	No	No
Hamilton	Pentec Health, Inc.	Home	Tipton	Yes	No	No
Haywood	Adoration Home Health Brownsville	Home	Tipton	No	No	No
Knox	Implanted Pump Management	Home	Tipton	Yes	No	No
Madison	Amedisys Home Health Care	Home	Tipton	No	No	No
Madison	Intrepid USA Healthcare Services	Home	Tipton	No	No	No
Shelby	Accredo Health Group, Inc	Home	Tipton	No	No	No

Shelby	Adoration Home Health of West Tennessee	Home	Tipton	No	No	No
Shelby	Amedisys Home Care	Home	Tipton	No	No	No
Shelby	Amedisys Home Health (Amedisys Tennessee, LLC)	Home	Tipton	No	No	Yes
Shelby	Amedisys Home Health Care	Home	Tipton	No	No	No
Shelby	Americare Home Health Agency, Inc	Home	Tipton	No	No	No
Shelby	Baptist Home Care and Hospice	Home	Tipton	No	No	No
Shelby	Best Nurses, Inc.	Home	Tipton	No	No	No
Shelby	Coram CVS/Specialty Infusion Service	Home	Tipton	Yes	No	No
Shelby	Extended Health Care Inc. dba Quality Home Health	Home	Tipton	No	No	No
Shelby	Functional Independence Home Care, Inc	Home	Tipton	No	No	No
Shelby	Homechoice Health Services	Home	Tipton	No	No	No
Shelby	Intrepid USA Healthcare Services	Home	Tipton	No	No	No
Shelby	Maxim Healthcare Services, Inc.	Home	Tipton	No	No	No
Shelby	Methodist Alliance Home Care	Home	Tipton	No	No	No
Shelby	No Place Like Home, Inc	Home	Tipton	No	No	No
Shelby	Optum Infusion Services	Home	Tipton	Yes	No	No
Shelby	Optum Women's and Children's Health LLC	Home	Tipton	No	No	No
Shelby	St. Jude Children's Research Hospital Homecare LLC	Home	Tipton	No	No	No
Number of Licensed Home Health Agencies in Fayette County			32			
<i>Source: Health Facilities Commission - Licensure 9/1/2023</i>						

Provided to applicant by Alecia Craighead

Home Health Agencies Licensed to Serve Fayette, Shelby, and Tipton Counties			
Health Statistics ID	Agency County	Agency	Type
	Davidson	Advanced Nursing Solutions	Home
19494	Davidson	Elk Valley Health Services Inc	Home
19544	Davidson	Home Care Solutions, Inc	Home
19994	Davidson	Vanderbilt HC w/ Option Care IV Services	Home
20045	Decatur	Tennessee Quality Homecare - Southwest	Home
	Dyer	Extendicare Home Health of West Tennessee	Home
24026	Fayette	NHC Homecare	Home
24036	Fayette	Where The Heart Is	Home
	Hamilton	Pentec Health, Inc.	Home
38015	Haywood	Adoration Home Health Brownsville	Home
	Knox	Implanted Pump Management	Home
57075	Madison	Amedisys Home Health Care	Home
57165	Madison	Intrepid USA Healthcare Services	Home
79456	Shelby	Accredo Health Group, Inc	Home
79486	Shelby	Adoration Home Health of West Tennessee	Home
79146	Shelby	Amedisys Home Care	Home
79386	Shelby	Amedisys Home Health (Amedisys Tennessee, LLC)	Home
79246	Shelby	Amedisys Home Health Care	Home
79256	Shelby	Americare Home Health Agency, Inc	Home
79276	Shelby	Baptist Home Care and Hospice	Home
79546	Shelby	Best Nurses, Inc.	Home
79556	Shelby	Coram CVS/Specialty Infusion Service	Home
79136	Shelby	Extended Health Care Inc. dba Quality Home Health	Home
79496	Shelby	Functional Independence Home Care, Inc	Home
79566	Shelby	Hemophilia Preferred Care of Memphis	Home
79376	Shelby	Homechoice Health Services	Home
79226	Shelby	Intrepid USA Healthcare Services	Home
79536	Shelby	Maxim Healthcare Services, Inc.	Home
79106	Shelby	Meritan, Inc.	Home
79316	Shelby	Methodist Alliance Home Care	Home
79506	Shelby	No Place Like Home, Inc	Home
	Shelby	Optum Infusion Services	Home
79466	Shelby	Optum Women's and Children's Health LLC	Home
	Shelby	St. Jude Children's Research Hospital Homecare LLC	Home
79526	Shelby	Still Waters Home Health Agency	Home
		Number of Licensed Agencies	35
<i>Source: Health Facilities Commission - Licensure 9/1/2023</i>			

Provided to applicant by Alecia Craighead



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS**

665 Mainstream Dr.
Nashville, TN 37243

tn.gov/health

**TENNESSEE BOARD OF OCCUPATIONAL THERAPISTS
1-800-778-4123 or (615) 532-5096**

September 16, 2023

TO WHOM IT MAY CONCERN:

This letter serves as primary source verification of licensure in the State of Tennessee. To expedite the verification process, this is the standard format used by the Board of Occupational Therapists. The Board of Occupational Therapists is pleased to furnish the following information from our files:

PROFESSION : Occupational Therapist
RANK : Occupational Therapist
NAME : DeFreece, Kelsey Elizabeth
LICENSE NUMBER: 6374
ISSUE DATE : 01/16/2020
EXPIRATION DATE : 07/31/2024
CURRENT STATUS : Licensed
STATUS DATE : 01/16/2020
SPECIAL ENDORSEMENTS :

COMMENTS : There is no history of disciplinary action on this license. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Tennessee Board of Occupational Therapists





**Department of the Treasury
Internal Revenue Service
1973 North Rulon White Blvd
Ogden, UT, 84404-5402**

In reply refer to: 0440429422
9/25/2023 LTR 147C

901 HOME HEALTH CARE LLC
KELSEY DEFREECE SOLE MBR
9842 GARDEN PL
GERMANTOWN, TN 38139-6937-425

Employer Identification Number: 93-3308082

Dear Taxpayer:

Thank you for your inquiry of 9/25/2023.

Your Employer Identification Number (EIN) is 93-3308082.

Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, you can call 1-800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,
Ms.Armstrong
1004651437
CSR

Shelby County Clerk
WANDA HALBERT
 150 Washington Avenue
 Memphis, Tennessee 38103-1800

103

**MEMPHIS AND SHELBY COUNTY
 STANDARD BUSINESS TAX LICENSE**



RECEIPT NUMBER	232004655
LICENSE NUMBER	230005169
THIS LICENSE EXPIRES	5/15/2024

OWNER(S)
901 HOME HEALTH CARE LLC

901 HOME HEALTH CARE LLC

**9842 GARDEN PL
 GERMANTOWN, TN 38139**

BUSINESS LOCATION ADDRESS
9842 GARDEN PL GERMANTOWN, TN 38139

**MUST DISPLAY IN A CONSPICUOUS
 PLACE**

RECEIPT NUMBER	232004655
LICENSE NUMBER	230005169
CLASSIFICATION	2

	CITY	COUNTY
NEW LICENSE FEE	\$15.00	\$15.00
CREDIT CARD FEE		\$2.72
TOTAL DUE		\$32.72

TAX PERIOD

FROM	STARTED
TO	09/08/2023

COMBINED TOTAL \$32.72

THIS LICENSE EXPIRES 5/15/2024

ISSUE DATE 09/15/2023

Wanda Halbert

WANDA HALBERT, COUNTY CLERK
ANTHONY MAPLES
 DEPUTY CLERK

IN ORDER TO RENEW OR CANCEL THIS BUSINESS LICENSE YOU MUST ELECTRONICALLY FILE YOUR ANNUAL COUNTY AND/OR CITY BUSINESS TAX RETURNS WITH THE TENNESSEE DEPARTMENT OF REVENUE. YOU MAY LOG ONTO THEIR WEBSITE AT WWW.TN.GOV/REVENUE . PLEASE CONTACT THE DEPARTMENT OF REVENUE FOR ANY FILING ISSUES AT 1 (800) 342-1003.



Tennessee Association
for Home Care

This certifies that

901 Home Health Care LLC

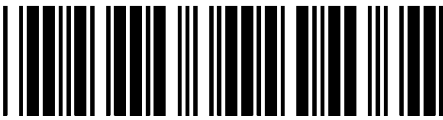
Is a member of the Tennessee Association for Home Care, Inc., whose common goal is to promote the highest quality medical, social, supportive services and products to those in need. Having pledged to provide service in a professional, dignified and conscientious manner, to comply with all community, state and federal regulations, to work together to establish the highest level of public confidence and to adhere to the Code of Ethics of the Tennessee Association for Home Care.

July 1, 2023 through June 30, 2024

Lori Caldwell
President



Maegan Carr Martin, JD
Executive Director



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

SS-4270



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$50.00 per member
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only

-FILED-

Control # 001454718

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.

1. The name of the Limited Liability Company is: 901 Home Health Care LLC

(Note: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: None

4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:

KELSEY E DEFREECE
9842 GARDEN PL
GERMANTOWN, TN 38139
SHELBY COUNTY

5. Fiscal Year Close Month: December

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

7. The Limited Liability Company will be:

Member Managed Manager Managed Director Managed

8. Number of Members at the date of filing: 1

9. Period of Duration: Perpetual

10. The complete address of the Limited Liability Company's principal executive office is:

9842 GARDEN PL
GERMANTOWN, TN 38139
SHELBY COUNTY

B1441-0614 08/10/2023 9:50 AM Received by Tennessee Secretary of State Tre Hargett



**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

SS-4270



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$50.00 per member
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only

-FILED-

Control # 001454718

The name of the Limited Liability Company is: 901 Home Health Care LLC

11. The complete mailing address of the entity (if different from the principal office) is:
9842 GARDEN PL
GERMANTOWN, TN 38139

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.
Licensed Profession:

14. Series LLC (optional)

I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)

This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)
 I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:

This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions:

Electronic

Signature

Kelsey E DeFreece

Printed Name

Title/Signer's Capacity

Aug 10, 2023 9:50AM

Date



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

901 Home Health Care LLC
9842 GARDEN PL
GERMANTOWN, TN 38139

August 10, 2023

Filing Acknowledgment

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

SOS Control # :	001454718	Formation Locale: TENNESSEE
Filing Type:	Limited Liability Company - Domestic	Date Formed: 08/10/2023
Filing Date:	08/10/2023 9:50 AM	Fiscal Year Close: 12
Status:	Active	Annual Report Due: 04/01/2024
Duration Term:	Perpetual	Image # : B1441-0614
Managed By:	Member Managed	
Business County:	SHELBY COUNTY	

Document Receipt

Receipt # : 008298790	Filing Fee: \$300.00
Payment-Credit Card - State Payment Center - CC #: 3856205315	\$300.00

Registered Agent Address:
KELSEY E DEFREECE
9842 GARDEN PL
GERMANTOWN, TN 38139

Principal Address:
9842 GARDEN PL
GERMANTOWN, TN 38139

Congratulations on the successful filing of your **Articles of Organization** for **901 Home Health Care LLC** in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Please visit the Tennessee Department of Revenue website (www.tn.gov/revenue) to determine your online tax registration requirements. If you need to obtain a Certificate of Existence for this entity, you can request, pay for, and receive it from our website.

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

Tre Hargett
Secretary of State

Project Name : 901 Home Health Care LLC

Supplemental Round Name : 1

Due Date : 10/10/2023

Certificate No. : CN2310-023

Submitted Date : 10/3/2023

1. 6A. Name of Owner of the Facility, Agency, or Institution

This should reflect the name of the corporation owner of the facility not the name of the individual owner. Please revise Item 6A.

Response : Corrected.

2. 7A. Type of Ownership of Control

Please attach the Secretary of State certificate of corporate existence labeled as Attachment 7A.

Response : Secretary of State Articles of Organization attached as 7A.

3. 9A. Legal Interest in the Site

Please confirm that the proposed principal office of the home health agency is located in a residential home. If so, please confirm whether the proposed principal office site has been discussed and confirmed as viable for licensing purposes with HFC licensure staff.

Also, please attach site control documentation for the proposed home office (labeled as Attachment 9AR).

Response : To confirm, the home office is located in a residential home. In conversation with Mary Clark from the TN licensure board, the location is completely acceptable. She states there have been many licenses approved out of a home office. Title information attached as 9AR.

4. 10A. Floor Plan

Please provide a basic floor plan showing the location of office space designated for agency staff, record storage, hazardous waste disposal (if applicable), etc. Please submit a floor plan (labeled as Attachment 10AR).

Response : Home office floor plan submitted as attachment 10AR.

5. 1E. Overview

Please provide additional background on the applicant's history with the provision of home health services, specifically within the proposed service area, as well as any current affiliations with other health care facilities or providers.

Response : I have been a home health occupational therapist since graduating with my Doctorate in 2019. I was originally a travel OT and worked for Pruitt Home Health in Columbia, South Carolina and CVH Care in Napa, CA. I then returned to Nashville and worked for Vanderbilt Home Care. Since moving to Memphis in September 2022 I have worked for Amedisys Home Health. I transitioned from full time to PRN in Sept 2023 to focus on 901 Home Health.

6. **3N. Demographics**

The population data submitted for this project should be for 2023-2027. Please revise and resubmit Attachment 3N.B (labeled as Attachment 3N.BR).

Response : The chart has been updated and submitted as 3N.BR.

7. **1E. Overview**

Is there a specific client base being targeted?

Response : We will target PCPs, cardiologists, neurologists, and orthopedic surgeons in the Memphis area who see the geriatric population but are not currently using or satisfied with home health services.

8. **1E. Overview**

Where are the referenced physicians based?

Does the applicant intend to submit any letters from area physicians supporting the project and documenting the number of potential referrals to be made to the applicant?

Response : Letters from physicians are being gathered and will be submitted prior to November 15.

9. **1E. Overview**

Does the applicant plan to provide private duty nursing services as part of its home health agency?

Does the applicant intend to provide home health services to pediatric patients?

Response : No, this agency will not provide private duty or pediatric care.

0. 1E. Overview

Is the applicant or any affiliate licensed to provide any other type in in-home services such as personal support services?

Response : The applicant is licensed to perform OT services within the home. The hired employees will provide nursing, occupational therapy, physical therapy, speech, social work, and home health aide services.

1. 1E. Overview

Please complete the following table identifying the types of home health care services to be offered:

Service Type	Yes	No
Home Health Aide Services		
Homemaker Services		
Medical Social Services		
Occupational Therapy		
Physical Therapy		
Skilled Nursing Care		
Infusion Therapy – Pain Management		
Infusion Therapy – Other		
Speech Therapy		
Other: <i>Please Specify</i>		

Response :

Service Type	Yes	No
Home Health Aide Services	yes	

Homemaker Services		no
Medical Social Services	yes	
Occupational Therapy	yes	
Physical Therapy	yes	
Skilled Nursing Care	yes	
Infusion Therapy – Pain Management		no
Infusion Therapy – Other		no
Speech Therapy	yes	
Other: <i>Please Specify</i>		

2. 1E. Overview

What is the number of existing home health agencies in the service area counties?

Response : 31

3. 1E. Overview

Please list a full description of each position type listed in response to the staffing section of the Executive Summary, Item 1E.

Will any home health aides or social workers be included in the project?

Which position will function as the administrator of the home health agency?

Do the positions listed represent full-time equivalent positions?

Response : I will serve as the sole administrator for 901 Home Health. The other positions will be PRN and will be as follows:

- Physical Therapist
- Occupational Therapist
- Physical Therapist Assistant
- Certified Occupational Therapy Assistant
- Registered Nurse
- Medical Social Worker
- Home Health Aide
- Social Worker

There will be no full time equivalent positions.

4. 2E. Rationale for Approval

The applicant's identification of population growth and an aging population is noted. Can the applicant provide any additional detail or data supporting the need for the project such as documentation of patient access challenges, quality concerns with existing providers, disparities in services or patient outcomes for specific populations in the service area, low volume of service provision by existing licensed home agencies, etc.?

Response : We will remain unique in that we are locally owned and operated, allowing for greater continuity of care. Most large corporations have high turnover rates and lower patient satisfaction. Remaining small and locally owned will allow for greater advocacy for our patients and employees, more direct communication with our referral bases, and greater patient outcomes.

5. 2E. Rationale for Approval

Are the policies referenced in response to Item 2E. already developed?

If not when does the applicant anticipate finalization of those policies?

Response : I am currently a TAHC member which will allow for accountability and training to abide by all home health care policies. They will also help with accreditation when the project is approved. I am already partnered with myUnity EHR that will control all book keeping, patient records, physician communication, and billing. The employee performance reviews and patient satisfaction surveys will be implemented once the project is approved and we begin seeing patients.

6. 1N. Criteria and Standards

Please respond in full to the Home Health Services Criteria and Standards and resubmit (labeled as Attachment 1NR). Please include page numbers with the attachment.

Response : Resubmitted 1N.

7. 4N. Special Needs of Service Area

The county specific issues highlighted by the applicant in response to Item 2N and 4N are noted. However, there is limited data provided to support the demonstration of these issues in the proposed service area. Please provide any available supporting documentation along with sourcing as appropriate for each of the identified issues.

Response : See additional attachment 4N for Shelby County leading causes of death in the 65+ population. It reports 13,465 deaths caused by heart disease, 3,638 deaths by respiratory disease, 3,564 deaths by Alzheimer's disease, 2,987 deaths by CVA, 1,803 deaths by diabetes mellitus, 985 deaths by Parkinson's, and 838 by HTN. These are a few of the dominant diagnoses addressed in home health care. Appropriate education and management of this leading causes of death within the home health care system could greatly decrease the prevalence and repercussions of these diseases.

Source:

<https://www.tn.gov/health/health-program-areas/statistics/health-data/death-statistics.html>

8. 2C. Insurance Plans

When does the applicant intend to become established in-network for the commercial plans identified?

Response : We are in the process of becoming a Medicare provider. My goal is to see Medicare patients for our first year (2024) and add commercial plans for year 2 (2025).

9. 4C. Accessibility to Human Resources

Please explain the reference to CMS certification being in progress in response to Item 4C?

Response : My CMS application to be a Medicare Provider is processing with tracking ID T090820230004479.

0. 4C. Accessibility to Human Resources

The Joint Commission is not selected in response to Item 4Q, but it is referenced in response to Item 4C. Please confirm which accreditations the applicant intends to pursue and discuss the decision to pursue to different types of accreditations if that is the case.

Response : Corrected.

1. **4C. Accessibility to Human Resources**

Please discuss the adequacy of the 6 staff positions identified in response to Item 1E. to support the project number of patients in Year 1 (384). Please also discuss how staffing will expand to accommodate the projected growth in patient volume in Year 2 of the project.

Response : Upon approval of project, I will hire a PRN employee for each of the positions we will have. Once our referrals surpass the number of hours our original hires want to see, we will expand our staff on an as-needed basis. We will continue to grow as a team during year 2 to match the number of referrals received at that time.

2. **8C. Proposed Charges**

Please utilize 2022 home health data in response to Item 8C. Also, please indicate which home health agencies provide a limited service such as home infusion. Please revise and resubmit Attachment 8C (labeled as Attachment 8CR).

Response : Resubmitted as 8CR.

3. **4Q. TennCare MCO's**

Please explain why the applicant does not intend to pursue TennCare/Medicaid Certification in the first two years of the project?

Response : Corrected.

4. **8Q. Staffing**

Please complete the staffing chart in response to Item 8Q.

Response : Completed.

5. **Project Completion Forecast Chart**

Please discuss the basis for the timeframe listed for obtaining a license for the project (2 weeks from the decision date).

Response : Corrected to projected Dec board meeting of Dec 13.

6. **3C. Effects of Competition and/or Duplication**

Does the applicant plan to offer any unique programming, service lines or staffing practices to patients of its home health agency that are unique to the service area?

Response : We will ensure best practice to every patient we encounter. I plan to personally interview and vet each clinician to provide the highest level of care. We will be set apart based on our attention to detail, patient-centered focus, and bedside manner. With years of home health care experience, My passion and background in providing home health care for many years has shown me what personalities and skill sets are best received by this population, and I will hire accordingly. Additionally, we will have weekly team meetings for ongoing training for best patient care.

7. 4C. Accessibility to Human Resources

Please confirm whether the applicant intends to offer speech therapy, and speech language pathology services either directly or through a contracted third party?

Response : We plan to offer speech therapy as a PRN position.

8. 5C. License/Certification

Please confirm whether the applicant has applied for licensure through the Tennessee Health Facilities Commission - Licensure Division to provide home health services to CON-exempt populations. If so, what is the status of those applications?

Response : From our understanding, we are not serving a CON-exempt population. Therefore, we will apply for licensure following approval of this project.

Project Name : 901 Home Health Care LLC

Supplemental Round Name : 2

Due Date : 10/12/2023

Certificate No. : CN2310-023

Submitted Date : 10/9/2023

1. 4E. Project Cost Chart

The Project Cost Chart must include the value of the space being used for the home health office. Please use the following worksheet to calculate the Fair Market Value of the project space and revise Item 4E. in the application.

<https://www.tn.gov/content/dam/tn/hsda/documents/HFC-Building-Land-Lease-Cost-FairMarket.xlsx>

Response : NA - we own the home and there is no cost to have an office in my home. Value of home attached.

2. 1N. Criteria and Standards

Attachment 1N, Home Health Criterion #1, Determination of Need.

The need formula is not applied in the response. Please apply the attached home health agency need projection data to the response to Item 1N, Criterion #1. Please add page numbers to Attachment 1N and resubmit (labeled as Attachment 1NR.)

Response : Given the provided formula of "1.5% of the population", no other home health agency will be able to open in the state of Tennessee. As a healthcare provider striving to serve patients in need, there is a significantly higher demand for patient centered home health agencies that are locally owned. Shelby county is notoriously underserved in regards to access to healthcare, and the addition of a locally owned/operated home health care group is needed to serve both physicians and patients whose needs are not being met. This formula inhibits patients and physicians who are currently unsatisfied with their options pursue smaller, locally owned and patient-focused options. It allows large, nationally owned and operated corporations whose owners never meet or speak to the actual patients or local onsite team / employees continue to grow and disappoint employees, patients, and physicians / referral bases. Meanwhile, local clinicians who are deeply invested in the community who want to break this corporately dominated field are excluded from serving the community. Access to healthcare and options for patients are a positive for providers as well as patients. An additional option for quality health care should not be denied.

3. 1E. Overview

Please list the total number of staff to be employed as full-time equivalents (FTEs).

Response : We anticipate 4 FTE employees in year 1. The remaining employees will work less than the full time equivalent.

4. 3N. Demographics

Is there a specific target population for the project outside of patients aged 65 and above?

Response : For the first year, our target population will be Medicare patients. The majority of patients on Medicare are 65+, with some exceptions such as ESRD and ALS. We will provide services to anyone outside of the 65+ community who has Medicare. After year 1, we plan to contract with other payers and will then see more patients under the age of 65. We do not plan to see pediatrics.

5. 4C. Accessibility to Human Resources

Please explain why an application for CMS Certification has been made prior to becoming licensed.

Response : The CMS Certification process has been started but is pending acceptance for the CON. I have sent the requested supplemental information and it is "awaiting processing" until approved.

6. 8C. Proposed Charges

There is a minor typo in response to Item 8C in the following row:

Where the Heart Is - Speech Therapy Charge per Visit. Please revise Attachment 8Cr (labeled as 8CR2).

Response : Corrected to 95 and attached as 8CR2.

7. 4Q. TennCare MCO's

Please confirm whether the applicant intends to pursue TennCare Certification. The Payor Mix Chart now includes projected revenue from TennCare in Year 2, but Item 3Q and 4Q of the application still indicates that TennCare Certification will not be pursued. If the applicant intends to pursue TennCare certification and contract with TennCare MCOs, then the responses to Item 3Q and 4Q must be revised in the application.

Please indicate if the applicant has reviewed TennCare's home health reimbursement policies at the following link:

https://www.tn.gov/content/dam/tn/hsda/documents/HSDA-TennCare_Home_Health_Memo2021.pdf

Response : TennCare Certification will be applied for in year 2. 3Q and 4Q have been updated. I have reviewed the reimbursement policies.

8. 8Q. Staffing

The Staffing Chart shows nothing but 0 for all listed positions. Please fill out the Projected FTEs associated with each position.

Response : Updated.

9. 1N. Criteria and Standards

Attachment 1N, Home Health Criterion #5.

The referenced Attachment in response to this Criterion should be Attachment 5N instead of Attachment 8CR. Please revise the response and resubmit Attachment 1N (labeled as Attachment 1NR).

Response : Corrected.

0. 1N. Criteria and Standards

Attachment 1N, Home Health Criterion #7 Community Linkage Plan.

Please address working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems.

Response : I have a working agreement with MyUnity within Netsmart Technologies to allow for continuity of care, quickly e-faxing medical records and orders between hospitals, SNFs, outpatient clinics, and any other referral bases to home care or referrals post discharge.

1. 1N. Criteria and Standards

Attachment 1N, Home Health Criterion #8.

Please discuss the applicant's plans to pursue or not pursue TennCare certification for this project. Please include a discussion of whether or not the applicant has contacted TennCare MCOs about whether their panels are open for home health services.

Response : I have not contacted TennCare MCOs. I will pursue this in Year 2.

2. 1N. Criteria and Standards

Attachment 1N, Home Health Criterion #10 - Access.

Does the applicant request special consideration on the basis of any of the factors listed in Criterion #10 - Access?

Response : We are not asking for special consideration based on these factors. We plan to see any referral we can manage, regardless of their medical history or demographics.

3. 1N. Criteria and Standards

Attachment 1N, Home Health Criterion #11 - Quality Control and Monitoring.

Please identify and document the applicant's 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).

Response : Our team will have a daily check in call to discuss any patient updates, including upcoming discharges, recertifications, or recent hospitalizations. We will meet in person every Wednesday to discuss progress and treatment plan for each patient currently on caseload. This data will be recorded as coordination notes within MyUnity. We will use e-faxing within MyUnity to communicate between levels of care and signing physician. We will regularly ask our patients and referral bases for feedback and implement any necessary changes.

Project Name : 901 Home Health Care LLC

Supplemental Round Name : 3

Certificate No. : CN2310-023

Due Date : 10/14/2023

Submitted Date : 10/13/2023

1. 4E. Project Cost Chart

Please enter \$29,632 in response to Item 4E. Line A.3. - Acquisition of Site.

Response : completed.

2. 1N. Criteria and Standards

Attachment 1N, Home Health Criterion #1, Determination of Need.

Please update Attachment - Criteria #1, Determination of Need to reflect the 2022-2025 TDH Need projections for Fayette, Shelby, and Tipton Counties.

Response : corrected

3. 1E. Overview

Please discuss whether 4 FTE positions will be adequate to serve the projected 5,760 home health visits in Year 1 of the project. Total FTE should reflect the combined full time and part time positions associated with the project. Please confirm the total number of FTEs projected for the project in Year 1.

Response : 1 full time owner / manager (self), 1 PRN PT, 1 PRN PTA, 1 PRN OT, 1 PRN COTA, 1 PRN RN, 1 PRN HHA, 1 PRN MSW, 1 PRN ST. These 9 positions (8 clinical) will be the equivalent of 4 FTEs. The 8 clinical employees will average 14 visits / week for the projected 5,760 home health visits in Year 1.

4. 8Q. Staffing

Please update the Staffing Chart to reflect partial FTEs for positions where appropriate. There are currently 0 FTEs listed for multiple position types.

Response : completed

5. 1N. Criteria and Standards

Attachment 1N, Home Health Criterion #7 Community Linkage Plan.

Please provide additional detail on any specific facilities or clinics that the applicant has, or plans to establish working agreements with.

Response : We plan to work alongside multiple local referral bases, including Methodist Germantown, Campbell Clinic, Ortho South, and Baptist East. We are in the process of establishing relationships with referral bases at this time and will be sending letters of agreement by November 15.