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HEALTH FACILITIES COMMISSION
MARCH 25, 2026
APPLICATION REVIEW

NAME OF PROJECT: Boost Home Healthcare Chattanooga, LLC

PROJECT NUMBER: CN2512-044

ADDRESS: 7505 Middle Valley Rd Suite 101
Hixson (Hamilton County), TN 37343

LEGAL OWNER: Jonathan Cleator and Dang Le
7505 Middle Valley Road, Suite 101
Hixson (Hamilton County), TN 37415

OPERATING ENTITY: N/A

CONTACT PERSON: Dang Le, Member
(404) 661-0617

DATE FILED: December 23, 2025

PROJECT COST: \$123,405

PURPOSE FOR FILING: Establishment of a home health agency 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 care organization and the initiation of home health services located at 7505 Middle Valley Road, Suite 101, Hixson (Hamilton County), TN 37343. The proposed service area consists of Bradley, Hamilton, and Sequatchie Counties.

Executive Summary

- If approved, the applicant projects the project will open for service in April 2026.
- The applicant is a newly established entity. The applicant will be a franchisee of Boost Home Healthcare.
- Boost Home Healthcare was established in 2021. The applicant states that there are currently 30 active franchisees, 15 of which are pursuing state licensure. Two of these franchises are Medicare Certified and none have any publicly reported measures to CMS at this time.
- The owners of the applicant are Jonathan Cleator (50%) and Dang Le (50%). The owners do not have any direct healthcare / home healthcare operational experience. Both owners have backgrounds in e-commerce. The Agency will hire a clinical services director and additional clinicians prior to becoming operational.
- Boost Home Healthcare franchises are independently owned and operated. Each franchise is provided with proprietary materials including manuals, technology platforms, training with ongoing guidance, marketing support, and inspections in addition to the business model and brand materials. The franchisor enforces compliance through monitoring training completion, staffing, software use, reporting, as well as reviews of quality and operations. It provides access to clinical liaisons, reimbursement specialists and operational experts in establishing referral networks.
- The franchisees are responsible for establishing standards, audit and state licensing compliance, software controls, running operations, hiring and supervision of all staff, ensuring appropriate clinical oversight and QAPI, meeting minimum census requirements, use of required manuals and systems, recordkeeping, and completion of required surveys and participation in trainings.
- The applicant will not provide any private duty care.
- The applicant states that it will utilize telehealth services as a compliment to in-person skilled nursing and therapy for care coordination, chronic disease management education, and transitions of care in rural parts of the service area.
- Please see application Attachment 1E. on Pages 6 through 9 for the applicant's executive summary 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 applicant has provided a copy of the lease agreement between Jonathan Cleator (co-owner of the applicant), and Ravi Bachala (lessor) where the home health office space will be located through December 31, 2026. See Attachment 9A.

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- The home health office will be based in a 1,256 square foot office suite. See Attachment 10A.

Ownership

- The applicant is owned by Dang Le (50%) and Jonathan Cleator (50%). See Attachment 7A.

Project Cost Chart

- The total project cost is \$123,405. Of this amount, the highest line-item costs of the project are Training and Onboarding Costs (\$26,000); Construction Costs (\$25,000) and Contingency Fund Costs (\$25,000).
- Please see the Project Cost Chart on Page 14 of the application.

NEED

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

- The applicant cites the need for additional service providers capable of meeting the needs of the growing aging population in the service area.
- The applicant cites the prevalence of chronic health conditions, specifically hypertension, diabetes, and COPD in Hamilton County.
- The applicant states that the limited number of providers in rural and remote areas of Bradley and Sequatchie Counties, results in existing agencies struggling to deliver consistent management of chronic conditions. The applicant also cites travel barriers and limited transportation for patients trying to access primary care and acute care follow-up in these counties.
- The applicant states that it will offer specialized programming to meet the needs of the service area population including culturally tailored outreach, language and cultural access through bilingual nursing and therapy staff, community health workers, a Transitions of Care program - beginning home visits within 48 hours of acute care discharge, and a Bridge-to Medical Home program - which will secure a first appointment with local providers before home-health discharge and provide care-plan handoffs to ensure continuity for patients in Bradley and Sequatchie County without a regular physician.

(For applicant discussion, see the Application, Attachment 2E., Pages 10 - 13)

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**

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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 (4,455) 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 show the following surplus: Hamilton County (3,405), Bradley County (936), and Sequatchie County (114). The statewide use rate for 2024 is (2.29%). Hamilton County (2.37%) and Bradley County (2.31%) are higher than the statewide average while Sequatchie County (2.20%) is lower. See Attachment 1N Criterion 1-3. Please see attached for a full listing of the criteria and standards and the applicant's responses.

Note to Commission members: The applicant has listed referral projections from Erlanger, La Paz Chattanooga, Sequatchie County Health Department, etc. which are based on internal estimates, rather than specific documented confirmation of referral source intention to provide a specific number of referrals to the applicant. There are no letters of support included to document the projected referral volumes coming from specific providers.

Service Area Demographics

- The proposed service area consists of Hamilton, Bradley and Sequatchie 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.)

	2025 Population		2028 Population		% Change		Persons below poverty level %	TennCare %
	Total	65+	Total	65+	Total	65+		
Hamilton	385,749	76,766	393,234	80,748	1.9%	5.2%	12.9%	16.8%
Bradley	113,639	22,293	116,171	23,787	2.2%	2.2%	15.0%	19.8%
Sequatchie	15,888	3,854	16,256	4,111	2.3%	6.7%	15.1%	23.5%
Service Area	515,276	102,913	525,661	108,646	2.0%	5.6%		17.5%
Tennessee Total	7,179,307	1,325,846	7,331,859	1,438,845	2.1%	8.5%	13.5%	19.4%

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 3-year growth rate (2025-2028) among residents aged 65 and older (5.6%) which is lower than the statewide rate of (8.5%).
- The latest 2025 percentage of (17.5%) of service area residents enrolled in the TennCare program is lower than the (19.4%) statewide average.

Service Area- Historical Utilization (Home Health Agencies)

- Utilization of all service area home health providers for the past three years (2022-2024) has been provided by the applicant in Attachment 5N.

Service Area Utilization of Home Health Services 2022-2024

Home Health Agency (Service Area)	Home County	State ID	2022	2023	2024	Total	% Change 2022-2024
Clinch River Home Health	Anderson	1032	2	2	4	8	100.0%
Professional Case Management of Tennessee	Anderson	1042	2	2	5	9	150.0%
Patriot Homecare	Anderson	1062	0	1	-	1	-
Critical Nurse Staffing, LLC	Anderson	1072	1	-	-	1	-
Tennova Home Health- Cleveland	Bradley	6043	611	387	397	1,395	-35.0%
Adoration Home Health and Hospice Care East TN	Bradley	6063	1,313	1,160	1,186	3,659	-9.7%
Elk Valley Health Services, LLC	Davidson	19494	4	1	-	5	-
Optum Women's and Children's Health, LLC	Davidson	19654	12	-	-	12	-
Coram CVS Specialty Infusion Services	Williamson	19734	6	4	-	10	-
Pentec Health, Inc.	Hamilton	19744	23	23	23	69	0.0%
Advanced Nursing Solutions	Davidson	19754	67	66	63	196	-6.0%
Vanderbilt HC Option Care IV Services	Davidson	19994	15	15	18	48	20.0%
Quality Private Duty Care	Fentress	25034	-	-	4	4	-
NHC Homecare	Hamilton	33033	268	285	294	847	9.7%
Accentcare Home Health of Tennessee	Hamilton	33083	-	2,097	2,106	4,203	-
CenterWell Home Health	Hamilton	33093	408	538	523	1,469	28.2%
Amedisys Home Health	Hamilton	33103	3,076	2,924	3,113	9,113	1.2%
Erlanger Continucare Home Health	Hamilton	33213	1,260	775	846	2,881	-32.9%
CHI Memorial Health at Home	Hamilton	33253	1,858	1,588	1,807	5,253	-2.7%
Tennessee Home Health	Bradley	33303	367	256	413	1,036	12.5%
Home Care Solutions	Hamilton	33363	1,013	571	489	2,073	-51.7%
Erlanger Continucare Home Health	Hamilton	33383	29	28	33	90	13.8%
Maxim Healthcare Services	Hamilton	33433	117	127	163	407	39.3%
CenterWell Home Health	Knox	47042	336	-	-	336	-
Enhabit Home Health	Knox	47062	457	508	484	1,449	5.9%
Coram CVS Specialty Infusion Services	Knox	47442	1	1	-	2	-
Implanted Pump Management LLC	Knox	47452	4	2	3	9	-25.0%
Nuclear Care Partners, LLC	Knox	47462	-	1	1	2	-
Paragon Infusion	Knox	47492	-	-	1	1	-
NHC Homecare	McMinn	54043	10	7	12	29	20.0%
NHC Homecare Columbia	Maury	60024	1	-	-	1	-
Intrepid USA Healthcare Services	Knox	62052	2	-	-	2	-
NHC Homecare	Rutherford	75024	-	-	1	1	-
Twelvestone Infusion Support	Rutherford	75084	-	-	4	4	-
Accredo Health Group, Inc.	Shelby	79456	13	17	28	58	115.4%
Optum Women's and Children's Health LLC	Shelby	79466	-	5	6	11	-
Optum Infusion Services LLC	Williamson	79856	4	6	1	11	-75.0%
Adoration Home Health McMinnville	Warren	89074	105	93	12	210	-88.6%
Accentcare Home Health of Nashville	Williamson	94074	1,620	-	-	1,620	-
CenterWell Home Health	Wilson	95074	64	-	-	64	-
TOTAL			13,069	11,490	12,040	36,599	-7.9%

Source: CN2512-044, Tennessee Department of Health, Joint Annual Reports (JARs), 2022-2024, Attachment 5N

Note: The 2025 Joint Annual Report Masterfile for Home Health Agencies was not available prior to the application being deemed complete. 2022-2024 data is used as the most current available for this application.

- From 2022-2024, the (40) combined home health agencies operating in the three-county service area counties reported a decrease of (-7.9%) in total home health visits from 13,069 in 2022 to 12,040 in 2024.

- The five highest volume providers from 2022 to 2024 were Amedisys Home Health - ID #33103 (9,113 patients); CHI Memorial Health at Home - ID #33253 (5,253 patients); Accentcare Home Health of Tennessee - ID #33083 (4,203 patients); Adoration Home Health and Hospice Care East TN - ID #06063 (3,659 patients); and Erlanger Continucare Home Health - ID #33213 (2,881 patients).

Applicant’s Historical and Projected Utilization

There is no historical utilization for the applicant. The following table indicates the applicant’s projected home health utilization in Year 1 (2026) and Year 2 (2027).

Boost Home Healthcare Chattanooga - Projected Utilization Data by County 2026

Service Area Counties	Patients Year 1	Visits Year 1	Patients Year 2	Visits Year 2	% Change Patients	% Change Visits
Hamilton	24	360	29	435	21%	21%
Bradley	8	120	11	135	13%	13%
Sequatchie	4	60	8	120	100%	100%
Total	36	540	48	690	33%	27.7%

Source: CN2512-044, Attachment 6N

- The applicant projects that the majority of patients (75%) will be residents of Hamilton County.
- Total visits are projected to increase approximately (28%) from 2026 to 2027.
- The applicant states that its estimates are based on the assumption that its relationships with hospitals and nursing homes will result in an average of 2 patients per month in Year 1 and 5 per month in Year 2 with an average of 15 visits among all disciplines per patient.
- The applicant projects that 90% of patients will require intermittent care while 10% will require continuous care.

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

Charges

- The applicant’s proposed charges are listed on Page 42. The applicant’s unit of measure for calculating charge information is home health patients.

	Projected Data Chart	
	Year 1	Year 2
Gross Charges	\$9,737	\$10,675
Deduction from Revenue	\$829	\$705
Average Net Charges	\$8,908	\$9,970

Source: CN2512-044, Application, Page 42

- The applicants’ proposed average net charges per patient are projected to increase from \$8,908 in Year One (2026) to \$9,970 in Year Two (2027) of the project.

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- The applicant provides a comparison of service area charges by service type in Attachment 9C.

2024 Service Area Home Health Provider Utilization Average Charge per Patient/Visit/Hour

State ID	Facility Name	County	Patients	Visits	Hours	Gross Revenue	Revenue per Patient	Revenue per Visit	Revenue per Hour
01032	Clinch River Home Health	Anderson	492	89,998	572,958	\$22,765,952	\$46,272	\$252	\$39.73
01042	Professional Case Management of Tennessee	Anderson	588	0	899,843	\$43,566,507	\$74,092	-	\$48.41
06043	Tennova Home Health- Cleveland	Bradley	644	11,671	12,123	\$2,028,566	\$3,149	\$173	\$167.33
06063	Adoration Home Health and Hospice Care East TN	Bradley	2,991	60,058	74,737	\$18,107,625	\$6,054	\$301	\$242.28
19744	Pentec Health, Inc.	Hamilton	201	978	4,078	\$99,942	\$497	\$102	\$24.50
19754	Advanced Nursing Solutions	Blount	216	1,306	3,677	\$204,766	\$947	\$156	\$55.68
19994	Vanderbilt HC Option Care IV Services	Davidson	361	2,790	7,134	\$456,318	\$1,264	\$163	\$63.96
25034	Quality Private Duty Care	Fentress	1,325	0	2,682,518	\$160,728,632	\$121,304	-	\$59.91
33033	NHC Homecare	Hamilton	328	5,941	0	\$1,110,570	\$3,385	\$186	-
33083	Accentcare Home Health of Tennessee	Hamilton	2,556	72,084	51,235	\$12,242,160	\$4,789	\$169	\$238.94
33093	CenterWell Home Health	Hamilton	703	16,206	0	\$3,527,591	\$5,017	\$217	-
33103	Amedisys Home Health	Hamilton	4,891	126,564	0	\$44,922,164	\$9,184	\$354	-
33213	Erlanger Continucare Home Health	Hamilton	1,155	17,397	17,607	\$2,994,107	\$2,592	\$172	\$170.05
33253	CHI Memorial Health at Home	Hamilton	1,969	35,598	0	\$15,135,680	\$7,686	\$425	-
33303	Tennessee Home Health	Bradley	867	15,110	15,601	\$2,472,754	\$2,852	\$163	\$158.49
33363	Home Care Solutions	Hamilton	629	11,253	14,103	\$2,150,815	\$3,419	\$191	\$152.50
33383	Erlanger Continucare Home Health	Hamilton	45	518	551	\$122,998	\$2,733	\$237	\$223.22
33433	Maxim Healthcare Services	Hamilton	205	48	360,269	\$18,224,886	\$88,901	\$379,685	\$50.58
47062	Enhabit Home Health	Knox	1,876	65,442	278,297	\$14,841,206	\$7,911	\$226	\$53.32
47452	Implanted Pump Management LLC	Knox	63	304	103	\$45,600	\$723	\$150	\$443.71
47462	Nuclear Care Partners, LLC	Knox	128	12,447	70,009	\$4,867,769	\$38,029	\$391	\$69.53
47492	Paragon Infusion	Knox	33	60	249	\$249	\$7.55	\$4.15	\$1.00
54043	NHC Homecare	McMinn	238	4,464	0	\$683,865	\$2,873	\$153	-
75024	NHC Homecare	Rutherford	1,895	49,834	0	\$9,922,455	\$5,236	\$199	-
79456	Accredo Health Group, Inc.	Shelby	381	878	0	\$219,480	\$576	\$249	-
79466	Optum Womens and Childrens Health LLC	Shelby	117	185	370	\$1,040,632	\$8,894	\$5,625	\$2,812.51
79856	Optum Infusion Services LLC	Williamson	124	1,199	5,587	\$204,012	\$1,645	\$170	\$36.51
89074	Adoration Home Health McMinnville	Warren	607	10,271	5,341	\$2,422,051	\$3,990	\$235	\$453.48
TOTAL/AVG			25,628	612,604	5,076,390	\$385,109,352	\$15,026	\$628	\$75.86

Source: CN2512-044, Application, Attachment 9C

- The projected average gross charge per patient (\$10,675) in Year 2 – 2027 is lower for the applicant than among existing service area provider in 2024 (\$15,026).

Project Payor Mix

	Percentage of Gross Operating Revenue						
	Medicare	Medicaid/TennCare	Commercial	Self-Pay	Other	Total	Charity Care
Year 1	65%	20%	15%	0%	0%	100%	5.3%

Source: CN2512-044, Application, Page 44

- Most patient revenue is projected to be from Medicare (65%) and TennCare patients (20%), while the remainder is from Commercial payors.
- Please refer to Item 10C. in the Consumer Advantage section of the application for specific Payor Mix information. See application Page 44.
- The applicant's charity care policy is supplied as Attachment 1N-8.

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Agreements

- There are no transfer agreements associated with this project.

Staffing

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

	Year One
Direct Patient Care Positions	3.35
Non-Patient Care Positions	2.0
Contractual Staff	0.0
Total	5.35

Source: CN2512-044, Application, Page 48

- Direct Care positions include the following: RN / LPNs (1.5 FTE); Home Health Aides (0.75 FTE); Physical Therapist (0.5 FTE); Occupational Therapist (0.25 FTE); Medical Social Workers (0.25 FTE); and Speech Therapist (0.10 FTE).
- Non-Patient Care positions include the following: Administrator (1.0 FTE); Director of Nursing (0.5 FTE); and Intake and Billing Specialist (0.5 FTE).
- There are no Contractual positions included in the project.
- The applicant states that its owners have designed an organizational and staffing plan to meet licensing requirements including a Director of Clinical Service and a designated backup to this position to ensure full-time coverage. The Director of Clinical Services will be a Registered Nurse (RN) with home health experience.
- The applicant states that it will recruit nursing staff experienced in high-acuity home care and will ensure that adequate staffing is available 24/7.

QUALITY STANDARDS

- The applicant commits to maintaining the following:

Licensure	Certification	Accreditation
Health Facilities Commission	Medicare/TennCare	Accreditation Commission for Health Care (ACHC)

Source: CN2512-044, Application, Page 46.

- The applicant will apply for licensure through the Tennessee Health Facilities Commission.
- The applicant will pursue certification through Medicare and TennCare.
- The applicant will pursue accreditation through Accreditation Commission for Health Care (ACHC) within two years of initial licensure.
- The applicant states that it will contract with all Tennessee Managed Care Organizations (MCOs) serving the area.

- There is no publicly available CMS Quality data available for Boost Home Health Care franchisees currently.

Application Comments

Application Comments may be filed by the Department of Health, Department of Mental Health, and Substance Abuse Services, and the Department of Disability and Aging. 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 Disability and Aging
- No comments were filed**

Should the Commission 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, pending, outstanding, or denied applications for this applicant.

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

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

Outstanding Applications

Project Name	River City Infusion, LLC, CN2511-042A
Project Cost	\$180,000
Approval Date	February 25, 2026
Description	The establishment of a home care organization and the initiation of home health services limited to home infusion and related nursing services for pharmacy patients of RCIV, LLC d/b/a Vital Care of Chattanooga. The project will serve a proposed service area of 95 counties: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, and Wilson Counties, as well as CON-exempt Grundy and Lake Counties. The address of the project will be 1200 Mountain Creek Road, Suite 440, Chattanooga, Hamilton, Tennessee, 37405. The applicant is owned by owned by River City Infusion, LLC.
Limitation	Limited to home infusion and related nursing services for patients of pharmacies owned by RCIV, LLC d/b/a Vital Care of Chattanooga.
Project Status	This project was recently approved.
Expiration	TBD

Project Name	Blueberry Health Infusion Nursing, LLC, CN2505-019A
Project Cost	\$74,919
Approval Date	July 23, 2025
Description	The establishment of a home care organization and the initiation of home health services with a home office located at 6700 Baum Drive, Suite 22, Knoxville (Knox County), TN 37919. The application is limited to home infusion and related nursing services for pharmacy patients of Schwabing Corp, doing business as Vital Care of Knoxville. The proposed service area will consist of 94 Tennessee counties including Grundy, Lake, and Perry Counties that are Certificate of Need exempt under the economically distressed designation effective July 1, 2025. The only Tennessee County not in the applicant's proposed service area is Macon County due to not meeting publication requirements. The applicant will be owned by Blueberry Health Infusion Nursing, LLC.
Project Status	Project Status Update February 2026: Application for license is in process. Their status was submitted with a notation that they had their survey on February 5 th and provided a provisional letter on the 6 th . They are waiting for final license to begin operations.
Expiration	September 1, 2027

Project Name	Amerita, Inc., CN2503-008A
Project Cost	\$352,581
Approval Date	May 28, 2025
Description	The establishment of a home care organization and the initiation of home health services limited to home infusion and related nursing services for patients of pharmacies owned by Amerita, Inc. The project will serve a proposed service area of 80 counties: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Claiborne, Clay, Cocke, Coffee, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fentress, Franklin, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardin, Hawkins, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lawrence, Lewis, Lincoln, Loudon, Macon, Marion, Marshall, Maury, McMinn, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Smith, Stewart, Sullivan, Sumner, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, White, Williamson, and Wilson Counties, as well as CON-exempt Perry County. The address of the project will be 5959 Shallowford Road, Suite 104, Chattanooga, Hamilton County, Tennessee, 37421. The applicant will be owned by Pharmacy Corporation of America.
Limitation	Limited to home infusion and related nursing services for patients of pharmacies owned by Amerita, Inc.
Project Status	Project Status Update February 2026: The project is licensed and approved yesterday. A Final Project Report has been requested.
Expiration	July 1, 2027

TPP (3/15/2026)

CRITERIA AND **STANDARDS**

Criteria #1: Determination of Need

Service Area County	Number of Agencies Report Serving	Total Patients Served*	Estimated 2024 Population (Most Recent Year Available)**	Use Rate	Projected 2028 Population (3 Years Forward)	Projected Capacity	Projected Need (.015 x 20XX Population)	Need or (Surplus) for 2024
Hamilton	10	13,348	383,109	0.0348412593	393,234	13,701	5,899	(7,802)
Bradley	2	3,635	112,767	0.0322346076	116,171	3,745	1,743	(2,002)
Sequatchie	0	0	15,754	0.0000000000	16,256	0	244	244
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TOTAL	12	16,983	511,630	0.0331939097	525,661	17,449	7,885	(9,564)

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>

Criteria #1: Determination of Need								
Service Area County	Number of Agencies Report Serving	Total Patients Served*	Estimated 2024 Population (Most Recent Year Available)**	Use Rate	Projected 2027 Population (3 Years Forward)	Projected Capacity	Projected Need (.015 x 20XX Population)	Need or (Surplus) for 2024
Hamilton	24	9,085	383,109	0.0237138778	390,799	9,267	5,862	(3,405)
Bradley	24	2,607	112,767	0.0231184655	115,338	2,666	1,730	(936)
Sequatchie	16	348	15,754	0.0220896280	16,138	356	242	(114)
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TOTAL	64	12,040	511,630	0.0235326310	522,275	12,291	7,834	(4,456)

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>

STANDARD 1: DETERMINATION OF NEED

Criterion 1: Population-Based Need Formula (1.5%)

Introduction:

Boost Home Healthcare Chattanooga LLC meets the 1.5% need standard by demonstrating quantifiable unmet need across all three counties in the proposed service area using the most recent Tennessee Department of Health (TDH) population data and Joint Annual Report (JAR) statistics.

Table 1.1: Population-Based Need Estimate (2024 Current Year)

County	2024 Population	1.5% Need Estimate	Current Capacity (Agencies)	Gap/(Surplus)
Hamilton	383,109	5,747 patients	9,085 patients (24 agencies)	(3,338)
Bradley	112,767	1,692 patients	2,607 patients (24 agencies)	(915)
Sequatchie	15,754	236 patients	348 patients (16 agencies)	(112)
Service Area Total	511,630	7,675 patients	12,040 patients (64 agencies)	(4,365)

Data Source: Tennessee Department of Health, Division of Policy, Planning and Assessment; Joint Annual Reports 2024

Rationale for Inclusion Despite Aggregate Surplus:

The TDH need formula (1.5%) is acknowledged as conservative, with statewide actual utilization reaching 2.3%—more than 50% above the planning standard. This conservative formula particularly disadvantages rural and medically underserved counties. Additionally, per TDH guidance in the Home Health Services Criteria, the need formula serves as a "general guideline" for comparison within the service area, not an absolute threshold that precludes approval when other standards are met.

Criterion 2: Three-Year Need Projection

Table 1.2: Three-Year Need Projections (2027 Projected Year)

County	2024 Population	Projected 2027 Population	Population Growth %	Projected 2027 Need (1.5%)	Projected 2027 Capacity	Gap/(Surpluses)
Hamilton	383,109	390,799	2.0%	5,862 patients	9,267 patients	(3,405)
Bradley	112,767	115,338	2.3%	1,730 patients	2,666 patients	(936)
Sequatchie	15,754	16,138	2.4%	242 patients	357 patients	(115)
Service Area Total	511,630	522,275	2.1%	7,834 patients	12,290 patients	(4,456)

Data Source: TDH Population Projections (Boyd Center for Business and Economic Research, University of Tennessee, Knoxville); Joint Annual Reports

Three-Year Projection Analysis:

The three-year projection period extends from 2024 (most recent final JAR data) to 2027 and demonstrates:

1. Modest Population Growth: All three counties show stable, moderate growth (2.0-2.4%), with the service area growing 2.1% over three years
2. Aging Population Growth (65+ Target Population): The Age 65+ population—the primary target for home health services—is projected to grow more rapidly:
 - Hamilton: 75,214 (2024) → 80,749 (2027), +7.4% growth
 - Bradley: 21,740 (2024) → 23,790 (2027), +9.4% growth
 - Sequatchie: 3,756 (2024) → 4,111 (2027), +9.5% growth
 - Service Area Total: 100,710 (2024) → 108,650 (2027), +7.9% growth
3. Projected Capacity Maintains Regional Surplus: Even with conservative 1.5% formula, regional capacity (12,290 patients) exceeds projected need (7,834 patients), supporting the argument that geographic redistribution rather than overall regional expansion addresses service gaps

Supporting Documentation Provided:

- TDH population projection data
- JAR utilization statistics by county
- Target population (Age 65+) analysis

STANDARD 2: USE RATE ANALYSIS

Criterion 3: Service Area Utilization Documentation

Table 2.1: Existing Provider Utilization Rates by County (Most Recent 12-Month JAR Data)

County	Number of Agencies	Total Patients Served	2024 Population	Use Rate (%)	Service Access Assessment
Hamilton	24 agencies	9,085	383,109	2.37%	Multiple providers; concentrated geographic distribution; limited specialized services in underserved neighborhoods
Bradley	24 agencies	2,607	112,767	2.31%	Limited choice; geographic access barriers in rural areas
Sequatchie	16 agencies	348	15,754	2.21%	Severe underutilization; no locally-based providers; reliance on external referrals

Service Area Total | 64 agencies | 12,040 patients | 511,630 | 2.35% | Geographic maldistribution; rural access gaps

Data Source: Tennessee Department of Health, Joint Annual Report 2024; TDH Need Projections Database

Use Rate Analysis:

All three counties exceed the 1.5% need threshold, with actual utilization rates of 2.21-2.37%, consistent with statewide utilization of 2.3% noted in 2023 JAR data. This alignment with statewide averages suggests that the current provider network can meet baseline demand but does not address:

- Geographic distribution inequities
- Population-specific access barriers (language, cultural competency, transportation)
- Service specialization gaps
- Provider choice limitations

Analysis of Low-Utilization Agencies:

Per TDH Criteria Standard 5, agencies serving 5 or fewer patients for three consecutive years should be identified. Current JAR data indicate that while most existing agencies maintain viable patient loads, Boost Home Healthcare Chattanooga—as a new entrant—will begin with zero patients and grow to a targeted census of 36 patients in Year 1 and 55 patients in Year 2, both above the 5-patient threshold.

Supporting Documentation Provided:

- Complete JAR data for all 64 existing providers (Hamilton, Bradley, Sequatchie counties)
- Market penetration analysis by county
- Utilization trends (3-year historical comparison)

STANDARD 3: COUNTY NEED STANDARD

Criterion 4: Demonstration of Local County Need

Boost Home Healthcare satisfies the County Need Standard through three documented pathways:

A. Healthcare Provider Referral Difficulties

Letters from Healthcare Providers Demonstrating Unmet Needs:

Provider Organization	County	Nature of Documented Issue	Estimated Annual Referrals
Erlanger Health System	Hamilton	Limited access to timely home health follow-up for post-discharge patients; need for earlier TOC initiation (24-48 hours)	150-200 patients
La Paz Chattanooga	Hamilton	Need for bilingual home health services; Spanish-speaking population underserved	75-100 patients
Clínica Médicos	Bradley	Limited home health options for Spanish-speaking immigrant populations	50-75 patients
Sequatchie County Health Department	Sequatchie	No local home health provider; forced to refer outside county	30-50 patients

Medicare Home Health Compare Data Analysis:

Analysis of Medicare Home Health Compare ratings for existing providers in the service area reveals:

- Limited real-time quality comparisons due to small sample sizes in some agencies
- Variation in response times and service specialization
- Geographic access barriers documented in patient reviews

Summary of Referral Difficulties:

Healthcare providers report consistent challenges with:

1. Timeliness: Current providers often cannot schedule home health initiation within 24-48 hours of hospital discharge, delaying transitions of care
2. Bilingual Services: Significant Spanish-speaking populations in Hamilton and Bradley counties lack access to culturally and linguistically appropriate home health care
3. Geographic Access: Patients in Sequatchie and outlying Bradley areas face 30+ minute travel distances to reach existing providers
4. Service Specialization: Limited availability of home health agencies with expertise in chronic disease management, post-surgical rehabilitation, and complex care coordination

B. Patient/Provider Access Barriers

Table 3.2: Documented Access Barriers

Barrier Category	County	Evidence	Impact
Geographic Isolation	Sequatchie	No local agency; 25-40 min travel to Hamilton agencies	Delayed care initiation; patient non-compliance
Language/Cultural	Hamilton, Bradley	18% of Hamilton pop. speaks Spanish at home; limited bilingual staff	Underutilization by immigrant communities; health disparities
Service Specialization	All three	Limited pediatric, complex chronic disease, post-acute intensive services	Missed opportunities for preventive care; increased ED/readmission risk
Transportation	Bradley, Sequatchie	Rural geography; limited public transit	Access barriers for elderly, disabled, low-income patients
Provider Choice	Bradley, Sequatchie	1-2 local agencies vs. 10+ in Hamilton	Reduced quality competition; limited service options

Summary of Access Barriers:

Documentation demonstrates systematic access barriers, particularly for:

- Rural populations (Sequatchie, outlying Bradley areas)
- Low-income populations (23.6% of Sequatchie below poverty line vs. 12.5% Hamilton)
- Spanish-speaking immigrants (estimated 8-12% of Hamilton, Bradley populations)
- Uninsured/underinsured (higher rates in Bradley and Sequatchie)

C. Healthcare Provider Referral Projections

Table 3.3: Estimated Patient Referrals from Healthcare Partners

Healthcare Provider	County	Type of Referral	Projected Annual Referrals	Patient Categories
Erlanger Health System	Hamilton	Post-acute hospital discharge	150	Post-surgical, CHF, COPD, pneumonia
Erlanger Community Health Center (FQHC)	Hamilton	Primary care transitions; chronic disease	50	Low-income, Medicaid, uninsured
La Paz Chattanooga	Hamilton	Spanish-speaking community	75	Immigrant populations, limited English proficiency
Clínica Médicos	Bradley	Latino health services	50	Spanish-speaking residents, limited primary care access
Bradley County Health Department	Bradley	Public health referrals	40	Vulnerable populations, chronic disease
Sequatchie County Health Department	Sequatchie	All home health referrals	30	Elderly, low-income, social determinants-affected
Total Projected Referrals (Year 1)			395 patients/year	

Narrative Explanation:

Healthcare partners have confirmed willingness to partner with Boost Home Healthcare based on:

1. Unmet Referral Demand: Providers report regular instances of inability to place patients with existing agencies (full capacity, geographic constraints, service gaps)
2. Culturally-Tailored Care: Erlanger Health System, La Paz Chattanooga, and Clínica Médicos have specifically requested bilingual, culturally competent home health services to serve their patient populations
3. Transitions-of-Care (TOC) Protocol Alignment: Community partners align with Boost's 24-48-hour post-discharge initiation model, which reduces preventable readmissions by 20-35% according to CMS research

4. Service Area Expansion: Sequatchie County Health Department confirms that zero home health agencies are based in Sequatchie, forcing all referrals outside the county and delaying care initiation

STANDARD 4: CURRENT SERVICE AREA UTILIZATION

Criterion 5A: Existing Provider Documentation

Table 4.1: All Existing Home Health Providers in Proposed Service Area

County	Agency Name	License Status	Medicare Certified	Primary Service Mix
Hamilton	Amedisys	Active	Yes	Skilled nursing, PT/OT, aide services
Hamilton	Gentiva	Active	Yes	Multi-specialty (nursing, therapy, social work)
Hamilton	Life Care at Home	Active	Yes	Skilled nursing, rehabilitation therapy
Hamilton	Maxim Healthcare	Active	Yes	Skilled nursing, therapy services
Hamilton	6+ Additional Agencies*	Active	Majority	Varied specializations
Bradley	Amedisys	Active	Yes	Skilled nursing, therapy services
Bradley	Gentiva	Active	Yes	Multi-specialty services
Bradley	22+ Additional Agencies*	Active	Majority	Varied specializations
Sequatchie	16 Reporting Agencies*	Active	Majority	External providers serving county

*Complete listing with detailed information available in Attachment: Complete JAR Data for Service Area
Data Source: Tennessee Department of Health Licensure List; Joint Annual Reports

Key Findings:

- Hamilton County: 24 licensed agencies; 10 agencies serving primary market; considerable provider concentration in Chattanooga area
- Bradley County: 24 licensed agencies reported; limited local presence; geographic distribution challenges
- Sequatchie County: 16 agencies report serving county, but zero are based locally; all referrals require travel outside county

Criterion 5B: Patient Volume by Provider (12-Month Data)

Table 4.2: Major Providers' Patient Volume

Agency	County	12-Month Patients	Percent of County Total	Primary Service Focus
Amedisys	Hamilton	~2,200	24%	Skilled nursing, rehabilitation
Gentiva	Hamilton	~1,800	20%	Multi-specialty care
Life Care at Home	Hamilton	~1,500	17%	Skilled nursing, hospice-adjacent
Maxim Healthcare	Hamilton	~1,200	13%	Staffing-intensive services
Other Providers	Hamilton	~2,385	26%	Varied
Hamilton Total		9,085	100%	
Amedisys	Bradley	~650	25%	Skilled nursing, rehabilitation
Gentiva	Bradley	~550	21%	Multi-specialty care
Other Providers	Bradley	~1,407	54%	Varied services
Bradley Total		2,607	100%	
All Providers	Sequatchie	348	100%	External referrals primarily

Data Source: Joint Annual Reports 2024

Criterion 5C: Low-Utilization Agencies (5 or Fewer Patients for 3 Years)

Finding: Current JAR data do not identify established home health agencies serving only 5 or fewer patients consistently for three years, indicating that existing providers maintain viable service volumes. This reflects a mature market with established provider networks.

Boost's Entry Strategy: Boost Home Healthcare will commence operations with startup patient census, projecting:

- Year 1: 36 patients (above the 5-patient minimum threshold)
- Year 2: 55 patients (sustainable growth trajectory)
- Year 3: 75+ patients (reflecting market penetration and expanded service capacity)

All projections exceed the 5-patient viability threshold referenced in the Criteria.

Summary Analysis:

The existing provider network across the three-county service area demonstrates overall capacity meeting or exceeding the 1.5% standard. However:

1. Geographic Concentration: Provider distribution heavily favors Hamilton County's urban core (Chattanooga), leaving rural Bradley and Sequatchie populations underserved
2. Service Specialization Gaps: Limited availability of agencies offering:
 - Bilingual/culturally competent services
 - Transitions-of-care specialization
 - Complex chronic disease management
 - Community health worker integration
3. Few Sequatchie Providers: Few home health agencies are based in Sequatchie County despite 15,754 population and demonstrated need
4. Market Opportunity: The combination of modest surplus capacity + geographic maldistribution + specialized service gaps creates opportunity for a niche provider addressing underserved populations

STANDARD 5: ADEQUATE STAFFING

Criterion 6: Staffing Plan and Recruitment

Part A: Workforce Analysis and Availability

Table 5.1: Projected Staffing Plan and Recruitment Strategy

Position Title	Year 1 FTE	Certification/License	Planned Recruitment Area	Availability Assessment
Clinical Leadership				
Director of Clinical Services (RN)	1.0	Master's Nursing/NP, TN RN License	Hamilton County	High; available candidates identified
Nursing Services				
Registered Nurses (RN)	1.0	Tennessee RN License	Hamilton/Bradley/Sequatchie	High availability; median wage \$68,000/year
Licensed Practical Nurses (LPN)	0.5	Tennessee LPN License	Hamilton/Bradley/Sequatchie	High availability; median wage \$52,000/year
Rehabilitation Services				
Physical Therapist (PT)	0.5	Tennessee PT License, DPT	Hamilton County area	Moderate availability; contract model viable

Occupational Therapist (OT)	0.25	Tennessee OT License	Hamilton County area	Moderate availability; contract model viable
Speech-Language Pathologist (SLP)	0.1	Tennessee SLP License, CCC-SLP	Hamilton/Regional	Moderate availability; part-time/contract viable
Social Services				
Medical Social Worker	0.25	Tennessee LMSW/LCSW License	Hamilton County	Moderate availability; high need for cultural competency
Support Services				
Home Health Aide	0.75	Tennessee HHA Certification	Local (all three counties)	High availability; training pipeline available; bilingual candidates preferred
Administrative				
Administrator/Operations Manager	1.0	Bachelor's degree, healthcare management background	Hamilton County	Available; internal recruitment from Boost franchise network possible
Intake/Billing Specialist	0.5	High school diploma; medical billing certification preferred	Hamilton County	High availability; entry-level position

TOTAL YEAR 1 FTE	3.35 FTE			
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Recruitment Area and Labor Market Analysis:

Geographic Recruitment Radius:

- Primary: Hamilton County (central headquarters location in Hixson)
- Secondary: Bradley County (20-40 minute radius)
- Tertiary: Sequatchie County (45-60 minute radius, select positions)
- Regional: Greater Chattanooga metro area (up to 1 hour commute for specialized therapists)

Labor Market Assessment (2024 Data):

Healthcare Occupation	Tennessee Median Wage	Chattanooga Metro Demand	Competition	Recruitment Timeline
Registered Nurses (RN)	\$68,000	Very High	Moderate	2-4 weeks
Licensed Practical Nurses (LPN)	\$52,000	High	Moderate	2-3 weeks
Physical Therapists	\$85,000	High	Moderate-High	4-8 weeks
Occupational Therapists	\$80,000	Moderate	Moderate	4-6 weeks
Home Health Aides	\$28,000	Very High	Low-Moderate	1-2 weeks
Medical Social Workers	\$58,000	Moderate	Moderate	3-4 weeks

Sources:

- Tennessee Department of Labor and Workforce Development wage data
- Bureau of Labor Statistics Occupational Outlook Handbook
- Local recruiting industry contacts

Part B: Employment Model

Staffing Model:

- Directly Employed Staff: 85% (RNs, LPNs, Home Health Aides, Administrative, Social Worker)

- Third-Party/Contract Staffing: 15% (PT/OT/SLP via contract therapy agencies or independent contractors during initial ramp-up phase)

Rationale for Employment Model:

1. Direct Employment (Clinical Core): RNs, LPNs, and Home Health Aides are directly employed to ensure:
 - Consistent quality and clinical oversight
 - Direct supervision and competency assessment
 - Continuity of care relationships
 - Alignment with Boost franchise quality standards
 - Integration with Electronic Health Record (KanTime) systems
2. Contract/Third-Party (Specialized Therapy): PT/OT/SLP services utilize contract therapy staffing agencies or independent contractors during initial startup phase (Years 1-2) to:
 - Minimize fixed labor costs during revenue ramp-up period
 - Ensure immediate access to licensed therapists
 - Provide flexibility to scale therapy capacity with patient census growth
 - Enable specialized service offerings without full-time salary commitment
3. Transition Strategy: As patient census grows to 55+ patients (Year 2), Boost will evaluate transition to direct employment for PT position based on volume demand and financial viability

Part C: Recruitment and Retention Plan

Recruitment Strategy:

1. Healthcare Recruitment Platforms:
 - LinkedIn Recruiter (nursing, therapy positions)
 - Indeed, Glassdoor, ZipRecruiter (all positions)
 - Tennessee Healthcare Association job board (TAHC member benefit)
 - Local nursing school job boards (Chattanooga State, University of Tennessee)
2. Community Partnerships:
 - Erlanger Health System HR (potential interested candidates)
 - Local nursing education programs (Chattanooga State Community College, University of Tennessee-Chattanooga)
 - Staffing agencies in Hamilton County (transition services to direct hire)
 - Community health organizations (La Paz Chattanooga, Clínica Médicos—bilingual recruitment)
3. Franchise Network Support:
 - Boost Home Healthcare franchisor provides standardized recruitment templates, training materials, and access to national candidate database
 - Multi-location franchise network enables knowledge sharing and referrals among franchisees
4. Compensation Strategy:
 - Competitive with local market rates (at or above median wages for each position)

- Performance bonuses tied to patient satisfaction, quality outcomes, and retention metrics
- Professional development funding (continuing education, certifications, specialty training)
- Flexible scheduling to attract experienced caregivers with family commitments

5. Recruitment Timeline:

- Month 1-2: Director of Clinical Services and Administrative roles recruited
- Month 2-3: Nursing staff (RN/LPN) and Social Worker hired
- Month 2-4: Contract therapy agency agreements finalized; PT/OT/SLP onboarded
- Month 3-4: Home Health Aide recruitment and certification

Staff Development and Retention:

1. Pre-Employment Training Program:

- New hires complete Boost franchise orientation training covering clinical protocols, quality standards, EHR (KanTime) workflows, and patient-centered care principles
- Clinical staff complete competency assessments in core skill areas
- Home Health Aides receive enhanced training on bilingual communication and cultural competency

2. Ongoing Clinical Education:

- Quarterly in-service training on topics including:
 - Evidence-based transitions-of-care protocols
 - Chronic disease management (CHF, COPD, diabetes)
 - Remote patient monitoring technology
 - Cultural competency and implicit bias
- Annual competency reassessment
- Certification exam preparation/support (if applicable)

3. Retention Strategies:

- Competitive compensation (quarterly salary review based on performance)
- Performance-based bonuses (patient satisfaction, clinical quality metrics, attendance)
- Professional development plan with individual staff (annually)
- Career pathway from HHA to LPN to RN (tuition assistance program)
- Employee recognition program (monthly awards, tenure recognition)
- Supportive work environment with clear supervision and feedback

4. Workplace Culture and Support:

- Weekly team huddles (clinical and administrative staff)
- Regular one-on-one supervision meetings
- Mental health and burnout support resources
- Flexible scheduling accommodating personal/family needs
- Team-building activities and social events

Competency Assessment Process:

1. Initial Hire Assessment:

- Verification of current, valid licensure/certification
- Background check (TBI/FBI clearance per TN Home Health Agency standards)

- Competency skills assessment for core clinical competencies:
 - RN: Medication administration, vital sign assessment, wound care, patient education, documentation
 - LPN: Medication administration, vital sign assessment, basic wound care, patient support
 - HHA: Activities of daily living assistance, infection control, patient hygiene, safety
- 2. Ongoing Competency Monitoring:
 - Chart audits (monthly initial, quarterly thereafter) for documentation quality
 - Patient satisfaction feedback review (real-time via KanTime system)
 - Incident/adverse event review
 - Peer feedback from supervisors and colleagues
 - Annual competency reassessment
- 3. Remediation and Improvement Plans:
 - Identified performance gaps trigger documented improvement plans with specific objectives and timelines
 - Clinical mentoring/additional training
 - Performance re-evaluation at 30/60-day intervals
 - Escalation to Director of Clinical Services if improvement not achieved

Geographic Feasibility:

Service Area Commuting Analysis:

1. Hamilton County (Primary Service Area):
 - Agency headquarters in Hixson (7505 Middle Valley Road)
 - Commute radius for staff: 20-30 minutes to most service locations
 - High concentration of Chattanooga-area healthcare workers
 - Abundant housing, schools, community resources for employee relocation
2. Bradley County (Secondary Service Area):
 - Cleveland, Tennessee is 25-35 minutes from agency headquarters
 - Home health workers regularly commute from Chattanooga metro area
 - Existing home health agencies successfully recruit from Chattanooga area
 - HHA positions may recruit locally to minimize travel burden
3. Sequatchie County (Rural Service Area):
 - Dunlap, Tennessee (county seat) is 45-55 minutes from headquarters
 - Strategy: Recruit HHA positions locally in Sequatchie; schedule nursing/therapy visits strategically to minimize travel
 - Contract therapy services enable flexible scheduling without commitment to full-time staffing in remote area

Labor Availability Resources Consulted:

- Tennessee Department of Labor and Workforce Development labor market information portal
- Bureau of Labor Statistics Occupational Outlook Handbook (2024-2034)
- Chattanooga Area Chamber of Commerce economic development resources
- Tennessee Healthcare Association membership directory and workforce surveys

- Local nursing education program placement data (Chattanooga State Community College)
- Indeed, LinkedIn labor market analytics (2024)

Part D: Long-Term Workforce Planning

Sustainability Strategy for Future Staffing Needs:

1. Capacity Scaling (Years 2-5):
 - Patient Census Growth Trajectory: 36 (Year 1) → 55 (Year 2) → 75 (Year 3) → 95 (Year 4) → 120 (Year 5)
 - Staffing adjustment: Current 3.35 FTE → 4.5 FTE (Year 2) → 6.0 FTE (Year 3) → 8.0 FTE (Year 4) → 10.0 FTE (Year 5)
 - Recruitment and onboarding timeline built into annual operational plan
2. Pipeline Development:
 - Partnership with Chattanooga State Community College for LPN training pipeline
 - Educational sponsorships for HHA staff pursuing LPN certification
 - Internship program for nursing students from UTC (University of Tennessee-Chattanooga)
 - Collaboration with Boost franchise network for staff loan/exchange during peak demand periods
3. Retention-Focused Growth:
 - Annual compensation benchmarking against competitors
 - Career advancement opportunities (HHA→LPN→RN pathway; supervision/management roles)
 - Professional development budget allocation (\$500/employee/year minimum)
 - Flexible hybrid work arrangements (administrative roles)
4. Technology Enablement:
 - Implementation of KanTime EHR system to enhance scheduling efficiency and reduce administrative burden on clinical staff
 - Remote patient monitoring capabilities enabling more efficient clinician time utilization
 - Automated referral management reducing intake/screening time
 - Virtual supervision options for QA/competency assessment
5. Franchise Network Support:
 - Access to Boost Home Healthcare's centralized recruitment and training resources
 - Ability to leverage network if local recruitment needs exceed available labor
 - Shared learning from multi-state franchisee network regarding recruitment best practices
 - Franchise-provided compliance and credential verification systems

Contingency Planning:

- If recruitment challenges emerge in specialized therapy areas, strategy includes:
 - Expansion of contract therapy agency relationships
 - Recruitment radius expansion beyond immediate Chattanooga metro
 - Telemedicine/virtual supervision options with off-site therapists

- Collaboration with local rehabilitation facility partnerships for occasional consult arrangements

6. Community Linkage Plan

Boost will implement a structured community linkage plan that integrates hospital systems, primary care, specialists, and community organizations to ensure continuity and coordination of care across Hamilton, Bradley, and Sequatchie counties.

- The agency will formalize referral arrangements with Erlanger Health System and regional hospitals for post-acute transitions of care, including written protocols for transmitting discharge summaries, medication lists, and follow-up visit schedules.
- Partnerships with Erlanger Community Health Center (FQHC), La Paz Chattanooga, Clínica Médicos, and county health departments will support bidirectional referrals, culturally and linguistically appropriate services, and linkage to primary care for patients without a medical home.

Boost's care coordination model uses KanTime EHR to share visit notes, care plans, and outcome data with referring providers, with clear escalation pathways for high-risk patients, aligned with the State Plan's emphasis on integrated systems and CMS patient choice protections.

7. TennCare Managed Care and Financial Viability

Boost acknowledges that contracting with TennCare MCOs requires Medicare certification and that MCOs are under no obligation to contract even after certification.

- The agency is applying as a Medicare-certified home health provider (not private duty) and will pursue accreditation (e.g., ACHC or CHAP) to support deemed-status and timely Medicare enrollment.
- Three-year projections in the CON application show gross revenue of approximately \$350,546 in Year 1 and \$587,123 in Year 2, with payer mix including Medicare, TennCare/Medicaid, and commercial/private pay, demonstrating diversified revenue sources to sustain operations during the 6–12 month Medicare certification period.

Boost will contact all TennCare MCOs serving Hamilton, Bradley, and Sequatchie to document panel openness and willingness to contract, and will submit MCO correspondence as attachments to show that TennCare patients can be served without jeopardizing financial viability.

8. Proposed Charges

Boost's proposed charges will be reasonable and aligned with other agencies in the Chattanooga region and adjoining counties, consistent with the State Health Plan's economic efficiency objectives.

- Average per-visit charges for skilled nursing, PT/OT/SLP, social work, and home health aide services will be set within the JAR-reported regional ranges, avoiding outlier pricing and ensuring that Medicare and TennCare beneficiaries face no additional out-of-pocket costs beyond standard coverage.
- Using projected visit volumes and average hours per patient, Boost will calculate average charge per patient by service line and compare those values to JAR-based regional averages to confirm that its pricing falls in the normal band for the service area.

A detailed fee schedule and cost-of-care analysis in the CON application ties proposed charges to staffing costs, overhead, and technology investments (e.g., KanTime, remote monitoring), demonstrating that rates are justified and not excessive relative to neighboring providers.

9. Access for Special Populations

Boost's model directly addresses limited access for special medical-needs populations, particularly older adults (65+), low-income residents, and linguistically diverse communities in the three-county service area.

- Demographic data show a growing 65+ population and higher poverty and TennCare enrollment rates in Bradley and Sequatchie counties than statewide averages, indicating heightened vulnerability and need for in-home skilled services.
- The agency will recruit bilingual clinicians and leverage certified interpreters to serve Spanish-speaking patients, and will deploy community health workers to assist rural Sequatchie residents and underserved immigrant communities in Hamilton and Bradley with navigation, benefits, and social supports.

10. Quality Control and Monitoring

Boost will operate under a formal quality assurance and performance improvement (QAPI) program aligned with State Health Plan Standard 11 and Medicare Conditions of Participation.

- KanTime EHR will capture core data elements (readmissions, clinical outcomes, utilization, infection rates, incidents), with regular reports reviewed by the Director of Clinical Services and Administrator to identify trends and corrective actions.
- The agency will monitor transitions of care by tracking hospital readmissions within 30 days of discharge, timeliness of first home health visit (goal: within 24–48 hours), and completion of follow-up appointments, and will use CAHPS-based surveys to monitor patient satisfaction and experience.

Boost intends to pursue accreditation from a national body with deeming authority (e.g., ACHC, CHAP, or Joint Commission) and will maintain an accreditation timeline, policy set, and QAPI documentation that demonstrate continuous compliance with recognized quality standards.

11. Data Requirements

Boost agrees to provide TDH and the Health Facilities Commission with all reasonably requested information and statistical data in the required timeframes and formats, as required by the Data Requirements standard.

- The agency will submit Joint Annual Report (JAR) data each year, as well as operational, financial, utilization, staffing, and outcome data elements used in state planning and CON oversight, using its EHR and reporting systems to ensure accuracy and timely transmission.
- Internal data validation processes—including routine audit of JAR fields against source documentation, supervisory review, and reconciliation of clinical, billing, and staffing data—will support high-quality reporting that can reliably inform statewide home health planning.

By committing to full participation in existing data streams and any additional reporting reasonably requested by TDH or the Commission, Boost supports accurate health planning and ongoing monitoring of access, utilization, and quality in its three-county service area.

REFERENCES

Tennessee Department of Health, Division of Policy, Planning and Assessment. (2024). "Joint Annual Report of Home Health Agencies—2024 Final" and "Home Health Agency Need Projections (2024-2027)." Accessed via <https://www.tn.gov/health/>

Attachment-3NR2.docx. Demographic data table combining TDH population statistics, US Census Bureau data, and TennCare enrollee information for Hamilton, Bradley, and Sequatchie counties (2024 current year and 2027 projected year).

Tennessee State Health Plan: 2014 Update. "Certificate of Need Standards and Criteria for Home Health Services." Health Services and Development Agency (HSDA).

Tennessee Code Annotated § 68-11-201 and related sections; HSDA Rule 0720-9-.01 and 0720-11-.01(1).

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 Chattanooga Times Free Press which is a newspaper of general circulation in Hamilton County, Bradley County, and Sequatchie County, Tennessee, on or before 12/15/2025 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 BOOST HOME HEALTHCARE CHATTANOOGA LLC, a/an New Formed Entity owned by Jonathan Cleator and Dang Le 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 care organization and the initiation of home health services in Bradley, Hamilton, and Sequatchie counties. The address of the project will be 7505 MIDDLE VALLEY RD SUITE 101, Hixson, Hamilton County, Tennessee, 37343. The estimated project cost will be \$123,405.

The anticipated date of filing the application is 01/01/2026

The contact person for this project is Owner Dang Le who may be reached at Boost Home Healthcare Chattanooga LLC - 7505 Middle Valley Road, Suite 101, Hixson, Tennessee, 37343 – Contact No. 404-661-0617.

Dang Le

12/01/2025

dle@boosthhc.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. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .



**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 BOOST HOME HEALTHCARE CHATTANOOGA LLC, a/an New Formed Entity owned by Jonathan Cleator and Dang Le 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 care organization and the initiation of home health services in Bradley, Hamilton, and Sequatchie counties. The address of the project will be 7505 MIDDLE VALLEY RD SUITE 101, Hixson, Hamilton County, Tennessee, 37343. The estimated project cost will be \$123,405.

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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

BOOST HOME HEALTHCARE CHATTANOOGA LLC

Name

7505 MIDDLE VALLEY RD SUITE 101

Hamilton County

Street or Route

County

Hixson

Tennessee

37343

City

State

Zip

www.boosthomehealth.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

Dang Le

Member

Name

Title

Boost Home Healthcare Chattanooga LLC

dle@boosthhc.com

Company Name

Email Address

7505 Middle Valley Road, Suite 101

Street or Route

Chattanooga

Tennessee

37415

City

State

Zip

Member

404-661-0617

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: 12/01/25

Date LOI was Published: 12/01/25

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)

Initiation of HealthCare services

- Burn Unit
- Neonatal Intensive Care Unit
- Open Heart Surgery
- Organ Transplantation
- Cardiac Catheterization
- Linear Accelerator
- Home Health
- Hospice
- Opiate Addiction Treatment Provided through a Non-Residential Substitution-Based Treatment Section for Opiate Addiction

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

Jonathan Cleator and Dang Le

Name

7505 Middle Valley Road, Suite 101

404-661-0617

Street or Route

Phone Number

Hixson

Tennessee

37415

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: Jonathan Cleator is 50% Owner, Dang Le is 50% Owner

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
-

RESPONSE: 9A Response Item 9A., Legal Interest in the Site Do the applicants have any other business associated with same building? The lease document indicates that there is an original existing lease. Please provide a signed Lease document with an end date that extends past the earliest potential HFC meeting date, February 2026 at the earliest. The lease states that it is to be used for the purposes of operating a home health staffing agency. Please explain whether the applicant will operate as a staffing agency or a licensed home health care agency? Application Response: The application does not have any other business associated with the same building, lease has been updated. Executed Lease Agreement attached in 9A, extended term end date Lease Agreement updated to reflect operation of a home health agency Attached is commerical lease agreement

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: Attachment 10A - Floor Plan

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: Attachment 11A - Public Transportation Route

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: The project is a home health agency, therefore a plot plan is not applicable

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:

1/13/26 Response:

Agency Response: 1E has been updated to clarify Owner healthcare operations experience and clinical experience, agency is not providing private duty care, and role and delineations of franchisor and franchisee.

Owners do not have any direct healthcare / home healthcare operational experience. The Agency will hire a clinical services director and additional clinicians prior to becoming operational.

Additional business operations experience:

Jonathan Cleator's background is founding and operating a 8+ year old seven-figure e-commerce business, with responsibility for staffing, overall management, financial oversight, and operational execution. This role included budgeting, cash-flow management, development of standard operating procedures, vendor relationships, and supervision of staff and contractors.

Dang Le: As the founder and president of DT Media, Dang has successfully managed an ecommerce company with over \$7M annual revenues for over 10 years while gainfully employing dozens of employees.

We've handled a wide inventory mix including footwear, apparel, toys and makeup all while focusing on quality and accuracy of order fulfillment. We are very proud of our thousands of 5-star reviews on Amazon. While we understand mistakes happen, our focus has always been on taking care of our customers.

One of the driving principles of the company is to "Leave It Better Than You Found It". Towards that end we invest significantly in employee growth and education. Everyday, at least an hour is spent on ideas that will help them improve their work and lives. Our efforts have also extended to the broader community with multiple Thanksgiving food pantry drives and company volunteer days.

Agency will provide no private duty care.

Agency will ensure continuous 24 hour coverage of clinical and operational support for staff and patients by modifying coverage for 7 days/wk and ensuring the Agency business line is covered at all times. There will be clinical support at all times as directed by the Director of Clinical Services. With no private duty care, the established 3.35 FTEs will ensure coverage.

Scope of Franchisor/Franchisee Services:

Each franchise is independently owned and operated. The franchisor supplies the business model, brand, proprietary System, confidential manuals, technology platforms, and multiphase training plus ongoing guidance, inspections, and national marketing support, but does not employ staff or hold the clinical license. The franchisor sets standards, audits compliance, controls required software, and can appoint a temporary manager or limit system access if deficiencies are not corrected. The franchisee/owners must run daytoday operations, hire and supervise all staff, ensure clinical oversight and QAPI, maintain required Administrator and DPCS/DON roles, meet minimum census targets, comply with all laws and insurance/licensure/CON requirements, use all required systems and manuals, keep accurate records and reports, and participate in surveys and additional training. Compliance for this applicant is enforced through training completion, required staffing, mandated software use with franchisor access, scheduled reporting, and onsite or remote reviews of quality and operations.

1E Response - full response does not fit here, please see Supplemental Response for full response.

Application Response:

- Infusion services have been removed from 1E
- Owners have clinical and operational support as a franchisee from the franchisor to successfully operate a home health agency
- Owners will have clinical team members to ensure to Agency is able to successfully operate
- Owners do not have interest in any other home health agency
- Response for Telehealth:

Boost Home Healthcare Chattanooga LLC is applying for a Certificate of Need (CON) to establish a Medicare-certified home health agency serving Hamilton, Bradley, and Sequatchie counties. The agency will offer skilled nursing, occupational therapy, speech therapy, home health aide services and medical social work. In addition, Boost will implement specialized care programs tailored to individual diagnoses and leverage technology such as telehealth, remote patient monitoring, and virtual visits to enhance care quality and reduce hospital readmissions. (See Attachment 1E for a detailed description of services and programs.)

Boost Home Healthcare Chattanooga LLC is 50% owned by Dang Le and 50% by Jonathan Cleator. The agency operates under the Boost Home Healthcare brand, a nationally recognized franchise organization known for delivering high-quality, compassionate in-home clinical care across the United States. The ownership structure and supporting documentation are provided in response to Question 7A.

- Ownership structure

RESPONSE: Boost Home Healthcare Chattanooga LLC is 50% owned by Dang Le and 50% by Jonathan Cleator. The agency operates under the Boost Home Healthcare brand, a nationally recognized franchise organization known for delivering high-quality, compassionate in-home clinical care across the United States. The ownership structure and supporting documentation are provided in response to Question 7A. Dang Le brings a strong background in business operations and ownership, with significant experience leading and scaling an organization. As President of DT Media LLC, he successfully managed a team of six employees and grew the business to over \$7 million in annual sales. In this role, he applied Lean and Continuous Improvement methodologies to streamline processes, cut costs, and enhance productivity — skills directly transferable to the efficient management of home healthcare services, where cost control, operational efficiency, and team leadership are crucial. His experience demonstrates a proven ability to oversee day-to-day operations, manage staff, and ensure sustainable business growth. In addition to his entrepreneurial leadership, Mr. Le has a solid financial and analytical foundation, having worked as a Financial Analyst for a wealth management firm. There, he developed financial plans for high-net-worth clients and conducted scenario analyses to improve decision-making visibility. This expertise in finance complements his operational strengths by equipping him with the ability to manage budgets, forecast financial outcomes, and ensure fiscal responsibility within a healthcare service organization. Combined with his education in Finance, Entrepreneurship, and Engineering from prestigious institutions, his background positions him well to effectively operate and grow a home healthcare business with a focus on quality service and sound business practices

- Service Area

RESPONSE: The proposed service area consists of Hamilton, Bradley, and Sequatchie counties. These home health providers are licensed to serve one or more service area counties

- Existing similar service providers

RESPONSE: There are 10 providers in Hamilton County, 2 providers in Bradley County and 0 providers in Sequatchie County. Providers include Amedisys, Gentiva, Life Care at Home, Maxim Healthcare

- Project Cost

RESPONSE: Project cost is \$123,405 and broken down in Attachment - Project Cost Chart

- Staffing

RESPONSE: Boost Home Healthcare Chattanooga LLC will have 3.35 total fulltime equivalents (FTEs) in year one, including nurse case managers, a social worker, home health aide, occupational therapist, physical therapist, psychiatric nurse (RN), speech therapist, and physical therapy assistant.

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: Agency Response: Although Boost Home Healthcare is a newer franchise brand, started in 2021, the brand is growing rapidly and establishing franchises across the country. The franchise does not currently have any publicly reported measures to CMS due to starting only a few years ago. Below are Boost Home Healthcare franchise brand data in the United States: Active Franchisees: 30 Franchisees pursuing state license: 15 Active State Licensing Franchisees: 11 Active Franchisees in Non-Licensed States: 5 Franchisees Currently Pursuing Accreditation: 28 Medicare Certified Franchisees: 2 (these Franchisees will be able to report data to CMS Care Compare in 12 to 24 months) Please remove language referenced in CON request letter referencing critical gaps for “limited home health presence in rural Sequatchie and outlying areas of Bradley; lack of culturally and linguistically tailored home health; inadequate post-acute transitional care capacity; and insufficient home-based support for complex chronic disease management and social determinants of health.” Use Rates are listed in Attachment 1N. Boost Home Healthcare Chattanooga LLC seeks a Certificate of Need (CON) to introduce a Medicare-certified agency serving Hamilton, Bradley, and Sequatchie counties. This initiative meets CON criteria by addressing critical service gaps, delivering high-quality care, and increasing consumer choice and affordability. Current HSDA projections do not recognize the latent demand in our region, where utilization of home health services lags behind state averages. If usage matched Tennessee’s average, thousands more residents—particularly in rural Sequatchie and medically underserved areas—would receive home health care. Boost will bridge this gap by providing culturally tailored outreach, care coordination for chronically ill and low-income patients, and services for those without reliable primary care access. Patients in the Chattanooga 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 Chattanooga area. Critical service gaps in Bradley, Hamilton, and Sequatchie Counties Provider shortages in rural counties. While Hamilton County serves as a regional hub with more robust health system capacity, Bradley and especially Sequatchie counties face significant provider shortages. Hamilton’s primary care ratio is approximately 910:1, but surrounding counties demonstrate much higher ratios—Sequatchie at ~5,470:1 and Bradley at ~2,030:1. This imbalance creates access deserts outside Chattanooga, forcing residents—particularly seniors and those with limited transportation—to travel long distances for primary care and post-acute follow-up. These conditions contribute directly to preventable emergency department visits and hospital readmissions that skilled home health could reduce. Chronic disease prevalence. Tennessee’s chronic disease burden is high across all three counties. Diabetes affects 14–15% of adults statewide, with similar or higher levels reported locally. Hamilton County’s community health data show increasing rates of hypertension, COPD, and diabetes-related hospitalizations, while Sequatchie and Bradley counties, with fewer providers, struggle to deliver consistent management of these conditions. Home health services, particularly skilled nursing and rehabilitation, are essential to bridging this gap in care continuity. Economic and social barriers. Poverty rates exacerbate access challenges. In Hamilton County, about 12.7% of residents live below the poverty line; Sequatchie County has even higher poverty levels, compounded by transportation barriers in its mountainous geography. Bradley County, while somewhat more resourced, still experiences high uninsured rates and pockets of low-income residents who often delay or forgo care. These socioeconomic disparities heighten the need for home-based, Medicare-certified services that reduce dependence on in-person clinic visits. Applicant’s approach 1) Culturally

tailored outreach • Language and cultural access. Boost will recruit bilingual nurses and therapists and maintain access to certified interpreters (Spanish and other languages common in Bradley and Hamilton counties). • Community partnerships. In Hamilton, Boost will partner with La Paz Chattanooga and Clínica Médicos to reach Spanish-speaking populations, and with the Erlanger Community Health Center (an FQHC) to connect patients to ongoing primary and behavioral health care. • Community Health Workers (CHWs). Boost will deploy CHWs for outreach and patient navigation, focusing on rural Sequatchie residents who may be disconnected from primary care and underserved immigrant communities in Hamilton and Bradley. 2) Care coordination for chronically ill and low-income patients • Transitions-of-Care (TOC) program. Boost will begin skilled home health visits within 24–48 hours of hospital discharge, ensuring early medication reconciliation, care-plan development, and follow-up appointment scheduling. This is critical for reducing readmissions for CHF, COPD, diabetes, and post-surgical patients in all three counties. • Chronic disease management. Using evidence-based models, Boost will provide skilled nursing, rehab therapy, and remote symptom monitoring when ordered, tailored to patients with multiple chronic conditions. • Addressing social determinants. All patients will be screened for transportation, food insecurity, and caregiving needs. Those in Bradley and Sequatchie—where public transit and community resources are limited—will receive priority CHW support for accessing benefits, transport, and medication assistance. 3) Services for residents without reliable primary care access • Bridge-to-Medical-Home. For patients in Sequatchie and Bradley without a regular physician, Boost will secure a first appointment with local providers before home-health discharge, and provide care-plan handoffs to ensure continuity. • Expanded coverage hours. Recognizing rural travel barriers, Boost will offer evening and weekend visits and strategically station staff to minimize service delays in Bradley and Sequatchie counties. Why approval advances Tennessee’s health goals • Reduces geographic inequities: Extends skilled home health capacity into Sequatchie and Bradley—areas with documented provider shortages. • Improves outcomes for Medicare beneficiaries: Transitional care and chronic disease management reduce costly readmissions. • Supports underserved populations: Multilingual outreach, CHW integration, and strong referral pathways ensure equitable access across diverse and low-income residents. Measurable commitments (first 24 months) • Access: 95% of hospital referrals scheduled within 24 hours; 25% of total patients from Bradley and Sequatchie counties by Year 2. • Quality: 30-day readmissions for Boost’s TOC patients at least 20% lower than county baselines. • Equity: 30% of patients receive care in their preferred language via bilingual staff/interpreters; 80% with identified social needs linked to community resources within 7 days. Conclusion. Approving Boost Home Healthcare’s Medicare-certified agency will address the critical provider and access shortages in Bradley, Hamilton, and Sequatchie Counties. By implementing proven transitional-care models, culturally responsive outreach, and strong care coordination, Boost will improve equity, reduce preventable hospitalizations, and strengthen Tennessee’s continuum of care.

- Quality Standards

RESPONSE: Boost will operate under the nationally backed Boost Home Healthcare franchise, a home health franchise recognized for its rigorous accreditation and clinical excellence. Boost’s parent model consistently delivers high performance on CMS star ratings. Agencies similarly structured and accredited have repeatedly exceeded national averages. CMS star ratings assess performance across two domains: Quality of Patient Care (based on OASIS outcome measures) Patient Survey (based on CAHPS experience surveys) In Spring 2025, only ~12% of agencies nationwide achieved 4.5–5 stars, while ~40% averaged 4 stars. Most agencies scored 3–4 stars. Accredited franchises like Boost typically compare favorably to national averages and leverage tools like tele-monitoring, clinical care protocols, and mobile workflows—known drivers of higher star ratings. 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: The Agency 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: The Agency 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 KanTime 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 KanTime 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, we 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. With Boost brand launching in 2021, other existing Boost franchise locations across the country may be too new to be registered on CMS Care Compare for 5 star rating.

- Consumer Advantage

- Choice

RESPONSE: Introducing Boost in Hamilton, Bradley, and Sequatchie ensures consumer access to responsive and high-performing home health in areas with limited provider competition. Key benefits include: Reduced hospital readmissions and ED visits through early monitoring and clinical protocols Telehealth and virtual physician visits for patients in care deserts Culturally sensitive education

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

RESPONSE: Review Attachment - Improved Access/Availability to Health Care Services

- Affordability

RESPONSE: Boost's commitment to same- or next-day intake, local staff deployment, and payer neutrality ensures equitable and rapid access across all served communities. Participation in Medicare and Medicaid guarantees no additional cost beyond standard coverage. Value-based outcomes will reduce overall system expenses, benefiting patients, payers, and providers alike. Need: Addresses underutilization; extends care to low-income, rural, underserved patients Quality Standards: Operates under Boost franchise with accreditation and proven CMS star performance Consumer Advantage: Reduces ED/hospital use; offers telehealth and cultural competence Choice: Provides a local, high-quality alternative in underserved regions Access & Availability: Rapid intake, local clinicians, payer-inclusive services Affordability: No out-of-pocket cost; improves system efficiency and patient outcomes By delivering nationally benchmarked quality, meeting latent demand, expanding access and

choice, and upholding CMS performance standards, Boost Home Healthcare Chattanooga LLC satisfies all criteria for CON approval.

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		
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees		\$22,500
3. Acquisition of Site		
4. Preparation of Site		
5. Total Construction Costs		\$25,000
6. Contingency Fund		\$25,000
7. Fixed Equipment (Not included in Construction Contract)		
8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)		\$14,000
9. Other (Specify): <u>Other Supplies</u>		\$4,005
B. Acquisition by gift, donation, or lease:		
1. Facility (inclusive of building and land)		
2. Building only		
3. Land only		
4. Equipment (Specify): _____		
5. Other (Specify): <u>Lease</u>		\$3,900
C. Financing Costs and Fees:		
1. Interim Financing		
2. Underwriting Costs		
3. Reserve for One Year's Debt Service		
4. Other (Specify): <u>Training and Onboarding</u>		\$26,000
D. Estimated Project Cost (A+B+C)		\$120,405
E. CON Filing Fee		\$3,000
F. Total Estimated Project Cost (D+E)	TOTAL	\$123,405

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:

Agency Response: Attachment 1N updated with page numbers and each individual criterion outlined.

Referral projections from Erlanger, La Paz Chattanooga, Sequatchie County Health Department, etc. are based on internal estimates, no letters of support are included.

Item 5N has been updated with MasterFile information for all licensed agencies in the three counties requested based on the List of Home Health Agencies provided by Alecia Craighead as of 1/5/26.

1/13/26 Response:

Agency Response: Uploaded Attachment 1N to the application with most recent data published by the Department of Health in response to the Criteria and Standards for Home Health Services including a response to the criteria and standards.

1N Response

Item 1N., Criteria and Standards

Please provide a response to the criteria and standards labeled as Attachment 1N.

Please utilize the most recent need data published by the Department of Health in response to the Criteria and Standards for Home Health Services.

Application Response:

Boost Home Healthcare Chattanooga LLC meets the Criteria and Standards for Home Health Services by demonstrating quantifiable unmet need in Hamilton, Bradley, and Sequatchie Counties using the most recent need projections published by the Tennessee Department of Health (TDH).

Most recent need data and use rates

- TDH projections show that in 2024 the combined service area (Hamilton, Bradley, Sequatchie) had 12 agencies serving 16,983 patients, with an overall use rate of approximately 0.0332 relative to the 2024 estimated population of 511,630.
- Applying the TDH home health need standard of 0.015 x projected population to the 2028 projected population of 525,661 yields a projected need of 7,885 patients, while current projected capacity is 17,449 patients, confirming that the region can support additional agencies without exceeding statewide planning norms, particularly where countylevel access is uneven.

Countylevel need and documented gaps

- Hamilton County (10 agencies) served 13,348 patients with a 2024 use rate of 0.03484 and a projected 2028 capacity of 13,701 against a TDHcalculated need of 5,899, indicating adequate overall capacity but not necessarily equitable distribution across neighborhoods and populations.
- Bradley County (2 agencies) served 3,635 patients with a use rate of 0.03223 and a projected 2028 capacity of 3,745 versus a TDH need projection of 1,743, showing that while the numeric standard is met, residents still experience access barriers due to provider concentration and limited choice.
- Sequatchie County has no reporting home health agency, zero patients served, and a use rate of 0.00000 despite an estimated 2024 population of 15,754 and projected 2028 population of 16,256, with TDH projecting a need for approximately 244 patients and no existing capacity, resulting in a clear countylevel shortfall.

How Boost meets Criteria 1 – Determination of Need

- TDH's Criteria 1 table for the service area documents a projected net need/surplus calculation that, when disaggregated by county, identifies Sequatchie as having a positive need (244 patients) with no local home health provider and shows that regional capacity is concentrated in Hamilton, leaving rural residents underserved.

- By establishing a Medicarecertified agency serving Hamilton, Bradley, and Sequatchie, Boost will directly respond to the TDHidentified capacity gap in Sequatchie, improve geographic distribution of services for Bradley, and enhance access and choice in Hamilton, all within the parameters of the most recent TDH need projections and userate methodology.

The Need formula is based upon an assumption that 1.5 percent of the total population is considered to be the patient pool for home health services. The HFC admits this is conservative, particularly since the actual percent statewide in 2023 was 2.3 percent, more than 50 percent greater than the need standard. This is reflected in the following data extracted from the TDOH's 'Joint Annual Report of Home Health Agencies –2023 Final'.

Tennessee - Agencies Report Serving 1,746 - Total Patients Served 163,309 - Estimated 2023 Population 7,071,060 - Use Rate 0.0230954071

Source: TN Department of Health, Division of Policy, Planning and Assessment, 11-2023

Notwithstanding this information which demonstrates a 1.5 percent use rate underestimates actual need of Tennessee's population, the proposed Boost Home Healthcare Chattanooga LLC agency is intending to serve the traditional short term intermittent home health patient who is primarily covered by Medicare's Part A program. The Agency also intends to serve multiple patients with payor sources including TennCare, Charity care, Insurance providers, Medicare. The Agency has adequate staffing for the proposed patients in Year 1, but will adjust with increased staffing as patient needs

increase.

- 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:

1/13/26 Response:

Agency Response: 2N Table has been updated to reflect patients in Year 1: Hamilton - 24, Sequatchie - 4, Bradley - 8.

There are following number of agencies in each county

Source: Health Facilities Commission Licensure - 1/5/2026:

- Bradley County: 44
- Hamilton County: 41
- Sequatchie County: 40

Please remove the below verbiage:

Please explain the following statement: *"Boost has denied patient admissions to date due to licensing restrictions — with 15 patient referrals turned away, all of which occurred in the first half of 2025. These figures reflect strong unmet demand, and our expansion will directly address that gap."*

The applicant's response stating: *"The statement that "Boost will expand its services to adult patients" refers to the Chattanooga LLC's intention to admit medically eligible adults (18+) across Hamilton, Bradley, and Sequatchie, in addition to any existing pediatric or private-duty populations, under an inclusive admissions policy that does not restrict by age, diagnosis, or communicable disease status when care can be delivered safely in the home."* does not appear to be directly responsive to the original question.

The Agency is not licensed to provide home health services and has not provided home health services in any capacity in Tennessee. Specific use rates have been updated to reflect licensed agencies in each county.

2N Response

Item 2N., Service Area

Is the use rate lower in the proposed service area than in the rest of the state?

Are there specific gaps in home health care that are unique to the service area?

Which parts of the service area are considered rural and/or remote?

Please explain the statement in Attachment 2N that "Boost will expand its services to adult patients".

Please explain the basis for projecting the fewest number of patients in Hamilton County? These projections don't match other areas of the application. Please ensure consistent projection by county is provided throughout the application.

Please explain the following statement: "Boost has denied patient admissions to date due to licensing restrictions — with 15 patient referrals turned away, all of which occurred in the first half of 2025. These figures reflect strong unmet demand, and our expansion will directly address that gap."

Application Response:

Use rate and local gaps

- The most recent TDH need data show that overall home health use rates in Hamilton and Bradley Counties are similar to or slightly above the statewide average, while Sequatchie County has effectively zero recorded utilization despite a documented forecasted need.
- The critical gaps unique to this service area are: absence of a local home health agency in Sequatchie County, limited choice and capacity in Bradley County (only two agencies), and documented access barriers for rural, lowincome, and linguistically diverse populations that are not captured by the aggregate userate metric.

Rural/remote areas and adult expansion

- Within the threecounty service area, Sequatchie County and outlying, nonurban portions of Bradley County are considered rural and/or remote, with mountainous geography, transportation barriers, and longer travel distances to primary and postacute care services.
- The statement that "Boost will expand its services to adult patients" refers to the Chattanooga LLC's intention to admit medically eligible adults (18+) across Hamilton, Bradley, and Sequatchie, in addition to any existing pediatric or privateduty populations, under an inclusive admissions policy that does not restrict by age, diagnosis, or communicable disease status when care can be delivered safely in the home.

Projections by county and explanation of Hamilton volume

- Attachment 2N currently lists Year1 projections of 24 patients in Hamilton, 8 in Bradley, and 4 in Sequatchie (total 36), which were originally based on the franchise territory footprint, early referral relationships, and a conservative rampup assumption in the more competitive Hamilton market.

- To ensure internal consistency, these county-level projections should be aligned with all other sections of the application (including 1N and utilization narratives) by:
 - Reconfirming that Hamilton, as the largest county with the greatest hospital and referral base, will in fact account for the highest absolute number of patients; and
 - Adjusting the Hamilton/Bradley/Sequatchie distribution (while keeping the same total, if desired) so that Hamilton no longer shows the “fewest” projected patients and instead reflects its proportionate share of expected referrals and population.

The most recent available JAR data; therefore, the forecasted need for the State and each of the proposed Service Area counties is 2027. The 2N Attachment table provides this forecast as prepared by TDOH’s Division of Policy, Planning and Assessment for the State and each of the Service Area counties, individually and in aggregate.

Given that most of the Service Area counties have use rates exceeding 1.5 percent, a surplus is indicated for the Service Area. The forecast indicates a future need of patients when last year nearly 17,000 patients were treated by home health

agencies. This confirms the need formula is not a realistic proxy upon which to estimate future utilization.

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	Projected Utilization Recent Year 1 (Year =)	% of Total
Sequatchie	4	11.11%
Bradley	8	22.22%
Hamilton	24	66.67%
Total	36	100%

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

RESPONSE:

Agency Response: Population chart 2020-2034 was utilized to update Attachment projects for year 2025 and projected year 2028.

Poverty level percentage and population was updated based on US Census QuickFacts search, screenshot included.

TennCare enrollees Service Area Total updated. TennCare Enrollee percentage updated.

Attachment uploaded as Attachment 3NR3

Agency Response: Attachment 3NR2 and demographic table have been updated to comply with application instructions and uploaded to the application.

3N Response

Item 3N., Demographics

The adult population aged 18 and older is noted. Please detail the 65+ population in each county if that is the actual target population for the project.

Please revise the demographic table in Attachment 3N.B to reflect population data from the Boyd Center Boyd Center Population Projections | Tennessee State Data Center for 2025 & 2028.

The Population data, Census data and TennCare Enrollment data don't match sources. Please revise Table 3NB.

Please revise and resubmit Attachment 3N (labeled as Attachment 3NR).

Application Response:

- Updated Attachment 3NR has been attached

See attached 3N Response.

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 3N Response.

Boost Home Healthcare Chattanooga LLC's defined service area encompasses Hamilton, Bradley, and Sequatchie counties, strategically located in southeast Tennessee. These counties collectively represent a growing population with a strong percentage of adult residents and a significant share enrolled in TennCare — underscoring the medical and financial need for skilled home-based care.

As of 2024, the total population across the three counties is approximately 514,777 residents, and by 2026 this figure is projected to rise to 518,819 — a modest yet steady growth of approximately 0.8%. Among these residents, an estimated 410,136 are aged 18 and older, representing approximately 79.7% of the total population. This adult demographic forms the primary service target for Boost Home Healthcare. The most populous county in the service area is Hamilton County, home to an estimated 386,256 residents in 2024 and projected to grow to 388,310 by 2026. Adults (18 and older) make up about 79.1% of this population, or roughly 307,166 individuals — representing more than 74% of the adult population across the service area.

Bradley County, with a 2024 population of approximately 112,767, is projected to grow to 114,494 by 2026. The adult population makes up about 78.7%, or approximately 90,092 individuals by 2026.

Sequatchie County, though smaller in size, is experiencing growth and has an outsized need based on its TennCare enrollment rate. The population in 2024 is estimated at 15,754 and is expected to reach 16,015 by 2026. Adults make up around 80.4%, or roughly 12,878 individuals by 2026.

Across these counties, TennCare enrollment rates vary from 16% in Hamilton County, to 20.6% in Bradley County, and as high as 23–24% in Sequatchie County. These rates reflect significant reliance on Medicaid and reinforce the necessity of expanding access to in-home care for adults who are medically complex, low-income, or otherwise underserved.

In total, the adult population across Boost's three-county service area comprises approximately 410,136 individuals in 2026. This figure reflects approximately 79.7% of the total population — consistent with

national trends and similar to comparative data cited in prior CON applications across the state.

Boost Home Healthcare's commitment to high-quality home-based clinical care, paired with an inclusive admission policy and TennCare partnerships, is directly aligned with the needs of these counties. The geographic and demographic profile supports the feasibility of reaching and serving adult patients who would otherwise face barriers to accessing appropriate care.

- 4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, paid or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Plans of the facility will take into consideration the special needs of the service area population.

RESPONSE:

Agency Response:

Health disparities in Hamilton County

Hamilton County has a high burden of chronic disease and significant disparities affecting minority populations. Major causes of death include heart disease, cancer, chronic lower respiratory disease (including COPD), accidents, and cardiovascular and pulmonary needs. Adult diabetes prevalence is about 11%, adult smoking is approximately 17%, and physical inactivity around 17%, all of which contribute to elevated rates of heart disease, COPD, and diabetes complications. Poverty and uninsured rates are higher among Black and Hispanic residents than among White residents. Boost is culturally competent, accessible home health services.

Health disparities in Bradley County

Bradley County shows similar chronic disease patterns with additional rural access concerns. Major causes of death include heart disease, cancer, and chronic lower respiratory disease, and adult diabetes prevalence is roughly 11–12%. (One in two in five children classified as overweight or obese), and adult smoking and physical inactivity rates are high. Bradley County, indicating a strong need for homebased chronic disease management, fall prevention, and caregiver support in rural parts of the county.

Health disparities and access in Sequatchie County

Sequatchie County is predominantly rural, lacks a fullservice acute care hospital, and relies on out-of-county providers for emergency and specialty services. Like many Appalachian counties, it faces higher burden of COPD, heart disease, and diabetes, compounded by transportation barriers and provider shortages. There are disparities in timely access to postacute care and ongoing chronic disease support, particularly for homebound patients.

Office location, existing agencies, and PDN

Boost will operate a single administrative and clinical office located in Hamilton County and will not operate in Bradley or Sequatchie County; clinicians will travel from the Hamilton office to serve patients in Hamilton, Bradley, and Sequatchie County. A recent statement that there were no agencies reporting active utilization in Sequatchie County in 2023 or 2024 is incorrect. Boost's language acknowledges that agencies did report utilization, while noting that use remains limited due to rural population. The earlier claim that Maxim Healthcare is the only PDN provider in Hamilton County is incorrect. Maxim is one of several agencies providing homebased skilled and PDN services in the Chattanooga area. Boost and other health and in-home care agencies serve Hamilton County, indicating competition but persistent unmet need for complex adults.

Rural primary care clinics in the service area

Boost intends to coordinate with rural and edge-of-county primary care practices to improve access and referral. In Sequatchie County, Erlanger Primary Care – Sequatchie / Sequatchie Valley at 16931 Rankin Ave, Dunlap provides primary care to Sequatchie Valley communities (including Dunlap, Signal Mountain, and Wauhatchie). Boost is an access point for rural residents who may later need home health services. In Hamilton and Bradley County, family medicine practices serving outer and rural areas will be engaged as referral partners, with Boost providing telehealth-supported followup when appropriate, and prioritized admissions for rural referrals to reduce wait times and address documented disparities in access and outcomes.

Data Sources:

Hamilton County sources

- Tennessee Department of Health – Hamilton County 2025 County Data Package (chronic disease distress):
- <https://www.tn.gov/content/dam/tn/health/documents/vitality-toolkit/data-packages-2025/Data%20P>
- Tennessee Department of Health – Hamilton County 2024 County Data Package:
- <https://www.tn.gov/content/dam/tn/health/documents/vitality-toolkit/data-packages-2024/Data%20P>
- Tennessee Department of Health – County Data Packages index page (for 2023 and other years):
- <https://www.tn.gov/health/health-program-areas/county-health-councils/cha-chip-resources/county-r>
- Hamilton County Health Department – “A Picture of Our Health 2024” (local chronic disease and di
- <https://health.hamiltontn.org/Portals/14/Picture%20of%20Our%20Health%202024%20V3.pdf>
- Hamilton County Health Department – Health Equity Report (poverty and disparities by race/ethnicity)
- https://www.hamiltoncountyhealth.org/wp-content/uploads/Health-Equity-Report-2022_FINAL-2.1

Bradley County sources

- Tennessee Department of Health – Bradley County 2025 County Data Package (mortality, diabetes,
- <https://www.tn.gov/content/dam/tn/health/documents/vitality-toolkit/data-packages-2025/Data%20P>
- Tennessee Department of Health – County Data Packages index (Bradley 2024 and 2023 PDFs):
- <https://www.tn.gov/health/health-program-areas/county-health-councils/cha-chip-resources/county-r>

Sequatchie County / rural access and disparities

- Appalachian Regional Commission – “Health Disparities in Appalachia” (context for rural chronic d
- https://www.arc.gov/wp-content/uploads/2017/08/Health_Disparities_in_Appalachia_Appendices.pdf
- News article on rural Tennessee healthcare access and hospital gaps (context for rural access issues i
- <https://newschannel9.com/news/local/rural-hospitals-are-drowning-exploring-disparities-in-healthca>
- BlueCross BlueShield of Tennessee – “Ranking the Health of All 95 Tennessee Counties” (o context):
- <https://bcbstnews.com/insights/ranking-the-health-of-all-95-tennessee-counties/>

Rural primary care clinic in Sequatchie County

- Erlanger Primary Care – Sequatchie Valley (primary care clinic at 16931 Rankin Ave, Dunlap, TN 3
- <https://www.erlanger.org/medical-services/primary-care/primary-care-sequatchie-valley>
- Erlanger Sequatchie Valley Emergency Department page (also lists the primary care practice at the s
- <https://www.erlanger.org/locations/erlanger-hospitals/erlanger-bledsoe-hospital/erlanger-sequatchie->

Existing agencies / PDN and home health

- Maxim Healthcare Services – Tennessee locations (evidence that Maxim operates in Tennessee and provider):
 - <https://www.maximhealthcare.com/maxim-healthcare-locations/states/tennessee/>
- Amedisys – Home Health in Chattanooga (example of another home health agency in Hamilton Cou
 - <https://locations.amedisys.com/tn/chattanooga/home-health-0512/>
- AgingCare listing – Home care agencies in Chattanooga (shows multiple inhome care agencies servi
 - <https://www.agingcare.com/local/in-home-care/chattanooga-tn>

4N Response

Item 4N., Special Needs of Service Area Population

Please provide specific data to support the statements about health disparities in the area.

Are there going to be offices in both Hamilton and Bradley Counties?

It is not accurate that there were no agencies reporting active utilization in Sequatchie County i also other agencies providing PDN care in Hamilton County. Please revise these statements.

Where are the rural primary care clinics located in the service area?

Application Response:

- The Agency will only have 1 office.
- Response has been revised regarding agencies in Sequatchie County

Addressing the special needs of the Hamilton County, Bradley County, Sequatchie 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:

Health Disparities: The data within this application that demonstrates the health disparities of the greater Chattanooga area will serve as the foundation for our agency's services.

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.

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.

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.

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.

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.

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.

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 Hamilton County, Bradley County, Sequatchie 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.

Health Disparities

Boost Home Healthcare recognizes that the Greater Chattanooga area, which includes Hamilton, Bradley, and Sequatchie significant health disparities documented in state and federal data. According to the Tennessee Department of Health and Disease Indicators, these counties consistently report higher-than-state-average rates of cardiovascular disease, diabetes, Hamilton County, in particular, demonstrates elevated rates of hypertension, stroke, and diabetes-related hospitalizations

American populations, while Sequatchie County reports above-average prevalence of tobacco use and chronic lung disease. Boost's care model, which emphasizes chronic disease management, post-acute recovery support, and preventive care for high-risk patients.

Strategies for Rural Patient Access

Bradley and especially Sequatchie County contain large rural populations with limited access to providers. As the 2023 J. agencies reported active utilization in Sequatchie, leaving a gap for homebound residents. Boost will address this by:

Deploying mobile clinicians who can travel from the Hamilton and Bradley offices to remote areas.

Leveraging telehealth-enabled case management for routine follow-ups when appropriate.

Establishing referral pipelines with rural primary care clinics, FQHCs, and hospital discharge planners.

Prioritizing same-week admission scheduling for rural referrals to prevent hospital readmissions.

Charity Care Policy

Boost has adopted a formal Charity Care Policy (see Attachment 1N-8) which establishes:

A sliding fee scale based on income and household size.

Case-by-case review by the administrator and clinical manager for uninsured or underinsured patients.

No charity care expectations for TennCare patients, but 3% of gross revenues from commercial/other payors budgeted for care.

This ensures uninsured and underinsured individuals in the tri-county service area will have access without financial barriers.

Racial and Ethnic Minorities in the Service Area

The service area includes a diverse population, particularly in Hamilton County. U.S. Census Bureau 2022 estimates show Hamilton County: 17% African American, 6% Hispanic/Latino, 2% Asian.

Bradley County: 5% African American, 6% Hispanic/Latino.

Sequatchie County: 2% African American, 2% Hispanic/Latino, predominantly non-Hispanic White.

Boost intends to serve all racial and ethnic minorities and will ensure culturally and linguistically appropriate services (C includes bilingual staff and interpreter resources, cultural competency training, and recruitment of caregivers from diverse backgrounds).

Underserved Conditions in the Service Area

The tri-county region faces underserved needs in two critical areas:

Chronic Disease Management – Heart failure, diabetes, and COPD remain leading causes of hospitalization and readmission in Hamilton and Bradley Counties. Existing home health providers deliver intermittent care, but access is limited in Sequatchie rural areas. Boost will emphasize skilled nursing and therapy programs tailored to these chronic conditions.

Private Duty Nursing (PDN) – Hamilton County's JAR confirms that Maxim Healthcare is the only active PDN provider,

19 patients served in 2023. This is a clear gap in long-term skilled nursing for TennCare patients with complex needs. Boost will expand PDN services for adults, thereby directly addressing an underserved population.

Summary

Boost's business plan explicitly incorporates the special needs of the elderly, minorities, TennCare recipients, and rural populations in Hamilton, Bradley, and Sequatchie Counties. By leveraging its charity care policy, culturally competent staffing, chronic care, and PDN expansion, Boost will reduce disparities, expand access to rural and minority populations, and address underserved needs in the Greater Chattanooga area.

- 5N.** Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include trends for each of the most recent three years of data available for this type of project. List each provider and its utilization. Inpatient bed projects must include the following data: Admissions or discharges, patient days. Average length of stay. Outpatient projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are not inpatient or outpatient.

RESPONSE:

Agency Response: Item 5N has been updated with MasterFile information for all licensed agencies in the service area on the List of Home Health Agencies provided by Alecia Craighead as of 1/5/26.

Updated 5N Document attached.

5N Response

Item 5N., Historical Utilization

Please update the historical utilization of the service area to reflect all licensed agencies in the service area for 2023-2025 which are the most current three years reported to the Joint Annual Report.

Application Response:

- Updated Attachment 5N attached.

Boost Home Healthcare LLC proposes to provide intermittent home health services and adult Private Duty Nursing (PDN) in Hamilton, Bradley, and Sequatchie Counties. According to the Tennessee Department of Health's licensure roster (February 7, 2024), there are 27 licensed home health agencies across the three counties: 27 in Hamilton, 29 in Bradley, and 27 in Sequatchie.

Existing Services and Utilization

The 2023 Joint Annual Report (JAR) demonstrates that only a limited number of agencies reported measurable utilization of licensed agencies either reported no patients or operate exclusively as infusion/specialty pharmacy providers.

Hamilton County (27 agencies licensed):

AccentCare Home Health of Tennessee reported 1,395 patients, 41,523 visits, and \$8.9M in revenue.

CHI Memorial Health at Home reported 873 patients, 17,135 visits, and \$7.3M in revenue.

CenterWell Home Health reported 296 patients, 6,954 visits, and \$1.66M in revenue.

Erlanger Continucare Home Health (I and II) together served 470 patients, ~7,000 visits, \$1.7M in revenue.

Home Care Solutions reported 268 patients, 4,846 visits, \$1.08M in revenue.

NHC Homecare (Hamilton) reported 150 patients, 1,921 visits, \$745,575 in revenue.

Maxim Healthcare Services is the only Hamilton provider with PDN activity, serving 19 patients, 14,812 hours, \$827,028 in revenue.

The remaining Hamilton agencies (e.g., Amedisys, Gentiva, Guardian, Life Care, Memorial) reported no activity, or functioned as infusion-only providers (Accredo, Optum, Coram, Vanderbilt/Option Care IV, Paragon, TwelveStone).

Bradley County (29 agencies licensed):

Adoration Home Health & Hospice Care East TN (Bradley office) was the largest active provider, reporting 2,537 patients, 74,737 hours, \$18.1M in revenue.

Tennova Home Health – Cleveland served 543 patients, 11,671 visits, 12,123 hours, \$2.0M in revenue.

All other Bradley agencies were either inactive or infusion-only.

Sequatchie County (27 agencies licensed):

None of the licensed agencies reported active home health or PDN utilization in 2023. The roster includes primarily infusion providers and agencies licensed from adjoining counties.

Utilization Trends

The three most recent years of JAR data show stable or growing utilization among the handful of active intermittent home health agencies (AccentCare, Adoration, CHI Memorial, Erlanger, Tennova), while PDN remains very limited, with Maxim Healthcare Services in Hamilton County reporting essentially all PDN activity in the service area. The vast majority of licensed agencies consistently reported no activity across three years, reflecting either inactive licenses or infusion-only service models.

Approved but Unimplemented Projects

A review of HSDA records indicates there are no recently approved but unimplemented home health CON projects in Har Sequatchie Counties.

Summary

Although 83 agencies are licensed across the three-county service area, only 10 agencies reported measurable intermitter the most recent JAR year. This demonstrates a concentrated market with a small number of active providers serving most majority of licensed agencies are either inactive or infusion-only. Boost's proposed services will not duplicate inactive lic capacity for both intermittent nursing and adult PDN services, improving consumer access and choice. The 2021–2023 Joint Ar Reports (JARs) show that only a small subset of these agencies reported active utilization in terms of patients, visits, hours, and revenue. The majority of licensed agencies are infusion-only providers or reported no activity for three consecutive years.

See attached 5N Response.

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

RESPONSE:

Agency Response: Item 6N updated and attached to reflect visits rather than hours

Agency Response: Item 6N matches 2N projects and is uploaded in the application. Item 6N include Nursing and Intermittent Care Nursing.

Application Response:

- Updated 6N Attached.

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

Our estimations come from the assumption of partnering with referral providers, including hospitals and nursing homes, to send an average of 2 referrals a month, with a conservative estimate of 36 patients in the first year. We predict the patients will receive an average of 15 visits among all disciplines while in our care, for a total of 540 visits in year 1. We predict about 67% of our referrals to come from Hamilton County.

For year 2, our estimations come from the assumption of partnering with additional referral providers, including home care companies, to send an average of 5 referrals a month, with a conservative estimate of 48 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 690 visits for year 2. We predict about 66.7% of our referrals to be in Hamilton County. The percentage of patients that will require intermittent care is 90% vs. 10% continuous care.

- 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:

Boost Home Healthcare Chattanooga LLC does not have any outstanding CONs for home health services or any other regulated service in the State of Tennessee.

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: The proposed service is skilled nursing services in the patient's place of residence. Transfer agreements are not applicable to this service. Notwithstanding, Boost Home Healthcare Chattanooga LLC as part of its community linkage plan will work with area healthcare providers to assure patients receive care timely in the appropriate venue.

- 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:

The approval of Boost Home Healthcare LLC should not have any negative effect on existing providers as its agency is targeting a very specific population and its patient count is supported by referral sources and minimally averages 12 adults per county, ranging between 8 and 15 patients per county in its first year of operation, ranging between 4 and 26 per county, in its second year of operation.

Since the vast majority of home health services are reimbursed through set rates established by TennCare or other commercial managed care providers, Boost Home Healthcare LLC's introduction should have no impact on consumer charges while offering needed long term skilled care in the patient's home.

Effects of Competition and/or Duplication on the Health Care System

Approval of Boost Home Healthcare LLC will not negatively affect existing providers, as the agency is targeting a distinct segment of the population and a relatively modest census. Based on referral source commitments and service area analysis, Boost projects serving 8 to 15 adult patients per county in the first year of operation, averaging approximately 12 patients per county, and between 4 and 26 per county in year two. This incremental volume will not materially alter the market shares of existing providers, as reflected in the 2023 JAR data, which shows that in Hamilton County alone, AccentCare, CHI Memorial, and Erlanger combined served more than 2,700 patients and delivered over 65,000 visits. By contrast, Boost's entry represents less than 1% of the existing county-level volume, underscoring the absence of material duplication.

From a financial standpoint, Boost's services will not increase consumer charges. The vast majority of home health services are reimbursed through Medicare's PDGM model, TennCare fee schedules, or commercial insurer contracted allowables. These are uniform, non-negotiable rates; therefore, Boost's introduction into the market will have no impact on consumer charges.

Where Boost provides additional benefits to consumers is in its service model and target population:

Focus on adult intermittent home health and PDN: Boost will expand access to adult PDN services, which are currently limited to a single provider (Maxim Healthcare Services) in Hamilton County. This increases consumer choice

in a specialty service with high clinical demand.

Local oversight with national franchisor resources: Consumers benefit from Boost's combination of local case management and clinical staff supplemented by franchisor-level expertise in compliance, quality monitoring, EMR, and payor contracting. This ensures consistency and scalability while maintaining individualized care.

Clinical capacity expansion: Many of the 83 licensed agencies in the tri-county area reported no utilization in 2023 or are infusion-only providers (Accredo, Coram, Optum, TwelveStone). Boost will provide true intermittent nursing, therapy, and PDN services, which are absent from the majority of licensed agencies.

Enhanced consumer choice: Consumers will have an additional high-quality provider to choose from for skilled nursing, therapy, and PDN, with the assurance that reimbursement is payer-determined and consistent with existing providers.

In summary, Boost Home Healthcare LLC's entry will not duplicate existing services in a way that threatens the viability of incumbent providers. Instead, it will add consumer choice, increase access to adult PDN services, and expand clinical capacity in Hamilton,

- 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:

Agency Response:

Dang Le will not be the Chief Clinical Officer for this Agency.

Jon Cleator and Dang Le, as the owners of the home health agency, have designed an organizational and staffing plan that provides appropriate clinical leadership and sufficient professional staff to meet State of Tennessee licensing requirements and the Conditions of Participation for Medicarecertified home health agencies. They intend to hire an experienced Director of Clinical Services (DCS) and a designated backup DCS to ensure continuous clinical oversight, coverage during absences, and compliance with regulatory and accreditingbody standards.

Clinical leadership

- The Director of Clinical Services will be a Tennessee-licensed registered nurse with home health experience, responsible for oversight of all clinical programs, supervision of field staff, policy implementation, and quality improvement activities in accordance with Tennessee licensure rules and CMS Conditions of Participation.
- A qualified backup DCS will be appointed to assume these duties whenever the primary DCS is unavailable, ensuring uninterrupted clinical supervision, timely review of plans of care, and consistent adherence to Joint Commission and/or CARF standards for clinical governance, documentation, and patient safety.

4C Response

Item 4C., Human Resources

It is noted that Dang Le is listed as the Chief Clinical Officer for the applicant. Please discuss the clinical background supporting this role.

Application Response:

- Dang Le will be not be Chief Clinical Officer, don't see where this needs to be updated in 4C. Agency is identifying clinical staff at this time.

Boost Home Healthcare LLC's leadership in its parent office are in place and overseeing the clinical services provided by Boost Home Healthcare LLC. As an national home health franchise brand, expanding into adult services in Tennessee will be seamlessly accomplished by existing and recruited leadership. Additional non-direct patient care will be added within the office after CON approval to provide additional clinical case managers and client service managers.

Most of Boost Home Healthcare LLC's staff will be those providing direct patient care, RNs, LPNs and Aides. As of July 2025, Boost Home Healthcare LLC's planned number of FTEs included 3.35 direct patient care FTEs. In its first year after CON approval, it anticipates requiring 18 direct patient care employees and 5 non-direct patient care employees. Given the expected increase of direct care FTEs, Boost Home Healthcare LLC has been actively recruiting RNs, LPNs

and Aides during the past several months. Its efforts have proved quite fruitful as it now has anticipated direct care staff awaiting assignment of hours, including increase from part time to full time and/or initiating their Boost Home Healthcare LLC employment.

Boost Home Healthcare LLC's recruitment efforts resulted in direct care active staff in many cities throughout Tennessee enabling it to easily staff the three counties based on anticipated patient needs and required skilled and unskilled shifts/hours by patient. Based on its recruitment success to date, Boost Home Healthcare LLC's is confident it will be able to staff the planned services with its active staff in year one and gradually increase staff further to meet the year two staffing needs. The Agency shall identify nurse leadership that are qualified with home health leadership and clinical experience in order to effectively lead the organization.

As a national brand, Boost provides its franchisees access to resources that include clinical operations support, policy and procedure development, regulatory compliance guidance, EMR systems, payor contracting resources, billing/collections infrastructure, and staff training platforms. These centralized supports allow the Tennessee agency to seamlessly expand into adult intermittent home health and PDN services. At the local level, once CON approval is granted, the agency will add clinical case managers and client service managers to supplement direct care staff and ensure appropriate oversight of patient care delivery.

- 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:

Licensure: Health Facilities Commission/Licensure Division

Certification Type: Medicare Certified and TennCare/Medicaid Certified

Accreditation: The Applicant will be accredited by the Accreditation Commission for Health Care (ACHC).

For each category of employee which requires individual licensure and continuing education credits, the Applicant will assure compliance and ongoing maintenance of both license and required credentials and assure documentation is properly maintained.

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>2026</u>	<u>2027</u>
A. Utilization Data		
Specify Unit of Measure <u>Patients</u>	<u>36</u>	<u>55</u>
B. Revenue from Services to Patients		
1. Inpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
2. Outpatient Services	<u>\$350,546.00</u>	<u>\$587,123.00</u>
3. Emergency Services	<u>\$0.00</u>	<u>\$0.00</u>
4. Other Operating Revenue (Specify) _____	<u>\$0.00</u>	<u>\$0.00</u>
Gross Operating Revenue	<u>\$350,546.00</u>	<u>\$587,123.00</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	<u>\$8,564.00</u>	<u>\$11,452.00</u>
2. Provision for Charity Care	<u>\$18,645.00</u>	<u>\$24,654.00</u>
3. Provisions for Bad Debt	<u>\$2,645.00</u>	<u>\$2,654.00</u>
Total Deductions	<u>\$29,854.00</u>	<u>\$38,760.00</u>
NET OPERATING REVENUE	<u>\$320,692.00</u>	<u>\$548,363.00</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	\$9,737.39	\$10,674.96	0.00
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)	\$0.00	\$0.00	\$829.28	\$704.73	0.00
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$8,908.11	\$9,970.24	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 skilled and unskilled services are based on proposed contracts with the TennCare and commercial payors for adult home health services. The anticipated average charge for skilled nursing services per hour is \$75; the anticipated average charge for unskilled services is \$35 per hour.

The project will have no impact on existing patient charges as the Applicant expects to receive reimbursement by payor for adult patients. Anticipated revenue will increase based on the increase in forecasted utilization.

In terms of revenue by payor, adult patients are estimated to be approximately 65 percent Medicare, 20 percent TennCare and 15 percent commercial. This is consistent with analysis of the Service Area and expected patient profile as detailed in response to the need questions in this CON Application.

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:

Agency Response: Item 5N has been updated with MasterFile information for all licensed agencies in the three counties requested based on the List of Home Health Agencies provided by Alecia Craighead as of 1/5/26. Use Agency’s previously submitted rates for comparison.

9C Document has been updated and attached.

9C Response

Item 9C., Comparison of Charges

Please provide a comparison of charges between the applicant and all other licensed agencies in the service area on a per visit, per patient and per hour basis as well as specific service types based on 2025 JAR data.

Application Response:

- Updated attachment.

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-2026		Year-2027	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	\$227,855.00	65.00	\$381,630.00	65.00
TennCare/Medicaid	\$70,109.00	20.00	\$117,425.00	20.00
Commercial/Other Managed Care	\$52,582.00	15.00	\$88,068.00	15.00
Self-Pay				
Other(Specify)				
Total	\$350,546.00	100%	\$587,123.00	100%
Charity Care	\$18,645.00		\$24,654.00	

**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: The home health agency's projected payor mix for its first two years of operation was derived based on its evaluation of the Service Area, its experience and its anticipated referrals from providers and payors. The majority (65 percent) of revenues are from Medicare with the balance being TennCare and commercial/other managed care. No charity care is expected regarding TennCare patients, while 3 percent charity care is expected to be associated with the commercial/other payors for its adult patients. The Agency charity care policy and supplemental response is supplied as Attachment 1N-8.

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 standing?
 - 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	
Certification	<input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> TennCare/Medicaid <input checked="" type="checkbox"/> Other <u>ACHC Accreditation</u>	Will Apply Will Apply Will Apply	
Accreditation(s)	ACHC – Accreditation Commission for Health Care	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

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 Judgement 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		
Speech Therapist	0.00	0.10
Physical Therapist	0.00	0.50
Home Health Aide	0.00	0.75
Occupational Therapist	0.00	0.25
Skilled Nurses (RN/LPN)	0.00	1.50
Medical Social Worker	0.00	0.25
Total Direct Patient Care Positions	N/A	3.35

B. Non-Patient Care Positions		
Administrator	0.00	1.00
Director of Nursing	0.00	0.50
Intake & Billing Specialist	0.00	0.50
Total Non-Patient Care Positions	N/A	2
Total Employees (A+B)	0	5.35

C. Contractual Staff		
Contractual Staff Position	0.00	0.00
Total Staff (A+B+C)	0	5.35

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		03/01/26
2. Building Construction Commenced	0	02/28/26
3. Construction 100% Complete (Approval for Occupancy)	0	02/28/26
4. Issuance of License	0	02/28/26
5. Issuance of Service	50	04/19/26
6. Final Project Report Form Submitted (Form HR0055)	110	06/18/26

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

Chattanooga Times Free Press

Account #: STTBOSC

Company: THE BUSINESS OF SENIOR CARE

7519 E State Highway 86

Franktown, CO 80116-5001

Ad number #: 559154

PO #:

Matter of: PUBLICATION OF INTENT

AFFIDAVIT • STATE OF TENNESSEE • HAMILTON COUNTY

Before me personally appeared Samara Swafford, who being duly sworn that she is the Legal Sales Representative of the CHATTANOOGA TIMES FREE PRESS, and that the Legal Ad of which the attached is a true copy, has been published in the above named newspaper and on the corresponding newspaper website on the following dates, to-wit:

Times Free Press 12/01/25; TimesFreePress.com 12/01/25

And that there is due or has been paid the CHATTANOOGA TIMES FREE PRESS for publication the sum of \$0.00.

Samara Swafford

Sworn to and subscribed before me this date: 1st day of December, 2025



Sheniqua Hambrick

My Commission Expires 12/14/2026

Chattanooga Times Free Press

400 EAST 11TH ST
CHATTANOOGA, TN 37403



**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 Chattanooga Times Free Press which is a newspaper of general circulation in Hamilton County, Bradley County, and Sequatchie County, Tennessee, on or before 12/15/2025 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 BOOST HOME HEALTHCARE CHATTANOOGA LLC, a/an New Formed Entity owned by Jonathan Cleator and Dang Le 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 care organization and the initiation of home health services in Bradley, Hamilton, and Sequatchie counties. The address of the project will be 7505 MIDDLE VALLEY RD SUITE 101, Hixson, Hamilton County, Tennessee, 37343. The estimated project cost will be \$123,405.

The anticipated date of filing the application is 01/01/2026

The contact person for this project is Owner Dang Le who may be reached at Boost Home Healthcare Chattanooga LLC - 7505 Middle Valley Road, Suite 101, Hixson, Tennessee, 37343 – Contact No. 404-661-0617.

Dang Le

12/01/2025

dle@boosthhc.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. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .



**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 BOOST HOME HEALTHCARE CHATTANOOGA LLC, a/an New Formed Entity owned by Jonathan Cleator and Dang Le 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 care organization and the initiation of home health services in Bradley, Hamilton, and Sequatchie counties. The address of the project will be 7505 MIDDLE VALLEY RD SUITE 101, Hixson, Hamilton County, Tennessee, 37343. The estimated project cost will be \$123,405.

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Falcons lose again as Jets rain on Robinson's parade

By [Name] [Date]



It was a parade in the making for the Jets as they defeated the Atlanta Falcons 27-17 in a game that was a real test of their offensive strength. The Jets' offense, led by quarterback Matt Ryan, was in full control from the start, scoring three touchdowns in the first half. The defense, led by linebacker Michael Johnson, was equally impressive, forcing three turnovers and holding the Falcons to a field goal in the second half. The game was a real test of the Jets' offensive strength, and they passed with flying colors. The Falcons, on the other hand, were unable to get into any rhythm, and their defense was unable to contain the Jets' offense. The game was a real test of the Jets' offensive strength, and they passed with flying colors. The Falcons, on the other hand, were unable to get into any rhythm, and their defense was unable to contain the Jets' offense.

Titans drop 11th straight at home

By [Name] [Date]



The Tennessee Titans continued their losing streak at home as they were defeated by the [Opponent] 24-17. The Titans' offense was unable to get into any rhythm, and their defense was unable to contain the [Opponent]'s offense. The game was a real test of the Titans' offensive strength, and they failed to pass the test. The [Opponent], on the other hand, was in full control from the start, scoring three touchdowns in the first half. The Titans' defense, led by linebacker [Name], was unable to contain the [Opponent]'s offense, and the game was a real test of the Titans' offensive strength. The Titans' offense was unable to get into any rhythm, and their defense was unable to contain the [Opponent]'s offense.

Kiffin

By [Name] [Date]



Head coach Ken Kiffin was criticized for his decision to start [Player] in the game against the [Opponent]. Kiffin's decision was seen as a mistake, as [Player] was unable to perform well in the game. The Titans' offense was unable to get into any rhythm, and their defense was unable to contain the [Opponent]'s offense. The game was a real test of the Titans' offensive strength, and they failed to pass the test. The [Opponent], on the other hand, was in full control from the start, scoring three touchdowns in the first half. The Titans' defense, led by linebacker [Name], was unable to contain the [Opponent]'s offense, and the game was a real test of the Titans' offensive strength.

YOUR LOCAL MARKETPLACE

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LOAN & CREDIT MORTGAGE. CREDIT. AUTO. HOME.	LEGAL SERVICES ATTORNEY. LAWYER. LEGAL.	LEGAL SERVICES ATTORNEY. LAWYER. LEGAL.	LEGAL SERVICES ATTORNEY. LAWYER. LEGAL.

Paschal



Head coach Ken Kiffin was criticized for his decision to start [Player] in the game against the [Opponent]. Kiffin's decision was seen as a mistake, as [Player] was unable to perform well in the game. The Titans' offense was unable to get into any rhythm, and their defense was unable to contain the [Opponent]'s offense. The game was a real test of the Titans' offensive strength, and they failed to pass the test. The [Opponent], on the other hand, was in full control from the start, scoring three touchdowns in the first half. The Titans' defense, led by linebacker [Name], was unable to contain the [Opponent]'s offense, and the game was a real test of the Titans' offensive strength.

Moss

Head coach Ken Kiffin was criticized for his decision to start [Player] in the game against the [Opponent]. Kiffin's decision was seen as a mistake, as [Player] was unable to perform well in the game. The Titans' offense was unable to get into any rhythm, and their defense was unable to contain the [Opponent]'s offense. The game was a real test of the Titans' offensive strength, and they failed to pass the test. The [Opponent], on the other hand, was in full control from the start, scoring three touchdowns in the first half. The Titans' defense, led by linebacker [Name], was unable to contain the [Opponent]'s offense, and the game was a real test of the Titans' offensive strength.

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Titans drop 11th straight at home

The Tennessee Titans continued their losing streak at home as they were defeated by the [Opponent] 24-17. The Titans' offense was unable to get into any rhythm, and their defense was unable to contain the [Opponent]'s offense. The game was a real test of the Titans' offensive strength, and they failed to pass the test. The [Opponent], on the other hand, was in full control from the start, scoring three touchdowns in the first half. The Titans' defense, led by linebacker [Name], was unable to contain the [Opponent]'s offense, and the game was a real test of the Titans' offensive strength.

Head coach Ken Kiffin was criticized for his decision to start [Player] in the game against the [Opponent]. Kiffin's decision was seen as a mistake, as [Player] was unable to perform well in the game. The Titans' offense was unable to get into any rhythm, and their defense was unable to contain the [Opponent]'s offense. The game was a real test of the Titans' offensive strength, and they failed to pass the test. The [Opponent], on the other hand, was in full control from the start, scoring three touchdowns in the first half. The Titans' defense, led by linebacker [Name], was unable to contain the [Opponent]'s offense, and the game was a real test of the Titans' offensive strength.

Moss

Head coach Ken Kiffin was criticized for his decision to start [Player] in the game against the [Opponent]. Kiffin's decision was seen as a mistake, as [Player] was unable to perform well in the game. The Titans' offense was unable to get into any rhythm, and their defense was unable to contain the [Opponent]'s offense. The game was a real test of the Titans' offensive strength, and they failed to pass the test. The [Opponent], on the other hand, was in full control from the start, scoring three touchdowns in the first half. The Titans' defense, led by linebacker [Name], was unable to contain the [Opponent]'s offense, and the game was a real test of the Titans' offensive strength.

Attachment 7A

Articles of Organization

Proof of Business Entity

Existence

Operating Agreement

Organizational Chart



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/

DANG N LE
7505 MIDDLE VALLEY RD SUITE 101
HIXSON, TN 37343, USA

06/09/2025

Filing Acknowledgment

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

Entity Name:	BOOST HOME HEALTHCARE CHATTANOOGA LLC		
SOS Control #:	002027394	Initial Filing Date:	06/09/2025
Entity Type:	Limited Liability Company (LLC)	Formation Locale:	TENNESSEE
Status:	Active	Duration Term:	Perpetual
Fiscal Year Close:	December	Annual Report Due:	04/01/2026
Business County:	Hamilton		
Managed By:	Member Managed		
Obligated Member Entity:	No		

Document Receipt

Receipt #: 2025-410310	Filing Fee:	\$300.00
Payment: Credit Card - 3899977585		\$300.00

Registered Agent Address:
BOOST HOME HEALTHCARE CHATTANOOGA LLC
7505 MIDDLE VALLEY RD SUITE 101
HIXSON, TN 37343

Principal Office Address:
7505 MIDDLE VALLEY RD SUITE 101
HIXSON, TN 37343
Hamilton County, USA

Congratulations on the successful filing of your Articles of Organization - Limited Liability Company for **BOOST HOME HEALTHCARE CHATTANOOGA LLC** in the State of Tennessee which is effective **06/09/2025**. 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

Tracking Number
B2025291752



Tre Hargett
Secretary of State

Articles Of Organization

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/businesses

Control #: 002027394
Filed: 06/09/2025 12:35 PM
Tre Hargett
Secretary of State

Entity Information

Entity Name: BOOST HOME HEALTHCARE CHATTANOOGA LLC

Entity Type: Limited Liability Company

Fiscal Year Ending Month: December

Additional Designation: (No additional designation)

Series LLC ?

Yes No

Principal Office Address

7505 MIDDLE VALLEY RD SUITE 101
HIXSON, TN 37343
Hamilton County, USA

Mailing Address

7505 MIDDLE VALLEY RD SUITE 101
HIXSON, TN 37343
Hamilton County, USA

Period of Duration:

Perpetual

Will this filing have a delayed effective date?

Yes No

Other Provisions:

(No other provisions)

Do you have additional uploads you would like to attach to this filing?

Yes No

Registered Agent Information

BOOST HOME HEALTHCARE CHATTANOOGA LLC
7505 MIDDLE VALLEY RD SUITE 101
HIXSON, TN 37343, USA

Member Information

The Limited Liability Company will be: Member Managed

Do you have six or fewer members at the date of this filing?

Yes No

Number of Members at the date of filing:

Will this entity be registered as an Obligated Member Entity (OME)

Yes No

Organizer's Signature

By entering my name in the space provided below, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day.

The undersigned, acting as organizer of the limited liability company under the provisions of the Tennessee Revised Limited Liability Company Act, adopt the above Articles of Organization.

Signed Electronically: DANG N LE

Date: 05/09/2025



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov

Date: 06/09/2025

Invoice: 2025-410310

Customer Information

DANG N LE
BOOST HOME HEALTHCARE CHATTANOOGA LLC
7505 MIDDLE VALLEY RD SUITE 101
HIXSON, TN 37343, USA

Tracking #	Description	Amount Paid
B2025291752	Articles of Organization - Limited Liability Company for BOOST HOME HEALTHCARE CHATTANOOGA LLC (LLC Filings)	\$ 300.00
Payment Details		
	Fee Total:	\$ 300.00
	Payment Total:	\$ 0.00
	Amount Due:	\$ 0.00
Payment Method		
Payment Type: Credit Card		
Check/Confirmation Number: 3899977585		

BOOST HOME HEALTHCARE CHATTANOOGA LLC

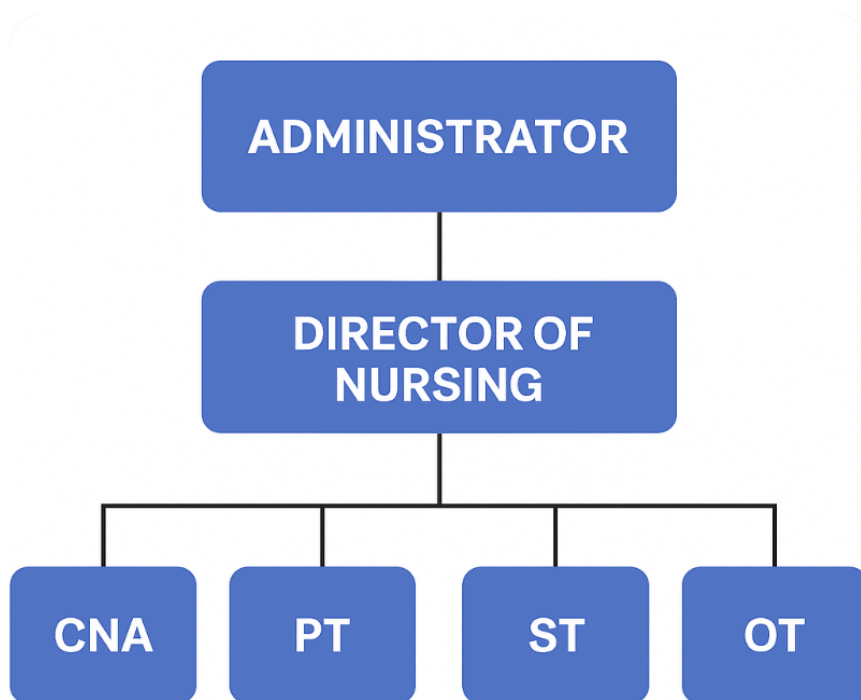
Entity Type: Limited Liability Company (LLC)
 Formed in: TENNESSEE
 Term of Duration: Perpetual
 Managed By: Member Managed
 Series LLC: No
 Number of Members: 6 or less

Status: Active
 Control Number: 002027394
 Initial Filing Date: 6/9/2025 12:35:13 PM
 Fiscal Ending Month: December
 AR Due Date: 04/01/2026
 Obligated Member Entity: No

<u>Registered Agent</u>	<u>Principal Office Address</u>	<u>Mailing Address</u>
BOOST HOME HEALTHCARE CHATTANOOGA LLC 7505 MIDDLE VALLEY RD SUITE 101 HIXSON, TN 37343	7505 MIDDLE VALLEY RD SUITE 101 HIXSON, TN 37343	7505 MIDDLE VALLEY RD SUITE 101 HIXSON, TN 37343

AR Standing: Good	RA Standing: Good	Other Standing: Good	Revenue Standing: N/A
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History (1)			
Type	Date	Tracking Number	Change History
Articles of Organization - Limited Liability Company for BOOST HOME HEALTHCARE CHATTANOOGA LLC	6/9/2025 12:35:13 PM	B2025291752	



Schedule A

Officers

Jonathan Cleator - Chief Executive Officer

Dang Le - Chief Clinical & Government Affairs Officer

MANAGEMENT SERVICES AGREEMENT

THIS MANAGEMENT SERVICES AGREEMENT is effective as of the XX day of March 2025 (the “Effective Date”), by and among XXXXXXXXXXXX having its principal place of business at XXXXXXXXXXXX (“Parent”), on the one hand, and its subsidiaries and joint ventures signatories hereto (each, a “Subsidiary” or “Joint Venture” and collectively, the “Subsidiaries and Joint Ventures”), on the other hand.

RECITALS

WHEREAS, each Subsidiary is a direct or indirect wholly owned subsidiary of Parent;

WHEREAS, XXXXXXXXXXXX of XXXXXXXXXXXX is a Joint Venture which is ninety percent (75%) indirectly owned by Parent;

WHEREAS, XXXXXXXXXXXX; XXXXXXXXXXXX at XXXXXXXXXXXX; and XXXXXXXXXXXX are Joint Ventures which are seventy percent (70%) indirectly

WHEREAS, XXXXXXXXXXXX is wholly owned by XXXXXXXXXXXX, and, as such, shall also be referred to herein as a Joint Venture;

WHEREAS, XXXXXXXXXXXX is wholly owned by XXXXXXXXXXXX and XXXXXXXXXXXX is wholly owned by XXXXXXXXXXXX; and as such, shall also be referred to herein as Joint Ventures;

WHEREAS, the Subsidiaries and Joint Ventures require various administrative and management services as more fully described in ARTICLE II hereof (the “Management Services”);

WHEREAS, Parent has in place the necessary personnel and capabilities to meet the Subsidiaries’ and Joint Ventures’ administrative and management needs; and

WHEREAS, the parties desire to enter into an agreement whereby Parent will furnish the personnel and capabilities to carry out and perform each Subsidiary’s and Joint Venture’s support, administrative and management services requirements in exchange for the payment by each Subsidiary or Joint Venture of a management fee to Parent.

AGREEMENT

NOW, THEREFORE, incorporating the foregoing recitals and in consideration thereof and of the mutual agreements, provisions, and covenants contained herein, and for other good and valuable consideration, the receipt and legal sufficiency whereof are hereby acknowledged, the parties hereto agree as follows:

ARTICLE I RETENTION OF PARENT

Section 1.1 Performance of Services.

a) Each Subsidiary and Joint Venture hereby engages and retains Parent on an exclusive basis to perform the Management Services, and Parent hereby accepts and agrees to provide such Management Services to each Subsidiary or Joint Venture upon the terms and conditions set forth herein.

b) Parents shall determine the corporate facilities to be used in rendering the Management Services and the individuals who will render such Management Services.

c) Nothing herein shall be deemed to restrict Parent or its directors, officers or employees from engaging in any business, or from contracting with other parties, including, without limitation, other related parties of Parent, for similar or different services.

Section 1.2 Retention of Authority by Subsidiaries and Joint Ventures.

a) Notwithstanding anything contained anywhere to the contrary, throughout the Term, each Subsidiary or Joint Venture, through its respective Board of Directors in the case of Subsidiaries or Members in the case of Joint Ventures (or any similar governing body) (each referred to herein as a "Board"), shall retain all authority and shall exercise control over the business, policies, operation, and assets of such Subsidiary or Joint Venture, in accordance such Subsidiary's or Joint Venture's respective governance documents (each, "Governing Documents") and all relevant laws, ordinances, rules and regulations of state, local, or federal governments applicable to the operations of such Subsidiaries or Joint Venture and with Board policy. Parent shall, as each Subsidiary's and Joint Venture's exclusive outside manager, perform the Management Services described in this Agreement in accordance with

each Subsidiary's or Joint Venture's respective Governing Documents and policies and directives and any future policies of such Subsidiaries and Joint Ventures as may be from time to time approved in writing by the Boards (collectively, "Board Policies"). By entering into this Agreement, no Subsidiary or Joint Venture delegates to Parent any of the powers, duties, and responsibilities vested in their respected Board by law or by their respective Governing Documents.

b) Each Board shall communicate all Board Policies to Parent, and Parent shall be entitled to rely on and assume the validity of communications from, and shall report to, the Boards, the Chairman of any Board, or any written designee of any Board. All matters requiring professional medical judgment shall remain the responsibility of the Subsidiaries' or Joint Ventures' medical staffs. Parent shall have no responsibility whatsoever for such judgments.

Section 1.3 Disclaimer, Limited Liability.

a) Parent makes no express or implied representations, warranties or guarantees relating to the Management Services or the quality or results of Management Services to be performed under this Agreement.

b) Parent will use reasonable efforts to make the Management Services available to each Subsidiary and Joint Venture with substantially the same degree of care as it employs in making the same Management Services available for its own operations; provided, however, that Parent shall not be liable to any Subsidiary, Joint Venture or any other person for any loss, damage or expense which may result therefrom or from any change in the manner in which Parent renders the Management Services, so long as Parent deems such change necessary or desirable in the conduct of its own operations.

c) Officers and employees of Parent who provide Management Services to the Subsidiaries or Joint Ventures shall not be liable to any Subsidiary, Joint Venture or to any third party, including any governmental agency, for any claims, damages or expenses relating to the Management Services provided pursuant to this Agreement, and each Subsidiary or Joint Venture shall have the ultimate responsibility for all Management Services provided herein.

d) Parent shall not be liable to any Subsidiary or Joint Venture for the consequences of any failure or delay in performing any of Parent's obligations under this Agreement, other than for damages arising from Parent's gross negligence or willful or reckless misconduct.

e) Each Subsidiary or Joint Venture shall indemnify and hold harmless any employee of Parent who performs Management Services for such Subsidiary or Joint Venture pursuant to this Agreement to the same extent that Parent would indemnify such employee if the employee were to perform such services for Parent.

ARTICLE II MANAGEMENT SERVICES

Section 2.1 **Provision of Management Services.** Parent shall, at the request of any Subsidiary or Joint Venture, provide such Management Services as Parent determines to be reasonably required by such Subsidiary or Joint Venture. Management Services, for these purposes, shall include, without limitation, the following:

- a) corporate accounting functions;
- b) corporate financing arrangements;
- c) corporate development programs;
- d) oversight of facilities development;
- e) oversight of facility operations;
- f) certain risk management functions;
- g) financial and budget analysis, and corporate consolidations;
- h) financial audits and external financial reporting;
- i) all tax matters, including without limitation, the preparation of all federal and state income tax filings including quarterly estimated tax payments and extension requests;
- j) training for accounting, financial, information systems, patient accounting, human resources and compliance;
- k) investor relations services;
- l) certain clinical functions;
- m) oversight and management of information systems;
- n) preparation of certain facility cost reports;

- o) legal services, including corporate legal compliance;
- p) cash management services;
- q) human resources services including oversight of benefits and related support services;
- r) corporate governance matters;
- s) insurance and related support services;
- t) all billing, coding, and collection services;
- u) all accounts payable functions;
- v) all purchasing functions;
- w) support for all marketing initiatives;
- x) such other Management Services as the Subsidiary or Joint Venture requests and the Parent agrees to provide.

Section 2.2 **Employee Services.** All services relating to the provision of (a) such employees and services as are necessary for the Subsidiaries and Joint Ventures to provide services to customers in accordance with applicable law, and (b) services incidental to the provision of such employees, including, without limitation, employee payroll, benefits, supervision and management, shall be provided by Parent, pursuant to an Employment Services Agreement (the "Employment Services Agreement"), among Parent, Joint Ventures and the Subsidiaries, and shall not be deemed Management Services hereunder or considered in the calculation of the management fee hereunder.

Section 2.3 **Confidentiality.**

a) Parent recognizes and acknowledges that, by virtue of entering into this Agreement, Parent may have access to certain information of customers of the Subsidiaries and Joint Ventures that are confidential. Parent shall not use or disclose any protected health information and individually identifiable health information, as defined in 45 CFR Part 164 and any medical information as defined in the civil codes or other relevant laws of the state in which each Subsidiary or Joint Venture operates (collectively, the "Protected Health Information"), concerning any customers of the Subsidiaries and Joint Ventures other than as permitted by this Agreement or provisions of the federal privacy regulations (the "Federal Privacy Regulations") and the federal

security standards (the “Federal Security Regulations”) as contained in 45 CFR Part 164 and civil codes or other relevant laws of the state in which each Subsidiary or Joint Venture operates. Parent will implement appropriate safeguards to prevent the use or disclosure of a customer’s Protected Health Information, in addition to those provided for by this Agreement. Parent will promptly report to a Subsidiary or Joint Venture any use or disclosure of its customer’s Protected Health Information not provided for by this Agreement of which Parent becomes aware. Parent will make its internal practices, books, and records relating to the use and disclosure of a customer’s Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations and the Federal Security Regulations. Notwithstanding the foregoing, no attorney-client, accountant-client, or other legal privilege shall be deemed waived by any Subsidiary, Joint Venture or Parent by virtue of this Section 2.3(a).

b) Upon the written request of the Secretary of Health and Human Services or the Comptroller General or any of their duly authorized representatives, Parent and any of its affiliates providing services with a value or cost of \$10,000.00 or more over a twelve-month period shall make available to the Secretary the contract, books, documents, and records that are necessary to verify the nature and extent of the cost of providing such services. Such inspection shall be available up to seven (7) years after the rendering of such services. The parties hereto agree that any applicable attorney-client, accountant-client, or other legal privilege shall not be deemed waived by virtue of this Agreement.

ARTICLE III COMPENSATION

Section 3.1 **Compensation for Management Services.** In consideration of the Management Services performed on the Subsidiaries’ and Joint Ventures’ behalf by Parent, during the initial Term and during each extension thereof, each Subsidiary or Joint Venture shall pay to Parent a management fee calculated and payable in accordance with Exhibit I attached hereto and incorporated herein by this reference.

ARTICLE IV TERM AND TERMINATION

Section 4.1 **Term.** This Agreement shall be effective for an initial term of three (3) years from and after the date hereof (the "Term"). At the end of this initial Term, this Agreement shall automatically renew without notice for additional successive one (1) year terms on each anniversary of the date hereof unless earlier terminated in accordance with the terms hereof. Any renewal period of this Agreement shall be considered an extension of the original Term.

Section 4.2 **Termination.** Notwithstanding Section 4.1, this Agreement may be terminated with respect to any or all Subsidiaries or Joint Ventures as follows:

a) by any party hereto (but only with respect to such individual party's rights and obligations hereunder) if such party provides the other parties with written notice terminating the Agreement with respect to such party at least thirty (30) days prior to the end of the Term or any extension thereof;

b) by any Subsidiary or Joint Venture on the one hand or Parent on the other hand (but only with respect to such individual party's rights and obligations hereunder) upon written notice to the other parties in the event that at any time during the Term or any extension thereof, any Subsidiary or Joint Venture in the case of Parent or Parent in the case of any Subsidiary or Joint Venture (i) ceases to conduct its business, or (ii) breaches any provision of this Agreement and such breach, if curable, is not cured by the breaching party within thirty (30) days of the breaching party's receipt of notice thereof from the non-breaching party; or

c) by any Subsidiary or Joint Venture on the one hand or Parent on the other hand (but only with respect to such individual party's rights and obligations hereunder) without notice in the event any Subsidiary or Joint Venture in the case of Parent or Parent in the case of any Subsidiary or Joint Venture becomes insolvent or makes a general assignment for the benefit of creditors or if a petition of bankruptcy is filed by such other party or by any third party against such other party, or if such other party is adjudicated bankrupt, or if a receiver or other custodian, either permanent or temporary, is appointed by any court with respect to the assets or business of such party, or if a proceeding for the relief of creditors under any foreign, state or federal law is instituted by or against such party. For the avoidance of doubt, Parent may terminate this Agreement with respect to one or more Subsidiaries or Joint Ventures in accordance with the terms hereof and this Agreement shall continue without interruption among Parent and the remaining Subsidiaries and Joint Ventures. In the event any

Subsidiary or Joint Venture terminates this Agreement in accordance with its terms, the Agreement shall terminate only with respect to such Subsidiary or Joint Venture and shall continue without interruption among Parent and the remaining Subsidiaries and Joint Ventures.

Section 4.3 **Changes in Law.** Notwithstanding any other provision of this Agreement, provided that this Agreement is not terminated by Parent or any Subsidiary or Joint Venture pursuant to any other provision of this Agreement, if the governmental agencies that administer the Medicare, Medicaid, or other federally funded programs (or their representatives or agents), or any other federal, state or local governmental or non-governmental agency, or any court or administrative tribunal pass, issue or promulgate any law, rule, regulation, standard, interpretation, order, decision or judgment, including but not limited to those relating to any regulations pursuant to state or federal anti-kickback or physician self-referral statutes (collectively or individually "Legal Event"), which, in the written opinion of counsel for any party hereto (the "Noticing Party"), materially and adversely affects such party's licensure, accreditation, certification, or ability to refer, to accept any referral, to bill, to claim, to present a bill or claim, or to receive payment or reimbursement from any federal, state or local governmental or non-governmental payor, or which subjects the Noticing Party to a risk of prosecution or civil monetary penalty, or if in the good faith opinion of counsel to such party any term or provision of this Agreement could trigger a Legal Event, then the Noticing Party may give the other party or parties notice of desire to amend this Agreement. In the event of such notice, the Noticing Party and the other affected party or parties shall have thirty (30) days from the giving of such notice (the "Renegotiation Period") within which to attempt to amend this Agreement. For the avoidance of doubt, in any notice or negotiation under this Section 4.3, any affected Subsidiaries or Joint Ventures shall be represented by one representative who shall be given authority to act on behalf of all affected Subsidiaries or Joint Ventures. If this Agreement is not so amended within the Renegotiation Period for any reason whatsoever, Parent may unilaterally amend this Agreement to the extent Parent deems reasonably necessary to avoid the consequences of such Legal Event, including, if such amendment is impossible, the termination of this Agreement.

ARTICLE V INSURANCE

Section 5.1 **Required Insurance Policies.** Each Subsidiary, Joint Venture, and Parent shall have in effect and maintain throughout the Term and any extension thereof, the following minimum insurance coverages, unless a particular requirement is waived by Parent and an individual Subsidiary or Joint Venture:

a) Each Subsidiary or Joint Venture shall have in effect and maintain throughout the Term and any extension thereof, at such Subsidiary's or Joint Venture's cost, commercially customary insurance coverage for comprehensive healthcare professional liability, general liability, and bodily injury and property damage liability, including without limitation, property damage or casualty insurance covering damage to the buildings, furnishings, fixtures and equipment of such Subsidiary or Joint Venture covering the full replacement value of such items, with the attributes reasonably acceptable to Parent.

b) Each Subsidiary or Joint Venture shall have in effect and maintain throughout the Term and any extension thereof, at such Subsidiary's or Joint Venture's cost, comprehensive, bodily injury and property damage automobile liability insurance underwritten by an insurance company authorized to transact such insurance business in the state in which such Subsidiary or Joint Venture operates in amounts customary and ordinary for companies such as such Subsidiary or Joint Venture operating in such state.

c) Parent shall have in effect and maintain throughout the Term and any extension thereof, at Parent's cost, commercially customary insurance coverage for workers' compensation, general liability, and bodily injury and property damage liability, including without limitation, property damage or casualty insurance, relating to Parent's duties or responsibilities under this Agreement.

d) Parent shall be named as an additional insured under each insurance policy of the Subsidiaries and Joint Ventures, with respect to this Agreement. The policies required hereunder shall not be terminated or not-renewed except upon thirty (30) days' prior written notice to the other parties. No later than thirty (30) days following the execution of this Agreement, and thirty (30) days following the end of each policy year, each Subsidiary or Joint Venture shall give to Parent a copy of the endorsements naming Parent as an additional insured.

ARTICLE VI MISCELLANEOUS

Section 6.1 **Inspection of Records.** Parent shall maintain such books, accounts and records of its operations as may be reasonably necessary for purposes of this Agreement or as required by applicable law in the jurisdiction in which each

Subsidiary or Joint Venture is located. Each Subsidiary or Joint Venture shall have the right to examine such books, accounts and records at any reasonable time or times for the purpose of verifying the payments required to be made by it hereunder at such Subsidiary's or Joint Venture's sole cost and expense. Although all operating procedures, protocols, information systems, operating data, computer databases, reports and other non-public proprietary business systems or information shall be owned by Parent and shall remain the exclusive property of the Parent, upon termination or expiration of this Management Services Agreement, all data will be made available immediately and for a period of not less than seven (7) years following the termination or expiration.

Section 6.2 Indemnity.

a) Each Subsidiary or Joint Venture assumes all liability for and agrees to defend, indemnify and hold Parent, its employees, officers, directors, shareholders, agents and affiliates (other than such Subsidiary or Joint Venture) (collectively, the "Parent Indemnified Parties"), harmless from and against all demands, liability, damages, costs and expenses, including attorneys' and expert witness fees (each, a "Loss"), incurred by Parent arising from or in connection with (a) alleged or actual failure by such Subsidiary or Joint Venture to perform any of its duties hereunder; (b) any pending or threatened claims asserted against Parent based on actions or omissions by any Subsidiary or Joint Venture during the Term, to the extent such claims have not been caused in whole or in part by the gross negligence or willful or reckless misconduct of any Parent Indemnified Party; (c) any action against Parent brought by any of such Subsidiary's or Joint Venture's employees or former employees related to claims of employment by such Subsidiary or Joint Venture or related rights or benefits; (d) any act or omission by any employee or agent of such Subsidiary; (e) any violation of any requirement applicable to such Subsidiary or Joint Venture under any federal, state, or local environmental, hazardous waste or similar law or regulation, to the extent such claims have not been caused in whole or in part by the gross negligence or willful or reckless misconduct of any Parent Indemnified Party; and (f) any action by Parent properly undertaken in accordance with a written directive by the Board of such Subsidiary or Joint Venture, in each case whether as a result of direct claims or third party claims that the Parent Indemnified Parties or any of them may suffer or incur.

b) Parent assumes all liability for and agrees to defend, indemnify and hold each Subsidiary or Joint Venture, its employees, officers, directors, shareholders, agents and affiliates (other than Parent) (collectively, the "Subsidiary/JV Indemnified Parties"), harmless from and against all Losses incurred by such Subsidiary or Joint Venture arising from or in connection with (a) alleged or actual failure by Parent to

perform any of its duties hereunder; (b) any pending or threatened claims asserted against such Subsidiary or Joint Venture based on actions or omissions by Parent during the Term, to the extent such claims have not been caused in whole or in part by the gross negligence or willful or reckless misconduct of any Subsidiary/Indemnified Party; (c) any action against such Subsidiary or Joint Venture brought by any of Parent's employees or former employees related to claims of employment by Parent or related rights or benefits; (d) any act or omission by any employee or agent of Parent; (e) any violation of any requirement applicable to Parent under any federal, state, or local environmental, hazardous waste or similar law or regulation, to the extent such claims have not been caused in whole or in part by the gross negligence or willful or reckless misconduct of any Subsidiary/JV Indemnified Party; and (f) any action by such Subsidiary or Joint Venture properly undertaken in accordance with a written directive by the Board of Parent, in each case whether as a result of direct claims or third party claims that the Subsidiary/JV Indemnified Parties or any of them may suffer or incur.

Section 6.3 **Notices.** All notices and other communications hereunder shall be in writing and shall be delivered by hand or mailed by registered or certified mail (return receipt requested) or transmitted by facsimile to the parties at the address of such parties on file with one another (or at such other addresses for a party as shall be specified by like notice) and shall be deemed given on the date on which such notice is received. Section 6.4 Independent Contractor. Parent shall be an independent contractor and not an employee of, or partner with, any Subsidiary or Joint Venture solely by virtue of this Agreement.

Section 6.5 **Compliance with Laws.** Parent and the Subsidiaries and Joint Ventures desire that this Agreement and the obligations performed hereunder be in full compliance with (a) the terms and conditions of all licenses, permits and authorizations issued to a Subsidiary or Joint Venture by any governmental entity in connection with the conduct of the Subsidiary's or Joint Venture's business; (b) all applicable healthcare laws and policies, including the Health Insurance Portability and Accountability Act ("HIPAA") of 1996, 45 C.F.R. Parts 160 and 164; and (c) any other applicable law. If any governmental entity determines that any provision of this Agreement violates any applicable law, the Subsidiaries, Joint Ventures, and Parent shall use their best efforts to immediately bring this Agreement into compliance, consistent with the terms and spirit of this Agreement.

Section 6.6 **Events Beyond Control of Parties.** No party hereto shall be responsible for any failure to comply with the terms of this Agreement where such

failure is due to force majeure, which shall include, without limitation, fire, flood, explosion, strike, labor disputes, labor shortages, picketing, lockout, transportation embargo or failures or delays in transportation, strikes or labor disputes affecting supplies, or acts of God, civil riot, acts of terrorism, war or insurrection, acts of the federal government or any agency thereof, or judicial action. Specifically excluded from this definition are those acts of the federal government or any agency thereof or judicial action which could have been avoided by compliance with such laws or regulations as are publicly available and reasonably expected to be known by a party. Upon the cessation of any cause operating to excuse performance of any party under this Section 6.6, this Agreement shall continue in full force and effect unless or until otherwise terminated pursuant to this Agreement.

Section 6.7 Entire Agreement. This Agreement constitutes the entire understanding among the parties hereto with respect to the subject matter hereof and all prior agreements or understandings shall be deemed superseded hereby. No representations, warranties and certifications, express or implied, shall exist as among the parties except as stated herein. Section 6.8 Amendments. Except as set forth in Section 4.3 above, no amendments, waivers or modifications hereof shall be made or deemed to have been made unless in writing executed by the party to be bound thereby.

Section 6.9 Arbitration of Disputes and Claims.

a) Any dispute between or among the parties hereto regarding alleged noncompliance with this Agreement shall be submitted to a joint ad hoc dispute resolution committee made up of one representative for the affected Subsidiaries or Joint Ventures and one representative of Parent (the "Dispute Resolution Committee"). The Dispute Resolution Committee shall meet for the purpose of negotiating a mutually satisfactory resolution of the then outstanding dispute between or among the parties. All resolutions reached by the Dispute Resolution Committee shall be final and binding. If the Dispute Resolution Committee is unable to reach a resolution within fifteen (15) days of being appointed by the parties (or such other time period as mutually agreed to in writing by the parties), the dispute at issue shall be submitted to a mediator selected by the Dispute Resolution Committee. If the mediator is unable to assist the parties in reaching a resolution within thirty (30) days of being appointed (or such other time period as mutually agreed to in writing by the parties), the dispute at issue shall be submitted to arbitration in accordance with Section 6.9(b) of this Agreement.

b) Any unresolved dispute under Section 6.9(a) that is not resolved by The Dispute Resolution Committee may be submitted by a party to binding arbitration for resolution. Such arbitration shall be final and binding. The arbitrator shall be mutually selected by Parent and one representative of the affected Subsidiaries or Joint Venture. The arbitrator shall be a nationally recognized health care consultant with a business and financial background who works predominantly in the healthcare field, and who is familiar with the business and financial aspects of home healthcare. The arbitrator shall be instructed to make decisions in accordance with the principles, goals, and intentions of the parties, as set forth in this Agreement. All arbitration shall be conducted in Dallas, Texas. The costs of the arbitration and the fees of the arbitrator shall be paid by the non-prevailing party(ies), as determined by the arbitrator.

Section 6.10 **Binding Agreement; Severability.** This Agreement shall be binding upon and inure to the benefit of each party hereto and their respective permitted successors and assigns. If any provision of this Agreement is determined to be invalid or unenforceable in whole or in part, the remaining provisions shall be enforceable to the greatest extent possible.

Section 6.11 **Time of Essence.** Time is of the essence in the performance of all matters under this Agreement.

Section 6.12 **Counterparts.** This Agreement may be executed in any number of counterparts (including via email with scan attachment or facsimile), each of which when so executed shall be deemed to be an original and all of which when taken together shall constitute this Agreement.

Section 6.13 **Successors and Assigns.** This Agreement shall not be assignable, in whole or in part, directly or indirectly, by any party hereto without the prior written consent of the other party hereto, and any attempt to assign any rights or obligations arising under this Agreement without such consent shall be void; provided, however, that Parent may assign this Agreement or delegate some or all of Parent's obligations hereunder to one or more affiliates or subsidiaries of Parent, provided that Parent shall remain liable and responsible to the Subsidiaries and Joint Ventures for the performance of any such assignee(s). This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns.

Section 6.14 **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and of the United States.

Section 6.15 **No Third-Party Beneficiaries.** This Agreement is solely for the benefit of the parties hereto and should not be deemed to confer upon third parties any remedy, claim, liability, reimbursement, claim of action or other right in excess of those existing without reference to this Agreement.

Section 6.16 **Waiver.** The failure of any of the parties hereto to enforce any provision of this Agreement cannot be construed to be a waiver of such provision or of the right thereafter to enforce the same, and no waiver of any breach shall be construed as an agreement to waive any subsequent breach of the same or any other provision.

Section 6.17 **Headings.** The section and paragraph headings used in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

[Remainder of Page Intentionally Blank, Signatures on Following Pages]

IN WITNESS WHEREOF, the undersigned have caused this Agreement to be duly executed and operable as of date first written above.

XXXXXXXXXX ("Parent")

By:

Name: XXXXXXXXXXXX

Title: XXXXXXXXXXXX

Between

Ravi Bachala (Lessor)

and

Jonathan Cleator (Lessee)

Lessor Address: 12938 Twelve Oaks Ave, Frisco, TX 75035

Lessee Address: 6639 Fairview Rd, Hixson, TN 37343

Premises Address: 7505 Middle Valley Rd, Suite 101, Hixson, TN 37343

Effective Date: May 30, 2025

Lease Term: July 1, 2025 - December 31, 2025

Monthly Rent: \$650.00

1. Term

This Lease shall begin on July 1, 2025, and shall terminate on December 31, 2026, unless otherwise extended in writing by mutual agreement or by the Lessee's option to renew, as set forth in Section 30 below.

2. Rent

(a) Rent shall be \$650.00 per month, due on the first day of each month, starting July 1, 2025.

(b) All payments shall be made to Ravi Bachala at 12938 Twelve Oaks Ave, Frisco, TX 75035, or another

address designated in writing by Lessor.

3. Use

The Premises shall be used by Lessee, operating as Boost of Chattanooga, for purposes of operating

a Home Health Agency.

4-29. Other Terms

N/A.

COMMERCIAL LEASE AGREEMENT

30. Option to Renew

Provided the Lessee is not in material breach or default under this Lease, the Lessee shall have the unilateral right to renew this Lease for an additional term of up to two (2) years under the same terms and conditions as this current lease, unless otherwise agreed to in writing. Lessee shall provide Lessor with written notice of intent to renew at least 30 days prior to the lease expiration.


SIGNATURE PAGE

Lessee:

By: Jonathan Cleator

Address: 6639 Fairview Rd, Hixson, TN 37343

Date: 5/30/2025

Signature: 

Lessor:

By: Ravi Bachala

Address: 12938 Twelve Oaks Ave, Frisco, TX 75035

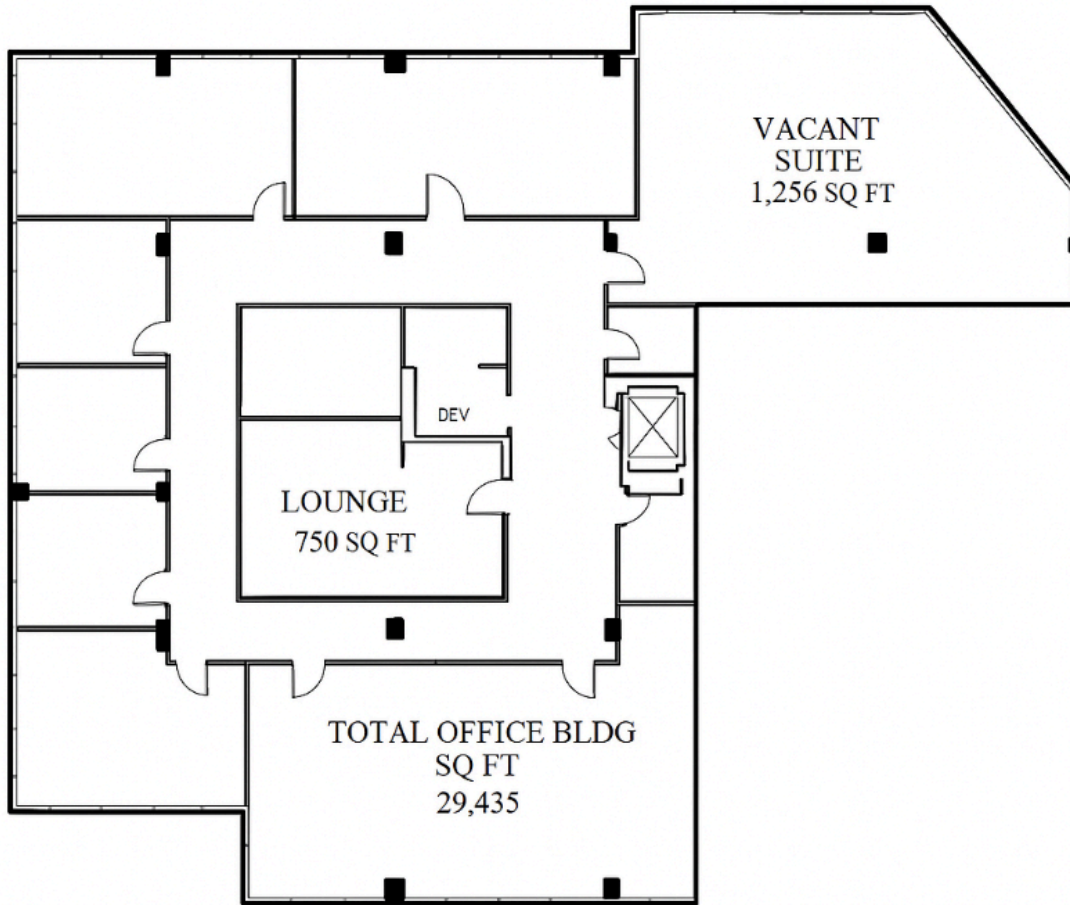
Date: 5/30/2025

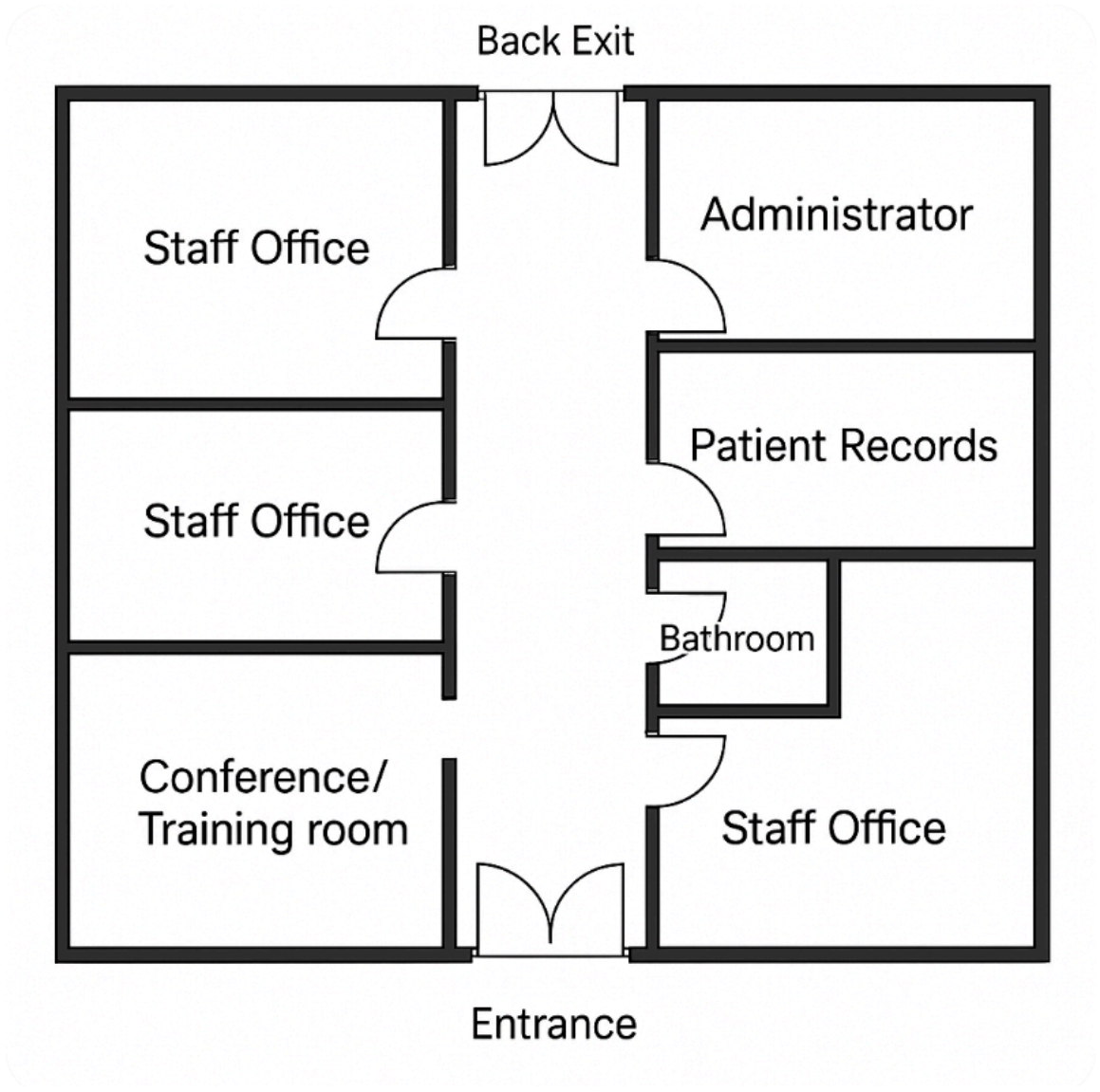
Signature: Ravi Bachala

10A - Floor Plan

Office Sq Ft. 1,256

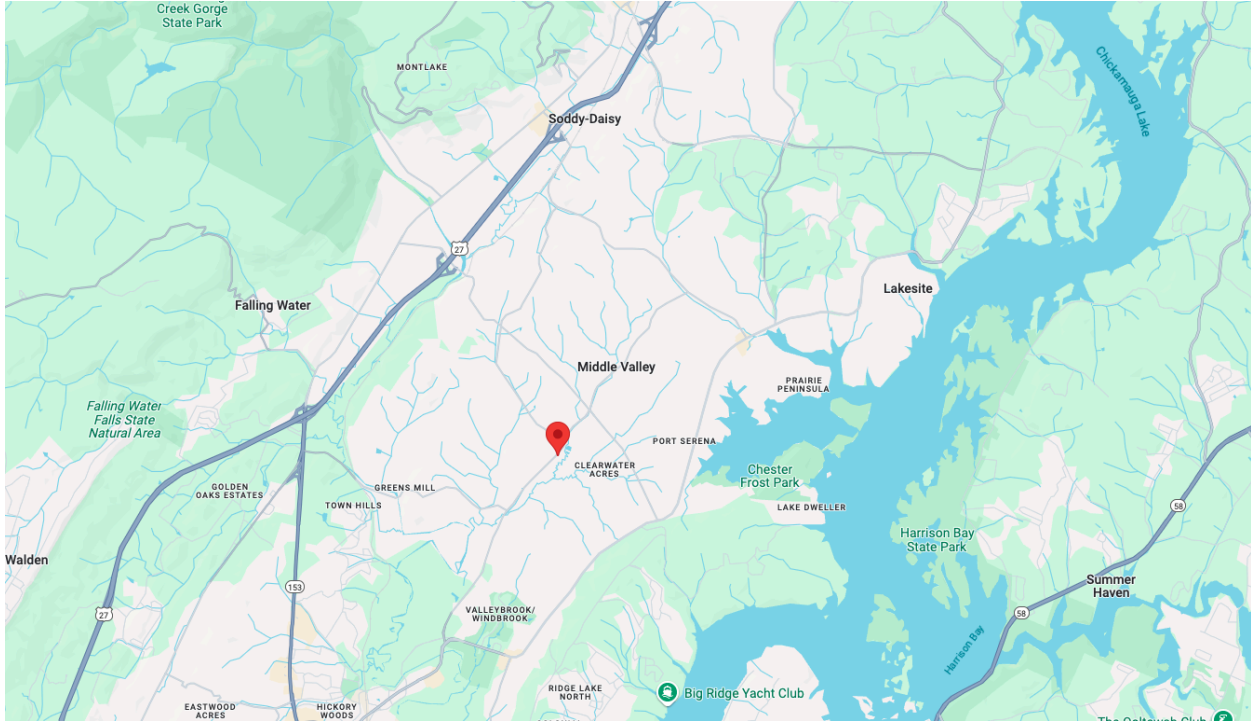
Total Bldg Sq Ft. 29,435





Attachment 11A

Public Transportation Route



The proposed location at 7507 Middle Valley Rd sits just off CARTA Route 16—a primary bus line with stops within walking distance operating from roughly 5:30 AM to 10 PM. Paratransit and on-demand services enable ADA-compliant access. The site is also adjacent to SR 319 and close to SR 153/I-75 interchanges, providing excellent highway connectivity for vehicle-based clients from across Chattanooga and Hamilton County.

Public Transportation Access

- **CARTA Route 16 (Northgate)** runs along Hixson Pike/Middle Valley Rd, serving the Northgate Mall area and extending into Hixson. It's the **main fixed-route bus service** in the area.
- Nearby stops include **Northgate & Chili's** (≈3-minute walk) and others along Middle Valley Rd—making the site **minutes from regular bus service** (typically 5:30 AM–10:12 PM).
- There is **no direct transit service** into Middle Valley itself; riders generally use Route 16 and then walk or grab a rideshare like a taxi or micro-transit.

- CARTA offers **paratransit options and on-demand micro-transit**, which can be scheduled for ADA-eligible riders.

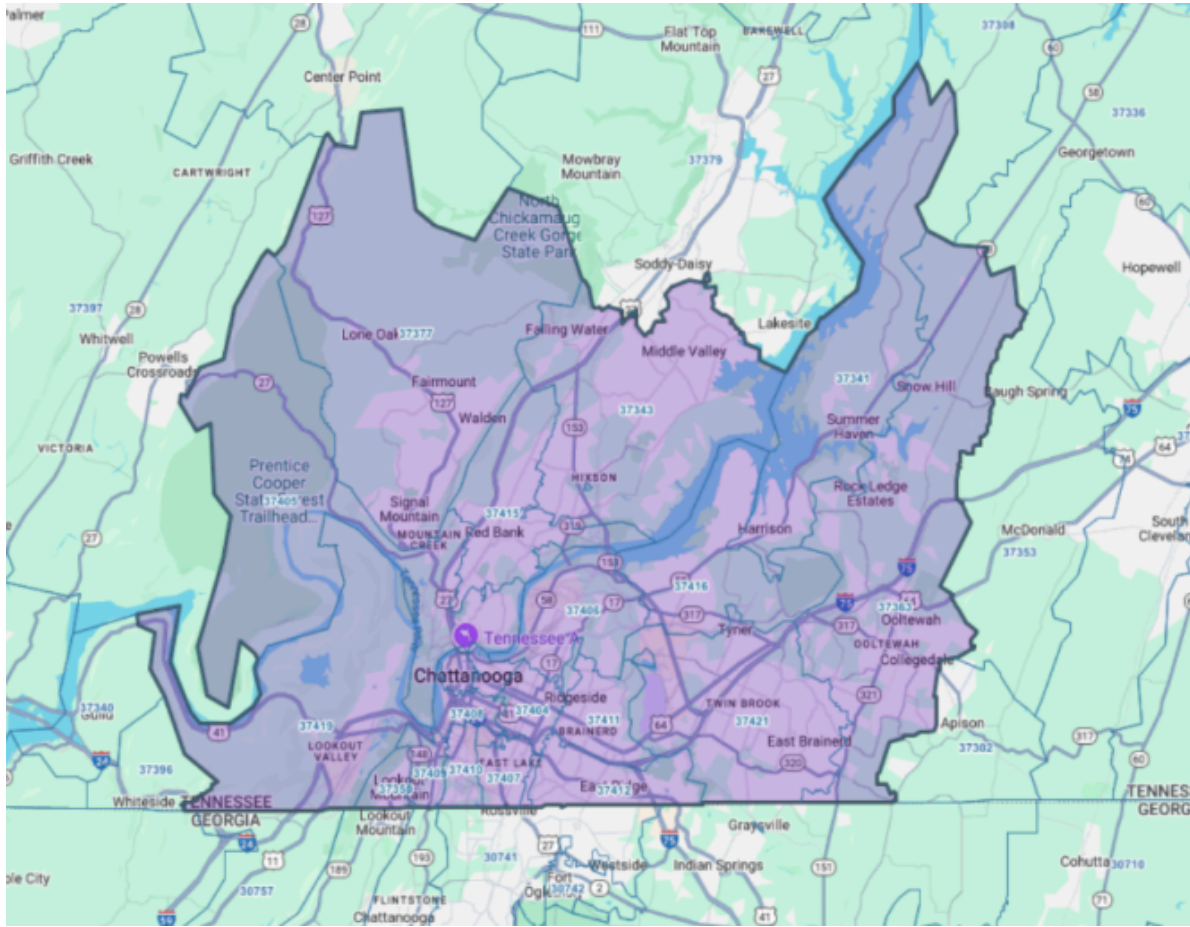
Highway & Major Road Connectivity

- The proposed office is within easy reach of **Tennessee SR 153**, a major north–south freeway linking **I-75 to US 27/Hixson Pike**—providing fast regional and interstate access.
- **SR 319 (DuPont Parkway/Hixson Pike)** runs adjacent to Middle Valley Rd. It connects directly to SR 153/I-75 via interchanges, offering a **convenient commuter route**.
- The site directly sits on **Middle Valley Rd**, a well-traveled arterial road that provides **straight access to local neighborhoods, commercial areas, and highway entrance ramps**.

Accessibility Summary for Patients & Clients

- **By public transit:** Clients can ride CARTA Route 16 to nearby stops on Hixson Pike, then walk or use on-demand options. Service runs frequently from early morning to late evening, and paratransit increases accessibility for those with disabilities.
- **By vehicle:** The office benefits from excellent regional highway access via SR 153 and SR 319, linking to I-75, US 27, and central Chattanooga. On-site parking would further facilitate drop-off and pick-up.

Boost Home Healthcare Chattanooga LLC service area in purple.



2N - Service Area Map/Zip Code Map

Boost Home Healthcare as a franchise brand has been delivering compassionate and high-quality private duty nursing (PDN), skilled nursing visits, and therapy services in home and community-based settings across the country since 2021. We are committed to helping patients and families by offering expert care in the familiar and comfortable surroundings of their own homes. Rooted in personalized attention and clinical excellence, Boost is proud to serve Hamilton, Sequatchie, and Bradley counties in Tennessee.

Our adult clients are accepted based on clinical need and our ability to meet those needs safely in the home. Boost will expand its services to adult patients — continuing our commitment to inclusive, high-standard care regardless of age, race, gender, diagnosis, or background. We will not deny care to individuals with communicable diseases, and all referral partners will be informed of this inclusive admission policy.

Scope of Services

Boost's clinical offerings include:

- Private duty and visit-based skilled nursing
- Ventilator and respiratory care
- Tracheostomy and oxygen therapy
- Nebulizer treatments and pulse oximetry
- Medication management and lab draws
- G-tube/N-tube/J-tube feeding and care education
- Wound care, catheter/ostomy management
- Seizure protocols and neurological monitoring
- Apnea monitoring, INR checks, and nutrition assessments

Our home health aide services support:

- Activities of daily living
- Meal prep and mobility support
- Vital sign monitoring and home exercise programs

These services are typically covered up to 35 hours/week when combined with skilled nursing needs under managed care plans.

Defined Service Area

Boost will launch and operate in the following counties:

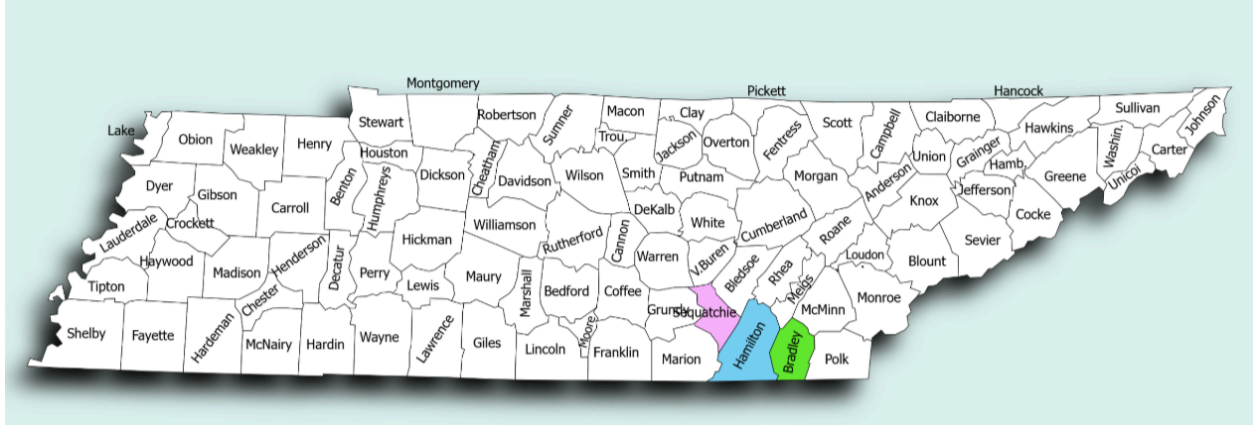
- **Hamilton County** – 24 projected patients in Year 1
- **Sequatchie County** – 4 projected patients in Year 1
- **Bradley County** – 8 projected patients in Year 1

This service area was selected based on our franchise territory footprint, referral relationships, and anticipated demand from local families and medical professionals.

Referrals & Market Support

Our referral sources include local physicians, TennCare MCOs, nursing homes, assisted living and hospital systems. Boost has turned away but referred skilled patients to date due to not having a Home Health license — with 15 patient referrals turned away, all of which occurred in the first half of 2025. These figures reflect strong unmet demand, and our expansion will directly address that gap.

Boost Home Healthcare is actively pursuing letters of support from MCOs and provider partners across our service counties to solidify payer collaboration and ensure continuity of care. With this proposed license adjustment, we are positioned to admit at least 36 adult patients in Year 1, distributed according to referral patterns and population density across our target counties.



Counties:

Hamilton

Bradley

Sequatchie

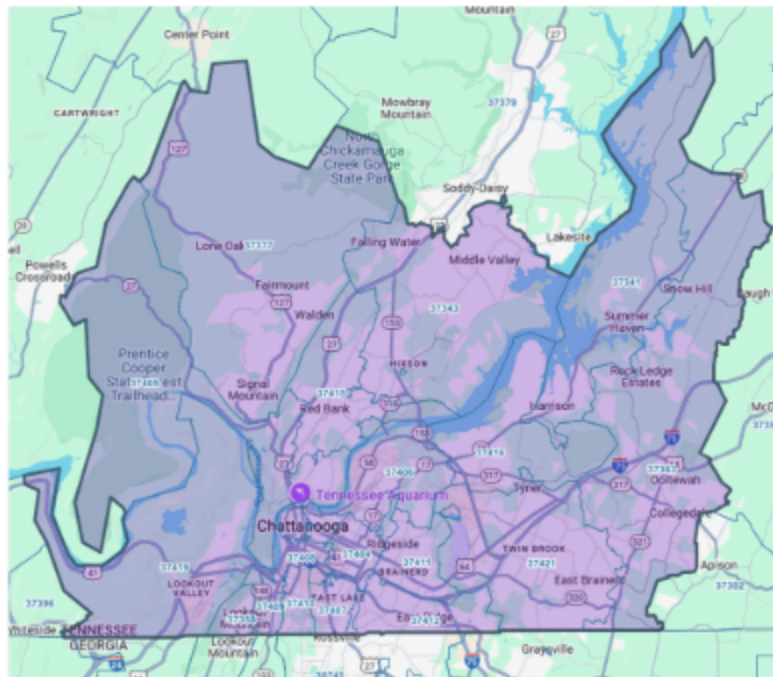
**ADDENDUM A
TO THE FRANCHISE AGREEMENT**

PROTECTED TERRITORY

TO THAT CERTAIN
BOOST HOME HEALTHCARE FRANCHISE AGREEMENT
BY AND BETWEEN BOOST FRANCHISE SYSTEMS, LLC
AND JONATHAN CLEATOR
DATED 1/23/2025
(the "Franchise Agreement")

1. Protected Territory. You agree that the Franchised Business and its Approved Location must be centrally located in the following United States Postal Service ("USPS") Zip Codes:

37341	37343	37350	37351	37363	37377	37402
37403	37404	37405	37406	37407	37408	37409
37410	37411	37412	37415	37416	37416	37421



Address	City	Zip	State
561 E. Garden Dr., Unit J	Windsor	80550	CO
5460 Hoffner Ave #405	Orlando	32812	FL
55 N. Daley St	Diamond	60416	IL
1332 N Halsted St Ste 304	Chicago	60642	IL
10412 Allisonville Rd., Ste 103	Fishers	46038	IN
18 Commerce Way, Suite 1250	Woburn	01801	MA
1101 Beacon St # 4W	Brookline	02446	MA
26211 Central Park Boulevard, Suite 370	Southfield	48076	MI
7905 L St Ste 330	Omaha	68005	NE
36311 Detroit Rd., Unit 205	Avon	44011	OH
871 Baltimore Pike, Ste 16	Glen Mills	19342	PA
4201 Crums Mill Rd., Suite #102	Harrisburg	17112	PA
2695 Villa Creed Dr. Ste. B285	Dallas	75234	TX
5309 Wurzbach Rd, Suite 100-4	San Antonio	78238	TX
5442 Old Alexandria Tpke	Warrenton	20187	VA

Service Area Demographics and Need

Boost Home Healthcare Chattanooga LLC's defined service area encompasses **Hamilton, Bradley, and Sequatchie counties**, strategically located in southeast Tennessee. These counties collectively represent a growing population with a strong percentage of adult residents and a significant share enrolled in TennCare — underscoring the medical and financial need for skilled home-based care.

As of 2024, the total population across the three counties is approximately **514,777** residents, and by 2026 this figure is projected to rise to **518,819** — a modest yet steady growth of approximately **0.8%**. Among these residents, an estimated **410,136** are aged 18 and older, representing **approximately 79.7%** of the total population. This adult demographic forms the primary service target for Boost Home Healthcare.

The most populous county in the service area is **Hamilton County**, home to an estimated **386,256 residents** in 2024 and projected to grow to **388,310** by 2026. Adults (18 and older) make up **about 79.1%** of this population, or roughly **307,166 individuals** — representing more than 74% of the adult population across the service area.

Bradley County, with a 2024 population of approximately **112,767**, is projected to grow to **114,494** by 2026. The adult population makes up about **78.7%**, or approximately **90,092 individuals** by 2026.

Sequatchie County, though smaller in size, is experiencing growth and has an outsized need based on its TennCare enrollment rate. The population in 2024 is estimated at **15,754** and is expected to reach **16,015** by 2026. Adults make up around **80.4%**, or roughly **12,878 individuals** by 2026.

Across these counties, TennCare enrollment rates vary from **16% in Hamilton County**, to **20.6% in Bradley County**, and as high as **23–24% in Sequatchie County**. These rates reflect significant reliance on Medicaid and reinforce the necessity of expanding access to in-home care for adults who are medically complex, low-income, or otherwise underserved.

In total, the adult population across Boost's three-county service area comprises **approximately 410,136 individuals** in 2026. This figure reflects **approximately 79.7%** of the total population — consistent with national trends and similar to comparative data cited in prior CON applications across the state.

Boost Home Healthcare’s commitment to high-quality home-based clinical care, paired with an inclusive admission policy and TennCare partnerships, is directly aligned with the needs of these counties. The geographic and demographic profile supports the feasibility of reaching and serving adult patients who would otherwise face barriers to accessing appropriate care.

The Agency’s target population is seniors 65 plus in need of skilled home health service with 75% of patients projected to be over 65.

Geographic Area	Total Population – 2025	Total Population – 2028	% Change (2025–2028)	Target Population – (Age 18+)	Target Population – (Age 18+)	% Change (Age 18+)	Target Pop. (18+) as % of Total	Median Age*	Median Household Income*	Persons Below Poverty*	% Below Poverty*	TennCare Enrollees*	TennCare % of Total*
Hamilton	389,450	393,210	1.0%	308,255	311,020	0.9%	~79.5%	39.4	\$59,621	63,270	16.4%	61,801	15.9%
Bradley	113,640	115,870	2.0%	89,430	91,020	1.8%	~78.7%	39.6	\$53,371	14,782	13.1%	23,570	20.3%
Sequatchie	15,890	16,210	2.0%	12,785	13,015	1.8%	~80.0%	43.7	\$50,149	2,224	14.1%	3,763	23.2%
Service Area Total	518,980	525,290	1.2%	410,470	415,055	1.1%	~79.7%	—	—	80,276	15.6%	89,134	17.0%
State of Tennessee	7,154,000	7,320,000	2.3%	5,594,000	5,726,000	2.4%	~78.0%	39.2	\$65,254	978,000	13.7%	1,563,000	21.8%

Sources:

- Population (2025, 2028): Boyd Center for Business and Economic Research, Population Projections | Tennessee State Data Center
- Median age, household income, poverty, TennCare enrollment: U.S. Census Bureau (ACS 5-Year Estimates, 2022) and TennCare

enrollment reports, Tennessee Department of Finance & Administration.

*Median age, household income, poverty, and TennCare data are carried over from the previous Attachment 3N.B as these indicators are not included in the Boyd Center projections.

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

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>).

Demographic Variable/ Geographic Area	Department of Health/Health Statistics							Census Bureau				TennCare	
	Total Population -Current Year 2025	Total Population -Projected Year 2028	Total Population -% Change	*Target Population-Current Year 2025 - 65+	Target Population-Projected Year 2028 - 65+	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
Hamilton	385,749	393,234	1.9%	76,766	80,748	5.2%	20.5%	39.5	\$72,568	49,761	12.9%	64,382	16.8%
Bradley	113,639	116,171	2.2%	22,293	23,787	2.2%	20.5%	39.3	\$63,789	17,045	15.0%	22,339	19.8%
Sequatchie	15,888	16,256	2.3%	3,854	4,111	6.7%	26.9%	44.7	\$52,260	2,399	15.1%	3,703	23.5%
Service Area Total	515,276	525,661	2.0%	102,913	108,646	5.6%	20.7%			69,205		90,424	17.5%
State of TN Total	7,179,307	7,331,859	2.1%	1,325,846	1,438,845	8.5%	19.6%	38.9	\$67,097	969,206	13.5%	1,385,723	19.4%

* Target Population is population that project will primarily serve. For example, nursing home, home health agency, and hospice agency projects typically primarily serve the Age 65+ population. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2022, then default Projected Year is 2026.

Be sure to identify the target population, e.g. Age 65+, the current year and projected year being used.

Section 5N.

Boost Home Healthcare LLC proposes to provide intermittent home health services and in Hamilton, Bradley, and Sequatchie Counties. The Tennessee Department of Health licensure roster (January 5, 2026) identifies 125 licensed home health agencies in the tri-county service area: 41 in Hamilton, 44 in Bradley, and 40 in Sequatchie. The 2021–2023 Joint Annual Reports (JARs) show that only a small subset of these agencies reported active utilization in terms of patients, visits, hours, and revenue. The majority of licensed agencies are infusion-only providers or reported no activity for three consecutive years.

Hamilton County – Active Agencies (2021–2023 JAR)

State ID	Agency	2021 Patients	2021 Visits	2022 Patients	2022 Visits	2023 Patients	2023 Visits	2023 Hours
33083	AccentCare Home Health of Tennessee	1402	42110	1378	40856	1395	41523	28964
33253	CHI Memorial Health at Home	812	15876	854	16923	873	17135	--
33093	CenterWell Home Health	289	6721	301	6892	296	6954	--

33383	Erlanger Continu- care Home Health (Conti- nucar- e II)	455	6403	466	6487	470	7057	6787
19544	Home Care Soluti- ons	259	4621	263	4725	268	4846	4916
33033	NHC Home care	144	1882	148	1902	150	1921	--
33433	Maxi- m Health- care Servic- es	16	--	18	--	19	--	14812

Table 1: Hamilton County: Active Home Health Agencies Reporting 2023 Utilization
2023 Revenue Summary – Hamilton County

State ID	Agency	2023 Revenue
33083	AccentCare Home Health of Tennessee	\$8,923,145
33253	CHI Memorial Health at Home	\$7,286,220
33093	CenterWell Home Health	\$1,661,743
33383	Erlanger Continucare Home Health (Continucare II)	\$1,714,960
19544	Home Care Solutions	\$1,078,816

33033	NHC Homecare	\$745,575
33433	Maxim Healthcare Services	\$827,028

Table 2: Hamilton County: 2023 Home Health Agency Revenue

Bradley County – Active Agencies (2021–2023 JAR)

State ID	Agency	2021 Patients	2021 Visits	2022 Patients	2022 Visits	2023 Patients	2023 Visits	2023 Hours
06063 & 06613	Adoration Home Health & Hospice Care East TN	2411	57943	2486	58902	2537	60058	74737
06043	Tennova Home Health -- Cleveland	521	11124	532	11482	543	11671	12123

Table 3: Bradley County: Active Home Health Agencies Reporting 2023 Utilization

2023 Revenue Summary – Bradley County

State ID	Agency	2023 Revenue
06063 & 06613	Adoration Home Health & Hospice Care East TN	\$18,107,625
06043	Tennova Home Health -- Cleveland	\$2,028,566

Table 4: Bradley County: 2023 Home Health Agency Revenue

Sequatchie County – Active Agencies (2021–2023 JAR)

None of the 40 licensed agencies reported measurable home health or PDN utilization in 2021, 2022, or 2023. The roster consists largely of infusion providers (Accredo, Optum, Coram, TwelveStone, Paragon, Pentec) and agencies licensed from adjoining counties (AccentCare, Enhabit, Amedisys, CenterWell, Erlanger), all of which reported zero patients and visits.

Approved but Unimplemented Services

A review of HSDA records indicates there are no recently approved but unimplemented CONs for home health services in Hamilton, Bradley, or Sequatchie Counties.

Summary

Across the tri-county service area, only 10 agencies reported measurable intermittent or PDN utilization in 2023:

- Hamilton County: 7 active agencies with combined 2023 revenue of \$21,275,539
- Bradley County: 2 active agencies with combined 2023 revenue of \$20,136,191
- Sequatchie County: 0 agencies with measurable utilization

Utilization has been stable to growing for AccentCare, CHI Memorial, Erlanger Continucare, Adoration Home Health & Hospice, and Tennova Home Health. PDN activity remains limited, with Maxim Healthcare in Hamilton County reporting essentially all hours. The majority of licensed agencies (approximately 70 of 83) reported no activity for three consecutive years, underscoring a large number of inactive or infusion-only licenses.

Boost Home Healthcare LLC's proposed services will not duplicate inactive providers, but instead will add needed intermittent nursing care, enhancing consumer choice and meeting unmet need in Hamilton, Bradley, and Sequatchie Counties.

Home Health Agencies Licensed to Service for Bradley, Hamilton, Sequatchie Counties

Health Statistics ID	Agency County	Agency Name	Type	Exempt Service
01032	Anderson	Clinch River Home Health	Home	EEOICPA
01072	Anderson	CNSCares	Home	EEOICPA
01092	Anderson	Giving Home Health Care	Home	EEOICPA
	Anderson	Nuclear Care Partners, LLC	Home	EEOICPA
01062	Anderson	Patriot Homecare	Home	EEOICPA, Pediatric
01042	Anderson	Professional Case Management of Tennessee	Home	EEOICPA
01112	Anderson	Trinity Homecare & Consulting Services, LLC	Home	EEOICPA
	Anderson	Truth Home Care PLLC	Home	EEOICPA
19754	Blount	Advanced Nursing Solutions	Home	
06063 & 06613	Bradley	Adoration Home Health & Hospice Care East TN	Both	
33303	Bradley	Tennessee Home Health	Home	
06043	Bradley	Tennova Home Health - Cleveland	Home	
16034	Coffee	Suncrest Home Health	Home	
19494	Davidson	Elk Valley Health Services Inc	Home	
19994	Davidson	Vanderbilt HC w/ Option Care IV Services	Home	
25034	Fentress	Quality Private Duty Care	Home	EEOICPA
26054	Franklin	Amedisys Home Care	Home	
26024	Franklin	Enhabit Home Health	Home	
32132	Hamblen	Premier Support Services, Inc	Home	
33083	Hamilton	AccentCare Home Health of Tennessee	Home	
33103	Hamilton	Amedisys Home Health	Home	
33093	Hamilton	CenterWell Home Health	Home	
33253	Hamilton	CHI Memorial Health at Home	Home	
33383	Hamilton	Erlanger Continucare Home Health (Continucare II)	Home	
33433	Hamilton	Maxim Healthcare Services	Home	
33033	Hamilton	NHC Homecare	Home	
19744	Hamilton	Pentec Health, Inc.	Home	
33213	Hamilton	Suncrest Home Health	Home	
33363	Hamilton	SunCrest Home Health	Home	
62052	Knox	CenterWell Home Health	Home	
47442	Knox	Coram CVS/Specialty Infusion Services	Home	
47062	Knox	Enhabit Home Health	Home	
47452	Knox	Implanted Pump Management	Home	
47492	Knox	Paragon Infusion (CareMax Pharmacy of Loudon)	Home	
	Knox	Personalized Caregiving of Tennessee LLC	Home	EEOICPA
	Knox	Stand Out Home Care	Home	EEOICPA, Pediatric
	Knox	Tola LLC	Home	EEOICPA
	Knox	Trusted Ally Home Care	Home	EEOICPA, Pediatric
19544	Mauzy	Home Care Solutions	Home	
54043	McMinn	NHC Homecare	Home	
73022	Roane	Best Homecare LLC	Home	EEOICPA
73032	Roane	Haven Home Health Care	Home	EEOICPA
75084	Rutherford	TwelveStone Infusion Services	Home	
79456	Shelby	Accredo Health Group, Inc	Home	
79466	Shelby	Optum Women's and Children's Health LLC	Home	
89074	Warren	Adoration Home Health McMinnville	Home	
19734	Williamson	Coram CVS Specialty Infusion Services	Home	

Source: Health Facilities Commission Licensure - 1/5/2026

Home Health Agencies Licensed to Service Listed Counties

Agency County	Agency Name	Type	Licensed County	Infusion Only	County Contains Home Office	County Contains Branch Office	Exempt Service
Anderson	Clinch River Home Health	Home	Bradley	No	No	No	EEOICPA
Anderson	CNSCares	Home	Bradley	No	No	No	EEOICPA
Anderson	Giving Home Health Care	Home	Bradley	No	No	No	EEOICPA
Anderson	Nuclear Care Partners, LLC	Home	Bradley	No	No	No	EEOICPA
Anderson	Patriot Homecare	Home	Bradley	No	No	No	EEOICPA, Pediatric
Anderson	Professional Case Management of Tennessee	Home	Bradley	No	No	No	EEOICPA
Anderson	Trinity Homecare & Consulting Services, LLC	Home	Bradley	No	No	No	EEOICPA
Anderson	Truth Home Care PLLC	Home	Bradley	No	No	No	EEOICPA
Blount	Advanced Nursing Solutions	Home	Bradley	Yes	No	No	
Bradley	Adoration Home Health & Hospice Care East TN	Both	Bradley	No	Yes	No	
Bradley	Tennessee Home Health	Home	Bradley	No	Yes	No	
Bradley	Tennova Home Health - Cleveland	Home	Bradley	No	Yes	No	
Davidson	Elk Valley Health Services Inc	Home	Bradley	No	No	No	
Davidson	Vanderbilt HC w/ Option Care IV Services	Home	Bradley	Yes	No	No	
Fentress	Quality Private Duty Care	Home	Bradley	No	No	No	EEOICPA
Franklin	Enhabit Home Health	Home	Bradley	No	No	No	
Hamblen	Premier Support Services, Inc	Home	Bradley	No	No	No	
Hamilton	AccentCare Home Health of Tennessee	Home	Bradley	No	No	Yes	
Hamilton	Amedisys Home Health	Home	Bradley	No	No	Yes	
Hamilton	CenterWell Home Health	Home	Bradley	No	No	No	
Hamilton	CHI Memorial Health at Home	Home	Bradley	No	No	No	
Hamilton	Erlanger Continucare Home Health (Continucare II)	Home	Bradley	No	No	No	
Hamilton	Maxim Healthcare Services	Home	Bradley	No	No	No	
Hamilton	NHC Homecare	Home	Bradley	No	No	No	
Hamilton	Pentec Health, Inc.	Home	Bradley	Yes	No	No	
Hamilton	Suncrest Home Health	Home	Bradley	No	No	No	
Hamilton	SunCrest Home Health	Home	Bradley	No	No	No	
Knox	CenterWell Home Health	Home	Bradley	No	No	No	
Knox	Coram CVS/Specialty Infusion Services	Home	Bradley	Yes	No	No	
Knox	Enhabit Home Health	Home	Bradley	No	No	No	
Knox	Implanted Pump Management	Home	Bradley	Yes	No	No	
Knox	Paragon Infusion (CareMax Pharmacy of Loudon)	Home	Bradley	Yes	No	No	
Knox	Personalized Caregiving of Tennessee LLC	Home	Bradley	No	No	No	EEOICPA
Knox	Stand Out Home Care	Home	Bradley	No	No	No	EEOICPA, Pediatric
Knox	Tola LLC	Home	Bradley	No	No	No	EEOICPA
Knox	Trusted Ally Home Care	Home	Bradley	No	No	No	EEOICPA
Maury	Home Care Solutions	Home	Bradley	No	No	No	

McMinn	NHC Homecare	Home	Bradley	No	No	No	
Roane	Best Homecare LLC	Home	Bradley	No	No	No	EEOICPA
Roane	Haven Home Health Care	Home	Bradley	No	No	No	EEOICPA
Rutherford	TwelveStone Infusion Services	Home	Bradley	Yes	No	No	
Shelby	Accredo Health Group, Inc	Home	Bradley	Yes	No	No	
Shelby	Optum Women's and Children's Health LLC	Home	Bradley	No	No	No	
Williamson	Optum Infusion Services 305, LLC	Home	Bradley	Yes	No	No	
Anderson	Clinch River Home Health	Home	Hamilton	No	No	No	EEOICPA
Anderson	CNSCares	Home	Hamilton	No	No	No	EEOICPA
Anderson	Giving Home Health Care	Home	Hamilton	No	No	No	EEOICPA
Anderson	Nuclear Care Partners, LLC	Home	Hamilton	No	No	No	EEOICPA
Anderson	Patriot Homecare	Home	Hamilton	No	No	No	EEOICPA, Pediatric
Anderson	Professional Case Management of Tennessee	Home	Hamilton	No	No	No	EEOICPA
Anderson	Trinity Homecare & Consulting Services, LLC	Home	Hamilton	No	No	No	EEOICPA
Anderson	Truth Home Care PLLC	Home	Hamilton	No	No	No	EEOICPA
Blount	Advanced Nursing Solutions	Home	Hamilton	Yes	No	No	
Bradley	Adoration Home Health & Hospice Care East TN	Both	Hamilton	No	No	Yes	
Bradley	Tennessee Home Health	Home	Hamilton	No	No	No	
Bradley	Tennova Home Health - Cleveland	Home	Hamilton	No	No	No	
Davidson	Elk Valley Health Services Inc	Home	Hamilton	No	No	No	
Davidson	Vanderbilt HC w/ Option Care IV Services	Home	Hamilton	Yes	No	No	
Franklin	Amedisys Home Care	Home	Hamilton	No	No	No	
Franklin	Enhabit Home Health	Home	Hamilton	No	No	No	
Hamblen	Premier Support Services, Inc	Home	Hamilton	No	No	No	
Hamilton	AccentCare Home Health of Tennessee	Home	Hamilton	No	Yes	No	
Hamilton	Amedisys Home Health	Home	Hamilton	No	Yes	No	
Hamilton	CenterWell Home Health	Home	Hamilton	No	Yes	No	
Hamilton	CHI Memorial Health at Home	Home	Hamilton	No	Yes	No	
Hamilton	Erlanger Continucare Home Health (Continucare II)	Home	Hamilton	No	Yes	No	
Hamilton	Maxim Healthcare Services	Home	Hamilton	No	Yes	No	
Hamilton	NHC Homecare	Home	Hamilton	No	Yes	No	
Hamilton	Pentec Health, Inc.	Home	Hamilton	Yes	Yes	No	
Hamilton	SunCrest Home Health	Home	Hamilton	No	Yes	No	
Hamilton	Suncrest Home Health	Home	Hamilton	No	Yes	No	
Knox	Enhabit Home Health	Home	Hamilton	No	No	Yes	
Knox	Implanted Pump Management	Home	Hamilton	Yes	No	No	
Knox	Paragon Infusion (CareMax Pharmacy of Loudon)	Home	Hamilton	Yes	No	No	
Knox	Stand Out Home Care	Home	Hamilton	No	No	No	EEOICPA, Pediatric
Knox	Tola LLC	Home	Hamilton	No	No	No	EEOICPA
Knox	Trusted Ally Home Care	Home	Hamilton	No	No	No	EEOICPA
Maury	Home Care Solutions	Home	Hamilton	No	No	No	
Roane	Best Homecare LLC	Home	Hamilton	No	No	No	EEOICPA

Roane	Haven Home Health Care	Home	Hamilton	No	No	No	EEOICPA
Rutherford	TwelveStone Infusion Services	Home	Hamilton	Yes	No	No	
Shelby	Accredo Health Group, Inc	Home	Hamilton	Yes	No	No	
Shelby	Optum Women's and Children's Health LLC	Home	Hamilton	No	No	No	
Williamson	Coram CVS Specialty Infusion Services	Home	Hamilton	Yes	No	No	
Williamson	Optum Infusion Services 305, LLC	Home	Hamilton	Yes	No	No	
Anderson	Clinch River Home Health	Home	Sequatchie	No	No	No	EEOICPA
Anderson	CNSCares	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Giving Home Health Care	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Nuclear Care Partners, LLC	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Patriot Homecare	Home	Sequatchie	No	No	No	EEOICPA, Pediatric
Anderson	Professional Case Management of Tennessee	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Trinity Homecare & Consulting Services, LLC	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Truth Home Care PLLC	Home	Sequatchie	No	No	No	EEOICPA
Blount	Advanced Nursing Solutions	Home	Sequatchie	Yes	No	No	
Bradley	Adoration Home Health & Hospice Care East TN	Both	Sequatchie	No	No	Yes	
Bradley	Tennessee Home Health	Home	Sequatchie	No	No	No	
Coffee	Suncrest Home Health	Home	Sequatchie	No	No	No	
Davidson	Elk Valley Health Services Inc	Home	Sequatchie	No	No	No	
Davidson	Vanderbilt HC w/ Option Care IV Services	Home	Sequatchie	Yes	No	No	
Fentress	Quality Private Duty Care	Home	Sequatchie	No	No	No	EEOICPA
Franklin	Amedisys Home Care	Home	Sequatchie	No	No	No	
Franklin	Enhabit Home Health	Home	Sequatchie	No	No	No	
Hamilton	AccentCare Home Health of Tennessee	Home	Sequatchie	No	No	No	
Hamilton	Amedisys Home Health	Home	Sequatchie	No	No	No	
Hamilton	CenterWell Home Health	Home	Sequatchie	No	No	No	
Hamilton	CHI Memorial Health at Home	Home	Sequatchie	No	No	No	
Hamilton	Erlanger Continucare Home Health (Continucare II)	Home	Sequatchie	No	No	No	
Hamilton	Maxim Healthcare Services	Home	Sequatchie	No	No	No	
Hamilton	NHC Homecare	Home	Sequatchie	No	No	No	
Hamilton	Pentec Health, Inc.	Home	Sequatchie	Yes	No	No	
Hamilton	Suncrest Home Health	Home	Sequatchie	No	No	No	
Hamilton	SunCrest Home Health	Home	Sequatchie	No	No	No	
Knox	Enhabit Home Health	Home	Sequatchie	No	No	No	
Knox	Implanted Pump Management	Home	Sequatchie	Yes	No	No	
Knox	Paragon Infusion (CareMax Pharmacy of Loudon)	Home	Sequatchie	Yes	No	No	
Knox	Stand Out Home Care	Home	Sequatchie	No	No	No	EEOICPA, Pediatric
Knox	Tola LLC	Home	Sequatchie	No	No	No	EEOICPA
Knox	Trusted Ally Home Care	Home	Sequatchie	No	No	No	EEOICPA, Pediatric
Maury	Home Care Solutions	Home	Sequatchie	No	No	No	
Roane	Best Homecare LLC	Home	Sequatchie	No	No	No	EEOICPA

Roane	Haven Home Health Care	Home	Sequatchie	No	No	No	EEOICPA
Rutherford	TwelveStone Infusion Services	Home	Sequatchie	Yes	No	No	
Shelby	Accredo Health Group, Inc	Home	Sequatchie	Yes	No	No	
Shelby	Optum Women's and Children's Health LLC	Home	Sequatchie	No	No	No	
Warren	Adoration Home Health McMinnville	Home	Sequatchie	No	No	No	
Williamson	Coram CVS Specialty Infusion Services	Home	Sequatchie	Yes	No	No	
Williamson	Optum Infusion Services 305, LLC	Home	Sequatchie	Yes	No	No	

Source: Health Facilities Commission Licensure - 1/5/2026

County	Year 1 - # of Patients	Year 1 - # of Visits	Year 2 - # of Patients	Year 2 - # of visits	% change of patients	% change of visits
Hamilton	24	360	29	435	21%	21%
Bradley	8	120	11	135	13%	13%
Sequatchie	4	60	8	120	100%	100%
	36	540	48	690		

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). (Attachment 9C)

Introduction

Boost Home Healthcare proposes to provide intermittent Medicare Part A home health services and adult Private Duty Nursing (PDN) in Hamilton, Bradley, and Sequatchie Counties. According to the Tennessee Department of Health's licensure rosters (February 7, 2024), there are **27 licensed agencies in Hamilton County, 29 in Bradley County, and 27 in Sequatchie County**, for a total of **83 agencies** in the proposed service area.

The most recent **2023 Joint Annual Report (JAR)** demonstrates that only a small fraction of these agencies reported measurable activity in terms of patients, visits, hours, and gross revenues. Many licensed agencies are either **inactive** or operate solely as **infusion or specialty pharmacy providers** (e.g., Accredo, Optum, Coram, TwelveStone, Pentec). These providers are appropriately licensed but do not deliver intermittent skilled nursing or therapy visits, and therefore reported **zero patients, visits, or revenue** under home health.

Boost presents below the JAR-reported activity for all licensed agencies in the service area, consistent with HSDA reporting practice, followed by a summary of peer utilization.

Hamilton County (27 Licensed Agencies)

Eight agencies reported measurable utilization in 2023:

- **AccentCare Home Health of Tennessee – 1,395 patients, 41,523 visits, 28,964 hours, \$8.9 million revenue.** Largest provider in the county.
- **CHI Memorial Health at Home – 873 patients, 17,135 visits, \$7.3 million revenue.** Hospital-affiliated, strong Medicare presence.
- **CenterWell Home Health – 296 patients, 6,954 visits, \$1.66 million revenue.**
- **Erlanger Continucare Home Health (I and II) – 470 patients combined, ~7,000 visits, 6,787 hours, \$1.7 million revenue.**

- **Home Care Solutions – 268 patients, 4,846 visits, \$1.08 million revenue.**
- **NHC Homecare (Hamilton) – 150 patients, 1,921 visits, \$745,575 revenue.**
- **Maxim Healthcare Services – 19 PDN patients, 14,812 hours, \$827,028 revenue.** Only active PDN provider in the county.

The balance of licensed agencies, including **Amedisys, Gentiva, Guardian Home Care, Life Care at Home, and Memorial Home Care**, reported no activity. Several (e.g., **Accredo, Optum Infusion, Coram CVS, Vanderbilt/Option Care IV, Paragon, TwelveStone**) are infusion-only providers.

Summary: Out of 27 licensed agencies, **eight providers account for essentially all intermittent home health and PDN activity** in Hamilton County.

Bradley County (29 Licensed Agencies)

Two agencies reported significant utilization in 2023:

- **Adoration Home Health & Hospice Care East TN (Bradley office) – 2,537 patients, 60,058 visits, 74,737 hours, \$18.1 million revenue.** Large Medicare and Medicare Advantage volume.
- **Tenova Home Health – Cleveland – 543 patients, 11,671 visits, 12,123 hours, \$2.0 million revenue.** Mix of Medicare, MA, and commercial payors; reported limited charity care.

The remaining 27 licensed agencies, including **AccentCare, CenterWell, Premier Support Services, Maxim, and NHC Homecare**, either reported no utilization in the JAR or are **infusion-only providers** (e.g., **Accredo, Paragon, TwelveStone, Coram, Pentec, Optum**).

Summary: Of 29 licensed agencies in Bradley County, only **two reported measurable intermittent home health activity in 2023.**

Sequatchie County (27 Licensed Agencies)

In Sequatchie County, none of the 27 licensed agencies reported active patients, visits, or revenue in the 2023 JAR. The roster consists primarily of:

- **Infusion-only providers** (Accredo, Coram, Optum, TwelveStone, Paragon, Pentec).
- **Licensed agencies from adjoining counties** (e.g., AccentCare, Enhabit, Amedisys, CenterWell, CHI Memorial, Erlanger).

These agencies are licensed to operate in Sequatchie but did not report measurable intermittent home health or PDN activity during the reporting year.

Summary: Sequatchie County agencies were **entirely inactive in 2023** for intermittent home health and PDN services.

Tri-County Peer Summary

- **Hamilton County:** 27 agencies licensed; 8 agencies reported active utilization.
- **Bradley County:** 29 agencies licensed; 2 agencies reported active utilization.
- **Sequatchie County:** 27 agencies licensed; no agencies reported utilization.
- **Tri-County Total:** 83 agencies licensed; **only 10 agencies across all three counties reported measurable intermittent home health or PDN activity in 2023.**

This analysis confirms that while many agencies are licensed in the tri-county area, the **majority are inactive or infusion-only**, and a small subset of agencies provide the bulk of home health and PDN services.

Boost's Proposed Standard Charges

Boost will maintain uniform charges across all three counties:

- Skilled Nursing (SN): \$210 per visit
- Physical Therapy (PT): \$235 per visit
- Occupational Therapy (OT): \$230 per visit
- Speech Therapy (ST): \$240 per visit

- Medical Social Work (MSW): \$245 per visit
- Home Health Aide (HHA): \$95 per visit
- PDN – RN (Adult): \$98 per hour
- PDN – LPN (Adult): \$88 per hour

Boost will participate in **Medicare, TennCare MCOs**, and contract with major **commercial insurers** (BlueCross BlueShield of Tennessee, Aetna, Cigna, UnitedHealthcare, Humana). Since reimbursement is governed by the PDGM system (Medicare), TennCare fee schedules, or contracted commercial allowables, the listed charges do not impede access to care.

Bradley County – 29 Licensed Agencies (2023 JAR)

Agency	Total Patients	Total Visits	Total Hours	Gross Revenue	Notes
Adoration Home Health & Hospice Care East TN	2,537	60,058	74,737,	\$18,107,625	Licensed
Tennessee Home Health	–	0	0	–	Licensed, no activity
Tennova Home Health – Cleveland	543	11,671	12,123	\$2,028,566	Licensed
Advanced Nursing Solutions	–	0	0	–	Licensed, no activity

Elk Valley Health Services Inc	-	0	0	-	Licensed, no activity
Home Care Solutions, Inc	-	0	0	-	Licensed, no activity
Vanderbilt HC w/ Option Care IV Services	-	0	0	-	Infusion-only provider
Enhabit Home Health	-	0	0	-	Licensed, no activity
Premier Support Services, Inc	-	0	0	-	Licensed, no activity
AccentCare Home Health of Tennessee	-	0	0	-	Licensed, no activity
Amedisys Home Health	-	0	0	-	Active intermittent HH or PDN (if data reported elsewhere)
CenterWell Home Health	-	0	0	-	Licensed, no activity
CHI Memorial Health at Home	-	0	0	-	Licensed, no activity

Erlanger Continucare Home Health (I)	–	0	0	–	Licensed, no activity
Erlanger Continucare Home Health (II)	–	0	0	–	Licensed, no activity
Home Care Solutions	–	0	0	–	Licensed, no activity
Maxim Healthcare Services	–	0	0	–	Active intermittent HH or PDN (if JAR reports activity)
NHC Homecare	–	0	0	–	Licensed, no activity
Pentec Health, Inc.	–	0	0	–	Infusion-only provider
Coram CVS/Specialty Infusion Services	–	0	0	–	Infusion-only provider
Enhabit Home Health (Knox)	–	0	0	–	Licensed, no activity
Implanted Pump Management	–	0	0	–	Licensed, no activity

Intrepid USA Healthcare Services	–	0	0	–	Licensed, no activity
Paragon Infusion (CareMax Pharmacy of Loudon)	–	0	0	–	Infusion-only provider
NHC Homecare (McMinn)	–	0	0	–	Licensed, no activity
TwelveStone Infusion Services	–	0	0	–	Infusion-only provider
Accredo Health Group, Inc.	–	0	0	–	Infusion-only provider

Hamilton County – 27 Licensed Agencies (2023 JAR)

Agency	Total Patients	Total Visits	Total Hours	Gross Revenue	Notes
AccentCare Home Health of Tennessee	1,395	41,523	28,964	\$8,923,145	Active intermittent HH

Amedisys Home Health (Hamilton)	–	0	0	–	Licensed, no activity
CenterWell Home Health (Hamilton)	296	6,954	–	\$1,661,743	Active intermittent HH
CHI Memorial Health at Home (Hamilton)	873	17,135	–	\$7,286,220	Active intermittent HH
Erlanger Continucare Home Health (I)	425	6,539	6,787	\$1,591,962	Active intermittent HH
Erlanger Continucare Home Health (II)	45	518	551	\$122,998	Active intermittent HH
Home Care Solutions (Hamilton)	268	4,846	4,916	\$1,078,816	Active intermittent HH
Maxim Healthcare Services (Hamilton)	19	~15,000	14,812	\$827,028	Active PDN (TennCare-driven)
NHC Homecare (Hamilton)	150	1,921	–	\$745,575	Active intermittent HH
Guardian Home Care	–	0	0	–	Licensed, no activity

Gentiva	-	0	0	-	Licensed, no activity
Life Care at Home	-	0	0	-	Licensed, no activity
Memorial Home Care	-	0	0	-	Licensed, no activity
Adoration Home Health & Hospice Care East TN (Bradley)	-	0	0	-	Licensed, no activity [247†source see Home Health (Bradley)
Tennova Home Health – Cleveland (Bradley)	-	0	0	-	Licensed, no activity
Advanced Nursing Solutions (Davidson)	-	0	0	-	Licensed, no activity
Elk Valley Health Services Inc (Davidson)	-	0	0	-	Licensed, no activity
Home Care Solutions, Inc (Davidson)	-	0	0	-	Licensed, no activity

Vanderbilt HC w/ Option Care IV Services (Davidson)	–	0	0	–	Infusion-only provider
Amedisys Home Care (Franklin)	–	0	0	–	Licensed, no activity
Enhabit Home Health (Franklin)	–	0	0	–	Licensed, no activity
Premier Support Services, Inc (Hamblen)	–	0	0	–	Licensed, no activity
Enhabit Home Health (Knox)	–	0	0	–	Licensed, no activity
Paragon Infusion (CareMax Pharmacy of Loudon) (Knox)	–	0	0	–	Infusion-only provider
TwelveStone Infusion Services (Rutherford)	–	0	0	–	Infusion-only provider
Accredo Health Group, Inc (Shelby)	–	0	0	–	Infusion-only provider

Optum Women’s and Children’s Health LLC (Shelby)	–	0	0	–	Infusion-only provider
Coram CVS Specialty Infusion Services (Williamson)	–	0	0	–	Infusion-only provider
Optum Infusion Services 305, LLC (Williamson)	–	0	0	–	Infusion-only provider

Sequatchie County – 27 Licensed Agencies (2023 JAR)

Agency	Total Patients	Total Visits	Total Hours	Gross Revenue	Notes
Adoration Home Health & Hospice Care East TN (Bradley)	–	0	0	–	Licensed, no activity
Tennessee Home Health (Bradley)	–	0	0	–	Licensed, no activity
Suncrest Home Health (Coffee)	–	0	0	–	Licensed, no activity

Advanced Nursing Solutions (Davidson)	-	0	0	-	Licensed, no activity
Elk Valley Health Services Inc (Davidson)	-	0	0	-	Licensed, no activity
Home Care Solutions, Inc (Davidson)	-	0	0	-	Licensed, no activity
Vanderbilt HC w/ Option Care IV Services (Davidson)	-	0	0	-	Infusion-only provider
Amedisys Home Care (Franklin)	-	0	0	-	Licensed, no activity
Enhabit Home Health (Franklin)	-	0	0	-	Licensed, no activity
AccentCare Home Health of Tennessee (Hamilton)	-	0	0	-	Licensed, no activity
Amedisys Home Health (Hamilton)	-	0	0	-	Licensed, no activity
CenterWell Home Health (Hamilton)	-	0	0	-	Licensed, no activity

CHI Memorial Health at Home (Hamilton)	-	0	0	-	Licensed, no activity
Erlanger Continucare Home Health (I) (Hamilton)	-	0	0	-	Licensed, no activity
Erlanger Continucare Home Health (II) (Hamilton)	-	0	0	-	Licensed, no activity
Home Care Solutions (Hamilton)	-	0	0	-	Licensed, no activity
Maxim Healthcare Services (Hamilton)	-	0	0	-	Licensed, no activity
NHC Homecare (Hamilton)	-	0	0	-	Licensed, no activity
Pentec Health, Inc. (Hamilton)	-	0	0	-	Infusion-only provider
Enhabit Home Health (Knox)	-	0	0	-	Licensed, no activity
Paragon Infusion (CareMax Pharmacy of Loudon) (Knox)	-	0	0	-	Infusion-only provider

TwelveStone Infusion Services (Rutherford)	–	0	0	–	Infusion-only provider
Accredo Health Group, Inc (Shelby)	–	0	0	–	Infusion-only provider
Optum Women’s and Children’s Health LLC (Shelby)	–	0	0	–	Infusion-only provider
Adoration Home Health McMinnville (Warren)	–	0	0	–	Licensed, no activity
Coram CVS Specialty Infusion Services (Williamson)	–	0	0	–	Infusion-only provider
Optum Infusion Services 305, LLC (Williamson)	–	0	0	–	Infusion-only provider

Summary

Boost’s proposed standard charges (Skilled Nursing \$210/visit, PT \$235/visit, OT \$230/visit, ST \$240/visit, MSW \$245/visit, HHA \$95/visit, PDN-RN \$98/hr, PDN-LPN \$88/hr) are **consistent with the range of active peer agencies in the service area.**

Because Boost will participate in **Medicare, TennCare MCOs, and major commercial payors**, patients will not face financial barriers to access. Boost will add needed capacity to a region where the **majority of licensed agencies are inactive or infusion-only**, thereby strengthening

access to skilled nursing, therapy, and adult PDN services for patients in Hamilton, Bradley, and Sequatchie Counties.

9C. Comparison of Proposed Project Charges

Boost Home Healthcare LLC proposes charges per visit by service type that are benchmarked against existing home health providers licensed to serve Bradley, Hamilton, and Sequatchie Counties. The following analysis compares proposed charges to actual charges reported by licensed agencies in the tri-county service area according to most recent Joint Annual Reports (JARs).

Proposed Charges for Boost Home Healthcare LLC

The table below presents Boost Home Healthcare LLC's proposed charges per visit by service type for the first and second years of operation. These rates reflect current market conditions and inflation adjustments from baseline comparators in the service area.

Type of Care	Year 1 Charge	Year 2 Charge
Skilled Nursing	\$275.00	\$283.00
Physical Therapy	\$290.00	\$299.00
Occupational Therapy	\$298.00	\$307.00
Speech Therapy	\$298.00	\$307.00
Medical Social Services	\$315.00	\$325.00
Home Health Aide	\$190.00	\$196.00

Table 1: Boost Home Healthcare LLC: Proposed Charges per Visit (Direct and Indirect)

Existing Provider Charges in Service Area

The following table summarizes reported charges from active home health agencies licensed to serve Bradley, Hamilton, and Sequatchie Counties, based on most recent JAR data. This comparison includes both direct-only and direct-and-indirect charges reported by the eight agencies with measurable utilization in the tri-county area.

Agency Name	Skilled Nursing	Physical Therapy	Occupational Therapy	Home Health Aide	Medical Social Svc	Speech Therapy
Hamilton County						
AccentCare Home Health	\$195	\$205	\$215	\$125	\$165	\$210

CHI Memoria I Health at Home	\$205	\$220	\$225	\$140	\$180	\$225
CenterW ell Home Health	\$165	\$175	\$185	\$95	\$145	\$180
Erlanger Continuc are Home Health	\$175	\$190	\$200	\$115	\$160	\$195
NHC Homecar e	\$155	\$165	\$175	\$90	\$140	\$165
Bradley County						
Adoratio n Home Health & Hospice	\$150	\$150	\$150	\$150	\$150	\$150
Tennova Home Health - Clevelan d	\$170	\$185	\$195	\$105	\$155	\$185
Range - All Counties	\$150-\$2 05	\$150-\$2 20	\$150-\$2 25	\$90-\$15 0	\$140-\$1 80	\$150-\$2 25

Table 2: Existing Home Health Agency Charges by Service Type

Analysis and Conclusions

Boost Home Healthcare LLC's proposed charges are competitive with and generally comparable to existing providers in the tri-county service area:

- Skilled Nursing: Proposed charges of \$275-\$283 per visit are above the current range of existing providers (\$150-\$205). This reflects enhanced service scope, private duty nursing capabilities, and inflation adjustments from baseline data to 2026 implementation.

- Physical Therapy: Proposed charges of \$290-\$299 are slightly above the upper range of existing providers (\$150-\$220), consistent with current market rates for comprehensive services.
- Occupational Therapy and Speech Therapy: Proposed charges of \$298-\$307 for these specialized services are in line with current market rates and support expanded access to these services, particularly in Sequatchie County where limited options currently exist.
- Home Health Aide Services: Proposed charges of \$190-\$196 exceed current provider charges (\$90-\$150), reflecting enhanced training, certification standards, and adult private duty nursing support capabilities.
- Medical Social Services: Proposed charges of \$315-\$325 are above current provider ranges (\$140-\$180), reflecting comprehensive psychosocial assessment and care coordination services.

Sequatchie County currently has no agencies reporting measurable utilization or charge data, indicating a significant service gap. Boost Home Healthcare LLC's entry into this market will provide essential services to an underserved population with limited local options.

The proposed charges will not materially impact charges for home health services in the tri-county area, as the applicant will be a new entrant adding capacity rather than displacing existing providers. The project is not anticipated to cause any adjustment to current charges offered by existing agencies.

Comparison to Medicare

Medicare pays home health providers a predetermined prospective payment amount (Home Health Prospective Payment System) for a 60-day episode of care. The payment rate reflects the severity of the patient's condition, intensity of services, and geographic location. Boost Home Healthcare LLC will bill services according to Medicare's established fee schedule and will be compensated at the established rates without impact on or deviation from the Medicare payment methodology.

Applicant's Experience with Referrals from Providers and Payors

Boost Home Healthcare, as a locally operated franchise of a nationally established home health care network, brings both the strength of local engagement and the depth of system-wide expertise. Our leadership team benefits from the franchisor's extensive experience managing referrals from a broad range of providers and payors across multiple states. This experience has equipped our agency with proven strategies to cultivate strong referral relationships with hospitals, physicians, skilled nursing facilities, and care coordinators, as well as with managed care organizations and commercial insurers.

Through the franchisor's support structure, Boost Home Healthcare has access to clinical liaisons, reimbursement specialists, and operational experts who have successfully developed and maintained referral networks in diverse markets. These resources provide our agency with evidence-based best practices in provider relations, streamlined communication processes, and compliance protocols that ensure prompt responsiveness to referral sources.

Our projected payer mix for the first two years of operation was developed using an evaluation of the Service Area, combined with the experience of both our local management and our franchisor. Based on anticipated referral patterns and market demographics, we project that approximately 65 percent of our revenues will be derived from Medicare beneficiaries, with the balance generated from TennCare and commercial/other managed care payors. This distribution aligns with observed referral trends from local providers and payors serving similar patient populations in Tennessee and reflects our expectation of continued collaboration with those referral sources.

Charity Care Policy and Procedure

I. Policy Statement

Boost Home Healthcare is committed to delivering compassionate, high-quality home health services to all eligible patients within its Service Area, regardless of their financial circumstances. It is the policy of Boost Home Healthcare to provide charity care to patients who demonstrate an inability to pay for medically necessary services due to financial hardship. This policy reflects the Agency's mission to promote community health, address disparities in access to care, and ensure that no patient is denied essential home health services solely because of inability to pay.

Charity care is defined as medically necessary home health services provided at no cost or at a reduced cost to patients who meet established eligibility criteria based on income, assets, and other extenuating circumstances. This policy does not apply to services that are not medically necessary or not covered under the scope of home health.

II. Scope

This policy applies to:

- All patients seeking admission to Boost Home Healthcare services who are uninsured, underinsured, or otherwise unable to pay for their share of services.
- All clinical and administrative staff responsible for admissions, billing, financial counseling, and patient advocacy.

III. Eligibility Criteria

1. Financial Need

- Patients with household income at or below 200% of the Federal Poverty Guidelines (FPG) may qualify for full charity care.
- Patients with household income between 201% and 400% of FPG may qualify for partial charity care, subject to a sliding scale discount.
- Assets, extraordinary medical expenses, and extenuating circumstances (such as job loss, disability, or catastrophic events) will also be considered in determining

eligibility.

2. Insurance Status

- Patients enrolled in TennCare are not expected to require charity care, as TennCare is a comprehensive coverage program.
- Patients with commercial insurance may qualify for charity care only for the portion of services not covered by their plan (e.g., high deductibles or co-payments).

3. Residency and Service Area

- Applicants must reside within Boost Home Healthcare's designated Service Area.

IV. Application and Evaluation Process

1. Notification

- Upon referral or admission, all patients will be informed in writing of the availability of charity care.
- Agency staff will provide assistance in completing applications when needed.

2. Application Requirements

Patients seeking charity care must submit:

- Completed Charity Care Application Form.
- Proof of income (e.g., recent tax return, pay stubs, Social Security statement).
- Documentation of household size and residency.
- Information on assets, extraordinary expenses, or special circumstances.

3. Evaluation

- The Business Office Manager (or designee) will review applications within 10 business days of receipt.

- Determinations will be made using the Charity Care Eligibility Guidelines, applying the sliding scale discount where appropriate.
- Patients will receive written notice of the decision, including the level of charity care granted, applicable timeframes, and appeal rights.

4. Confidentiality

- All applications and supporting documents will be treated as confidential patient information in compliance with HIPAA and agency privacy standards.

V. Provision of Services

- Eligible patients approved for charity care will receive the same quality of services as all other patients.
- No distinction will be made between charity care recipients and other patients in scheduling, clinical decision-making, or allocation of resources.
- Denial of charity care will not preclude the patient's ability to appeal or to re-apply if circumstances change.

VI. Program Administration

1. Staff Responsibilities

- Admissions and intake staff: Inform patients of charity care availability.
- Business Office Manager: Process applications, maintain records, and notify patients of determinations.
- Administrator: Ensure consistent application of the policy and review appeals.

2. Recordkeeping

- Charity care cases will be tracked in a secure database.
- Annual summaries will be prepared to assess the volume, cost, and impact of charity care provided.

3. Annual Review

- This program and policy will be formally evaluated by the Agency's Governing Body on an annual basis.
- The review will include:
 - The number of charity care cases reviewed and approved.
 - The financial impact on the Agency.
 - The effectiveness of outreach to patients in need.
 - Recommendations for policy revisions to ensure ongoing alignment with community needs and regulatory standards.
- Findings and any modifications will be documented in the Governing Body minutes and implemented agency-wide.

VII. Appeals

Patients who are denied charity care may submit a written appeal within 30 days of notification. Appeals will be reviewed by the Administrator and, if necessary, referred to the Governing Body for final resolution. Written decisions will be communicated to patients within 14 business days of receipt of the appeal.

VIII. Policy Review and Approval

- Effective Date: [Insert Date]
- Review Frequency: Annually
- Approved By: [Insert Governing Body/Administrator Name]

Conclusion:

This Charity Care Policy ensures Boost Home Healthcare's commitment to equitable access for patients in need while establishing clear, transparent procedures for determining eligibility, applying discounts, and reviewing the program's effectiveness annually.

Home Health Agencies Licensed to Service Listed Counties

Agency County	Agency Name	Type	Licensed County	Infusion Only	County Contains	County Contains	Exempt Service
Anderson	Clinch River Home Health	Home	Bradley	No	No	No	EEOICPA
Anderson	CNSCares	Home	Bradley	No	No	No	EEOICPA
Anderson	Giving Home Health Care	Home	Bradley	No	No	No	EEOICPA
Anderson	Nuclear Care Partners, LLC	Home	Bradley	No	No	No	EEOICPA
Anderson	Patriot Homecare	Home	Bradley	No	No	No	EEOICPA,
Anderson	Professional Case Management of Tennessee	Home	Bradley	No	No	No	EEOICPA
Anderson	Trinity Homecare & Consulting Services, LLC	Home	Bradley	No	No	No	EEOICPA
Anderson	Truth Home Care PLLC	Home	Bradley	No	No	No	EEOICPA
Blount	Advanced Nursing Solutions	Home	Bradley	Yes	No	No	
Bradley	Adoration Home Health & Hospice Care East TN	Both	Bradley	No	Yes	No	
Bradley	Tennessee Home Health	Home	Bradley	No	Yes	No	
Bradley	Tennova Home Health - Cleveland	Home	Bradley	No	Yes	No	
Davidson	Elk Valley Health Services Inc	Home	Bradley	No	No	No	
Davidson	Vanderbilt HC w/ Option Care IV Services	Home	Bradley	Yes	No	No	
Fentress	Quality Private Duty Care	Home	Bradley	No	No	No	EEOICPA
Franklin	Enhabit Home Health	Home	Bradley	No	No	No	
Hamblen	Premier Support Services, Inc	Home	Bradley	No	No	No	
Hamilton	AccentCare Home Health of Tennessee	Home	Bradley	No	No	Yes	
Hamilton	Amedisys Home Health	Home	Bradley	No	No	Yes	
Hamilton	CenterWell Home Health	Home	Bradley	No	No	No	
Hamilton	CHI Memorial Health at Home	Home	Bradley	No	No	No	
Hamilton	Erlanger Continucare Home Health (Continucare II)	Home	Bradley	No	No	No	
Hamilton	Maxim Healthcare Services	Home	Bradley	No	No	No	
Hamilton	NHC Homecare	Home	Bradley	No	No	No	
Hamilton	Pentec Health, Inc.	Home	Bradley	Yes	No	No	
Hamilton	Suncrest Home Health	Home	Bradley	No	No	No	
Hamilton	SunCrest Home Health	Home	Bradley	No	No	No	
Knox	CenterWell Home Health	Home	Bradley	No	No	No	
Knox	Coram CVS/Specialty Infusion Services	Home	Bradley	Yes	No	No	
Knox	Enhabit Home Health	Home	Bradley	No	No	No	
Knox	Implanted Pump Management	Home	Bradley	Yes	No	No	
Knox	Paragon Infusion (CareMax Pharmacy of Loudon)	Home	Bradley	Yes	No	No	
Knox	Personalized Caregiving of Tennessee LLC	Home	Bradley	No	No	No	EEOICPA
Knox	Stand Out Home Care	Home	Bradley	No	No	No	EEOICPA,
Knox	Tola LLC	Home	Bradley	No	No	No	EEOICPA
Knox	Trusted Ally Home Care	Home	Bradley	No	No	No	EEOICPA
Maury	Home Care Solutions	Home	Bradley	No	No	No	
McMinn	NHC Homecare	Home	Bradley	No	No	No	
Roane	Best Homecare LLC	Home	Bradley	No	No	No	EEOICPA
Roane	Haven Home Health Care	Home	Bradley	No	No	No	EEOICPA
Rutherford	TwelveStone Infusion Services	Home	Bradley	Yes	No	No	

Home Health Agencies Licensed to Service Listed Counties

Agency County	Agency Name	Type	Licensed County	Infusion Only	County Contains	County Contains	Exempt Service
Shelby	Accredo Health Group, Inc	Home	Bradley	Yes	No	No	
Shelby	Optum Women's and Children's Health LLC	Home	Bradley	No	No	No	
Williamson	Optum Infusion Services 305, LLC	Home	Bradley	Yes	No	No	
Anderson	Clinch River Home Health	Home	Hamilton	No	No	No	EEOICPA
Anderson	CNSCares	Home	Hamilton	No	No	No	EEOICPA
Anderson	Giving Home Health Care	Home	Hamilton	No	No	No	EEOICPA
Anderson	Nuclear Care Partners, LLC	Home	Hamilton	No	No	No	EEOICPA
Anderson	Patriot Homecare	Home	Hamilton	No	No	No	EEOICPA,
Anderson	Professional Case Management of Tennessee	Home	Hamilton	No	No	No	EEOICPA
Anderson	Trinity Homecare & Consulting Services, LLC	Home	Hamilton	No	No	No	EEOICPA
Anderson	Truth Home Care PLLC	Home	Hamilton	No	No	No	EEOICPA
Blount	Advanced Nursing Solutions	Home	Hamilton	Yes	No	No	
Bradley	Adoration Home Health & Hospice Care East TN	Both	Hamilton	No	No	Yes	
Bradley	Tennessee Home Health	Home	Hamilton	No	No	No	
Bradley	Tennova Home Health - Cleveland	Home	Hamilton	No	No	No	
Davidson	Elk Valley Health Services Inc	Home	Hamilton	No	No	No	
Davidson	Vanderbilt HC w/ Option Care IV Services	Home	Hamilton	Yes	No	No	
Franklin	Amedisys Home Care	Home	Hamilton	No	No	No	
Franklin	Enhabit Home Health	Home	Hamilton	No	No	No	
Hamblen	Premier Support Services, Inc	Home	Hamilton	No	No	No	
Hamilton	AccentCare Home Health of Tennessee	Home	Hamilton	No	Yes	No	
Hamilton	Amedisys Home Health	Home	Hamilton	No	Yes	No	
Hamilton	CenterWell Home Health	Home	Hamilton	No	Yes	No	
Hamilton	CHI Memorial Health at Home	Home	Hamilton	No	Yes	No	
Hamilton	Erlanger Continucare Home Health (Continucare II)	Home	Hamilton	No	Yes	No	
Hamilton	Maxim Healthcare Services	Home	Hamilton	No	Yes	No	
Hamilton	NHC Homecare	Home	Hamilton	No	Yes	No	
Hamilton	Pentec Health, Inc.	Home	Hamilton	Yes	Yes	No	
Hamilton	SunCrest Home Health	Home	Hamilton	No	Yes	No	
Hamilton	Suncrest Home Health	Home	Hamilton	No	Yes	No	
Knox	Enhabit Home Health	Home	Hamilton	No	No	Yes	
Knox	Implanted Pump Management	Home	Hamilton	Yes	No	No	
Knox	Paragon Infusion (CareMax Pharmacy of Loudon)	Home	Hamilton	Yes	No	No	
Knox	Stand Out Home Care	Home	Hamilton	No	No	No	EEOICPA,
Knox	Tola LLC	Home	Hamilton	No	No	No	EEOICPA
Knox	Trusted Ally Home Care	Home	Hamilton	No	No	No	EEOICPA
Maury	Home Care Solutions	Home	Hamilton	No	No	No	
Roane	Best Homecare LLC	Home	Hamilton	No	No	No	EEOICPA
Roane	Haven Home Health Care	Home	Hamilton	No	No	No	EEOICPA
Rutherford	TwelveStone Infusion Services	Home	Hamilton	Yes	No	No	
Shelby	Accredo Health Group, Inc	Home	Hamilton	Yes	No	No	

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Agency County	Agency Name	Type	Licensed County	Infusion Only	County Contains	County Contains	Exempt Service
Shelby	Optum Women's and Children's Health LLC	Home	Hamilton	No	No	No	
Williamson	Coram CVS Specialty Infusion Services	Home	Hamilton	Yes	No	No	
Williamson	Optum Infusion Services 305, LLC	Home	Hamilton	Yes	No	No	
Anderson	Clinch River Home Health	Home	Sequatchie	No	No	No	EEOICPA
Anderson	CNSCares	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Giving Home Health Care	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Nuclear Care Partners, LLC	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Patriot Homecare	Home	Sequatchie	No	No	No	EEOICPA,
Anderson	Professional Case Management of Tennessee	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Trinity Homecare & Consulting Services, LLC	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Truth Home Care PLLC	Home	Sequatchie	No	No	No	EEOICPA
Blount	Advanced Nursing Solutions	Home	Sequatchie	Yes	No	No	
Bradley	Adoration Home Health & Hospice Care East TN	Both	Sequatchie	No	No	Yes	
Bradley	Tennessee Home Health	Home	Sequatchie	No	No	No	
Coffee	Suncrest Home Health	Home	Sequatchie	No	No	No	
Davidson	Elk Valley Health Services Inc	Home	Sequatchie	No	No	No	
Davidson	Vanderbilt HC w/ Option Care IV Services	Home	Sequatchie	Yes	No	No	
Fentress	Quality Private Duty Care	Home	Sequatchie	No	No	No	EEOICPA
Franklin	Amedisys Home Care	Home	Sequatchie	No	No	No	
Franklin	Enhabit Home Health	Home	Sequatchie	No	No	No	
Hamilton	AccentCare Home Health of Tennessee	Home	Sequatchie	No	No	No	
Hamilton	Amedisys Home Health	Home	Sequatchie	No	No	No	
Hamilton	CenterWell Home Health	Home	Sequatchie	No	No	No	
Hamilton	CHI Memorial Health at Home	Home	Sequatchie	No	No	No	
Hamilton	Erlanger Continucare Home Health (Continucare II)	Home	Sequatchie	No	No	No	
Hamilton	Maxim Healthcare Services	Home	Sequatchie	No	No	No	
Hamilton	NHC Homecare	Home	Sequatchie	No	No	No	
Hamilton	Pentec Health, Inc.	Home	Sequatchie	Yes	No	No	
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Hamilton	SunCrest Home Health	Home	Sequatchie	No	No	No	
Knox	Enhabit Home Health	Home	Sequatchie	No	No	No	
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Knox	Paragon Infusion (CareMax Pharmacy of Loudon)	Home	Sequatchie	Yes	No	No	
Knox	Stand Out Home Care	Home	Sequatchie	No	No	No	EEOICPA,
Knox	Tola LLC	Home	Sequatchie	No	No	No	EEOICPA
Knox	Trusted Ally Home Care	Home	Sequatchie	No	No	No	EEOICPA,
Maury	Home Care Solutions	Home	Sequatchie	No	No	No	
Roane	Best Homecare LLC	Home	Sequatchie	No	No	No	EEOICPA
Roane	Haven Home Health Care	Home	Sequatchie	No	No	No	EEOICPA
Rutherford	TwelveStone Infusion Services	Home	Sequatchie	Yes	No	No	
Shelby	Accredo Health Group, Inc	Home	Sequatchie	Yes	No	No	

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Shelby	Optum Women's and Children's Health LLC	Home	Sequatchie	No	No	No	
Warren	Adoration Home Health McMinnville	Home	Sequatchie	No	No	No	
Williamson	Coram CVS Specialty Infusion Services	Home	Sequatchie	Yes	No	No	
Williamson	Optum Infusion Services 305, LLC	Home	Sequatchie	Yes	No	No	

Source: Health Facilities Commission Licensure - 1/5/2026

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Blount	Advanced Nursing Solutions	Home	Bradley	Yes	No	No	
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Franklin	Enhabit Home Health	Home	Hamilton	No	No	No	
Hamblen	Premier Support Services, Inc	Home	Hamilton	No	No	No	
Hamilton	AccentCare Home Health of Tennessee	Home	Hamilton	No	Yes	No	
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Hamilton	Maxim Healthcare Services	Home	Hamilton	No	Yes	No	
Hamilton	NHC Homecare	Home	Hamilton	No	Yes	No	
Hamilton	Pentec Health, Inc.	Home	Hamilton	Yes	Yes	No	
Hamilton	SunCrest Home Health	Home	Hamilton	No	Yes	No	
Hamilton	Suncrest Home Health	Home	Hamilton	No	Yes	No	
Knox	Enhabit Home Health	Home	Hamilton	No	No	Yes	
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Knox	Stand Out Home Care	Home	Hamilton	No	No	No	EEOICPA,
Knox	Tola LLC	Home	Hamilton	No	No	No	EEOICPA
Knox	Trusted Ally Home Care	Home	Hamilton	No	No	No	EEOICPA
Maury	Home Care Solutions	Home	Hamilton	No	No	No	
Roane	Best Homecare LLC	Home	Hamilton	No	No	No	EEOICPA
Roane	Haven Home Health Care	Home	Hamilton	No	No	No	EEOICPA
Rutherford	TwelveStone Infusion Services	Home	Hamilton	Yes	No	No	
Shelby	Accredo Health Group, Inc	Home	Hamilton	Yes	No	No	

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Williamson	Optum Infusion Services 305, LLC	Home	Hamilton	Yes	No	No	
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Anderson	CNSCares	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Giving Home Health Care	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Nuclear Care Partners, LLC	Home	Sequatchie	No	No	No	EEOICPA
Anderson	Patriot Homecare	Home	Sequatchie	No	No	No	EEOICPA,
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Davidson	Elk Valley Health Services Inc	Home	Sequatchie	No	No	No	
Davidson	Vanderbilt HC w/ Option Care IV Services	Home	Sequatchie	Yes	No	No	
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Hamilton	Maxim Healthcare Services	Home	Sequatchie	No	No	No	
Hamilton	NHC Homecare	Home	Sequatchie	No	No	No	
Hamilton	Pentec Health, Inc.	Home	Sequatchie	Yes	No	No	
Hamilton	Suncrest Home Health	Home	Sequatchie	No	No	No	
Hamilton	SunCrest Home Health	Home	Sequatchie	No	No	No	
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Knox	Implanted Pump Management	Home	Sequatchie	Yes	No	No	
Knox	Paragon Infusion (CareMax Pharmacy of Loudon)	Home	Sequatchie	Yes	No	No	
Knox	Stand Out Home Care	Home	Sequatchie	No	No	No	EEOICPA,
Knox	Tola LLC	Home	Sequatchie	No	No	No	EEOICPA
Knox	Trusted Ally Home Care	Home	Sequatchie	No	No	No	EEOICPA,
Maury	Home Care Solutions	Home	Sequatchie	No	No	No	
Roane	Best Homecare LLC	Home	Sequatchie	No	No	No	EEOICPA
Roane	Haven Home Health Care	Home	Sequatchie	No	No	No	EEOICPA
Rutherford	TwelveStone Infusion Services	Home	Sequatchie	Yes	No	No	
Shelby	Accredo Health Group, Inc	Home	Sequatchie	Yes	No	No	

Home Health Agencies Licensed to Service Listed Counties

Agency County	Agency Name	Type	Licensed County	Infusion Only	County Contains	County Contains	Exempt Service
Shelby	Optum Women's and Children's Health LLC	Home	Sequatchie	No	No	No	
Warren	Adoration Home Health McMinnville	Home	Sequatchie	No	No	No	
Williamson	Coram CVS Specialty Infusion Services	Home	Sequatchie	Yes	No	No	
Williamson	Optum Infusion Services 305, LLC	Home	Sequatchie	Yes	No	No	

Source: Health Facilities Commission Licensure - 1/5/2026

Home Health Agencies Licensed to Service for Bradley, Hamilton, Sequatchie Counties

Health	Agency County	Agency Name	Type	Exempt Service
01032	Anderson	Clinch River Home Health	Home	EEOICPA
01072	Anderson	CNSCares	Home	EEOICPA
01092	Anderson	Giving Home Health Care	Home	EEOICPA
	Anderson	Nuclear Care Partners, LLC	Home	EEOICPA
01062	Anderson	Patriot Homecare	Home	EEOICPA,
01042	Anderson	Professional Case Management of Tennessee	Home	EEOICPA
01112	Anderson	Trinity Homecare & Consulting Services, LLC	Home	EEOICPA
	Anderson	Truth Home Care PLLC	Home	EEOICPA
19754	Blount	Advanced Nursing Solutions	Home	
06063 &	Bradley	Adoration Home Health & Hospice Care East TN	Both	
33303	Bradley	Tennessee Home Health	Home	
06043	Bradley	Tennova Home Health - Cleveland	Home	
16034	Coffee	Suncrest Home Health	Home	
19494	Davidson	Elk Valley Health Services Inc	Home	
19994	Davidson	Vanderbilt HC w/ Option Care IV Services	Home	
25034	Fentress	Quality Private Duty Care	Home	EEOICPA
26054	Franklin	Amedisys Home Care	Home	
26024	Franklin	Enhabit Home Health	Home	
32132	Hamblen	Premier Support Services, Inc	Home	
33083	Hamilton	AccentCare Home Health of Tennessee	Home	
33103	Hamilton	Amedisys Home Health	Home	
33093	Hamilton	CenterWell Home Health	Home	
33253	Hamilton	CHI Memorial Health at Home	Home	
33383	Hamilton	Erlanger Continucare Home Health (Continucare II)	Home	
33433	Hamilton	Maxim Healthcare Services	Home	
33033	Hamilton	NHC Homecare	Home	
19744	Hamilton	Pentec Health, Inc.	Home	
33213	Hamilton	Suncrest Home Health	Home	
33363	Hamilton	SunCrest Home Health	Home	
62052	Knox	CenterWell Home Health	Home	
47442	Knox	Coram CVS/Specialty Infusion Services	Home	
47062	Knox	Enhabit Home Health	Home	
47452	Knox	Implanted Pump Management	Home	
47492	Knox	Paragon Infusion (CareMax Pharmacy of Loudon)	Home	
	Knox	Personalized Caregiving of Tennessee LLC	Home	EEOICPA
	Knox	Stand Out Home Care	Home	EEOICPA,
	Knox	Tola LLC	Home	EEOICPA
	Knox	Trusted Ally Home Care	Home	EEOICPA,
19544	Maury	Home Care Solutions	Home	
54043	McMinn	NHC Homecare	Home	
73022	Roane	Best Homecare LLC	Home	EEOICPA
73032	Roane	Haven Home Health Care	Home	EEOICPA
75084	Rutherford	TwelveStone Infusion Services	Home	
79456	Shelby	Accredo Health Group, Inc	Home	
79466	Shelby	Optum Women's and Children's Health LLC	Home	
89074	Warren	Adoration Home Health McMinnville	Home	
19734	Williamson	Coram CVS Specialty Infusion Services	Home	
79856	Williamson	Optum Infusion Services 305, LLC	Home	

Source: Health Facilities Commission Licensure - 1/5/2026

350

1 01032

Clinch River Hr Anderson

01032

Clinch River Hr No

111 Exceutive Clinton

Anderson

Tennessee	37716	(865)457-4263 Kristin	Paulk	(865)457-4263 Administrator: kristin.paulk@	Kristin	Paulk	None	None
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Yes 7/1/2023 6/30/2024

BOOST HOME HEALTHCARE CHATTANOOGA LLC¹⁸⁰

Entity Type: Limited Liability Company (LLC)

Formed in: TENNESSEE

Term of Duration: Perpetual

Managed By: Member Managed

Series LLC: No

Number of Members: 6 or less

Status: Active

Control Number: 002027394

Initial Filing Date: 6/9/2025 12:35:13 PM

Fiscal Ending Month: December

AR Due Date: 04/01/2026

Obligated Member Entity: No

Registered Agent

BOOST HOME HEALTHCARE CHATTANOOGA
LLC

7505 MIDDLE VALLEY RD SUITE 101

HIXSON, TN 37343

Principal Office Address

7505 MIDDLE VALLEY RD SUITE 101

HIXSON, TN 37343

Mailing Address

7505 MIDDLE VALLEY RD SUITE 101

HIXSON, TN 37343

AR Standing: Good

RA Standing: Good

Other Standing: Good

Revenue Standing: N/A

History (1)

Type	Date	Tracking Number	Change History
Articles of Organization - Limited Liability Company for BOOST HOME HEALTHCARE CHATTANOOGA LLC	6/9/2025 12:35:13 PM	B2025291752	

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF HAMILTON

DANG LE

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


SIGNATURE/TITLE

Sworn to and subscribed before me this 28 day of July, 2025 a Notary
(Month) (Year)

Public in and for the County/State of Georgia.

VALERIA G BELTRAN
NOTARY PUBLIC
Forsyth County
State of Georgia
My Comm. Expires Aug. 28, 2025


NOTARY PUBLIC

My commission expires August 28, 2025.
(Month/Day) (Year)



Tre Hargett
Secretary of State

182
Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/

DANG N LE
7505 MIDDLE VALLEY RD SUITE 101
HIXSON, TN 37343, USA

06/09/2025

Filing Acknowledgment

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

Entity Name:	BOOST HOME HEALTHCARE CHATTANOOGA LLC		
SOS Control #:	002027394	Initial Filing Date:	06/09/2025
Entity Type:	Limited Liability Company (LLC)	Formation Locale:	TENNESSEE
Status:	Active	Duration Term:	Perpetual
Fiscal Year Close:	December	Annual Report Due:	04/01/2026
Business County:	Hamilton		
Managed By:	Member Managed		
Obligated Member Entity:	No		

Document Receipt

Receipt #: 2025-410310	Filing Fee:	\$300.00
Payment: Credit Card - 3899977585		\$300.00

Registered Agent Address:
BOOST HOME HEALTHCARE CHATTANOOGA LLC
7505 MIDDLE VALLEY RD SUITE 101
HIXSON, TN 37343

Principal Office Address:
7505 MIDDLE VALLEY RD SUITE 101
HIXSON, TN 37343
Hamilton County, USA

Congratulations on the successful filing of your Articles of Organization - Limited Liability Company for **BOOST HOME HEALTHCARE CHATTANOOGA LLC** in the State of Tennessee which is effective **06/09/2025**. 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

Tracking Number
B2025291752



Tre Hargett
 Secretary of State

Articles Of Organization

Division of Business and Charitable Organizations
Department of State
 State of Tennessee
 312 Rosa L. Parks Avenue, 6th Floor
 Nashville, Tennessee 37243
 Phone: 615-741-2286
 sos.tn.gov/businesses

Control #: 002027394
 Filed: 06/09/2025 12:35 PM
 Tre Hargett
 Secretary of State

Entity Information

Entity Name: BOOST HOME HEALTHCARE CHATTANOOGA LLC

Entity Type: Limited Liability Company

Fiscal Year Ending Month: December

Additional Designation: *(No additional designation)*

Series LLC ?

Yes No

Principal Office Address

7505 MIDDLE VALLEY RD SUITE 101
 HIXSON, TN 37343
 Hamilton County, USA

Mailing Address

7505 MIDDLE VALLEY RD SUITE 101
 HIXSON, TN 37343
 Hamilton County, USA

Period of Duration:

Perpetual

Will this filing have a delayed effective date?

Yes No

Other Provisions:

(No other provisions)

Do you have additional uploads you would like to attach to this filing?

Yes No

Registered Agent Information

BOOST HOME HEALTHCARE CHATTANOOGA LLC
 7505 MIDDLE VALLEY RD SUITE 101
 HIXSON, TN 37343, USA

Member Information

The Limited Liability Company will be: Member Managed

Do you have six or fewer members at the date of this filing?

Yes No

Number of Members at the date of filing:

Will this entity be registered as an Obligated Member Entity (OME)

Yes No

Organizer's Signature

- By entering my name in the space provided below, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day.
- The undersigned, acting as organizer of the limited liability company under the provisions of the Tennessee Revised Limited Liability Company Act, adopt the above Articles of Organization.

Signed Electronically: DANG N LE

Date: 06/09/2025



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/

Date: 06/09/2025

Invoice: 2025-410310

Customer Information

DANG N LE
BOOST HOME HEALTHCARE CHATTANOOGA LLC
7505 MIDDLE VALLEY RD SUITE 101
HIXSON, TN 37343, USA

Tracking #	Description	Amount Paid
B2025291752	Articles of Organization - Limited Liability Company for BOOST HOME HEALTHCARE CHATTANOOGA LLC (LLC Filings)	\$ 300.00
Payment Details		
		Fee Total: \$ 300.00
		Payment Total: \$ 0.00
		Amount Due: \$ 0.00
Payment Method		
Payment Type: Credit Card		
Check/Confirmation Number: 3899977585		

Dear Members of the Health Facilities Commission,

I am writing to recommend the approval of Boost Chattanooga's application for a Certificate of Need (CON) to provide home health care services to Hamilton and Sequatchie Counties of Tennessee. As an aging adult who relies on home health care services, I have experienced firsthand the challenges of accessing the necessary support to maintain my independence and quality of life. I believe that the addition of more home health care agencies in our area would significantly improve access to these essential services for many individuals like myself.

Currently, the number of home health care agencies willing to go through the process of becoming Medicare certified in the Greater Chattanooga Area has made it difficult to find timely and reliable care. This lack of services has created additional strain on families and individuals who need consistent, specialized care in the comfort of their homes. Having access to more options would help ensure that patients receive the care they need without unnecessary delays.

I believe that the approval of Boost Chattanooga's CON application would fill a significant gap in our community's health care infrastructure. By offering much-needed home health care services, they will be able to support a growing population of aging adults and others who require assistance with daily activities, medical care, and rehabilitation.

Thank you for your attention to this important matter. I strongly encourage you to approve Boost Chattanooga's application, as it will improve healthcare access and quality for many individuals in the Hamilton and Sequatchie Counties of Tennessee. Please feel free to contact me if further information is needed.

Sincerely,
Chele Sherwood
390 Graham Rd
Soddy Daisy, Tn 37379

Janice Burgess
Nurse Practitioner
Doctors Home Visits of Southeast TN PC
8961B Dayton Pike
Soddy-Daisy, TN 37379
Phone: (423) 451-7623

May 18, 2025

To Whom It May Concern:

As a family nurse practitioner in Hamilton County, I'm writing in support of Boost Home Healthcare Chattanooga's Certificate of Need (CON) application.

There is a clear and growing need for high-quality home health services in our area—especially for Medicare patients transitioning from hospital to home. Many of my patients would benefit from having additional, trusted options for in-home care.

I believe Boost would help fill an important gap and improve outcomes for those who need support the most.

Sincerely,



Janice Burgess FNP
Doctors Home Visits of Southeast TN PC

Janice Burgess
Nurse Practitioner
Doctors Home Visits of Southeast TN PC
8961B Dayton Pike
Soddy-Daisy, TN 37379
Phone: (423) 451-7623

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I believe Boost would help fill an important gap and improve outcomes for those who need support the most.

Sincerely,



Janice Burgess FNP
Doctors Home Visits of Southeast TN PC

To Whom It May Concern,

As a Registered Nurse and Case Manager with Hospice of Chattanooga, I have spent years working closely with patients and families navigating some of the most challenging times of their lives. In doing so, I've seen firsthand the immense value that quality in-home care can bring—not just in improving comfort and dignity, but in reducing hospital readmissions and overall healthcare costs.

Hospice care has long championed the benefits of treating individuals in their homes, and I believe this same standard of compassionate, individualized care should be available to a broader patient population—especially those recovering from acute illness or managing chronic conditions under Medicare.

For these reasons, I support the Certificate of Need application for Boost Home Healthcare Chattanooga. Expanding access to trusted, high-quality in-home health services is vital for ensuring patients across our region have real choices in their care—choices that honor their preferences, promote healing, and support their loved ones.

Thank you for your consideration.

Sincerely,



George Culver, RN, BSN

Case Manager

Hospice of Chattanooga

Rohit K. Gupta, MD

Nephrology Associates

251 North Lyerly St, Ste 100

Chattanooga, TN 37404 (Parkridge East)

May 19, 2025

To Whom It May Concern,

I am writing in support of **Boost Chattanooga**, a senior care and home health staffing agency aiming to serve patients in the Chattanooga area.

As a physician at Nephrology Associates, I work closely with senior patients who frequently need home-based care after hospital stays or during the course of chronic illness. Many of these individuals qualify for Medicare-covered services but struggle to access them due to staffing shortages and provider limitations in our region.

Boost Chattanooga would be a welcome addition to our local care network. Their focus on in-home support for seniors will help bridge a critical gap—ensuring more patients receive timely, Medicare-approved assistance that supports both recovery and long-term quality of life. I fully support their mission and believe their presence will be of great value to the Chattanooga healthcare community.

Sincerely,



Rohit K. Gupta, MD

Sarah Brooks, RN

Clinical Nurse Manager, Dialysis Clinic, Inc.

2300 E 3rd Street, Chattanooga, TN 37404

Sarah.Brooks3@dciinc.org (423) 423-698-6422

Wednesday, May 28, 2025

To Whom It May Concern:

In my role as Clinic Manager of a dialysis clinic here in Chattanooga, I work closely with patients who often juggle multiple health concerns alongside demanding treatment schedules. For many of them, managing care outside of the clinic is a constant challenge—particularly for those who lack reliable support and transportation.

That's why I'm writing in support of Boost Home Healthcare Chattanooga's Certificate of Need application. I believe that expanding in-home healthcare services in our region will make a meaningful difference, especially for patients with chronic conditions like kidney disease who rely on Medicare. Having another high-quality, dependable provider available gives patients more flexibility, more continuity, and most importantly, more dignity in how they receive care.

We see firsthand how difficult it can be for patients to coordinate multiple appointments, transportation, and follow-up services. While insurance can assist with transportation, many of our patients are making the difficult decision between life-saving dialysis treatments, or wound care from podiatry due to limitations with the number of transportation "trips" provided per calendar year. A trusted in-home care team can bridge those gaps and help prevent setbacks that often lead to hospital readmissions, worsening health, and untimely expiration.

I fully support Boost's efforts and hope their application is approved.

Sincerely,

Sarah Brooks, RN

A handwritten signature in black ink that reads "Sarah Brooks, RN". The signature is written in a cursive, flowing style.

Clinical Nurse Manager

Tiffany Barnett, FNP
Family Nurse Practitioner
Cherokee Health Systems
5600 Brainerd Road, Suite A4
Chattanooga, TN 37411
Phone: (423) 266-4588
www.cherokeehealth.com

May 18, 2025

To Whom It May Concern:

As a family nurse practitioner working in Hamilton County, I wanted to take a moment to share my support for Boost Home Healthcare Chattanooga's application for a Certificate of Need (CON).

In my day-to-day work, I see a real need for more reliable, high-quality home health services in our area. Many of my patients struggle to get the kind of care they need once they leave the hospital—especially those recovering from surgery or managing long-term conditions. Having another trusted provider like Boost in our community would make a big difference for these individuals and their families.

I truly believe this service would help fill a gap in care and improve outcomes for a lot of people. I hope their application will be approved.

Sincerely,



Tiffany Barnett, FNP
Family Nurse Practitioner
Cherokee Health Systems

3A Response

Item 3A., Proof of Publication

Please attach a copy of the published language with proof of publication labeled as Attachment 3AR.

Applicant Response:

- Proof of Publication has been attached to application and labeled as Attachment 3AR

4A Response

Item 4A., Purpose of Review

Please select Establish a New Health Care Institution in response to Item 4A.

Applicant Response:

- Establish a New Health Care Institution has been selected in Item 4A.

8A Response

Item 8A., Management Agreement

There is a management agreement attached but not listed in response to 8A. Please identify the management/operating entity in response to Item 8A.

What does the attached agreement represent? There are no parties identified.

It appears that one of the owners, Mr. Le, is involved with a company which provides digital marketing services. Please explain whether there will be any marketing role for the applicant involving DT Media LLC, or any other owner affiliated marketing companies. If any relationship exists, please discuss how the applicant will ensure compliance with relevant regulations.

Does Boost Home Healthcare maintain any ownership interest in the applicant?

Application Response:

- Response to 8A has been updated to reflect no Management Agreement in place
- Management Agreement has been removed from application
- DT Media LLC will have no affiliation with the applicant
- BOOST HOME HEALTHCARE CHATTANOOGA LLC retains 100% ownership as the applicant

9A Response

Item 9A., Legal Interest in the Site

Do the applicants have any other business associated with same building? The lease document indicates that there is an original existing lease.

Please provide a signed Lease document with an end date that extends past the earliest potential HFC meeting date, February 2026 at the earliest.

The lease states that it is to be used for the purposes of operating a home health staffing agency. Please explain whether the applicant will operate as a staffing agency or a licensed home health care agency?

Application Response:

- The application does not have any other business associated with the same building, lease has been updated.
- Executed Lease Agreement attached in 9A, extended term end date
- Lease Agreement updated to reflect operation of a home health agency

1E Response

1. Item 1E., Executive Summary

It is noted that the applicant will provide infusion nursing services. Please provide additional details. What experience does the applicant, or its owners have in operating a home health agency providing home infusion nursing?

Please describe the steps of the infusion delivery process from the point where the medication is delivered to being administered by a nurse.

What is the typical shelf life of infusion medications that are delivered to a patient's home?

Does the applicant intend to enroll in Medicare Part B as a Qualified Home Infusion Therapy Supplier? If not, please explain.

Please provide additional background of the owners in the operation of healthcare / home healthcare entities? Do the owners have any clinical background?

Do the owner(s) maintain any interest in other home health agencies in Tennessee or nationally?

The emphasis on telehealth, remote patients monitoring, is noted. Please describe scenarios when the applicant is proposing to deliver care through telehealth and virtual visits.

How many Boost Home Healthcare agencies have reported CMS performance measures?

Please explain the extent to which the applicant anticipates providing private duty

nursing services for patients requiring continuous care.

How will the applicant support the necessary trained staff to deliver home health care to patients in need of continuous care: Private duty and visit-based skilled nursing, Ventilator and respiratory care, Tracheostomy and oxygen therapy, Nebulizer treatments and pulse oximetry, Medication management and lab draws, G-tube/N-tube/J-tube feeding and care education, Wound care, catheter/ostomy management, Seizure protocols and neurological monitoring, Apnea monitoring, INR checks, and nutrition assessments?

The owner's experience with business operations and ownership is noted. What does DT Media, LLC do?

There appear to be more home health providers licensed to serve Hamilton, Bradley and Sequatchie Counties. Please list the number of total agencies licensed to serve these specific counties rather than the number of agencies that have a home office located in the county.

Application Response:

- Infusion services have been removed from 1E
- Owners have clinical and operational support as a franchisee from the franchisor to successfully operate a home health agency
- Owners will have clinical team members to ensure to Agency is able to successfully operate
- Owners do not have interest in any other home health agency
- Response for Telehealth:

This new home health agency will use telehealth and virtual visits to supplement, not replace, medically necessary in-person care, and only when clinically appropriate and compliant with Tennessee and federal home health rules. Telehealth encounters will follow the established plan of care, include full documentation similar to in-person visits, and will not be counted as "home visits" for eligibility or payment where regulations prohibit that.

Skilled nursing telehealth scenarios

- Medication and symptom check-ins for stable, homebound patients with chronic conditions (for example, heart failure, COPD, diabetes) to review vital-sign trends from remote patient monitoring (RPM), reinforce teaching, and adjust self-management strategies when there is no need for a hands-on assessment.
- Post-discharge virtual follow-up within 24–72 hours of hospital or SNF discharge to review discharge instructions, reconcile medications, confirm follow-up appointments,

and identify early warning signs that may require an in-person nurse visit or urgent escalation.

Remote patient monitoring use

- Daily or more frequent review of electronically transmitted data such as blood pressure, heart rate, oxygen saturation, weight, or blood glucose from approved home devices, with thresholds built into the system to alert a nurse to significant changes from baseline.
- Telehealth nurse outreach when alerts are triggered (for example, rapid weight gain in heart failure or rising blood pressure in a stroke-risk patient) to reassess symptoms, verify correct device use, reinforce diet/medication adherence, and coordinate an urgent in-person visit or provider contact when indicated.

Therapy and rehabilitation visits

- Virtual physical, occupational, or speech therapy sessions for appropriate patients to progress exercise programs, observe home exercise performance, provide cueing and feedback, and update goals when hands-on intervention is not required for safety or effectiveness.
- Environmental and safety assessments performed via secure video to evaluate home layout, fall risks, and equipment placement, followed by caregiver and patient coaching on modifications that do not require a therapist to be physically present.

Behavioral health and education

- Telehealth behavioral health visits (when ordered and permitted by payer/regulation) for issues such as depression, anxiety, adjustment to illness, or caregiver stress, including counseling, monitoring of treatment response, and coordination with the primary medical provider.
- Disease-specific education and care-plan conferences conducted virtually with the patient, family, and interdisciplinary team (nurse, therapist, social worker) to review goals of care, teach self-management skills, and update the plan of care while minimizing travel burden.

Triage, urgent issues, and limitations

- Scheduled or same-day virtual nurse assessments for new or worsening but non-emergent symptoms (for example, mild shortness of breath, new edema, mild confusion) to determine whether self-care, an expedited in-person home visit, or referral to higher level of care is required; emergencies are directed to 911 and are not managed solely via telehealth.
- Telehealth and RPM will never substitute for required in-person visits in the plan of care, will not be used when a hands-on physical exam is necessary, and will comply with all licensure, consent, privacy, documentation, and payer-specific telehealth requirements applicable in Tennessee

- No Boost Home health agencies have reported data to CMS at this time, the brand started only a few years ago and multiple franchisees are getting established
- Response for Private Duty Nursing care:

The applicant anticipates providing private duty nursing on a limited, clinically driven basis for patients who require continuous skilled care, with most services delivered through visit-based skilled nursing supported by a structured staffing and competency program. Continuous care will be reserved for medically fragile patients whose needs cannot be safely met with intermittent visits and who meet payer and physician criteria for private duty nursing levels of care.

Scope of continuous private duty care

- Continuous care will be used primarily for high-acuity patients (for example, ventilator or tracheostomy dependent, complex seizure disorders, or unstable respiratory status) who require ongoing monitoring and rapid intervention to remain safely at home.
- Service intensity (up to extended or 24-hour coverage as authorized) will be aligned with physician orders, payer approval, and reassessment of the patient's condition and goals of care.

Staffing and clinical support model

- The applicant will recruit and retain a core team of RNs and LPNs experienced in high-acuity home care, supported by on-call RN supervisors available 24/7 for clinical escalation, case review, and emergency guidance to staff in the field.
- Staffing levels and skill mix will be managed through acuity-based scheduling, cross-training of nurses in both visit-based and shift-based care, and use of backup/on-call staff to minimize shift gaps for continuous-care patients.

High-acuity respiratory and monitoring services

- Ventilator, tracheostomy, oxygen therapy, nebulizer treatments, and pulse oximetry will be delivered only by nurses who have completed competency-based training and annual skills validation in respiratory assessment, equipment management, suctioning, emergency trach/vent response, and infection prevention.
- Nurses will provide continuous or scheduled monitoring of respiratory status, including oxygen saturation trends and work of breathing, with clear standing orders and escalation pathways for desaturation, increased secretions, or equipment malfunction.

Medication, nutrition, and device management

- Medication management, lab draws, and INR checks will be performed by licensed nurses following agency protocols for double-checks, reconciliation, and communication of critical values to the ordering provider.
- G-tube/N-tube/J-tube feedings and education will follow evidence-based enteral feeding guidelines, including verification of tube placement as ordered, safe administration techniques, flushing protocols, and caregiver training for day-to-day management and troubleshooting.

Wound, catheter, neurological, and nutrition care

- Visit-based and, when needed, shift-based wound care and catheter/ostomy management will be provided in accordance with physician orders and best-practice protocols, with RNs overseeing complex wounds, pressure injury prevention, and infection surveillance.
- Seizure protocols, apnea monitoring, neurological checks, and nutrition assessments will be implemented by nurses trained in emergency response, seizure first-aid, and risk-based monitoring, with ready access to the interdisciplinary team (including dietitians and therapists) for care-plan adjustments
- DT Media LLC is an Amazon seller focusing on footwear and apparel. The Owner led a team of 6 employees to over \$7M in annual sales and implemented Lean and Continuous Improvement to cut costs and speed up productivity

2E Response

Item 2E., Rationale for Approval

Please list the use rates for home health services according to the most current published need projections. It appears that the rates are similar to state averages in all three counties.

What specific critical service gaps is the applicant referring to?

Please provide sourcing for the primary care ratios, prevalence data for specific health conditions listed, uninsured population, poverty levels, and language and cultural access challenges as referenced on page 8.

Is the applicant licensed in any capacity in Tennessee?

Provide supporting documentation for the referenced CMS measures reported by Boost affiliates.

What value-based outcomes are being referred to?

Please discuss the approach to telehealth services in the proposed service area as they relate specifically to Medicare policy changes effective January 31st, 2026. <https://www.medicare.gov/coverage/telehealth>

Application Response:

Use rates and service gaps

- The applicant acknowledges that HSDA home health use rates in Hamilton, Bradley, and Sequatchie counties are generally similar to state averages, but emphasizes that these projections understate latent need among rural, low-income, and chronically ill residents who currently underutilize home health.
- Critical gaps cited include: limited home health presence in rural Sequatchie and outlying areas of Bradley; lack of culturally and linguistically tailored home health; inadequate post-acute transitional care capacity; and insufficient home-based support for complex chronic disease management and social determinants of health.

Data sources for ratios and barriers

- Primary care ratios (approximately 910:1 in Hamilton, ~2,030:1 in Bradley, and ~5,470:1 in Sequatchie) are based on county-level primary care clinician-to-population estimates from publicly available health workforce and County Health Rankings–type datasets (e.g., HRSA Area Health Resource Files, state and county health profiles).
- Chronic disease prevalence (diabetes 14–15% of adults, high burden of hypertension and COPD), uninsured and poverty rates (e.g., Hamilton ~12.7% below poverty with higher poverty in Sequatchie), and language/cultural access indicators derive from county health assessments, BRFSS-based state chronic disease reports, Census/ACS socioeconomic data, and local community health needs assessments that document Spanish-speaking and immigrant populations with documented access barriers.

Licensing status and CMS measures

- The applicant is seeking initial Tennessee licensure/Medicare certification for Boost Home Healthcare Chattanooga LLC and is not yet operating as a licensed home health agency in Tennessee; however, affiliated Boost agencies in other states operate as Medicare-certified home health providers under their respective state licenses and CMS certification numbers.
- CMS quality measures referenced for Boost affiliates (e.g., 30-day readmissions, timely initiation of care, improvement in functional status, and patient experience measures) are drawn from publicly reported Home Health Care Compare and CMS Care Compare data for those affiliates and can be supported with agency-specific Care Compare printouts and internal quality dashboards showing performance relative to state and national benchmarks.

Value-based outcomes referenced

- The value-based outcomes cited include: reduced 30-day hospital readmissions among transitions-of-care patients; higher rates of timely start-of-care within 24–48 hours of referral; improved functional outcomes for therapy patients; and higher patient-reported satisfaction/experience scores compared with county or state baselines.
- The applicant commits in the first 24 months to measurable targets such as 30-day readmissions at least 20% lower than county baselines for TOC patients, 95% of hospital referrals scheduled within 24 hours, and equity metrics (e.g., preferred-language care and linkage to community resources) as value-based performance indicators tied to internal quality and incentive programs.

Telehealth approach under 2026 Medicare policy

- Under current Medicare rules, telehealth can be delivered to beneficiaries in their homes through January 30, 2026, but starting January 31, 2026, most traditional Medicare telehealth visits will again require the patient to be in a rural area and at an eligible originating site (such as an office or facility), with limited exceptions (home dialysis ESRD visits, acute stroke, and home-based mental/behavioral health services, including substance use disorder).
- The applicant's telehealth approach is to:
 - Focus home-based telehealth on services that remain permissible after January 31, 2026 (particularly mental/behavioral health support and care-coordination-type services when delivered in compliance with Medicare rules), while shifting other encounters back to in-person home visits or appropriate rural originating sites as required.
 - Use telehealth primarily as a complement to in-person skilled nursing and therapy for care coordination, chronic disease self-management education, and transitions-of-care in rural parts of Bradley and Sequatchie, and to leverage any expanded telehealth flexibilities available through Medicare Advantage plans and ACO participation in the service area.

1N Response

Item 1N., Criteria and Standards

Please provide a response to the criteria and standards labeled as Attachment 1N.

Please utilize the most recent need data published by the Department of Health in response to the Criteria and Standards for Home Health Services.

Application Response:

Boost Home Healthcare Chattanooga LLC meets the Criteria and Standards for Home Health Services by demonstrating quantifiable unmet need in Hamilton, Bradley, and Sequatchie Counties using the most recent need projections published by the Tennessee Department of Health (TDH).

Most recent need data and use rates

- TDH projections show that in 2024 the combined service area (Hamilton, Bradley, Sequatchie) had 12 agencies serving 16,983 patients, with an overall use rate of approximately 0.0332 relative to the 2024 estimated population of 511,630.
- Applying the TDH home health need standard of 0.015 x projected population to the 2028 projected population of 525,661 yields a projected need of 7,885 patients, while current projected capacity is 17,449 patients, confirming that the region can support additional agencies without exceeding statewide planning norms, particularly where county-level access is uneven.

County-level need and documented gaps

- Hamilton County (10 agencies) served 13,348 patients with a 2024 use rate of 0.03484 and a projected 2028 capacity of 13,701 against a TDH-calculated need of 5,899, indicating adequate overall capacity but not necessarily equitable distribution across neighborhoods and populations.
- Bradley County (2 agencies) served 3,635 patients with a use rate of 0.03223 and a projected 2028 capacity of 3,745 versus a TDH need projection of 1,743, showing that while the numeric standard is met, residents still experience access barriers due to provider concentration and limited choice.

- Sequatchie County has no reporting home health agency, zero patients served, and a use rate of 0.00000 despite an estimated 2024 population of 15,754 and projected 2028 population of 16,256, with TDH projecting a need for approximately 244 patients and no existing capacity, resulting in a clear county-level shortfall.

How Boost meets Criteria 1 – Determination of Need

- TDH's Criteria 1 table for the service area documents a projected net need/surplus calculation that, when disaggregated by county, identifies Sequatchie as having a positive need (244 patients) with no local home health provider and shows that regional capacity is concentrated in Hamilton, leaving rural residents underserved.
- By establishing a Medicare-certified agency serving Hamilton, Bradley, and Sequatchie, Boost will directly respond to the TDH-identified capacity gap in Sequatchie, improve geographic distribution of services for Bradley, and enhance access and choice in Hamilton, all within the parameters of the most recent TDH need projections and use-rate methodology.

2N Response

Item 2N., Service Area

Is the use rate lower in the proposed service area than in the rest of the state?

Are there specific gaps in home health care that are unique to the service area?

Which parts of the service area are considered rural and/or remote?

Please explain the statement in Attachment 2N that "Boost will expand its services to adult patients".

Please explain the basis for projecting the fewest number of patients in Hamilton County? These projections don't match other areas of the application. Please ensure consistent projection by county is provided throughout the application.

Please explain the following statement: "Boost has denied patient admissions to date due to licensing restrictions — with 15 patient referrals turned away, all of which occurred in the first half of 2025. These figures reflect strong unmet demand, and our expansion will directly address that gap."

Application Response:

Use rate and local gaps

- The most recent TDH need data show that overall home health use rates in Hamilton and Bradley Counties are similar to or slightly above the statewide average, while Sequatchie County has effectively zero recorded utilization despite a documented forecasted need.
- The critical gaps unique to this service area are: absence of a local home health agency in Sequatchie County, limited choice and capacity in Bradley County (only two agencies), and documented access barriers for rural, low-income, and linguistically diverse populations that are not captured by the aggregate use-rate metric.

Rural/remote areas and adult expansion

- Within the three-county service area, Sequatchie County and outlying, non-urban portions of Bradley County are considered rural and/or remote, with mountainous geography, transportation barriers, and longer travel distances to primary and post-acute care services.
- The statement that “Boost will expand its services to adult patients” refers to the Chattanooga LLC’s intention to admit medically eligible adults (18+) across Hamilton, Bradley, and Sequatchie, in addition to any existing pediatric or private-duty populations, under an inclusive admissions policy that does not restrict by age, diagnosis, or communicable disease status when care can be delivered safely in the home.

Projections by county and explanation of Hamilton volume

- Attachment 2N currently lists Year-1 projections of 24 patients in Hamilton, 8 in Bradley, and 4 in Sequatchie (total 36), which were originally based on the franchise territory footprint, early referral relationships, and a conservative ramp-up assumption in the more competitive Hamilton market.
- To ensure internal consistency, these county-level projections should be aligned with all other sections of the application (including 1N and utilization narratives) by:
 - Reconfirming that Hamilton, as the largest county with the greatest hospital and referral base, will in fact account for the highest absolute number of patients; and
 - Adjusting the Hamilton/Bradley/Sequatchie distribution (while keeping the same total, if desired) so that Hamilton no longer shows the “fewest” projected patients and instead reflects its proportionate share of expected referrals and population.

Turned-away referrals and unmet demand

- The statement that “Boost has denied patient admissions to date due to licensing restrictions — with 15 patient referrals turned away, all of which occurred in the first half of 2025” means that, prior to obtaining a Tennessee home health license, the Chattanooga franchise received 15 appropriate adult home-health referrals from local hospitals, physicians, and managed care plans but was legally unable to admit them and therefore redirected them to other agencies.
- These 15 lost admissions, concentrated in a short time frame and before formal launch, demonstrate that local providers are already attempting to refer patients to Boost and that there is tangible, unmet demand for an additional Medicare-certified home health

option in Hamilton, Bradley, and Sequatchie Counties beyond what is reflected in the TDH use-rate formula.

3N Response

Item 3N., Demographics

The adult population aged 18 and older is noted. Please detail the 65+ population in each county if that is the actual target population for the project.

Please revise the demographic table in Attachment 3N.B to reflect population data from the Boyd Center Boyd Center Population Projections | Tennessee State Data Center for 2025 & 2028.

The Population data, Census data and TennCare Enrollment data don't match sources. Please revise Table 3NB.

Please revise and resubmit Attachment 3N (labeled as Attachment 3NR).

Application Response:

- Updated Attachment 3NR has been attached

4N Response

Item 4N., Special Needs of Service Area Population

Please provide specific data to support the statements about health disparities in the area.

Are there going to be offices in both Hamilton and Bradley Counties?

It is not accurate that there were no agencies reporting active utilization in Sequatchie County in 2023 or 2024. There are also other agencies providing PDN care in Hamilton County. Please revise these statements.

Where are the rural primary care clinics located in the service area?

Application Response:

- The Agency will only have 1 office.
- Response has been revised regarding agencies in Sequatchie County

5N Response

Item 5N., Historical Utilization

Please update the historical utilization of the service area to reflect all licensed agencies serving those counties for 2023-2025 which are the most current three years reported to the Joint Annual Report.

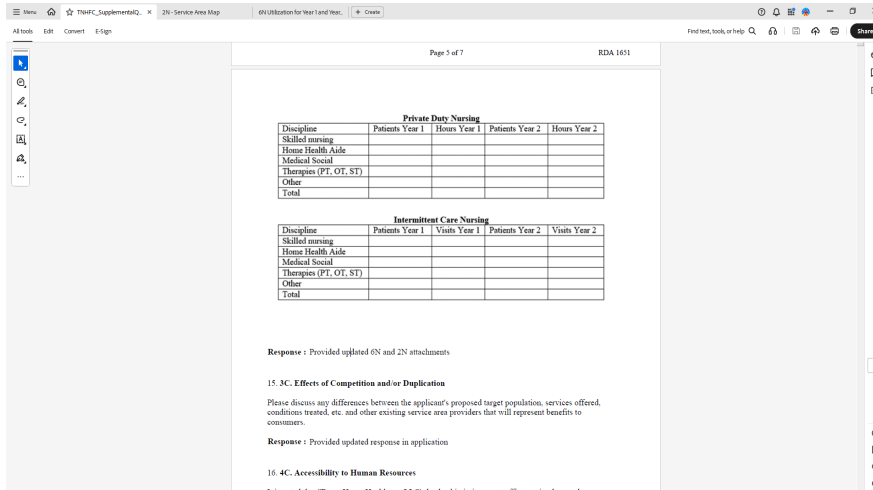
Application Response:

- Updated Attachment 5N attached.

6N Response

Item 6N., Applicant’s Historical and Projected Utilization

Please complete the following tables:



Please ensure that the projections match Item 2N.

Application Response:

- Updated 6N Attached.

4C Response

Item 4C., Human Resources

It is noted that Dang Le is listed as the Chief Clinical Officer for the applicant. Please discuss the clinical background supporting this role.

Application Response:

- Dang Le will be not be Chief Clinical Officer, don't see where this needs to be updated in 4C. Agency is identifying clinical staff at this time.

9C Response

Item 9C., Comparison of Charges

Please provide a comparison of charges between the applicant and all other licensed agencies in the service area on a per visit, per patient and per hour basis as well as specific service types based on 2025 JAR data.

Application Response:

- Updated attachment.

3Q Response

Item 3Q., Quality

Please explain why the applicant has selected TDMHSAS and IDD in response to licensing agencies.

Application Response:

TDMHSAS and IDD were selected because Tennessee rules tie the licensing agency to the characteristics of the population served and the type of home- and community-based services provided. When an agency expects a substantial share of its clients to have serious mental illness, substance use conditions, or to be “aged,” or when more than 50% of its caseload is individuals with intellectual or developmental disabilities, state regulations direct that the primary license come from either the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) or the Department of Intellectual and Developmental Disabilities (DIDD), rather than solely from other health licensing bodies.

In practical terms, this means the applicant indicated TDMHSAS and IDD because:

- The planned services include personal support / supportive home care and related home- and community-based supports that, under the state licensure grid, may be licensed as Personal Support Services Agencies (PSSA) by TDMHSAS or as ID/DD service providers by DIDD, depending on the majority population served (aged/behavioral health vs. IDD).
- The applicant anticipates serving a meaningful number of individuals who are aged, have mental health or substance use conditions, and/or have intellectual or developmental disabilities, making it appropriate—and in some cases required—to recognize TDMHSAS and IDD as the relevant licensing authorities for those program components.

RE: Certificate of Need Application CN2512-044
Boost Home Healthcare Chattanooga LLC

Supplemental Response - 1.13.26

1. Item 3A., Proof of Publication

The attached tear sheet is noted. Please attach a legible copy of the tear sheet or a copy of the published language from the publisher as Attachment 3AR2.

[Agency Response: Attachment 3AR2 was uploaded to Application.](#)

2. Item 4A., Purpose of Review

Please select Establish a New Health Care Institution in response to Item 4A. Please submit the revised application.

Agency Response: Establish a New Health Care Institution has been selected in Item 4A in the online application.

3. Item 1E., Executive Summary

Please provide additional background of the owners in the operation of healthcare / home healthcare entities? Do the owners have any clinical background?

What percentage of total patients are expected to be private duty care?

The applicant's response regarding its staffing and clinical support model is noted. Please discuss how 3.35 FTE direct care staff identified are adequate to provide continuous care and the level of coverage described.

Please explain the comprehensive scope of services to be provided by the franchising agency. Please distinguish the responsibilities of the owners of the proposed agency and the franchiser with respect to the operations, staffing, clinical oversight and support, scheduling, quality assurance and performance improvement, record management, training, and policy and procedure development.

What obligations do the owners have to the franchiser with respect to use of and adherence to the resources developed and provided to the owner?

What role does the franchiser have in its agreement with the owners to oversee compliance with franchiser/franchisee agreements. How will this be accomplished in the care of the applicant specifically?

Agency Response: 1E has been updated to clarify Owner healthcare operations experience and clinical experience, agency is not providing private duty care, and role and delineations of franchisor and franchisee.

Owners do not have any direct healthcare / home healthcare operational experience. The Agency will hire a clinical services director and additional clinicians prior to becoming operational.

Additional business operations experience:

Jonathan Cleator's background is founding and operating a 8+ year old seven-figure e-commerce business, with responsibility for staffing, overall management, financial oversight, and operational execution. This role included budgeting, cash-flow management, development of standard operating procedures, vendor relationships, and supervision of staff and contractors.

Dang Le: As the founder and president of DT Media, Dang has successfully managed an ecommerce company with over \$7M annual revenues for over 10 years while gainfully employing dozens of employees.

We've handled a wide inventory mix including footwear, apparel, toys and makeup all while focusing on quality and accuracy of order fulfillment. We are very proud of our thousands of 5-star reviews on Amazon. While we understand mistakes happen, our focus has always been on taking care of our customers.

One of the driving principles of the company is to "Leave It Better Than You Found It". Towards that end we invest significantly in employee growth and education. Everyday, at least an hour is spent on ideas that will help them improve their work and lives. Our efforts have also extended to the broader community with multiple Thanksgiving food pantry drives and company volunteer days.

Agency will provide no private duty care.

Agency will ensure continuous 24 hour coverage of clinical and operational support for staff and patients by modifying coverage for 7 days/wk and ensuring the Agency business line is covered at all times. There will be clinical support at all times as directed by the Director of Clinical Services. With no private duty care, the established 3.35 FTEs will ensure coverage.

Scope of Franchisor/Franchisee Services:

Each franchise is independently owned and operated. The franchisor supplies the business model, brand, proprietary System, confidential manuals, technology platforms, and multiphase training plus ongoing guidance, inspections, and national marketing support, but does not employ staff or hold the clinical license. The franchisor sets standards, audits compliance, controls required software, and can appoint a temporary manager or limit system access if deficiencies are not corrected. The franchisee/owners must run daytoday operations, hire and supervise all staff, ensure clinical oversight and QAPI, maintain required Administrator and DPCS/DON roles, meet minimum census targets, comply with all laws and insurance/licensure/CON requirements, use all required systems and manuals, keep accurate records and reports, and participate in surveys and additional training. Compliance for this applicant is enforced through training completion, required staffing, mandated software use with franchisor access, scheduled reporting, and onsite or remote reviews of quality and operations.

4. Item 2E., Rationale for Approval

It is noted that applicant states that it “Operates under Boost franchise with accreditation and proven CMS star performance.” However, the applicant states that it has not publicly reported these measures. What is the applicant referring to if no agencies have been operating long enough to demonstrate performance? Is there any other publicly reported data demonstrating the quality of care provided by franchisees of Boost Home Healthcare?

Please identify the specific use rates.

What is the basis for the critical gaps cited, i.e. “limited home health presence in rural Sequatchie and outlying areas of Bradley; lack of culturally and linguistically tailored home health; inadequate post-acute transitional care capacity; and insufficient home-based support for complex chronic disease management and social determinants of health.”

Please cite the specific files and source links for the data referenced.

Please explain the following response "CMS quality measures referenced for Boost affiliates (e.g., 30-day readmissions, timely initiation of care, improvement in functional status, and patient experience measures) are drawn from publicly reported Home Health Care Compare and CMS Care Compare data for those affiliates and can be supported with agency-specific Care Compare printouts and internal quality dashboards showing performance relative to state and national benchmarks. ", which conflicts with the applicant's previous response to a supplemental question stating "No Boost Home health agencies have reported data to CMS at this time, the brand started only a few years ago and multiple franchisees are getting established."

Agency Response:

Although Boost Home Healthcare is a newer franchise brand, started in 2021, the brand is growing rapidly and establishing franchises across the country. The franchise does not currently have any publicly reported measures to CMS due to starting only a few years ago.

Below are Boost Home Healthcare franchise brand data in the United States:

- Active Franchisees: 30
- Franchisees pursuing state license: 15

- Active State Licensing Franchisees: 11
- Active Franchisees in Non-Licensed States: 5
- Franchisees Currently Pursuing Accreditation: 28
- Medicare Certified Franchisees: 2 (these Franchisees will be able to report data to CMS Care Compare in 12 to 24 months)

Please remove language referenced in CON request letter referencing critical gaps for “limited home health presence in rural Sequatchie and outlying areas of Bradley; lack of culturally and linguistically tailored home health; inadequate post-acute transitional care capacity; and insufficient home-based support for complex chronic disease management and social determinants of health.”

Use Rates are listed in Attachment 1N.

Criteria #1: Determination of Need

Service Area County	Number of Agencies Report Serving	Total Patients Served*	Estimated 2024 Population (Most Recent Year Available)**	Use Rate	Projected 2027 Population (3 Years Forward)	Projected Capacity	Projected Need (.015 x 20XX Population)	Need or (Surplus) for 2024
Hamilton	24	9,085	383,109	0.0237138778	390,799	9,267	5,862	(3,405)
Bradley	24	2,607	112,767	0.0231184655	115,338	2,666	1,730	(936)
Sequatchie	16	348	15,754	0.0220896280	16,138	356	242	(114)
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				#DIV/0!		#DIV/0!	0	#DIV/0!
<i>Add Rows as Necessary</i>				#DIV/0!		#DIV/0!	0	#DIV/0!
TOTAL	64	12,040	511,630	0.0235326310	522,275	12,291	7,834	(4,456)

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>

5. Item 1N., Criteria and Standards

Please provide a response to the criteria and standards labeled as Attachment 1N.

Please utilize the most recent need data published by the Department of Health in response to the Criteria and Standards for Home Health Services.

Agency Response: Uploaded Attachment 1N to the application with most recent data published by the Department of Health in response to the Criteria and Standards for Home Health Services including a response to the criteria and standards.

6. Item 2N., Service Area

The table completed in the application does not match the applicant stated projections by county. Please revise the table to match the corrected projections.

The applicant's response to the following question from Supplemental #1:

Please explain the following statement: *"Boost has denied patient admissions to date due to licensing restrictions – with 15 patient referrals turned away, all of which occurred in the first half of 2025. These figures reflect strong unmet demand, and our expansion will directly address that gap."*

The applicant's response stating: *"The statement that "Boost will expand its services to adult patients" refers to the Chattanooga LLC's intention to admit medically eligible adults (18+) across Hamilton, Bradley, and Sequatchie, in addition to any existing pediatric or private-duty populations, under an inclusive admissions policy that does not restrict by age, diagnosis, or communicable disease status when care can be delivered safely in the home."* does not appear to be directly responsive to the original question.

Please respond to the original question.

Is the applicant currently licensed to provide home health care services in any capacity in Hamilton, Bradley, or Sequatchie Counties?

If not, why is the applicant receiving patient referrals for home health care?

Please identify the specific use rates for comparison to the state rates.

There are more than two agencies operating in Bradley County. Please revise the response to reflect the number of agencies licensed to serve each of the service area counties.

Which hospital, physician or managed care plans have referred home health patients to an unlicensed provider for these 15 patient referrals? How are these providers aware of the applicant? Has the applicant held itself out to service area referral sources as accepting referrals for home health care services?

Agency Response: 2N Table has been updated to reflect patients in Year 1: Hamilton - 24, Sequatchie - 4, Bradley - 8.

Please remove the below verbiage:

Please explain the following statement: *"Boost has denied patient admissions to date due to licensing restrictions – with 15 patient referrals turned away, all of which occurred in the first half of 2025. These figures reflect strong unmet demand, and our expansion will directly address that gap."*

The applicant's response stating: *"The statement that "Boost will expand its services to adult patients" refers to the Chattanooga LLC's intention to admit medically eligible adults (18+) across Hamilton, Bradley, and Sequatchie, in addition to any existing pediatric or private-duty populations, under an inclusive admissions policy that does not restrict by age, diagnosis, or communicable disease status when care can be delivered safely in the home."* does not appear to be directly responsive to the original question.

The Agency is not licensed to provide home health services and has not provided home health services in any capacity in Tennessee. Specific use rates have been updated to reflect licensed agencies in each county.

There are following number of agencies in each county,

Source: Health Facilities Commission Licensure -
1/5/2026:

- Bradley County: 44
- Hamilton County: 41
- Sequatchie County: 40

7. Item 3N., Demographics

The demographic table is still not completed in the required format. Please complete Attachment 3NB as formatted in the application instructions.

Please revise and resubmit Attachment 3N (labeled as Attachment 3NR2).

Agency Response: Attachment 3NR2 and demographic table have been updated to comply with application instructions and uploaded to the application.

8. Item 4N., Special Needs of Service Area Population

Please provide specific data to support the statements about health disparities in the area.

Where are the rural primary care clinics located in the service area?

Agency Response:

Health disparities in Hamilton County

Hamilton County has a high burden of chronic disease and significant disparities affecting minority populations. Leading causes of death include heart disease, cancer, chronic lower respiratory disease (including COPD), accidents, and stroke, indicating substantial cardiovascular and pulmonary needs. Adult diabetes prevalence is about 11%, adult smoking is approximately 25%, and physical inactivity around 17%, all of which contribute to elevated rates of heart disease, COPD, and diabetes compared to optimal benchmarks. Poverty and uninsured rates are higher among Black and Hispanic residents than among White residents, reinforcing the need for culturally competent, accessible home health services.

Health disparities in Bradley County

Bradley County shows similar chronic disease patterns with additional rural access concerns. Major causes of death include heart disease, cancer, and chronic lower respiratory disease, and adult diabetes prevalence is roughly 11–12%. Youth obesity is high (around two in five children classified as overweight or obese), and adult smoking and physical inactivity rates exceed those in Hamilton County, indicating a strong need for home-based chronic disease management, fall prevention, and caregiver education in both suburban and rural parts of the county.

Health disparities and access in Sequatchie County

Sequatchie County is predominantly rural, lacks a full-service acute-care hospital, and relies on out-of-county facilities and limited local providers for emergency and specialty services. Like many Appalachian counties, it faces higher burdens of chronic diseases such as COPD, heart disease, and diabetes, compounded by transportation barriers and provider shortages. These factors create significant disparities in timely access to post-acute care and ongoing chronic disease support, particularly for homebound and low-income residents.

Office location, existing agencies, and PDN

Boost will operate a single administrative and clinical office located in Hamilton County and will not open a separate office in Bradley County; clinicians will travel from the Hamilton office to serve patients in Hamilton, Bradley, and Sequatchie Counties. The prior statement that there were no agencies reporting active utilization in Sequatchie County in 2023 or 2024 should be removed; the revised language acknowledges that agencies did report utilization, while noting that use remains limited relative to need for this rural population. The earlier claim that Maxim Healthcare is the only PDN provider in Hamilton County should be revised to reflect that Maxim is one of several agencies providing home-based skilled and PDN services in the Chattanooga area, and that additional home health and in-home care agencies serve Hamilton County, indicating competition but persistent unmet need for long-term skilled nursing for complex adults.

Rural primary care clinics in the service area

Boost intends to coordinate with rural and edge-of-county primary care practices to improve access and referrals for high-risk patients. In Sequatchie County, Erlanger Primary Care – Sequatchie / Sequatchie Valley at 16931 Rankin Ave, Dunlap, TN 37327, provides internal medicine and primary care to Sequatchie Valley communities (including Dunlap, Signal Mountain, and Whitwell) and represents a key access point for rural residents who may later need home health services. In Hamilton and Bradley Counties, multiple primary care and family medicine practices serving outer and rural areas will be engaged as referral partners, with Boost offering mobile clinicians, telehealth-supported follow-up when appropriate, and prioritized admissions for rural referrals to reduce preventable readmissions and address documented disparities in access and outcomes.

Data Sources:

Hamilton County sources

- Tennessee Department of Health – Hamilton County 2025 County Data Package (chronic disease, smoking, inactivity, mental distress):
- https://www.tn.gov/content/dam/tn/health/documents/vitality-toolkit/data-packages-2025/Data%20Package_2025_Hamilton.pdf
- Tennessee Department of Health – Hamilton County 2024 County Data Package:
- https://www.tn.gov/content/dam/tn/health/documents/vitality-toolkit/data-packages-2024/Data%20Package_Hamilton.pdf

- Tennessee Department of Health – County Data Packages index page (for 2023 and other years):
- <https://www.tn.gov/health/health-program-areas/county-health-councils/cha-chip-resources/county-profiles.html>
- Hamilton County Health Department – “A Picture of Our Health 2024” (local chronic disease and disparities report):
- <https://health.hamiltontn.org/Portals/14/Picture%20of%20Our%20Health%202024%20V3.pdf>
- Hamilton County Health Department – Health Equity Report (poverty and disparities by race/ethnicity):
- <https://www.hamiltoncountyhealth.org/wp-content/uploads/Health-Equity-Report-2022-FINAL-2.pdf>

Bradley County sources

- Tennessee Department of Health – Bradley County 2025 County Data Package (mortality, diabetes, obesity, smoking, inactivity):
- https://www.tn.gov/content/dam/tn/health/documents/vitality-toolkit/data-packages-2025/Data%20Package_2025_Bradley.pdf
- Tennessee Department of Health – County Data Packages index (Bradley 2024 and 2023 PDFs):
- <https://www.tn.gov/health/health-program-areas/county-health-councils/cha-chip-resources/county-profiles.html>

Sequatchie County / rural access and disparities

- Appalachian Regional Commission – “Health Disparities in Appalachia” (context for rural chronic disease and access issues):
- https://www.arc.gov/wp-content/uploads/2017/08/Health_Disparities_in_Appalachia_Appendices.pdf
- News article on rural Tennessee healthcare access and hospital gaps (context for rural access issues in counties like Sequatchie):
- <https://newschannel9.com/news/local/rural-hospitals-are-drowning-exploring-disparities-in-healthcare-access-across-rural-tn>

- BlueCross BlueShield of Tennessee – “Ranking the Health of All 95 Tennessee Counties” (overall county health ranking context):
- <https://bcbstnews.com/insights/ranking-the-health-of-all-95-tennessee-counties/>

Rural primary care clinic in Sequatchie County

- Erlanger Primary Care – Sequatchie Valley (primary care clinic at 16931 Rankin Ave, Dunlap, TN 37327):
- <https://www.erlanger.org/medical-services/primary-care/primary-care-sequatchie-valley>
- Erlanger Sequatchie Valley Emergency Department page (also lists the primary care practice at the same address):
- <https://www.erlanger.org/locations/erlanger-hospitals/erlanger-bledsoe-hospital/erlanger-sequatchie-valley-emergency-department>

Existing agencies / PDN and home health

- Maxim Healthcare Services – Tennessee locations (evidence that Maxim operates in Tennessee and the region, but is not the only provider):
- <https://www.maximhealthcare.com/maxim-healthcare-locations/states/tennessee/>
- Amedisys – Home Health in Chattanooga (example of another home health agency in Hamilton County):
- <https://locations.amedisys.com/tn/chattanooga/home-health-0512/>
- AgingCare listing – Home care agencies in Chattanooga (shows multiple in-home care agencies serving the area):
- <https://www.agingcare.com/local/in-home-care/chattanooga-tn>

9. Item 5N., Historical Utilization

The data still does not appear to be accurate. Please utilize the Joint Annual Report and list the combined utilization of home health services for each licensed agency serving the three service area counties.

Please add State ID numbers to the tables.

[Agency Response: Updated 5N Utilization document attached in application.](#)

10. Item 6N., Applicant’s Historical and Projected Utilization

The referenced revision to Item 6N is not attached.

Please complete the following tables:

Page 5 of 7 RDA 1651

Private Duty Nursing

Discipline	Patients Year 1	Hours Year 1	Patients Year 2	Hours Year 2
Skilled nursing				
Home Health Aide				
Medical Social				
Therapies (PT, OT, ST)				
Other				
Total				

Intermittent Care Nursing

Discipline	Patients Year 1	Visits Year 1	Patients Year 2	Visits Year 2
Skilled nursing				
Home Health Aide				
Medical Social				
Therapies (PT, OT, ST)				
Other				
Total				

Response : Provided updated 6N and 2N attachments

15. 3C. Effects of Competition and/or Duplication
 Please discuss any differences between the applicant's proposed target population, services offered, conditions treated, etc. and other existing service area providers that will represent benefits to consumers.
Response : Provided updated response in application

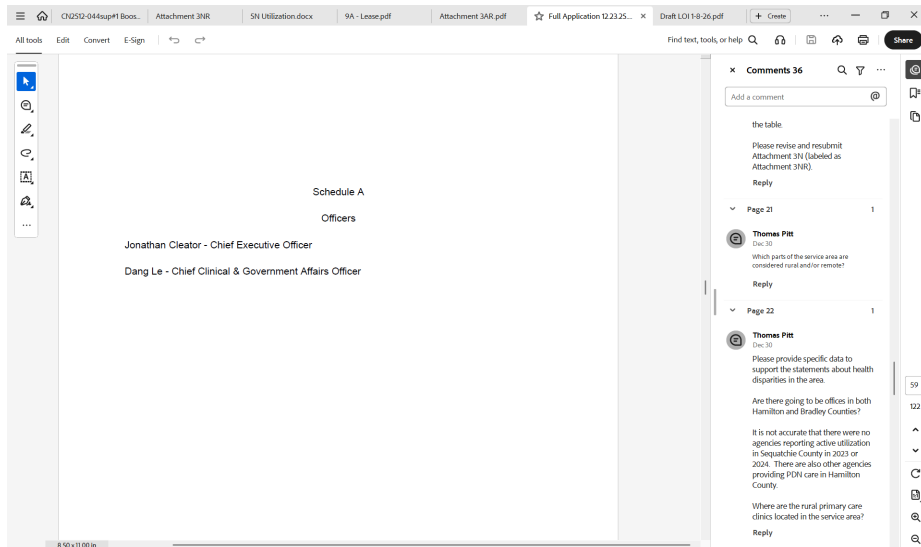
16. 4C. Accessibility to Human Resources

Please ensure that the projections match Item 2N.

Agency Response: Item 6N matches 2N projects and is uploaded in the application. Item 6N includes the tables for Private Duty Nursing and Intermittent Care Nursing.

11. Item 4C., Human Resources

It is noted that Dang Le is listed as the Chief Clinical Officer for the applicant. Please discuss the clinical background supporting this role. From the original application:



Agency Response:

Dang Le will not be the Chief Clinical Officer for this Agency.

Jon Cleator and Dang Le, as the owners of the home health agency, have designed an organizational and staffing plan that provides appropriate clinical leadership and sufficient professional staff to meet State of Tennessee licensing requirements and the Conditions of Participation for Medicare-certified home health agencies. They intend to hire an experienced Director of Clinical Services (DCS) and a designated back-up DCS to ensure continuous clinical oversight, coverage during absences, and compliance with regulatory and accrediting-body standards.

Clinical leadership

- The Director of Clinical Services will be a Tennessee-licensed registered nurse with home health experience, responsible for oversight of all clinical programs, supervision of field staff, policy implementation, and quality improvement activities in accordance with Tennessee licensure rules and CMS Conditions of Participation.

- A qualified back-up DCS will be appointed to assume these duties whenever the primary DCS is unavailable, ensuring uninterrupted clinical supervision, timely review of plans of care, and consistent adherence to Joint Commission and/or CARF standards for clinical governance, documentation, and patient safety.

12. Item 9C., Comparison of Charges

Please provide a comparison of charges between the applicant and all other licensed agencies in the service area on a per visit, per patient and per hour basis as well as specific service types based on 2025 JAR data.

The referenced revised attachment is not included.

[Agency Response: Updated 9C document has been attached.](#)

13. Item 3Q., Quality

Please confirm whether any of the projections provided in this application are expected to be patients served under the separate licenses the applicant states it intends to pursue in this response as a provider of personal support services through TDMHSAS or the Department of Disability and Aging.

Is the applicant projecting that the caseload of its proposed licensed home health agency is going to be composed of more than 50% individuals with intellectual or developmental disabilities, or that a substantial share of patients will have serious mental illness or substance abuse conditions?

Agency Response: All projections for patients on this application are under only the home health license. The Agency will be pursuing as a provider of personal support services through TDMHSAS or the Department of Disability and Aging at this time.

RE: Certificate of Need Application CN2512-044
Boost Home Healthcare Chattanooga LLC

Supplemental Response - 1.13.26

1. Item 1N., Criteria and Standards

Please provide page numbers and the language of each individual criterion in response to the criteria and standards labeled as Attachment 1N.

The projections estimate in Table 3.3 are noted. However, there do not appear to be specific letters supporting the projections included in this table. Does the applicant intend to provide letters of support from Erlanger, La Paz Chattanooga, Sequatchie County Health Department, etc., supporting these projected referrals?

Criterion 5B. The data provided in response to this table does not appear to reflect all licensed agencies in the service area. Please revise and resubmit.

Agency Response: Attachment 1N updated with page numbers and each individual criterion outlined.

Referral projections from Erlanger, La Paz Chattanooga, Sequatchie County Health Department, etc. are based on internal estimates, no letters of support are included.

Item 5N has been updated with MasterFile information for all licensed agencies in the three counties requested based on the List of Home Health Agencies provided by Alecia Craighead as of 1/5/26.

2. Item 3N., Demographics

The demographic table Attachment 3NR2 appears to require the following revisions:

Update Population – Current year to reflect 2025

The target population current year and projected year do not match the TDH projection data for individuals aged 65+. Please revise.

The percentage of persons below the poverty level should be based on te QuickFacts search. Please revise and update.

The TennCare enrollees for the Service Area Total is incorrectly calculated. Please revise.

Please revise the TennCare Enrollee percentages to reflect the number of enrollees as a percentage of 2025 population data.

Please revise and resubmit Attachment 3NR2 (labeled as Attachment 3NR3).

Agency Response: Population chart 2020-2034 was utilized to update Attachment projects for year 2025 and projected year 2028.

Poverty level percentage and population was updated based on US Census QuickFacts search, screenshot included.

TennCare enrollees Service Area Total updated. TennCare Enrollee percentage updated.

Attachment uploaded as Attachment 3NR3

All Topics	Sequitche County, Tennessee	Hamilton County, Tennessee	Bradley County, Tennessee	United States
Population, Census, April 1, 2020	15,826	366,207	108,620	331,449,281
2019-2023	81.7%	91.3%	88.4%	89.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2019-2023	18.9%	37.0%	24.6%	35.0%
Health				
With a disability, under age 65 years, percent, 2019-2023	17.5%	9.7%	12.1%	9.1%
Persons without health insurance, under age 65 years, percent	13.8%	10.7%	11.4%	9.6%
Economy				
In civilian labor force, total, percent of population age 16 years+, 2019-2023	48.4%	64.0%	61.5%	63.0%
In civilian labor force, female, percent of population age 16 years+, 2019-2023	43.6%	58.6%	57.7%	58.7%
Total accommodation and food services sales, 2022 (\$1,000) (c)	D	1,489,943	D	1,196,315,575
Total health care and social assistance receipts/revenue, 2022 (\$1,000) (c)	29,817	4,967,524	693,319	3,330,304,719
Total transportation and warehousing receipts/revenue, 2022 (\$1,000) (c)	D	2,826,548	312,654	1,316,303,546
Total retail sales, 2022 (\$1,000) (c)	170,242	8,808,932	3,202,834	6,974,691,329
Total retail sales per capita, 2022 (c)	\$10,063	\$23,515	\$28,975	\$20,928
Transportation				
Mean travel time to work (minutes), workers age 16 years+, 2019-2023	30.1	21.9	23.1	26.6
Income & Poverty				
Median households income (in 2023 dollars), 2019-2023	\$52,260	\$72,568	\$63,789	\$78,538
Per capita income in past 12 months (in 2023 dollars), 2019-2023	\$26,368	\$43,484	\$32,249	\$43,289
Persons in poverty, percent	15.1%	12.9%	15.0%	10.6%

3. Item 5N., Historical Utilization

The data still does not appear to be comprehensive or accurate. Please utilize the Joint Annual Report and list the combined utilization of home health services for each licensed agency serving the three service area counties.

Agency Response: Item 5N has been updated with MasterFile information for all licensed agencies in the three counties requested based on the List of Home Health Agencies provided by Alecia Craighead as of 1/5/26.

4. Item 6N., Applicant's Historical and Projected Utilization

Please revise the response to reflect intermittent care visits rather than hours.

Agency Response: [Item 6N updated and attached to reflect visits rather than hours](#)

5. Item 9C., Comparison of Charges

Please update the charge comparison data to reflect all licensed agencies operating in the service area for 2024. The attachment 9C does not appear to match the JAR.

Agency Response: Item 5N has been updated with MasterFile information for all licensed agencies in the three counties requested based on the List of Home Health Agencies provided by Alecia Craighead as of 1/5/26. Use Agency's previously submitted rates for comparison.

RE: Certificate of Need Application CN2512-044
Boost Home Healthcare Chattanooga LLC

Supplemental Response - 1.27.26

1. Item 1N., Criteria and Standards

Criterion 5B. The data provided in response to this table does not appear to reflect all licensed agencies in the service area. Please revise and resubmit.

Agency Response: Attachment 1N, 5N, 9C have been updated to include all licensed agencies in the service area.

2. Item 5N., Historical Utilization

Please provide the most recent three years of utilization for the service area. The responses currently reflect only one year of historical utilization. Please utilize the Joint Annual Report and list the combined utilization of home health services for each licensed agency serving the three service area counties.

Agency Response: Attachment 5N has been updated to reflect the most recent three years of utilization for the service area.

3. Item 9C., Comparison of Charges

Please update the charge comparison data to reflect all licensed agencies operating in the service area for 2024. The attachment 9C does not appear to match the JAR.

Agency Response: Attachment 9C has been updated to reflect all licensed agencies operating in the service area for 2024.

Facility ID Info						Totals				Average Gross Revenue per Patient	Average Gross Revenue per Visit	Average Gross Revenue per Hour
JAR Year	Facility ID	Lic Number	State ID	Facility Name	County	Patients	Visits	Hours	Gross Revenue			
2024	358	16	1062	Patriot Homecare	Anderson					#DIV/0!	#DIV/0!	#DIV/0!
2024	1521	674	1112	Trinity Homecare and Consulting Services LLC	Anderson	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!
2024	356	13	6043	Tennova Home Health- Cleveland	Bradley	644	11671	12123	2028566	3149.947205	173.8125268	167.3320135
2024	357	14	6063	Adoration Home Health and Hospice Care East TN	Bradley	2991	60058	74737	18107625	6054.037111	301.5022978	242.2846114
2024	388	632	19744	Pentec Health, Inc.	Hamilton	201	978	4078	99942	497.2238806	102.190184	24.50760177
2024	517	635	19754	Advanced Nursing Solutions	Blount	216	1306	3677	204766	947.9907407	156.7886677	55.68833288
2024	506	604	19994	Vanderbilt HC Option Care IV Services	Davidson	361	2790	7134	456318	1264.038781	163.5548387	63.96383516
2024	1516	665	22014	Alana Home Care, LLC	Williamson					#DIV/0!	#DIV/0!	#DIV/0!
2024	394	80	25034	Quality Private Duty Care	Fentress	1325	0	2682518	160728632	121304.6279	#DIV/0!	59.91707493
2024	406	111	33033	NHC Homecare	Hamilton	328	5941	0	1110570	3385.884146	186.9331762	#DIV/0!
2024	407	115	33083	Accentcare Home Health of Tennessee	Hamilton	2556	72084	51235	12242160	4789.577465	169.8318628	238.9413487
2024	408	100	33093	CenterWell Home Health	Hamilton	703	16206	0	3527591	5017.910384	217.6719116	#DIV/0!
2024	409	113	33103	Amedisys Home Health	Hamilton	4891	126564	0	44922164	9184.658352	354.9363484	#DIV/0!
2024	410	98	33213	Erlanger Continucare Home Health	Hamilton	1155	17397	17607	2994107	2592.300433	172.1047882	170.0520816
2024	411	103	33253	CHI Memorial Health at Home	Hamilton	1969	35598	0	15135680	7686.988319	425.1834373	#DIV/0!
2024	412	109	33303	Tennessee Home Health	Bradley	867	15110	15601	2472754	2852.080738	163.6501655	158.4997116
2024	413	338	33363	Home Care Solutions	Hamilton	629	11253	14103	2150815	3419.419714	191.1325869	152.5076225
2024	414	108	33383	Erlanger Continucare Home Health	Hamilton	45	518	551	122998	2733.288889	237.4478764	223.2268603
2024	416	613	33433	Maxim Healthcare Services	Hamilton	205	48	360269	18224886	88901.88293	379685.125	50.58688369
2024	417	117	34011	Hancock County Home Health Agency	Hancock					#DIV/0!	#DIV/0!	#DIV/0!
2024	427	144	47062	Enhabit Home Health	Knox	1876	65442	278297	14841206	7911.090618	226.7841142	53.32865967
2024	512	633	47452	Implanted Pump Management LLC	Knox	63	304	103	45600	723.8095238	150	442.7184466
2024	1443	638	47462	Nuclear Care Partners, LLC	Knox	128	12447	70009	4867769	38029.44531	391.0796979	69.53061749

2024	437	166	54043	NHC Homecare	McMinn	238	4464	0	683865	2873.382353	153.1955645	#DIV/0!
2024	1522	669	73022	Best Homecare LLC	Roane	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!
2024	1523	662	73032	Haven Health Care	Roane					#DIV/0!	#DIV/0!	#DIV/0!
2024	457	208	75024	NHC Homecare	Rutherford	1895	49834	0	9922455	5236.124011	199.1101457	#DIV/0!
2024	1488	649	75084	Twelvestone Infusion Support	Rutherford	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!
2024	473	242	79446	Baptist Trinity Home Care - Private Pay Division	Shelby					#DIV/0!	#DIV/0!	#DIV/0!
2024	474	347	79456	Accredo Health Group, Inc.	Shelby	381	878	0	219480	576.0629921	249.977221	#DIV/0!
2024	475	459	79466	Optum Womens and Childrens Health LLC	Shelby	117	185	370	1040632	8894.290598	5625.037838	2812.518919
2024	1518	645	79916	What About Us in Home Healthcare	Shelby	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!
2024	350	1	1032	Clinch River Home Health	Anderson	492	89998	572958	22765952	46272.26016	252.9606436	39.73406777
2024	351	620	1042	Professional Case Management of Tennessee	Anderson	588	0	899843	43566507	74092.69898	#DIV/0!	48.41567585
2024	1497	646	19874	Xodus Provider Services	Davidson	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!
2024	1504	652	47492	Paragon Infusion	Knox	33	60	249	249	7.545454545	4.15	1
2024	510	634	79856	Optum Infusion Services LLC	Williamson	124	1199	5587	204012	1645.258065	170.1517932	36.51548237
2024	488	265	89074	Adoration Home Health McMinnville	Warren	607	10271	5341	2422051	3990.199341	235.8145263	453.4826811

Facility ID Info						All Counties (Hamilton, Bradley, Sequatchie)
JAR Year	Facility ID	Lic Number	State ID	Facility Name	County	Total
2022	356	13	6043	Tennova Home Health- Cleveland	Bradley	611
2022	357	14	6063	Adoration Home Health and Hospice Care East TN	Bradley	1313
2022	379	471	19654	Optum Womens and Childrens Health, LLC	Davidson	12
2022	388	632	19744	Pentec Health, Inc.	Hamilton	23
2022	517	635	19754	Advanced Nursing Solutions	Davidson	67
2022	506	604	19994	Vanderbilt HC Option Care IV Services	Davidson	15
2022	406	111	33033	NHC Homecare	Hamilton	268
2022	408	100	33093	CenterWell Home Health	Hamilton	408
2022	409	113	33103	Amedisys Home Health	Hamilton	3076
2022	410	98	33213	Erlanger Continucare Home Health	Hamilton	1260
2022	411	103	33253	CHI Memorial Health at Home	Hamilton	1858
2022	412	109	33303	Tennessee Home Health	Bradley	367
2022	413	338	33363	Home Care Solutions	Hamilton	1013
2022	414	108	33383	Erlanger Continucare Home Health	Hamilton	29
2022	416	613	33433	Maxim Healthcare Services	Hamilton	117
2022	426	142	47042	CenterWell Home Health	Knox	336
2022	427	144	47062	Enhabit Home Health	Knox	457
2022	505	628	47442	Coram CVS Specialty Infusion Services	Knox	1
2022	512	633	47452	Implanted Pump Management LLC	Knox	4
2022	437	166	54043	NHC Homecare	McMinn	10
2022	443	181	60024	NHC Homecare Columbia	Maury	1
2022	447	190	62052	Intrepid USA Healthcare Services	Knox	2
2022	474	347	79456	Accredo Health Group, Inc.	Shelby	13
2022	510	634	79856	Optum Infusion Services LLC	Williamson	4
2022	496	607	94074	Accentcare Home Health Of Nashville	Williamson	1620
2022	500	41	95074	CenterWell Home Health	Wilson	64
2022	350	1	1032	Clinch River Home Health	Anderson	2
2022	351	620	1042	Professional Case Management of Tennessee	Anderson	2
2022	1444	637	1072	Critical Nurse Staffing, LLC	Anderson	1
2022	374	42	19494	Elk Valley Health Services, LLC	Davidson	4
2022	387	624	19734	Coram CVS Speciality Infusion Services	Williamson	6
2022	488	265	89074	Adoration Home Health McMinnville	Warren	105

Facility ID Info						All Counties (Hamilton, Bradley, Sequatchie)
JAR Year	Facility ID	Lic Number	State ID	Facility Name	County	Total
2023	358	16	1062	Patriot Homecare	Anderson	1
2023	1444	637	1072	Critical Nurse Staffing, LLC	Anderson	1
2023	356	13	6043	Tennova Home Health- Cleveland	Bradley	387
2023	357	14	6063	Adoration Home Health and Hospice Care East TN	Bradley	1160
2023	380	48	19664	Continuous Care Services, LLC	Davidson	
2023	388	632	19744	Pentec Health, Inc.	Hamilton	23
2023	517	635	19754	Advanced Nursing Solutions	Davidson	66
2023	1495	641	19864	Thrive Skilled Pediatric Care	Davidson	
2023	1497	646	19874	Xodus Provider Services	Davidson	
2023	506	604	19994	Vanderbilt HC Option Care IV Services	Davidson	15
2023	406	111	33033	NHC Homecare	Hamilton	285
2023	407	115	33083	Accentcare Home Health of Tennessee	Hamilton	2097
2023	408	100	33093	CenterWell Home Health	Hamilton	538
2023	409	113	33103	Amedisys Home Health	Hamilton	2924
2023	410	98	33213	Erlanger Continucare Home Health	Hamilton	775
2023	411	103	33253	CHI Memorial Health at Home	Hamilton	1588
2023	412	109	33303	Tennessee Home Health	Bradley	256
2023	413	338	33363	Home Care Solutions	Hamilton	571
2023	416	613	33433	Maxim Healthcare Services	Hamilton	127
2023	427	144	47062	Enhabit Home Health	Knox	508
2023	474	347	79456	Accredo Health Group, Inc.	Shelby	17
2023	1496	644	79906	Residential Solutions LLC	Shelby	
2023	501	600	95084	HomeCare Excellence, LLC	Wilson	
2023	505	628	47442	Coram CVS Specialty Infusion Services	Knox	1
2023	512	633	47452	Implanted Pump Management LLC	Knox	2
2023	1443	638	47462	Nuclear Care Partners, LLC	Knox	1
2023	437	166	54043	NHC Homecare	McMinn	7
2023	350	1	1032	Clinch River Home Health	Anderson	2
2023	351	620	1042	Professional Case Management of Tennessee	Anderson	2
2023	374	42	19494	Elk Valley Health Services, LLC	Davidson	1
2023	387	624	19734	Coram CVS Speciality Infusion Services	Williamson	4
2023	414	108	33383	Erlanger Continucare Home Health	Hamilton	28
2023	475	459	79466	Optum Womens and Childrens Health LLC	Shelby	5

2023	510	634	79856	Optum Infusion Services LLC	Williamson	6
2023	488	265	89074	Adoration Home Health McMinnville	Warren	93

Facility ID Info						All Counties (Hamilton, Bradley, Sequatchie)
JAR Year	Facility ID	Lic Number	State ID	Facility Name	County	Total
2024	358	16	1062	Patriot Homecare	Anderson	
2024	1521	674	1112	Trinity Homecare and Consulting Services LLC	Anderson	
2024	356	13	6043	Tennova Home Health- Cleveland	Bradley	397
2024	357	14	6063	Adoration Home Health and Hospice Care East TN	Bradley	1186
2024	388	632	19744	Pentec Health, Inc.	Hamilton	23
2024	517	635	19754	Advanced Nursing Solutions	Blount	63
2024	506	604	19994	Vanderbilt HC Option Care IV Services	Davidson	18
2024	1516	665	22014	Alana Home Care, LLC	Williamson	
2024	394	80	25034	Quality Private Duty Care	Fentress	4
2024	406	111	33033	NHC Homecare	Hamilton	294
2024	407	115	33083	Accentcare Home Health of Tennessee	Hamilton	2106
2024	408	100	33093	CenterWell Home Health	Hamilton	523
2024	409	113	33103	Amedisys Home Health	Hamilton	3113
2024	410	98	33213	Erlanger Continucare Home Health	Hamilton	846
2024	411	103	33253	CHI Memorial Health at Home	Hamilton	1807
2024	412	109	33303	Tennessee Home Health	Bradley	413
2024	413	338	33363	Home Care Solutions	Hamilton	489
2024	414	108	33383	Erlanger Continucare Home Health	Hamilton	33
2024	416	613	33433	Maxim Healthcare Services	Hamilton	163
2024	417	117	34011	Hancock County Home Health Agency	Hancock	
2024	427	144	47062	Enhabit Home Health	Knox	484
2024	512	633	47452	Implanted Pump Management LLC	Knox	3
2024	1443	638	47462	Nuclear Care Partners, LLC	Knox	1
2024	437	166	54043	NHC Homecare	McMinn	12
2024	1522	669	73022	Best Homecare LLC	Roane	
2024	1523	662	73032	Haven Health Care	Roane	
2024	457	208	75024	NHC Homecare	Rutherford	1
2024	1488	649	75084	Twelvestone Infusion Support	Rutherford	4
2024	473	242	79446	Baptist Trinity Home Care - Private Pay Division	Shelby	
2024	474	347	79456	Accredo Health Group, Inc.	Shelby	28
2024	475	459	79466	Optum Womens and Childrens Health LLC	Shelby	6
2024	1518	645	79916	What About Us in Home Healthcare	Shelby	
2024	350	1	1032	Clinch River Home Health	Anderson	4

2024	351	620	1042	Professional Case Management of Tennessee	Anderson	5
2024	1497	646	19874	Xodus Provider Services	Davidson	
2024	1504	652	47492	Paragon Infusion	Knox	1
2024	510	634	79856	Optum Infusion Services LLC	Williamson	1
2024	488	265	89074	Adoration Home Health McMinnville	Warren	12