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March 10, 2026

Via E-mail (hsda.staff@tn.gov)

Tennessee Health Facilities Commission
Andrew Jackson Building
9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: Opposition to Certificate of Need Application CN2512-044 — Boost Home
Healthcare Chattanooga LLC

Dear Members of the Health Facilities Commission:

On behalf of AccentCare Home Health of Tennessee (“AccentCare”), we write pursuant to T.C.A. § 68-11-1607(b)(1) to oppose the Certificate of Need (“CON”) application of Boost Home Healthcare Chattanooga LLC (“Boost” or the “Applicant”), CN2512-044, which seeks to establish a new Medicare-certified home health agency serving Hamilton, Bradley, and Sequatchie Counties. AccentCare is a licensed home health agency actively providing intermittent home health services in the proposed service area, including Hamilton and Bradley Counties. AccentCare respectfully requests that the Commission deny this application because it fails to satisfy the statutory criteria set forth in T.C.A. § 68-11-1609(b), which provides that “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 competition or duplication would be positive for consumers.”

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Houston | Jacksonville | Los Angeles | Miami | Nashville | Newport Beach | New York | Orlando | Philadelphia
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1. The Application Fails to Demonstrate Need

A. The Need Formula Is Not Met and the Applicant's Own Data Show a Surplus

Under Standard 1 of the Criteria and Standards for Home Health Services, 1.5 percent of the total population in a given county will be considered as the need estimate for home health services in that county. By the Applicant's own admission, the need formula shows a substantial surplus across the entire proposed service area. The Applicant's own Table 1.1 calculates a 2024 population-based need estimate of 7,675 patients across the three-county area against a current capacity of 12,040 patients, yielding a surplus of 4,365 patients. The Applicant's projections further reveal that applying the 1.5 percent need standard to the 2028 projected population of 525,661 yields a projected need of only 7,885 patients, while projected capacity stands at 17,449 patients. The Applicant acknowledges that the "existing provider network can meet baseline demand." Given that the need formula is not met in any county in the proposed service area, the Application should be denied.

The Applicant attempts to circumvent this deficiency by characterizing the 1.5 percent formula as merely a "conservative" "general guideline" that "particularly disadvantages rural and medically underserved counties." However, the Commission has long relied on this formula as a primary tool for evaluating need, and the Applicant's assertion that "statewide actual utilization reaching 2.3%" does not change the fact that there is a demonstrable surplus of capacity in every county in the proposed service area. And, while the Commission has approved applications in the recent past despite a failure to demonstrate numerical need, the extenuating circumstances present in those situations do not exist here.

B. The Applicant Relied on Inaccurate and Misleading Data

Of concern to AccentCare is the Applicant's apparent reliance on inaccurate and misleading data throughout the Application, particularly with respect to existing providers. The Applicant repeatedly appears to base its analysis of provider availability on where a provider's office is physically located, rather than where providers are actually serving patients. This fundamental methodological error results in a significant understatement of the number of providers actually delivering care in each county of the proposed service area.

For example, the Applicant's data tables list AccentCare as having zero patients and zero activity in Bradley County. This is incorrect. AccentCare's own utilization data confirms that AccentCare served patients in both Hamilton and Bradley Counties in 2023, 2024, and 2025, as well as Sequatchie in 2023 and 2024. *See* Collective Exhibit A, Joint Annual Reports Schedule E Utilization Sections. Additionally, the Applicant appears to have confused AccentCare's legal entity name with its doing-business-as name, listing "Guardian Home Care" as a separate entity with no activity, when in fact Guardian and AccentCare are one and the same. The Commission itself appears to have flagged similar data accuracy concerns in supplemental questions to the

Applicant, asking the Applicant to revise its data to reflect “all licensed agencies” serving the service area counties.

The Applicant further asserted at various points that only two providers serviced Bradley County and that no agency served Sequatchie County. This is inaccurate. According to 2024 MasterFile data, Bradley County was served by 24 agencies with 2,607 patients, and Sequatchie County was served by 16 agencies with 348 patients. The Applicant’s mischaracterization of the competitive landscape in the proposed service area fatally undermines the reliability of the need analysis upon which the Application depends.

The State appears to have noted these inaccuracies in multiple supplemental questions, asking the Applicant to revise its provider counts and utilization data to accurately reflect all licensed agencies, yet the Applicant’s responses continued to contain data that did not match Joint Annual Report records or the Health Facilities Commission’s own licensure data.

C. County Need Standard Is Not Met

Under Standard 4 of the Criteria and Standards, the applicant should demonstrate county-level need through documentation such as letters from health care providers who had difficulty referring patients to a home care organization. The Applicant has acknowledged that its referral projections from Erlanger, La Paz Chattanooga, the Sequatchie County Health Department, and others “are based on internal estimates” and that “no letters of support are included.” Without bona fide referral documentation, the Applicant has failed to satisfy the County Need Standard.

Moreover, the Applicant has acknowledged that it is not licensed to provide home health services in Tennessee and “has not provided home health services in any capacity in Tennessee.” The Applicant’s prior claims of turning away 15 patient referrals were appropriately questioned by the Commission, as an unlicensed entity should not have been receiving or soliciting referrals for home health care services in the first place.

2. The Application Fails to Demonstrate Consumer Advantage

Under the second statutory criterion, the Commission must find that the effects attributed to competition or duplication would be positive for consumers. The Application fails to meet this standard for several reasons.

A. The Applicant Offers No Meaningful Differentiation from Existing Providers

The Applicant claims it will serve a “very specific population” and asserts that its services will include bilingual and culturally competent care, transitions-of-care specialization, chronic disease management, and telehealth services. However, the Applicant offers no evidence that it will provide these services differently or better than existing providers. The Applicant’s owners have no healthcare or clinical background and are proposing to establish this agency as a franchise.

They have not provided any evidence that they possess the specialized clinical expertise necessary to deliver the services they describe.

AccentCare and other existing providers already offer extensive clinical programs designed to address chronic disease management, post-surgical rehabilitation, and complex care coordination. The Applicant's assertion that there is "limited availability of home health agencies with expertise in chronic disease management, post-surgical rehabilitation, and complex care coordination" is unsupported. Moreover, existing providers, including AccentCare, also offer telehealth services and maintain translation services policies and protocols to serve linguistically diverse populations. For example, among others, AccentCare has the following related policies in place: "Linguistic and Culturally Appropriate Care," "Facilitating Communication LEP (Limited English Proficiency)," and "Interpretation Services." AccentCare additionally uses Stratus Audio for over-the-phone interpretation of dozens of languages, including Spanish.

B. The Applicant Proposes the Same Service Model as Existing Providers

Despite criticizing existing providers for being headquartered in Hamilton County while serving patients in Bradley and Sequatchie Counties, the Applicant appears to propose to do exactly the same thing. Boost will operate a single administrative and clinical office located in Hamilton County and will deploy clinicians to travel from that Hamilton County office to serve patients in the outlying counties. The Applicant is not proposing to establish offices in Bradley or Sequatchie Counties. This is precisely the operational model the Applicant criticizes existing providers for using, and it raises questions about the Applicant's assertions that it will meaningfully improve access in rural areas.

C. Potential Negative Impact on Existing Providers and Patients

While the Applicant projects modest initial patient volumes, its own projections indicate a growth trajectory from 36 patients in Year 1 to 75+ patients by Year 3 and up to 120 patients by Year 5. This growth will likely exacerbate existing challenges that providers in this area face in recruiting and retaining qualified clinical staff. The approval of an additional provider in an area that already has a significant surplus of capacity will create additional competition for an already constrained workforce of nurses, therapists, and home health aides, which is more likely to be detrimental to existing patients than beneficial to consumers.

3. The Application Fails to Demonstrate That Quality Standards Will Be Met

Under the third statutory criterion, the applicant must demonstrate that its project will provide health care that meets appropriate quality standards. Under Standard 11 of the Criteria and Standards, the applicant should identify and document its existing or proposed plan for quality improvement, data reporting, and outcome monitoring, and should provide documentation that it is or intends to be fully accredited by an appropriate accrediting body.

A. No Track Record of Quality

The Applicant concedes that the Boost Home Healthcare franchise “does not currently have any publicly reported measures to CMS due to starting only a few years ago.” Of 30 active franchisees nationwide, only two are Medicare-certified, and those franchisees will not be able to report data to CMS Care Compare for another 12 to 24 months. Despite this absence of any quality track record, the Applicant elsewhere in the Application claimed that it “operates under Boost franchise with accreditation and proven CMS star performance” — a statement the Commission correctly identified as directly conflicting with the Applicant’s own admission that no Boost agencies have reported data to CMS. This contradictory representation raises additional credibility concerns.

B. Owners Lack Healthcare Experience

The Applicant’s owners, Jonathan Cleator and Dang Le, do not have any direct healthcare or home healthcare operational experience. Mr. Cleator’s background is in e-commerce, and Mr. Le’s background is in finance. While the Applicant states it will hire a clinical services director and additional clinicians prior to becoming operational, the Application does not identify who these individuals are and does not demonstrate that clinical leadership with home health experience has been secured.

C. Inadequate Staffing

The Applicant proposes to operate with only 3.35 FTEs of direct patient care staff in Year 1, including fractions of FTEs for therapists and a medical social worker. The Application does not adequately explain how such a limited staffing complement can deliver the broad array of specialized services promised — including skilled nursing, physical therapy, occupational therapy, speech therapy, social work, home health aide services, telehealth, remote patient monitoring, chronic disease management programs, and bilingual care — across a three-county service area spanning urban and rural geographies.

4. Conclusion

For the foregoing reasons, AccentCare respectfully requests that the Commission deny Application CN2512-044. The Application fails to demonstrate need in the proposed service area, relies on inaccurate and misleading data regarding existing providers, does not show that competition or duplication would benefit consumers, and does not establish that the Applicant can meet appropriate quality standards. The Commission should not grant a CON to an applicant whose own data confirms a surplus of capacity, whose need analysis is built on demonstrably flawed provider data, and whose franchise has no publicly reported quality measures to CMS.

Representatives of AccentCare will be present at the Commission meeting to further present opposition.

Health Facilities Commission
March 10, 2026
Page 6

Sincerely yours,

HOLLAND & KNIGHT LLP

A handwritten signature in blue ink, appearing to read "Wells Trompeter".

Wells Trompeter

WT

cc: Dang Le, Contact Person for Applicant (via Email)

**COLLECTIVE
EXHIBIT A**



Tennessee Department of Health

Health Statistics
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710 James Robertson Pkwy
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Joint Annual Report of Home Health

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2023

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1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	31
No further care needed; reached maximum functional potential (Goals met)	1353
Death	41
Patient Request	115
Transfer to hospital from home health agency	
Transfer to nursing home from home health agency	
Transfer out of service area	13
Transfer to hospice services from home health agency	207
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	52
Patient non-compliant (ex. Patient not remaining home bound)	16
Transfer to assisted living facility from home health agency	
Hospitalized at the end of certification period	208
Transfer to school system	
Transfer to outpatient care	
Patient denied service due to lack of resources/room	
Other (Specify) <u>Other, one time assessment, per family request,</u>	579
Unknown	
Total Discharges	2615
Total Discharges by Number of Days (Length of Stay)	166799

2. Patients Served:

Total Unduplicated Patients Served must match total in Question 3, page E4

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 2615

3. Utilization:

Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	Total
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	
Anderson																		0
Bedford																		0
Benton																		0
Bledsoe																		0
Blount																		0
Bradley	6	326	192	332			68	456		1	6	1		355		161	524	
Campbell																		0
Cannon																		0
Carroll																		0
Carter																		0
Cheatham																		0
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson																		0
Decatur																		0
DeKalb																		0
Dickson																		0
Dyer																		0
Fayette																		0
Fentress																		0
Franklin																		0
Gibson																		0
Giles																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	Total
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	
Grainger																		0
Greene																		0
Grundy																		0
Hamblen																		0
Hamilton	10	1045	512	1055			92	1475		2	72	5		1099		389	1567	
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman																		0
Houston																		0
Humphreys																		0
Jackson																		0
Jefferson																		0
Johnson																		0
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon																		0
Macon																		0
Madison																		0
Marion																		0
Marshall																		0
Maury																		0
McMinn	4	237	162	241			49	354			8	2		293		100	403	
McNairy																		0
Meigs		36	32	36			11	57						46		22	68	
Monroe			1					1						1				1

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																		Total
	Female Ages			Gender		Age				Race									
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown		
Montgomery																		0	
Moore																		0	
Morgan																		0	
Obion																		0	
Overton																		0	
Perry																		0	
Pickett																		0	
Polk			32	14	32			13	33						35		11	46	
Putnam																		0	
Rhea																		0	
Roane																		0	
Robertson																		0	
Rutherford																		0	
Scott																		0	
Sequatchie			5	1	5			1	5						5		1	6	
Sevier																		0	
Shelby																		0	
Smith																		0	
Stewart																		0	
Sullivan																		0	
Sumner																		0	
Tipton																		0	
Trousdale																		0	
Unicoi																		0	
Union																		0	
Van Buren																		0	
Warren																		0	
Washington																		0	
Wayne																		0	
Weakley																		0	
White																		0	
Williamson																		0	
Wilson																		0	
Unknown																		0	
Other States																		0	
Total	0	20	1681	914	1701	0	0	234	2381	0	3	86	8	0	1834	0	684	2615	

Total for question 3, must match Question 2, page E1

4. Provide Service:

Please select each county you are certified to provide service.

Counties Served

<input type="checkbox"/>	Anderson	<input type="checkbox"/>	Hickman	<input type="checkbox"/>	Stewart
<input type="checkbox"/>	Bedford	<input type="checkbox"/>	Houston	<input type="checkbox"/>	Sullivan
<input type="checkbox"/>	Benton	<input type="checkbox"/>	Humphreys	<input type="checkbox"/>	Sumner
<input type="checkbox"/>	Bledsoe	<input type="checkbox"/>	Jackson	<input type="checkbox"/>	Tipton
<input type="checkbox"/>	Blount	<input type="checkbox"/>	Jefferson	<input type="checkbox"/>	Trousdale
<input checked="" type="checkbox"/>	Bradley	<input type="checkbox"/>	Johnson	<input type="checkbox"/>	Unicoi
<input type="checkbox"/>	Campbell	<input type="checkbox"/>	Knox	<input type="checkbox"/>	Union
<input type="checkbox"/>	Cannon	<input type="checkbox"/>	Lake	<input type="checkbox"/>	Van Buren
<input type="checkbox"/>	Carroll	<input type="checkbox"/>	Lauderdale	<input type="checkbox"/>	Warren
<input type="checkbox"/>	Carter	<input type="checkbox"/>	Lawrence	<input type="checkbox"/>	Washington
<input type="checkbox"/>	Cheatham	<input type="checkbox"/>	Lewis	<input type="checkbox"/>	Wayne
<input type="checkbox"/>	Chester	<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	Weakley
<input type="checkbox"/>	Claiborne	<input type="checkbox"/>	Loudon	<input type="checkbox"/>	White
<input type="checkbox"/>	Clay	<input type="checkbox"/>	Macon	<input type="checkbox"/>	Williamson
<input type="checkbox"/>	Cocke	<input type="checkbox"/>	Madison	<input type="checkbox"/>	Wilson
<input type="checkbox"/>	Coffee	<input type="checkbox"/>	Marion		
<input type="checkbox"/>	Crockett	<input type="checkbox"/>	Marshall		
<input type="checkbox"/>	Cumberland	<input type="checkbox"/>	Maury		
<input type="checkbox"/>	Davidson	<input checked="" type="checkbox"/>	McMinn		
<input type="checkbox"/>	Decatur	<input type="checkbox"/>	McNairy		
<input type="checkbox"/>	DeKalb	<input checked="" type="checkbox"/>	Meigs		
<input type="checkbox"/>	Dickson	<input checked="" type="checkbox"/>	Monroe		
<input type="checkbox"/>	Dyer	<input type="checkbox"/>	Montgomery		
<input type="checkbox"/>	Fayette	<input type="checkbox"/>	Moore		
<input type="checkbox"/>	Fentress	<input type="checkbox"/>	Morgan		
<input type="checkbox"/>	Franklin	<input type="checkbox"/>	Obion		
<input type="checkbox"/>	Gibson	<input type="checkbox"/>	Overton		
<input type="checkbox"/>	Giles	<input type="checkbox"/>	Perry		
<input type="checkbox"/>	Grainger	<input type="checkbox"/>	Pickett		
<input type="checkbox"/>	Greene	<input checked="" type="checkbox"/>	Polk		
<input type="checkbox"/>	Grundy	<input type="checkbox"/>	Putnam		
<input type="checkbox"/>	Hamblen	<input type="checkbox"/>	Rhea		
<input checked="" type="checkbox"/>	Hamilton	<input type="checkbox"/>	Roane		
<input type="checkbox"/>	Hancock	<input type="checkbox"/>	Robertson		
<input type="checkbox"/>	Hardeman	<input type="checkbox"/>	Rutherford		
<input type="checkbox"/>	Hardin	<input type="checkbox"/>	Scott		
<input type="checkbox"/>	Hawkins	<input checked="" type="checkbox"/>	Sequatchie		
<input type="checkbox"/>	Haywood	<input type="checkbox"/>	Sevier		
<input type="checkbox"/>	Henderson	<input type="checkbox"/>	Shelby		
<input type="checkbox"/>	Henry	<input type="checkbox"/>	Smith		



Tennessee Department of Health

Health Statistics

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Joint Annual Report of Home Health

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For: Home Health agencies

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For: ACLF

2024

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1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	21
No further care needed; reached maximum functional potential (Goals met)	1302
Death	64
Patient Request	186
Transfer to hospital from home health agency	0
Transfer to nursing home from home health agency	0
Transfer out of service area	12
Transfer to hospice services from home health agency	217
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	35
Patient non-compliant (ex. Patient not remaining home bound)	13
Transfer to assisted living facility from home health agency	0
Hospitalized at the end of certification period	257
Transfer to school system	0
Transfer to outpatient care	0
Patient denied service due to lack of resources/room	14
Other (Specify) <u>discharged, transferred, and/or expired</u>	117
Unknown	402
Total Discharges	2640
Total Discharges by Number of Days (Length of Stay)	153527

2. Patients Served:

The total Unduplicated Patients Served should be equal to Utilization overall Total on Schedule E Question 3. Additionally, it should either equal or align within 10% of Patients Served and Gross Revenue by Revenue Source on Schedule D Question 3.

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 2640

3. Utilization:

Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	Total
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	
Anderson																		0
Bedford																		0
Benton																		0
Bledsoe																		0
Blount																		0
Bradley	0	5	276	183	281	0	0	48	416	0	1	4	0	0	155	0	304	464
Campbell																		0
Cannon																		0
Carroll																		0
Carter																		0
Cheatham																		0
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson	0	0	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	1
Decatur																		0
DeKalb																		0
Dickson																		0
Dyer																		0
Fayette																		0
Fentress																		0
Franklin																		0
Gibson																		0
Giles																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	Total
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	
Grainger																		0
Greene																		0
Grundy																		0
Hamblen																		0
Hamilton	0	5	1054	579	1059	0	0	69	1569	0	0	27	0	0	565	0	1046	1638
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman																		0
Houston																		0
Humphreys																		0
Jackson																		0
Jefferson																		0
Johnson																		0
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon																		0
Macon																		0
Madison																		0
Marion																		0
Marshall																		0
Maury																		0
McMinn	0	5	247	163	252	0	0	33	382	0	0	9	0	0	122	0	284	415
McNairy																		0
Meigs	0	0	34	23	34	0	0	9	48	0	0	0	0	0	17	0	40	57
Monroe																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																		Total
	Female Ages			Gender		Age				Race									
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown		
Montgomery																		0	
Moore																		0	
Morgan																		0	
Obion																		0	
Overton																		0	
Perry																		0	
Pickett																		0	
Polk	0	0	42	19	42	0	0	9	52	0	0	0	0	0	15	0	46	61	
Putnam																		0	
Rhea																		0	
Roane																		0	
Robertson																		0	
Rutherford																		0	
Scott																		0	
Sequatchie	0	0	3	1	3	0	0	1	3	0	0	0	0	0	2	0	2	4	
Sevier																		0	
Shelby																		0	
Smith																		0	
Stewart																		0	
Sullivan																		0	
Sumner																		0	
Tipton																		0	
Trousdale																		0	
Unicoi																		0	
Union																		0	
Van Buren																		0	
Warren																		0	
Washington																		0	
Wayne																		0	
Weakley																		0	
White																		0	
Williamson																		0	
Wilson																		0	
Unknown																		0	
Other States																		0	
Total	0	15	1657	968	1672	0	0	169	2471	0	1	40	0	0	877	0	1722	2640	

Total for question 3, must match Question 2, page E1

4. Provide Service:

Please select each county you are certified to provide service.

Select All

Counties Served

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Fentress | <input type="checkbox"/> Lauderdale | <input type="checkbox"/> Roane |
| <input type="checkbox"/> Bedford | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Robertson |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Gibson | <input type="checkbox"/> Lewis | <input type="checkbox"/> Rutherford |
| <input type="checkbox"/> Bledsoe | <input type="checkbox"/> Giles | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Scott |
| <input type="checkbox"/> Blount | <input type="checkbox"/> Grainger | <input type="checkbox"/> Loudon | <input checked="" type="checkbox"/> Sequatchie |
| <input checked="" type="checkbox"/> Bradley | <input type="checkbox"/> Greene | <input type="checkbox"/> Macon | <input type="checkbox"/> Sevier |
| <input type="checkbox"/> Campbell | <input type="checkbox"/> Grundy | <input type="checkbox"/> Madison | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Cannon | <input type="checkbox"/> Hamblen | <input type="checkbox"/> Marion | <input type="checkbox"/> Smith |
| <input type="checkbox"/> Carroll | <input checked="" type="checkbox"/> Hamilton | <input type="checkbox"/> Marshall | <input type="checkbox"/> Stewart |
| <input type="checkbox"/> Carter | <input type="checkbox"/> Hancock | <input type="checkbox"/> Maury | <input type="checkbox"/> Sullivan |
| <input type="checkbox"/> Cheatham | <input type="checkbox"/> Hardeman | <input checked="" type="checkbox"/> McMinn | <input type="checkbox"/> Sumner |
| <input type="checkbox"/> Chester | <input type="checkbox"/> Hardin | <input type="checkbox"/> McNairy | <input type="checkbox"/> Tipton |
| <input type="checkbox"/> Claiborne | <input type="checkbox"/> Hawkins | <input checked="" type="checkbox"/> Meigs | <input type="checkbox"/> Trousdale |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Haywood | <input type="checkbox"/> Monroe | <input type="checkbox"/> Unicoi |
| <input type="checkbox"/> Cocke | <input type="checkbox"/> Henderson | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Union |
| <input type="checkbox"/> Coffee | <input type="checkbox"/> Henry | <input type="checkbox"/> Moore | <input type="checkbox"/> Van Buren |
| <input type="checkbox"/> Crockett | <input type="checkbox"/> Hickman | <input type="checkbox"/> Morgan | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Houston | <input type="checkbox"/> Obion | <input type="checkbox"/> Washington |
| <input checked="" type="checkbox"/> Davidson | <input type="checkbox"/> Humphreys | <input type="checkbox"/> Overton | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Decatur | <input type="checkbox"/> Jackson | <input type="checkbox"/> Perry | <input type="checkbox"/> Weakley |
| <input type="checkbox"/> DeKalb | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pickett | <input type="checkbox"/> White |
| <input type="checkbox"/> Dickson | <input type="checkbox"/> Johnson | <input checked="" type="checkbox"/> Polk | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Dyer | <input type="checkbox"/> Knox | <input type="checkbox"/> Putnam | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Fayette | <input type="checkbox"/> Lake | <input type="checkbox"/> Rhea | |



Tennessee Department of Health

Health Statistics

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Joint Annual Report of Home Health

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2025

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	17
G.	Notes	18
Submit	Submit	19

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	7
No further care needed; reached maximum functional potential (Goals met)	1277
Death	38
Patient Request	88
Transfer to hospital from home health agency	0
Transfer to nursing home from home health agency	0
Transfer out of service area	25
Transfer to hospice services from home health agency	209
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	8
Patient non-compliant (ex. Patient not remaining home bound)	23
Transfer to assisted living facility from home health agency	5
Hospitalized at the end of certification period	250
Transfer to school system	0
Transfer to outpatient care	0
Patient denied service due to lack of resources/room	24
Other (Specify) <u>change of payor, one time assessment, per family request, etc</u>	138
Unknown	339
Total Discharges	2431
Total Discharges by Number of Days (Length of Stay)	153672

2. Patients Served:

The total Unduplicated Patients Served should be equal to Utilization overall Total on Schedule E Question 3. Additionally, it should either equal or align within 10% of Patients Served and Gross Revenue by Revenue Source on Schedule D Question 3.

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 2431

3. Utilization:

Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																Total
	Female Ages			Gender		Age				Race							
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	
Anderson																	0
Bedford																	0
Benton																	0
Bledsoe																	0
Blount																	0
Bradley	2	227	147	229			30	346			6	1		111		258	376
Campbell																	0
Cannon																	0
Carroll																	0
Carter																	0
Cheatham																	0
Chester																	0
Claiborne																	0
Clay																	0
Cocke																	0
Coffee																	0
Crockett																	0
Cumberland																	0
Davidson																	0
Decatur																	0
DeKalb																	0
Dickson																	0
Dyer																	0
Fayette																	0
Fentress																	0
Franklin																	0
Gibson																	0
Giles																	0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served															Total	
	Female Ages			Gender		Age				Race							
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White		Multi-Race or Other
Grainger																	0
Greene																	0
Grundy																	0
Hamblen																	0
Hamilton			993	540	993		44	1489	2		16	1		394		1120	1533
Hancock																	0
Hardeman																	0
Hardin																	0
Hawkins																	0
Haywood																	0
Henderson																	0
Henry																	0
Hickman																	0
Houston																	0
Humphreys																	0
Jackson																	0
Jefferson																	0
Johnson																	0
Knox																	0
Lake																	0
Lauderdale																	0
Lawrence																	0
Lewis																	0
Lincoln																	0
Loudon																	0
Macon																	0
Madison																	0
Marion																	0
Marshall																	0
Maury																	0
McMinn	4	252	160	256		35	381			2				94		320	416
McNairy																	0
Meigs		35	28	35		6	57							18		45	63
Monroe																	0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	Total
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	
Montgomery																		0
Moore																		0
Morgan																		0
Obion																		0
Overton																		0
Perry																		0
Pickett																		0
Polk			23	20	23		7	36							12	31		43
Putnam																		0
Rhea																		0
Roane																		0
Robertson																		0
Rutherford																		0
Scott																		0
Sequatchie																		0
Sevier																		0
Shelby																		0
Smith																		0
Stewart																		0
Sullivan																		0
Sumner																		0
Tipton																		0
Trousdale																		0
Unicoi																		0
Union																		0
Van Buren																		0
Warren																		0
Washington																		0
Wayne																		0
Weakley																		0
White																		0
Williamson																		0
Wilson																		0
Unknown																		0
Other States																		0
Total	0	6	1530	895	1536	0	0	122	2309	2	0	24	2	0	629	0	1774	2431

Total for question 3, must match Question 2, page E1

4. Provide Service:

Please select each county you are certified to provide service.

Select All

Counties Served

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Fentress | <input type="checkbox"/> Lauderdale | <input type="checkbox"/> Roane |
| <input type="checkbox"/> Bedford | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Robertson |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Gibson | <input type="checkbox"/> Lewis | <input type="checkbox"/> Rutherford |
| <input type="checkbox"/> Bledsoe | <input type="checkbox"/> Giles | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Scott |
| <input type="checkbox"/> Blount | <input type="checkbox"/> Grainger | <input type="checkbox"/> Loudon | <input type="checkbox"/> Sequatchie |
| <input checked="" type="checkbox"/> Bradley | <input type="checkbox"/> Greene | <input type="checkbox"/> Macon | <input type="checkbox"/> Sevier |
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| <input type="checkbox"/> Decatur | <input type="checkbox"/> Jackson | <input type="checkbox"/> Perry | <input type="checkbox"/> Weakley |
| <input type="checkbox"/> DeKalb | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pickett | <input type="checkbox"/> White |
| <input type="checkbox"/> Dickson | <input type="checkbox"/> Johnson | <input checked="" type="checkbox"/> Polk | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Dyer | <input type="checkbox"/> Knox | <input type="checkbox"/> Putnam | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Fayette | <input type="checkbox"/> Lake | <input type="checkbox"/> Rhea | |

Lauren Gaffney
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March 10, 2026

VIA EMAIL ONLY

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logan.grant@tn.gov

**Re: Opposition to Certificate of Need Application by
Boost Home Healthcare Chattanooga LLC (CN2512-044)**

Dear Mr. Grant:

Our firm represents CenterWell Home Health (“CenterWell”), a leading provider of comprehensive home health services operating 12 locations across Tennessee, including two locations serving the three-county proposed service area identified in the application submitted by Boost Home Healthcare Chattanooga LLC (“Boost”).¹ CenterWell respectfully submits this letter in opposition to Boost’s certificate of need application to establish a home care organization and to initiate home health services in Bradley, Hamilton, and Sequatchie Counties (collectively, the “PSA”). For the reasons set forth below, we urge the Commission to deny this application.

I. Background on CenterWell.

CenterWell is an industry leading home healthcare provider with agencies delivering comprehensive, personalized home health services in dozens of communities across 37 states. CenterWell is deeply committed to serving patients throughout the PSA, caring for 518 patients in 2025 alone.²

¹ CenterWell’s Chattanooga location (License No. 100) is licensed to serve the following 12 counties: Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Monroe, Polk, Rhea, and Sequatchie. One of CenterWell’s Knoxville locations (License No. 190) is licensed to serve the following 15 counties: Anderson, Blount, Bradley, Campbell, Claiborne, Grainger, Knox, Loudon, McMinn, Meigs, Monroe, Rhea, Roane, Scott, and Union. Across Tennessee, CenterWell operates 10 parent locations and two branch locations with cumulative service areas covering 79 counties.

² TDOH 2025 Joint Annual Report data covers July 1, 2024 to June 30, 2025.

CenterWell’s dedication to quality is evidenced by its consistent achievement of the highest patient care and patient satisfaction ratings. CenterWell has earned 5-star ratings from the Centers for Medicare & Medicaid Services for both patient outcomes and patient experience. Within the PSA specifically, CenterWell was recently named a U.S. News & World Report 2026 Best Home Health Agency for exceeding expectations in care quality and care experience, compared to home health agencies nationally. CenterWell, along with the many other established home health agencies in the PSA, is well-equipped to continue delivering high-quality, specialized home health services to PSA patients and families – and possesses ample capacity to do so.

II. Analysis of Health Facilities Commission Criteria.

Boost’s application fails to satisfy all three criteria for approval – need, quality, and consumer advantage – and the Commission should deny it accordingly.

A. Boost’s Project Fails to Satisfy Commission Need Standards.

The absence of unmet need for home health services in the PSA is evident from available data. Patients in the three-county PSA currently have access to approximately 30 licensed home healthcare providers – **2.5 times** more agencies than Boost identified when it initially submitted its application. According to the State Health Plan, these existing providers have the capacity to serve nearly **4,500 additional patients**. These figures demonstrate conclusively that no unmet need for home health services exists in any of the PSA counties.

Moreover, with only “modest population growth” of 2.1% projected between now and 2027, this surplus of capacity will persist for the foreseeable future. Patients in all three PSA counties are accessing home health services at or above the rate of patients throughout Tennessee. Boost’s internally generated referral projections from existing PSA providers are unsupported by objective evidence and fail to establish any “pattern of [difficulty] ... referring patients successfully to home care organizations” in the PSA.

B. Boost’s Project Fails to Meet Commission Quality Criteria.

As highlighted by the Commission’s staff’s extensive questions regarding this application, Boost’s project raises significant quality concerns that warrant its denial. Boost’s owners acknowledge they “do not have any direct healthcare / home healthcare operational experience,” yet appear to already be accepting patient referrals for home health services in Tennessee – a troubling indication of premature operations.

Equally concerning, Boost’s inexperienced ownership is supported by a franchisor that “does not currently have any publicly reported” quality data and does not oversee any accredited franchisees. These critical deficiencies came to light only *after* Commission staff questioned Boost’s assertion that its “parent model consistently deliver[ed] high performance on CMS star ratings.” The Commission should not approve an application built on unsubstantiated quality claims from operators lacking relevant experience.

C. Boost's Project Will Not Benefit Consumers.

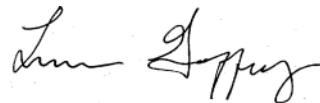
For the same reasons, Boost's application fails to satisfy all aspects of the consumer advantage criteria – choice, improved access, and affordability. As Boost acknowledges, PSA patients already have access to high quality, cost-effective home healthcare services from established providers. There is simply no “critical gap” in home health services for Boost to fill.

To the contrary, approving Boost's application will harm consumers by threatening the already limited availability of appropriately trained healthcare professionals and by diminishing existing providers' ability to meet patients' home health care needs. The conflicting promises made throughout Boost's application only underscore the risks that approval would pose to patient care in the PSA.

III. Conclusion.

For all the foregoing reasons, CenterWell respectfully urges the Commission to deny Boost's application, which fails to satisfy each of the Commission's standards for approval. Representatives of CenterWell intend to attend the Commission's March 25, 2026 meeting and look forward to presenting further on these issues at that time. In the meantime, please do not hesitate to contact us with any questions regarding this opposition.

Respectfully Submitted,



Lauren Gaffney
Member

cc: Dang Le (via email: dle@boosthhc.com)
Jim Christoffersen (via email: jim.christoffersen@tn.gov)
Health Facilities Commission Staff (via email: hsda.staff@tn.gov)