



State of Tennessee

Health Facilities Commission

502 Deaderick Street, 9th Floor, Nashville, TN 37243

www.tn.gov/hfc Phone: 615-741-2364

Date: April 15, 2026

To: HFC Members

From: Logan Grant, Executive Director

Re: CONSENT CALENDAR JUSTIFICATION
OPTIV Infusion, LLC – CN2602-006

The establishment of home care organization and the initiation of home health services located at 1600 Breda Drive, Floor B, Knoxville (Knox County), TN 37918. The proposed home health agency will be limited to home infusion and related nursing services for pharmacy patients of OPTIVRX, LLC. The proposed service area will consist of 29-County East Tennessee counties.

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

Need, Consumer Advantage Attributed to Competition, and Quality Standards appear to have been demonstrated as detailed below.

At the time the application entered the review cycle, it was not opposed. If the application is opposed prior to it being heard, it will be moved to the bottom of the regular agenda and the applicant will make a full presentation.¹

Summary

The applicant's home infusion patients will be limited to patients if its affiliated pharmacy - OPTIVRX, LLC which has been licensed in Tennessee since March 2023.

The applicant states that its proposed service area is based on its existing presence within the region which includes ambulatory infusion services at its Knoxville pharmacy office as well as an additional Knoxville office, a Maryville (Blount County) office, a Jefferson City (Jefferson County) office, a Jonesborough (Washington County) office, and a Kingsport (Sullivan County) office.

¹ Commission Rule 0720-10-.04(a) provides that the "next regular agenda" means the next regular calendar to be considered at the same monthly meeting.



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Executive Director Justification

This application has been placed on the Consent Calendar, based upon my determination that the application appears to meet the established criteria for granting a Certificate of Need.

- **Need** - *The project will address the limited number of existing home health agencies that will accept referrals for home infusion services in the region due to the specialized nature of the service which requires longer visits (2-4 hours), specialized staff training, and have complex reimbursement considerations.*
- *The project will expand cost-effective home infusion care which is less expensive and more convenient than hospital-based infusion care.*
- **Consumer Advantage Attributed to Competition** - *Patients of the applicant's ambulatory infusion center will benefit from access to in-home infusion care which will limit their travel burden.*
- **Quality** - *The applicant will maintain Medicare and TennCare certification and accreditation with the Accreditation Commission for Health Care (ACHC).*