

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 Tennessean which is a newspaper of general circulation in Davidson County., Tennessee, on or before 10/15/2025 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 Vanderbilt University Medical Center, a/an Hospital owned by Vanderbilt University Medical Center with an ownership type of Corporation (Not-for-Profit) and to be managed by itself intends to file an application for a Certificate of Need for the initiation of pediatric inpatient rehabilitation services and the establishment of a 12-bed pediatric inpatient rehabilitation unit located on its campus in the Monroe Carell Jr. Children's Hospital at Vanderbilt. The address of the project will be 1211 Medical Center Drive, Nashville, Davidson, Tennessee, 37232. The estimated project cost will be \$22,045,000.

The anticipated date of filing the application is 11/03/2025

The contact person for this project is Ms Ginna Felts who may be reached at VUMC - 3401 West End Avenue, Suite 400 – Contact No. 615-936-6012.

Ginna Felts

10/10/2025

ginna.felts@vumc.org

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 .

HF 51 (Revised 6/1/2023)

RDA 1651



**State of Tennessee
Health Facilities Commission**

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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 Vanderbilt University Medical Center, a/an Hospital owned by Vanderbilt University Medical Center with an ownership type of Corporation (Not-for-Profit) and to be managed by itself intends to file an application for a Certificate of Need for the initiation of pediatric inpatient rehabilitation services and the establishment of a 12-bed pediatric inpatient rehabilitation unit located on its campus in the Monroe Carell Jr. Children's Hospital at Vanderbilt. The address of the project will be 1211 Medical Center Drive, Nashville, Davidson, Tennessee, 37232. The estimated project cost will be \$22,045,000.

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CRITERIA AND **STANDARDS**



STATE OF TENNESSEE

STATE HEALTH PLAN

CERTIFICATE OF NEED STANDARDS AND CRITERIA

FOR

Comprehensive Inpatient Rehabilitation Services

The Health Services Development Agency (HSDA) may consider the following standards and criteria for applicants seeking to establish Inpatient Rehabilitation Services. Rationale statements are provided for standards to explain the Division of Health Planning's underlying reasoning. Additionally, these rationale statements may assist stakeholders in responding to these Standards and may assist the HSDA in its assessment of certificate of need (CON) applications. Existing Inpatient Rehabilitation programs are not affected by these Standards and Criteria unless they take action that requires a new CON for such services.

These Standards and Criteria are effective immediately upon approval and adoption by the Governor. However, applications to provide Inpatient Rehabilitation Services that are deemed complete by the HSDA prior to the approval and adoption of these Standards and Criteria shall be considered under the Guidelines for Growth, 2000 Edition.

The Certificate of Need Standards and Criteria serve to uphold the Five Principles for Achieving Better Health set forth by the State Health Plan. Utilizing the Five Principles for Achieving Better Health during the development of the CON Standards and Criteria ensures the protection and promotion of the health of the people of Tennessee. The State Health Plan's Five Principles for Achieving Better Health are as follows:

1. **Healthy Lives:** The purpose of the State Health Plan is to improve the health of Tennesseans.
2. **Access:** Every citizen should have reasonable access to health care.
3. **Economic Efficiencies:** The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care system.
4. **Quality of Care:** Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers.
5. **Workforce:** The state should support the development, recruitment and retention of a sufficient and quality health care workforce.

Standards and Criteria

1. **Determination of Need:** The need for comprehensive inpatient rehabilitation beds shall be determined by applying the guideline of one bed per 1,000 applied to the age 65+ population in the service area of the proposal.

The need shall be based upon the current year's population and projected four years forward. Population statistics from the Department of Health should be used for the calculation.

In accordance with Tennessee Code Annotated 68-11-14607 (g), "no more frequently than one time every three years, a hospital, rehabilitation facility, or mental health hospital may increase its total number of licensed beds in any category by ten percent or less of its licensed capacity at any one campus over any period of one year for any services it purposes it is licensed to perform without obtaining a certificate of need. These licensed beds that were added without a certificate of need should be considered as part of the determination of need formula by the agency.

RESPONSE:

This criterion is not applicable to the pediatric population. The need for this project is based on there are currently no pediatric inpatient rehabilitation programs in Tennessee.

2. **Establishment of Service Area:** The geographic service area shall be reasonable and based on an optimal balance between population density and service proximity of the applicant.

RESPONSE:

While pediatric patients travel from Tennessee, Kentucky, Alabama and other states to receive care at Monroe Carell, the primary service area for this project is the counties that make up Central Tennessee.

3. **Minimum Bed Requirements:** Inpatient rehabilitation units should have a minimum size of 20 beds.

Freestanding rehabilitation hospitals should have a minimum size of 50 beds.

RESPONSE:

This standard is not applicable to this project. This project will create a dedicated space where Tennessee's children can receive both rehabilitation and comprehensive health care on the 8th floor of Monroe Carell. The dedicated unit will include 12 inpatient beds; a gym and spaces for activities of daily living for patients; and physical therapy, occupational therapy, speech therapy and psychological support service.

4. **Relationship to Existing Similar Services in the Area:** The proposal shall discuss what similar services are available in the service area and the latest reported three-year trends in occupancy and utilization of those services. This discussion shall include the likely impact of the proposed increase in rehabilitation beds on existing providers in the proposed service area and shall include how the applicant's services may differ from these existing services. The agency should consider if the approval of additional beds in the service area will result in unnecessary, costly duplication of services.

Additional inpatient rehabilitation beds, units, or freestanding hospitals should not be approved by the HSDA unless all existing units or facilities in the proposed service area are utilized at the following levels:

10-30 bed unit ~ 75%

31-50 bed unit/facility ~ 80%

51 bed plus unit/facility ~ 85%

RESPONSE:

Physical rehabilitation can make all the difference in recovery after a life-altering illness or accident. The proposed 12-bed unit within Monroe Carell, including a gym and spaces for activities of daily living, will be well utilized by pediatric patients. In the last several years, Monroe Carell

has referred up to 125 patients for pediatric inpatient rehabilitation. While patients 14 years old and greater can seek care at freestanding rehabilitation facilities, such as Vanderbilt Stallworth, the pediatric population less than 14 must travel out of state to seek rehabilitation care. By offering this dedicated unit with the required therapies and psychological support services, pediatric patients can work with their multidisciplinary team of specialists and receive care closer to home.

5. **Quality Considerations:** Applicants should use the Centers for Medicare & Medicaid Services (CMS) required measures for inpatient rehabilitation facilities. As of fall 2019, these measures are as follows:

- a. Pressure ulcers,
- b. Catheter associated urinary tract infection (CAUTI),
- c. Healthcare worker influenza vaccinations,
- d. 30-day post-discharge readmissions,
- e. Clostridium difficile (C. diff),
- f. Falls with injury, and
- g. Functional outcome measures – mobility, self-care.

Applicants should use the following table to demonstrate the quality of care provided at the existing unit or units.

Measure	National Average	Unit
Pressure ulcers		
Catheter associated urinary tract infection (CAUTI),		
Healthcare worker influenza vaccinations		
30-day post-discharge readmissions		
Clostridium difficile (C. diff)		
Falls with injury		
Functional outcome measures – mobility, self-care		

RESPONSE:

Monroe Carell commits to tracking and monitoring these quality metrics.

Data Source: Inpatient Rehabilitation Facility Compare

<https://www.medicare.gov/inpatientrehabilitationfacilitycompare/>

Because these measures change over time, applicants should use the measures that are in place at the time of the application. Applicants should provide data from the most recent four quarters from existing facilities operated by the applicant.

For applicants with no existing facility or service line, quality data from the most recent four quarters would be unavailable and not required for the application.

6. **Licensure and Quality Considerations:** Any existing applicant for this CON service category shall be in compliance with the appropriate rules of TDH. Additionally, the applicant shall demonstrate certification by CMS for existing facilities.

RESPONSE:

Monroe Carell commits to maintaining all licensure and quality requirements for these services. The pediatric inpatient program will seek accreditation by the Commission on Accreditation of Rehabilitation Programs.

7. **Adequate Staffing:** The applicant must document the availability of adequate professional staff, as per licensing and Centers for Medicare & Medicaid Services (CMS) requirements, to deliver all designated services in the proposal.

RESPONSE:

Staffing for the pediatric rehabilitation unit will be a multi-disciplinary team comprised of nurses, physical therapists, occupational therapists, speech therapists, respiratory therapists, music therapists, case manager, social workers, clinical dieticians, and child life specialists. While many of these positions exist today at Monroe Carell, additional staff will be hired by utilizing VUMC's Talent Acquisition Team.

8. **Services to High-Need and Underserved Populations:** Special consideration shall be given to applicants providing services fulfilling the unique needs and requirements of certain high-need populations, including uninsured, low-income, and underserved geographic regions, as well as other underserved population groups.

RESPONSE:

This proposed project will be a unique service that is not available at a Tennessee pediatric hospital. Patients are currently traveling out of state for these services. Approximately half of the patients requiring pediatric inpatient rehabilitation services last year were TennCare. By adding pediatric inpatient rehabilitation services, Monroe Carell will be able to keep these patients closer to home for the care required and reduce the hardships and burdens placed on families.

9. **Access to Services in the Proposed Service Area:** The applicant must demonstrate an ability and willingness to serve equally all of the service area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing factors concerning need on which an application

may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is a limited access in the proposed service area. Factors influencing access to services in the proposed service area may include drive time to obtain care.

RESPONSE:

This proposed project will be a unique service that is not available at a Tennessee pediatric hospital. The 12-bed pediatric inpatient rehabilitation unit will be well utilized by pediatric patients. In recent years, Monroe Carell has referred between 75-125 pediatric patients to an inpatient rehabilitation facility. By offering this dedicated unit with the required therapies and psychological support services, pediatric patients will be able to partner with their multidisciplinary teams of specialists and receive care closer to home.

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

RESPONSE:

VUMC will continue to participate in all requested and required reporting programs for the pediatric inpatient rehabilitation program.

ORIGINAL **APPLICATION**



**State of Tennessee
Health Facilities Commission**

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

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Phone: 615-741-2364

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CERTIFICATE OF NEED APPLICATION

1A. Name of Facility, Agency, or Institution

Vanderbilt University Medical Center

Name

1211 Medical Center Drive

Davidson

Street or Route

County

Nashville

Tennessee

37232

City

State

Zip

<https://www.vumc.org/main/home>

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

Ginna Felts

Vice President, Business
Development

Name

Title

VUMC

ginna.felts@vumc.org

Company Name

Email Address

3401 West End Ave

Street or Route

Nashville

Tennessee

37203

City

State

Zip

Employee

615-936-6005

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: 10/10/25

Date LOI was Published: 10/15/25

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)

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 -

General Medical and Surgical

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

Vanderbilt University Medical Center

Name

1211 Medical Center North

615-322-3454

Street or Route**Phone Number**

Nashville

Tennessee

37232

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: VUMC is a not-for-profit corporation organized under the laws of the State of Tennessee. VUMC has no members, is board governed, and is a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code.

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: A copy of VUMC's current lease agreement is attached.

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: Please find the attached floor plans.

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: VUMC is accessible from most major transportation routes including Interstates I-65, I-440, and I-40. Public transportation access includes bus stops near the hospital on 21st Avenue South.

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: Please find the attached plot plan.

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:

Vanderbilt University Medical Center operates the Vanderbilt University Hospital, the Monroe Carell Jr. Children's Hospital at Vanderbilt ("Monroe Carell"), Vanderbilt Psychiatric Hospital and associated clinics under one hospital license as Vanderbilt University Medical Center ("VUMC"). VUMC provides several quaternary subspecialty clinical services vital to the region including: a Level 1 Trauma Center, a Level 1 Pediatric Trauma Center, a comprehensive Regional Burn Center, a Level 4 Neonatal Intensive Care Unit, and the Vanderbilt-Ingram Cancer Center, the only National Cancer Institute-designated comprehensive cancer center in Tennessee to treat both adult and pediatric cancer patients.

Specific to this application, with 363 pediatric beds, Monroe Carell is a pediatric quaternary care teaching hospital. Monroe Carell is the region's only full-service pediatric hospital, with over 30 pediatric specialties. It serves as a site for medical education and clinical research conducted by pediatric physician faculty.

Monroe Carell is one of the nation's leading children's hospitals. Monroe Carell is ranked nationally in 10 specialties by the U.S. News & World Report and is the #1 ranked Pediatric Hospital in the Tennessee and shares the No. 1 spot for the Southeast Region (2025). In addition, Monroe Carell was named a Top Children's Hospital by The Leapfrog Group in the most recent rankings (2024).

This project seeks to initiate pediatric inpatient rehabilitation services at Monroe Carell. If approved, this project will create Tennessee's first inpatient pediatric rehabilitation unit, allowing pediatric patients requiring such services to be cared for closer to home while recovering from life-altering illnesses or injuries. Currently, pediatric patients in Tennessee must travel out of state to receive the intensive rehabilitation care they need, creating significant hardships and burdens on families.

Every day, Monroe Carell has at least one child waiting to be transferred to an inpatient rehabilitation facility. This project will create a dedicated space where Tennessee's children can receive both rehabilitation and comprehensive health care on the 8th floor of Monroe Carell. The dedicated unit will include 12 inpatient beds; a gym and spaces for activities of daily living for patients; and physical therapy, occupational therapy, speech therapy and psychological support services. Through a dedicated, highly trained team of providers, pediatric patients will receive excellent, individualized care.

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- Ownership structure

RESPONSE: VUMC operates the Vanderbilt University Hospital, the Monroe Carell Jr. Children's Hospital at Vanderbilt, Vanderbilt Psychiatric Hospital and associated clinics under one hospital license.

- Service Area

RESPONSE: While pediatric patients travel from all over Tennessee, Kentucky, Alabama, and other states to receive care at Monroe Carell, the primary service area for this project is the counties that make up Central

Tennessee. These counties include Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Fentress, Franklin, Giles, Grundy, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, and Wilson.

- Existing similar service providers

RESPONSE: Monroe Carell is the only comprehensive children's hospital and quaternary referral hospital in the region. No other hospital in Tennessee currently offers pediatric inpatient rehabilitation services.

- Project Cost

RESPONSE: The project cost is \$22,045,000.

- Staffing

RESPONSE: Staffing for the pediatric rehabilitation unit will be a multi-disciplinary team comprised of nurses, physical therapists, occupational therapists, speech therapists, respiratory therapists, music therapists, case manager, social workers, clinical dietitians, and child life specialists.

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: Unfortunately, no Tennessee hospitals currently offer pediatric rehabilitation services. This gap in service creates burdens on families as their children recover from life-altering illnesses or injuries. As such, any child requiring these services is required to leave Tennessee, traveling hundreds of miles to receive care. This project will create a dedicated space where Tennessee's children can receive both rehabilitation and comprehensive health care on the 8th floor of Monroe Carell. The dedicated unit will include 12 inpatient beds; a gym and spaces for activities of daily living for patients; and physical therapy, occupational therapy, speech therapy and psychological support services. In recent years, Monroe Carell has referred between 75-125 patients per year for pediatric rehabilitation services. In one such year, only 35% of these patients went to a pediatric inpatient rehabilitation facility. Patients often do not go to pediatric inpatient rehabilitation due to the need to travel out of state, long wait times due to bed availability or social economic familial issues. While older pediatric patients can be treated in an adult rehab facility, children are not small adults - their physiology, growth, and rehabilitation needs often different substantially from adult patients. Pediatric patients require age-appropriate rehabilitation equipment and recovery programs designed to accommodate their unique needs. By offering these services closer to home, Monroe Carell projects that the number of pediatric patients seeking care will increase. With the average length of stay for these patients is approximately 25 days, patients will receive specialized rehabilitation care to help recover from the illness or injury to help achieve the best possible outcomes.

- Quality Standards

RESPONSE: The pediatric inpatient program will seek accreditation by the Commission on Accreditation of Rehabilitation Programs.

- Consumer Advantage

- Choice

RESPONSE: Unfortunately, no Tennessee hospitals currently offer pediatric rehabilitation services. As such, any child recovering from life-altering illnesses and/ or injuries requiring pediatric inpatient rehabilitation services has to leave Tennessee to seek care. This proposed project will offer these patients a choice for care closer to home.

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

RESPONSE: As previously referenced, Monroe Carell is one of the nation's leading pediatric hospitals. However, pediatric inpatient rehabilitation services are currently not offered at any pediatric hospital in Tennessee. This gap in service creates burdens on families as their child recovers from life-altering illnesses or injuries. As such, any child requiring these services is required to leave Tennessee, traveling hundreds of miles to receive care. This project seeks approval to eliminate these burdens and gaps in care.

- Affordability

RESPONSE: On average, approximately fifty percent of children needing inpatient pediatric rehabilitation services are TennCare enrollees. As discussed above, by offering inpatient pediatric rehabilitation services at Monroe Carell, access to care will greatly improve for pediatric patients in Tennessee, especially those in challenging socio-economic conditions. These patients will now have the ability to receive their care in Tennessee.

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	\$1,875,000
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	\$10,000
3. Acquisition of Site	\$0
4. Preparation of Site	\$0
5. Total Construction Costs	\$14,500,000
6. Contingency Fund	\$1,450,000
7. Fixed Equipment (Not included in Construction Contract)	\$1,250,000
8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)	\$850,000
9. Other (Specify): pre-existing survey & testing, IT infrastructure, construction operations	\$2,065,000

B. Acquisition by gift, donation, or lease:

1. Facility (inclusive of building and land)	
2. Building only	
3. Land only	
4. Equipment (Specify):	
5. Other (Specify):	

C. Financing Costs and Fees:

1. Interim Financing	
2. Underwriting Costs	
3. Reserve for One Year's Debt Service	
4. Other (Specify):	

D. Estimated Project Cost (A+B+C)	\$22,000,000
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E. CON Filing Fee	\$45,000
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F. Total Estimated Project Cost (D+E)	\$22,045,000
TOTAL	

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:

Please find the responses for the Inpatient Rehabilitation Services Criteria and Standards attached.

- 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:

While patients travel from across Tennessee, Kentucky, Alabama, and other states to Monroe Carell for subspecialty pediatric care, the primary service area for this application is the 46 counties that make up Central Tennessee.

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

PROJECTED UTILIZATION

Unit Type:

- ☐ Procedures
☐ Cases
☐ Patients
☒ Other

Discharges

Service Area Counties	Projected Utilization Recent Year 1 (Year =)	% of Total
Other not primary/secondary county	5	3.62%
Cheatham	2	1.45%
Maury	4	2.90%
Montgomery	13	9.42%
Warren	2	1.45%
Stewart	1	0.72%
DeKalb	1	0.72%
Humphreys	1	0.72%
Sumner	9	6.52%
Putnam	2	1.45%
Giles	2	1.45%
Bedford	2	1.45%
Coffee	2	1.45%
Macon	1	0.72%
White	1	0.72%
Smith	1	0.72%
Rutherford	14	10.14%
Lincoln	1	0.72%
Cannon	2	1.45%
Davidson	46	33.33%
Dickson	2	1.45%
Franklin	1	0.72%
Hickman	1	0.72%
Lawrence	1	0.72%
Williamson	9	6.52%
Marshall	1	0.72%
Robertson	4	2.90%
Wilson	7	5.07%
Total	138	100%

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

RESPONSE:

The demographics for this application include those appropriate for pediatric inpatient rehabilitation services. Please find the attached chart for the primary service area including the pediatric populations, socioeconomic information from the United States Census Bureau and the number of TennCare enrollees by county.

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:

Please see the attached.

- 4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE:

By providing pediatric inpatient rehabilitation services at Monroe Carell, pediatric patients from Tennessee will no longer be required to travel out of state to receive this care. Historically, 50% of these pediatric patients needing inpatient rehabilitation services are enrolled in TennCare.

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

RESPONSE:

Tennessee currently has no pediatric inpatient rehabilitation programs.

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

RESPONSE:

Tennessee currently has no pediatric inpatient rehabilitation programs. Since these services will be new to Monroe Carell, the projections are 138 patients in Year 1 and 140 patients in Year 2. These projections are based off the number of referrals Monroe Carell has historically made to inpatient rehab programs over the last several years. While not all patients choose to seek inpatient rehabilitation services, Monroe Carell projects that the number of pediatric patients seeking care will increase by offering these services closer to home.

- 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:

n/a

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: n/a

- 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:

This is a unique service that is not available in Tennessee. Patients are currently traveling out of state for these services, with approximately 50% of these patients having TennCare. By adding pediatric inpatient rehabilitation services, Monroe Carell will be the only pediatric hospital in Tennessee that provides a full complement of programs and patients will no longer have to travel out of state to receive the care needed. There will be a reduction in costs to consumers by reducing the need to travel to other states for this care.

- 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:

Staffing for the pediatric rehabilitation unit will be a multi-disciplinary team comprised of nurses, physical therapists, occupational therapists, speech therapists, respiratory therapists, music therapists, case manager, social workers, clinical dieticians, and child life specialists.

- 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:

VUMC is in good standing with the Health Facilities Commission/Board for Licensing Health Care Facilities. VUMC also commits to maintaining all licensure and quality requirements for the pediatric inpatient rehabilitation program.

HISTORICAL DATA CHART

- ☒ Total Facility
☐ Project Only

Give information for the last *three (3)* years for which complete data are available for the facility or agency.

	Year 1 2023	Year 2 2024	Year 3 2025
A. Utilization Data			
Specify Unit of Measure <u>Other : Pediatric Discharges</u>	<u>17152</u>	<u>16555</u>	<u>16533</u>
B. Revenue from Services to Patients			
1. Inpatient Services	<u>\$2,047,934,201.00</u>	<u>\$2,248,798,734.00</u>	<u>\$2,361,414,429.00</u>
2. Outpatient Services	<u>\$1,060,648,629.00</u>	<u>\$1,139,154,881.00</u>	<u>\$1,370,107,240.00</u>
3. Emergency Services	<u>\$91,849,633.00</u>	<u>\$131,133,863.00</u>	<u>\$146,160,595.00</u>
4. Other Operating Revenue (Specify) <u>Academic & Research and Other Operating Revenues</u>	<u>\$1,913,370.00</u>	<u>\$2,056,953.00</u>	<u>\$2,732,605.00</u>
Gross Operating Revenue	<u>\$3,202,345,833.00</u>	<u>\$3,521,144,431.00</u>	<u>\$3,880,414,869.00</u>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	<u>\$2,321,858,195.00</u>	<u>\$2,575,065,243.00</u>	<u>\$2,834,651,761.00</u>
2. Provision for Charity Care	<u>\$17,814,312.00</u>	<u>\$11,915,751.00</u>	<u>\$52,245,326.00</u>
3. Provisions for Bad Debt	<u>\$17,246,321.00</u>	<u>\$27,503,691.00</u>	<u>\$16,267,868.00</u>
Total Deductions	<u>\$2,356,918,828.00</u>	<u>\$2,614,484,685.00</u>	<u>\$2,903,164,955.00</u>
NET OPERATING REVENUE	<u>\$845,427,005.00</u>	<u>\$906,659,746.00</u>	<u>\$977,249,914.00</u>

PROJECTED DATA CHART

- ☒ Project Only
☐ Total Facility

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

	Year 1 2028	Year 2 2029
A. Utilization Data		
Specify Unit of Measure <u>Other : Discharges</u>	<u>138</u>	<u>140</u>
B. Revenue from Services to Patients		
1. Inpatient Services	<u>\$19,801,104.00</u>	<u>\$21,136,278.00</u>
2. Outpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
3. Emergency Services	<u>\$0.00</u>	<u>\$0.00</u>
4. Other Operating Revenue (Specify) _____	<u>\$0.00</u>	<u>\$0.00</u>
Gross Operating Revenue	<u>\$19,801,104.00</u>	<u>\$21,136,278.00</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	<u>\$15,736,735.00</u>	<u>\$16,944,195.00</u>
2. Provision for Charity Care	<u>\$290,043.00</u>	<u>\$312,298.00</u>

3. Provisions for Bad Debt	<u>\$90,312.00</u>	<u>\$97,242.00</u>
Total Deductions	<u>\$16,117,090.00</u>	<u>\$17,353,735.00</u>
NET OPERATING REVENUE	<u>\$3,684,014.00</u>	<u>\$3,782,543.00</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	\$143,486.26	\$150,973.41	0.00
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)	\$0.00	\$0.00	\$116,790.51	\$123,955.25	0.00
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$26,695.75	\$27,018.16	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:

Because the new pediatric inpatient rehab unit will be the only one in the state of Tennessee, the charges in the above chart were based on comparative data from other pediatric inpatient rehab units nationwide.

- 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:

Currently, pediatric inpatient rehabilitation is not offered at other TN hospitals.

- 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-2028		Year-2029	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	\$0.00	0	\$0.00	0
TennCare/Medicaid	\$11,999,469.00	60.60	\$12,808,584.00	60.60
Commercial/Other Managed Care	\$6,395,757.00	32.30	\$6,827,018.00	32.30
Self-Pay	\$198,011.00	1.00	\$211,363.00	1.00
Other(Specify)	\$1,207,867.00	6.10	\$1,289,313.00	6.10
Total	\$19,801,104.00	100%	\$21,136,278.00	100%
Charity Care	\$290,043.00		\$312,298.00	

**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: VUMC participates in Medicare and Medicaid/TennCare.

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	☒ Health Facilities Commission/Licensure Division ☐ Intellectual & Developmental Disabilities ☐ Mental Health & Substance Abuse Services	Active	27
Certification	☒ Medicare ☒ TennCare/Medicaid ☐ Other _____	Active Active	440039 440039
Accreditation(s)	TJC - The Joint Commission	Active	7892

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		
Physical Therapist	0.00	3.70
Occupational Therapist	0.00	3.60
Speech Therapist	0.00	2.30
Child Life Specialist/ Rec Therapist	0.00	0.80
Music Therapist	0.00	0.50
Social Worker	0.00	0.50
Respiratory Therapist	0.00	1.30
Clinical Dietician	0.00	0.70
Care Partner	0.00	3.30
RN	0.00	15.70
Physical Therapist	0.00	3.70
Patient Care	0.00	0.00
Social Worker	0.00	0.50
Physical Therapist	0.00	3.70
Occupational Therapist	0.00	3.60
Speech Therapist	0.00	2.30
Child Life/ Rec Therapist	0.00	0.80
Music Therapist	0.00	0.50
Respiratory Therapist	0.00	1.30
Clinical Dietician	0.00	0.70
Care Partner	0.00	3.30
RN	0.00	15.70
Total Direct Patient Care Positions	N/A	32.4

B. Non-Patient Care Positions		
Teacher	0.00	0.70
Case Manager	0.00	0.90
Nurse Manager	0.00	1.00
Medical Receptionist	0.00	2.10
Teacher	0.00	0.70
Case Manager	0.00	0.90
Nurse Manager	0.00	1.00
Medical Receptionist	0.00	2.10
Total Non-Patient Care Positions	N/A	4.7
Total Employees		

(A+B)	0	37.1
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C. Contractual Staff		
Contractual Staff Position	0.00	0.00
Contractual Staff Position	0.00	0.00
Contractual Staff Position	0.00	0.00
Contractual Staff Position	0.00	0.00
Total Staff (A+B+C)	0	37.1

DEVELOPMENT SCHEDULE

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

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

PROJECT COMPLETION FORECAST CHART

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

Phase	Days Required	Anticipated Date (Month/Year)
1. Initial HFC Decision Date		12/10/25
2. Building Construction Commenced	300	10/05/26
3. Construction 100% Complete (Approval for Occupancy)	665	10/05/27
4. Issuance of License	675	10/15/27
5. Issuance of Service	675	10/15/27
6. Final Project Report Form Submitted (Form HR0055)	775	01/23/28

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



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ROBIN LUNDQUIST
VUMC OFFICE OF LEGAL AFFAIRS
STE 700
2525 WEST END AVE
NASHVILLE, TN 37203-1790

Request Type: Certified Copies

Request #: 216472

Issuance Date: 10/07/2016

Copies Requested: 1

Document Receipt

Receipt #: 002920890

Filing Fee: \$20.00

Payment-Check/MO - ERIC J LUNDQUIST, HENDERSONVILLE, TN

\$20.00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **Vanderbilt University Medical Center**, Control # 792687 was formed or qualified to do business in the State of Tennessee on 03/18/2015. Vanderbilt University Medical Center has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.


Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
B0072-0037	03/18/2015	Initial Filing
B0244-2645	05/25/2016	Assumed Name
B0244-2646	05/25/2016	Assumed Name
B0244-2647	05/25/2016	Assumed Name
B0244-2648	05/25/2016	Assumed Name
B0244-2649	05/25/2016	Assumed Name

CHARTER
OF
VANDERBILT UNIVERSITY MEDICAL CENTER

Pursuant to the provisions of Section 48-52-102 of the Tennessee Nonprofit Corporation Act (Tennessee Code Annotated §§ 48-51-101 et seq.), as amended from time to time (the “**Tennessee Nonprofit Corporation Act**”), the undersigned corporation, acting through its incorporator, hereby adopts the following Charter:

ARTICLE I

The name of the corporation is Vanderbilt University Medical Center (the “**Corporation**”).

ARTICLE II

The Corporation (i) is a public benefit corporation; (ii) shall not be for profit; (iii) shall not have members; and (iv) is not a religious corporation. It is intended that the Corporation shall have the status of a nonprofit corporation that is exempt from federal income taxation under Section 501(a) of the Internal Revenue Code of 1986, as amended and to include any corresponding provisions of any subsequent federal tax laws (hereinafter, the “**Code**”), as an organization described and operated within the meaning of Section 501(c)(3) of the Code (or in each case, corresponding provisions of any subsequent federal tax laws).

ARTICLE III

(a) The street address and zip code of the Corporation’s initial registered office are 800 South Gay Street, Suite 2021, Knoxville, Tennessee, 37929-9710, and the county in which the initial registered office is located is Knox County. The name of the Corporation’s

initial registered agent at the Corporation's initial registered office is National Registered Agents, Inc.

(b) The street address and zip code of the Corporation's initial principal office are 1161 21st Avenue South, Suite D3300 MCN, Nashville, Tennessee, 37232-5545, and the county in which the initial principal office is located is Davidson County.

ARTICLE IV

The name, address and zip code of the incorporator of the Corporation are:

NAME

Audrey J. Anderson

ADDRESS

305 Kirkland Hall
Vanderbilt University
Nashville, TN 37240-0001

ARTICLE V

The Corporation's fiscal year shall conclude on June 30 every year.

ARTICLE VI

(a) The purposes for which the Corporation is organized are to operate exclusively for charitable, educational and scientific purposes, within the meaning of Section 501(c)(3) of the Code; and within such limits, and inclusive of such other consistent purposes, as may be set forth in the Bylaws of the Corporation, to: (1) operate, maintain or control one or more academic medical and health science centers, including (but not limited to) related health care, research, and other facilities (which also may be used for biomedical research, administration, and training and education of health care and life sciences professionals), all as may currently exist or as may be established in the future, as part of an integrated, world-class health system affiliated with Vanderbilt University, a Tennessee nonprofit corporation

("Vanderbilt University"); (2) preserve, promote, and enhance the availability of health care services and scientific advances in public health, in the communities served by the Corporation, by Vanderbilt University, and their respective affiliates and networks; (3) otherwise advance purposes consistent with the general purposes herein and the mission as set forth in the Bylaws; and (4) otherwise fulfill and satisfy the Corporation's obligations as a party to one or more agreements to be entered into by and among the Corporation, on the one hand, and Vanderbilt University on the other hand, to ensure that the Corporation and Vanderbilt may efficiently and effectively pursue shared interests in health-related research and training.

(b) Subject to the limitations contained in this Charter and the Bylaws and without partisanship of any kind, the Corporation shall be empowered to take all appropriate action in furtherance of the purposes set forth in paragraph (a) of this Article VI and to carry out any activities and exercise all powers available to corporations organized pursuant to the Tennessee Nonprofit Corporation Act that may be carried out by organizations that are described in Section 501(c)(3) of the Code.

(c) The Corporation shall not have or exercise any power or authority either expressly or by interpretation or by operation of law, nor shall it directly or indirectly engage in any activity, (i) that would prevent it from qualifying (and continuing to qualify) as an organization described in Section 501(c)(3) of the Code; (ii) that would prevent it from qualifying (and continuing to qualify) as an organization contributions to which are deductible under Sections 170(c)(2), 2055(a) and 2522(a), as applicable, of the Code; or (iii) that is not available to and may not be carried out by a corporation organized pursuant to the Tennessee Nonprofit Corporation Act.

ARTICLE VII

(a) All powers of the Corporation shall be exercised by or under the authority of, and the affairs of the Corporation shall be managed by or under the direction of, its Board of Directors. The Board of Directors of the Corporation shall exercise all such powers subject to, and in accordance with, the Bylaws of the Corporation. The manner of appointment or election of the members of the Board of Directors shall be set forth in the Bylaws.

(b) Except as otherwise provided in this Charter, the internal affairs of the Corporation shall be governed by, and regulated and determined as provided in, the Corporation's Bylaws.

ARTICLE VIII

In all events and under all circumstances, and notwithstanding merger, consolidation, reorganization, termination, dissolution, or winding up of the Corporation, voluntary or involuntary, or by the operation of law, or upon amendment of this Charter:

(a) No part of the assets or net earnings of the Corporation shall inure to the benefit of or be distributable to its incorporator, directors, officers or other private persons having a personal or private interest in the Corporation, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services actually rendered and to make reimbursement in reasonable amounts for expenses actually incurred in carrying out the purposes set forth in Article VI hereof.

(b) No substantial part of the activities of the Corporation shall consist of the carrying on of propaganda, or of otherwise attempting to influence legislation, unless Section 501(h) of the Code shall apply to the Corporation, in which case the Corporation shall not normally make lobbying or grass roots expenditures in excess of the amounts therein specified.

The Corporation shall not in any manner or to any extent participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office; nor shall it engage in any "prohibited transaction" as defined in Section 503(b) of the Code.

(c) Neither the whole, or any part or portion, of the assets or net earnings of the Corporation shall be used, nor shall the Corporation ever be operated, for objects or purposes other than those set forth in Article VI hereof.

(d) Upon dissolution of the Corporation, all of the Corporation's assets and property of every nature and description remaining after the payment of all liabilities and obligations of the Corporation (but not including assets held by the Corporation upon condition requiring return, transfer, or conveyance, which condition occurs by reason of the dissolution) shall be paid over and transferred to Vanderbilt University, or to one or more organizations as approved in writing by Vanderbilt University, provided that Vanderbilt University or such other approved organization(s) are then qualified for exemption from federal income taxes as organizations described in Section 501(c)(3) of the Code.

ARTICLE IX

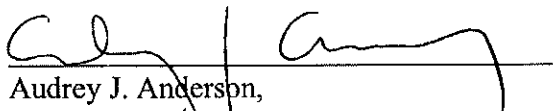
The Corporation's Charter may be amended, restated or altered, in whole or in part, by the affirmative vote of at least seventy-five percent (75%) of all of the members of the Corporation's Board of Directors then in office at a duly called meeting at which a quorum is present; provided that (a) at least seven (7) calendar days' notice in writing setting forth a proposed amendment, restatement or alteration of the Corporation's Charter, or a reasonably detailed summary thereof, has first been provided to the Corporation's Board of Directors, and (b) the approval of Vanderbilt University shall be required for any amendment that adversely

impacts the rights of Vanderbilt University or the VU Directors, as that term is defined in the Corporation's Bylaws.

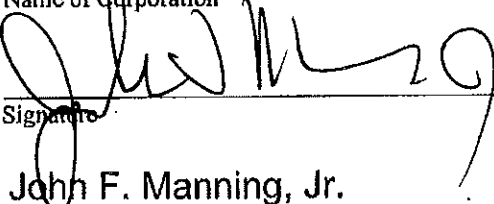
[Signature page follows]

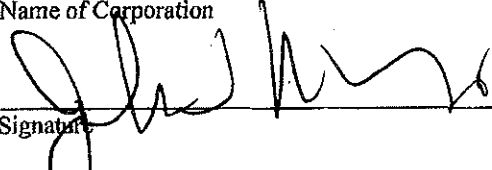
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18 day of

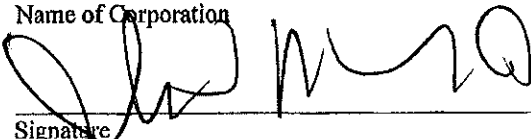
March, 2015.

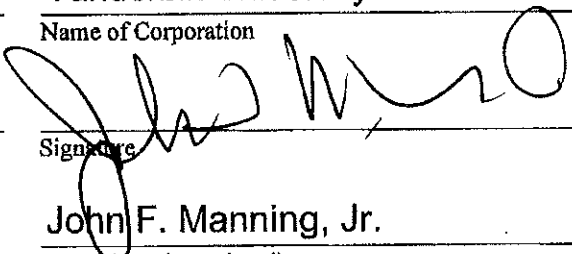

Audrey J. Anderson,
Incorporator

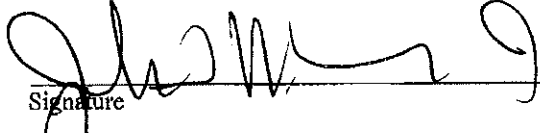
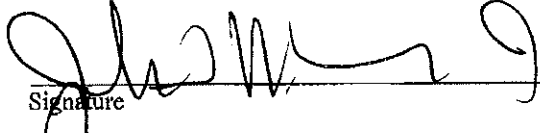
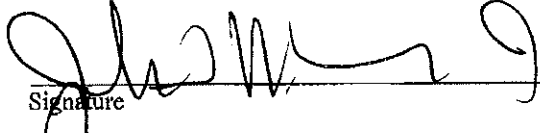
[Signature Page to Charter]

State of Tennessee	For Office Use Only
 Department of State Corporate Filings 312 Rosa L. Parks Ave. 6 th Floor, William R. Snodgrass Tower Nashville, TN 37243	
APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME	
Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:	
1. The true name of the corporation is <u>Vanderbilt University Medical Center</u>	
2. The state or country of incorporation is <u>Tennessee</u>	
3. The corporation intends to transact business in Tennessee under an assumed corporate name.	
4. The assumed corporate name the corporation proposes to use is <u>Vanderbilt Outpatient Pharmacy</u>	
[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]	
<u>5-11-16</u> Signature Date	<u>Vanderbilt University Medical Center</u> Name of Corporation
Chief Operating Officer and Corporate Chief of Staff Signer's Capacity	 Signature <u>John F. Manning, Jr.</u> Name (typed or printed)
SS-4402 (Rev. 4/01)	Filing Fee: \$20
RDA1720	

 State of Tennessee Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243 APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME	For Office Use Only
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1. The true name of the corporation is <u>Vanderbilt University Medical Center</u>	
2. The state or country of incorporation is <u>Tennessee</u>	
3. The corporation intends to transact business in Tennessee under an assumed corporate name.	
4. The assumed corporate name the corporation proposes to use is <u>Vanderbilt Clinic Pharmacy</u>	
[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]	
<u>5-11-16</u> Signature Date Chief Operating Officer and Corporate Chief of Staff Signer's Capacity	<u>Vanderbilt University Medical Center</u> Name of Corporation  Signature <u>John F. Manning, Jr.</u> Name (typed or printed)
SS-4402 (Rev. 4/01) Filing Fee: \$20 RDA1720	

Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243	For Office Use Only
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2. The state or country of incorporation is <u>Tennessee</u>	
3. The corporation intends to transact business in Tennessee under an assumed corporate name.	
4. The assumed corporate name the corporation proposes to use is <u>Vanderbilt Adult Hospital Pharmacy</u>	
[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]	
<u>5-11-16</u> Signature Date	<u>Vanderbilt University Medical Center</u> Name of Corporation
Chief Operating Officer and Corporate Chief of Staff	
Signer's Capacity	Signature <u>John F. Manning, Jr.</u> Name (typed or printed)
SS-4402 (Rev. 4/01) Filing Fee: \$20 RDA1720	

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3. The corporation intends to transact business in Tennessee under an assumed corporate name.	
4. The assumed corporate name the corporation proposes to use is <u>Vanderbilt Nuclear Pharmacy</u>	
[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]	
<u>5-11-16</u> Signature Date	<u>Vanderbilt University Medical Center</u> Name of Corporation
Chief Operating Officer and Corporate Chief of Staff	 Signature
Signer's Capacity	<u>John F. Manning, Jr.</u> Name (typed or printed)
SS-4402 (Rev. 4/01) Filing Fee: \$20 RDA1720	

State of Tennessee Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243	For Office Use Only				
APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application: 1. The true name of the corporation is <u>Vanderbilt University Medical Center</u> 2. The state or country of incorporation is <u>Tennessee</u> 3. The corporation intends to transact business in Tennessee under an assumed corporate name. 4. The assumed corporate name the corporation proposes to use is <u>Vanderbilt Oncology Pharmacy</u> [NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.] <table border="0"><tr><td data-bbox="207 1218 755 1297"><u>5-11-16</u> Signature Date</td><td data-bbox="787 1213 1367 1297"><u>Vanderbilt University Medical Center</u> Name of Corporation</td></tr><tr><td data-bbox="207 1339 755 1417"><u>Chief Operating Officer and Corporate Chief of Staff</u> Signer's Capacity</td><td data-bbox="787 1297 1367 1528"> Signature <u>John F. Manning, Jr.</u> Name (typed or printed)</td></tr></table>		<u>5-11-16</u> Signature Date	<u>Vanderbilt University Medical Center</u> Name of Corporation	<u>Chief Operating Officer and Corporate Chief of Staff</u> Signer's Capacity	 Signature <u>John F. Manning, Jr.</u> Name (typed or printed)
<u>5-11-16</u> Signature Date	<u>Vanderbilt University Medical Center</u> Name of Corporation				
<u>Chief Operating Officer and Corporate Chief of Staff</u> Signer's Capacity	 Signature <u>John F. Manning, Jr.</u> Name (typed or printed)				
SS-4402 (Rev. 4/01) Filing Fee: \$20 RDA1720					



Tre Hargett
Secretary of State

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

Filing Information

Name: **Vanderbilt University Medical Center**

General Information

SOS Control # 000792687 Formation Locale: TENNESSEE
Filing Type: Nonprofit Corporation - Domestic Date Formed: 03/18/2015
03/18/2015 3:00 PM Fiscal Year Close 6
Status: Active
Duration Term: Perpetual
Public/Mutual Benefit: Public

Registered Agent Address

NATIONAL REGISTERED AGENTS, INC.
300 MONTVUE RD
KNOXVILLE, TN 37919-5546

Principal Address

1161 21ST AVE SOUTH MEDICAL CENTER NORTH D-
NASHVILLE, TN 37232-5545

The following document(s) was/were filed in this office on the date(s) indicated below:

Date Filed	Filing Description	Image #
11/14/2023	Assumed Name	B1470-5881
	New Assumed Name Changed From: No Value To: Vanderbilt Transplant Pharmacy	
09/25/2023	Assumed Name Cancellation	B1442-4647
	Name Status Changed From: Active (Vanderbilt Clinic Pharmacy) To: Inactive - Name Cancelled (Vanderbilt Clinic Pharmacy)	
09/05/2023	2023 Annual Report	B1448-7072
10/18/2022	Assumed Name Renewal	B1291-8709
	Assumed Name Changed From: Vanderbilt Integrated Pharmacy To: Vanderbilt Integrated Pharmacy	
	Expiration Date Changed From: 10/20/2022 To: 10/18/2027	
10/18/2022	Assumed Name Renewal	B1291-8691
	Assumed Name Changed From: Green Hills Medicine Pharmacy To: Green Hills Medicine Pharmacy	
	Expiration Date Changed From: 10/20/2022 To: 10/18/2027	
10/18/2022	Assumed Name Renewal	B1291-8673
	Assumed Name Changed From: Vanderbilt Cool Springs Pharmacy To: Vanderbilt Cool Springs Pharmacy	
	Expiration Date Changed From: 10/20/2022 To: 10/18/2027	
10/18/2022	Assumed Name Renewal	B1291-8640
	Assumed Name Changed From: Vanderbilt Children's Hospital Pharmacy To: Vanderbilt Children's Hospital Pharmacy	

Filing Information

Name: **Vanderbilt University Medical Center**

Expiration Date Changed From: 10/20/2022 To: 10/18/2027

10/18/2022 Assumed Name Renewal B1291-8539

Assumed Name Changed From: Vanderbilt Children's Outpatient Pharmacy To: Vanderbilt Children's Outpatient Pharmacy

Expiration Date Changed From: 10/20/2022 To: 10/18/2027

10/18/2022 Assumed Name Renewal B1291-8508

Assumed Name Changed From: Medical Center East Pharmacy To: Medical Center East Pharmacy

Expiration Date Changed From: 10/20/2022 To: 10/18/2027

10/18/2022 Assumed Name Renewal B1291-8456

Assumed Name Changed From: Vanderbilt Health Pharmacy To: Vanderbilt Health Pharmacy

Expiration Date Changed From: 10/20/2022 To: 10/18/2027

10/18/2022 Assumed Name Renewal B1291-8423

Assumed Name Changed From: Vanderbilt Psychiatric Hospital Pharmacy To: Vanderbilt Psychiatric Hospital Pharmacy

Expiration Date Changed From: 10/20/2022 To: 10/18/2027

09/29/2022 Assumed Name B1283-4702

New Assumed Name Changed From: No Value To: Vanderbilt Medical Laboratories

09/12/2022 2022 Annual Report B1277-0874

09/30/2021 2021 Annual Report B1099-3675

Principal Address 1 Changed From: 1161 21ST AVE S To: 1161 21ST AVE SOUTH MEDICAL CENTER NORTH D-3300

05/06/2021 Assumed Name Renewal B1029-5324

Assumed Name Changed From: Vanderbilt Outpatient Pharmacy To: Vanderbilt Outpatient Pharmacy

Expiration Date Changed From: 05/25/2021 To: 05/06/2026

05/06/2021 Assumed Name Renewal B1029-5280

Assumed Name Changed From: Vanderbilt Clinic Pharmacy To: Vanderbilt Clinic Pharmacy

Expiration Date Changed From: 05/25/2021 To: 05/06/2026

05/06/2021 Assumed Name Renewal B1029-5183

Assumed Name Changed From: Vanderbilt Nuclear Pharmacy To: Vanderbilt Nuclear Pharmacy

Expiration Date Changed From: 05/25/2021 To: 05/06/2026

05/06/2021 Assumed Name Renewal B1029-4902

Assumed Name Changed From: Vanderbilt Oncology Pharmacy To: Vanderbilt Oncology Pharmacy

Expiration Date Changed From: 05/25/2021 To: 05/06/2026

05/06/2021 Assumed Name Renewal B1029-4815

Assumed Name Changed From: Vanderbilt Adult Hospital Pharmacy To: Vanderbilt Adult Hospital Pharmacy

Expiration Date Changed From: 05/25/2021 To: 05/06/2026

02/23/2021 Administrative Amendment B0987-1000

Filing Information

Name: **Vanderbilt University Medical Center**

09/28/2020 Assumed Name	B0926-7514
New Assumed Name Changed From: No Value To: baby+co.	
09/18/2020 2020 Annual Report	B0923-6054
09/17/2019 2019 Annual Report	B0757-7433
08/26/2019 Assumed Name	B0607-7385
New Assumed Name Changed From: No Value To: Vanderbilt Wilson County Hospital	
10/02/2018 2018 Annual Report	B0596-8615
01/26/2018 Registered Agent Change (by Agent)	*B0478-4997
Registered Agent Physical Address 1 Changed From: 800 S GAY ST To: 300 MONTVUE RD	
Registered Agent Physical Address 2 Changed From: STE 2021 To: No Value	
Registered Agent Physical Postal Code Changed From: 37929-9710 To: 37919-5546	
10/20/2017 Assumed Name	B0438-5365
New Assumed Name Changed From: No Value To: Vanderbilt Integrated Pharmacy	
10/20/2017 Assumed Name	B0438-5368
New Assumed Name Changed From: No Value To: Green Hills Medicine Pharmacy	
10/20/2017 Assumed Name	B0438-5371
New Assumed Name Changed From: No Value To: Vanderbilt Cool Springs Pharmacy	
10/20/2017 Assumed Name	B0438-5374
New Assumed Name Changed From: No Value To: Vanderbilt Children's Hospital Pharmacy	
10/20/2017 Assumed Name	B0438-5377
New Assumed Name Changed From: No Value To: Vanderbilt Children's Outpatient Pharmacy	
10/20/2017 Assumed Name	B0438-5380
New Assumed Name Changed From: No Value To: Medical Center East Pharmacy	
10/20/2017 Assumed Name	B0438-5383
New Assumed Name Changed From: No Value To: Vanderbilt Health Pharmacy	
10/20/2017 Assumed Name	B0438-5386
New Assumed Name Changed From: No Value To: Vanderbilt Psychiatric Hospital Pharmacy	
09/15/2017 2017 Annual Report	B0433-5097
09/15/2016 2016 Annual Report	B0280-8438
05/25/2016 Assumed Name	B0244-2645
New Assumed Name Changed From: No Value To: Vanderbilt Outpatient Pharmacy	
05/25/2016 Assumed Name	B0244-2646
New Assumed Name Changed From: No Value To: Vanderbilt Clinic Pharmacy	
05/25/2016 Assumed Name	B0244-2647
New Assumed Name Changed From: No Value To: Vanderbilt Adult Hospital Pharmacy	
05/25/2016 Assumed Name	B0244-2648

Filing Information

Name: **Vanderbilt University Medical Center**

New Assumed Name Changed From: No Value To: Vanderbilt Nuclear Pharmacy

05/25/2016 Assumed Name B0244-2649

New Assumed Name Changed From: No Value To: Vanderbilt Oncology Pharmacy

09/29/2015 2015 Annual Report B0133-7363

03/18/2015 Initial Filing B0072-0037

Active Assumed Names (if any)

	Date	Expires
Vanderbilt Transplant Pharmacy	11/14/2023	11/14/2028
Vanderbilt Medical Laboratories	09/29/2022	09/29/2027
baby+co.	09/28/2020	09/28/2025
Vanderbilt Wilson County Hospital	08/26/2019	08/26/2024
Vanderbilt Psychiatric Hospital Pharmacy	10/20/2017	10/18/2027
Vanderbilt Health Pharmacy	10/20/2017	10/18/2027
Medical Center East Pharmacy	10/20/2017	10/18/2027
Vanderbilt Children's Outpatient Pharmacy	10/20/2017	10/18/2027
Vanderbilt Children's Hospital Pharmacy	10/20/2017	10/18/2027
Vanderbilt Cool Springs Pharmacy	10/20/2017	10/18/2027
Green Hills Medicine Pharmacy	10/20/2017	10/18/2027
Vanderbilt Integrated Pharmacy	10/20/2017	10/18/2027
Vanderbilt Oncology Pharmacy	05/25/2016	05/06/2026
Vanderbilt Nuclear Pharmacy	05/25/2016	05/06/2026
Vanderbilt Adult Hospital Pharmacy	05/25/2016	05/06/2026
Vanderbilt Outpatient Pharmacy	05/25/2016	05/06/2026

Attachment 8A. Management Agreement – Not applicable

Prepared by and after recording return to:

Hogan Lovells US LLP

Attn: Al Stemp, Esq.

1999 Avenue of the Stars, Suite 1400

Los Angeles, California 90067

BILL GARRETT, Davidson County

Trans: T20160035503 LEASE

Recvd: 04/29/16 11:14 10 pgs

Fees: 52.00 Taxes: 0.00



20160429-0042102

MEMORANDUM OF GROUND LEASE

THE VANDERBILT UNIVERSITY, a Tennessee nonprofit corporation ("**Landlord**"), has leased to VANDERBILT UNIVERSITY MEDICAL CENTER, a Tennessee nonprofit corporation ("**Tenant**"), for a period beginning on April 30, 2016 (the "**Ground Lease Effective Date**"), and expiring on June 30, 2114, subject to two (2) renewal options exercisable by Tenant for two (2) additional periods of at least fifty (50) years but no more than ninety-nine (99) years each as mutually agreed by Tenant and Landlord (such period and renewals being referred to herein as the "**Ground Lease Term**"), those certain parcels or tracts of land in Nashville, Davidson County, Tennessee, described on **Exhibit A** attached hereto and made a part hereof (the "**Premises**"). The Premises has been leased to Tenant pursuant to that certain Ground Lease entered into as of April 29, 2016 and effective as of the Ground Lease Effective Date, by and between Landlord and Tenant (the "**Ground Lease**"). During the Ground Lease Term, existing improvements and future improvements located on the Premises (the "**Improvements**") shall be owned by Tenant in fee simple and deemed Tenant's property for all purposes until the expiration of the Ground Lease Term or the earlier termination of the Ground Lease.

At the expiration of the Ground Lease Term or prior termination of the Ground Lease, Tenant shall: (1) immediately and peaceably surrender the Premises and Improvements to Landlord in a safe and clean condition and in good order and repair, reasonable wear and tear excepted and (2) assign to Landlord Tenant's interest in any subleases executed by Tenant in accordance with the Ground Lease. At the expiration of the Ground Lease Term or prior termination of the Ground Lease, fee title to the Improvements shall automatically revert to and be vested in Landlord and Tenant shall deliver such documentation reasonably requested by Landlord to memorialize the reversion of fee title to the Improvements to Landlord. In addition, any personal property belonging to Tenant (but not owned by any subtenant or occupant under any sublease) left at the Premises or Improvements following the expiration or prior termination of the Ground Lease shall be deemed abandoned.

The use of the Premises is strictly limited by certain terms and provisions of the Ground Lease, all of which are incorporated herein by this reference.

The Ground Lease forms part of a single, interdependent, integrated transaction effected by means of a set of interrelated agreements entered into by Landlord and Tenant substantially contemporaneously herewith, including the Master Transfer and Separation Agreement (as defined as MTSA in the Ground Lease), the Academic Affiliation Agreement (as defined as AAA in the Ground Lease), the Trademark License Agreement (as defined in the Ground Lease), the Reciprocal Easement and Facilities Management Agreement (as defined as the Easement and Facilities Agreement in the Ground Lease), the Parking Lease Agreement (as defined in the Ground Lease) services agreements and other agreements.

This Memorandum of Ground Lease may be executed in any number of counterparts, which shall collectively constitute one instrument.

[Signature Pages Follow]

IN WITNESS WHEREOF, the parties hereto have entered into this Memorandum of Ground Lease as of the 29th day of April, 2016, but intend it to be effective as of April 30, 2016.

LANDLORD:

THE VANDERBILT UNIVERSITY, a Tennessee nonprofit corporation

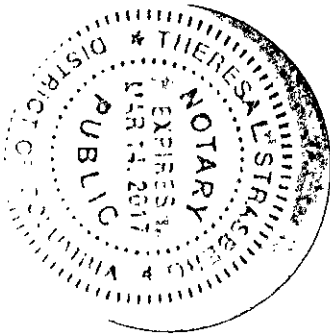
By: *Eric Kopstain*
Print Name: Eric Kopstain
Print Title: Vice Chancellor for Administration

DISTRICT OF COLUMBIA)

Before me, the undersigned, a Notary Public in and for the District of Columbia, personally appeared Eric Kopstain, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who upon oath acknowledged himself to be Vice Chancellor for Administration of **THE VANDERBILT UNIVERSITY**, the within named bargainer, a Tennessee nonprofit corporation, and that he as such Vice Chancellor for Administration, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as Eric Kopstain, Vice Chancellor for Administration.

Witness my hand and seal, at office in the District of Columbia, this the 27th day of April, 2016.

Theresa L. Strasberg
NOTARY PUBLIC
My Commission Expires: 03/14/2017



TENANT:

VANDERBILT UNIVERSITY MEDICAL CENTER,
a Tennessee nonprofit corporation

By: Cecelia B. Moore

Print Name: Cecelia B. Moore

Print Title: Chief Financial Officer and Treasurer

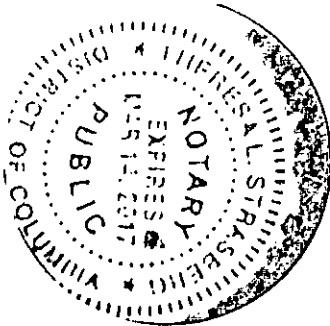
DISTRICT OF COLUMBIA)

Before me, the undersigned, a Notary Public in and for the District of Columbia, personally appeared Cecelia B. Moore, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who upon oath acknowledged herself to be Chief Financial Officer and Treasurer of **VANDERBILT UNIVERSITY MEDICAL CENTER**, the within named bargainor, a Tennessee nonprofit corporation, and that she as such Chief Financial Officer and Treasurer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by herself as Cecelia B. Moore, Chief Financial Officer and Treasurer.

Witness my hand and seal, at office in the District of Columbia, this the 27th day of April, 2016.

Heidi L. Stansburg
NOTARY PUBLIC

My Commission Expires: 03/14/2017



**Exhibit A
to
Memorandum of Ground Lease**

Premises Description

[Attached.]

Exhibit A

TRACT A

BEING A GROUND LEASE TRACT IN DAVIDSON COUNTY, CITY OF NASHVILLE, TENNESSEE. BEING A PORTION OF PARCEL NUMBER 1 AS SHOWN ON DAVIDSON COUNTY PROPERTY TAX MAP NUMBER 104-04. BEING BOUNDED ON THE SOUTH BY RIGHT-OF-WAY (R/W) OF BLAKEMORE AVENUE (PUBLIC R/W VARIES), ON THE WEST BY RIGHT-OF-WAY (R/W) OF 24TH AVENUE SOUTH (60' PUBLIC R/W), ON THE NORTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF CHILDREN'S WAY HAVING BEEN CLOSED BY METRO ORDINANCE, AND ON THE EAST BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF 23RD AVENUE SOUTH HAVING BEEN CLOSED BY METRO ORDINANCE, SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

POINT OF BEGINNING BEING AN P.K. NAIL (NEW) IN THE NORTHERLY R/W MARGIN OF BLAKEMORE AVENUE AND APPROXIMATELY IN THE WESTERLY FACE OF FACE OF CURB OF 23RD AVENUE SOUTH BEING THE SOUTHEAST CORNER OF THE PROPERTY HEREIN DESCRIBED, HAVING A NORTHING OF 657,865.30 AND AN EASTING OF 1,731,331.44 (NAD83); THENCE LEAVING THE SAID 23RD AVENUE SOUTH WITH THE R/W OF BLAKEMORE AVENUE NORTH 82 DEGREES 23 MINUTES 36 SECONDS WEST, 260.35 FEET TO A P.K. NAIL (NEW); THENCE NORTH 78 DEGREES 00 MINUTES 57 SECONDS WEST, 100.96 FEET TO A P.K. NAIL (NEW); THENCE NORTH 82 DEGREES 10 MINUTES 01 SECONDS WEST, 128.53 FEET TO A P.K. NAIL (NEW); THENCE NORTH 55 DEGREES 08 MINUTES 03 SECONDS WEST, 29.54 FEET TO A P.K. NAIL (NEW) IN THE EASTERLY R/W MARGIN OF 24TH AVENUE SOUTH; THENCE WITH THE R/W OF 24TH AVENUE SOUTH NORTH 07 DEGREES 32 MINUTES 17 SECONDS EAST 10.39 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE LEFT HAVING A RADIUS OF 1130.00 FEET, A CENTRAL ANGLE OF 13 DEGREES 51 MINUTES 48 SECONDS, AN ARC LENGTH OF 273.41 FEET, AND A CHORD BEARING AND DISTANCE OF NORTH 01 DEGREES 06 MINUTES 05 SECONDS WEST 272.75 FEET TO A P.K. NAIL (NEW); THENCE NORTH 07 DEGREES 44 MINUTES 32 SECONDS WEST 17.29 FEET TO A P.K. NAIL (NEW) IN THE SOUTHERLY PORTION OF CHILDREN'S WAY; THENCE LEAVING 24TH AVENUE SOUTH GENERALLY WITH THE SOUTHERLY FACE OF CURB OF CHILDREN'S WAY SOUTH 82 DEGREES 38 MINUTES 19 SECONDS EAST, 550.58 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 14.39 FEET, A CENTRAL ANGLE OF 93 DEGREES 29 MINUTES 07 SECONDS, AN ARC LENGTH OF 23.48 FEET, A CHORD BEARING AND DISTANCE OF SOUTH 37 DEGREES 23 MINUTES 47 SECONDS EAST, 20.96 FEET TO A P.K. NAIL (NEW) IN THE WESTERLY PORTION OF 23RD AVENUE SOUTH; THENCE GENERALLY WITH THE WESTERLY FACE OF CURB OF 23RD AVENUE SOUTH SOUTH 08 DEGREES 18 MINUTES 04 SECONDS WEST, 305.97 FEET TO THE POINT OF BEGINNING.

CONTAINING 168,476 SQUARE FEET OR 3.87 ACRES, MORE OR LESS.

TRACT B

BEING A GROUND LEASE TRACT IN DAVIDSON COUNTY, CITY OF NASHVILLE, TENNESSEE. BEING A PORTION OF PARCEL NUMBER 1 AS SHOWN ON DAVIDSON COUNTY PROPERTY TAX MAP NUMBER 104-04. BEING BOUNDED ON THE NORTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF PIERCE AVENUE HAVING BEEN CLOSED BY METRO ORDINANCE, ON THE WEST BY RIGHT-OF-WAY (R/W) OF 24TH AVENUE SOUTH (60' PUBLIC R/W), ON THE SOUTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF CHILDREN'S WAY HAVING BEEN CLOSED BY METRO ORDINANCE, AND ON THE EAST BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF 23RD AVENUE SOUTH HAVING BEEN CLOSED BY

METRO ORDINANCE, SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

POINT OF BEGINNING BEING A P.K NAIL (NEW) IN THE EASTERLY R/W MARGIN OF 24TH AVENUE SOUTH AND APPROXIMATELY IN THE NORTHERLY FACE OF CURB OF CHILDRENS WAY BEING THE SOUTHWEST CORNER OF THE PROPERTY HEREIN DESCRIBED, HAVING A NORTHING OF 658,298.15 AND AN EASTING OF 1,730,811.02 (NAD83); THENCE WITH THE SAID 24TH AVENUE NORTH 07 DEGREES 44 MINUTES 36 SECONDS WEST, 88.16 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 970.36 FEET, A CENTRAL ANGLE OF 14 DEGREES 34 MINUTES 10 SECONDS, AN ARC LENGTH OF 246.75 FEET, AND A CHORD BEARING AND DISTANCE OF NORTH 00 DEGREES 27 MINUTES 19 SECONDS WEST 246.08 FEET TO A P.K. NAIL (NEW) IN THE SOUTHERLY PORTION OF PIERCE AVENUE; THENCE LEAVING 24TH AVENUE SOUTH GENERALLY AND PARTIALLY WITH THE SOUTHERLY FACE OF CURB OF PIERCE AVENUE SOUTH 82 DEGREES 17 MINUTES 34 SECONDS EAST, 589.37 FEET TO A P.K. NAIL (NEW) IN THE WESTERLY PORTION OF 23RD AVENUE SOUTH; THENCE LEAVING PIERCE AVENUE GENERALLY AND PARTIALLY WITH THE WESTERLY FACE OF CURB OF 23RD AVENUE SOUTH SOUTH 07 DEGREES 27 MINUTES 25 SECONDS WEST, 325.36 FEET TO A P.K. NAIL (NEW) IN THE NORTHERLY PORTION OF CHILDRENS WAY; THENCE LEAVING 23RD AVENUE SOUTH GENERALLY WITH THE NORTHERLY FACE OF CURB OF CHILDRENS WAY NORTH 82 DEGREES 38 MINUTES 15 SECONDS WEST, 532.37 FEET TO THE POINT OF BEGINNING.

CONTAINING 186,092 SQUARE FEET OR 4.27 ACRES, MORE OR LESS.

TRACT C

BEING A GROUND LEASE TRACT IN DAVIDSON COUNTY, CITY OF NASHVILLE, TENNESSEE. BEING A PORTION OF PARCEL NUMBER 1 AS SHOWN ON DAVIDSON COUNTY PROPERTY TAX MAP NUMBER 104-04. BEING BOUNDED ON THE NORTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF PIERCE AVENUE HAVING BEEN CLOSED BY METRO ORDINANCE, ON THE EAST BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF MEDICAL CENTER DRIVE HAVING BEEN CLOSED BY METRO ORDINANCE, ON THE SOUTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF CHILDREN'S WAY HAVING BEEN CLOSED BY METRO ORDINANCE, AND ON THE WEST BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF 23RD AVENUE SOUTH HAVING BEEN CLOSED BY METRO ORDINANCE, SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

POINT OF BEGINNING BEING AN P.K NAIL (NEW) IN THE NORTHERLY FACE OF CURB OF CHILDREN'S WAY AND THE EASTERLY FACE OF CURB OF 23RD AVENUE SOUTH BEING THE SOUTHWEST CORNER OF THE PROPERTY HEREIN DESCRIBED, HAVING A NORTHING OF 658,226.86 AND AN EASTING OF 1,731,362.51 (NAD83); THENCE LEAVING THE SAID CHILDREN'S WAY GENERALLY WITH THE FACE OF CURB OF 23RD AVENUE NORTH 07 DEGREES 08 MINUTES 40 SECONDS EAST, 291.75 FEET TO A P.K. NAIL (NEW); THENCE NORTH 37 DEGREES 07 MINUTES 37 SECONDS EAST, 37.29 FEET TO A P.K. NAIL (NEW) IN THE SOUTHERLY PORTION OF PIERCE AVENUE; THENCE LEAVING 23RD AVENUE SOUTH GENERALLY WITH THE SOUTHERLY FACE OF CURB OF PIERCE AVENUE SOUTH 80 DEGREES 16 MINUTES 12 SECONDS EAST, 49.20 FEET TO A P.K. NAIL (NEW); THENCE SOUTH 82 DEGREES 47 MINUTES 22 SECONDS EAST, 277.22 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 17.60 FEET, A CENTRAL ANGLE OF 90 DEGREES 09 MINUTES 04 SECONDS, AN ARC LENGTH OF 27.70 FEET, AND A CHORD BEARING AND DISTANCE OF SOUTH 47 DEGREES 57 MINUTES 47 SECONDS EAST 24.93 FEET TO A P.K. NAIL (NEW) IN THE WESTERLY PORTION OF MEDICAL CENTER DRIVE; THENCE GENERALLY WITH THE WESTERLY FACE OF CURB OF MEDICAL CENTER DRIVE SOUTH 07 DEGREES 24 MINUTES 30 SECONDS WEST 295.72 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 15.38 FEET, A CENTRAL ANGLE OF 90 DEGREES 14 MINUTES 37 SECONDS, AN ARC LENGTH OF 24.23 FEET, A CHORD BEARING AND DISTANCE OF SOUTH 56 DEGREES 24 MINUTES 44 SECONDS WEST, 21.80 FEET TO A P.K. NAIL (NEW) IN THE NORTHERLY PORTION OF CHILDREN'S WAY; THENCE GENERALLY WITH THE NORTHERLY FACE OF CURB OF CHILDREN'S WAY NORTH 82 DEGREES 24 MINUTES 55 SECONDS WEST, 347.70 FEET TO THE POINT OF BEGINNING.

CONTAINING 117,544 SQUARE FEET OR 2.70 ACRES, MORE OR LESS.

TRACT D

BEING A GROUND LEASE TRACT IN DAVIDSON COUNTY, CITY OF NASHVILLE, TENNESSEE. BEING A PORTION OF PARCEL NUMBER 1 AS SHOWN ON DAVIDSON COUNTY PROPERTY TAX MAP NUMBER 104-04. BEING BOUNDED ON THE NORTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF PIERCE AVENUE HAVING BEEN CLOSED BY METRO ORDINANCE, ON THE WEST BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF MEDICAL CENTER DRIVE HAVING BEEN CLOSED BY METRO ORDINANCE, ON THE SOUTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF CHILDREN'S WAY HAVING BEEN CLOSED BY METRO ORDINANCE, AND ON THE EAST BY THE R/W OF PUBLIC ALLEY #639 (15' PUBLIC R/W), SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

POINT OF BEGINNING BEING AN P.K NAIL (NEW) IN THE NORTHERLY FACE OF CURB OF CHILDREN'S WAY AND THE WESTERLY R/W OF THE SAID ALLEY BEING THE SOUTHEAST CORNER OF THE PROPERTY HEREIN DESCRIBED, HAVING A NORTHING OF 658,159.49 AND AN EASTING OF 1,731,873.91 (NAD83); THENCE LEAVING THE SAID ALLEY GENERALLY WITH THE FACE OF CURB OF CHILDREN'S WAY NORTH 82 DEGREES 37 MINUTES 05 SECONDS WEST, 94.89 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 14.29 FEET, A CENTRAL ANGLE OF 93 DEGREES 24 MINUTES 17 SECONDS, AN ARC LENGTH OF 23.30 FEET, AND A CHORD BEARING AND DISTANCE OF NORTH 37 DEGREES 03 MINUTES 41 SECONDS WEST 20.80 FEET TO A P.K. NAIL (NEW) IN THE EASTERLY PORTION OF MEDICAL CENTER DRIVE; THENCE GENERALLY WITH THE EASTERLY FACE OF CURB OF MEDICAL CENTER DRIVE NORTH 07 DEGREES 24 MINUTES 13 SECONDS EAST 294.97 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 14.78 FEET, A CENTRAL ANGLE OF 94 DEGREES 03 MINUTES 25 SECONDS, AN ARC LENGTH OF 24.27 FEET, A CHORD BEARING AND DISTANCE OF NORTH 55 DEGREES 16 MINUTES 30 SECONDS EAST, 21.63 FEET TO A P.K. NAIL (NEW) IN THE SOUTHERLY PORTION OF PIERCE AVENUE; THENCE GENERALLY WITH THE SOUTHERLY FACE OF CURB OF PIERCE AVENUE SOUTH 82 DEGREES 57 MINUTES 46 SECONDS EAST, 94.47 FEET TO A P.K. NAIL (NEW) IN THE WESTERLY R/W OF THE SAID ALLEY; THENCE LEAVING PIERCE AVENUE WITH THE WESTERLY R/W OF THE SAID ALLEY SOUTH 07 DEGREES 35 MINUTES 22 SECONDS WEST, 324.90 FEET TO THE POINT OF BEGINNING.

CONTAINING 35,608 SQUARE FEET OR 0.82 ACRES, MORE OR LESS.

TRACT E

BEING A GROUND LEASE TRACT IN DAVIDSON COUNTY, CITY OF NASHVILLE, TENNESSEE. BEING A PORTION OF PARCEL NUMBER 10.00 AS SHOWN ON DAVIDSON COUNTY PROPERTY TAX MAP NUMBER 104-04. BEING BOUNDED ON THE NORTH AND WEST BY THE REMAINDER OF PARCEL 10.00, VANDERBILT UNIVERSITY BEING A PORTION OF MEDICAL CENTER DRIVE HAVING BEEN CLOSED BY METRO ORDINANCE, ON THE EAST BY THE R/W OF 21ST AVENUE SOUTH (70' PUBLIC R/W), AND ON THE SOUTH BY THE REMAINDER OF PARCEL 10.00, VANDERBILT UNIVERSITY BEING A PORTION OF PIERCE AVENUE HAVING BEEN CLOSED BY METRO ORDINANCE AND THE R/W OF PIERCE AVENUE (50' PUBLIC R/W), SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

POINT OF BEGINNING BEING AN P.K NAIL (NEW) IN THE NORTHERLY R/W OF PIERCE AVENUE AND THE WESTERLY R/W OF 21ST AVENUE SOUTH BEING THE SOUTHEAST CORNER OF THE PROPERTY HEREIN DESCRIBED, HAVING A NORTHING OF 658,499.60 AND AN EASTING OF 1,732,101.71 (NAD83); THENCE LEAVING 21ST AVENUE SOUTH WITH THE R/W OF PIERCE AVENUE NORTH 82 DEGREES 49 MINUTES 45 SECONDS WEST, 180.89 FEET TO A P.K. NAIL (NEW); THENCE SOUTH 07 DEGREES 35 MINUTES 22 SECONDS WEST, 9.35 FEET TO A P.K. NAIL (NEW) IN THE NORTHERLY PORTION OF THE CLOSED PIERCE AVENUE; THENCE GENERALLY WITH THE NORTHERLY FACE OF CURB OF PIERCE AVENUE NORTH 82 DEGREES 46 MINUTES 08 SECONDS WEST, 92.91 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 17.50 FEET, A CENTRAL ANGLE OF 90 DEGREES 02 MINUTES 33 SECONDS, AN ARC LENGTH OF 27.50 FEET, AND A CHORD BEARING AND DISTANCE OF NORTH 37 DEGREES 44 MINUTES 52 SECONDS WEST 24.76 FEET TO A P.K. NAIL (NEW) IN THE EASTERLY PORTION OF MEDICAL CENTER DRIVE; THENCE GENERALLY WITH THE EASTERLY

FACE OF CURB OF MEDICAL CENTER DRIVE NORTH 07 DEGREES 16 MINUTES 24 SECONDS EAST 1035.07 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 111.95 FEET, A CENTRAL ANGLE OF 53 DEGREES 30 MINUTES 25 SECONDS, AN ARC LENGTH OF 104.55 FEET, A CHORD BEARING AND DISTANCE OF NORTH 53 DEGREES 38 MINUTES 43 SECONDS EAST, 100.79 FEET TO A P.K. NAIL (NEW); THENCE SOUTH 82 DEGREES 50 MINUTES 03 SECONDS EAST, 218.73 FEET TO A P.K. NAIL (NEW) IN THE WESTERLY R/W OF 21ST AVENUE SOUTH; THENCE LEAVING MEDICAL CENTER DRIVE WITH THE R/W OF 21ST AVENUE SOUTH 07 DEGREES 17 MINUTES 24 SECONDS WEST, 1112.78 FEET TO THE POINT OF BEGINNING.

CONTAINING 323,641 SQUARE FEET OR 7.43 ACRES, MORE OR LESS.

TRACT F

BEING A GROUND LEASE TRACT IN DAVIDSON COUNTY, CITY OF NASHVILLE, TENNESSEE. BEING A PORTION OF PARCEL NUMBER 1.00 AS SHOWN ON DAVIDSON COUNTY PROPERTY TAX MAP NUMBER 104-04. BEING BOUNDED ON THE NORTH, SOUTH, AND PORTION OF THE EAST BY THE REMAINDER OF PARCEL 1.00, VANDERBILT UNIVERSITY BEING A PORTION OF MEDICAL CENTER DRIVE, PIERCE AVENUE, AND GARLAND AVENUE HAVING BEEN CLOSED BY METRO ORDINANCE, AND STEVENSON CENTER LANE (PRIVATE), ON THE EAST BY THE R/W OF 21ST AVENUE SOUTH (70' PUBLIC R/W), AND ALSO ON THE WEST BY THE VETERANS HOSPITAL UNITED STATES OF AMERICA PROPERTY (R.O.D.C.T.), SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

POINT OF BEGINNING BEING AN P.K. NAIL (NEW) IN THE NORTHERLY PORTION OF PIERCE AVENUE AND IN THE EASTERLY LINE OF THE SAID VETERANS HOSPITAL PROPERTY BEING THE SOUTHWEST CORNER OF THE PROPERTY HEREIN DESCRIBED, HAVING A NORTHING OF 658,581.84 AND AN EASTING OF 1,731,376.57 (NAD83); THENCE LEAVING PIERCE AVENUE WITH THE EASTERLY LINE OF THE VETERANS HOSPITAL THE FOLLOWING THREE CALLS: NORTH 07 DEGREES 23 MINUTES 13 SECONDS EAST, 887.39 FEET TO A P.K. NAIL (NEW); THENCE NORTH 82 DEGREES 22 MINUTES 48 SECONDS WEST, 58.06 FEET TO A P.K. NAIL (NEW); THENCE NORTH 07 DEGREES 14 MINUTES 23 SECONDS EAST, 244.42 FEET TO A P.K. NAIL (NEW); THENCE LEAVING THE SAID VETERANS HOSPITAL THROUGH THE REMAINING LANDS OF VANDERBILT UNIVERSITY THE FOLLOWING TWENTY CALLS: SOUTH 82 DEGREES 47 MINUTES 25 SECONDS EAST, 233.29 FEET TO A P.K. NAIL (NEW); THENCE NORTH 07 DEGREES 35 MINUTES 17 SECONDS EAST, 152.53 FEET TO A P.K. NAIL (NEW) BEING IN THE FACE OF CURB OF GARLAND AVENUE; THENCE GENERALLY WITH THE FACE OF CURB OF GARLAND AVENUE AROUND A CURVE TO THE LEFT HAVING A RADIUS OF 41.59 FEET, A CENTRAL ANGLE OF 155 DEGREES 13 MINUTES 29 SECONDS, AN ARC LENGTH OF 112.66 FEET, AND A CHORD BEARING AND DISTANCE OF NORTH 60 DEGREES 21 MINUTES 47 SECONDS WEST 81.24 FEET TO A P.K. NAIL (NEW) IN THE NORTHERLY PORTION OF GARLAND AVENUE; THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 20.47 FEET, AN ARC LENGTH OF 24.35, A CENTRAL ANGLE OF 68 DEGREES 09 MINUTES 38 SECONDS, AND A CHORD BEARING AND LENGTH OF SOUTH 66 DEGREES 45 MINUTES 17 SECONDS WEST, 22.94 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE LEFT HAVING A RADIUS OF 597.60 FEET, AN ARC LENGTH OF 83.70 FEET, A CENTRAL ANGLE OF 8 DEGREES 01 MINUTES 30 SECONDS, AND A CHORD BEARING AND LENGTH OF NORTH 87 DEGREES 36 MINUTES 11 SECONDS WEST, 83.63 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT, HAVING A RADIUS OF 21.99 FEET, AN ARC LENGTH OF 39.98 FEET, A CENTRAL ANGLE OF 104 DEGREES 10 MINUTES 27 SECONDS, AND A CHORD BEARING AND LENGTH OF NORTH 36 DEGREES 10 MINUTES 56 SECONDS WEST, 34.69 FEET TO A P.K. NAIL (NEW) IN THE EASTERLY PORTION OF STEVENSON CENTER LANE; THENCE GENERALLY WITH THE EASTERLY FACE OF CURB OF STEVENSON CENTER LANE NORTH 06 DEGREES 21 MINUTES 35 SECONDS EAST 144.31 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 66.31 FEET, A CENTRAL ANGLE OF 82 DEGREES 26 MINUTES 58 SECONDS, AN ARC LENGTH OF 95.42 FEET, A CHORD BEARING AND DISTANCE OF NORTH 47 DEGREES 23 MINUTES 58 SECONDS EAST, 87.40 FEET TO A P.K. NAIL (NEW); THENCE SOUTH 83 DEGREES 49 MINUTES 09 SECONDS EAST, 85.36 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE LEFT HAVING A RADIUS OF 73.09 FEET, AN ARC LENGTH OF 79.56 FEET, A CENTRAL ANGLE OF 62 DEGREES 22 MINUTES 13 SECONDS, AND A CHORD BEARING AND LENGTH OF NORTH 64 DEGREES 32 MINUTES 10 SECONDS EAST, 75.69 FEET TO A P.K. NAIL (NEW); THENCE LEAVING THE SAID FACE OF CURB NORTH 07 DEGREES 12 MINUTES 22 SECONDS EAST, 65.81

FEET TO A P.K. NAIL (NEW); THENCE SOUTH 82 DEGREES 41 MINUTES 54 SECONDS EAST, 71.16 FEET TO A P.K. NAIL (NEW) SAID LINE BEING PARALLEL 10' TO THE EXISTING FACE OF BUILDING; THENCE NORTH 07 DEGREES 18 MINUTES 44 SECONDS EAST, 45.78 FEET TO A P.K. NAIL (NEW) SAID LINE BEING PARALLEL 10' TO THE EXISTING FACE OF BUILDING; THENCE SOUTH 82 DEGREES 43 MINUTES 10 SECONDS EAST, 10.09 FEET TO A P.K. NAIL (NEW) SAID LINE BEING PARALLEL 10' WITH THE EXISTING FACE OF BUILDING; THENCE NORTH 06 DEGREES 25 MINUTES 03 SECONDS EAST, 62.40 FEET TO A P.K. NAIL (NEW) LOCATED GENERALLY AT THE BACK OF SIDEWALK; THENCE SOUTH 82 DEGREES 42 MINUTES 14 SECONDS EAST, 105.22 FEET TO A P.K. NAIL (NEW) LOCATED GENERALLY AT THE BACK OF SIDEWALK; THENCE WITH A SEVERANCE LINE RUNNING BETWEEN THE MEDICAL CENTER NORTH BUILDING AND THE MEDICAL RESEARCH BUILDING III SOUTH 07 DEGREES 17 MINUTES 07 SECONDS WEST, 55.55 FEET TO POINT; THENCE CONTINUING WITH SAID SEVERANCE LINE SOUTH 82 DEGREES 58 MINUTES 36 SECONDS EAST, 347.19 FEET TO A P.K. NAIL (NEW); THENCE LEAVING SAID SEVERANCE LINE GENERALLY WITH FACE OF CURB THE FOLLOWING THREE CALLS: SOUTH 07 DEGREES 05 MINUTES 22 SECONDS WEST, 74.46 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE LEFT HAVING A RADIUS OF 15.90 FEET, AN ARC LENGTH OF 16.94 FEET, A CENTRAL ANGLE OF 61 DEGREES 02 MINUTES 34 SECONDS, AND A CHORD BEARING AND LENGTH OF SOUTH 24 DEGREES 54 MINUTES 58 SECONDS EAST, 16.15 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 47.48 FEET, AN ARC LENGTH OF 11.21 FEET, A CENTRAL ANGLE OF 13 DEGREES 31 MINUTES 49 SECONDS, AND A CHORD BEARING AND LENGTH OF SOUTH 56 DEGREES 24 MINUTES 07 SECONDS EAST, 11.19 FEET TO A P.K. NAIL (NEW) IN THE WESTERLY R/W OF 21ST AVENUE SOUTH; THENCE WITH THE WESTERLY R/W OF 21ST AVENUE SOUTH 07 DEGREES 17 MINUTES 24 SECONDS WEST, 437.73 FEET TO A P.K. NAIL (NEW); THENCE LEAVING 21ST AVENUE SOUTH GENERALLY WITH THE NORTHERLY AND WESTERLY FACE OF CURB OF MEDICAL CENTER DRIVE THE FOLLOWING FOUR CALLS: NORTH 82 DEGREES 50 MINUTES 03 SECONDS WEST, 224.51 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE LEFT HAVING A RADIUS OF 153.95 FEET, AN ARC LENGTH OF 158.26 FEET, A CENTRAL ANGLE OF 58 DEGREES 54 MINUTES 04 SECONDS, AND A CHORD BEARING AND LENGTH OF SOUTH 53 DEGREES 25 MINUTES 52 SECONDS WEST, 151.39 FEET TO A P.K. NAIL (NEW); THENCE SOUTH 07 DEGREES 16 MINUTES 24 SECONDS WEST, 1042.07 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 17.50 FEET, AN ARC LENGTH OF 27.48 FEET, A CENTRAL ANGLE OF 89 DEGREES 58 MINUTES 39 SECONDS, AND A CHORD BEARING AND LENGTH OF SOUTH 52 DEGREES 15 MINUTES 44 SECONDS WEST, 24.74 FEET TO A P.K. NAIL (NEW) IN THE NORTHERLY PORTION OF PIERCE AVENUE; THENCE GENERALLY WITH THE FACE OF CURB OF PIERCE AVENUE NORTH 82 DEGREES 44 MINUTES 57 SECONDS WEST, 378.86 FEET TO THE POINT OF BEGINNING.

CONTAINING 810,842 SQUARE FEET OR 18.61 ACRES, MORE OR LESS.

TRACT G

Being Lots Nos. 5 and 6, the westerly part of Lot No. 4 and the easterly part of Lot No. 7 on the plan of Bransford Realty Company's West End Heights Subdivision, of record in Book 332, pages 124 and 125, Register's Office for Davidson County, Tennessee, and being described according to a survey prepared by Michael V. Holmes (Tennessee Registered Land Surveyor, No. 213) of Michael V. Holmes & Associates, Inc., dated March 23, 1995, as follows:

Beginning at an iron pin in the southerly margin of West End Avenue and the northwesterly corner of the Leader Federal Savings and Loan Company's property; thence with said margin of West End Avenue, North 36 degrees 45 minutes 44 seconds East, 162.50 feet to an iron pin; thence leaving said margin of West End Avenue, South 53 degrees 53 minutes 00 seconds East, 315.00 feet to an iron pin in the northerly margin of Orleans Drive; thence with said margin of Orleans Drive, South 57 degrees 51 minutes 30 seconds West, 86.12 feet to an iron pin; thence continuing with the margin of Orleans Drive, South 62 degrees 01 minutes 04 seconds West, 91.71 feet to an iron pin; thence leaving said margin of Orleans Drive, North 53 degrees 53 minutes 00 seconds West, 244.87 feet to the point of beginning, containing 45,772.979 square feet, or 1.051 acres, more or less.

BEING THE SAME PROPERTIES CONVEYED TO THE VANDERBILT UNIVERSITY, A TENNESSEE

NONPROFIT CORPORATION, BY DEEDS OF RECORD IN DEED BOOK 49, PAGE 506, DEED BOOK 49, PAGE 508, BOOK 3799, PAGE 27, BOOK 3811, PAGE 588, BOOK 3812, PAGE 47, BOOK 3843, PAGE 905, BOOK 3858, PAGE 708, BOOK 3862, PAGE 859, BOOK 3884, PAGE 926, BOOK 3895, PAGE 480, BOOK 3895, PAGE 482, BOOK 3895, PAGE 486, BOOK 3898, PAGE 101, BOOK 3930, PAGE 354, BOOK 3960, PAGE 104, BOOK 3982, PAGE 883, BOOK 3986, PAGE 137, BOOK 3986, PAGE 546, BOOK 4013, PAGE 656, BOOK 4018, PAGE 863, BOOK 4027, PAGE 620, BOOK 4052, PAGE 109, BOOK, BOOK 4068, PAGE 383, BOOK 4070, PAGE 484, BOOK 4089, PAGE 918, BOOK 4101, PAGE 770, BOOK 4107, PAGE 354, BOOK 4107, PAGE 883, BOOK 4120, PAGE 246, BOOK 4122, PAGE 186, BOOK 4125, PAGE 279, BOOK 4127, PAGE 197, BOOK 4141, PAGE 352, BOOK 4153, PAGE 267, BOOK 4162, PAGE 749, BOOK 4163, PAGE 370, BOOK 4176, PAGE 790, BOOK 4197, PAGE 948, BOOK 4202, PAGE 259, BOOK 4202, PAGE 442, BOOK 4207, PAGE 722, BOOK 4222, PAGE 423, BOOK 4224, PAGE 632, BOOK 4232, PAGE 514, BOOK 4248, PAGE 954, BOOK 4293, PAGE 423, BOOK 4333, PAGE 755, BOOK 4363, PAGE 778, BOOK 4377, PAGE 262, BOOK 4400, PAGE 260, BOOK 4469, PAGE 440, BOOK 4485, PAGE 511, BOOK 4490, PAGE 744, BOOK 4500, PAGE 684, BOOK 4504, PAGE 250, BOOK 4505, PAGE 645, BOOK 4581, PAGE 747, BOOK 4589, PAGE 170, BOOK 4608, PAGE 592, BOOK 4618, PAGE 365, BOOK 4644, PAGE 727, BOOK 4664, PAGE 1, BOOK 4678, PAGE 868, BOOK 4733, PAGE 337, BOOK 4740, PAGE 351, BOOK 4746, PAGE 425, BOOK 4754, PAGE 319, BOOK 4870, PAGE 44, BOOK 4790, PAGE 385, BOOK 4833, PAGE 813, BOOK 4875, PAGE 702, BOOK 4886, PAGE 1, BOOK 4900, PAGE 460, BOOK 4904, PAGE 64, BOOK 4989, PAGE 183, BOOK 5292, PAGE 972, BOOK 5330, PAGE 369, BOOK 5330, PAGE 374, BOOK 5330, PAGE 376, BOOK 5334, PAGE 376, BOOK 5566, PAGE 949, BOOK 6491, PAGE 286, BOOK 8378, PAGE 870, BOOK 10112, PAGE 156, INSTRUMENT NO. 20020212-0018446, INSTRUMENT. NO. 20091023-0098114, INSTRUMENT NO. 20091209-0112556, INSTRUMENT NO. 20101008-0081062, INSTRUMENT NO. 20110912-0070703, INSTRUMENT NO. 20020528-0064382, IN THE REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.



VUMC Main Campus Acreage: 37.7 Acres

TENNESSEE COUNTY MAP



Vanderbilt University Medical Center

Nashville, TN

has been Accredited by



The Joint Commission

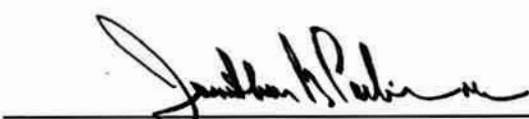
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

August 10, 2024

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #7892
Print/Reprint Date: 11/21/2024


Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.





November 20, 2024

Wright Pinson, MBA, MD
Deputy Vice Chancellor for Health Affairs, CEO
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232-2101

Re: # 7892
CCN: # 440039
Deemed Program: Hospital
Accreditation Expiration Date: August 10, 2027

Dear Dr. Pinson:

This letter confirms that your August 5, 2024 - August 9, 2024 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on October 17, 2024 and November 15, 2024 and the successful unannounced Medicare Deficiency follow-up event conducted on September 18, 2024, the areas of deficiency listed below have been removed, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of August 10, 2024. We congratulate you on your effective resolution of these deficiencies.

§482.41 Physical Environment
§482.42 Infection Control
§482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective August 10, 2024. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Vanderbilt University Medical Center
d/b/a Vanderbilt University Hospital
1211 Medical Center Drive, Nashville, TN, 37232-2101

Vanderbilt Sleep Disorders Center
Marriott @ Vanderbilt, 2555 West End Ave, Nashville, TN, 37203

Vanderbilt Surgery Center

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice



225 Bedford Way, Franklin, TN, 37064

Vanderbilt Health One Hundred Oaks
719 Thompson Lane, Nashville, TN, 37204

Vanderbilt University Medical Center
d/b/a Monroe Carell Jr. Children's Hospital
2200 Children's Way, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a 3601 The Vanderbilt Clinic
1301 Medical Center Drive, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Medical Center North Building
1161 21st Ave. South, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Village at Vanderbilt building
1500 21st Ave. South, Nashville, TN, 37232

Vanderbilt Free Electron Laser Building
410 24th Ave. South, Nashville, TN, 37232

Vanderbilt Dayani Center
1500 22nd Ave South, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Vanderbilt Eye Institute building
2311 Pierce Ave., Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Vanderbilt Psychiatric Hospital
1601 23rd Ave. South, Nashville, TN, 37232

Vanderbilt Medical Center East North Tower
1215 21st Ave. South, Nashville, TN, 37232

Vanderbilt Medical Center East, South Tower Building
1215 21st Avenue South, Nashville, TN, 37232



Vanderbilt Medical Arts Building
1211 21st Ave. South, Nashville, TN, 37232

Osher Center for Integrative Medicine at Vanderbilt
3401 West End Ave.; Suite 380, Nashville, TN, 37203

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

cc: CMS/Baltimore Office/Quality, Safety & Oversight Group/Division of Continuing and Acute Care Providers
CMS/SOG Location 4 /Survey and Certification Staff

Attachment – Bed Complement Data

	<i>Current Licensed</i>	<i>Beds Staffed</i>	<i>Beds Proposed</i>	<i>*Beds Approved</i>	<i>**Beds Exempted</i>	<i>TOTAL Beds at Completion</i>
1) Medical	_____	_____	_____	_____	_____	_____
2) Surgical	_____	_____	_____	_____	_____	_____
3) ICU/CCU	_____	_____	_____	_____	_____	_____
4) Obstetrical	_____	_____	_____	_____	_____	_____
5) NICU	_____	_____	_____	_____	_____	_____
6) Pediatric	_____	_____	_____	_____	_____	_____
7) Adult Psychiatric	_____	_____	_____	_____	_____	_____
8) Geriatric Psychiatric	_____	_____	_____	_____	_____	_____
9) Child/Adolescent Psychiatric	_____	_____	_____	_____	_____	_____
10) Rehabilitation	_____	_____	_____	_____	_____	_____
11) Adult Chemical Dependency	_____	_____	_____	_____	_____	_____
12) Child/Adolescent Chemical Dependency	_____	_____	_____	_____	_____	_____
13) Long-Term Care Hospital	_____	_____	_____	_____	_____	_____
14) Swing Beds	_____	_____	_____	_____	_____	_____
15) Nursing Home – SNF (Medicare only)	_____	_____	_____	_____	_____	_____
16) Nursing Home – NF (Medicaid only)	_____	_____	_____	_____	_____	_____
17) Nursing Home – SNF/NF (dually certified Medicare/Medicaid)	_____	_____	_____	_____	_____	_____
18) Nursing Home – Licensed (non-certified)	_____	_____	_____	_____	_____	_____
19) ICF/IID	_____	_____	_____	_____	_____	_____
20) Residential Hospice	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____

**Beds approved but not yet in service*

***Beds exempted under 10% per 3 year provision*



Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson State Office Building
Nashville, TN 37243

October 31, 2025

Dear Mr. Grant:

Le Bonheur Children's Hospital strongly supports Vanderbilt University Medical Center's proposal to establish a 12-bed pediatric inpatient rehabilitation unit at Monroe Carrell Jr. Children's Hospital. This program will offer specialized rehabilitation services for children and will fill a critical gap in care that is currently limited, often requiring patients and families to travel out-of-state.

A dedicated unit at Monroe Carrell will improve access, reduce delays in care and allow children to recover closer to home with the support of their families. I am confident that Vanderbilt will deliver high-quality rehabilitation services and meet growing demand across our region.

As a Tennessee children's hospital leader, I value the collaboration we have amongst our state's children's hospitals. Together we work to ensure that children have the care they need and the ability to grow up healthy, safe and strong. This initiative will benefit children statewide and strengthen our shared mission to improve pediatric health outcomes.

Please let me know if you have any additional questions.

Sincerely,

James "Trey" Eubanks, M.D.
President

Letters of Support



Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson State Office Building
Nashville, TN 37243

Re: Vanderbilt University Medical Center, Certificate of Need for the establishment of a 12-bed pediatric inpatient rehabilitation unit on the campus of Monroe Carell Jr. Children's Hospital at Vanderbilt

Dear Mr. Grant:

Children's Hospital at Erlanger strongly supports Vanderbilt University Medical Center's proposal to establish a 12-bed pediatric inpatient rehabilitation unit at Monroe Carell Jr. Children's Hospital. This program will fill a critical gap in care for Tennessee's children, offering specialized rehabilitation services that are currently limited or require families to travel out of state.

Having a dedicated unit at Monroe Carell will improve access, reduce delays, and allow children to recover closer to home with the support of their families. Vanderbilt's reputation for excellence in pediatric care makes it well-positioned to deliver high-quality rehabilitation services and meet growing demand across our region.

As a fellow children's hospital leader, I've seen firsthand the value of collaboration and the importance of expanding access to comprehensive care. This initiative will benefit children statewide and strengthen our shared mission to improve pediatric health outcomes.

I am happy to be available for any additional questions as needed.

Sincerely,

A handwritten signature in blue ink, reading "Deborah Spielman".

Deborah Spielman, MBA
Chief Executive Officer
Children's Hospital at Erlanger
Office: 423-778-6252 | Mobile: 407-832-2283

1. Item 3A., Proof of Publication

Please attach proof of publication labeled as Attachment 3A.

RESPONSE: Please see attached proof of publication.

AFFIDAVIT OF PUBLICATION

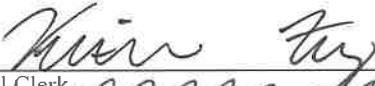
Vanderbilt University Medical
60 Athlete's Way N
Mt Juliet TN 37122

STATE OF WISCONSIN, COUNTY OF BROWN

The Tennessean, a newspaper published in the city of Nashville,
Davidson County, State of Tennessee, and personal knowledge of
the facts herein state and that the notice hereto annexed was
Published in said newspapers in the issue dated and was
published on the publicly accessible website:

NAS Nashville Tennessean 10/15/2025
NAS tennessean.com 10/15/2025

and that the fees charged are legal.
Sworn to and subscribed before on 10/15/2025



Legal Clerk



Notary, State of WI, County of Brown

8-25-26

My commission expires

Publication Cost: \$928.20

Tax Amount: \$0.00

Payment Cost: \$928.20

Order No: 11750435

of Copies:

Customer No: 1563993

0

PO #: LOKR0387799

THIS IS NOT AN INVOICE!

Please do not use this form for payment remittance.

MARIAH VERHAGEN
Notary Public
State of Wisconsin

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Vanderbilt University Medical Center, a Hospital owned by Vanderbilt University Medical Center with an ownership type of Corporation (Not-for-Profit) and to be managed by itself intends to file an application for a Certificate of Need for the initiation of pediatric inpatient rehabilitation services and the establishment of a 12-bed pediatric inpatient rehabilitation unit located on its campus in the Monroe Carell Jr. Children's Hospital at Vanderbilt. The address of the project will be 1211 Medical Center Drive, Nashville, Davidson, Tennessee, 37232. The estimated project cost will be \$22,045,000.

The anticipated date of filing the application is 11/03/2025.

The contact person for this project is Ms Ginna Felts who may be reached at VUMC - 3401 West End Avenue, Suite 400 – Contact No. 615-936-6012.

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.

October 15 2025

LOKR0387799

Item 10A., Floor Plan

What is the total square footage of the IRF unit?

RESPONSE: The total square footage for the IRF unit will be 14,514 gross square feet.

2. Item 1E., Executive Summary

Please attach a complete bed compliment attachment.

RESPONSE: Please see attached bed chart. Please note there are beds currently not staffed due to cosmetic renovations.

	<i>Current Licensed</i>	<i>Beds Staffed</i>	<i>Beds Proposed</i>	<i>*Beds Approved</i>	<i>**Beds Exempted</i>	<i>TOTAL Beds at Completion</i>
1) Medical	448	426	-	-	-	448
2) Surgical	194	194	-	-	-	194
3) ICU/CCU	212	212	-	-	164	376
4) Obstetrical	55	55	-	-	-	55
5) NICU	131	131	-	-	-	131
6) Pediatric	167	153	-	-	-	167
7) Adult Psychiatric	68	68	-	-	-	68
8) Geriatric Psychiatric	10	10	-	-	-	10
9) Child/Adolescent Psychiatric	28	28	-	-	-	28
10) Rehabilitation	-	-	12	-	-	12
11) Adult Chemical Dependency	-	-	-	-	-	-
12) Child/Adolescent Chemical Dependency	-	-	-	-	-	-
13) Long-Term Care Hospital	-	-	-	-	-	-
14) Swing Beds	-	-	-	-	-	-
15) Nursing Home – SNF (Medicare only)	-	-	-	-	-	-
16) Nursing Home – NF (Medicaid only)	-	-	-	-	-	-
17) Nursing Home – SNF/NF (dually certified Medicare/Medicaid)	-	-	-	-	-	-
18) Nursing Home – Licensed (non-certified)	-	-	-	-	-	-
19) ICF/IID	-	-	-	-	-	-
20) Residential Hospice	-	-	-	-	-	-
TOTAL	1,313	1,277	12	-	164	1,489

Will the applicant accept a limitation on the CON to pediatric rehab beds?

RESPONSE: Yes, VUMC accepts the limitation to pediatric rehab beds.

Please discuss the relationship between the proposed unit and Vanderbilt Stallworth Rehabilitation Hospital in terms of licensure, staffing overlap, clinical leadership overlap, etc.

RESPONSE: Vanderbilt Stallworth Rehabilitation Hospital is a separately licensed rehabilitation hospital that is part of a joint venture with Encompass Health. There will be no overlap of licensure, staffing or clinical leadership.

Please discuss the benefits of locating the IRF at the Children's Hospital rather than as a unit at the Stallworth facility.

RESPONSE: Locating the inpatient rehabilitation unit within Monroe Carell will bring significant operational advantages and improve the quality of care provided to pediatric patients of Monroe Carell. Being co-located within Monroe Carell will allow near immediate access to pediatric hospitalists, rapid-response teams, and other specialized on-site pediatric care in event there is a need for escalation for these medically complex children. Co-locating within Monroe Carrell also allows for better coordination of pediatric specialty care and provide the clinical teams an opportunity to build greater expertise across the patient- and family-centered care services offered.

3. Item 2E., Rationale for Approval

How many days are patients currently waiting for discharge to an available IRF bed, while remaining in acute care beds at the Children's hospital? How many of those ultimately discharge from the acute care setting without ever being admitted to an IRF?

RESPONSE: On average, patients wait 6 days to discharge to an available pediatric inpatient rehabilitation bed.

Approximately 50% of Monroe Carell pediatric patients recommended for inpatient rehabilitation care do not ultimately receive the service. Instead of an IRF admission, 25% will remain admitted as an acute care patient for a longer length of stay which will include some intensive therapies. The other 25% will decline the recommendation and be discharged home.

Where have pediatric patients appropriate for IRF services been referred to historically?

RESPONSE: Historically, patients have been referred to Children's Healthcare of Atlanta (Atlanta, GA), Frazier Rehabilitation Hospital (Louisville, KY), Shirley Ryan Ability Lab (Chicago, IL), Riley Children's Hospital (Indianapolis, IN), and Ranken Jordan Pediatric Bridge Hospital (Maryland Heights, MO).

In addition, for some adolescent patients, patients have been referred to Vanderbilt Stallworth Rehabilitation Hospital, Siskin Hospital for Physical Rehabilitation (Chattanooga, TN), and Shepherd Center (Atlanta, GA).

Where are the nearest pediatric IRF facilities?

RESPONSE: The closest pediatric inpatient rehab facilities are Children's Healthcare of Atlanta (Atlanta, GA), Shepherd Center (Atlanta, GA), Ranken Jordan Pediatric Bridge Hospital (Maryland Heights, MO), and Frazier Rehabilitation Hospital (Louisville, KY).

What are the differences between typical DRGs for adult and pediatric IRF patients?

RESPONSE: Rehab DRGs do not differentiate between adult and pediatric patients.

4. Item 1N., Criteria and Standards

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

RESPONSE: Please find the criteria and standards attached.



STATE OF TENNESSEE

STATE HEALTH PLAN

CERTIFICATE OF NEED STANDARDS AND CRITERIA

FOR

Comprehensive Inpatient Rehabilitation Services

The Health Services Development Agency (HSDA) may consider the following standards and criteria for applicants seeking to establish Inpatient Rehabilitation Services. Rationale statements are provided for standards to explain the Division of Health Planning's underlying reasoning. Additionally, these rationale statements may assist stakeholders in responding to these Standards and may assist the HSDA in its assessment of certificate of need (CON) applications. Existing Inpatient Rehabilitation programs are not affected by these Standards and Criteria unless they take action that requires a new CON for such services.

These Standards and Criteria are effective immediately upon approval and adoption by the Governor. However, applications to provide Inpatient Rehabilitation Services that are deemed complete by the HSDA prior to the approval and adoption of these Standards and Criteria shall be considered under the Guidelines for Growth, 2000 Edition.

The Certificate of Need Standards and Criteria serve to uphold the Five Principles for Achieving Better Health set forth by the State Health Plan. Utilizing the Five Principles for Achieving Better Health during the development of the CON Standards and Criteria ensures the protection and promotion of the health of the people of Tennessee. The State Health Plan's Five Principles for Achieving Better Health are as follows:

1. **Healthy Lives:** The purpose of the State Health Plan is to improve the health of Tennesseans.
2. **Access:** Every citizen should have reasonable access to health care.
3. **Economic Efficiencies:** The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care system.
4. **Quality of Care:** Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers.
5. **Workforce:** The state should support the development, recruitment and retention of a sufficient and quality health care workforce.

Standards and Criteria

1. **Determination of Need:** The need for comprehensive inpatient rehabilitation beds shall be determined by applying the guideline of one bed per 1,000 applied to the age 65+ population in the service area of the proposal.

The need shall be based upon the current year's population and projected four years forward. Population statistics from the Department of Health should be used for the calculation.

In accordance with Tennessee Code Annotated 68-11-14607 (g), "no more frequently than one time every three years, a hospital, rehabilitation facility, or mental health hospital may increase its total number of licensed beds in any category by ten percent or less of its licensed capacity at any one campus over any period of one year for any services it purposes it is licensed to perform without obtaining a certificate of need. These licensed beds that were added without a certificate of need should be considered as part of the determination of need formula by the agency.

RESPONSE:

This criterion is not applicable to the pediatric population. The need for this project is based on there are currently no pediatric inpatient rehabilitation programs in Tennessee.

2. **Establishment of Service Area:** The geographic service area shall be reasonable and based on an optimal balance between population density and service proximity of the applicant.

RESPONSE:

While pediatric patients travel from Tennessee, Kentucky, Alabama and other states to receive care at Monroe Carell, the primary service area for this project is the counties that make up Central Tennessee.

3. **Minimum Bed Requirements:** Inpatient rehabilitation units should have a minimum size of 20 beds.

Freestanding rehabilitation hospitals should have a minimum size of 50 beds.

RESPONSE:

This standard is not applicable to this project. This project will create a dedicated space where Tennessee's children can receive both rehabilitation and comprehensive health care on the 8th floor of Monroe Carell. The dedicated unit will include 12 inpatient beds; a gym and spaces for activities of daily living for patients; and physical therapy, occupational therapy, speech therapy and psychological support service.

4. **Relationship to Existing Similar Services in the Area:** The proposal shall discuss what similar services are available in the service area and the latest reported three-year trends in occupancy and utilization of those services. This discussion shall include the likely impact of the proposed increase in rehabilitation beds on existing providers in the proposed service area and shall include how the applicant's services may differ from these existing services. The agency should consider if the approval of additional beds in the service area will result in unnecessary, costly duplication of services.

Additional inpatient rehabilitation beds, units, or freestanding hospitals should not be approved by the HSDA unless all existing units or facilities in the proposed service area are utilized at the following levels:

10-30 bed unit ~ 75%

31-50 bed unit/facility ~ 80%

51 bed plus unit/facility ~ 85%

RESPONSE:

Physical rehabilitation can make all the difference in recovery after a life-altering illness or accident. The proposed 12-bed unit within Monroe Carell, including a gym and spaces for activities of daily living, will be well utilized by pediatric patients. In the last several years, Monroe Carell

has referred up to 125 patients for pediatric inpatient rehabilitation. While patients 14 years old and greater can seek care at freestanding rehabilitation facilities, such as Vanderbilt Stallworth, the pediatric population less than 14 must travel out of state to seek rehabilitation care. By offering this dedicated unit with the required therapies and psychological support services, pediatric patients can work with their multidisciplinary team of specialists and receive care closer to home.

5. **Quality Considerations:** Applicants should use the Centers for Medicare & Medicaid Services (CMS) required measures for inpatient rehabilitation facilities. As of fall 2019, these measures are as follows:

- a. Pressure ulcers,
- b. Catheter associated urinary tract infection (CAUTI),
- c. Healthcare worker influenza vaccinations,
- d. 30-day post-discharge readmissions,
- e. Clostridium difficile (C. diff),
- f. Falls with injury, and
- g. Functional outcome measures – mobility, self-care.

Applicants should use the following table to demonstrate the quality of care provided at the existing unit or units.

Measure	National Average	Unit
Pressure ulcers		
Catheter associated urinary tract infection (CAUTI),		
Healthcare worker influenza vaccinations		
30-day post-discharge readmissions		
Clostridium difficile (C. diff)		
Falls with injury		
Functional outcome measures – mobility, self-care		

RESPONSE:

Monroe Carell commits to tracking and monitoring these quality metrics.

Data Source: Inpatient Rehabilitation Facility Compare

<https://www.medicare.gov/inpatientrehabilitationfacilitycompare/>

Because these measures change over time, applicants should use the measures that are in place at the time of the application. Applicants should provide data from the most recent four quarters from existing facilities operated by the applicant.

For applicants with no existing facility or service line, quality data from the most recent four quarters would be unavailable and not required for the application.

6. **Licensure and Quality Considerations:** Any existing applicant for this CON service category shall be in compliance with the appropriate rules of TDH. Additionally, the applicant shall demonstrate certification by CMS for existing facilities.

RESPONSE:

Monroe Carell commits to maintaining all licensure and quality requirements for these services. The pediatric inpatient program will seek accreditation by the Commission on Accreditation of Rehabilitation Programs.

7. **Adequate Staffing:** The applicant must document the availability of adequate professional staff, as per licensing and Centers for Medicare & Medicaid Services (CMS) requirements, to deliver all designated services in the proposal.

RESPONSE:

Staffing for the pediatric rehabilitation unit will be a multi-disciplinary team comprised of nurses, physical therapists, occupational therapists, speech therapists, respiratory therapists, music therapists, case manager, social workers, clinical dieticians, and child life specialists. While many of these positions exist today at Monroe Carell, additional staff will be hired by utilizing VUMC's Talent Acquisition Team.

8. **Services to High-Need and Underserved Populations:** Special consideration shall be given to applicants providing services fulfilling the unique needs and requirements of certain high-need populations, including uninsured, low-income, and underserved geographic regions, as well as other underserved population groups.

RESPONSE:

This proposed project will be a unique service that is not available at a Tennessee pediatric hospital. Patients are currently traveling out of state for these services. Approximately half of the patients requiring pediatric inpatient rehabilitation services last year were TennCare. By adding pediatric inpatient rehabilitation services, Monroe Carell will be able to keep these patients closer to home for the care required and reduce the hardships and burdens placed on families.

9. **Access to Services in the Proposed Service Area:** The applicant must demonstrate an ability and willingness to serve equally all of the service area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing factors concerning need on which an application

may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is a limited access in the proposed service area. Factors influencing access to services in the proposed service area may include drive time to obtain care.

RESPONSE:

This proposed project will be a unique service that is not available at a Tennessee pediatric hospital. The 12-bed pediatric inpatient rehabilitation unit will be well utilized by pediatric patients. In recent years, Monroe Carell has referred between 75-125 pediatric patients to an inpatient rehabilitation facility. By offering this dedicated unit with the required therapies and psychological support services, pediatric patients will be able to partner with their multidisciplinary teams of specialists and receive care closer to home.

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

RESPONSE:

VUMC will continue to participate in all requested and required reporting programs for the pediatric inpatient rehabilitation program.

5. Item 3N., Demographics

Please clarify the age range of the patients in the proposed target population.

RESPONSE: The pediatric population treated at Monroe Carell is predominately 18 and younger. There is the rare occasion a young adult patient older than 18 may be admitted on a case-by-case basis.

Please complete the demographic table and submit as Attachment 3NB.

RESPONSE: Please find the demographic table attached.

Demographic Variable/Geographic Area	Department of Health/Health Statistics								Bureau of the Census				TennCare	
	Total Population- Current Year 2024	Total Population- Projected Year 2028	Total Population-% Change	*Target Population- Current Year 2024	*Target Population- Projected Year 2028	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age 2024	Median Household Income 2020	Persons Below Poverty Level 2020	Persons Below Poverty Level as % of Total	TennCare Enrollees - August 2025	TennCare Enrollees as % of Total (August 2025 TennCare enrollees as % of 2024 Total Population)	
Bedford	52,573	54,810	4%	12,915	13,402	4%	24%	38	\$ 52,973	6,666	13%	12,447	24%	
Cannon	15,208	15,490	2%	3,128	3,082	-1%	20%	41	\$ 52,518	2,343	15%	2,954	19%	
Cheatham	41,865	42,424	1%	8,633	8,542	-1%	20%	40	\$ 63,988	4,293	10%	6,215	15%	
Clay	7,659	7,654	0%	1,465	1,434	-2%	19%	47	\$ 32,064	1,955	26%	1,874	24%	
Coffee	59,283	60,787	3%	13,844	14,032	1%	23%	40	\$ 51,030	7,987	13%	13,838	23%	
Cumberland	64,464	66,753	4%	10,452	10,563	1%	16%	52	\$ 49,423	7,407	11%	12,238	19%	
Davidson	727,642	746,905	3%	160,372	165,958	3%	22%	34	\$ 62,515	95,180	13%	130,912	18%	
DeKalb	21,454	21,988	2%	4,405	4,429	1%	20%	43	\$ 44,389	3,898	18%	5,105	24%	
Dickson	56,518	58,420	3%	12,320	12,574	2%	22%	39	\$ 57,804	6,278	11%	10,995	19%	
Fentress	19,032	19,155	1%	3,771	3,720	-1%	19%	46	\$ 40,203	3,343	18%	5,603	29%	
Franklin	42,918	43,226	1%	8,545	8,501	-1%	20%	42	\$ 47,777	6,140	14%	7,776	18%	
Giles	29,483	29,317	-1%	6,022	5,908	-2%	20%	44	\$ 49,815	3,753	13%	6,155	21%	
Grundy	13,215	12,896	-2%	2,615	2,453	-7%	19%	44	\$ 43,116	2,512	19%	3,988	30%	
Hickman	25,930	26,348	2%	5,069	4,988	-2%	19%	41	\$ 47,457	3,411	13%	5,358	21%	
Houston	8,388	8,469	1%	1,728	1,718	-1%	20%	44	\$ 43,521	1,166	14%	1,997	24%	
Humphreys	18,683	18,739	0%	3,875	3,816	-2%	20%	42	\$ 48,411	2,803	15%	4,121	22%	
Jackson	12,055	12,175	1%	2,110	2,117	0%	17%	47	\$ 35,880	1,844	15%	2,776	23%	
Lawrence	44,981	45,341	1%	10,438	10,036	-4%	22%	39	\$ 43,734	7,191	16%	10,168	23%	
Lewis	12,400	12,382	0%	2,566	2,485	-3%	20%	42	\$ 36,977	2,405	19%	3,061	25%	
Lincoln	35,066	35,506	1%	7,259	7,098	-2%	20%	43	\$ 53,923	3,929	11%	7,409	21%	
Macon	25,925	26,960	4%	6,266	6,483	3%	24%	38	\$ 38,080	3,987	15%	6,563	25%	
Marshall	36,559	37,929	4%	8,290	8,544	3%	23%	40	\$ 55,299	5,363	15%	6,691	18%	
Maury	106,039	112,011	6%	23,950	25,276	5%	23%	39	\$ 60,567	8,414	8%	19,477	18%	
Montgomery	231,296	248,155	7%	62,319	67,070	7%	27%	31	\$ 60,878	24,675	11%	44,772	19%	
Moore	6,502	6,555	1%	1,203	1,198	0%	18%	46	\$ 63,762	505	8%	832	13%	
Overton	23,089	23,508	2%	4,738	4,770	1%	20%	43	\$ 36,478	4,200	18%	4,868	21%	
Perry	8,222	8,327	1%	1,787	1,775	-1%	21%	43	\$ 48,716	1,854	23%	1,971	24%	
Pickett	4,990	4,910	-2%	799	772	-3%	16%	51	\$ 43,125	966	19%	1,086	22%	
Putnam	84,778	88,381	4%	18,373	19,065	4%	22%	37	\$ 45,160	13,345	16%	18,335	22%	
Robertson	75,475	78,415	4%	17,183	17,719	3%	23%	39	\$ 66,088	7,850	10%	13,310	18%	
Rutherford	371,864	404,640	9%	90,458	97,893	8%	24%	34	\$ 68,718	32,953	9%	61,900	17%	
Smith	20,764	21,151	2%	4,535	4,550	0%	22%	41	\$ 48,611	2,904	14%	4,115	20%	
Stewart	14,046	14,177	1%	2,795	2,734	-2%	19%	44	\$ 49,537	1,772	13%	2,866	20%	
Sumner	208,192	220,197	6%	47,098	49,419	5%	22%	40	\$ 69,878	18,421	9%	29,868	14%	
Trousdale	11,829	12,140	3%	2,238	2,226	-1%	18%	34	\$ 56,981	918	8%	2,065	17%	
Van Buren	5,903	5,836	-1%	1,128	1,073	-5%	18%	47	\$ 47,576	856	15%	1,313	22%	
Warren	41,992	42,251	1%	9,334	9,219	-1%	22%	40	\$ 42,668	8,146	19%	10,920	26%	
Wayne	16,325	16,085	-1%	2,508	2,373	-6%	15%	44	\$ 42,206	2,356	14%	3,049	19%	
White	28,600	29,381	3%	5,870	5,878	0%	20%	43	\$ 44,282	3,937	14%	6,934	24%	
Williamson	270,313	295,116	9%	68,142	72,934	7%	25%	39	\$ 111,196	10,768	4%	13,766	5%	
Wilson	160,783	172,941	8%	36,425	38,690	6%	22%	40	\$ 78,962	11,497	7%	21,973	14%	
Service Area Total	3,062,303	3,207,851	5%	696,971	726,517	4%	23%	41	\$ 52,105	340,191	11%	531,664	17%	
State of TN Total	7,125,908	7,331,859	3%	1,560,304	1,594,964	2%	22%	39	\$ 54,833	965,213	14%	1,403,956	20%	

6. Item 5N., Historical Utilization

Please list the inpatient rehab utilization for the service area including any adult and pediatric utilization at freestanding or hospital-based units.

RESPONSE: Please find the attached chart.

StateID	FacilityName	County	Type	2024 Licensed Beds	Beds Days Available	Total Patients Days			Licensed Occupancy			% Change in Patient Days 2022-2024	Peds Days		
						2022	2023	2024	2022	2023	2024		2022	2023	2024
19214	TriStar Southern Hills Medical Center	Davidson	Hospital Unit	17	6,205	4,133	3,948	4,389	66.6%	63.6%	70.7%	6%	N/A	N/A	N/A
19254	Saint Thomas Midtown Hospital	Davidson	Hospital Unit		-	5,860			69.8%	N/A	N/A	N/A	N/A	N/A	N/A
19334	TriStar Skyline Medical Center	Davidson	Hospital Unit	47	17,155	13,397	13,752	14,556	78.1%	80.2%	84.8%	8%	N/A	N/A	N/A
19344	TriStar Summit Medical Center	Davidson	Hospital Unit	20	7,300	5,294	5,432	6,218	72.5%	74.4%	85.2%	15%	N/A	N/A	N/A
19764	Vanderbilt Stallworth Rehabilitation Hospital	Davidson	Freestanding Rehab Hospital	80	29,200	16,034	16,618	16,050	54.9%	56.9%	55.0%	0%	249	296	201
19794	Ascension Saint Thomas Rehabilitation Hospital	Davidson	Freestanding Rehab Hospital	40	14,600	2,407	9,104	10,384	16.5%	62.4%	71.1%	77%	-	-	-
22204	TriStar Horizon Medical Center	Dickson	Hospital Unit	16	5,840	4,043	4,532	5,481	85.2%	95.5%	93.9%	26%	N/A	N/A	N/A
26224	Southern Tennessee Regional Health System- Winchester	Franklin	Hospital Unit	12	4,380	2,112	2,358	2,142	48.2%	53.8%	48.9%	1%	N/A	N/A	N/A
41214	Saint Thomas Hickman Hospital	Hickman	Hospital Unit	25	9,125	1,358	1,529	1,306	37.2%	16.8%	14.3%	-4%	N/A	N/A	N/A
50234	Southern Tennessee Regional Health System Lawrenceburg	Lawrence	Hospital Unit	10	3,650	1,354	1,984	2,158	37.1%	54.4%	59.1%	37%	N/A	N/A	N/A
63204	Tennova Healthcare- Clarksville	Montgomery	Hospital Unit	20	7,300	3,169	3,208	3,495	43.4%	43.9%	47.9%	9%	N/A	N/A	N/A
67214	Livingston Regional Hospital	Overton	Hospital Unit	14	5,110	1,450	1,671	1,705	28.4%	32.7%	33.4%	15%	N/A	N/A	N/A
71204	Cookeville Regional Medical Center	Putnam	Hospital Unit	20	7,300	5,317	4,743	5,767	72.8%	65.0%	79.0%	8%	N/A	N/A	N/A
75254	Trustpoint Hospital	Rutherford	Hospital Unit	30	10,950	5,941	5,899	7,430	67.8%	67.3%	67.9%	20%	N/A	N/A	N/A
83244	Sumner Regional Medical Center	Sumner	Hospital Unit	17	6,205	2,134	2,692	2,678	34.4%	43.4%	43.2%	20%	N/A	N/A	N/A
89234	Saint Thomas River Park Hospital, LLC	Warren	Hospital Unit	15	5,475	2,791	2,537	2,915	51.0%	46.3%	53.2%	4%	N/A	N/A	N/A
94804	Encompass Health Rehab Hospital of Franklin	Williamson	Freestanding Rehab Hospital	40	14,600	10,551	11,815	12,440	72.3%	80.9%	85.2%	15%	7	18	11
95204	Vanderbilt Wilson County Hospital	Wilson	Hospital Unit		-	2,697	2,636		28.4%	27.8%	N/A	N/A	N/A	N/A	N/A

7. Item 6N., Applicant's Historical and Projected Utilization

Please provide additional details on the development of these projections including the number of historical cases served at the host hospital that were appropriate for IRF level care, the number that remained in an acute care bed or were referred to other care settings including skilled nursing facilities or home health services, and the number referred out of service area.

RESPONSE: The projections are based on historical volumes experienced at Monroe Carell for pediatric patients appropriate for inpatient rehabilitation services. Historically, Monroe Carrell has cared for approximately 125 such patients annually. Monroe Carrell projects that it will also receive referrals from other pediatric hospitals in East and West TN, resulting in a Year 1 projection of 138 patients and a Year 2 projection of 140 patients.

How long are IRF stays projected to be for pediatric patients.

RESPONSE: The average length of stay for these patients is approximately 25 days.

How many referrals out have been closer to their residence?

RESPONSE: These data are not tracked. However, most patients treated at Monroe Carell that require inpatient rehab are from the Central TN service area and for whom Monroe Carell would be the closest pediatric IRF option. When patients present to Monroe Carell from a different state, Monroe Carrell will typically refer them to the closest pediatric IRF in their home state. For example, if a patient is from Kentucky, the patient is referred to Fraizer (Louisville, KY) if capacity is available. If a patient is an adolescent and meets certain clinical criteria, referrals might be sent to Vanderbilt Stallworth Rehabilitation Hospital, Patricia Neal Rehabilitation Hospital (Knoxville, TN) or Siskin Hospital for Physical Rehabilitation (Chattanooga, TN).

8. Item 7N., Outstanding CONs

Please provide an update on the following:

- CN2504-011A – Rehabilitation Hospital of Lebanon

RESPONSE: The Rehabilitation Hospital of Lebanon is working closely with the Master Developer of Barton Village and the City of Lebanon. Closing on the land is anticipated by the end of 2025.

- CN2109-026ADA - Vanderbilt University Medical Center dba Vanderbilt Rutherford Hospital.

RESPONSE: The approval of this project by the Commission is currently being appealed by Ascension Saint Thomas Rutherford to the Davidson County Chancery Court.

9. Item 3C., Effects of Competition / Duplication

Where are pediatric patients being sent to for the out-of-state IRFs?

RESPONSE: Historically, patients have been referred to Children's Healthcare of Atlanta (Atlanta, GA), Frazier Rehabilitation Hospital (Louisville, KY), Shirley Ryan Ability Lab (Chicago, IL), Riley Children's Hospital (Indianapolis, IN), Ranken Jordan Pediatric Bridge Hospital (Maryland Heights, MO), and Shepherd Center (Atlanta, GA).

What are the most common conditions that require care to be provided in the IRF setting vs. a different setting?

RESPONSE: Common conditions that require inpatient rehabilitation include, but are not limited to, stroke, spinal cord injury, congenital deformity, amputation, burn, brain injury or other neurological conditions. During the acute inpatient stay, multidisciplinary teams evaluate patients and recommend patients for inpatient rehabilitation. These patients typically are newly diagnosed with functional deficits or significant new decline in function from baseline that require intensive therapies (at least 3 hours per day).

Please discuss the key differences between a pediatric IRF and adult focused IRF.

RESPONSE: Unlike adult-focused IRFs, children's rehab units are built for kids—pediatric physiatrists, child life, hospital teachers, psychologists, and dedicated therapy gyms specifically designed for children. Children requiring inpatient pediatric rehabilitation need services from numerous highly trained physician specialists, rehabilitation therapists, specialized nurses, child life specialists, and many other clinical support specialties. Child life specialists not only provide crucial support to patients through play, education, and emotional support but they also support the entire family unit, helping parents and siblings through the stress and anxiety of an extended medical stay. School teachers are an essential part of the care team, enabling the school aged child to receive ongoing education throughout their rehabilitation stay and assist in the transition back to traditional school.

10. Item 5C., Licensing, Certification, Accreditation

It is noted that the applicant will pursue accreditation through CARF. Is Vanderbilt Stallworth Rehabilitation Hospital CARF accredited.

RESPONSE: No, Vanderbilt Stallworth is accredited through Joint Commission.

Please provide additional details on the clinical leadership proposed to serve the IRF unit? Is any crossover with clinical leadership operating at Stallworth expected?

RESPONSE: Monroe Carrell does not expect any crossover with clinical leadership from Stallworth. Clinical leadership for this pediatric IRF will model similar Monroe Carell units. However, the inpatient rehabilitation unit will be collaboratively managed by both nursing and therapy. The unit will have a dedicated medical director within the physical medicine rehabilitation subspecialty.

Please describe process for obtaining CARF accreditation for pediatric focused unit. Is CARF accreditation of the unit specific to pediatric care?

RESPONSE: CARF accreditation will be specific to the pediatric unit (CARF refers to it as "Child & Youth Services"). The process begins with a self-evaluation of current policies and programming and a submission of application to CARF. CARF performs an onsite survey, similar to the Joint Commission, and reviews quality data. CARF will then decide whether to award accreditation. Ongoing annual reports to CARF are required to maintain accreditation.

Are quality assurance policies and programs expected to be based on the policies of Vanderbilt Stallworth Rehabilitation Hospital?

RESPONSE: No, Monroe Carell will develop pediatric-specific policies for the program.

11. Item 3Q., Quality

Please list CARF accreditation in response to Item 3Q.

RESPONSE: Please find Item 3Q updated below.

Credential	Agency	Status (Active or Will Apply)	Provider Number or Certification Type
Licensure	☒ Health Facilities Commission/Licensure Division ☐ Intellectual & Developmental Disabilities ☐ Mental Health & Substance Abuse Services	Active	27
Certification	☒ Medicare ☒ TennCare/Medicaid ☒ Other Will apply for CARE _____	Active Active	440039 440039
Accreditation(s)	TJC - The Joint Commission	Active	7892

12. Item 4Q., MCOs

Are there any differences in TennCare or Commercial payor coverage of IRF services for pediatric vs. adult patients?

RESPONSE: The only significant payment difference is that adult IRFs are typically predominantly Medicare while pediatric IRF stays are usually Medicaid/TennCare or managed care. VUMC will work with payors for pediatric specific rates for the services to be offered.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF WILLIAMSON

NAME OF FACILITY: Vanderbilt University Medical Center

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

Mary Felts
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 11 day of November, 2025,
witness my hand at office in the County of WILLIAMSON, State of Tennessee.

[Signature]
NOTARY PUBLIC

My commission expires September 14, 2027.

HF-0043

Revised 7/02



1. Item 1N., Criteria and Standards, Criterion #4, Relationship to Existing Similar Services in the Area

Please address any known pediatric utilization at existing units.

RESPONSE: Please find the chart completed below.

StateID	FacilityName	County	Type	2024 Licensed Beds	Beds Days Available	Total Patients Days			Peds Patient Days			Percent of Total Rehab Days		
						2022	2023	2024	2022	2023	2024	2022	2023	2024
19764	Vanderbilt Stallworth Rehabilitation Hospital	Davidson	Freestanding Rehab Hospital	80	29,200	16,034	16,618	16,050	249	296	201	2%	2%	1%
94804	Encompass Health Rehab Hospital of Franklin	Williamson	Freestanding Rehab Hospital	40	14,600	10,551	11,815	12,440	7	18	11	0%	0%	0%

2. Item 3N., Demographics

Please update the demographic table with population data for 2025 and 2029 rather than 2024 and 2028 and submit as Attachment 3NB.

RESPONSE: Please find the table completed below.

Demographic Variable/Geographic Area	Department of Health/Health Statistics								Bureau of the Census				TennCare	
	Total Population- Current Year 2025	Total Population- Projected Year 2029	Total Population-% Change	*Target Population- Current Year 2025	*Target Population- Projected Year 2029	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age 2025	Median Household Income 2020	Persons Below Poverty Level 2020	Persons Below Poverty Level as % of Total	TennCare Enrollees - August 2025	TennCare Enrollees as % of Total (August 2025 TennCare enrollees as % of 2024 Total Population)	
Bedford	54,010	56,687	5%	11,136	11,824	6%	21%	37	\$ 52,973	6,666	12%	12,447	23%	
Cannon	15,075	15,341	2%	2,574	2,589	1%	17%	41	\$ 52,518	2,343	16%	2,954	20%	
Cheatham	42,603	43,306	2%	7,202	7,212	0%	17%	42	\$ 63,988	4,293	10%	6,215	15%	
Clay	7,499	7,326	-2%	1,222	1,178	-4%	16%	48	\$ 32,064	1,955	26%	1,874	25%	
Coffee	61,896	64,535	4%	12,073	12,717	5%	20%	39	\$ 51,030	7,987	13%	13,838	22%	
Cumberland	65,861	67,918	3%	8,817	8,883	1%	13%	55	\$ 49,423	7,407	11%	12,238	19%	
Davidson	728,443	755,634	4%	125,526	131,096	4%	17%	35	\$ 62,515	95,180	13%	130,912	18%	
DeKalb	21,727	22,487	3%	3,783	3,897	3%	17%	42	\$ 44,389	3,898	18%	5,105	23%	
Dickson	57,739	59,901	4%	10,377	10,682	3%	18%	41	\$ 57,804	6,278	11%	10,995	19%	
Fentress	19,687	19,909	1%	3,179	3,170	0%	16%	47	\$ 40,203	3,343	17%	5,603	28%	
Franklin	44,787	45,587	2%	7,793	7,914	2%	17%	43	\$ 47,777	6,140	14%	7,776	17%	
Giles	30,757	30,940	1%	5,401	5,436	1%	18%	43	\$ 49,815	3,753	12%	6,155	20%	
Grundy	13,743	13,629	-1%	2,380	2,329	-2%	17%	44	\$ 43,116	2,512	18%	3,988	29%	
Hickman	25,688	25,789	0%	4,329	4,313	0%	17%	42	\$ 47,457	3,411	13%	5,358	21%	
Houston	8,181	8,113	-1%	1,438	1,413	-2%	17%	44	\$ 43,521	1,166	14%	1,997	24%	
Humphreys	19,372	19,559	1%	3,431	3,396	-1%	17%	43	\$ 48,411	2,803	14%	4,121	21%	
Jackson	12,180	12,292	1%	1,796	1,805	0%	15%	48	\$ 35,880	1,844	15%	2,776	23%	
Lawrence	46,311	47,279	2%	9,301	9,377	1%	20%	39	\$ 43,734	7,191	16%	10,168	22%	
Lewis	13,172	13,375	2%	2,378	2,399	1%	18%	43	\$ 36,977	2,405	18%	3,061	23%	
Lincoln	36,570	37,194	2%	6,619	6,636	0%	18%	43	\$ 53,923	3,929	11%	7,409	20%	
Macon	27,378	28,787	5%	5,457	5,781	6%	20%	38	\$ 38,080	3,987	15%	6,563	24%	
Marshall	37,788	39,888	6%	7,202	7,651	6%	19%	40	\$ 55,299	5,363	14%	6,691	18%	
Mauzy	116,119	126,135	9%	21,324	23,296	8%	18%	39	\$ 60,567	8,414	7%	19,477	17%	
Montgomery	251,815	273,822	9%	54,899	59,836	8%	22%	32	\$ 60,878	24,675	10%	44,772	18%	
Moore	6,795	6,851	1%	1,107	1,126	2%	16%	46	\$ 63,762	505	7%	832	12%	
Overton	23,336	23,570	1%	3,992	3,948	-1%	17%	44	\$ 36,478	4,200	18%	4,868	21%	
Perry	8,952	9,207	3%	1,612	1,663	3%	18%	43	\$ 48,716	1,854	21%	1,971	22%	
Pickett	5,048	4,968	-2%	714	702	-2%	14%	52	\$ 43,125	966	19%	1,086	22%	
Putnam	85,418	88,738	4%	15,972	16,412	3%	18%	36	\$ 45,160	13,345	16%	18,335	21%	
Robertson	77,700	80,361	3%	15,006	15,473	3%	19%	40	\$ 66,088	7,850	10%	13,310	17%	
Rutherford	388,909	424,308	9%	78,693	85,111	8%	20%	35	\$ 68,718	32,953	8%	61,900	16%	
Smith	20,715	20,915	1%	3,765	3,787	1%	18%	41	\$ 48,611	2,904	14%	4,115	20%	
Stewart	14,231	14,397	1%	2,445	2,443	0%	17%	44	\$ 49,537	1,772	12%	2,866	20%	
Sumner	215,234	229,667	7%	39,803	42,326	6%	18%	41	\$ 69,878	18,421	9%	29,868	14%	
Trousdale	12,512	12,926	3%	2,116	2,167	2%	17%	36	\$ 56,981	918	7%	2,065	17%	
Van Buren	6,604	6,788	3%	1,105	1,157	4%	17%	47	\$ 47,576	856	13%	1,313	20%	
Warren	42,888	43,724	2%	8,094	8,246	2%	19%	41	\$ 42,668	8,146	19%	10,920	25%	
Wayne	16,112	15,780	-2%	2,142	2,023	-6%	13%	44	\$ 42,206	2,356	15%	3,049	19%	
White	28,569	29,100	2%	4,949	5,034	2%	17%	43	\$ 44,282	3,937	14%	6,934	24%	
Williamson	277,193	298,975	8%	57,847	61,710	6%	21%	41	\$ 111,196	10,768	4%	13,766	5%	
Wilson	171,708	187,530	9%	32,391	35,560	9%	19%	40	\$ 78,962	11,497	7%	21,973	13%	
Service Area Total	3,160,325	3,333,238	5%	591,390	623,718	5%	19%	42	\$ 52,105	340,191	11%	531,664	17%	
State of TN Total	7,242,733	7,462,831	3%	1,319,462	1,356,286	3%	18%	39	\$ 54,833	965,213	13%	1,403,956	19%	

*Target population includes ages 0 - 19

Source: Boyd Center for Business and Economic Research

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Williamson

NAME OF FACILITY: Vanderbilt University Medical Center

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

M. Feltz
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 13th day of November, 2025,
witness my hand at office in the County of Williamson, State of Tennessee.

Linda E. Hillman
NOTARY PUBLIC

My commission expires 5.30., 29.

HF-0043

Revised 7/02



1. Item 3N., Demographics

The population for the target population age 0-19 does not appear to match the data from the Boyd Center. Please identify the source of the data provided. Please update the demographic table Attachment 3NB based on Boyd Center population projections.

RESPONSE: Please find the table completed below.

Demographic Variable/Geographic Area	Department of Health/Health Statistics								Bureau of the Census				TennCare	
	Total Population- Current Year 2025	Total Population- Projected Year 2029	Total Population-% Change	*Target Population- Current Year 2025	*Target Population- Projected Year 2029	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age 2025	Median Household Income 2020	Persons Below Poverty Level 2020	Persons Below Poverty Level as % of Total	TennCare Enrollees - August 2025	TennCare Enrollees as % of Total (August 2025 TennCare enrollees as % of 2024 Total Population)	
Bedford	54,010	56,687	5%	14,738	19,039	23%	34%	37	\$ 52,973	6,666	12%	12,447	23%	
Cannon	15,075	15,341	2%	3,486	3,505	1%	23%	41	\$ 52,518	2,343	16%	2,954	20%	
Cheatham	42,603	43,306	2%	9,579	9,555	0%	22%	42	\$ 63,988	4,293	10%	6,215	15%	
Clay	7,499	7,326	-2%	1,613	1,563	-3%	21%	48	\$ 32,064	1,955	26%	1,874	25%	
Coffee	61,896	64,535	4%	16,120	16,957	5%	26%	39	\$ 51,030	7,987	13%	13,838	22%	
Cumberland	65,861	67,918	3%	11,752	11,822	1%	17%	55	\$ 49,423	7,407	11%	12,238	19%	
Davidson	728,443	755,634	4%	165,721	174,712	5%	23%	35	\$ 62,515	95,180	13%	130,912	18%	
DeKalb	21,727	22,487	3%	5,061	5,198	3%	23%	42	\$ 44,389	3,898	18%	5,105	23%	
Dickson	57,739	59,901	4%	13,870	14,267	3%	24%	41	\$ 57,804	6,278	11%	10,995	19%	
Fentress	19,687	19,909	1%	4,278	4,234	-1%	21%	47	\$ 40,203	3,343	17%	5,603	28%	
Franklin	44,787	45,587	2%	10,176	10,292	1%	23%	43	\$ 47,777	6,140	14%	7,776	17%	
Giles	30,757	30,940	1%	7,133	7,160	0%	23%	43	\$ 49,815	3,753	12%	6,155	20%	
Grundy	13,743	13,629	-1%	3,148	3,064	-3%	22%	44	\$ 43,116	2,512	18%	3,988	29%	
Hickman	25,688	25,789	0%	5,767	5,702	-1%	22%	42	\$ 47,457	3,411	13%	5,358	21%	
Houston	8,181	8,113	-1%	1,862	1,844	-1%	23%	44	\$ 43,521	1,166	14%	1,997	24%	
Humphreys	19,372	19,559	1%	4,470	4,443	-1%	23%	43	\$ 48,411	2,803	14%	4,121	21%	
Jackson	12,180	12,292	1%	2,398	2,414	1%	20%	48	\$ 35,880	1,844	15%	2,776	23%	
Lawrence	46,311	47,279	2%	12,415	12,409	0%	26%	39	\$ 43,734	7,191	16%	10,168	22%	
Lewis	13,172	13,375	2%	3,142	3,154	0%	24%	43	\$ 36,977	2,405	18%	3,061	23%	
Lincoln	36,570	37,194	2%	8,732	8,720	0%	23%	43	\$ 53,923	3,929	11%	7,409	20%	
Macon	27,378	28,787	5%	7,341	7,737	5%	27%	38	\$ 38,080	3,987	15%	6,563	24%	
Marshall	37,788	39,888	6%	9,581	10,161	6%	25%	40	\$ 55,299	5,363	14%	6,691	18%	
Maury	116,119	126,135	9%	28,532	31,269	9%	25%	39	\$ 60,567	8,414	7%	19,477	17%	
Montgomery	251,815	273,822	9%	73,535	80,427	9%	29%	32	\$ 60,878	24,675	10%	44,772	18%	
Moore	6,795	6,851	1%	1,492	1,514	1%	22%	46	\$ 63,762	505	7%	832	12%	
Overton	23,336	23,570	1%	5,259	5,206	-1%	22%	44	\$ 36,478	4,200	18%	4,868	21%	
Perry	8,952	9,207	3%	2,174	2,236	3%	24%	43	\$ 48,716	1,854	21%	1,971	22%	
Pickett	5,048	4,968	-2%	933	917	-2%	18%	52	\$ 43,125	966	19%	1,086	22%	
Putnam	85,418	88,738	4%	20,549	21,099	3%	24%	36	\$ 45,160	13,345	16%	18,335	21%	
Robertson	77,700	80,361	3%	19,894	20,556	3%	26%	40	\$ 66,088	7,850	10%	13,310	17%	
Rutherford	388,909	424,308	9%	103,832	111,970	7%	26%	35	\$ 68,718	32,953	8%	61,900	16%	
Smith	20,715	20,915	1%	5,022	5,026	0%	24%	41	\$ 48,611	2,904	14%	4,115	20%	
Stewart	14,231	14,397	1%	3,248	3,221	-1%	22%	44	\$ 49,537	1,772	12%	2,866	20%	
Sumner	215,234	229,667	7%	53,271	56,561	6%	25%	41	\$ 69,878	18,421	9%	29,868	14%	
Trousdale	12,512	12,926	3%	2,808	2,891	3%	22%	36	\$ 56,981	918	7%	2,065	17%	
Van Buren	6,604	6,788	3%	1,490	1,539	3%	23%	47	\$ 47,576	856	13%	1,313	20%	
Warren	42,888	43,724	2%	10,742	10,938	2%	25%	41	\$ 42,668	8,146	19%	10,920	25%	
Wayne	16,112	15,780	-2%	2,805	2,650	-6%	17%	44	\$ 42,206	2,356	15%	3,049	19%	
White	28,569	29,100	2%	6,613	6,671	1%	23%	43	\$ 44,282	3,937	14%	6,934	24%	
Williamson	277,193	298,975	8%	76,357	81,178	6%	27%	41	\$ 111,196	10,768	4%	13,766	5%	
Wilson	171,708	187,530	9%	43,330	47,464	9%	25%	40	\$ 78,962	11,497	7%	21,973	13%	
Service Area Total	3,160,325	3,333,238	5%	784,269	831,285	6%	25%	42	\$ 52,105	340,191	11%	531,664	17%	
State of TN Total	7,242,733	7,462,831	3%	1,745,973	1,795,230	3%	24%	39	\$ 54,833	965,213	13%	1,403,956	19%	

*Target population includes ages 0 - 19

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AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Williamson

NAME OF FACILITY: Vanderbilt University Medical Center

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

Mary Feltz
Signature Title

Sworn to and subscribed before me, a Notary Public, this the 14 day of November, 2025,
witness my hand at office in the County of Williamson, State of Tennessee.

Ethan J. Hillman
NOTARY PUBLIC

My commission expires July 17th, 2027.

HF-0043

Revised 7/02

