

# **LETTER OF INTENT**



**State of Tennessee  
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> Floor, Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364

[hsda.staff@tn.gov](mailto:hsda.staff@tn.gov)

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## LETTER OF INTENT

The Publication of Intent is to be published in The Nashville Tennessean which is a newspaper of general circulation in Williamson County, Tennessee., Tennessee, on or before 03/13/2026 for one day.

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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 CLGLHealth LLC, d/b/a homeRN Franklin, a/an in-home caregiving company owned by Emily Manning, PA-C with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the approval to establish a licensed home health agency and initiate home health services in Williamson County, Tennessee. The Applicant is a newly formed in-home caregiving business whose clients have requested skilled nursing services which requires a home health license. Therefore, home health services will be limited to the provision of skilled nursing services, only. Approval of this CON application will allow the integration of medically focused care with personal caregiving services, improving continuity of care and supporting clients' ability to remain safely in their homes. The Applicant will continue its private-pay model and not participate in either Medicare or TennCare/Medicaid. The service area will be Williamson County, only, and this project aligns with the Tennessee State Health Plan by promoting access to home-based care and reducing unnecessary institutional utilization.. The address of the project will be 1035 Westhaven Blvd, S-301, Franklin, Williamson County, Tennessee, 37064. The estimated project cost will be \$60,800.

The anticipated date of filing the application is 03/30/2026

The contact person for this project is Attorney Graham Baker who may be reached at E Graham Baker Jr Attorney at Law - 2021 Richard Jones Road, S-120, Nashville, TN 37215 – Contact No. 615-347-7740.

Graham Baker

03/11/2026

[graham@grahambaker.net](mailto:graham@grahambaker.net)

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**Signature of Contact**

**Date**

**Contact's Email Address**

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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.

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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](mailto:hsda.staff@tn.gov) .



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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.**

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### **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 CLGLHealth LLC, d/b/a homeRN Franklin, a/an in-home caregiving company owned by Emily Manning, PA-C with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the approval to establish a licensed home health agency and initiate home health services in Williamson County, Tennessee. The Applicant is a newly formed in-home caregiving business whose clients have requested skilled nursing services which requires a home health license. Therefore, home health services will be limited to the provision of skilled nursing services, only. Approval of this CON application will allow the integration of medically focused care with personal caregiving services, improving continuity of care and supporting clients' ability to remain safely in their homes. The Applicant will continue its private-pay model and not participate in either Medicare or TennCare/Medicaid. The service area will be Williamson County, only, and this project aligns with the Tennessee State Health Plan by promoting access to home-based care and reducing unnecessary institutional utilization.. The address of the project will be 1035 Westhaven Blvd, S-301, Franklin, Williamson County, Tennessee, 37064. The estimated project cost will be \$60,800.

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# **CRITERIA AND** **STANDARDS**



STATE OF TENNESSEE

**STATE HEALTH PLAN**  
CERTIFICATE OF NEED STANDARDS AND CRITERIA  
FOR HOME HEALTH SERVICES

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

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

### Definitions

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

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

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

**Joint Annual Reports (JARs):** The JARS prepared and submitted by home care organizations shall be identified by the Health Services and Development Agency (HSDA) as the primary source of data regarding home health services performed in Tennessee. The

Tennessee Department of Health (TDH) maintains the JARS and is responsible for generating reports utilizing TDH data as required by the Certificate of Need program.

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

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

## **Standards and Criteria**

1. **Determination of Need:** In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. This 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed Service Area.

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

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

**Response:** The Applicant will provide skilled nursing services to patients for which such services are appropriate. In Williamson County, the adult population in 2029 is estimated to be 301,248. Applying the 1.5% formula, the resultant need for home health services in the county by 2029 will be 4,519 patients. According to Joint Annual Reports information provided by existing traditional home health agencies in the county, 4,189 patients were seen in 2025 (latest JARs). Therefore, this application complies with the need formula.

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

**Note:** The Division recognizes that a home care organization can be established within a 12-15 month period of time, and that ideally a one year planning horizon would be used. However, in this instance a three-year planning horizon is used because final JAR data lag significantly behind the current date. Final 2012 JAR data became available in May 2014, thus providing data for need to be projected in 2015 but not for any other future full calendar year. Should a change occur that enables T DH to provide final JAR data significantly earlier, the Division would propose a change in the planning horizon.

**Response:** The Applicant will provide skilled nursing services to patients for which such services are appropriate. In Williamson County, the adult population in 2029 is estimated to be 301,248. Applying the 1.5% formula, the resultant need for home health services in the county by 2029 will be 4,519 patients. According to Joint Annual Reports information provided by existing traditional home health agencies in the county, 4,189 patients were seen in 2025 (latest JARs). Therefore, this application complies with the need formula.

3. The use rate of existing home health agencies in each county of the Service Area will be determined by examining the latest utilization rate as calculated from the JARS of existing home health agencies in the Service Area. Based on the number of patients served by home health agencies in the Service Area, an estimation will be made as to how many patients could be served in the future.

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

**Response:** According to the 2024 and 2025 JARs submitted by existing traditional home health agencies in the county, 4,170 and 4,189 patients were seen in those two years, respectively. Since the number of patients seen has not increased significantly, it appears that existing agencies will continue to see a total number of home health patients well under the projected need formula of 4,519 patients.

4. **County Need Standard:** The applicant should demonstrate that there is a need for home health services in each county in the proposed Service Area by providing documentation (e.g., letters) where: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare's system Home Health Compare and/or similar data; b) potential patients or providers in the proposed Service Area attempted to find appropriate home health services but were not able to secure such services; c) providers supply an estimate of the potential number of patients that they might refer to the applicant.

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

**Response:** The Applicant will provide skilled nursing services to patients for which such services are appropriate. In Williamson County, the adult population in 2029 is estimated to be 301,248. Applying the 1.5% formula, the resultant need for home health services in the county by 2029 will be 4,519 patients. According to Joint Annual Reports information provided by existing traditional home health agencies in the county, 4,189 patients were seen in 2025 (latest JARs). Therefore, this application complies with the need formula.

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5. **Current Service Area Utilization:** The applicant should document by county: a) all existing providers of home health services within the proposed Service Area; and b) the number of patients served during the most recent 12-month period for which data are available. To characterize existing providers located within Tennessee, the applicant should use final data provided by the JARS maintained by the Tennessee Department of Health. In each county of the proposed Service Area, the applicant should identify home health agencies that have reported serving 5 or fewer patients for each of the last three years based on final and available JAR data. If an agency in the proposed Service Area who serves few or no patients is opposing the application, that opponent agency should provide evidence as to why it does not serve a larger number of patients.

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

**Response:** The Applicant will provide skilled nursing services to patients for which such services are appropriate. In Williamson County, the adult population in 2029 is estimated to be 301,248. Applying the 1.5% formula, the resultant need for home health services in the county by 2029 will be 4,519 patients. According to Joint Annual Reports information provided by existing traditional home health agencies in the county, 4,189 patients were seen in 2025 (latest JARs). Therefore, this application complies with the need formula.

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6. **Adequate Staffing:** Using TDH Licensure data, the applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and document that such personnel are available to work in the proposed Service Area. The applicant should state the percentage of qualified personnel directly employed or employed through a third party staffing agency.

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

**Response:** The Applicant already maintains and will continue to maintain a team of licensed clinical and caregiving staff to meet patient needs. All direct patient care staff, including RNs and the owner/PA, are licensed and in good standing with the state.

The direct patient care team for the proposed home health agency currently consists of (1) the owner/PA who: serves as the owner, operator, and administrator; provides advanced nursing care; trains caregivers; serves as the provider for urgent care appointments; and will provide skilled nursing care if approved; (2) one full-time RN responsible for administrative duties, staffing and caregiver supervision while providing advanced nursing care and skilled nursing care if approved; and (3) the Medical Director. The only position that could be considered contract staff is the Medical Director. This staffing structure is projected to continue in Years 1 & 2 and is sufficient to meet anticipated patient census while maintaining quality and compliance standards. As demand grows, the agency will continue to recruit and hire additional Registered Nurses and caregivers to ensure adequate staffing for our clients. Hiring will focus on qualified personnel with appropriate licensure and experience in home-based care, ensuring the agency maintains safe, regulated, and high-quality service as patient census increases. This approach ensures staffing capacity is aligned with projected utilization and allows for seamless expansion of skilled services.

7. **Community Linkage Plan:** The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, referral arrangements with appropriate health care system providers/services (that comply with CMS patient choice protections) and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. A new provider may submit a proposed community linkage plan.

**Rationale:** This Standard seeks to promote State Health Plan Principles 3 and 4 concerning Economic Efficiencies and Quality of Care, respectively. In order to promote economic efficiencies and the quality of health care provided in Tennessee, applicants should demonstrate that they have established relationships with other health care providers that will ensure a continuity of care for their patients.

**Response:** The applicant currently maintains informal relationships with representatives from other caregiving agencies, home health agencies, and hospice providers based on established professional connections within the community. These relationships support continuity of care on a case-by-case basis through communication with families and, when appropriate, coordination with other providers involved in a client's care. At this time, no formal referral arrangements or written working agreements with hospitals or other healthcare system providers have been established.

These informal linkages have supported safe transitions and continuity of services for clients, including situations where clients are simultaneously receiving services from another licensed home health agency. In such cases, care is coordinated to ensure services are complementary and not duplicative.

Upon approval of the Home Health Agency license, the applicant plans to formalize these relationships by developing referral arrangements and working agreements with hospitals, skilled nursing facilities, physician practices, and other appropriate community-based providers. These agreements will support a coordinated and integrated system of care, ensuring appropriate referrals, continuity of services, and effective communication across providers.

8. **TennCare Managed Care Organizations (MCOs) and Financial Viability:** Given the time frame required to obtain Medicare certification, an applicant proposing to contract with the Bureau of TennCare's MCOs should provide evidence of financial viability during the time period necessary to receive such certification. Applicants should be aware that MCOs are under no obligation to contract with home care organizations, even if Medicare certification is obtained, and that Private Duty Services are not Medicare certifiable services. Applicants who believe there is a need to serve TennCare patients should contact the TennCare MCOs in the region of the proposed Service Area and inquire whether their panels are open for home health services, as advised in the notice posted on the HSDA website, to determine whether at any given point there is a need for a provider in a particular area of the state; letters from the TennCare MCOs should be provided to document such need. See Note 2 for additional information.

Applicants should also provide information on projected revenue sources, including non-TennCare revenue sources.

**Rationale:** This Standard seeks to promote State Health Plan Principle 3 concerning Economic Efficiencies. This Standard further seeks to promote the orderly

development of the health care system by bringing to the forefront issues concerning Medicaid/ Medicare certification.

**Response:** The Applicant will continue its private pay model and will not participate in Medicare, Medicare Advantage, or Medicaid/TennCare.

9. **Proposed Charges:** The applicant's proposed charges should be reasonable in comparison with those of other similar agencies in the Service Area or in adjoining service areas. The applicant should list:
- a. The average charge per visit and/or episode of care by service category, if available in the JAR data.
  - b. The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data.

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

**Response:** The Applicant has no historical home health data. While the Applicant began providing in-home services in June, 2025, none of the services provided were home health services and there are no current (home health) charges.

The Applicant, through its PSSA, anticipates charges of \$36 - \$40 per hour and \$70 - \$75 per hour for Caregiving, and RN Caregiving, respectively.

Regarding the home health agency proposal, the Applicant is requesting approval to provide only skilled nursing services, which limits the home health services under consideration for comparison to existing home health agency charges. The proposed charge for Skilled Nursing Care is \$125 per hour. The chart provided in response to 5N-R lists the skilled visit hourly charges for existing traditional agencies and the average skilled visit hourly charge is noted at the bottom of the chart. Note the average cost of a skilled nursing hour in 2025 (latest year) for existing home health agencies licensed to provide services to Williamson County residents was \$235 per visit. The Applicant anticipates charging \$125 per hour for skilled nursing visits. The approval of this application will result in lower costs for skilled nursing visits for private pay patients in the county.

10. **Access:** In concert with the factors set forth in HSDA Rule 0720-11-.01(1) (which lists those factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area for groups with special medical needs such as, but not limited to, medically fragile children, newborns and their mothers, and HIV/AIDS patients. Pediatrics is a special medical needs population, and therefore any provider applying to provide these services should demonstrate documentation of adequately trained staff specific to this population's needs with a plan to provide ongoing best practice education. For purposes of this

Standard, an applicant should document need using population, service, special needs, and/or disease incidence rates. If granted, the Certificate of Need should be restricted on condition, and thus in its licensure, to serving the special group or groups identified in the application. The restricting language should be as follows: **CONDITION:** Home health agency services are limited to (identified specialty service group); the expansion of service beyond (identified specialty service group) will require the filing of a new Certificate of Need application. Please see Note 3 regarding federal law prohibitions on discrimination in the provision of health care services.

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

**Response:** Williamson County is served by multiple non-medical caregiving agencies and several licensed home health agencies. However, there is a lack of providers that integrate medical caregiving and skilled nursing services under a single organizational structure. Non-medical agencies cannot provide skilled services, while traditional home health agencies often operate within Medicare or insurance-based models that may not meet the needs of private-pay clients requiring flexible, ongoing medical support.

The Applicant is uniquely positioned to address this gap by combining caregiving and skilled nursing services under the clinical oversight of a licensed Physician Assistant. The Applicant's provision of skilled nursing services will complement the services already being provided by existing home health agencies in Williamson County. Many of the Applicant's clients also receive a limited number of approved visits from existing home health agencies under insurance or Medicare. The Applicant works closely with these agencies to ensure continuity of care by "filling in the gaps" for medically complex patients who need additional support beyond the visits covered by their insurance, including tasks and oversight services not currently permitted under existing home health agency schedules.

Because the Applicant's services are private-pay and scheduled according to patient need, the approval of our CON application is not expected to reduce patient volume for existing home health agencies. Instead, our model increases consumer choice and accessibility, allowing families to supplement existing home health care as needed. Consumers benefit from greater flexibility, more frequent or continuous skilled nursing support, and the ability to remain safely at home without reliance on institutional care. Additionally, our services provide families with a private-pay alternative that can reduce stress and caregiver burden, improving overall system efficiency and patient outcomes.

- 11. Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting (including data on patient re-admission to hospitals), quality improvement, and an outcome and process monitoring system (including continuum of care and transitions of care from acute care facilities). If

applicable, the applicant should provide documentation that it is, or that it intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS.

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

**Response:** The Applicant's provision of skilled nursing services will complement the services being provided by existing home health agencies in Williamson County. Many of the Applicant's clients also receive a limited number of approved visits from existing home health agencies under insurance or Medicare. The Applicant works closely with these agencies to ensure continuity of care by "filling in the gaps" for medically complex patients who need additional support beyond the visits covered by their insurance, including tasks and oversight services not currently permitted under existing home health agency schedules.

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The Applicant already maintains and will continue to maintain a team of licensed clinical and caregiving staff to meet patient needs. All direct patient care staff, including RNs and the owner/PA, are licensed and in good standing with the state.

The direct patient care team for the proposed home health agency currently consists of (1) the owner/PA who: serves as the owner, operator, and administrator; provides advanced nursing care; trains caregivers; serves as the provider for urgent care appointments; and will provide skilled nursing care if approved; (2) one full-time RN responsible for administrative duties, staffing and caregiver supervision while providing advanced nursing care and skilled nursing care if approved; and (3) the Medical Director. The only position that could be considered contract staff is the Medical Director. This staffing structure is projected to continue in Years 1 & 2 and is sufficient to meet anticipated patient census while maintaining quality and compliance standards. As demand grows, the agency will continue to recruit and hire additional Registered Nurses and caregivers to ensure adequate staffing for our clients. Hiring will focus on qualified personnel with appropriate licensure and experience in home-based care, ensuring the agency maintains safe, regulated, and high-quality service as patient census increases. This approach ensures staffing

capacity is aligned with projected utilization and allows for seamless expansion of skilled services.

Clinical oversight will be provided by the owner, a licensed Physician Assistant, and a supervising physician (the Medical Director), who will provide medical oversight as needed. Registered Nurses employed by the agency will supervise caregivers and assist with care delivery, ensuring adherence to treatment plans and Tennessee licensure requirements. Only 1 FTE RN is required for providing skilled nursing services in Year 1.

The agency maintains a comprehensive quality assurance program, which includes weekly chart reviews conducted by either the owner or the full-time RN, regular check-ins with families to monitor satisfaction, and ongoing monitoring of care delivery. All documentation is maintained in a HIPAA-compliant electronic medical record system (AxisCare) and reviewed weekly to ensure accuracy, compliance, and quality.

All staff undergo initial onboarding and orientation, followed by client-specific training by a Physician Assistant or an RN, conducted directly with the RN/caregiver at each initial shift. The owner and full-time RN are responsible for clinical supervision, quality assurance, and reporting, ensuring compliance with all applicable regulations, safe and effective patient care, and continuous improvement of services.

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

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

**Response:** The Applicant commits to compliance with all reporting requests of relevant departments of the State of Tennessee.

Notes:

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

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

It should be noted that as of the effective date of these standards and criteria, Private Duty Services do not qualify as a Medicare reimbursable service. Thus, an entity that applies for a Certificate of Need should not apply to provide only Private Duty Services if it intends to try to contract with the MCOs as it will not be able to receive Medicare certification. Additionally, applicants should contact TennCare for specific information regarding the ability to contract with MCOs. On the Health Services and Development Agency website (<http://www.tn.gov/hsda/>) an informational letter is available entitled "Are you thinking about applying for a CON to provide Home Health or Private Duty Nursing Services in Tennessee?".

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

**ORIGINAL**  
**APPLICATION**



**State of Tennessee  
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> Floor, Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364

[hsda.staff@tn.gov](mailto:hsda.staff@tn.gov)

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## CERTIFICATE OF NEED APPLICATION

### 1A. Name of Facility, Agency, or Institution

CLGLHealth LLC, d/b/a homeRN Franklin

**Name**

1035 Westhaven Blvd, S-301

Williamson County

**Street or Route**

**County**

Franklin

Tennessee

37064

**City**

**State**

**Zip**

<https://www.homerncare.com/locations/franklin>.

**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

Graham Baker

Attorney

**Name**

**Title**

E Graham Baker Jr Attorney at Law

[graham@grahambaker.net](mailto:graham@grahambaker.net)

**Company Name**

**Email Address**

2021 Richard Jones Road, S-120

**Street or Route**

Nashville

Tennessee

37215

**City**

**State**

**Zip**

Attorney

615-347-7740

**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:** 03/11/26

**Date LOI was Published:** 03/13/26

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

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

**Initiation of HealthCare services**

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

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

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

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

Other

Other -

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Hospital -

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

Emily Manning, PA-C

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**Name**

1035 Westhaven Blvd, S-301

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615-416-2550

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**Street or Route**

**Phone Number**

Franklin

---

Tennessee

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37064

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**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:** CLGLHealth, LLC, d/b/a homeRN Franklin (the Applicant), is an existing in-home caregiving business, operating in Williamson County, Tennessee. The Applicant is a limited liability company which is 100% owned by Emily Manning, PA-C. Please see Attachment 7A for a copy of LLC filings.

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

**Name**

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**Street or Route**

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**County**

---

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City

State

Zip

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### **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:** The Applicant leases office space. Please see Attachment 9A for a copy of the lease. There will be no additional space required as a result of this application.

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### **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:** The Applicant leases office space for its business, and no additional space will be needed for this project. Please see Attachment 10A.

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### **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:** Not applicable, as patients will not be traveling to the home health office space. The Applicant's landlord specifies that no patient care or patient visits will occur on the site of the leased space (See Attachment 10A).

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### **12A. Plot Plan**

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

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

(Attachment 12A)

**RESPONSE:** The Applicant's office space is located in the Westhaven complex off Highway 96 just west of downtown Franklin, TN. Please see Attachment 12A.

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### 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:**

CLGLHealth, LLC, d/b/a homeRN Franklin (the Applicant), seeks Certificate of Need (CON) approval to establish a licensed home health agency in Williamson County, Tennessee. The Applicant is an existing in-home caregiving business whose clients have requested skilled nursing services which requires a home health license. Approval of this CON application will allow the integration of medically focused care with personal caregiving services, improving continuity of care and supporting clients' ability to remain safely in their homes. The Applicant will continue its private-pay model and not participate in either Medicare or TennCare/Medicaid.

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- Ownership structure

**RESPONSE:** The Applicant, CLGLHealth, LLC, d/b/a homeRN Franklin, is a Tennessee limited liability company and is also a locally owned franchise of homeRN Care. The Applicant is 100% owned by Emily Manning, PA-C, a licensed Physician Assistant, who serves as Owner and Administrator.

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- Service Area

**RESPONSE:** Williamson County, Tennessee.

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- Existing similar service providers

**RESPONSE:** Williamson County is served by multiple non-medical caregiving agencies and several licensed home health agencies. However, there is a lack of providers that integrate medical caregiving and skilled nursing services under a single organizational structure. Non-medical agencies cannot provide skilled services, while traditional home health agencies often operate within Medicare or insurance-based models that may not meet the needs of private-pay clients requiring flexible, ongoing medical support. The Applicant is uniquely positioned to address this gap by combining caregiving and skilled nursing services under the clinical oversight of a licensed Physician Assistant. Please see Attachment 5N-R for a listing of existing home health agencies (both traditional and home infusion) licensed for skilled care services in Williamson County, along with select service information for each agency.

---

- Project Cost

**RESPONSE:** The Applicant is an existing business and will incur no additional operating costs. Project costs are limited to expenses related to the Certificate of Need application, licensure, regulatory compliance, and clinical program development. A minimal amount of \$50,000 for legal, administrative and consulting costs plus \$3,000 filing fee is anticipated. The Applicant's current lease costs are included in the Project Cost Chart even though there are no new lease costs as a result of this project.

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- Staffing

**RESPONSE:** The agency is 100% owned and administered by a full-time Physician Assistant, with support from a full-time Registered Nurse. The company currently employs caregivers and Registered Nurses providing non-medical caregiving services. Upon approval of this home health agency application, existing nursing staff will deliver skilled services within their licensed scope of practice, with additional staff hired as patient volume increases. The current and anticipated staffing for the home health agency is 1 PA-C (the owner), 1 Full time RN, and 1 Medical Director. The Medical Director would be considered a contract position.

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## 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:** The Applicant currently serves individuals in Williamson County whose medical needs exceed the scope of non-medical caregiving but are not fully addressed through traditional home health delivery models. While licensed home health agencies operate in the county, some patients require frequent, medically focused interventions and extended in-home support that cannot be adequately met through episodic visits. Existing clients and their families have specifically requested the Applicant to continue caring for them as their medical needs increase, including the provision of skilled nursing services the agency is not currently licensed to provide.

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- Quality Standards

**RESPONSE:** The Applicant is 100% owned and clinically led by a licensed Physician Assistant and employs Registered Nurses who already provide in-home services under established policies, supervision, and quality assurance processes. Approval of this application will allow skilled nursing services to be delivered in compliance with Tennessee licensure requirements, ensuring safe, regulated, and coordinated care.

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- Consumer Advantage

- Choice

**RESPONSE:** Approval of this project will enhance consumer choice by allowing patients to continue receiving care from a trusted provider as their needs evolve.

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

**RESPONSE:** Accessibility will be improved by offering skilled services in the home at the frequency required for medically complex conditions.

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- Affordability

**RESPONSE:** The private-pay model offers an affordable alternative to institutional care, supports working family caregivers, and reduces unnecessary hospitalizations or facility placement by integrating caregiving and skilled nursing services within a single organization.

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## 3E. Consent Calendar Justification

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

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

**4E. PROJECT COST CHART**

A. Construction and equipment acquired by purchase:

1. Architectural and Engineering Fees	
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	\$50,000
3. Acquisition of Site	
4. Preparation of Site	
5. Total Construction Costs	
6. Contingency Fund	
7. Fixed Equipment (Not included in Construction Contract)	
8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)	
9. Other (Specify): _____	

B. Acquisition by gift, donation, or lease:

1. Facility (inclusive of building and land)	\$7,800
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)	\$57,800
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E. CON Filing Fee	\$3,000
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F. Total Estimated Project Cost (D+E)	\$60,800
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**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:**

The Applicant currently serves individuals in Williamson County whose medical needs exceed the scope of non-medical caregiving but are not fully addressed through traditional home health delivery models. While licensed home health agencies operate in the county, some patients require frequent, medically focused interventions and extended in-home support that cannot be adequately met through episodic visits. Existing clients and their families have specifically requested the Applicant to continue caring for them as their medical needs increase, including the provision of skilled nursing services the agency is not currently licensed to provide.

Please see Attachment 1N which addresses Standards and Criteria for Home Health Services.

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

#### **RESPONSE:**

The proposed service area consists of Williamson County, only. The Applicant already operates a home care-giving company that serves Williamson County. Please see Attachment 2N which is a map showing both the existing and proposed service area.

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

**PROJECTED UTILIZATION**

Unit Type:

- Procedures
- Cases
- Patients
- Other

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Service Area Counties	Projected Utilization Recent Year 1 (Year = )	% of Total
Williamson	15	100.00%
Total	15	100%

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

**RESPONSE:**

The projected 2026 number is the anticipated number of patients (15) who will receive skilled nursing services by the Applicant if the home health agency is approved and licensed.

According to the Boyd Center Population Projections/Tennessee State Data Center, the population of Williamson County is 282,758 in 2026, and is estimated to be 301,248 by 2029, an increase of 6.5% in 3 years. The Applicant plans to provide skilled nursing services to the adult population for which skilled services are appropriate. The adult population of Williamson County is approximately 205,283 in 2026 and is estimated to be 219,309 in 2029, an increase of 6.8% in 3 years. The estimated median age of Williamson County residents is 38.3 years, and the median household income is \$135,594. Approximately 4.8% of the Williamson County population is enrolled in TennCare in 2026 (compared to approximately 19% of the State's population), and approximately 4.5% of the population lives at or below the poverty level. There were an estimated 101,400 housing units with a median value of \$751,900 as of July, 2024. The population is well-educated with an estimated 96.3% having obtained a high school diploma and 62.7% having obtained a college degree. 15

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**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](http://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 uploaded chart 3N-R

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- 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:**

The Applicant currently operates a Personal Support Services Agency (PSSA) which serves individuals in Williamson County whose medical needs exceed the scope of non-medical caregiving but are not fully addressed through traditional home health delivery models. While licensed home health agencies operate in the county, some patients require frequent, medically focused interventions and extended in-home support that cannot be adequately met through episodic visits. Existing clients and their families have specifically requested the Applicant to continue caring for them as their medical needs increase, including the provision of skilled nursing services the agency is not currently licensed to provide. This results in special needs for our clients.

Since the provision of skilled nursing services requires a licensed home health agency, the Applicant has filed this Certificate of Need application for the establishment of a new home health agency and the initiation of home health services. If approved, the Applicant will continue providing services under its PSSA license, but will provide skilled nursing services under a new home health license.

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- 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:**

Several home health agencies provide services to residents of Williamson County. The Applicant will be able to better serve its clients if this application is approved by continuing existing care levels while adding skilled nursing services as requested and as needed. Please see Attachment 5N-R for a list of existing traditional home health agencies, along with targeted information about the patients each agency serves. A separate list is included in Attachment 5N-R which is a list of existing home infusion home health agencies, along with targeted information about the patients those agencies serve. This attachment contains 6 pages, one page each of information garnered from the Joint Annual Reports of Home Health for the current year (2025), 2024 and 2023, and further separated by traditional and home infusion agencies. Originally, home infusion agencies were not included in this Attachment since the Applicant does not propose providing pain management home infusion services. However, since the Applicant may provide drug medication through home infusion, the additional 3 pages are included in the Attachment.

It is noteworthy that for each of the years reported on Joint Annual Reports (2023, 2024 and 2025), there was an average of only 1 self pay patient seen by existing traditional home health agencies in Williamson County. Obviously, home health is heavily reimbursed by Medicare, Medicare Advantage, and Medicaid/TennCare payor sources. The Applicant, keeping with its private pay model, will not impact any existing home health agency in the county.

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- 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:**

The Applicant began providing caregiver services in 2025. It is anticipated to provide skilled nursing services to 15 and 25 patients in Years 1 and 2, respectively. The first year projection is based on record keeping instances where existing patients requested skilled nursing services and the second year projection is based on an assumption of 67% growth in skilled clients, based on market ramp-up and typical home health agency growth patterns.



**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:**

There are no outstanding CONs by the applicant or with shared common ownership.

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**CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION**

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

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

**RESPONSE:** The Applicant currently maintains informal relationships with representatives from other caregiving agencies, home health agencies, and hospice providers based on established professional connections within the community. At this time, no formal referral agreements or written working agreements with other healthcare system providers have been established. Once licensed, the Applicant will pursue appropriate transfer agreements.

---

**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

**RESPONSE:** The Applicant will continue to serve private pay patients, only. As such, there will be no relationships with the listed insurance plans.

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

**RESPONSE:**

The Applicant works with existing home health agencies in the county and encourages their patients to do the same, by maintaining an existing team of staff to meet patient needs and proposes to add only private pay skilled nursing services as a licensed home health agency. As reflected in the Joint Annual Reports for Home Health, the vast majority of traditional home health patients in Tennessee are Medicare or Medicare Advantage patients. As such, the addition of a home health agency providing care to only private pay patients requiring skilled nursing services in the proposed service area will have minimal impact on existing agencies. As shown on the latest (current) JAR reports (See Attachment 5N-R) existing traditional home health agencies in the service area see an average of one private pay patient per year. Therefore, even if the Applicant provided skilled nursing services to all private pay patients in the service area, the average impact on existing home health agencies would be to "lose" only one patient. While some home infusion agencies see more private pay patients, the Applicant will not be providing pain management home infusion therapy and will resultantly have no impact on those home infusion agencies, either.

The Applicant is applying for this new service only in response to requests by existing patients and families to provide skilled nursing services. Therefore, the approval of this project will increase consumer choices of home health providers without having a negative impact on existing home health agencies.

The Applicant is requesting approval to provide only skilled nursing, which limits the home health services under consideration for competition and/or duplication. The chart provided in response to 5N-R lists the skilled visit hourly charges for existing agencies and the average skilled visit hourly charge is noted at the bottom of the chart. Note the average cost of a skilled nursing hourly visit in 2025 (latest year) for existing traditional home health agencies licensed to provide services to Williamson County residents was \$235 per hour. The Applicant anticipates charging \$125 per hour for skilled nursing visits. The approval of this application will result in lower costs for skilled nursing visits for private pay patients in the county.

Further, the Applicant randomly chose AccentCare and Maxim Health Care for a more in-depth comparison for skilled nursing charges. The Applicant anticipates charges of \$36 - \$40 per hour, \$70 - \$75 per hour, and \$125 per hour for Caregiving, RN Caregiving and Skilled Nursing care, respectively. AccentCare reports \$35 to \$38 per hour, \$68 to \$72 per hour and \$122 to \$128 per hour for these three respective services. Maxim Health Care reports \$30 to \$35 per hour, \$65 to \$70 per hour and \$120 to \$130 per hour for these three respective services. Maxim's rates are slightly lower for caregiving and RN services but align closed for skilled nursing services. AccentCare's rates are comparable to both the Applicant and Maxim, generally falling within the middle of reported ranges. This comparison demonstrates that the Applicant will provide competitive, market-aligned rates across its service offerings.

The Applicant's provision of skilled nursing services will complement the services being provided by existing traditional home health agencies in Williamson County. Many of the Applicant's clients also receive a limited number of approved visits from existing home health agencies under insurance or Medicare. The Applicant works closely with these agencies to ensure continuity of care by "filling in the gaps" for medically complex patients who need additional support beyond the visits covered by their insurance, including tasks and oversight services not currently permitted under existing home health agency schedules.

Because the Applicant's services are private-pay and scheduled according to patient need, the approval of our CON application is not expected to reduce patient volume for existing home health agencies. Instead, our model increases consumer choice and accessibility, allowing families to supplement existing home health care as needed. Consumers

benefit from greater flexibility, more frequent or continuous skilled nursing support, and the ability to remain safely at home without reliance on institutional care. Additionally, our services provide families with a private-pay alternative that can reduce stress and caregiver burden, improving overall system efficiency and patient outcomes.

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- 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:**

Through its PSSA, the Applicant already maintains and will continue to maintain a team of licensed clinical and caregiving staff to meet patient needs. All direct patient care staff, including RNs and the owner/PA, are licensed and in good standing with the state.

The direct patient care team for the home health agency, if approved, will consist of (1) the owner/PA who: serves as the owner, operator, and administrator; provides advanced nursing care; trains caregivers; serves as the provider for urgent care appointments; and will provide skilled nursing care if approved; (2) one FTE RN responsible for administrative duties, staffing and caregiver supervision while providing advanced nursing care and skilled nursing care if approved; and (3) the Medical Director. The only position that could be considered contract staff is the Medical Director. This staffing structure is projected to continue in Year 2 and is sufficient to meet anticipated patient census while maintaining quality and compliance standards. As demand grows, the agency will continue to recruit and hire additional Registered Nurses and caregivers to ensure adequate staffing for our clients. Hiring will focus on qualified personnel with appropriate licensure and experience in home-based care, ensuring the agency maintains safe, regulated, and high-quality service as patient census increases. This approach ensures staffing capacity is aligned with projected utilization and allows for seamless expansion of skilled services.

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- 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:**

CLGLHealth, LLC, d/b/a homeRN Franklin (the Applicant), seeks Certificate of Need (CON) approval to establish a licensed home health agency in Williamson County, Tennessee. The Applicant is an existing in-home caregiving business whose clients have requested skilled nursing services which requires a home health license. Approval of this CON application will allow the integration of medically focused care with personal caregiving services, improving continuity of care and supporting clients' ability to remain safely in their homes. The Applicant will continue its private-pay model and not participate in either Medicare or TennCare/Medicaid. The service area will be Williamson County, only, and this project aligns with the Tennessee State Health Plan by promoting access to home-based care and reducing unnecessary institutional utilization.

Clinical oversight will be provided by the owner (a licensed Physician Assistant) and a supervising physician (the Medical Director), who will provide medical oversight as needed. Registered Nurses employed by the agency will supervise caregivers and assist with care delivery, ensuring adherence to treatment plans and Tennessee licensure requirements.

The Applicant's PSSA maintains a comprehensive quality assurance program, which includes weekly chart reviews conducted by either the owner or the full-time RN, regular check-ins with families to monitor satisfaction, and ongoing monitoring of care delivery. All documentation is maintained in a HIPAA-compliant electronic medical record system (AxisCare) and reviewed weekly to ensure accuracy, compliance, and quality. If approved, the Applicant will continue this comprehensive quality assurance program with its home health agency.

All staff undergo initial onboarding and orientation, followed by client-specific training by a Physician Assistant or an RN, conducted directly with the RN/caregiver at each initial shift. The owner and full-time RN are responsible for clinical supervision, quality assurance, and reporting, ensuring compliance with all applicable regulations, safe and effective patient care, and continuous improvement of services.

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**PROJECTED DATA CHART**

- Project Only  
 Total Facility

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

	<b>Year 1</b>	<b>Year 2</b>
	<u>2026</u>	<u>2027</u>
A. Utilization Data		
Specify Unit of Measure <u>Other : hours</u>	<u>330</u>	<u>220</u>
B. Revenue from Services to Patients		
1. Inpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
2. Outpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
3. Emergency Services	<u>\$0.00</u>	<u>\$0.00</u>
4. Other Operating Revenue (Specify) <u>in-home services</u>	<u>\$41,250.00</u>	<u>\$68,750.00</u>
<b>Gross Operating Revenue</b>	<u>\$41,250.00</u>	<u>\$68,750.00</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	<u>\$0.00</u>	<u>\$0.00</u>
2. Provision for Charity Care	<u>\$0.00</u>	<u>\$0.00</u>
3. Provisions for Bad Debt	<u>\$0.00</u>	<u>\$0.00</u>
<b>Total Deductions</b>	<u>\$0.00</u>	<u>\$0.00</u>
<b>NET OPERATING REVENUE</b>	<u>\$41,250.00</u>	<u>\$68,750.00</u>

**PROJECTED DATA CHART**

- Total Facility  
 Project Only

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

	<b>Year 1</b>	<b>Year 2</b>
	<u>2026</u>	<u>2027</u>
A. Utilization Data		
Specify Unit of Measure <u>Other : hours</u>	<u>330</u>	<u>220</u>
B. Revenue from Services to Patients		
1. Inpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
2. Outpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
3. Emergency Services	<u>\$0.00</u>	<u>\$0.00</u>
4. Other Operating Revenue (Specify) <u>in-home services</u>	<u>\$41,250.00</u>	<u>\$68,750.00</u>
<b>Gross Operating Revenue</b>	<u>\$41,250.00</u>	<u>\$68,750.00</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	<u>\$0.00</u>	<u>\$0.00</u>
2. Provision for Charity Care	<u>\$0.00</u>	<u>\$0.00</u>
3. Provisions for Bad Debt	<u>\$0.00</u>	<u>\$0.00</u>
<b>Total Deductions</b>	<u>\$0.00</u>	<u>\$0.00</u>

**NET OPERATING REVENUE**

\$41,250.00

\$68,750.00

---

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)
<b>Gross Charge</b> ( <i>Gross Operating Revenue/Utilization Data</i> )	\$0.00	\$0.00	\$125.00	\$312.50	0.00
<b>Deduction from Revenue</b> ( <i>Total Deductions/Utilization Data</i> )	\$0.00	\$0.00	\$0.00	\$0.00	0.00
<b>Average Net Charge</b> ( <i>Net Operating Revenue/Utilization Data</i> )	\$0.00	\$0.00	\$125.00	\$312.50	0.00

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

**RESPONSE:**

The Applicant has no historical home health data. While the Applicant began providing in-home PSSA services in June, 2025, none of the services provided were home health services and there are no current (home health) charges.

The Applicant anticipates charges of \$125 per hour for skilled home health visits. A previous comparison between anticipated charges by the Applicant with existing charges by existing traditional home health agencies demonstrates that the Applicant will provide competitive, market-aligned rates across its skilled service offering.

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:**

The Applicant works with existing home health agencies in the county and encourages their patients to do the same, by maintaining an existing team of staff to meet patient needs and proposes to add only private pay skilled nursing services as a licensed home health agency. As reflected in the Joint Annual Reports for Home Health, the vast majority of home health patients in Tennessee are Medicare or Medicare Advantage patients. As such, the addition of a home health agency providing care to only private pay patients requiring skilled nursing services in the proposed service area will have minimal impact on existing agencies. As shown on the latest (current) JAR reports (See Attachment 5N-R) existing home health agencies in the service area see an average of one private pay patient per year. Therefore, even if the Applicant provided skilled nursing services to all private pay patients in the service area, the average impact on existing home health agencies would be to "lose" only one patient.

The Applicant is requesting approval to provide only skilled nursing, which limits the home health services under consideration for competition and/or duplication. The chart provided in response to 5N-R lists the skilled visit hourly charges for existing agencies and the average skilled visit hourly charge is noted at the bottom of the chart. Note the average cost of a skilled nursing hourly visit in 2025 (latest year) for existing home health agencies licensed to provide services to Williamson County residents was \$235 per visit. The Applicant anticipates charging \$125 per hour for skilled nursing visits. The approval of this application will result in lower costs for skilled nursing visits for private pay patients in the county.

Further, the Applicant randomly chose AccentCare and Maxim Health Care for a more in-depth comparison for skilled nursing charges. The Applicant anticipates charges of \$36 - \$40 per hour, \$70 - \$75 per hour, and \$125 per hour for Caregiving, RN Caregiving and Skilled Nursing care, respectively. AccentCare reports \$35 to \$38 per hour, \$68 to \$72 per hour and \$122 to \$128 per hour for these three respective services. Maxim Health Care reports \$30 to \$35 per hour, \$65 to \$70 per hour and \$120 to \$130 per hour for these three respective services. Maxim's rates are slightly lower for caregiving and RN services but align closed for skilled nursing services. AccentCare's rates are comparable to both the Applicant and Maxim, generally falling within the middle of reported ranges. This comparison demonstrates that the Applicant will provide competitive, market-aligned rates across its service offerings.

The Applicant's provision of skilled nursing services will complement the services being provided by existing home health agencies in Williamson County. Many of the Applicant's clients also receive a limited number of approved visits from existing home health agencies under insurance or Medicare. The Applicant works closely with these agencies to ensure continuity of care by "filling in the gaps" for medically complex patients who need additional support beyond the visits covered by their insurance, including tasks and oversight services not currently permitted under existing home health agency schedules.

Because the Applicant's services are private-pay and scheduled according to patient need, the approval of our CON application is not expected to reduce patient volume for existing home health agencies. Instead, our model increases consumer choice and accessibility, allowing families to supplement existing home health care as needed. Consumers benefit from greater flexibility, more frequent or continuous skilled nursing support, and the ability to remain safely at home without reliance on institutional care. Additionally, our services provide families with a private-pay alternative that can reduce stress and caregiver burden, improving overall system efficiency and patient outcomes.

There is no additional Attachment 9C showing charges of existing home health agencies. These charges are already shown on Attachment 5N-R. The only comparable charges listed are those for skilled nursing services, since that is the only home health service for which the Applicant is applying. Comparable charges for existing agencies for their skilled services are under the heading "Skilled Hours (\$)" on Attachment 5N-R. The source for skilled nursing hourly charges for existing home health agencies was Joint Annual Reports for Home Health Agencies, Schedule D Finances, page 5, utilizing the hourly charge listed for "Skilled Nursing Care" since that is the only comparable charge for our requested home health agency.

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

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

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

Payor Source	Year-2026		Year-2027	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	\$0.00	0	\$0.00	0
TennCare/Medicaid	\$0.00	0	\$0.00	0
Commercial/Other Managed Care	\$0.00	0	\$0.00	0
Self-Pay	\$41,250.00	100	\$68,750.00	100
Other(Specify)	\$0.00	0	\$0.00	0
<b>Total</b>	\$41,250.00	100%	\$68,750.00	100%
Charity Care	\$0.00		\$0.00	

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

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

**RESPONSE:** The Applicant will continue its private-pay model and will not participate in either Medicare or TennCare/Medicaid.

**QUALITY STANDARDS**

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

- Yes
- No

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

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

No

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

Yes

No

Please Explain

**RESPONSE:** The Applicant will continue its private-pay model and will not participate in either Medicare or TennCare/Medicaid.

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

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

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

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

Please Explain

**RESPONSE:** The Applicant will continue to serve private pay patients, only. As such, there will be no relationships with Medicare, Medicaid, and/or TennCare insurance plans.

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
<b>A. Direct Patient Care Positions</b>		
Owner/Physician Assistant	0.00	1.00
RN	0.00	1.00
<b>Total Direct Patient Care Positions</b>	N/A	2

<b>B. Non-Patient Care Positions</b>		
<b>Total Non-Patient Care Positions</b>	N/A	0
<b>Total Employees (A+B)</b>	0	2

<b>C. Contractual Staff</b>		
Contractual Staff Position	0.00	1.00
<b>Total Staff (A+B+C)</b>	0	3

## **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.

<b>Phase</b>	<b>Days Required</b>	<b>Anticipated Date (Month/Year)</b>
1. Initial HFC Decision Date		06/24/26
2. Building Construction Commenced	0	06/23/26
3. Construction 100% Complete (Approval for Occupancy)	0	06/23/26
4. Issuance of License	90	09/21/26
5. Issuance of Service	120	10/21/26
6. Final Project Report Form Submitted (Form HR0055)	150	11/20/26

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

# USA TODAY CO.



PO Box 631340 Cincinnati, OH 45263-1340

## AFFIDAVIT OF PUBLICATION

E Graham Baker Jr Attorney at  
805 Old Thrasher Ct  
Brentwood TN 37027

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 03/13/2026  
NAS tennessean.com 03/13/2026

and that the fees charged are legal.  
Sworn to and subscribed before on 03/13/2026

\_\_\_\_\_  
Legal Clerk *K. G.*

\_\_\_\_\_  
Notary, State of WI, County of Brown

*8.25.26*

My commission expires

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*Please do not use this form for payment remittance.*

MARIAH VERHAGEN  
Notary Public  
State of Wisconsin

NOTIFICATION OF INTENT  
TO APPLY FOR A CERTIFI-  
CATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. Section 68-11-1601 et seq., and the Rules of the Health Facilities Commission, that CLGL-Health LLC, d/b/a homeRN Franklin, a/an in-home caregiving company owned by Emily Manning, PA-C with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the approval to establish a licensed home health agency and initiate home health services in Williamson County, Tennessee. The Applicant is a newly formed in-home caregiving business whose clients have requested skilled nursing services which requires a home health license. Therefore, home health services will be limited to the provision of skilled nursing services, only. Approval of this CON application will allow the integration of medically focused care with personal caregiving services, improving continuity of care and supporting clients' ability to remain safely in their homes. The Applicant will continue its private-pay model and not participate in either Medicare or TennCare/Medicaid. The service area will be Williamson County, only, and this project aligns with the Tennessee State Health Plan by promoting access to home-based care and reducing unnecessary institutional utilization. The address of the project will be 1035 Westhaven Blvd, S-301, Franklin, Williamson County, Tennessee, 37064. The estimated project cost will be \$60,800.

The anticipated date of filing the application is 03/30/2026.

The contact person for this project is Attorney Graham Baker who may be reached at E Graham Baker Jr Attorney at Law - 2021 Richard Jones Road, S-120, Nashville, TN 3725 -- Contact No. 615-347-7740.

The published Letter of Intent must contain the following statement pursuant to T.C.A. Section 68-11-1607 (c)(1). (A) Any health-care 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 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](mailto:hsda.staff@tn.gov)  
March 13 2026  
LOKR0476929

# Articles of Organization

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A set of formal documents filed with the Secretary of State to legally document the creation of a new business entity.



**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

CLGLHEALTH LLC  
348 BINKLEY DR  
NASHVILLE, TN 37211

October 2, 2024

### Filing Acknowledgment

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

<b>SOS Control # :</b>	<b>001583690</b>	Formation Locale:	TENNESSEE
Filing Type:	Limited Liability Company - Domestic	Date Formed:	10/02/2024
Filing Date:	10/02/2024 9:37 AM	Fiscal Year Close:	12
Status:	Active	Annual Report Due:	04/01/2025
Duration Term:	Perpetual	Image # :	B1630-3155
Managed By:	Member Managed		
Business County:	DAVIDSON COUNTY		

### Document Receipt

Receipt # : 009270052	Filing Fee:	\$300.00
Payment-Credit Card - State Payment Center - CC #: 3882801923		\$300.00

#### Registered Agent Address:

EMILY MANNING  
348 BINKLEY DR  
NASHVILLE, TN 37211

#### Principal Address:

348 BINKLEY DR  
NASHVILLE, TN 37211

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

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

Tre Hargett  
Secretary of State



001583690

# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

SS-4270



**Tre Hargett**  
Secretary of State

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

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

*For Office Use Only*

**-FILED-**

Control # 001583690

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

**1. The name of the Limited Liability Company is:** CLGLHEALTH LLC

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

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

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

**3. This company has the additional designation of:** None

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

EMILY MANNING  
348 BINKLEY DR  
NASHVILLE, TN 37211  
DAVIDSON COUNTY

**5. Fiscal Year Close Month:** December

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

**7. The Limited Liability Company will be:**

Member Managed       Manager Managed       Director Managed

**8. Number of Members at the date of filing:** 2

**9. Period of Duration:** Perpetual

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

348 BINKLEY DR  
NASHVILLE, TN 37211  
DAVIDSON COUNTY

B1630-3155 10/02/2024 9:37 AM Received by Tennessee Secretary of State Tre Hargett



B1630-3156 10/02/2024 9:37 AM Received by Tennessee Secretary of State Tre Hargett

ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

SS-4270



Tre Hargett  
Secretary of State

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

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

For Office Use Only

**-FILED-**

Control # 001583690

The name of the Limited Liability Company is: CLGLHEALTH LLC

11. The complete mailing address of the entity (if different from the principal office) is:

348 BINKLEY DR  
NASHVILLE, TN 37211

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

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

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

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

Licensed Profession:

14. Series LLC (optional)

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

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

This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)

I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

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

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

17. Other Provisions:

Electronic  
Signature

LOVETTE DOBSON  
Printed Name

ORGANIZER

Title/Signer's Capacity

Oct 2, 2024 9:37AM

Date

**CLGL-HEALTH, LLC**  
**d/b/a homeRN Franklin**

**Ownership Structural Chart**

CLGL-Health, LLC  
d/b/a homeRN Franklin



Emily Manning, PA-C  
100% Owner

**COMMERCIAL OFFICE LEASE AGREEMENT**

This Lease Agreement ("Agreement") is entered into on this 20th day of October, 2025, by and between Ray Lenci ("Landlord") and Emily Manning, dba Home RN ("Tenant").

**1. PREMISES**

Landlord hereby leases to Tenant the private office space located on the **third floor** of the building at:

**1035 Westhaven Blvd, Franklin, TN 37064,**

including a **private office, attached closet, and private bathroom** (collectively, the "Premises"). Tenant is also permitted **occasional use** of the **entry area table on the first floor** solely for meeting clients. All other areas of the building are **not for use** by the Tenant and are limited to **pass-through access** only for ingress and egress.

**2. TERM**

The lease term shall begin on November 1, 2025 and shall continue for a **minimum of six (6) months**. After the initial 6-month period, this Agreement shall continue on a **month-to-month** basis unless terminated by either party with **thirty (30) days written notice**.

**3. RENT**

Tenant agrees to pay monthly rent of **\$650.00**, due on the **1st of each month**. Rent is considered **late after the 5th** of the month, and a **\$30.00 late fee** will be applied.

Payments shall be made to: **Ray Lenci 916-380-7839 Via Zelle or by check** to an address designated by Landlord.

**4. UTILITIES & AMENITIES**

The monthly rent includes **basic utilities**:

- Water, Electricity, Garbage, WiFi access
- No other amenities** are included.

**5. USE OF PREMISES**

- Tenant shall use the Premises exclusively as an office for the business of **Home RN**.
- **No smoking** is permitted inside the building or near any entrances.
- **No sleeping** is permitted in the office by Tenant or Tenant's employees.
- **No accumulation of garbage** is allowed. Tenant must keep the Premises clean and orderly.
- **On-street parking** is available and free.

**6. ACCESS & RESTRICTIONS**

- Tenant may access the building only for business purposes.

- The building may be used by other tenants or the Landlord; this lease does not grant exclusive access to any common areas except for occasional first-floor table use.

## 7. TERMINATION

This Lease may be terminated by either party with 30 days' written notice, provided such notice occurs before or after the initial six-month term.

## 8. INDEMNITY & LIABILITY

- Tenant agrees that the Landlord shall not be liable for any damage, loss, or injury to Tenant's personal property, clients, or business operations while on the premises.
- Landlord shall not be responsible for loss or damage due to fire, theft, or acts of God.
- Tenant shall indemnify and hold harmless Landlord against any claims, liabilities, or expenses arising from Tenant's use of the Premises or from any of Tenant's clients or invitees.

## 9. GOVERNING LAW

This Lease shall be governed by the laws of the State of Tennessee.

IN WITNESS WHEREOF, the parties hereto have executed this Commercial Lease Agreement as of the date first written above.

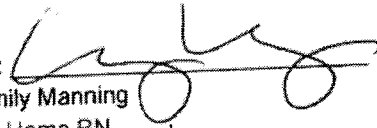
LANDLORD:

Signature: 

Name: Roy Lepp

Date: 10/24/25

TENANT:

Signature: 

Name: Emily Manning

Business: Home RN

Date: 10/24/25

**Floor Plan – Administrative Office**

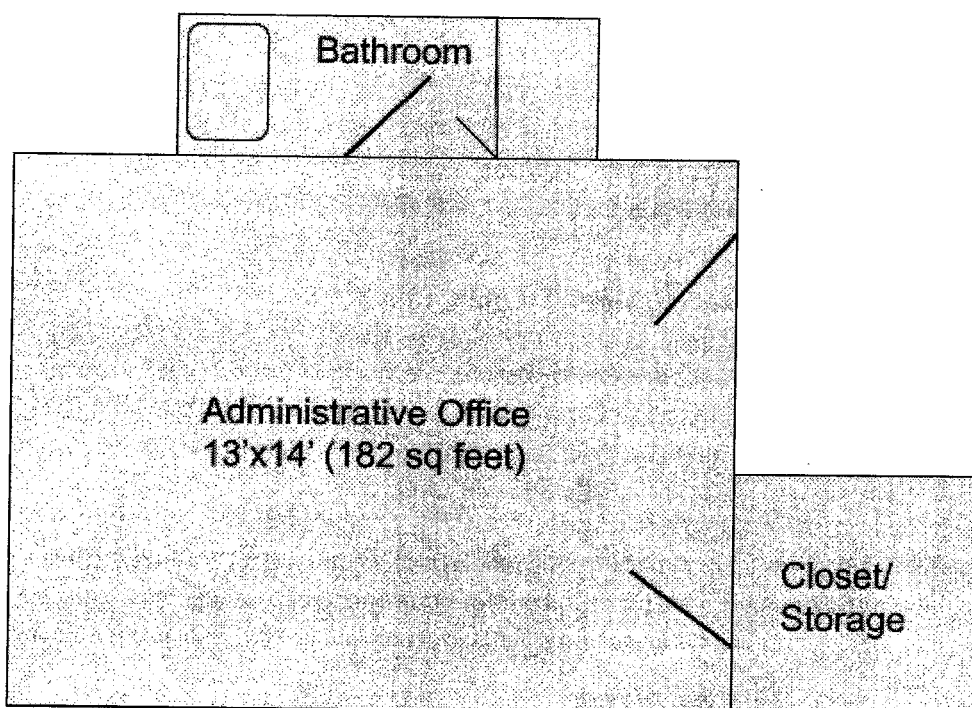
CLGLHealth LLC (dba homeRN Franklin)

1035 Westhaven Boulevard

Suite 301 – Third Floor

Franklin, TN 37064

This office space is located on the third floor (Suite 301) of a three-story townhouse and is used exclusively for administrative operations of the licensed Home Health Agency. Only administrative staff work at this location. No patient care or patient visits occur on site.





Existing Office Building/Area of  
Proposed CON Services  
CLGLHealth LLC  
(dba homeRN Franklin)  
1035 Westhaven Boulevard,  
Suite 301  
Franklin, TN 37064  
Williamson County  
Parcel # 00500, Map 0640, Group M

Map Number  
**0640**



# 2026 Tax Map

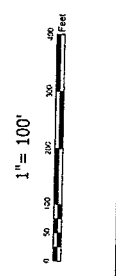
Final: 01/01/2026

Map Index Locator

064K	064H	064C
064P	064D	064N
064R	064E	064M

### Legend

POINT_SYMBOL	POINT_TYPE	Misc. Lines	LINE_TYPE	Parcels_Lines	LINE_TYPE	Parcels	PARCEL_TYPE
(Symbol)	City Center	---	---	---	---	(Symbol)	City Center
(Symbol)	County	---	---	---	---	(Symbol)	County
(Symbol)	School	---	---	---	---	(Symbol)	School
(Symbol)	Other	---	---	---	---	(Symbol)	Other



PREPARED BY: GIS SERVICES DIVISION  
DATE: 01/01/2026  
SCALE: 1" = 100'



Demographic Variable/Geographic Area	Department of Health/Health Statistics								Census Bureau				TennCare		
	Total Population-Current Year 2026	Total Population-Projected Year 2029	Total Population-% Change	*Target Population-Current Year 2026	Target Population-Project Year 2029	Target Population-% Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees 02/2026	TennCare Enrollees as % of Total		
Williamson	282,758	301,248	6.5%	205,283	219,309	6.8%	72.8%	38.3	\$135,594	12,725	4.5%	13,577	4.8%		
County B, etc.															
Service Area Total	282,758	301,248	6.5%	205,283	219,309	6.8%	72.8%	38.3	\$135,594	12,725	4.5%	13,577	4.8%		
State of TN Total	7,300,003	7,462,831	2.2%	5,540,703	5,664,289	2.2%	75.9%	38.9	\$69,595	976,231	13.5%	1,383,360	19.0%		

Note: Population data is derived from Boyd Center Boyd Center Population Projections | Tennessee State Data Center for 2026 & 2029, as opposed to the website instructed for use in the CON application ([www.tn.gov/health/health-program-areas/statistics/health-data/population.html](http://www.tn.gov/health/health-program-areas/statistics/health-data/population.html)).

**FULL SERVICE HOME HEALTH AGENCIES  
LICENSED FOR WILLIAMSON COUNTY, 2023**

JAR	LIC	Name of Facility	Patient Info					Patients by Payors Source					Self Pay
			M'Care	M'Caid/ T'care	Total Pts	WMS County Pts	County/ Total (%)	Skilled Hour (\$)	M'Care	M'Care ADV	M'Caid	Comm	
94074	607	AccentCare HH	Y	N	2,045	505	24.7%	250	524	259	-	41	-
19724	295	Adoration HH	Y	Y	482	-	0.0%	180	120	67	37	11	-
19714	622	Adoration HH	Y	Y	6,565	400	6.1%	180	733	1,055	80	78	-
N/A	(NO RPT)	Advanced HH & Hospice											
19674	254	Amedysis HH	Y	Y	2,808	38	1.4%	325	446	347	84	90	1
19024	38	Amedysis HH	Y	Y	2,128	493	23.2%	314	392	178	25	30	-
19684	68	Amedysis HH	Y	Y	704	-	0.0%	229	176	34	-	3	-
75054	207	Amedysis HH	Y	Y	1,196	-	0.0%	299	186	137	33	48	-
75064	5	Amedysis HH	Y	Y	1,515	85	5.6%	294	435	73	-	12	-
41034	125	Ascension St Thomas	Y	Y	267	12	4.5%	191	16	66	23	20	-
19694	259	Aveanna HH	Y	Y	2,016	339	16.8%	175	235	241	-	111	-
95074	41	Centerwell HH	Y	N	925	-	0.0%	146	156	-	-	38	-
19084	49	Centerwell HH	Y	N	627	75	12.0%	165	70	-	-	5	-
95034	282	Deaconess HC	Y	Y	1,294	5	0.4%	88	184	232	7	103	-
19494	42	Elk Valley	Y	Y	255	3	1.2%	79	-	-	133	20	-
26024	83	Enhabit	Y	N	1,912	265	13.9%	200	225	33	-	249	-
19584	46	HHC of Middle Tenn	Y	Y	2,211	242	10.9%	175	115	247	29	127	9
19544	56	Home Care Solutions	Y	Y	2,091	139	6.6%	76	445	233	31	270	-
19614	323	Home First	Y	Y	927	-	0.0%	157	5	126	127	46	1
47452	633	Implanted Pump Mgmt	Y	Y	49	-	0.0%	N/A	-	-	-	-	-
89064	263	Intrepid USA HC*	Y	N	626	-	0.0%	46	87	155	-	68	-
60044	180	Maury Regional*	Y	Y	1,266	54	4.3%	170	115	115	47	232	6
94104	615	Maxim HC	Y	Y	345	24	7.0%	104	1	-	270	11	-
60024	181	NHC Homecare	Y	N	2,215	57	2.6%	175	777	345	-	41	1
75024	208	NHC Homecare	Y	N	1,958	263	13.4%	175	213	-	-	421	2
79466	459	Optum Wom. + Child	N	Y	166	2	1.2%	N/A	-	-	112	54	-
19884	(NO RPT)	Paragon											
19854	194	St. Thomas	Y	N	474	36	7.6%	175	95	-	-	64	1
19324	70	Suncrest	Y	Y	1,745	152	8.7%	78	227	67	23	370	-
63044	293	Suncrest	Y	Y	517	1	0.2%	68	89	12	10	106	-
20045	221	TN Quality	Y	Y	4,978	65	1.3%	170	1,081	726	175	86	1
19504	289	Tristar	Y	N	511	43	8.4%	250	165	-	-	173	-
19394	43	Vanderbilt Comm	N	Y	58	4	6.9%	203	-	-	-	-	-
19314	65	Vanderbilt HC	Y	Y	3,579	576	16.1%	112	169	242	77	201	1
22014	(NO RPT)												
<b>TOTAL:</b>					<b>48,455</b>	<b>3,878</b>			<b>7,482</b>	<b>4,991</b>	<b>1,323</b>	<b>3,130</b>	<b>24</b>
<b>TOTAL DIVIDED BY ALL AGENCIES:</b>					<b>1,384</b>	<b>111</b>	<b>8.0%</b>	<b>175</b>	<b>214</b>	<b>143</b>	<b>38</b>	<b>89</b>	<b>1</b>

\*Calculated Patients by Payor Source by payor source percentages.

**FULL SERVICE HOME HEALTH AGENCIES  
LICENSED FOR WILLIAMSON COUNTY, 2024**

JAR	LIC	Name of Facility	M'Care	M'Caid/ T'care	Patient Info				Patients by Payers Source				
					Total Pts	WMS County Pts	County/ Total (%)	Skilled Hour (\$)	M'Care	M'Care ADV	M'Caid	Comm	Self Pay
94074	607	AccentCare HH	Y	N	2,295	642	28.0%	321	484	26	-	34	1
19724	295	Adoration HH	Y	Y	559	5	0.9%	200	136	76	31	32	-
19714	622	Adoration HH	Y	Y	6,802	476	7.0%	200	905	1,179	38	228	-
N/A	(NO RPT)	Advanced HH & Hospice											
22014	665	Alana HC											
19674	254	Amedysis HH	Y	Y	3,039	71	2.3%	363	432	400	32	239	1
19024	38	Amedysis HH	Y	Y	2,213	482	21.8%	310	408	210	16	94	1
19684	68	Amedysis HH	Y	Y	568	-	0.0%	264	150	31	-	3	-
75054	207	Amedysis HH	Y	Y	1,251	-	0.0%	350	155	146	5	119	1
75064	5	Amedysis IHC	Y	Y	1,499	96	6.4%	313	412	77	-	27	-
41034	125	Ascension St Thomas	Y	Y	99	5	5.1%	296	9	30	2	9	-
19694	259	Aveanna HH	Y	Y	2,060	414	20.1%	250	269	352	-	84	-
95074	41	Centerwell HH	Y	N	1,055	3	0.3%	187	196	-	-	42	-
95034	282	Deaconess HC	Y	Y	1,617	7	0.4%	93	169	290	4	160	-
19494	42	Elk Valley	Y	Y	199	1	0.5%	79	-	-	154	31	-
26024	83	Enhabit HH	Y	N	1,907	228	12.0%	200	175	54	-	306	-
19084	49	Gentiva Certified HC	Y	N	640	73	11.4%	210	82	-	-	7	-
19584	46	HHC of Middle Tenn	Y	Y	2,033	214	10.5%	175	106	246	27	114	3
19544	56	Home Care Solutions	Y	Y	2,637	211	8.0%	76	442	342	24	621	-
19614	323	Home First	Y	Y	1,304	2	0.2%	168	42	328	68	49	1
47452	633	Implanted Pump Mgmt	Y	Y	63	1	1.6%	150	-	-	-	-	-
89064	263	Intrepid USA HC*	Y	N	575	-	0.0%	46	134	59	-	61	-
60044	180	Maury Regional	Y	Y	1,313	40	3.0%	170	171	95	26	241	2
94104	615	Maxim HC	Y	Y	383	30	7.8%	104	6	-	293	20	2
60024	181	NHC Homecare	Y	N	2,018	52	2.6%	175	647	344	-	39	-
75024	208	NHC Homecare	Y	N	1,895	257	13.6%	175	459	-	-	338	3
79466	459	Optum Wom. + Child	N	Y	117	1	0.9%	N/A	-	-	73	43	1
19884	653	Paragon Infusion	N	N	6	2	33.3%	N/A	-	-	-	-	-
19854	194	St. Thomas	Y	N	138	12	8.7%	296	23	22	-	14	-
19324	70	Suncrest	Y	Y	1,680	183	10.9%	174	148	52	12	445	-
63044	293	Suncrest	Y	Y	582	-	0.0%	81	77	21	3	157	-
20045	221	TN Quality	Y	Y	6,096	70	1.1%	550	1,483	904	111	78	4
19504	289	Tristar	Y	N	926	56	6.0%	225	138	18	-	199	-
19394	43	Vanderbilt Comm	N	Y	31	2	6.5%	157	-	-	-	-	-
19314	65	Vanderbilt HC	Y	Y	3,442	534	15.5%	118	207	242	136	236	2
<b>TOTAL:</b>					<b>51,042</b>	<b>4,170</b>			<b>8,064</b>	<b>5,546</b>	<b>1,056</b>	<b>4,070</b>	<b>22</b>
<b>TOTAL DIVIDED BY ALL AGENCIES:</b>					<b>1,458</b>	<b>119</b>	<b>8.2%</b>	<b>209</b>	<b>230</b>	<b>158</b>	<b>30</b>	<b>116</b>	<b>1</b>

\*Calculated Patients by Payor Source by payor source percentages.

**FULL SERVICE HOME HEALTH AGENCIES  
LICENSED FOR WILLIAMSON COUNTY, 2025**

JAR	LIC	Name of Facility	Patient Info						Patients by Payers Source				
			M'Care	M'Caid/ T'care	Total Pts	WMS County Pts	County/ Total (%)	Skilled Hour (\$)	M'Care	M'Care ADV	M'Caid	Comm	Self Pay
94074	607	AccentCare HH	Y	N	2,091	606	29.0%	458	341	345	-	62	2
19724	295	Adoration HH	Y	Y	696	10	1.4%	200	159	116	21	51	-
19714	622	Adoration HH	Y	Y	7,189	436	6.1%	200	950	1,085	15	328	2
N/A	(NO RPT)	Advanced HH & Hospice											
22014	665	Alana - INACTIVE											
19674	254	Amedysis HH	Y	Y	3,391	79	2.3%	363	488	587	46	246	1
19024	38	Amedysis HH	Y	Y	2,103	491	23.3%	310	392	199	8	83	2
19684	68	Amedysis HH	Y	Y	560	-	0.0%	337	171	26	-	-	-
75054	207	Amedysis HH	Y	Y	1,330	-	0.0%	350	155	170	8	75	3
75064	5	Amedysis HH	Y	Y	1,343	105	7.8%	357	394	59	-	9	-
41034	125	Ascension St Thomas	Y	Y	176	27	15.3%	296	19	1,084	6	20	-
19694	259	Aveanna HH	Y	Y	2,137	426	19.9%	250	235	371	-	70	-
89064	263	Centerwell HH	Y	N	516	-	0.0%	225	65	-	-	32	-
95074	41	Centerwell HH	Y	N	889	2	0.2%	113	172	-	-	25	-
95034	282	Deaconess HC	Y	Y	1,910	34	1.8%	86	122	259	9	231	-
19494	42	Elk Valley	N	Y	230	-	0.0%	N/A	-	-	135	21	-
26024	83	Enhabit	Y	N	2,021	275	13.6%	200	209	84	-	330	-
19084	49	Centerwell HH	Y	N	520	70	13.5%	133	72	-	-	5	-
19584	46	HHC of Middle Tenn	Y	Y	1,825	180	9.9%	175	106	264	13	51	1
19544	56	Home Care Solutions	Y	Y	2,433	-	0.0%	84	212	245	13	411	-
19614	323	Home First	Y	Y	1,653	49	3.0%	121	83	288	57	103	1
47452	633	Implanted Pump Mgmt	Y	Y	80	1	1.3%	N/A	-	-	-	-	-
60044	180	Maury Regional	Y	Y	1,384	21	1.5%	230	200	91	13	275	5
94104	615	Maxim HC	Y	Y	391	33	8.4%	55	-	-	300	21	2
60024	181	NHC Homecare	Y	N	2,109	52	2.5%	175	610	408	-	54	-
75024	208	NHC Homecare	Y	N	2,058	259	12.6%	175	561	-	-	221	2
79466	459	Optum Wom. + Child	N	Y	128	3	2.3%	N/A	-	-	86	42	-
19884	(NO RPT)	Paragon											
19854	194	St. Thomas	Y	N	948	86	9.1%	296	115	164	-	53	1
19324	70	Suncrest	Y	Y	1,855	205	11.1%	164	137	8	6	506	-
63044	293	Suncrest	Y	Y	648	-	0.0%	79	67	36	9	162	-
20045	221	TN Quality	Y	Y	5,197	49	0.9%	550	1,025	981	79	79	1
19504	289	Tristar	Y	N	761	39	5.1%	462	121	45	-	122	-
19394	43	Vanderbilt Comm	N	Y	100	6	6.0%	157	-	-	-	-	-
19314	65	Vanderbilt HC	Y	Y	3,957	645	16.3%	215	159	183	256	231	9
<b>TOTAL:</b>					<b>52,629</b>	<b>4,189</b>			<b>7,337</b>	<b>7,097</b>	<b>1,079</b>	<b>3,921</b>	<b>32</b>
<b>TOTAL DIVIDED BY ALL AGENCIES:</b>					<b>1,504</b>	<b>120</b>	<b>8.0%</b>	<b>235</b>	<b>210</b>	<b>203</b>	<b>31</b>	<b>112</b>	<b>1</b>

**HOME INFUSION HOME HEALTH AGENCIES  
LICENSED FOR WILLIAMSON COUNTY, 2023**

JAR	LIC	Name of Facility	Patient Info						Patients by Payors Source				
			M'Care	M'Caid/ T'care	Total Pts	WMS County Pts	County/ Total (%)	Skilled Hour (\$)	M'Care	M'Care ADV	M'Caid	Comm	Self Pay
79456	347	Accredo Health Group	N	Y	325	8	2.5%	N/A	-	-	7	226	-
19754	635	Adv. Nursing Solution	N	N	204	2	1.0%	N/A	-	-	-	13	92
19734	624	Coram CVS	Y	Y	48	4	8.3%	N/A	1	4	-	40	2
79856	634	Optum Infusion Services	N	N	219	24	11.0%	N/A	-	-	-	170	5
19744	632	Pentec Health	Y	Y	190	13	6.8%	271	-	38	5	30	-
75084	649	Twelvestone IV Support	N	N	32	4	12.5%	N/A	-	-	-	4	-
19994	604	Vandy HC Option Care IV Serv.	N	Y	333	13	3.9%	N/A	-	-	33	168	77
<b>TOTAL:</b>					<b>1,351</b>	<b>68</b>			<b>1</b>	<b>42</b>	<b>45</b>	<b>651</b>	<b>176</b>
<b>TOTAL DIVIDED BY ALL AGENCIES:</b>					<b>193</b>	<b>10</b>	<b>5.0%</b>	<b>271</b>	<b>0</b>	<b>6</b>	<b>6</b>	<b>93</b>	<b>25</b>

**HOME INFUSION HOME HEALTH AGENCIES  
LICENSED FOR WILLIAMSON COUNTY, 2024**

JAR	LIC	Name of Facility	M'Care	M'Caidd/ T'care	Patient Info				Patients by Payors Source				
					Total Pts	WMS County Pts	County/ Total (%)	Skilled Hour (\$)	M'Care	M'Care ADV	M'Caidd	Comm	Self Pay
79456	347	Accredo Health Group	N	N	381	4	1.0%	N/A	-	-	-	378	3
19754	635	Adv. Nursing Solution	N	N	216	2	0.9%	N/A	-	-	-	20	66
19734	624	Coram CVS	Y	N	31	3	9.7%	N/A	-	2	-	28	-
79856	634	Optum Infusion Services	N	N	124	6	4.8%	N/A	-	-	-	96	3
19744	632	Pentec Health	Y	Y	197	3	1.5%	271	-	84	9	55	-
01042	620	Pro Case Mgmt of TN	N	N	588	1	0.2%	N/A	-	-	-	-	-
75084	649	Twelvestone IV support	N	N	148	6	4.1%	N/A	-	-	-	-	-
19994	604	Vandy HC Option Care IV Serv.	N	Y	361	18	5.0%	N/A	-	-	31	167	57
<b>TOTAL:</b>					<b>2,046</b>	<b>43</b>			-	<b>86</b>	<b>40</b>	<b>744</b>	<b>129</b>
<b>TOTAL DIVIDED BY ALL AGENCIES:</b>					<b>256</b>	<b>5</b>	<b>2.1%</b>	<b>271</b>	-	<b>11</b>	<b>5</b>	<b>93</b>	<b>16</b>

**HOME INFUSION HOME HEALTH AGENCIES  
LICENSED FOR WILLIAMSON COUNTY, 2025**

JAR	LIC	Name of Facility	M'Care	M'Caid/ T'care	Patient Info				Patients by Payers Source				
					Total Pts	WMS County Pts	County/ Total (%)	Skilled Hour (\$)	M'Care	M'Care ADV	M'Caid	Comm	Self Pay
79456	347	Accredo Health Group	N	N	462	8	1.7%	N/A	-	-	-	378	3
19754	635	Adv. Nursing Solution	N	Y	144	3	2.1%	N/A	-	-	-	20	66
19734	624	Coram CVS	Y	Y	32	4	12.5%	N/A	-	-	-	-	-
79876	640	MGA Homecare	Y	Y	77	10	13.0%	150	-	2	58	14	-
79856	634	Optum Infusion Services	N	N	138	18	13.0%	N/A	-	-	-	96	3
19744	632	Pentec Health	Y	Y	298	3	1.0%	271	-	116	21	65	-
01042	620	Pro Case Mgmt of TN	N	N	625	3	0.5%	N/A	-	-	-	-	-
75084	649	Twelvestone Infusion Support	N	Y	80	1	1.3%	N/A	-	-	-	-	-
19994	604	Vandy HC Option Care IV Serv.	N	Y	564	14	2.5%	N/A	-	-	31	167	96
<b>TOTAL:</b>					<b>2,420</b>	<b>64</b>			-	<b>118</b>	<b>110</b>	<b>740</b>	<b>168</b>
<b>TOTAL DIVIDED BY ALL AGENCIES:</b>					<b>269</b>	<b>7</b>	<b>2.6%</b>	<b>211</b>	-	<b>13</b>	<b>12</b>	<b>82</b>	<b>19</b>

## 1. Item 4A., Purpose of Review

Please select Initiation of Health Care Service in response to Item 4A.

**Response:** Initiation of Health Care Service has been selected.

## 2. Item 7A., Ownership

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

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

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

**Response:** CLGLHealth LLC, doing business as homeRN Franklin, operates as a franchisee of the homeRN network. Under this relationship, the franchisor provides non-clinical support services, including branding, marketing guidance, operational training, administrative tools, and standardized policies and procedures, as well as general guidance on business operations and documentation systems.

CLGLHealth LLC retains full responsibility for all day-to-day operations, including staffing, scheduling, service delivery, clinical oversight, quality assurance and performance improvement, record management, and regulatory compliance. All employees, including nurses and caregivers, are hired, trained, supervised, and managed directly by CLGLHealth. Currently, services are limited to non-medical caregiving under the Applicant's PSSA license and are not provided under physician orders. Oversight is provided locally by the owner, Emily Manning, PA-C, and a full-time RN administrator.

Upon approval of a Home Health Agency license, CLGLHealth will be solely responsible for all clinical services provided under physician orders, including care planning, implementation, and supervision of skilled nursing services. All clinical decision-making will occur locally in accordance with applicable regulations. The franchisor does not provide clinical services and does not participate in patient care decisions.

The franchisor provides operational resources, training materials, and policy frameworks, while CLGLHealth is responsible for implementing these resources in compliance with all state and federal healthcare regulations. The franchisor may provide templates or guidance related to quality assurance, documentation, and operations; however, CLGLHealth is solely responsible for all monitoring, evaluation, corrective actions, and record management, including compliance with privacy and documentation standards.

Training responsibilities are shared, with the franchisor providing general onboarding and operational guidance, and CLGLHealth responsible for all staff training, supervision, competency validation, and any required clinical education.

Under the franchise agreement, CLGLHealth is required to use franchisor-designated systems, follow brand standards, and adhere to franchisor-developed policies and procedures. The franchisor oversees compliance with the franchise agreement through ongoing communication, review of operational performance, and evaluation of adherence to required systems and standards. This oversight does not include clinical supervision or direction of patient care.

All responsibility for patient care, clinical services, staffing, and regulatory compliance remains solely with CLGLHealth LLC.

### 3. Item 1E., Executive Summary

Please provide additional background information on the Applicant and its franchising entity, its current clinical supervision structure, number of staff, services provided and its staff's history of providing continuous skilled nursing care.

The Applicant appears to currently be a franchisee holding itself out as providing skilled nursing care in home.

The screenshot displays the HomeRN website for Franklin, Tennessee. The page features a navigation menu with links for About, Services, Locations, Careers, FAQs, Franchise, and Contact. The main content area is titled "Home Healthcare Services in Franklin, Tennessee" and describes "Premier concierge in-home healthcare services available 24/7 serving Franklin, TN and surrounding areas." It lists services such as professional caregiving, nursing, IV therapy, urgent care, and vitamin injections. Contact information includes the address 1035 Westhaven Boulevard, Franklin, Tennessee 37064, and the phone number (615) 492-9412. Office hours are listed as Monday - Friday, 8 AM - 5 PM, with urgent care and IV therapy available 7 days a week, 8 AM - 5 PM. A "Book an appointment" button and a "Contact Us" button are visible. A photograph shows a healthcare professional in blue scrubs interacting with an elderly man and woman on a couch. The footer of the page reads "Professional Healthcare Services in Franklin, Tennessee".

What services has the Applicant provided in-home to this point? How long have those services been offered to the public?

Does the Applicant intend to provide services in locations other than patient's homes, i.e. hotels, offices, AirB&Bs?

What scope of services does it intend to offer as a licensed home health agency? Please define medical caregiving services, and confirm the service categories the Applicant plans to offer:

Home Health Service	Yes/No
Home Health Aide Services	
Homemaker Services	
Medical Social Services	
Occupational Therapy	
Physical Therapy	
Skilled Nursing Care	
Infusion Therapy - Pain Management	
Infusion Therapy Other	
Speech Therapy	
Other	

Please explain the extent to which the Applicant anticipates providing private duty nursing services for patients requiring continuous home care rather than intermittent care.

If providing continuous care, please discuss how will the Applicant will support the necessary trained staff to deliver home health care to patients in need of private duty nursing/continuous care: Private duty and visit-based skilled nursing, ventilator and respiratory care, tracheostomy and oxygen therapy, nebulizer treatments and pulse oximetry, medication management and lab draws, G-tube/N-tube/J-tube feeding and care education, wound care, catheter/ostomy management, seizure protocols and neurological monitoring, apnea monitoring, INR checks, and nutrition assessments?

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

Please define medical caregiving as it is being referenced in this section.

Are the professional support services offered by the Applicant also private pay only?

When was the Applicant originally licensed as a Personal Support Services

Agency with TDMHSAS?

How many PSSA and home health agencies are licensed to serve Williamson County?

Are any of these agencies private-pay home care only?

Does the Applicant intend to maintain its Personal Support Services Agency (PSSA) license once it is licensed as a home health agency?

**Response:** CLGLHealth LLC, doing business as homeRN Franklin, is a franchisee of the homeRN network, providing non-medical caregiving services in Williamson County. The company launched operations in January 2025 and began serving clients in June 2025. CLGLHealth applied for its Personal Support Services Agency (PSSA) license in December 2025 and received licensure in February 2026. Services are currently provided in private residences and other permitted residential settings, including assisted living facilities, hotels, and similar environments.

The homeRN franchising entity provides a standardized operational framework, including branding, training resources, and administrative support tools. The franchisor does not provide clinical services and does not participate in patient care, staffing, or clinical decision-making. All healthcare services are delivered and managed locally by CLGLHealth in compliance with applicable regulations.

Since June 2025, CLGLHealth has served approximately 40 total clients, including 20 clients receiving non-medical and RN caregiving services and 20 clients receiving non-skilled wellness and support visits. These services include assistance with activities of daily living, wellness checks, vital sign observation, accompaniment to appointments, and post-discharge check-ins, all performed as non-skilled, non-physician-ordered services within the scope of the PSSA license.

In September 2025, the Applicant identified that certain client needs could be interpreted as requiring skilled nursing services. Upon recognition, the agency immediately discontinued any services that could fall outside the PSSA scope and transitioned those clients to strictly non-skilled RN caregiving services. This action was taken proactively to ensure compliance. CLGLHealth has not provided skilled nursing services under its PSSA license since that time and has implemented internal oversight processes to clearly distinguish between non-skilled and skilled services.

The current team includes 19 part-time registered nurses and 29 part-time non-RN caregivers, supervised by Emily Manning, PA-C (owner) and a full-time RN administrator. Non-RN caregivers provide assistance with activities of daily living, homemaking, supervision, and companionship. Registered nurses provide non-skilled RN caregiving services, including wellness monitoring, medication reminders, and general oversight. All services to date have been non-skilled and not performed under physician orders.

CLGLHealth seeks a Home Health Agency license to provide skilled nursing services exclusively in private residences under physician orders. Planned services include intermittent skilled nursing visits, medication management, wound care, tube care (G-tube, N-tube, J-tube), tracheostomy care, insulin monitoring and administration, IV therapy including antibiotic administration, and other clinically indicated interventions. The Applicant intends to provide limited infusion therapy services, specifically IV antibiotic administration following hospital discharge.

The agency's primary focus will be intermittent skilled nursing services. Limited private duty nursing may be provided on a case-by-case basis for medically appropriate patients and is expected to represent less than 10% of total patients. Patients will be accepted based on the agency's ability to safely meet their needs, and those requiring higher-acuity care will be referred to appropriate providers or facilities. For this reason, we are not projecting any income from private duty patients.

"Medical caregiving," as referenced by the Applicant, describes an integrated care approach in which registered nurses provide extended in-home support that may include both non-medical caregiving services and, once licensed and under physician orders, skilled nursing services within the same episode of care. This model is intended to provide coordinated, patient-centered care while maintaining full compliance with licensure requirements.

CLGLHealth operates under a private-pay model that supplements insurance-covered services. The agency does not bill insurance but supports clients in seeking reimbursement where applicable, allowing families to access care without delays related to authorization or coverage limitations.

There are approximately 42 licensed home health agencies and 21 licensed PSSAs serving Williamson County. The majority of PSSAs operate as private-pay agencies (with some also accepting VA benefits); however, these agencies do not provide skilled nursing services. Conversely, most home health agencies operate under insurance-based models. While some may accept private-pay clients on a limited basis (an average of 1 private pay patient per agency based on recent JARs), there are few, if any, agencies that offer both non-medical caregiving and skilled nursing services in a fully integrated, private-pay model as proposed by the Applicant. A review of the 2025 JARs indicate that about one-third of traditional home health agencies provide some home health aide services, and less than 5 agencies provide homemaker services.

CLGLHealth will maintain its PSSA license to continue providing non-medical services in permitted settings, while home health services will be provided exclusively in private residences in accordance with applicable regulations.

### Service Categories – Planned Home Health Services

Home Health Aide Services	Yes
Homemaker Services	Yes
Medical Social Services	No
Occupational Therapy	No
Physical Therapy	No
Skilled Nursing Care	Yes
Infusion Therapy – Pain Mgmt	No
Infusion Therapy – Other	Yes
Speech Therapy	No
Other	No

#### 4. Item 2E., Rationale for Approval

How many of the Applicant's non-medical caregiving patients are under a physician's order? How many of those same PSSA patients are requiring skilled nursing care in-home?

Please detail the basis for the statement that most home health agencies don't offer both medical caregiving and skilled nursing care. What specific services are provided by PSSA agencies that are not offered by licensed home health agencies?

There are providers offering continuous care serving the area. Is the Applicant proposing to serve patients who require continuous skilled care, but are uninsured or ineligible for the types of services proposed by the Applicant?

What portion of these continuous care needs are not eligible for insurance coverage and therefore require a self-pay model? Please detail the specific services that are a challenge for the target population to obtain and when coverage for those services is typically exhausted.

How will the Applicant treat patients who have insurance coverage for part of their needs to ensure maximization of benefit utilization?

Please discuss how the Applicant will ensure that the reimbursement rates are consistent with medically necessary levels of care without any third-party evaluation of the services rendered.

Will all patients served by the home health agency be under physician's orders?

**Response:** CLGLHealth LLC currently serves clients under its Personal Support Services Agency (PSSA) license and does not provide skilled nursing services. As such, none of the Applicant's current PSSA clients are receiving services under physician orders through CLGLHealth.

Since June 2025, CLGLHealth has served approximately 40 total clients, including 20 clients receiving non-medical and RN caregiving services and 20 clients receiving non-skilled wellness and support visits. While all services were intended to remain within the non-skilled scope of the PSSA license, in September 2025 the Applicant identified that certain aspects of care for a small number of clients could be interpreted as requiring skilled nursing services. Upon recognition, the agency immediately discontinued those services and ensured that all ongoing care remained strictly within non-skilled parameters. This action was taken proactively to maintain full compliance with applicable regulations.

Most licensed home health agencies in Williamson County operate under insurance-based models and provide intermittent skilled nursing services under physician orders. These services are typically limited in frequency and duration based on payer guidelines and do not include continuous or extended non-medical support. Personal Support Services Agencies (PSSAs), by contrast, provide non-medical caregiving services—including assistance with activities of daily living, supervision, homemaking, and companionship—but are not permitted to provide skilled nursing services. This creates a gap between intermittent, insurance-based skilled care and continuous, non-medical support in the home setting.

CLGLHealth's model is designed to bridge this gap by maintaining its PSSA services while seeking approval to provide skilled nursing services under a Home Health Agency license, allowing for continuity of care as patient needs evolve, particularly following hospital or facility discharge.

While some providers in the service area offer continuous skilled nursing care, these services are typically limited to patients who qualify for insurance-covered private duty nursing or specialized programs. CLGLHealth does not intend to operate as a primary provider of continuous skilled nursing care but may provide limited private duty services on a case-by-case basis for appropriate patients, representing less than 10% of total patients. For this reason, we are not projecting income from private duty patients.

Patients discharged from hospitals or rehabilitation facilities often require support beyond what is covered by insurance. Home health services typically provide intermittent skilled visits that may be limited in frequency and duration, and coverage may end once patients are no longer considered homebound, despite ongoing care needs. Services commonly limited or not covered include extended monitoring, assistance with activities of daily living, medication oversight between visits, and ongoing support for chronic conditions. These gaps frequently require families to seek private-pay services.

CLGLHealth addresses these needs through a private-pay model that supplements insurance-covered care. The agency does not bill insurance but encourages clients to utilize available benefits. For patients with partial coverage, CLGLHealth coordinates services to complement existing home health providers, ensuring that covered skilled visits are maximized while providing additional non-duplicative support between visits.

All skilled nursing services provided under the proposed Home Health Agency license will be delivered under physician orders and in accordance with established plans of care. CLGLHealth will coordinate with physicians and other providers to ensure services are medically necessary, appropriate, and aligned with patient needs.

As a private-pay provider, CLGLHealth establishes rates based on level of care, staff qualifications, and market conditions. Services are guided by patient needs and physician-directed plans of care where applicable. Internal oversight, including clinical supervision, documentation review, and quality assurance processes, ensures that services remain appropriate and consistent even without third-party reimbursement structures.

All patients receiving skilled nursing services under the Home Health Agency license will be under physician orders.

The Applicant is not proposing to serve as a primary provider of continuous skilled nursing care for high-acuity patients requiring 24-hour services. Instead, the agency will focus on intermittent skilled nursing and supplemental support for patients whose needs fall between traditional home health services and full-time care. Patients requiring continuous, high-acuity care will be referred to appropriate providers.

Many patients discharged from hospitals or rehabilitation facilities require services such as tube feeding support, insulin administration, IV antibiotic therapy, wound care, and respiratory monitoring. While these services are often initially covered by insurance, coverage is typically limited in frequency and duration. As a result, patients frequently experience gaps in care when authorized visits are insufficient or exhausted.

The Applicant's private-pay model is designed to supplement, not replace, insurance-covered services. For patients with partial coverage, the agency will encourage full utilization of benefits and coordinate with existing home health providers to ensure services are complementary and non-duplicative.

All skilled services will be provided under physician orders and in accordance with an established plan of care. Clinical oversight, documentation standards, and QAPI processes will ensure that services remain medically appropriate and consistent with accepted standards, even in the absence of third-party reimbursement review.

## **5. Item 2N., Service Area**

The number of PSSA clients is not listed but is referenced. How many PSSA clients were served since June 2025? How many of those required skilled

nursing care and of those who did not receive it through a licensed home health agency?

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

Are there any parts of the service area considered rural and/or remote?

**Response:** Since June 2025, CLGLHealth has served approximately 40 total clients, including 20 clients receiving non-medical and RN caregiving services and 20 clients receiving non-skilled wellness and support visits.

In September 2025, the Applicant identified that a small number of clients had care needs that could be interpreted as requiring skilled nursing services. Upon this recognition, those services were immediately discontinued to ensure compliance with PSSA scope limitations, and all ongoing care remained strictly non-skilled. As a result, no clients requiring skilled nursing services continued to receive those services through CLGLHealth without appropriate licensure. Those clients were either transitioned to non-skilled services within the agency's scope or referred to appropriate licensed providers as needed.

Williamson County has a well-established network of licensed providers, including approximately 42 home health agencies and 21 Personal Support Services Agencies (PSSAs). Despite this, there remains a gap in flexible, private-pay skilled nursing support for families who require assistance with ongoing medical needs in the home setting. Many patients discharged from hospitals or rehabilitation facilities have complex care needs—such as G-tube feedings, wound care, tracheostomy care, insulin management, and IV therapies—but receive only intermittent skilled nursing visits under insurance coverage.

While families are often trained to perform these tasks, they may not feel comfortable managing them independently on a daily basis. Additionally, insurance coverage is typically limited to intermittent visits and may be discontinued once patients are no longer considered homebound or clinically acute, even though ongoing support is still needed. This creates a gap in care for patients who require continued assistance but do not qualify for continuous insurance-covered services.

CLGLHealth's proposed service model addresses this gap by combining non-medical caregiving services with physician-ordered skilled nursing under a Home Health Agency license. This approach allows patients to receive coordinated, continuous support tailored to their needs while remaining compliant with all regulatory requirements. The agency will accept patients based on its ability to safely meet their needs and will refer patients to other providers or facilities when care exceeds its scope or capacity.

The service area is primarily suburban, with some rural regions. While Williamson County is generally well-resourced, access to flexible, private-pay skilled nursing services remains limited, particularly for patients who require care outside of traditional insurance parameters or in less densely populated areas.

CLGLHealth will provide Home Health services exclusively in private residences in compliance with applicable regulations, while continuing to provide PSSA services in other permitted residential settings.

## 6. Item 3N., Demographics

What age is the target population?

Will the Applicant serve pediatric patients?

Please revise the demographic table in Attachment 3N.B to reflect population data from the Boyd Center Boyd Center Population Projections | Tennessee State Data Center for 2026 & 2029.

Please update the TennCare Enrollment data and percentage columns to reflect more current data. Please revise Table 3NB.

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

**Response:** CLGLHealth LLC (dba homeRN Franklin) will serve adult patients only. While there is no strict upper age limit, the target population includes adults requiring non-medical caregiving, skilled nursing services, or a combination of both. The Applicant will not serve pediatric patients under this application.

The new attachment 3N-R is attached.

## 7. Item 4N., Special Needs of Service Area Population

How many of the patients served historically have been uninsured?

Please identify typical patient scenarios without providing details about specific patient's situations. Please replace all sections that repeat this information unless patients have consented to release for this application.

**Response:** Historically, all of CLGLHealth's clients have been insured individuals who utilize the agency for non-medical caregiving services. Clients elect to pay privately for services due to the flexibility, immediacy, and extended support not typically covered by insurance benefits.

These services include assistance with activities of daily living, homemaking, supervision, and companionship.

Typical patient scenarios, presented in general terms without identifying information, include:

- Patients transitioning from hospital or rehabilitation settings who have been educated on managing medical needs such as tube feedings (G-tube, J-tube), wound care, insulin administration, or IV antibiotic therapy, but require additional support or supervision to safely manage these needs at home.
- Clients with chronic conditions who benefit from ongoing monitoring of vital signs, medication adherence, and general health status, particularly when insurance coverage limits the frequency of home health visits.
- Patients with mobility limitations or complex care needs who require assistance with daily routines, where families seek additional support to ensure safety, consistency, and appropriate oversight of care needs.

CLGLHealth currently operates within the scope of its PSSA license and has implemented internal processes to ensure that all services remain clearly within non-skilled parameters. When care needs have been identified that may require skilled nursing services, those services have been discontinued or not initiated, and appropriate referrals or coordination with licensed home health providers have been made as needed.

Upon approval of a Home Health Agency license, CLGLHealth aims to address the gap between intermittent skilled nursing visits and continuous family-provided care by offering flexible, physician-directed skilled services, while continuing to provide non-medical caregiving services through its PSSA license.

This approach will allow patients to receive appropriate levels of care based on their needs while ensuring compliance with all applicable licensure requirements.

The application has been updated.

## **8. Item 5N., Historical Utilization**

Please identify the Joint Annual Report schedules used to calculate the Patient by Payor Source data presented in Attachment 5N for 2023-2025.

Please add a note to 5N clarifying that Skilled Visit (\$) represents hours instead of visits for the following:

### **2024**

- Implanted Pump Management – ID 47452
- Vanderbilt Comm – ID 19394

**2025**

- Maxim HC - ID 94104
- Vanderbilt Comm - ID 19394

Please update the historical utilization of the service area to reflect all licensed agencies serving those counties for 2023-2025. The following home infusion focused providers are missing from the Attachment:

**2023**

- Advanced Nursing Solutions (Intrathecal) - ID 19754
- Coram Specialty Infusion Services (Relocated from Davidson) - ID 19734
- Pentec Health (Relocated from Davidson to Hamilton) - ID 19744
- Vanderbilt HC/Option Care IV Services - ID 19994
- TwelveStone Infusion Support - ID 75084
- Accredo Health Group, Inc - ID 79456
- Optum Infusion Services (Relocated from Shelby to Williamson) - ID 79856

**2024**

- Professional Case Management of TN - ID 01042
- Coram Specialty Infusion Services (Relocated from Davidson) - ID 19734
- Advanced Nursing Solutions (Intrathecal) - ID 19754
- Vanderbilt HC/Option Care IV Services - ID 19994
- Pentec Health (Relocated from Davidson to Hamilton) - ID 19744
- TwelveStone Infusion Support - ID 75084
- Accredo Health Group, Inc - ID 79456
- Optum Infusion Services (Relocated from Shelby to Williamson) - ID 79856

**2025**

- Professional Case Management of TN - ID 01042
- Coram Specialty Infusion Services (Relocated from Davidson) - ID 19734
- Pentec Health (Relocated from Davidson to Hamilton) - ID 19744
- Advanced Nursing Solutions (Intrathecal) - ID 19754
- Vanderbilt HC/Option Care IV Services - ID 19994
- TwelveStone Infusion Support - ID 75084
- Accredo Health Group, Inc - ID 79456
- MGA Homecare - ID 79876
- Optum Infusion Services (Relocated from Shelby to Williamson) - ID 79856

**Response:** Page 5 of Home Health Agency JARs starts a section entitled “Schedule D Finances” and on that page there is a chart that lists charges by service. We utilized the “Skilled Nursing Care” charges on Chart 5N (now 5N-R) since we propose providing skilled nursing only with our home health agency, and other charges do not compare to our application.

New charts for infusion therapy agencies are also provided as part of 5N-R. This chart has been revised to reflect the requested change (the skilled visit column has been changed to reflect hourly charges). For traditional home health agencies, the “Skilled Nursing” charge was utilized on chart 5N-R. For home infusion therapy home health agencies, we also used the “Skilled Nursing” charge if reported; if not reported we used the “Infusion Therapy Pain Management” charge.

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

Please complete the following tables:

<b>Private Duty Nursing</b>				
Discipline	Patients Year 1	Hours Year 1	Patients Year 2	Hours Year 2
Skilled nursing				
Home Health Aide				
Medical Social				
Therapies (PT, OT, ST)				
Other				
Total				

<b>Intermittent Care Nursing</b>				
Discipline	Patients Year 1	Visits Year 1	Patients Year 2	Visits Year 2
Skilled nursing				
Home Health Aide				
Medical Social				
Therapies (PT, OT, ST)				
Other				
Total				

Please ensure that the projections match Item 2N.

What are some of the typical referral sources assumed by the Applicant in the development of its projections?

What are the key differences in target population to be served by the Applicant vs. other existing providers.

How does the target population benefit from a self-pay only model?

What specific advantages are there for physicians and discharge planners in referring to a self-pay agency?

Are there specific conditions being targeted as prevalent in the service area?

What percentage of projected patients will require visits lasting more than 2 hours per day?

Please explain the need for 51 FTE direct care staff to provide 146 total hours of care in Year 1? What will the average days of care, average hours per day be for home health patients served by the Applicant?

**Response:** Our projections regarding home health skilled patients (number of patients, anticipated average annual hours per patient, etc.) have been revised. These changes are reflected in the following chart, in other answers to these Supplemental Questions, and in the application itself.

**Private Duty Nursing**

Discipline	Patients Year 1	Hours Year 1	Patients Year 2 (once HHA license approved)	Hours Year 2
Skilled Nursing	0	0	0	0
Home Health Aid	0	0	0	
Medical Social	0	0	0	0
Therapies (PT, OT, ST)	0	0	0	0
Other (non-medical RN caregiving)	0	0	0	0
<b>Total</b>	0	0	0	0

**Intermittent Care Nursing**

Discipline	Patients Year 1	Hours Year 1	Patients Year 2 (once HHA license approved)	Hours Year 2
Skilled Nursing	15	330	25	550
Home Health Aid	0	0		
Medical Social	0	0	0	0
Therapies (PT, OT, ST)	0	0	0	0
Other (Non-Skilled RN Wellness and Support Visits)	0	0	0	0
<b>Total</b>	15	330	25	550

**Note: The above table reflects only services that align with Home Health Agency (HHA) reporting categories and does not include non-medical caregiving services provided under the Applicant’s Personal Support Services Agency (PSSA) license.**

**As noted in Item 2N, CLGLHealth has served a total of 40 clients since June 2025, including 20 clients receiving non-medical and RN caregiving services and 20 clients receiving non-skilled wellness and support visits. Only the subset of clients receiving RN**

**wellness and non-skilled support visits are represented in this table under “Other,” as these services most closely align with HHA-related categories.**

The Applicant’s projections are based on a combination of referral sources, including direct client inquiries, relationships with other non-medical caregiving agencies, and referrals from physicians, hospitals, and rehabilitation facilities. Many clients are expected to be referred by caregiving agencies that provide assistance with activities of daily living but do not offer skilled nursing services. Additionally, hospitals and post-acute care facilities are anticipated referral sources for patients discharged with ongoing medical needs requiring skilled support under physician orders.

The target population served by CLGLHealth LLC differs from other existing home health providers in that the Applicant focuses on individuals who require supplemental support beyond traditional intermittent, insurance-based home health services. While many licensed home health agencies provide episodic skilled care with limited visit frequency, the Applicant’s model is designed to support patients who require more flexible, extended, or ongoing care in the home setting, within the scope of physician-directed services.

The self-pay model offers several benefits to the target population. It allows patients to access care without delays associated with insurance authorization, provides flexibility in visit length and frequency, and supports continuity of care beyond the limitations of insurance coverage. This is particularly important for patients who require ongoing monitoring, assistance between visits, or extended support following hospital discharge.

Physicians and discharge planners benefit from referring to a self-pay agency because services can be initiated promptly without administrative delays. This allows for smoother transitions from hospital or facility settings to the home, reduces the risk of gaps in care, and provides flexibility in tailoring care plans to meet individual patient needs. The ability to extend care beyond standard visit limitations also supports improved patient outcomes and reduces the likelihood of readmissions.

Common conditions within the service area that contribute to the need for these services include diabetes requiring ongoing monitoring and insulin management, post-surgical recovery requiring wound care and follow-up support, and chronic respiratory conditions requiring ongoing observation and assistance. These conditions often require more support than is typically covered under standard home health benefit structures.

For 2026 and 2027, it is projected that approximately 30–40% of skilled nursing patients will require visits lasting more than two hours per day. These extended visits are associated with more complex care needs and will be scheduled based on physician orders and patient-specific requirements.

For Year 1 Home Health Agency operations, the Applicant projects approximately 15 patients receiving intermittent skilled nursing services totaling approximately 330 hours annually. Based on this projected volume, approximately 1.0 RN FTE is necessary to ensure safe and consistent

patient coverage, including care coordination, documentation, and clinical oversight. This capacity is already supported by existing staff.

For Year 2 Home Health Agency operations, the Applicant projects approximately 25 patients receiving intermittent skilled nursing services totaling approximately 550 hours annually. Based on this projected volume, approximately 1.0 RN FTE is necessary to ensure safe and consistent patient coverage, including care coordination, documentation, and clinical oversight. This capacity is already supported by existing staff.

All required RN staffing to support these services is already in place. The Applicant currently employs 19 part-time registered nurses under its PSSA operations, several of whom have the clinical background and availability to support skilled nursing services upon licensure. No additional RN hires are required to meet the projected Year 1 skilled nursing demand.

The previously referenced 51 FTE direct care staff reflects total staffing capacity across both PSSA and anticipated HHA services, including non-RN caregivers and RN staff supporting non-medical and non-skilled services. This figure should not be interpreted as staffing required solely for initial skilled nursing volume for the proposed home health agency.

Staffing will continue to be scheduled based on patient-specific needs and physician orders, with the flexibility to scale as home health census grows.

## 10. Item 2C., Commercial Insurance Plans

Please explain why not commercial insurance is accepted by the Applicant given the high percentage of commercially insured patients in Williamson County.

**Response:** CLGLHealth LLC (dba homeRN Franklin) operates as a private-pay agency and is not currently enrolled with or billing commercial insurance plans. This model is designed to provide timely, flexible, and patient-centered care that is often limited under traditional insurance structures. While Williamson County has a high percentage of commercially insured residents, many plans restrict skilled nursing visits, limit the duration and frequency of services, and require prior authorizations, which can delay care for patients needing more consistent or supplemental support in the home.

The Applicant's private-pay model allows services to begin promptly and be tailored to the individual needs of each patient without the administrative constraints associated with insurance approval processes. This is particularly important for patients transitioning from hospital or rehabilitation settings who require ongoing support beyond what is typically authorized under insurance-based home health services.

Although services are provided on a private-pay basis, CLGLHealth encourages clients to utilize available insurance resources whenever possible, including long-term care insurance policies or out-of-network reimbursement options. The agency provides appropriate documentation to

support reimbursement when applicable, allowing families to access potential financial benefits while still receiving timely care.

The private-pay model also allows for greater flexibility in visit length and frequency, enabling the agency to provide extended RN-level support, monitoring, and assistance that may exceed standard insurance limitations. Upon approval of the Home Health Agency license, all skilled nursing services will be provided under physician orders in accordance with applicable regulations, while maintaining a flexible, patient-centered approach to care delivery.

Overall, this model complements, rather than replaces, traditional insurance-based home health services by filling gaps in coverage and providing an additional option for families who require more comprehensive or continuous support in the home setting.

### **11. Item 3C., Effects of Competition or Duplication**

Please discuss the benefits to consumers in the private pay only model.

What percentage of patients are expected to be uninsured or lack coverage specifically for intermittent care?

How many existing licensed home health agencies are all self-pay, or are known to provide care on a self-pay basis for services for which insurance eligibility is exhausted?

How many home health agencies do not report offering home health aide or homemaker services?

How many hours are patients expected to average per visit? Compare this to other licensed providers?

The rates for Maxim are noted. Please address which agencies, like Maxim specialize in continuous care for TennCare patients.

Please classify the comparative charges with those categories listed in the JAR, i.e caregiving, and RN caregiving. Please define caregiving, RN caregiving, and skilled nursing care as utilized on Page 16.

Please discuss how the Applicant's skilled nursing services be coordinated under a physician's order with other home health agencies to ensure plan of care is being implemented comprehensively and efficiently without duplication of effort?

Please identify the specific needs of "medically complex patients who need

additional support beyond the visits covered by their insurance, including tasks and oversight services not currently permitted under existing home health agency schedules."

**Response:** CLGLHealth LLC (dba homeRN Franklin) operates on a private-pay only model, which provides significant benefits to consumers by offering flexible, timely, and individualized care. While a large percentage of patients in Williamson County are commercially insured, many require services beyond the limited intermittent care covered by insurance. These needs often arise when patients require more frequent visits, longer visit durations, or additional support that is not authorized under traditional insurance plans. The private-pay model allows patients to access care without delays related to prior authorization or coverage limitations, ensuring continuity and responsiveness to evolving care needs.

Historically, all patients served by CLGLHealth have had some form of insurance coverage; however, many are effectively underinsured for the level of intermittent or extended care they require. It is expected that this trend will continue, with the majority of patients having insurance coverage but requiring supplemental services not fully covered under their plans. It is anticipated that a small percentage of patients (estimated less than 10%) will be fully uninsured, with the majority being insured but underinsured for the level of care required.

There are approximately 42 licensed home health agencies and 21 licensed Personal Support Services Agencies (PSSAs) serving Williamson County. A review of these providers indicates that the majority of home health agencies operate under insurance-based models, including Medicare, TennCare, and commercial payors. While some agencies may accept private-pay clients on a limited basis, there are few, if any, that operate exclusively as private-pay providers focused on supplemental skilled nursing services. Additionally, most licensed home health agencies report offering home health aide and/or homemaker services as part of their overall service mix. The Applicant does not contend that these services are unavailable; rather, CLGLHealth seeks to complement existing providers by addressing gaps in flexibility, visit duration, and availability of supplemental skilled nursing support.

Agencies such as Maxim Healthcare Services and similar providers may offer continuous or private duty nursing services, particularly for TennCare or medically fragile populations. These services are typically limited to patients who meet strict eligibility criteria and are often focused on pediatric or high-acuity cases. The Applicant does not seek to replace or duplicate these services but instead to provide an additional option for adult patients who require flexible, supplemental care outside of these program limitations.

The target population includes adult patients with medically complex conditions such as diabetes, chronic respiratory disease, post-surgical recovery needs, and ongoing wound care requirements. These patients often require closer monitoring and more frequent intervention than is provided through standard home health services.

Currently, CLGLHealth provides caregiving, RN caregiving, and specialized nursing visits. For clarity and consistency with Joint Annual Report (JAR) classifications:

Caregiving (Non-Medical): Assistance with activities of daily living, including bathing, dressing, meal preparation, supervision, and companionship;

RN Caregiving (Non-Skilled): Nurse-level support services that do not require physician orders, including wellness monitoring, medication reminders, and general health oversight; and

Specialized Nursing Visits (Non-Skilled): Higher-level, non-skilled visits performed by licensed clinicians (RN or PA), including targeted assessments such as vital signs monitoring, medication adherence review, and general health evaluation. These visits are typically brief in duration, often averaging one hour or less.

Upon approval of the Home Health Agency license, the Applicant will provide Skilled Nursing Services, defined as clinically necessary services performed under physician orders, including wound care, IV antibiotic administration, tube feeding management, and other medically necessary interventions.

These services will be coordinated with physicians and, when applicable, other home health agencies to ensure that care is delivered efficiently and without duplication. CLGLHealth will review and align with existing plans of care, communicate with other providers as appropriate, and ensure that services are supplemental and supportive rather than duplicative. This coordinated approach ensures comprehensive and efficient care delivery for each patient.

The private-pay model also provides advantages to physicians and discharge planners by offering a reliable option for patients who require additional support beyond what is covered by insurance. Patients can be referred for timely, flexible care without delays related to authorization or visit limitations, improving discharge outcomes and reducing the risk of readmission.

In most cases, patients are expected to receive visits averaging approximately one hour in duration, with flexibility to extend visits to two or more hours based on patient needs and physician orders. This differs from many traditional home health providers, where visit length is often shorter and more standardized due to reimbursement constraints, and where frequency is limited by payer guidelines rather than patient-specific needs.

Medically complex patients in the service area often require ongoing support that extends beyond the limited, intermittent visits typically covered by insurance-based home health services. These needs frequently include assistance with tube feedings, IV antibiotic administration, insulin monitoring and administration, wound care oversight, and respiratory support for chronic conditions. In many cases, family members are trained to perform these tasks upon discharge but may not feel comfortable managing them independently or consistently. Patients may also require more frequent monitoring, longer visit durations, and reinforcement of care plans to ensure compliance and safety.

These types of services, while medically necessary, are often not provided at the frequency or duration needed under traditional home health models, creating a gap that the Applicant seeks to

address through supplemental, private-pay skilled nursing services delivered under physician orders.

## 12. Item 4C., Human Resources

Please define the roles of the 19 part-time RNs who will provide caregiving services, and 29 part-time caregivers. What is the difference between RN caregivers and non-RN caregivers.

Please attach a job description for both position types.

How many of these positions are already employed at the Applicant's PSSA?

Who will serve as Medical Director? Is someone already serving in this capacity?

Are there any specific specialty certifications direct service staff will be required to hold?

Please discuss the basis for the Applicant's ability to staff 51 FTE positions.

**Response:** CLGLHealth LLC (dba homeRN Franklin) currently employs a combination of part-time registered nurses and non-RN caregivers to support its Personal Support Services Agency (PSSA) operations. The 19 part-time registered nurses and 29 part-time non-RN caregivers both provide non-medical caregiving services, including assistance with activities of daily living such as bathing, dressing, meal preparation, companionship, supervision, and light housekeeping. This team-based approach allows the agency to meet a range of client needs while maintaining flexibility in staffing.

In addition to non-medical caregiving tasks, registered nurses may provide enhanced support through RN caregiving and specialized nursing visits. These services include wellness checks, vital signs monitoring, medication adherence support, and general clinical oversight. While these services involve clinical training and judgment, they are non-skilled in nature and are not currently provided under physician orders. Non-RN caregivers focus exclusively on non-medical support services and do not perform clinical tasks.

The primary distinction between RN caregivers and non-RN caregivers is licensure and clinical training. Registered nurses are licensed professionals able to assess patient condition, recognize changes in status, and provide higher-level monitoring, while non-RN caregivers provide essential support with daily living activities. All current services fall within the scope of the agency's PSSA license.

All 19 part-time RNs and 29 part-time caregivers are currently employed under the Applicant's existing PSSA operations and form the foundation for projected staffing under the proposed

Home Health Agency, in that the 1.0 FTE RN that is required for providing skilled nursing services under our proposed home health agency is already on staff of our PSSA.

For Year 1 Home Health Agency operations, the Applicant projects approximately 15 patients receiving intermittent skilled nursing services totaling approximately 330 hours annually. Based on this projected volume, approximately 1.0 RN FTE is necessary to ensure safe and consistent patient coverage, including care coordination, documentation, and clinical oversight. This capacity is already supported by existing staff.

For Year 2 Home Health Agency operations, the Applicant projects approximately 25 patients receiving intermittent skilled nursing services totaling approximately 550 hours annually. Based on this projected volume, approximately 1.0 RN FTE is necessary to ensure safe and consistent patient coverage, including care coordination, documentation, and clinical oversight. This capacity is already supported by existing staff.

All required RN staffing to support these services is already in place. The Applicant currently employs 19 part-time registered nurses under its PSSA operations, several of whom have the clinical background and availability to support skilled nursing services upon licensure. No additional RN hires are required to meet the projected Year 1 skilled nursing demand.

The previously referenced 51 FTE direct care staff reflects total staffing capacity across both PSSA and anticipated HHA services, including non-RN caregivers and RN staff supporting non-medical and non-skilled services. This figure should not be interpreted as staffing required solely for initial skilled nursing volume for the proposed home health agency.

Staffing will continue to be scheduled based on patient-specific needs and physician orders, with the flexibility to scale as home health census grows.

Upon approval of the Home Health Agency license, clinical oversight will be supported by a Medical Director. This role will be served by Dr. John Austin, who currently serves as the supervising physician for the owner's physician assistant license. Dr. Austin is familiar with the Applicant's operations and is expected to provide medical oversight, review of clinical policies, and support for plan of care development for skilled nursing services delivered under physician orders.

Direct service staff are required to maintain appropriate licensure or certification for their roles, including active RN licensure for registered nurses. While specialty certifications are not currently required, the Applicant anticipates implementing additional training and competency validation as needed to support patients with more complex needs, including wound care, IV therapy, and respiratory support, in accordance with home health regulatory requirements.

Job descriptions for both RN caregivers and non-RN caregivers are attached and outline the responsibilities, qualifications, and scope of each role.

**Job Description: Caregiver (Non-RN)**

**Position Title:** Caregiver

**Reports To:** RN Administrator / Agency Owner

**Position Summary:**

The Caregiver provides non-medical, in-home support services to clients in accordance with the agency's Personal Support Services Agency (PSSA) license. Services are focused on assisting clients with activities of daily living and maintaining a safe, supportive home environment.

**Responsibilities:**

- Assist clients with activities of daily living, including bathing, dressing, grooming, and toileting
- Provide companionship and supervision to ensure client safety
- Assist with meal preparation and light housekeeping
- Support mobility and transfers as needed
- Observe and report changes in client condition to supervisory staff
- Maintain a clean, safe, and respectful environment for clients
- Document services provided in accordance with agency policies

**Qualifications:**

- High school diploma or equivalent preferred
- Prior caregiving experience preferred but not required
- Ability to follow care plans and communicate effectively
- Reliable transportation and ability to travel to client homes
- Compassionate, dependable, and professional demeanor

**Scope of Services:**

Caregivers provide non-medical services only and do not perform clinical or skilled nursing tasks.

**Job Description: RN Caregiver / Registered Nurse**

**Position Title:** Registered Nurse (RN Caregiver)

**Reports To:** RN Administrator / Agency Owner

**Position Summary:**

The Registered Nurse (RN Caregiver) provides both non-medical caregiving services and enhanced clinical support within the scope of the agency's PSSA license. This includes assisting with activities of daily living as well as providing non-skilled clinical oversight and specialized nursing visits as appropriate.

**Responsibilities:**

- Provide all services outlined in the Caregiver role, including assistance with activities of daily living
- Perform wellness checks, including vital signs monitoring and general health observation
- Support medication adherence through reminders and client education
- Conduct specialized nursing visits, including focused assessments and non-skilled interventions
- Monitor client condition and identify changes that may require escalation or referral
- Communicate with supervisors, physicians, or family members as appropriate
- Maintain accurate and timely documentation of all services provided

**Qualifications:**

- Active Registered Nurse (RN) license in the State of Tennessee
- Strong clinical assessment and communication skills
- Experience in home care or related field preferred
- Ability to work independently and exercise clinical judgment within scope
- Reliable transportation and ability to travel to client homes

**Scope of Services:**

RN Caregivers provide both non-medical caregiving and non-skilled clinical support. Services are not currently performed under physician orders and do not include skilled nursing care. Upon approval of Home Health Agency licensure, RNs may provide skilled nursing services in accordance with physician orders and regulatory requirements.

**13. Item 5C., License/Certifications**

Please discuss the basis for the Applicant QAPI program and applicability to the operations of the home health skilled care to be performed vs PSSA setting.

What is the Applicant's experience with maintaining QAPI with this many part time staff. What percentage of patients being served by the Applicant's PSSA agency have been collaboratively served in coordination with a licensed home health agency?

Please discuss the specifics of the policies in place supporting clinical oversight of part-time staff.

Will the PSSA license be relinquished once a home health license is obtained or will the Applicant continue operating two separate licensed agencies?

Discuss CHAP accreditation and the basis for Applicant's ability to obtain it as a home health provider. What types of care will be provided? Are there any known limitations in services that will compromise the Applicant's ability to become accredited?

Please confirm whether the Applicant uses AxisCare currently for PSSA clients?

**Response:** CLGLHealth LLC (dba homeRN Franklin) maintains a Quality Assurance and Performance Improvement (QAPI) framework appropriate to its current Personal Support Services Agency (PSSA) operations and will expand this framework to meet all requirements applicable to licensed home health agencies upon approval. The current QAPI approach focuses on caregiver performance, client satisfaction, incident tracking, and ongoing staff feedback. Upon licensure as a Home Health Agency, the QAPI program will be enhanced to include clinical outcome measures, care plan compliance, documentation audits, infection control practices, and coordination of care under physician orders. This transition ensures that quality oversight aligns with the higher level of clinical services associated with skilled nursing while maintaining consistency across all operations.

The Applicant has experience managing quality oversight across a workforce composed largely of part-time staff. This is accomplished through structured onboarding, ongoing training, supervisory review, and clear documentation standards. Communication between staff and leadership is maintained through regular check-ins and case reviews, allowing for timely identification of concerns and continuous improvement. The agency's staffing model is designed to ensure accountability and consistency, even with a flexible workforce.

Currently, approximately 20% of clients served under the Applicant's PSSA license are also receiving services from a licensed home health agency. In these cases, care is coordinated informally through communication with families and, when appropriate, with other providers to ensure that services are complementary and not duplicative. This experience provides a foundation for more formal coordination of care that will occur under physician-directed plans once home health licensure is obtained.

The Applicant maintains policies and procedures that support oversight of part-time staff, including defined supervisory roles, documentation requirements, and escalation protocols. The Applicant and administrative RN are responsible for reviewing caregiver documentation, monitoring client status, and ensuring that services are delivered in accordance with agency standards. As the agency transitions to home health operations, these policies will be expanded to include formal clinical supervision, plan of care oversight, and compliance with all applicable regulatory requirements for skilled nursing services under physician orders.

CLGLHealth LLC intends to maintain its existing PSSA license while also operating as a licensed home health agency. These will function as two distinct service lines, allowing the agency to continue providing non-medical caregiving and non-skilled wellness and support visits under the PSSA license while offering skilled nursing services under the home health license. This structure ensures that clients can access the appropriate level of care based on their needs while maintaining compliance with all licensing requirements.

The Applicant intends to pursue accreditation through the Community Health Accreditation Partner (CHAP) following licensure as a home health agency. The agency's existing operational structure, policies, and commitment to quality care provide a strong foundation for meeting CHAP standards. Planned services under the home health license include intermittent skilled nursing visits such as wound care, IV antibiotic administration, medication management, tube feeding support, and other clinically indicated services under physician orders. At this time, the Applicant does not anticipate any limitations in service offerings that would prevent accreditation, as the scope of services is consistent with standard home health capabilities and will be supported by appropriately licensed and trained staff.

The Applicant currently utilizes AxisCare for management of PSSA clients, including scheduling, documentation, and communication. This system supports efficient operations and will continue to be utilized, with any necessary adaptations, to support home health workflows and documentation requirements.

#### **14. Item 7C., Charges**

Please explain the ability to support 51 direct-care staff including a full-time medical director, on \$18,312 in revenue in Year 1?

Please break down the number of projected hours by service type.

**Response:** The previously referenced 51 FTE direct care staff reflects total staffing capacity across both PSSA and anticipated HHA services, including non-RN caregivers and RN staff supporting non-medical and non-skilled services. This figure should not be interpreted as staffing required solely for initial skilled nursing volume for the proposed home health agency. As stated in our corrected responses, we will need only 1.0 FTE RN in Year 1 to provide skilled nursing services in our proposed home health agency, and 1.0 FTE RN in Year 2. In both years, we will have our PA-C Owner plus our Medical Director.

The revenue figure of \$18,312 referenced for Year 1 reflects historical 2025 revenue generated from non-skilled specialized nursing and wellness visits provided under the Applicant's Personal Support Services Agency (PSSA) operations. We have corrected this chart in the application. We anticipate serving 15 patients, receiving 330 hours of service at \$125 per hour for a total gross revenue of \$41,250 in Year 1. Comparable figures for Year 2 are 25 Patients, 550 hours of service at \$125 per hour for a total gross revenue of \$68,750.

The Applicant's staffing model is structured to align labor costs directly with billable services. Both RN and non-RN caregiving staff are compensated on an hourly basis, and services are billed hourly. As a result, staffing expenses scale proportionally with revenue, ensuring payroll obligations are supported by corresponding billed services rather than fixed salary commitments. This flexible cost structure supports financial sustainability as services expand.

The Medical Director role is currently established and supported through a defined compensation arrangement that is not dependent on a single service line or limited revenue stream. This structure will continue as the agency expands into home health services, and associated costs have been incorporated into overall financial planning.

Projected hours by service type are 330 hours in Year 1 for skilled nursing services and 550 hours in Year 2. These projections are based on historical utilization trends, current client demand, and anticipated growth following home health licensure. The distribution reflects a balanced service mix, with continued emphasis on caregiving services alongside the addition of skilled nursing services under physician orders.

### 15. Item 9C., Comparison of Charges

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

**Response:** The Applicant's projected charges for skilled nursing care are \$125 per hour in Years 1 and 2 for our proposed home health agency. Our PSSA projected charges for caregiving and RN caregiving are based on private-pay hourly and per-visit rates, reflecting the individualized, flexible, and high-touch care provided to clients. For 2025, the Applicant's rates were \$40/hour for caregiving, and \$70–75/hour for RN caregiving. We do not anticipate major changes to these rates in our PSSA. Projected rates for 2026 and 2027 remain consistent, reflecting anticipated growth in client volume and service complexity with the addition of skilled nursing services upon Home Health Agency licensure.

Comparisons with other licensed home health agencies in Williamson County are based on publicly available JAR data reported to the Tennessee Department of Health. These reports demonstrate that per-visit, per-patient, and per-hour charges vary widely depending on service type, payer mix, visit frequency, and staffing models. While JAR data does not consistently itemize hourly or per-patient rates across all providers, the Applicant's private-pay model aligns with reported ranges when evaluated on a comparable basis.

On a per-visit basis, the Applicant's \$125 hourly rate for skilled nursing visits is within or below the range of skilled nursing visit charges reported in JAR data, which commonly range from approximately \$150 to \$300 or more per hour depending on complexity, duration, and payer mix.

On a per-patient basis, differences between the Applicant and traditional home health agencies reflect variations in care delivery models rather than differences in unit pricing. Licensed home health agencies typically provide intermittent, insurance-based visits with limited frequency, resulting in lower total annual charges per patient but higher cost per visit. In contrast, the Applicant's private-pay model allows for flexible visit frequency and duration, which may result in higher total annual charges per patient when more hours of care are utilized, while providing a

level of continuous support and monitoring not typically available under insurance-based models.

The Applicant's model offers transparency and predictability for families seeking in-home care. Services are billed hourly or per visit, ensuring that clients pay only for the care received without bundled or opaque pricing structures. While the Applicant does not bill insurance, clients are encouraged to utilize available resources such as long-term care insurance or out-of-network reimbursement, and documentation is provided to support these efforts.

Overall, the Applicant's rates are competitive with local providers while offering greater flexibility in visit duration and frequency. This model allows care to be tailored to individual patient needs and ensures that services are driven by clinical necessity and client demand rather than payer limitations.

## 16. Item 7Q., Quality

Please confirm whether there are any open investigations currently.

**Response:** CLGLHealth LLC (dba homeRN Franklin) currently has no open investigations, deficiencies, or enforcement actions with any licensing or regulatory authority.

In September 2025, following an inquiry by our attorney as to the applicability of home health regulations to the patients we serve, a representative from the state conducted an on-site assessment of the agency's business operations and services. The Applicant fully cooperated with this review and has continued to maintain all records, policies, and operational practices in accordance with applicable regulatory requirements.

The agency remains committed to ongoing compliance, quality oversight, and continuous improvement across all services provided.

## 17. Item 8Q., Staffing

Please address the need for 51 FTE staff for 20 patients.

Please clarify if the direct care positions will be employed by the home health agency or will be independent contractors.

Please confirm that the number of positions represents full-time equivalent positions and not individual part-time staff members. Why are so many nurses on staff to support PSSA operations?

Where is the nurse practitioner in this staffing chart?

Please revise Item 8Q as appropriate.

**Response:** The 51 full-time equivalent (FTE) positions represent the staffing necessary to support both the current Personal Support Services Agency (PSSA) operations and the anticipated Home Health Agency (HHA) operations. These positions are currently employed by the business as W-2 employees and provide care under the PSSA license. Once the HHA license is obtained, the same nursing staff will support clients under the HHA license as appropriate, including the provision of skilled nursing services to qualified patients under physician orders. As corrected in these questions and in our application, only 1.0 FTE RN will be needed in Year 1 to provide skilled nursing services through our proposed home health agency, and 1.0 FTE RN will be needed in Year 2. In both years 1 and 2 the PA-C Owner and Medical Director will be available.

The reference to “20 patients” was incorrect. We anticipate 15 patients receiving skilled nursing care in Year 1 and 25 patients in Year 2. All appropriate references and charts have been corrected to reflect these numbers.

All direct care positions are employed by the agency as W-2 employees; no independent contractors are utilized except for the Medical Director. This employment structure supports consistent training, supervision, accountability, and quality oversight across all services.

The presence of a higher number of registered nurses within the staffing model reflects the agency’s service approach and anticipated transition to Home Health Agency operations. Registered nurses currently provide RN caregiving services and non-skilled wellness and support visits, which include clinical observation, medication adherence support, and monitoring of medically complex clients. These roles require licensed clinical staff even when services are non-skilled. Additionally, maintaining a strong RN workforce ensures readiness to deliver skilled nursing services upon licensure and supports continuity of care as patient needs evolve.

Regarding advanced practice providers, there is no nurse practitioner included in the staffing chart. The primary clinical provider is a physician assistant (PA-C), who is the owner of the agency and operates under the supervision of the Medical Director. This structure is consistent with current operations and will continue under the Home Health Agency model, with the Medical Director providing physician-level oversight for skilled services.

Overall, the staffing plan reflects a flexible, scalable workforce designed to support both current PSSA operations and future HHA services. It ensures appropriate clinical coverage, regulatory compliance, and the ability to meet the needs of medically complex patients while maintaining high standards of care.

## 18. Project Completion Forecast Chart

An HFC meeting would be May at the earliest. Please revise the chart.

**Response:** The Chart has been revised to reflect a June date, as verbally requested.

### 19. Item 1N., Criteria and Standards

Please provide page numbers with Attachment 1N.

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

Are there any letters forthcoming from patients or providers documenting the need for the project?

**Response:** Attachment 1N-R now includes additional page numbers for ease of reference.

While no letters from patients are included due to strict patient confidentiality requirements, the agency's historical utilization clearly demonstrates community need. Since June 2025, the agency has served approximately 40 total clients under its PSSA operations, including 22 clients receiving non-medical and RN caregiving services (with 2 discontinued due to potential skilled needs) and 20 clients receiving non-skilled wellness and support visits. This documented demand supports the rationale for expanding to a licensed home health agency.

The agency is open to obtaining letters from local providers to further corroborate community need, while ensuring all patient privacy is fully maintained. This approach demonstrates both compliance with confidentiality requirements and evidence-based support for the proposed project.

### 20. Item 1N., Criteria and Standards

#### **Attachment 1N, Criteria #6 Adequate Staffing:**

Please clarify the statement that the Applicant's direct care team "currently consists of" the 51 direct care positions identified. Are all these staff functioning under the PSSA license currently?

Please confirm the current scope of services provided in-home by the Applicant and how that scope supports the need for the number of direct care RNs listed.

**Response:** The statement that the Applicant's direct care team "currently consists of" 51 direct care positions refers to full-time equivalent (FTE) staff employed by the agency under its PSSA

license. All of these staff members are currently functioning under the PSSA license and provide a mix of RN caregiving, non-skilled wellness and support visits, and non-medical caregiving services, including assistance with activities of daily living, vital sign observation, medication adherence, and general wellness monitoring. These roles are filled by a combination of part-time RNs and non-RN caregivers, all employed as W-2 staff with flexibility for PRN scheduling.

The current in-home scope of services supports the staffing levels identified. Since June 2025, the agency has served approximately 40 total clients, including 20 clients receiving non-medical caregiving and RN caregiving services and 20 clients receiving non-skilled wellness and support visits. In 2025, the agency provided 2,290 hours of caregiving services, 817 hours of RN caregiving services, and 146.5 hours of non-skilled wellness and support visits, generating \$164,565 in revenue. These services require consistent staffing coverage across multiple clients, schedules, and service types, supporting the need for a flexible workforce that includes a strong RN presence.

The use of registered nurses within the PSSA model is driven by the needs of medically complex clients who benefit from enhanced monitoring, clinical observation, and oversight, even when services remain non-skilled and are not provided under physician orders. RN caregivers and staff providing wellness and support visits are able to identify changes in patient condition, support medication adherence, and provide a higher level of supervision than non-RN caregivers alone. This approach supports patient safety and continuity of care within the scope of the PSSA license.

Projections for 2026 within our PSSA anticipate 3,435 hours of caregiving to 12 clients and 1,225 hours of RN caregiving to 18 clients. These projections reflect growth in both client census and services provided and demonstrate that the current staff structure is sufficient to meet patient needs.

For Year 1 Home Health Agency operations, the Applicant projects approximately 15 patients receiving intermittent skilled nursing services totaling approximately 330 hours annually. Based on this projected volume, approximately 1.0 RN FTE is necessary to ensure safe and consistent patient coverage, including care coordination, documentation, and clinical oversight. This capacity is already supported by existing staff.

For Year 2 Home Health Agency operations, the Applicant projects approximately 25 patients receiving intermittent skilled nursing services totaling approximately 550 hours annually. Based on this projected volume, approximately 1.0 RN FTE is necessary to ensure safe and consistent patient coverage, including care coordination, documentation, and clinical oversight. This capacity is already supported by existing staff.

All required RN staffing to support these services is already in place. The Applicant currently employs 19 part-time registered nurses under its PSSA operations, several of whom have the clinical background and availability to support skilled nursing services upon licensure. No additional RN hires are required to meet the projected Year 1 skilled nursing demand.

The previously referenced 51 FTE direct care staff reflects total staffing capacity across both PSSA and anticipated HHA services, including non-RN caregivers and RN staff supporting non-

medical and non-skilled services. This figure should not be interpreted as staffing required solely for initial skilled nursing volume for the proposed home health agency.

Staffing will continue to be scheduled based on patient-specific needs and physician orders, with the flexibility to scale as home health census grows.

Upon approval of the Home Health Agency license, clinical oversight will be supported by a Medical Director. This role will be served by Dr. John Austin, who currently serves as the supervising physician for the owner's physician assistant license. Dr. Austin is familiar with the Applicant's operations and is expected to provide medical oversight, review of clinical policies, and support for plan of care development for skilled nursing services delivered under physician orders.

Direct service staff are required to maintain appropriate licensure or certification for their roles, including active RN licensure for registered nurses. While specialty certifications are not currently required, the Applicant anticipates implementing additional training and competency validation as needed to support patients with more complex needs, including wound care, IV therapy, and respiratory support, in accordance with home health regulatory requirements.

Once the Home Health Agency (HHA) license is obtained, the same staff will transition to support skilled nursing services under physician orders, while continuing to provide oversight and care coordination for existing PSSA clients. Non-skilled wellness and support visits, currently provided by RNs or administrative RN staff, represent higher-level support than typical RN caregiving but are not classified as skilled nursing services.

Staffing levels are based on projected client hours, averaging approximately 1–2 hours per visit for wellness/support and RN caregiving, with longer visits planned for clients requiring more complex support. The mix of part-time and PRN RNs allows for flexible scheduling and ensures coverage for all patients without overstaffing, while supporting continuity across varying schedules and care needs.

This staffing model ensures that the agency can safely and efficiently expand to skilled care once licensed while maintaining high-quality service for existing caregiving clients. It aligns with projected patient needs and census and demonstrates the Applicant's ability to support 51 FTE positions based on actual and projected service demand.

## **21. Item 1N., Criteria and Standards**

### **Attachment 1N, Criteria #7 Community Linkage Plan:**

Please confirm whether the Applicant maintains any referral arrangements with appropriate health care system providers/services or working agreements with other related community systems assuring continuity of care focusing on coordinated integrated systems. Please identify specific providers/services.

**Response:** The Applicant currently maintains informal relationships with representatives from other caregiving agencies, home health agencies, and hospice providers based on established professional connections within the community. These relationships support continuity of care on a case-by-case basis through communication with families and, when appropriate, coordination with other providers involved in a client's care. At this time, no formal referral arrangements or written working agreements with hospitals or other healthcare system providers have been established.

These informal linkages have supported safe transitions and continuity of services for clients, including situations where clients are simultaneously receiving services from another licensed home health agency. In such cases, care is coordinated to ensure services are complementary and not duplicative.

Upon approval of the Home Health Agency license, the Applicant plans to formalize these relationships by developing referral arrangements and working agreements with hospitals, skilled nursing facilities, physician practices, and other appropriate community-based providers. These agreements will support a coordinated and integrated system of care, ensuring appropriate referrals, continuity of services, and effective communication across providers.

The Applicant will also implement structured communication processes with referring providers, including updates on patient status, coordination of care under physician-ordered plans of care, and participation in discharge planning as appropriate. This approach will ensure that all services are delivered in alignment with the patient's overall plan of care while maintaining compliance with applicable regulatory requirements.

## 22. Item 1N., Criteria and Standards

### Attachment 1N, Criteria #8 MCOs:

What services does the Applicant propose to provide that are generally not covered for TennCare eligible continuous care patients? When does the need for supplemental services typically emerge for these patients?

**Response:** In keeping with our current reimbursement model, CLGLHealth LLC (dba homeRN Franklin) will provide private-pay in-home services and will not bill or accept any insurance, including TennCare. While the agency may serve TennCare-eligible patients, all services will be delivered under a private-pay model and are intended to supplement, not replace, services covered under TennCare or other insurance programs.

Upon licensure as a Home Health Agency, CLGLHealth will provide physician-ordered skilled nursing services—such as wound care, IV antibiotic administration, insulin management, tube feeding support, and respiratory care—on a private-pay basis when patient needs exceed the frequency, duration, or structure covered by TennCare.

For TennCare patients, covered home health services are typically limited to intermittent, medically necessary skilled visits under physician orders and do not include continuous or extended daily support. As a result, gaps often arise when patients require more frequent monitoring, longer visit durations, or ongoing assistance with medically related tasks beyond covered benefits.

The need for supplemental services most commonly emerges following hospital or rehabilitation discharge, when patients return home with complex care needs. At that time, patients and families are often trained to perform certain care tasks but may require additional professional support to safely manage those needs on an ongoing basis. These needs may also increase over time as chronic conditions progress.

By offering flexible, private-pay services, CLGLHealth LLC addresses these gaps in care by providing additional support that enhances patient safety, promotes adherence to physician-directed plans of care, and helps prevent complications or hospital readmissions. All skilled nursing services, once licensed, will be provided under physician orders and in accordance with applicable regulatory requirements.

### **23. Item 1N., Criteria and Standards**

#### **Attachment 1N, Criteria #9 Proposed Charges:**

Please include data comparing the average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient for the Applicant and all other providers licensed to serve Williamson County.

Please define what the \$70-\$75 per hour charge for RN Caregiving includes and what JAR reported service this is comparable to?

Please explain why the average estimated charges for the Applicant are equivalent to the \$125 per hour estimated for skilled nursing care, when there are lower charges estimated for other service levels?

**Response:** CLGLHealth LLC (dba homeRN Franklin) provides services through its PSSA under a private-pay model with charges based on hourly rates and per-visit services. Based on projected utilization, the average charge per client varies depending on the level and frequency of services provided. For 2026, the agency projects approximately 60 total clients across service lines, with caregiving averaging 3,435 hours across 12 clients (approximately 286 hours per client annually) and RN caregiving averaging 1,225 hours across 18 clients (approximately 68 hours per client annually). These averages reflect a mix of low-frequency wellness visits and higher-frequency caregiving support, resulting in variable per-client charges based on individual needs.

The \$70–\$75 per hour charge for RN caregiving reflects non-skilled, nurse-level support services, including medication reminders, health monitoring, chronic condition oversight, and assistance with higher-acuity activities of daily living. The \$70 hourly rate applies to daytime RN caregiving shifts, while the \$75 hourly rate applies to overnight shifts, reflecting standard healthcare industry practices for shift differentials. This service level is most comparable to components of skilled nursing visits reported in the JAR; however, it is not billed as skilled care and does not require physician-ordered intermittent home health services.

Assuming our proposed home health agency becomes a reality, our estimated \$125 per-hour rate for specialized nursing visits is comparable to skilled nursing hourly charges reported in JAR data. While this rate aligns with typical skilled nursing hourly pricing, it reflects the level of clinical attention, oversight, and flexibility provided during these visits on a private-pay basis. Upon approval of the Home Health Agency license, this rate structure will also support physician-ordered skilled nursing services when clinically appropriate.

On a per-visit basis, the Applicant's \$125 hourly rate for skilled nursing visits is within or below the range of skilled nursing visit charges reported in JAR data, which commonly range from approximately \$150 to \$300 or more per hour depending on complexity, duration, and payer mix.

On a per-patient basis, differences between the Applicant and traditional home health agencies reflect variations in care delivery models rather than differences in unit pricing. Licensed home health agencies typically provide intermittent, insurance-based visits with limited frequency, resulting in lower total annual charges per patient but higher cost per visit. In contrast, the Applicant's private-pay model allows for flexible visit frequency and duration, which may result in higher total annual charges per patient when more hours of care are utilized, while providing a level of continuous support and monitoring not typically available under insurance-based models.

The Applicant's model offers transparency and predictability for families seeking in-home care. Services are billed hourly or per visit, ensuring that clients pay only for the care received without bundled or opaque pricing structures. While the Applicant does not bill insurance, clients are encouraged to utilize available resources such as long-term care insurance or out-of-network reimbursement, and documentation is provided to support these efforts.

Overall, the Applicant's rates are competitive with local providers while offering greater flexibility in visit duration and frequency. This model allows care to be tailored to individual patient needs and ensures that services are driven by clinical necessity and client demand rather than payer limitations.

## **24. Item 1N., Criteria and Standards**

### **Attachment 1N, Criteria #11 Quality Control and Monitoring:**

Please provide documentation detailing whether the Applicant's policies and procedures, including its performance improvement plan for its proposed home health agency, is already established or will be developed upon approval or the project.

Please discuss how the Applicant's services will be integrated with each home health patient's plan of care when a patient is receiving home health services through another licensed provider simultaneously to the Applicants' self-pay services.

**Response:** CLGLHealth LLC (dba homeRN Franklin) has established policies and procedures for its current Personal Support Services Agency (PSSA) operations, including internal quality monitoring practices and supervisory oversight of all direct care staff. These existing policies provide a strong operational foundation. Upon approval of the Home Health Agency (HHA) license, the agency will further develop and formalize a comprehensive Quality Assurance and Performance Improvement (QAPI) program specific to home health requirements. This will include standardized performance metrics, clinical documentation review processes, incident reporting protocols, and ongoing staff education to ensure compliance with applicable regulations and accreditation standards.

When clients are simultaneously receiving services from another licensed home health provider, the Applicant's services will be coordinated to ensure alignment with the patient's physician-ordered plan of care. The agency will communicate with the primary home health provider, when appropriate and authorized, to avoid duplication of services and ensure that all care delivered is supportive and complementary.

The Applicant's private-pay services are intended to supplement, not replace, intermittent skilled services provided under insurance coverage. Coordination will include review of the established plan of care, reinforcement of prescribed treatments, and provision of additional monitoring or assistance between scheduled home health visits. This approach ensures continuity of care, enhances patient safety, and supports comprehensive, integrated care delivery for medically complex patients.