

# **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 Davidson County, 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 AMA Home Care Services LLC, d/b/a homeRN Nashville, a/an in-home caregiving company owned by Aubrey Austin, NP 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 Davidson 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 Davidson 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 4350 Sneed Road, Nashville, Davidson County, Tennessee, 37215. The estimated project cost will be \$60,200.

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 AMA Home Care Services LLC, d/b/a homeRN Nashville, a/an in-home caregiving company owned by Aubrey Austin, NP 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 Davidson 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 Davidson 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 4350 Sneed Road, Nashville, Davidson County, Tennessee, 37215. The estimated project cost will be \$60,200.

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.

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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 Davidson County patients for which such services are appropriate. In Davidson County, the population in 2029 is estimated to be 755,634. Applying the 1.5% formula, the resultant need for home health services in the county by 2029 will be 11,335 patients. According to Joint Annual Reports information provided by existing home health agencies in the county, 14,108 traditional home health patients were seen in 2025, along with an additional 3,246 home infusion patients for a total of 17,354 patients (latest JARs). There are more patients being seen by home health agencies than anticipated by the need formula. The "Rationale" section of the Standards and Criteria for Home Health Agencies admits the formula is conservative, should be used as a guideline, and cites abuse in the Medicare-Medicaid industry. The Applicant will provide services to private pay patients, only. Therefore, the need

formula is erroneous and the cite regarding abuse in the Medicare-Medicaid reimbursement system is not applicable.

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 Davidson County patients for which such services are appropriate. In Davidson County, the population in 2029 is estimated to be 755,634. Applying the 1.5% formula, the resultant need for home health services in the county by 2029 will be 11,335 patients. According to Joint Annual Reports information provided by existing home health agencies in the county, 14,108 traditional home health patients were seen in 2025, along with an additional 3,246 home infusion patients for a total of 17,354 patients (latest JARs). There are more patients being seen by home health agencies than anticipated by the need formula. The “Rationale” section of the Standards and Criteria for Home Health Agencies admits the formula is conservative, should be used as a guideline, and cites abuse in the Medicare-Medicaid industry. The Applicant will provide services to private pay patients, only. Therefore, the need formula is erroneous and the cite regarding abuse in the Medicare-Medicaid reimbursement system is not applicable.

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 2023 through 2025 JARs submitted by existing home health agencies in the county, 12,930, 13,333 and 14,108 traditional home health patients were seen in those three years, respectively. For those same respective years, 1,319, 4,084, and 3,246 home infusion therapy patients were seen. While the number of traditional patients has increased each year in 2024 and 2025, the rate of increase has dropped (from 943 patients in 2024 to 775 patients in 2025). Since the rate of increase appears to be decreasing, it appears that the small number of private pay patients anticipated by the Applicant will have no significant impact on traditional home health patient utilization in Davidson County.

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 Davidson County patients for which such services are appropriate. In Davidson County, the population in 2029 is estimated to be 755,634. Applying the 1.5% formula, the resultant need for home health services in the county by 2029 will be 11,335 patients. According to Joint Annual Reports information provided by existing home health agencies in the county, 14,108 traditional home health patients were seen in 2025, along with an additional 3,246 home infusion patients for a total of 17,354 patients (latest JARs). There are more patients being seen by home health agencies than anticipated by the need formula. The "Rationale" section of the Standards and Criteria for Home Health Agencies admits the formula is conservative, should be used as a guideline, and cites abuse in the Medicare-Medicaid industry. The Applicant will provide services to private pay patients, only. Therefore, the need formula is erroneous and the cite regarding abuse in the Medicare-Medicaid reimbursement system is not applicable.

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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.

6. **Response:** The Applicant will provide skilled nursing services to Davidson County patients for which such services are appropriate. In Davidson County, the population in 2029 is estimated to be 755,634. Applying the 1.5% formula, the resultant need for home health services in the county by 2029 will be 11,335 patients. According to Joint Annual Reports information provided by existing home health agencies in the county, 14,108 traditional home health patients were seen in 2025, along with an additional 3,246 home infusion patients for a total of 17,354 patients (latest JARs). There are more patients being seen by home health agencies than anticipated by the need formula. The “Rationale” section of the Standards and Criteria for Home Health Agencies admits the formula is conservative, should be used as a guideline, and cites abuse in the Medicare-Medicaid industry. The Applicant will provide services to private pay patients, only. Therefore, the need formula is erroneous and the cite regarding abuse in the Medicare-Medicaid reimbursement system is not applicable.

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7. **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/NP, are licensed and in good standing with the state.

Regarding the staffing required to provide skilled nursing services through our proposed home health agency, only three FTEs will be involved in providing care to our home health patients, if we are approved: the owner who is also a Nurse Practitioner, one FTE RN, plus our Medical Director. We anticipate using a second FTE RN in Year 2 of operations. Since we have three full-time registered nurses, we do not anticipate having to hire additional nurses to provide skilled services.

The direct patient care team for non-skilled, home aide and homemaker services currently consists of (1) the owner/NP 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) three full-time RNs responsible for administrative duties, staffing and caregiver supervision while providing advanced nursing care and skilled nursing care if approved; and (3) fifty-four caregivers delivering in-home care. The only position that could be considered contract staff is the Medical Director. This staffing structure is projected to continue in Year 1 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 Nurse Practitioner, and a supervising physician, 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 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 Nurse Practitioner 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.

8. **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 will pursue transfer agreements once licensed as a home health agency.

9. **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.

10. **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 anticipates charging \$125 per hour for skilled nursing visits during normal work hours (8:00 a.m. to 5:00 p.m.), with an upcharge for after-hour visits. Attachment 5N lists the skilled visit charges for existing home health agencies in the county and this data shows skilled nursing visit charges averaging \$161, 190, and \$212 for 2023, 2024, and 2025, respectively. The Applicant's charges will be significantly lower than existing averages, with even our after-hour upcharge being less than current averages. No further adjustments to charge rates will occur as a result or approval of this project.

11. **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:** Davidson 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 Nurse Practitioner and Physician (Medical Director). The Applicant's provision of skilled nursing services will complement the services already being provided by existing home health agencies in Davidson 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.

12. **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 Davidson 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.

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/NP, are licensed and in good standing with the state.

The direct patient care team currently consists of (1) the owner/NP 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) three full-time RNs responsible for administrative duties, staffing and caregiver supervision while providing advanced nursing care and skilled nursing care if approved; and (3) fifty-four caregivers delivering in-home care. The only position that could be considered contract staff is the Medical Director. This staffing structure is projected to continue in Year 1 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 Nurse Practitioner, and a supervising physician, 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 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 Nurse Practitioner 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.

Regarding the staffing required to provide skilled nursing services through our proposed home health agency, only three FTEs will be involved in providing care to our home health patients, if we are approved: the owner who is also a Nurse Practitioner, one FTE RN, plus our Medical Director. We anticipate using a second FTE RN in Year 2 of operations. Since we have three full-time registered nurses, we do not anticipate having to hire additional nurses to provide skilled services.

- 13. 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)

---

## CERTIFICATE OF NEED APPLICATION

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

AMA Home Care Services LLC, d/b/a homeRN Nashville

#### Name

4350 Sneed Road

Davidson County

#### Street or Route

County

Nashville

Tennessee

37215

#### City

State

Zip

[www.homerncare.com/locations/nashville](http://www.homerncare.com/locations/nashville)

#### 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

805 Old Thrasher Ct

#### Street or Route

Brentwood

Tennessee

37027

#### 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**

Aubrey Austin, NP

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**Name**

4350 Sneed Road

---

615-517-7923

---

**Street or Route**

**Phone Number**

Nashville

---

Tennessee

---

37215

---

**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:** AMA Home Care Services LLC, d/b/a homeRN Nashville (the Applicant), is an existing in-home caregiving business, operating in Davidson County, Tennessee. The Applicant is a limited liability company which is 100% owned by Aubrey M. Austin, NP. Please see Attachment 7A for a copy of LLC filings and an ownership structure chart.

---

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

**Name**

---

**Street or Route**

---

**County**

---

---

City

State

Zip

---

### Website Address

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. (Attachment 8A)

### 9A. Legal Interest in the Site

Check the appropriate box and submit the following documentation. (Attachment 9A)

The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.

- Ownership (Applicant or applicant's parent company/owner) – Attach a copy of the title/deed.
  - Lease (Applicant or applicant's parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
  - Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
  - Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
  - Letter of Intent, or other document showing a commitment to lease the property - attach reference document
  - Other
- 

**RESPONSE:** Please see Attachment 9A, an executed lease for the office space.

---

### 10A. Floor Plan

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page. (Attachment 10A)

- Patient care rooms (Private or Semi-private)
- Ancillary areas
- Other (Specify)

**RESPONSE:** Please see Attachment 10A, a floor plan of the leased space. Note that the company operates out of a home, and the shaded area of the floor plan constitutes the leased office space for the Applicant.

---

### 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. Patients/Clients will not come to the office as; (1) this is an in-home care-giving company; and (2) the office lease specifically prohibits patient care visits to the leased space.

---

### 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:** Not applicable, as the office space is leased from a private home, not a commercial office building.

---

### 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:**

AMA Home Care Services, LLC, d/b/a homeRN Nashville, is an existing caregiving company that operates exclusively in Davidson County, Tennessee under a franchise agreement. The Applicant requests CON approval to establish a home health agency and initiate skilled home health services only in Davidson County, only, under a private-pay model. The Applicant will not participate in either Medicare or TennCare/Medicaid.

---

- Ownership structure

**RESPONSE:** The Applicant is a limited liability company and is also a locally owned franchise of homeRN Care. Also, the Applicant is 100% owned by Aubrey M. Austin, NP, who also serves as Administrator.

---

- Service Area

**RESPONSE:** Davidson County, Tennessee.

---

- Existing similar service providers

**RESPONSE:** Davidson County is served by multiple non-medical caregiving agencies and several licensed home health agencies. 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. Please see Attachment 5N-R for a listing of existing home health agencies licensed for skilled care services in Davidson County, along with select service information for each agency. As requested, this attachment also includes utilization data for home infusion home health agencies even though the Applicant will not compete with or provide traditional home infusion services.

---

- Project Cost

**RESPONSE:** The Applicant is an existing business and no additional capital expenditures are required. 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 annualized lease costs are included in the Project Cost Chart even though there are no new lease costs as a result of this project.

---

- Staffing

**RESPONSE:** The Applicant is 100% owned and administered by a full-time Nurse Practitioner with support from its Medical Director, plus other nursing and caregiving staff. It is proposed that existing staff will be sufficient to provide skilled nursing services for at least the first year of operation. The anticipated staffing is 1 NP, 1 FTE RN, and one Medical Director. It is anticipated that an additional FTE RN will be needed for Year 2 of operation, if approved. The Medical Director is a contract position.

---

## 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 need for a private-pay nursing and caregiving home health agency in Davidson County is significant. Many clients require in-home nursing and caregiving support in conjunction with existing home health agencies that provide a variety of home health services. However, insurance coverage typically limits these services to one or two visits per week. As a private-pay HHA, we would be able to deliver skilled care as frequently and comprehensively as each client’s condition requires. Our current services range from 24-hour sitter caregiving to continuous registered nursing care. This flexibility allows us to fill critical gaps when insurance coverage ends or when families choose to avoid inpatient care. We work closely with primary care providers, discharge teams, and existing home health agencies to develop individualized plans of care that support safety, continuity, and improved outcomes within the home.

---

- Quality Standards

**RESPONSE:** The Applicant is owned and clinically led by a licensed Nurse Practitioner 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.

---

- 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.

---

- 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.

---

- 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.

---

## 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)	\$7,200
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)	\$57,200
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E. CON Filing Fee	\$3,000
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F. Total Estimated Project Cost (D+E)	\$60,200
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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 need for a private-pay nursing and caregiving home health agency in Davidson County is significant. Many clients require in-home nursing and caregiving support in conjunction with existing home health agencies that provide a variety of home health services. However, insurance coverage typically limits these services to one or two visits per week. As a private-pay HHA, we would be able to deliver skilled care as frequently and comprehensively as each client’s condition requires.

The Applicant currently serves individuals in Davidson 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.

Our current services range from 24-hour sitter caregiving to brief episodes of continuous registered nursing care. This flexibility allows us to fill critical gaps when insurance coverage ends or when families choose to avoid inpatient care. We work closely with primary care providers, discharge teams, and existing home health agencies to develop individualized plans of care that support safety, continuity, and improved outcomes within the home.

Our broader mission is to provide high-quality, private-pay nursing and caregiving services that bridge the gap when insurance coverage is limited and ensure clients receive safe, individualized care in the home. Our goal is to maximize insurance-covered care, while filling the remaining gaps with private-pay services, providing the people of Davidson County the opportunity to recover safely at home rather than in a facility. We feel that the best healing is done in the comfort of your own home.

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

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

---

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

**PROJECTED UTILIZATION**

Unit Type:

- Procedures
- Cases
- Patients
- Other

Service Area Counties	Projected Utilization Recent Year 1 (Year = )	% of Total
Davidson	30	100.00%
Total	30	100%

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

**RESPONSE:**

According to the Tennessee Department of Health data, the population of Davidson County is 734,808 in 2026, and is estimated to be 755,634 by 2029, an increase of 2.8% in 3 years. The Applicant plans to provide skilled nursing services primarily to the adult population. Adult population figures for 2026 and 2029 are 566,537 and 581,083 respectively, an increase of 2.6% in 3 years. The estimated median age of Davidson County residents is 34.6 years, and the median household income is \$77,853. Approximately 17.6% of the population is enrolled in TennCare as of February 2026, and approximately 14.1% of the population (or, 103,304 people) lives at or below the poverty level. There were an estimated 382,559 housing units with a median value of \$417,400 as of July, 2024. Approximately 90.9% of the population has obtained a high school diploma and 48.4% has obtained a college degree.

**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.

---

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 serves individuals in Davidson 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.

What makes homeRN unique is our ability to fill the gaps created by insurance-based boundaries. Many clients already receive skilled services such as PT, OT, and speech through their insurance, yet still lack the consistent, comprehensive support needed to function safely and confidently at home.

For example, we currently serve a client who has insurance-covered PT, OT, and speech therapy, but also needs:

Caregiving Support

Transportation to medical appointments

Advocacy and clinical support during provider visits

This is where homeRN excels. Because of our medical background and concierge model, we are able to:

Attend medical appointments with clients and actively support care coordination

Update medication lists based on provider discussions

Schedule follow-up appointments and imaging in real time

Provide skilled nursing care in the home on a set schedule with consistency and routine

Unlike traditional insurance-based HHAs, we do not merely show up when available or rotate different nurses week to week. Clients receive continuity of care, predictable scheduling, and a relationship-based approach. The concierge home health model allows clients to maximize their insurance benefits while supplementing the care that insurance does not cover. Many of our clients require more than a twice-weekly visit from a different nurse each week—they need integrated, dependable, and proactive care. HomeRN is designed to complement—not replace—insurance-based HHAs, ensuring that no aspect of a client’s care falls through the cracks.

---

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 Davidson 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. 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 home health agencies in Davidson 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.

This updated attachment also contains a list of home infusion home health agencies, but the Applicant will not provide traditional home infusion services such as pain management or PICC line and Port line maintenance.

---

- 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 June, 2025. It is anticipated to provide skilled nursing services to 30 and 45 home health 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 50% growth in clients for year 2, 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.

---

**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 has no existing agreements as it is not licensed as a home health agency. 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 Medicare, Medicaid, and/or TennCare insurance plans.

---

**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 currently serves individuals in Davidson 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.

For example, we currently serve a client who has insurance-covered PT, OT, and speech therapy, but also needs:

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Advocacy and clinical support during provider visits

This is where homeRN excels. Because of our medical background and concierge model, we are able to:

Attend medical appointments with clients and actively support care coordination

Update medication lists based on provider discussions

Schedule follow-up appointments and imaging in real time

Provide skilled nursing care in the home on a set schedule with consistency and routine

Unlike traditional insurance-based HHAs, we do not merely show up when available or rotate different nurses week to week. Clients receive continuity of care, predictable scheduling, and a relationship-based approach. The concierge home health model allows clients to maximize their insurance benefits while supplementing the care that insurance does not cover. Many of our clients require more than a twice-weekly visit from a different nurse each week—they need integrated, dependable, and proactive care. HomeRN is designed to complement—not replace—insurance-based HHAs, ensuring that no aspect of a client’s care falls through the cracks.

Several home health agencies provide services to residents of Davidson 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 home health agencies, along with targeted information about the patients each agency serves. 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 home health agencies in Davidson 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. This attachment, as previously noted, also now contains a list of home infusion agencies in Davidson County.

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.

The Applicant anticipates charging \$125 per hour for skilled nursing visits during normal work hours (8:00 a.m. to 5:00 p.m.), with an upcharge for after hour visits. Attachment 5N-R lists the skilled visit charges for existing traditional home health agencies in the county and this data shows skilled nursing visit charges averaging \$161, \$190, and \$212 for 2023, 2024, and 2025, respectively. The Applicant's charges will be significantly lower than existing averages, with even our after-hour upcharge being less than current averages.

It is also noteworthy that the Applicant's provision of skilled nursing services will complement the services being provided by existing home health agencies in Davidson 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 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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- 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:**

The Applicant 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/NP, are licensed and in good standing with the state.

The direct patient care team currently consists of (1) the owner/NP 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) three full-time RNs responsible for administrative duties, staffing and caregiver supervision while providing advanced nursing care and skilled nursing care if approved; and (3) fifty-four part-time caregivers delivering in-home care. The Medical Director could be considered contractual staff. This staffing structure is projected to continue in Year 1 and is sufficient to meet anticipated patient census while maintaining quality and compliance standards.

That said, only three FTEs will be involved in providing care to our home health patients, if we are approved: the owner who is also a Nurse Practitioner, one FTE RN, plus our Medical Director. We anticipate using a second FTE RN in Year 2 of operations. Since we have three full-time registered nurses, we do not anticipate having to hire additional nurses to provide 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:**

The Applicant seeks Certificate of Need (CON) approval to establish a licensed home health agency in Davidson 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 Davidson 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 Applicant is owned and clinically led by an experienced licensed Nurse Practitioner and a supervising physician (Medical Director), 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. The Applicant maintains a comprehensive quality assurance program, which includes weekly chart reviews conducted by either the owner or a 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 and reviewed weekly to ensure accuracy, compliance, and quality.

All staff undergo initial onboarding and orientation, followed by client-specific training by a Nurse Practitioner or an RN, conducted directly with the RN/caregiver at each initial shift. The owner and full-time RNs 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.

---

**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>750</u>	<u>1125</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>\$93,750.00</u>	<u>\$140,625.00</u>
<b>Gross Operating Revenue</b>	<u>\$93,750.00</u>	<u>\$140,625.00</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>\$93,750.00</u>	<u>\$140,625.00</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>750</u>	<u>1125</u>
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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**

\$93,750.00

\$140,625.00

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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	\$125.00	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	\$125.00	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 anticipates charging \$125 per hour for skilled nursing visits during normal work hours (8:00 a.m. to 5:00 p.m.), with an upcharge for after hour visits. Attachment 5N-R lists the skilled visit charges for existing home health agencies in the county and this data shows skilled nursing visit charges averaging \$161, \$190, and \$212 for 2023, 2024, and 2025, respectively. The Applicant's charges will be significantly lower than existing averages, with even our after-hour upcharge being less than current averages. No further adjustments to charge rates will occur as a result of approval of this project.

The Applicant anticipates total gross revenue of \$93,750 in Year 1 (2026) of operation and \$140,625 in Year 2.

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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 anticipates charging \$125 per hour for skilled nursing visits during normal work hours (8:00 a.m. to 5:00 p.m.), with an upcharge for after hour visits. Attachment 5N-R lists the skilled visit charges for existing home health agencies in the county and this data shows skilled nursing visit charges averaging \$161, \$190, and \$212 for 2023, 2024, and 2025, respectively. The Applicant's charges will be significantly lower than existing averages, with even our after-hour upcharge being less than current averages. No further adjustments to charge rates will occur as a result of approval of this project.

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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	\$93,750.00	100	\$140,625.00	100
Other(Specify)	\$0.00	0	\$0.00	0
<b>Total</b>	\$93,750.00	100%	\$140,625.00	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 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 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
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

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>		
Nurse Practitioner/Administrator	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		06/23/26
3. Construction 100% Complete (Approval for Occupancy)		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

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 AMA Home Care Services LLC, d/b/a homeRN Nashville, a/an in-home caregiving company owned by Aubrey Austin, NP 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 Davidson 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 Davidson 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 4350 Sneed Road, Nashville, Davidson County, Tennessee, 27315. The estimated project cost will be \$60,200.

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  
LOKR0476974

**AMA HOME CARE SERVICES LLC**

Entity Type: Limited Liability Company (LLC)

Formed in: TENNESSEE

Term of Duration: Perpetual

Managed By: Member Managed

Series LLC: No

Number of Members: 6 or less

Status: Active

Control Number: 001564027

Initial Filing Date: 7/30/2024 5:17:41 PM

Fiscal Ending Month: December

AR Due Date: 04/01/2027

Obligated Member Entity: No

Registered Agent

AUBREY AUSTIN

4350 SNEED RD

NASHVILLE, TN 37215

Principal Office Address

4350 SNEED RD

NASHVILLE, TN 37215

Mailing Address

4350 SNEED RD

NASHVILLE, TN 37215

AR Standing: Good

RA Standing: Good

Other Standing: Good

Revenue Standing: N/A

History (4)

**AMA Home Care Services, LLC**  
**d/b/a homeRN Nashville**

**Ownership Structural Chart**

AMA Home Care Services, LLC  
d/b/a homeRN Nashville

|  
Aubrey M. Austin, NP  
100% Owner

**OFFICE LEASE**

THIS OFFICE LEASE is entered into and effective as of the 01<sup>st</sup> day of January, 2025 ("Commencement Date") by and between John Clayton Austin ("Landlord") and AMA Home Care Services, LLC, d/b/a homeRN Nashville ("Tenant"), consisting of approximately 420 GSF located at 4350 Sneed Road, Nashville (Davidson County), Tennessee 37215 ("Premises").

**SECTION 1. TERM:** The term of this Lease shall begin on the Commencement Date and shall be for twelve months, automatically renewable unless cancelled by either party 2 months prior to the anniversary of the Commencement Date mentioned above.

**SECTION 2. RENT:** During the Term, Tenant shall pay to Landlord Six Hundred Dollars (\$600.00) per month, payable on or before the 5<sup>th</sup> of each month covered by the Term. Any payment received after the 5<sup>th</sup> of any month will be subject to a ten percent (10%) interest charge.

**SECTION 3. TAXES:** Landlord shall pay all property and other taxes on the leased premises.

**SECTION 4. USE OF PREMISES:** The Premises shall continuously and at all times during the Term be used and occupied by Tenant only as offices and related services for Tenant and Tenant's employees to engage in the delivery of caregiving services to home-bound clients. Clients are prohibited from entering Premises.

**SECTION 5. UTILITIES:** Landlord shall pay all utilities associated with the lease of the Premises but reserves the right to negotiate additional payment from Tenant to cover the cost of increase to utilities to the Landlord caused or created by Tenant.

**SECTION 6. MAINTENANCE AND REPAIRS:** Landlord shall maintain Premises in good repair, including the mechanical, plumbing and electrical systems of the Premises, the walls, floors, doors, windows and all structural elements of the Premises (excepting painting and repair or replacement of floor or wall coverings). Except as otherwise specifically provided in this Office Lease, Landlord shall have no duty to maintain, repair, clean or service the Premises and Landlord shall not be liable for any actual, consequential or other damages, costs, liabilities or expenses with regard to maintenance, repair, cleaning or service in, about, on or of the Premises.

Tenant shall maintain the Premises in good repair and condition and shall make all repairs and replacements and perform all maintenance necessary to keep the Premises in such condition, except to the extent such maintenance, repairs and replacements are to be provided by Landlord pursuant to this Section 6. In addition, Tenant shall promptly repair, in a good and workmanlike manner, any damage to the Premises or other part of the Building caused by any breach of this agreement to maintain the Premises, any misuse of the Premises or any part thereof, or any willful or negligent act or omission of Tenant, or of any employee, agent or invitee of Tenant. If Tenant fails to do so, Landlord shall have the right to repair any such damage and Tenant shall pay Landlord for the cost of all such repairs, plus, if Tenant does not pay such cost within thirty (30) days of the date the repairs were made, interest at the Interest Rate as defined in Section 2 shall be applied.

**SECTION 7. ALTERATIONS:** Tenant may not make any changes, alterations, improvements or additions to the Premises or attach or affix any articles thereto without Landlord's prior written consent, which consent Landlord shall not unreasonably withhold. All alterations, additions, or improvements which may be made upon the Premises by Landlord or Tenant (except unattached trade fixtures and office furniture and equipment owned by Tenant) shall not be removed by Tenant but shall become and remain the property of Landlord. All alterations, improvements, and additions to the Premises (as permitted by Landlord) shall be done only by Landlord or contractors or mechanics approved by Landlord and shall be at Tenant's sole expense and at such times and in such manner as Landlord may approve. If Tenant shall make any alterations, improvements or additions to the Premises, Landlord may require Tenant, at the expiration of this Lease, to restore the Premises to substantially the same condition as existed at the commencement of the Term. Any mechanic's or materialmen's lien for which Landlord has received a notice of intent to file or which has been filed against the Premises or the Building arising out of work done for, or materials furnished to or on behalf of Tenant, its contractors or

subcontractors shall be discharged, bonded over, or otherwise satisfied by Tenant within ten (10) days following the earlier of the date Landlord receives (a) notice of intent to file a lien or (b) notice that the lien has been filed. If Tenant fails to discharge, bond over, or otherwise satisfy any such lien, Landlord may do so at Tenant's expense, and the amount expended by Landlord, including reasonable attorneys' fees, shall be paid by Tenant within ten (10) days following Tenant's receipt of a bill from Landlord.

**SECTION 8. DAMAGE TO PROPERTY - INJURY TO PERSONS; INSURANCE; INDEMNIFICATION: Tenant's Indemnity.** Tenant shall and hereby does indemnify and hold Landlord harmless from and against any and all claims arising from: (a) Tenant's use or occupancy of the Premises or the conduct of Tenant's business or profession; or (b) any willful or negligent acts or omissions of Tenant, or of Tenant's agents, employees, contractors or invitees. Tenant shall and hereby does further indemnify, defend and hold Landlord harmless from and against all costs, attorneys' fees, expenses and liabilities incurred in connection with any such claim or any action or proceeding brought thereon. In case any action or proceeding is brought against Landlord by reason of any such claim, Tenant upon notice from Landlord, shall defend same at Tenant's expense by counsel reasonably satisfactory to Landlord. Tenant, as a material part of the consideration to Landlord, hereby assumes all risk of damage to property or injury to persons in, upon or about the Premises from any cause other than Landlord's negligence or intentional misconduct, and Tenant hereby waives all claims in respect thereof against Landlord.

Landlord's Indemnity. Landlord shall and hereby does indemnify and hold Tenant harmless from and against any and all claims arising from: any accident or occurrence occurring within the Building (except the Premises) or the Common Areas and facilities, arising out the negligence or willful misconduct of Landlord, or of Landlord's agents, employees, contractors or invitees. Landlord shall and hereby does further indemnify, defend and hold Tenant harmless from and against all costs, attorneys' fees, expenses and liabilities incurred in connection with any such claim or any action or proceeding brought thereon. In case any such claim, action or proceeding is brought against Tenant, Landlord, upon notice from Tenant, shall defend same at Landlord's expense by counsel reasonably satisfactory to Tenant.

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IN WITNESS WHEREOF, the parties have duly executed this Lease the day and year first above written.

WITNESS  
As to Tenant:

TENANT:

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Witness Printed Name)

AMA Home Care Services, LLC

By:

\_\_\_\_\_  
(Signature)

Name: Aubrey M. Austin

Title: Owner

WITNESS  
As to Landlord:

LANDLORD:

\_\_\_\_\_  
(Witness Signature)

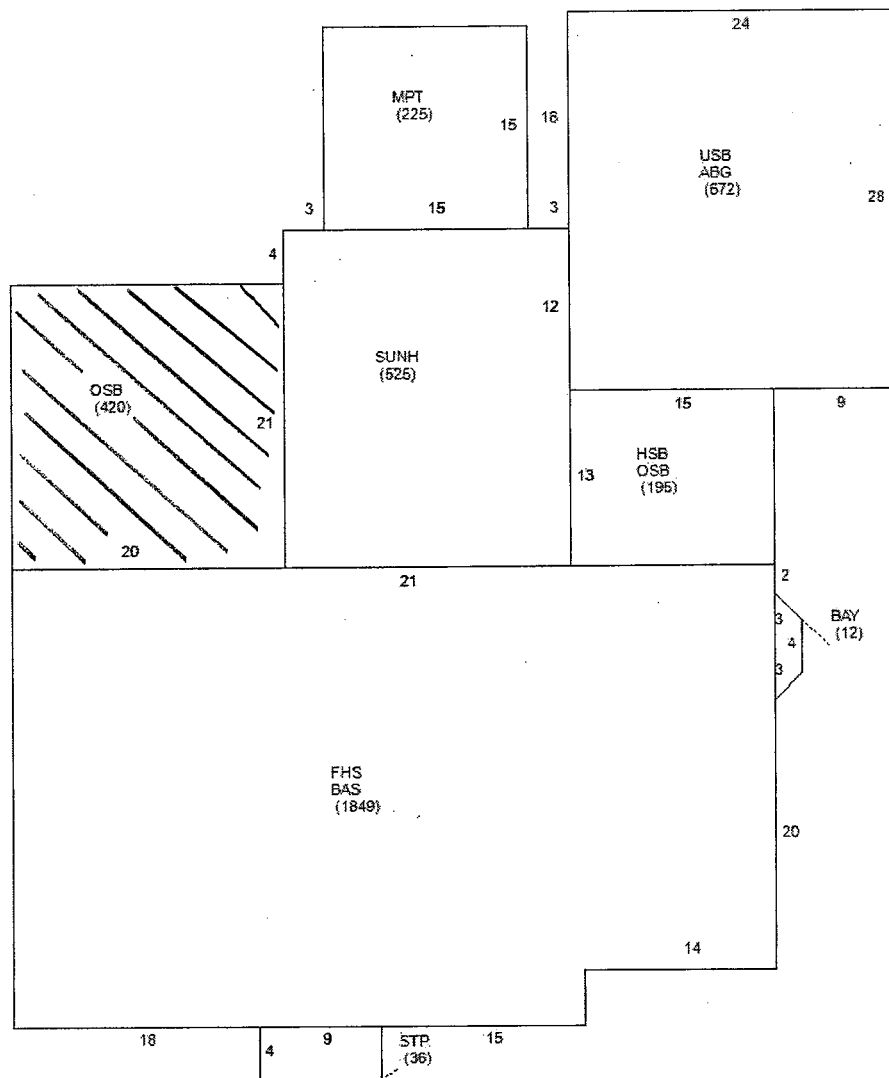
JOHN AUSTIN  
(Witness Printed Name)

John Clayton Austin

By:

\_\_\_\_\_  
(Signature)

Title: Owner





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
Davidson	734,808	755,634	2.8%	566,537	581,083	2.6%	76.9%	34.6	\$77,853	103,304	14.1%	129,427	17.6%
County B, etc.													
Service Area Total	734,808	755,634	2.8%	566,537	581,083	2.6%	76.9%	34.6	\$77,853	103,304	14.1%	129,427	17.6%
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 DAVIDSON COUNTY, 2023**

JAR	LIC	Name of Facility	M'Care	M'Caid/ T'care	Patient Info				Patients by Payor's Source				
					Total Pts	DVN County Pts	County/ Total (%)	Skilled Hour (\$)	M'Care	M'Care ADV	M'Caid	Comm	Self Pay
94074	607	AccentCare HH	Y	N	2,045	705	34.5%	250	524	259	-	41	-
19714	622	Adoration HH	Y	Y	6,565	1,261	19.2%	180	733	1,055	80	78	-
19724	295	Adoration HH	Y	Y	482	9	1.9%	180	120	67	37	11	-
N/A		Advanced HH											
19024	38	Amedysis HH	Y	Y	2,128	978	46.0%	314	392	178	25	30	-
19674	254	Amedysis HH	Y	Y	2,808	1,008	35.9%	325	446	347	84	90	1
19684	68	Amedysis HH	Y	Y	704	160	22.7%	229	176	34	-	3	-
75064	5	Amedysis HH	Y	Y	1,515	11	0.7%	294	435	73	-	12	-
19694	259	Aveanna HH	Y	Y	2,016	502	24.9%	175	235	241	-	111	-
19084	49	Centerwell HH	Y	N	627	402	64.1%	165	70	-	-	5	-
95074	41	Centerwell HH	Y	N	925	25	2.7%	146	156	-	-	38	-
95034	282	Deaconess HC	Y	Y	1,294	267	20.6%	88	184	232	7	103	-
19494	42	Elk Valley	Y	Y	255	9	3.5%	79	-	-	133	20	-
26024	83	Enhabit	Y	N	1,912	626	32.7%	200	225	33	-	249	-
19584	46	HHC of Middle Tenn	Y	Y	2,211	875	39.6%	175	115	247	29	127	9
83114	258	Highpoint HC	Y	Y	664	8	1.2%	79	74	47	8	124	-
19544	56	Home Care Solutions	Y	Y	2,091	402	19.2%	76	445	233	31	270	-
19614	323	Home First	Y	Y	927	644	69.5%	157	5	126	127	46	1
89064	263	Intrepid USA HC*	Y	N	626	-	0.0%	46	87	155	-	68	-
74064	203	Lifeline HHC	Y	Y	616	69	11.2%	75	88	60	18	148	1
94104	615	Maxim HC	Y	Y	345	94	27.2%	104	1	-	270	11	-
60024	181	NHC Homecare	Y	N	2,215	10	0.5%	175	777	345	-	41	1
74054	205	NHC Homecare	Y	N	2,086	566	27.1%	175	322	465	-	33	-
75024	208	NHC Homecare	Y	N	1,958	426	21.8%	175	213	-	-	421	2
79466	459	Optum Wom. + Child	N	Y	166	12	7.2%	N/A	-	-	112	54	-
19884	(NO RPT)	Paragon											
19854	194	St. Thomas	Y	N	474	312	65.8%	175	95	-	-	64	1
19324	70	Suncrest	Y	Y	1,745	1,037	59.4%	78	227	67	23	370	-
63044	293	Suncrest	Y	Y	517	4	0.8%	68	89	12	10	106	-
63034	186	Tennova HH	Y	Y	2,291	-	0.0%	59	566	213	147	440	1
20045	221	TN Quality	Y	Y	4,978	228	4.6%	170	1,081	726	175	86	1
19504	289	Tristar	Y	N	511	294	57.5%	250	165	-	-	173	-
19394	43	Vanderbilt Comm	N	Y	58	49	84.5%	203	-	-	-	-	-
19314	65	Vanderbilt HC	Y	Y	3,579	1,937	54.1%	112	169	242	77	201	1
22014	(NO RPT)												
<b>TOTAL:</b>					<b>51,334</b>	<b>12,930</b>			<b>8,214</b>	<b>5,458</b>	<b>1,393</b>	<b>3,575</b>	<b>20</b>
<b>TOTAL DIVIDED BY ALL AGENCIES:</b>					<b>1,467</b>	<b>369</b>	<b>25.2%</b>	<b>161</b>	<b>235</b>	<b>156</b>	<b>40</b>	<b>102</b>	<b>1</b>

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

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

JAR	LIC	Name of Facility	M'Care	M'Caid/ T'care	Patient Info				Patients by Payers Source				
					Total Pts	DVN County Pts	County/ Total (%)	Skilled Hour (\$)	M'Care	M'Care ADV	M'Caid	Comm	Self Pay
94074	607	AccentCare HH	Y	N	2,295	739	32.2%	321	484	26	-	34	1
19714	622	Adoration HH	Y	Y	6,802	1,342	19.7%	200	905	1,179	38	228	-
19724	295	Adoration HH	Y	Y	559	17	3.0%	200	136	76	31	32	-
N/A	(NO RPT)	Advanced HH											
22014	665	Alana HC											
19024	38	Amedysis HH	Y	Y	2,213	918	41.5%	310	408	210	16	94	1
19674	254	Amedysis HH	Y	Y	3,039	1,087	35.8%	363	432	400	32	239	1
19684	68	Amedysis HH	Y	Y	568	115	20.2%	264	150	31	-	3	-
75064	5	Amedysis HHC	Y	Y	1,499	32	2.1%	313	412	77	-	27	-
19694	259	Aveanna HH	Y	Y	2,060	564	27.4%	250	269	352	-	84	-
95074	41	Centervell HH	Y	N	1,055	13	1.2%	187	196	-	-	42	-
95034	282	Deaconess HC	Y	Y	1,617	492	30.4%	93	169	290	4	160	-
19494	42	Elk Valley	Y	Y	199	4	2.0%	79	-	-	154	31	-
26024	83	Enhabit	Y	N	1,907	640	33.6%	200	175	54	-	306	-
19084	49	Gentiva Certified HC	Y	N	640	404	63.1%	210	82	-	-	7	-
19584	46	HHC of Middle Tenn	Y	Y	2,033	801	39.4%	175	106	246	27	114	3
83114	258	Highpoint HC	Y	Y	614	8	1.3%	72	7	33	2	134	-
19544	56	Home Care Solutions	Y	Y	2,637	534	20.3%	76	442	342	24	621	-
19614	323	Home First	Y	Y	1,304	710	54.4%	168	42	328	68	49	1
89064	263	Intrepid USA HC*	Y	N	575	-	0.0%	46	134	59	-	61	-
74064	203	Lifeline HHC	Y	Y	657	73	11.1%	67	75	68	12	206	-
94104	615	Maxim HC	Y	Y	383	71	18.5%	104	6	-	293	20	2
60024	181	NHC Homecare	Y	N	2,018	-	0.0%	175	647	344	-	39	-
74054	205	NHC Homecare	Y	N	2,017	513	25.4%	175	349	37	-	47	-
75024	208	NHC Homecare	Y	N	1,895	321	16.9%	175	459	-	-	338	3
79466	459	Optum Wom. + Child	N	Y	117	15	12.8%	N/A	-	-	73	43	1
19884	653	Paragon Infusion	N	N	6	3	50.0%	N/A	-	-	-	-	-
19854	194	St. Thomas	Y	N	138	101	73.2%	296	23	22	-	14	-
19324	70	Suncrest	Y	Y	1,680	1,082	64.4%	174	148	52	12	445	-
63044	293	Suncrest	Y	Y	582	7	1.2%	81	77	21	3	157	-
63034	186	Tennova HH	Y	Y	2,518	-	0.0%	60	510	254	90	570	2
20045	221	TN Quality	Y	Y	6,096	357	5.9%	550	1,483	904	111	78	4
19504	289	Tristar	Y	N	926	514	55.5%	225	138	18	-	199	-
19394	43	Vanderbilt Comm	N	Y	31	28	90.3%	157	-	-	-	-	-
19314	65	Vanderbilt HC	Y	Y	3,442	1,828	53.1%	118	207	242	136	236	2
<b>TOTAL:</b>					<b>54,122</b>	<b>13,333</b>			<b>8,670</b>	<b>5,667</b>	<b>1,127</b>	<b>4,657</b>	<b>20</b>
<b>TOTAL DIVIDED BY ALL AGENCIES:</b>					<b>1,546</b>	<b>381</b>	<b>24.6%</b>	<b>190</b>	<b>248</b>	<b>162</b>	<b>32</b>	<b>133</b>	<b>1</b>

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

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

JAR	LIC	Name of Facility	M'Care	M'Caid/ T'care	Patient Info				Patients by Payors Source				
					Total Pts	DVN County Pts	County/ Total (%)	Skilled Hour (\$)	M'Care	M'Care ADV	M'Caid	Comm	Self Pay
94074	607	AccentCare HH	Y	N	2,091	705	33.7%	458	341	345	-	62	2
19714	622	Adoration HH	Y	Y	7,189	1,453	20.2%	200	950	1,085	15	328	2
19724	295	Adoration HH	Y	Y	696	26	3.7%	200	159	116	21	51	-
N/A		Advanced HH											
22014	665	Alana - INACTIVE											
19024	38	Amedysis HH	Y	Y	2,103	929	44.2%	310	392	199	8	83	2
19674	254	Amedysis HH	Y	Y	3,391	1,132	33.4%	363	488	587	46	246	1
19684	68	Amedysis HH	Y	Y	560	123	22.0%	337	171	26	-	-	-
75064	5	Amedysis HH	Y	Y	1,343	43	3.2%	357	394	59	-	9	-
19694	259	Aveanna HH	Y	Y	2,137	461	21.6%	250	235	371	-	70	-
19084	49	Centerwell HH	Y	N	520	323	62.1%	133	72	-	-	5	-
89064	263	Centerwell HH	Y	N	516	-	0.0%	225	65	-	-	32	-
95074	41	Centerwell HH	Y	N	889	22	2.5%	113	172	-	-	25	-
95034	282	Deaconess HC	Y	Y	1,910	671	35.1%	86	122	259	9	231	-
19494	42	Elk Valley	N	Y	230	7	3.0%	N/A	-	-	135	21	-
26024	83	Enhabit	Y	N	2,021	717	35.5%	200	209	84	-	330	-
19584	46	HHC of Middle Tenn	Y	Y	1,825	695	38.1%	175	106	264	13	51	1
83114	258	Highpoint HC	Y	Y	754	9	1.2%	97	75	46	15	156	-
19544	56	Home Care Solutions	Y	Y	2,433	327	13.4%	84	212	245	13	411	-
19614	323	Home First	Y	Y	1,653	652	39.4%	121	83	288	57	103	1
74064	203	Lifeline HHC	Y	Y	616	93	15.1%	75	51	68	1	123	-
94104	615	Maxim HC	Y	Y	391	71	18.2%	55	-	-	300	21	2
60024	181	NHC Homecare	Y	N	2,109	4	0.2%	175	610	408	-	54	-
74054	205	NHC Homecare	Y	N	2,045	503	24.6%	175	262	411	-	54	-
75024	208	NHC Homecare	Y	N	2,058	344	16.7%	175	561	-	-	221	2
79466	459	Optum Wom. + Child	N	Y	128	15	11.7%	N/A	-	-	86	42	-
19884	(NO RPT)	Paragon											
19854	194	St. Thomas	Y	N	948	573	60.4%	296	115	164	-	53	1
19324	70	Suncrest	Y	Y	1,855	1,261	68.0%	164	137	8	6	506	-
63044	293	Suncrest	Y	Y	648	6	0.9%	79	67	36	9	162	-
63034	186	Tennova HH	Y	Y	2,773	4	0.1%	65	412	232	101	543	-
20045	221	TN Quality	Y	Y	5,197	325	6.3%	550	1,025	981	79	79	1
19504	289	Tristar	Y	N	761	441	58.0%	462	121	45	-	122	-
19394	43	Vanderbilt Comm	N	Y	100	71	71.0%	157	-	-	-	-	-
19314	65	Vanderbilt HC	Y	Y	3,957	2,102	53.1%	215	159	183	256	231	9
<b>TOTAL:</b>					<b>55,847</b>	<b>14,108</b>			<b>7,764</b>	<b>6,508</b>	<b>1,170</b>	<b>4,426</b>	<b>24</b>
<b>TOTAL DIVIDED BY ALL AGENCIES:</b>					<b>1,596</b>	<b>403</b>	<b>25.3%</b>	<b>212</b>	<b>222</b>	<b>186</b>	<b>33</b>	<b>126</b>	<b>1</b>

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

JAR	LIC	Name of Facility	M'Care	M'Caid/ T'care	Patient Info				Patients by Payors Source				
					Total Pts	DVN County Pts	County/ Total (%)	Skilled Hour (\$)	M'Care	M'Care ADV	M'Caid	Comm	Self Pay
79456	347	Accredo Health Group	N	Y	325	19	5.8%	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	14	29.2%	N/A	1	4	-	40	2
79856	634	Optum Infusion Services	N	N	219	41	18.7%	N/A	-	-	-	170	5
19744	632	Pentec Health	Y	Y	190	6	3.2%	271	-	38	5	30	-
19994	604	Vandy HC Option Care IV Serv.	N	Y	333	33	9.9%	N/A	-	-	33	168	77
<b>TOTAL:</b>					<b>1,319</b>	<b>115</b>			<b>1</b>	<b>42</b>	<b>45</b>	<b>647</b>	<b>176</b>
<b>TOTAL DIVIDED BY ALL AGENCIES:</b>					<b>220</b>	<b>19</b>	<b>8.7%</b>	<b>271</b>	<b>0</b>	<b>7</b>	<b>8</b>	<b>108</b>	<b>29</b>

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

JAR	LIC	Name of Facility	M'Care	M'Caid/ T'care	Patient Info				Patients by Payers Source				
					Total Pts	DVN County Pts	County/ Total (%)	Skilled Hour (\$)	M'Care	M'Care ADV	M'Caid	Comm	Self Pay
79456	347	Accredo Health Group	N	N	381	28	7.3%	N/A	-	-	-	378	3
19754	635	Adv. Nursing Solution	N	N	216	3	1.4%	N/A	-	-	-	20	66
01032	1	Clinch River HH	N	N	492	5	1.0%	N/A	-	-	-	-	-
19734	624	Coram CVS	Y	N	31	8	25.8%	N/A	-	2	-	28	-
01072	637	Critical Nurse Staff.	N	N	215	1	0.5%	80*	-	-	-	-	1
01092	660	Giving HHC	N	N	12	2	16.7%	N/A	-	-	-	-	-
79856	634	Optum Infusion Services	N	N	124	16	12.9%	N/A	-	-	-	96	3
19744	632	Pentec Health	Y	Y	197	6	3.0%	271	-	84	9	55	-
01042	620	Pro Case Mgmt of TN	N	N	588	2	0.3%	N/A	-	-	-	-	-
25034	80	Qlty Private Duty Care	N	Y	1,319	3	0.2%	115*	-	-	-	-	1
75084	649	Twelvestone IV support	N	N	148	20	13.5%	N/A	-	-	-	-	-
19994	604	Vandy HC Option Care IV Serv.	N	Y	361	29	8.0%	N/A	-	-	31	167	57
<b>TOTAL:</b>					<b>4,084</b>	<b>123</b>			-	<b>86</b>	<b>40</b>	<b>744</b>	<b>131</b>
<b>TOTAL DIVIDED BY ALL AGENCIES:</b>					<b>340</b>	<b>10</b>	<b>3.0%</b>	<b>155</b>	-	<b>7</b>	<b>3</b>	<b>62</b>	<b>11</b>

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

JAR	LIC	Name of Facility	Patient Info						Patients by Payors Source				
			M'Care	M'Caid/ T'care	Total Pts	DVN County Pts	County/ Total (%)	Skilled Hour (\$)	M'Care	M'Care ADV	M'Caid	Comm	Self Pay
79456	347	Accredo Health Group	N	N	462	28	6.1%	N/A	-	-	-	462	-
01032	1	Clinch River HH	N	N	477	2	0.4%	N/A	-	-	-	-	-
19904	659	Continuum Peds. Nursing Serv.	N	N	2	2	100.0%	N/A	-	-	-	-	-
19734	624	Coram CVS	Y	Y	32	5	15.6%	N/A	-	-	-	31	-
01092	660	Giving HHC	N	N	47	2	4.3%	N/A	-	-	-	-	-
47452	633	Implanted Pump Mgmt	Y	Y	80	1	1.3%	N/A	-	16	6	6	-
79876	640	MGA Homecare	Y	Y	77	6	7.8%	150	-	-	58	14	-
47462	638	Nuclear Care Partners	N	N	117	1	0.9%	460	-	-	-	-	-
79856	634	Optum Infusion Services	N	N	138	12	8.7%	N/A	-	-	-	109	8
19744	632	Pentec Health	Y	Y	298	10	3.4%	271	-	116	21	65	-
01042	620	Pro Case Mgmt of TN	N	N	625	2	0.3%	N/A	-	-	-	-	-
79926	675	Tristate Infusion	N	N	247	4	1.6%	N/A	-	-	-	222	-
75084	649	Twelvestone IV Support	N	Y	80	13	16.3%	N/A	-	-	23	44	-
19994	604	Vandy HC Option Care IV Serv.	N	Y	564	54	9.6%	N/A	-	-	73	155	39
<b>TOTAL:</b>					<b>3,246</b>	<b>142</b>			-	<b>132</b>	<b>181</b>	<b>1,108</b>	<b>47</b>
<b>TOTAL DIVIDED BY ALL AGENCIES:</b>					<b>232</b>	<b>10</b>	<b>4.4%</b>	<b>294</b>	-	<b>9</b>	<b>13</b>	<b>79</b>	<b>3</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.**

**Response:** The owner is fully responsible for the overall operations of the organization, including staffing, clinical oversight and support, scheduling, quality assurance and performance improvement, record management, staff training, and the development and maintenance of policies and procedures. See additional explanation below.

**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:** The franchisor has minimal involvement in the day-to-day operations of the Nashville office. Our team independently determines which services to offer and how to structure our growth in alignment with Tennessee state regulations. Because regulatory requirements vary by state, each franchise operates differently based on local laws. For example, the Birmingham office is not required to operate under a home health agency license in order to provide nursing services, whereas our Nashville operations must follow Tennessee-specific requirements.

The owner determines service offerings in close consultation with legal counsel to ensure full compliance with state regulations. The relationship with the franchisor is primarily limited to royalty fees and access to marketing support, including website and social media resources. While the Applicant collaborates and shares general guidance across franchises, each location operates independently in terms of clinical services and scope of care.

Our Nashville team is also guided by an overseeing physician in Nashville (our Medical Director) with over 40 years of practice experience. He provides clinical criteria and practice guidelines that our nursing team follows. Our internal nursing leadership—consisting of four nurses—oversees scheduling, staffing, training, documentation, and performance improvement.

We work with the franchisor to develop market-specific materials and maintain accurate website content and pricing. However, we retain full control over pricing and service offerings. When adjustments are needed to remain compliant with state regulations, the franchisor supports us in making those changes.

It is our responsibility as the franchisee to stay current with state guidelines and evolving recommendations, as well as to identify the specific needs of our local community. The franchisor provides marketing support tailored to our region but does not mandate uniform service offerings across all franchise locations. For example, while the franchisor offers pediatric and newborn night nursing in other markets, we do not currently provide, nor do we plan to provide, those services in Nashville.

### **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.**

**Response:** The franchisor has minimal involvement in the day-to-day operations of the Nashville office. Our team independently determines which services to offer and how to structure our growth in alignment with Tennessee state regulations. Because regulatory requirements vary by state, each franchise operates differently based on local laws. For example, the Birmingham office is not required to operate under a home health agency license in order to provide nursing services, whereas our Nashville operations must follow Tennessee-specific requirements.

The owner determines service offerings in close consultation with legal counsel to ensure full compliance with state regulations. The relationship with the franchisor is primarily limited to royalty fees and access to marketing support, including website and social media resources. While the Applicant collaborates and shares general guidance across franchises, each location operates independently in terms of clinical services and scope of care.

Our Nashville team is also guided by our Medical Director, an overseeing physician in Nashville with over 40 years of practice experience. He provides clinical criteria and practice guidelines that our nursing team follows. Our Medical Director is John Austin, MD, a cardiothoracic surgeon who also practiced at St. Thomas Downtown (formerly Baptist) for over 20 years. He maintains

standing orders for our services and communicates with our nurse practitioner on a weekly basis. We operate in full compliance with his standing orders.

When a clinical situation arises that falls outside of our Medical Director's protocols or scope of in-home practice, we first assess the urgency of the situation. For non-emergent concerns, we recommend follow-up with the client's primary care provider. For emergent situations, we contact emergency medical services and often initiate an ambulance transfer out of an abundance of caution to ensure the patient receives timely and appropriate care.

Our internal nursing leadership—consisting of four nurses—oversees scheduling, staffing, training, documentation, and performance improvement.

We work with the franchisor to develop market-specific materials and maintain accurate website content and pricing. However, we retain full control over pricing and service offerings. When adjustments are needed to remain compliant with state regulations, the franchisor supports us in making those changes.

It is our responsibility as the franchisee to stay current with state guidelines and evolving recommendations, as well as to identify the specific needs of our local community. The franchisor provides marketing support tailored to our region but does not mandate uniform service offerings across all franchise locations. For example, while the franchisor offers pediatric and newborn night nursing in other markets, we do not currently provide, nor do we plan to provide, those services in Nashville.

Our nursing model does not involve continuous skilled care. Instead, we work alongside home health agencies to fill gaps in coverage where insurance limitations may exist. Nursing visits are generally scheduled for 1–2 hours daily or 2–3 times per week, depending on the client's needs.

We also support clients requiring post-operative monitoring following outpatient procedures when family members are unable to provide sufficient care. For example, we assisted a client following a total knee replacement whose spouse was unable to provide care due to work obligations. Our team supported the client with ambulation, medication management, activities of daily living, and vital sign monitoring to ensure stability during recovery.

Our current team consists of three full-time registered nurses, one full-time nurse practitioner, one overseeing physician, and approximately 40–50 caregivers.

That said, only three FTEs will be involved in providing care to our home health patients, if we are approved: the owner who is also a Nurse Practitioner, one FTE RN, plus our Medical Director. We anticipate using a second FTE RN in Year 2 of operations. Since we have three full-time registered nurses, we do not anticipate having to hire additional nurses to provide skilled services.

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

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

**Response:** We provide in-home nursing and caregiving services. Our nursing services include medication management, nurse-led caregiving, and wellness visits.

Medication management is provided by a registered nurse and includes organizing medications into a pill planner, coordinating and calling in prescription refills as needed, arranging medication delivery, and completing vital sign assessments.

Wellness checks are brief visits -- typically 30 minutes to 1 hour -- conducted by a registered nurse. These visits include vital sign assessments, medication adherence check-ins, and general wellness monitoring to ensure the client's overall stability and safety.

Nurse caregiving involves a registered nurse providing non-medical caregiving support, including assistance with activities of daily living (ADLs) and transportation to appointments. These shifts are typically scheduled in 12-hour blocks and are focused on supportive, non-skilled care delivered by a nurse.

Nurse visits refer to registered nurse encounters focused on specialized clinical skills when applicable.

In June 2025, we contacted the state through our attorney to seek clarification regarding scope of practice within Tennessee. We did not receive a response until September 2025. At that time, we ceased providing skilled nursing services. We were also later advised by a state licensure nurse representative that we should apply for a home health agency license prior to continuing those services.

Our business license was granted by the Davidson County Clerk on September 16, 2024 and we began providing services in June, 2025.

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

**Response:** Yes, we plan to offer our services in the home, offices, and AirB&Bs. However, our caregiving is typically just in the home and/or assisted living.

**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:**

**Response:** The only home health service we plan to offer is skilled nursing care. This service may include an occasional antibiotic infusion if needed by our clients, but we will not provide what is considered to be traditional specialized infusion therapy.

We aim to work alongside home health agencies while expanding access to specialized in-home nursing care through a concierge-style model. In our experience, traditional home health agencies are often unable to provide the same level of consistency, such as seeing patients on the same day, at the same time, and with the same nurse. Our model is designed to provide that stability and continuity for clients who need more predictable care.

We are seeking licensure to appropriately offer certain skilled nursing services in the home, including feeding tube care, IV antibiotic administration, catheter care, and wound care. We will not provide the full range of home health services such as physical therapy (PT), occupational therapy (OT), or social services. Our focus is specifically on structured, nurse-led skilled care delivered in a consistent and coordinated manner.

Our current company provides non-medical caregiving services, which may be delivered by a nurse or by a CNA/care technician depending on the client's needs. With the appropriate home health agency license, we also plan to offer skilled nursing visits that allow clients to access more advanced clinical care in the home setting.

We do not accept clients who require intensive, continuous skilled nursing care or high levels of constant surveillance, as those individuals are better served in a skilled nursing facility. Instead, we focus on medically stable clients who benefit from additional in-home support to improve or maintain their overall condition. We also support hospice agencies by providing comfort-focused care to help patients remain safe and comfortable during end-of-life care when appropriate.

<b>Home Health Service</b>	<b>Yes/No</b>
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 Management	No
Infusion Therapy Other	Yes
Speech Therapy	No
Other	No

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

**Response:** We will not provide private duty nursing, but will provide tailored nursing care based on each patient's recovery stage:

- **Immediate Post-Operative Care:** Continuous, around-the-clock nursing support for the first 5–7 days following surgery, ensuring close monitoring, pain management, and early complication detection.
- **Ongoing Home Care:** Once patients are stable, care transitions to scheduled visits—typically once daily (morning) or twice daily (morning and evening), approximately seven days a week.
- **Patient-Centered Approach:** As patients recover and become more independent, the level of care is gradually reduced, as continuous monitoring is generally not required long term for stable individuals.

**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?**

**Response:** 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.

At homeRN Nashville, we believe that successful home care begins with the right clinical fit and a strong, mutually agreed-upon relationship between nurse and patient.

- **Appropriate Patient Selection:** We carefully assess each patient prior to acceptance. If a patient's condition requires a higher level of acuity or long-term intensive monitoring beyond what can be safely managed at home, we will refer them to a more appropriate agency. This is uncommon, as patients requiring high-acuity care are typically not discharged from the hospital, rehabilitation, or skilled nursing facilities.
- **Pre-Discharge Coordination:** Before care begins, we collaborate closely with the discharging physician and hospital care team. We also meet with the patient and their family to ensure expectations are aligned and care needs are clearly understood.
- **Home Preparation & Transition Planning:** We ensure all necessary medical supplies and equipment are ordered and in place prior to the patient's arrival home. When needed, our nurses receive hands-on training from hospital staff to ensure continuity and safety of care.
- **Highly Skilled Nursing Team:** Our team is composed exclusively of experienced Registered Nurses (RNs), many of whom have backgrounds in high-acuity settings such as ICU, NICU, CICU, and neurology units.

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

**Response:** We will not provide continuous or private duty nursing care, nor any other traditional home health services such as physical therapy, occupational therapy or speech therapy.

- **Complementary, Not Redundant Care:** We intentionally support -- not replace -- services provided through insurance. We encourage patients to utilize their insurance benefits for medical coverage, therapies, and supply procurement whenever possible.

- **Filling the Gaps in Care:** While insurance-based services are essential, they are often limited in frequency and duration. Our role is to bridge those gaps by providing consistent, hands-on nursing support that ensures continuity of care and peace of mind for patients and their families.
- **Enhanced Support at Home:** By working in tandem with home health agencies and therapy providers, we help create a more comprehensive care environment—one that promotes recovery, reduces risk of complications, and supports long-term independence.

**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?**

**Response:** We define caregiving to include assistance with activities of daily living, wellness checks, vital sign observation, accompaniment to medical appointments, and post-discharge check-ins, all performed as non-skill, non-physician-ordered services within the scope of our existing business. All of our services are private pay. We encourage our patients to utilize whatever insurance or other payor types they have for other services, but all of our services are and will remain private pay.

**When was the Applicant originally licensed as a Personal Support Services Agency with TDMHSAS?**

**Response:** We have not received our license yet as a personal support services agency with TDMHSAS but hope to obtain the license in the next 2 months.

**How many Personal Support Services Agencies (PSSA) and home health agencies are licensed to serve Davidson County?**

**Response:** Davidson County is served by a relatively concentrated but diverse home care market, including:

- Approximately 20 licensed home health agencies, providing intermittent, insurance-based skilled services such as nursing, physical therapy, occupational therapy, and speech therapy
- An estimated 50–70 Personal Support Services Agencies (PSSAS), offering non-medical support such as companion care and assistance with activities of daily living

While these services are essential, they are often limited in scope, frequency, and duration.

This creates a clear gap in the continuum of care:

- Home health agencies provide episodic, insurance-driven care
- PSSAs provide non-clinical, supportive care
- homeRN model sits in between and above—delivering consistent, high-acuity, RN-led non-medical care in the home

This gap between intermittent skilled care and non-medical support is where homeRN Nashville will be able to provide the greatest value once approved for home health care by continuing to deliver the non-medical services we now deliver while being able to provide skilled nursing care to our clients who need such care. This continuity of care will assist those clients of ours who have requested skilled nursing services.

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

**Response:** The Applicant is not aware of any of existing PSSAs or home health agencies operating on a strictly private-pay model.

**Does the Applicant intend to maintain its PSSA license once it is licensed as a home health agency?**

**Response:** Upon obtaining licensure as a home health agency, we will maintain our PSSA license once issued and are fully committed to maintaining compliance with all applicable state regulations with both entities. We will adhere to rigorous clinical, operational, and documentation standards to ensure our licensure remain in good standing and that we consistently deliver safe, high-quality patient care. Our clients will receive those services we now provide through our PSSA-licensed company, and clients deemed appropriate for occasional skilled nursing care will receive that care through our home health agency. Again, services provided by both entities will be private pay.

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

**It is noted that insurance coverage typically limits home health visits to 1-2 per week. Please identify which payor policies this is in reference to? Is this a policy statement or a practical obstacle faced by existing licensed agencies being unable or unwilling to provide more than this number of visits per week?**

**Response:** Typically, Medicare-covered home health services only provide one to two visits per week per discipline, which may include nursing, physical therapy (PT), occupational therapy (OT), or speech therapy (ST). While this is often appropriate for many patients, it can also present a practical limitation for those requiring more frequent support during recovery.

We frequently see this challenge among our clients. For example, we had a client status post-stroke who was only approved for one weekly nursing visit and two physical therapy visits per week

through her home health coverage. In order to increase the intensity and consistency of her rehabilitation, she elected to privately pay for additional services. During this time, our team provided supplemental support focused on medication management and safe transfers, including assistance with bed mobility, toileting, and showering. This coordinated approach helped support her recovery while she worked to rebuild strength and independence.

**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? Of those, how many required more than 8 hours per day or 28 hours per week, but were unable to obtain it through a licensed home health agency?**

**Response:** None of our non-medical caregiving clients are under physician orders. At the time of writing we do have 3 clients who would benefit from homeRN Nashville obtaining a home health agency license. While none of our current patients are requiring skilled nursing care in the home, we continue to receive interest from approximately 3–5 potential clients each week seeking services such as wound care, tracheostomy care, post-operative support, insulin management, and occasional requests for antibiotic infusions in the home. Our goal is to be able to serve these clients if and when we receive the appropriate home health licensure.

At present, many of our clients experience limitations in the amount of in-home care coverage provided by insurance companies. As a result, we frequently coordinate with private pay physical therapy, occupational therapy, and care navigators to help bridge these gaps.

Approximately 75% of our clients are followed by a private pay care navigator in Nashville, as hospital case management services often fall short in ensuring smooth transitions from discharge to home. This can result in delays in follow-up appointments and interruptions in medication management, including prescriptions not being sent to pharmacies in a timely manner.

**What percentage of the Applicant's existing patients are receiving continuous care through TennCare?**

**Response:** At this time, none of our clients are receiving continuous care through TennCare.

**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?**

**Response:** Personal Support Services Agencies (PSSA) are able to provide assistance with activities of daily living (ADLs) and non-medical caregiving in the home. A brief review of current year Joint Annual Reports for Home Health Agencies in Davidson County indicates that

only about one-third of agencies perform either home health aide or homemaker services, and less than 5 provide both.

By obtaining a home health agency license, we will be able to expand our services to include medical caregiving—such as vital sign assessments and medication management—as well as skilled nursing visits, including services like feeding tube care, insulin management, and wound care.

At this time, our services are limited because we do not yet hold a home health agency license. The primary purpose of our application is to gain the ability to provide skilled nursing visits in the home and further enhance the level and continuity of care our clients request and need.

**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?**

**Response:** We do not have the capacity or intent to serve clients who require continuous skilled nursing care. In situations where continuous nursing or advanced monitoring is needed in the home, we would recommend a skilled nursing facility to ensure the highest level of safety and appropriate medical oversight.

Our priority is always patient safety. At this time, we also do not maintain the equipment or infrastructure required for continuous in-home monitoring, such as oxygenation monitoring systems, EKG monitoring, or ventilator support.

If a client requires intermittent wellness checks or in-home support while utilizing such equipment through their insurance-covered providers, we are able to assist within that coordinated care framework. However, we do not and will not provide continuous skilled monitoring services in the home.

**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.**

**Response:** While some providers in Davidson County offer continuous skilled nursing care, we are of the impression that these services are typically limited to patients who qualify for insurance-covered private duty nursing or other specialized programs. 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.

We hope to address these needs through a private-pay model that supplements insurance-covered care. Further, we do not bill insurance but encourage clients to utilize available benefits. For patients with partial coverage, we help coordinate services to complement existing home health providers, ensuring that covered skilled visits are maximized while providing additional non-duplicative support between visits.

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

**Response:** We begin by meeting the client and their family in the hospital to ensure that homeRN is a good fit for their needs. During this visit, we confirm that the client's medical condition is stable and appropriate for in-home care rather than a skilled nursing facility. We also discuss goals of care following discharge. Upon discharge from the hospital, families typically initiate insurance-covered services through a home health agency for eligible care needs and additional support. We assist in coordinating this transition, including helping to ensure that necessary medical supplies are ordered through the home health agency.

Once the client returns home, we conduct an in-home assessment to identify any additional needs and evaluate home safety. This may include reducing fall risks by removing loose rugs or recommending safety equipment such as shower bars or shower chairs to improve mobility and safety.

After the home health agency establishes its schedule, we then build a complementary care plan to meet the client's needs. For example, if home health visits occur on Monday and Thursday, we may schedule additional nursing support on Tuesday, Wednesday, Friday, Saturday, or Sunday to ensure consistent oversight and continuity of care.

**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:** We do not accept insurance, and therefore services are not billed at a fixed reimbursable insurance rate. All care is provided on a private pay basis, allowing for more flexible, individualized service delivery outside of insurance constraints. 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 quality assurance processes will ensure that services remain medically appropriate and consistent with accepted standards, even in the absence of third-party reimbursement review. This ensures that all care provided is appropriately overseen, clinically coordinated, and aligned with each patient's medical plan of care.

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

**How many PSSA clients have been served since its inception? How many of those required skilled nursing care and of those who did not receive it through a licensed home health agency?**

**Response:** Since the inception of homeRN Nashville, approximately 40–60 clients have been served. Of this population, an estimated 20–30% could benefit from skilled nursing services. Within that subgroup, approximately 65–70% are also actively utilizing a licensed home health agency in conjunction with their care.

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

**Response:** We believe that many home health agencies have become too large to consistently provide highly personalized care. As a result, patients may experience inconsistencies in scheduling, staffing, and continuity, which can impact the overall quality of in-home support.

Additionally, traditional home health agencies often operate within the constraints of insurance requirements, including coding and documentation demands. While necessary for reimbursement, these requirements can sometimes shift focus away from individualized, relationship-based care and toward administrative compliance.

Our organization is intentionally structured as a smaller, more focused company so we can prioritize consistency, reliability, and personalized service. We aim for clients to know their care team by name and to have confidence in the stability of their schedule and the caregivers entering their home. Maintaining this level of continuity is central to our approach and long-term vision for care delivery.

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

**Response:** The areas we service within Davidson County are not considered remote or rural. We operate in well-established, accessible communities where clients can readily receive in-home support and coordinated care services.

## **6. Item 3N., Demographics**

**What age is the target population?**

**Response:** Our target will be the adult population.

**Will the Applicant serve pediatric patients?**

**Response:** We will not 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 revise the Median Household Income for Davidson County based on the Census QuickFacts website.**

**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:** Attachment 3N has been updated and resubmitted as 3N-R and the new population source has been used for the updated chart.

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

**Please define caregiving support.**

**Response:** Caregiving support is a critical need in Davidson County, and this includes both medical and non-medical forms of in-home assistance. While there are many caregiving companies in the area, many operate on a large scale and may not provide a highly personalized experience.

Our model is intentionally smaller and more individualized. We aim to maintain consistency by assigning the same caregiving team to each client. For example, a client receiving 24/7 non-medical caregiving will typically be supported by a consistent team of 5–6 caregivers each week.

If a new caregiver is introduced, a member of our administrative team will attend the visit to assist with training and ensure a smooth transition.

A key differentiator for our organization is that our administrative leadership is made up of nurses. This allows us to foster a culture that is both compassionate and detail-oriented while providing clinical insight even in non-medical settings. Our nursing background enables us to help clients navigate complex healthcare needs, including hospital discharges, medication adherence, and follow-up care coordination.

We are actively involved in the day-to-day oversight of care and are committed to ensuring families know exactly who is managing their schedule and who is entering their home. Every caregiver we place is trained, reliable, and prepared to meet the needs of the client.

Unlike some organizations that operate at a distance, our leadership remains directly engaged in the care model and service delivery, ensuring accountability and continuity at every level.

**How many of the patients served historically have been uninsured?**

**Response:** None.

**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.**

**The patient examples used on Page 13 appear to be the same as another sister CON application for a homeRN franchisee. Please confirm which PSSA agency provided care for the patients.**

**The Applicant's ability to provide care without rotating different nurses is noted. Are caregivers also assigned directly to a specific patient without rotating?**

**Response:** Our nursing model does not involve continuous skilled care. Instead, we work alongside home health agencies to fill gaps in coverage where insurance limitations may exist. Nursing visits are generally scheduled for 1–2 hours daily or 2–3 times per week, depending on the client's needs.

We also support clients requiring post-operative monitoring following outpatient procedures when family members are unable to provide sufficient care. For example, we assisted a client following a total knee replacement whose spouse was unable to provide care due to work obligations. Our team supported the client with ambulation, medication management, activities of daily living, and vital sign monitoring to ensure stability during recovery.

Our model is intentionally smaller and more individualized. We aim to maintain consistency by assigning the same caregiving team to each client. For example, a client receiving 24/7 non-medical caregiving will typically be supported by a consistent team of 5–6 caregivers each week. If a new caregiver is introduced, a member of our administrative team will attend the visit to assist with training and ensure a smooth transition.

## **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**

- **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**

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

**2024**

- **Clinch River Home Health – ID 01032**
- **CNSCares (Critical Nurse Staffing, LLC) – ID 01072**
- **Giving Home Health Care – ID 01092**
- **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**

- **Quality Private Duty – ID 25034**
- **TwelveStone Infusion Support – ID 75084**
- **Accredo Health Group, Inc – ID 79456**
- **Optum Infusion Services (Relocated from Shelby to Williamson) – ID 79856**

**2025**

- **Clinch River Home Health – ID 01032**
- **Giving Home Health Care – ID 01092**
- **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**
- **Continuum Pediatric Nursing Services – ID 19904**
- **Vanderbilt HC/Option Care IV Services – ID 19994**
- **Implanted Pump Management – ID 47452**
- **Nuclear Care Partners, LLC – ID 47462**
- **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**
- **Tristate Infusion, LLC – ID 79926**

**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:**

**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?**

**Response:** We do not provide Private Duty Nursing and will not provide that service with our home health agency, if approved.

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.

The chart is completed as follows:

**Private Duty Nursing**

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

**Intermittent Care Nursing**

<b>Discipline</b>	<b>Patients Year 1</b>	<b>Hours Year 1</b>	<b>Patients Year 2 (once HHA license approved)</b>	<b>Hours Year 2</b>
<b>Skilled Nursing</b>	30	750	45	1125
<b>Home Health Aid</b>	0	0		
<b>Medical Social</b>	0	0	0	0
<b>Therapies (PT, OT, ST)</b>	0	0	0	0
<b>Other (Non- Skilled RN Wellness and Support Visits)</b>	0	0	0	0
<b>Total</b>	30	750	45	1125

Our referral sources typically include Google searches, other PSSA companies, care navigators, concierge physicians, outpatient surgery centers, and word-of-mouth referrals. These partnerships and channels help connect us with clients who are seeking additional in-home support and supplemental care services.

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

**Response:** Our patient population is often more affluent and therefore able to supplement insurance-covered care with additional private services to improve their overall quality of care. This allows individuals to recover and age in place more comfortably and with greater support.

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

**Response:** By enhancing in-home care, clients may experience a reduced likelihood of hospital readmissions and emergency room visits, including those related to falls or post-operative complications. It also provides added peace of mind for family members who may not be able to provide hands-on care themselves.

Maintaining routine and supporting aging in place are especially important for the elderly population, contributing to both safety and overall well-being.

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

**Response:** Physicians and discharge planners may experience several practical advantages when referring patients to a self-pay in-home care agency.

First, a self-pay model allows for faster initiation of services because care is not dependent on insurance authorization, coverage limitations, or payer-specific eligibility requirements. This can be particularly beneficial at hospital discharge, where delays in arranging covered services may increase the risk of readmission or complications.

Second, self-pay agencies can offer greater flexibility in the type, frequency, and duration of care provided. Services can be tailored to the patient's specific needs rather than being constrained by insurance-defined visit limits, coding requirements, or covered service categories. This allows for more responsive adjustments as the patient's condition changes during recovery.

Third, continuity of care is often improved. Patients may receive consistent caregivers and more predictable scheduling, which can support adherence to discharge instructions, medication

management, mobility assistance, and general safety monitoring in the home. This level of consistency can be particularly valuable during the high-risk post-discharge period.

Fourth, self-pay agencies can serve as a supplemental layer of support alongside traditional home health services. This allows physicians and discharge planners to recommend additional in-home assistance without disrupting insurance-covered care, thereby creating a more comprehensive support system for the patient.

Finally, self-pay options can reduce administrative burden for referring providers, as care coordination is typically more direct and less dependent on payer approval processes. This allows discharge planners and physicians to focus on clinical decision-making while ensuring patients have access to timely in-home support when needed.

Overall, self-pay in-home care provides an additional resource that can enhance post-discharge planning, improve continuity, and support safer transitions from hospital to home.

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

**Response:** We are currently seeing an increasing number of clients who are seeking post-operative surveillance following outpatient procedures, including shoulder surgeries, knee surgeries, and various plastic surgeries.

These services typically involve in-home monitoring and support during the recovery period to help ensure clients are safe, comfortable, and progressing appropriately after their procedures.

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

**Response:** Fewer than 20% of patients will require visits lasting longer than two hours per day. This reflects the fact that most care needs can be effectively met within shorter, scheduled visit durations, while a smaller portion of clients may require extended support based on individual circumstances.

**Please explain the need for 59 FTE direct care staff to provide 672 total hours or 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:** The staffing and hours of care reflected our existing caregiving model. We apologize for the confusion.

Regarding our home health agency, if approved, we project seeing 30 patients in Year 1 with each patient receiving a projected 25 hours of care annually. We would need only 3 staff to provide

this service: our Owner who is a Nurse Practitioner, one FTE RN and our Medical Director. In Year 2, we project our home health agency will see 45 patients, each requiring 25 hours of care annually. We would need only 4 staff to provide this service; our Owner, two FTE RNs and our Medical Director. The text and associated charts in the application have been corrected

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

**Please explain why no commercial insurance is accepted by the Applicant.**

**Response:** We do not accept insurance because it allows us to collaborate more effectively with providers who do. In many cases, clients are approved for only a limited number of weekly visits through insurance-covered home health agencies. By operating outside of these constraints, we can design personalized care plans that are not restricted by insurance coverage limits or guidelines, ensuring each patient receives the level and type of care they truly need.

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

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

**Response:** As stated previously, there are several practical advantages when referring patients to a self-pay in-home care agency.

First, a self-pay model allows for faster initiation of services because care is not dependent on insurance authorization, coverage limitations, or payer-specific eligibility requirements. This can be particularly beneficial at hospital discharge, where delays in arranging covered services may increase the risk of readmission or complications.

Second, self-pay agencies can offer greater flexibility in the type, frequency, and duration of care provided. Services can be tailored to the patient's specific needs rather than being constrained by insurance-defined visit limits, coding requirements, or covered service categories. This allows for more responsive adjustments as the patient's condition changes during recovery.

Third, continuity of care is often improved. Patients may receive consistent caregivers and more predictable scheduling, which can support adherence to discharge instructions, medication management, mobility assistance, and general safety monitoring in the home. This level of consistency can be particularly valuable during the high-risk post-discharge period.

Fourth, self-pay agencies can serve as a supplemental layer of support alongside traditional home health services. This allows physicians and discharge planners to recommend additional in-home

assistance without disrupting insurance-covered care, thereby creating a more comprehensive support system for the patient.

Finally, self-pay options can reduce administrative burden for referring providers, as care coordination is typically more direct and less dependent on payer approval processes. This allows discharge planners and physicians to focus on clinical decision-making while ensuring patients have access to timely in-home support when needed.

Overall, self-pay in-home care provides an additional resource that can enhance post-discharge planning, improve continuity, and support safer transitions from hospital to home.

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

**Response:** The majority of our patients will use concierge medical doctors in tandem with primary insurance coverage. Less than 10 percent of patients are expected to be uninsured.

**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?**

**Response:** In Davidson county, we are not aware of any licensed home health agencies that are all self-pay. In fact, JAR data indicates that an average of only 1 private pay patient is seen annually by each existing home health agency in Davidson County (Joint Annual Reports for Home Health Agencies, 2023, 2024 and 2025).

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

**Response:** In Davidson County, 10 of 22 licensed traditional home health agencies report home health aide services. Only 1 agency reports providing homemaker services. Additionally, 1 agency reported providing only skilled nursing services.

We founded our company to address a critical gap in care. While several agencies technically offer home health aide services, their ability to provide consistent, flexible, and extended support is often limited by insurance coverage restrictions. As a result, patients frequently do not receive the level of care they truly need.

Our mission is to bridge that gap by delivering personalized, comprehensive care plans that go beyond the constraints of insurance—enhancing and supporting the services patients receive from traditional home health agencies.

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

**Response:** There is no hourly minimum for nursing care with our existing company. For caregiving, a four hour minimum is required. Our nursing shifts typically range anywhere from 30 minutes to 12 hour shifts. Our caregiving is typically four hours to twelve hour shifts.

Regarding our projections for our home health agency, we feel that the vast majority of patients will require one hour or less of skilled care per visit, with a small number of patients requiring perhaps up to 2 hours per visit.

Existing home health agencies do not seem to report the number of hours for skilled visits on the JARs. While most agencies report total skilled hours sometimes, it is difficult to decipher which of those hours are for private pay, for Medicare, for Medicare Advantage, etc. Therefore, it is difficult to ascertain exactly how many patients, how many visits, and the respective costs just for skilled care.

**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 17.**

**Response:** The home health agencies that reported a charge for home health aide reported charges much higher than our existing and planned charges. Our caregiving services are designed to provide flexible, non-medical support tailored to each client’s daily needs. Caregivers may include Certified Nursing Assistants (CNAs), nurse technicians, or nursing students, all trained to assist with activities of daily living, companionship, and general support in the home.

For families seeking a higher level of expertise, we also offer RN caregiving services. In this model, a Registered Nurse provides hands-on, non-skilled caregiving support in the home. This service is ideal for clients who want additional oversight and clinical awareness—such as after discharge from the hospital following outpatient procedures (e.g., knee or plastic surgery).

RN caregivers can assist with tasks such as monitoring vital signs, supporting safe ambulation, medication reminders or management, and observing for post-operative concerns, all while helping with daily activities. This added level of training provides peace of mind for families who want a more clinically experienced professional involved in their loved one’s day-to-day care.

Skilled nursing care involves a more comprehensive clinical assessment and the development of an individualized care plan tailored to each patient's medical needs. This is one of the key reasons we are pursuing a home health agency license. While we are not currently offering skilled nursing services, we recognize a significant and growing need for this level of care in Davidson County.

Our future skilled nursing services will support patients in the home with more complex medical needs, including feeding tube management, wound care, insulin administration, and advanced medication management. With a home health agency license, we will be able to accept physician orders and implement structured care plans that prioritize safety, continuity, and ease for the patient -- all within the comfort of their home.

As the population ages, traveling to and from medical appointments can become increasingly difficult. By delivering skilled care at home, we aim to reduce that burden while improving outcomes. In Davidson County, we collaborate with concierge physicians to develop care plans that are both effective and convenient.

Our approach is centered on what is best for the patient -- not what is dictated by insurance limitations -- ensuring a higher standard of personalized, accessible care.

It is imperative to note that, regarding our home health agency projected skilled services hourly charge will be only \$125 per hour, and the average skilled nursing hourly charge reported by existing home health agencies in Davidson County (2025 JARs) was \$212. Therefore, the charges we project for providing skilled nursing services will be far less than the average of existing Davidson County Home Health Agencies.

**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:** 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, the Applicant 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. The Applicant 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 explain how the Applicant will expand its services to include skilled nursing care without expanding the number or type of staff FTEs?**

**Response:** The Applicant's planned expansion into skilled nursing care will be achieved primarily through reallocation and formalization of existing clinical staff roles, rather than an increase in full-time equivalent (FTE) positions.

The current organizational structure already includes licensed registered nurses and a nurse practitioner who are actively involved in in-home visits, care coordination, documentation, and oversight within the PSSA framework. These same clinical staff will transition into expanded responsibilities under a home health agency license, allowing them to provide skilled nursing services within their existing scope of practice but under a different regulatory structure.

Rather than expanding staffing volume, the organization will expand the scope and classification of services delivered by existing clinicians. This includes formal skilled nursing activities such as wound care, medication administration and management, catheter care, feeding tube care, and post-operative monitoring. These services will be integrated into current workflows and scheduled using existing staffing patterns, supported by AxisCare for scheduling, documentation, and billing compliance.

The model is designed to remain intentionally small and clinically consistent. Care continuity is achieved through a stable group of core nurses and PRN staff who already serve the same client population. As a result, the transition to skilled care will not require an increase in FTEs but will instead involve enhanced regulatory alignment, documentation standards, and clinical oversight structures.

Additional support functions—such as scheduling coordination, administrative oversight, and quality assurance—will continue to be managed within the existing administrative and nursing leadership team. If future growth in patient volume exceeds current staffing capacity, incremental hiring may occur; however, the initial expansion into skilled nursing is not dependent on an

increase in FTEs, but rather on licensure authorization and scope expansion of the existing clinical team.

**Please define the roles of the 54 part-time caregivers.**

**Response:** The approximately 54 part-time caregivers serve in flexible, non-full-time roles that support the organization's non-medical caregiving services within the home setting. These individuals are utilized on an as-needed basis to meet fluctuating client schedules and varying levels of in-home support demand.

Their primary responsibilities include assistance with activities of daily living (ADLs), such as bathing, dressing, grooming, toileting, mobility support, meal preparation, light housekeeping related to client safety, companionship, and transportation to appointments when applicable. They also provide general supervision and safety monitoring in the home to help ensure client well-being.

Part-time caregivers are scheduled based on client needs and may work anywhere from a few hours per week up to near full-time hours depending on availability and case assignments. They are assigned to clients in a manner that prioritizes continuity of care whenever possible, though flexibility is maintained to accommodate staffing variability and client scheduling needs.

These caregivers operate under established policies and procedures, receive onboarding and ongoing training, and are supervised by the organization's clinical leadership team, including registered nurses and the nurse practitioner. Any changes in a client's condition or concerns observed during care are required to be escalated according to established protocols.

Their role is strictly limited to non-skilled caregiving functions under the PSSA license and does not include skilled nursing tasks or medical decision-making outside of their defined scope of practice.

**Please attach a job description for the part-time caregivers.**

**Response:** Job descriptions we utilize as part of our franchise agreement are as follows 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.

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

**Response:** Approximately 54 part-time caregiver positions are currently active within the Applicant's pending PSSA license application. These positions are filled on a variable basis, reflecting the organization's flexible staffing model and ongoing changes in client census and scheduling needs. As a result, staffing levels may fluctuate week to week, but the total pool of part-time caregivers remains approximately 54 individuals available for assignment as needed.

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

**Response:** Our Nashville team is guided by John Austin, MD, our existing Medical Director, an overseeing physician in Nashville with over 40 years of practice experience. He provides clinical criteria and practice guidelines that our nursing team follows. He is also a cardiothoracic surgeon who practiced at St. Thomas Downtown (formerly Baptist) for over 20 years. He maintains

standing orders for our services and communicates with our nurse practitioner on a weekly basis. We operate in full compliance with his standing orders.

When a clinical situation arises that falls outside of our Medical Director's protocols or scope of in-home practice, we first assess the urgency of the situation. For non-emergent concerns, we recommend follow-up with the client's primary care provider. For emergent situations, we contact emergency medical services and often initiate an ambulance transfer out of an abundance of caution to ensure the patient receives timely and appropriate care.

He is actively engaged in supporting clinical governance, reviewing complex cases as needed, and ensuring that care delivered within the home setting aligns with established medical protocols and appropriate standards of practice.

Dr. Austin will remain our Medical Director for the home health agency.

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

**Response:** At this time, the Applicant does not require direct service staff to hold specialty certifications beyond those required by their professional licensure and scope of practice.

Registered nurses are required to maintain an active RN license in good standing and practice within applicable state regulations and established organizational protocols. Caregivers are required to meet standard competency and training requirements established by the organization, including orientation, skills validation, and ongoing in-service education related to client safety, ADLs, infection control, and emergency response procedures.

As the organization expands into home health services, additional credentialing requirements may be implemented in alignment with state regulations and accreditation standards. These requirements will be developed to ensure staff competency for any skilled nursing services provided under a home health license.

**Please discuss the basis for the Applicant's ability to staff 59 FTE positions.**

**Response:** We do not currently have 59 full-time equivalent (FTE) positions. Our staff includes a combination of full-time, part-time, and PRN caregivers and clinical staff.

At present, the organization maintains a mixed staffing structure consisting of full-time registered nurses, a nurse practitioner, and a large pool of caregivers who work variable schedules. While not all employees are full-time, the aggregate available workforce currently supports a high level of

total weekly service hours, demonstrating the operational capacity to scale staffing into FTE equivalents as client census increases.

The caregiving workforce includes approximately 40–50 caregivers in total, with a subset working full-time hours and others working part-time or PRN schedules. In addition, the organization has three full-time registered nurses and one full-time nurse practitioner who provide clinical oversight, skilled nursing, and care coordination support. This existing clinical and caregiving infrastructure provides the foundation for expanding to a 59 FTE equivalent model as demand grows.

The organization utilizes a flexible staffing approach in which caregivers and nurses are scheduled based on client needs, ranging from short daily visits to extended shifts and 24/7 coverage when required. Because caregivers are able to work up to 40 hours per week, the existing pool of staff can be scaled to meet increased demand without requiring a proportional increase in new hires.

Additionally, the use of AxisCare for scheduling, staffing coordination, and billing allows the organization to efficiently allocate staff hours, track utilization, and optimize coverage across clients. This system supports the ability to convert existing variable-hour staff into full-time equivalents as census and service demand increase.

Again, so far as our proposed home health agency, only three FTEs will be involved in providing care to our home health patients in Year 1, if we are approved: the owner who is also a Nurse Practitioner, one FTE RN, plus our Medical Director. In Year 2, we anticipate an additional FTE RN to provide skilled nursing services.

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

**It is noted that the Applicant “maintains a comprehensive quality assurance program, which includes weekly chart reviews conducted by either the owner or a full-time RN, regular check-ins with families to monitor satisfaction, and ongoing monitoring or care delivery” and that it “employs Registered Nurses who already provide in-home services under established policies, supervision and quality assurance processes. Please confirm whether this is specific to the Applicant’s licensed PSSA or is the Applicant currently providing clinical care?**

**Response:** At this time, the Applicant is not providing licensed home health skilled care. While registered nurses are part of the workforce and may be involved in in-home visits, their current role is limited to services permitted under the pending PSSA license and applicable state regulations, including non-skilled caregiving support, wellness checks, and other non-medical services within scope.

All registered nurse involvement is conducted under established internal policies, supervision, and quality assurance processes applicable to the PSSA setting only. The organization is actively pursuing home health agency licensure in order to appropriately expand into skilled clinical services in compliance with regulatory requirements.

Until such licensure is granted, the Applicant is not operating as a licensed home health agency and is not providing skilled nursing care under a home health certification. All clinical expansion remains pending regulatory approval.

**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.**

**Response:** The Applicant's Quality Assurance and Performance Improvement (QAPI) program is designed to support both the current PSSA operations and the anticipated expansion into home health skilled care. The foundation of the program is built on continuous monitoring of patient outcomes, staff performance, documentation accuracy, and adherence to established clinical protocols.

In the current PSSA setting, QAPI activities focus on non-medical caregiving services, including assistance with activities of daily living (ADLs), caregiver consistency, scheduling reliability, and safety monitoring in the home. Key performance indicators include caregiver punctuality, client satisfaction, incident tracking (such as falls or safety concerns), and proper escalation of changes in patient condition. These metrics are reviewed by the nurse practitioner and full-time nursing leadership through regular chart audits, case reviews, and operational meetings.

As the organization transitions into home health services, the QAPI program will expand to include skilled clinical indicators and regulatory compliance measures required for home health agencies. This includes monitoring outcomes related to skilled nursing interventions such as wound care, medication management, catheter care, and post-operative monitoring. Additional focus areas will include infection control practices, medication reconciliation accuracy, and adherence to physician orders and care plans.

The same QAPI infrastructure -- AxisCare documentation, standardized protocols, escalation procedures, and interdisciplinary oversight—will be applied across both service lines. However, the home health component will incorporate more clinically intensive metrics and regulatory reporting requirements consistent with state and federal home health standards.

The program is led by the nurse practitioner and supported by full-time registered nurses, with oversight from the medical director. This structure ensures that both non-medical and skilled

services are evaluated under a unified quality framework while maintaining appropriate differentiation between PSSA and home health regulatory requirements.

Overall, the QAPI program is scalable and designed to support the dual-service model of the organization. It provides the framework necessary to maintain quality, safety, and compliance in the current caregiving operations while also meeting the more rigorous clinical and regulatory expectations associated with licensed home health skilled care.

**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?**

**Response:** The Applicant has developed and maintained a Quality Assurance and Performance Improvement (QAPI) structure designed specifically to support a workforce composed largely of part-time and PRN staff. Given the variable scheduling and high turnover typically associated with caregiving roles, our QAPI program is built around standardized protocols, consistent documentation practices, and frequent clinical oversight to ensure continuity and quality of care.

Our QAPI process includes routine chart audits, review of caregiver and nurse documentation within AxisCare, incident and variance tracking, and regular interdisciplinary review led by the nurse practitioner and supported by full-time nursing staff. Performance issues are addressed through structured feedback, retraining, and ongoing competency evaluation. This framework allows us to maintain oversight and quality standards even with a flexible and frequently changing staffing model.

In addition, our use of a small core clinical leadership team (three full-time nurses and one nurse practitioner) provides consistency in supervision, ensuring that part-time staff are not operating independently without oversight. Clinical leadership is actively involved in reviewing care plans, monitoring documentation quality, and reinforcing adherence to established protocols.

Regarding coordination with licensed home health agencies, a significant portion of our PSSA clients are served in collaboration with Medicare-certified home health providers. Approximately 65–75% of our current clients are concurrently receiving services from a licensed home health agency, which typically provides intermittent skilled services such as nursing, physical therapy, occupational therapy, or speech therapy. Our role is to supplement these services by addressing gaps in coverage, increasing in-home support frequency, and providing continuity of care between agency visits.

This collaborative model is central to our current operations and reflects our approach of working alongside, rather than replacing, traditional home health services. It also ensures that patients receive a more continuous and coordinated level of in-home support while remaining within the scope of each provider's regulatory framework.

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

**Response:** Clinical oversight is led by our nurse practitioner and supported by an overseeing physician (our Medical Director). All part-time clinical staff are required to follow standardized protocols, standing orders, and care guidelines established by the clinical leadership team. These protocols define scope of practice, escalation pathways, and documentation requirements for all patient interactions.

Part-time registered nurses are required to document all visits in real time using AxisCare, which allows for immediate visibility by supervisory staff. Clinical documentation is reviewed routinely by the nurse practitioner and full-time nursing leadership to ensure accuracy, compliance, and adherence to established care plans.

We maintain a structured escalation policy that requires staff to promptly report any abnormal findings or changes in patient condition. These concerns are escalated first to the nurse practitioner, and when necessary, to the overseeing physician and/or the patient's primary care provider. In emergent situations, staff are trained to contact emergency medical services immediately.

In addition, part-time staff receive onboarding and ongoing training that covers clinical expectations, safety protocols, documentation standards, and communication procedures. When new or unfamiliar caregivers or nurses are introduced into a client's home, administrative staff may accompany the visit to provide direct orientation and ensure continuity of care.

Quality assurance and performance improvement processes are used to monitor part-time staff performance, including periodic chart audits and evaluation of adherence to care plans. This structure ensures that all staff, regardless of hours worked, are held to the same clinical and operational standards and are fully integrated into the organization's oversight framework.

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

**Response:** The PSSA license will not be relinquished upon obtaining a home health agency license. The Applicant intends to continue operating two separate licensed entities, each serving a distinct purpose within the overall care model.

The PSSA license will continue to support non-medical caregiving services, including assistance with activities of daily living (ADLs) and other supportive in-home care needs. The home health agency license will allow the organization to expand into skilled nursing services that must be delivered under home health regulatory requirements.

Operating both licenses separately allows the organization to maintain clear regulatory compliance, appropriate scope of practice for each service line, and a structured approach to delivering both non-medical and skilled in-home care.

**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?**

**Response:** As an Applicant home health provider, our organization is structured with the foundational components necessary to support CHAP accreditation. We operate under physician oversight, with standing orders and defined clinical protocols managed by an overseeing physician and supported by a nurse practitioner. Our internal leadership team includes full-time registered nurses who oversee scheduling, staffing, training, documentation, and quality assurance/performance improvement initiatives. We also utilize AxisCare for scheduling, charting, and billing, which supports standardized documentation and operational consistency.

The types of care we intend to provide include non-medical caregiving support, nurse-led caregiving services, wellness visits, and medication management. We also intend to provide skilled nursing visits once home health licensure is obtained. Skilled services would include interventions such as wound care, catheter care, feeding tube management, IV antibiotic support, and post-operative monitoring for medically stable patients aged 16 and older. We also provide coordination and transitional support for patients moving from hospital to home, working alongside insurance-covered home health agencies and other providers.

We do not intend to provide continuous skilled nursing care or high-acuity, technology-dependent care in the home (such as ventilator-dependent patients or continuous monitoring requiring hospital-level equipment). Patients requiring that level of care are referred to more appropriate settings, such as skilled nursing facilities, to ensure safety.

At this time, we do not identify any limitations in our current operational or clinical model that would compromise our ability to pursue CHAP accreditation. Our primary constraints are regulatory in nature and related to licensure. Specifically, we are currently in the process of obtaining approval of a certificate of need, leading to a home health license, which is required in order to fully implement skilled nursing services in compliance with state regulations. Once licensure is obtained, our structure, leadership, documentation systems, and quality assurance processes are aligned to support accreditation readiness and ongoing compliance standards.

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

**Response:** Yes, we use AxisCare for charting, scheduling, and billing.

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

**Please explain the ability to support 59 direct-care staff including a full-time medical director, on \$84,000 in revenue in Year 1?**

**Response:** The staffing and hours of care reflected our existing caregiving model. We apologize for the confusion. Also, we have updated our projections regarding revenue and those projections are reported in the appropriate charts and other sections of the application.

Regarding our home health agency, if approved, we project seeing 30 patients in Year 1 with each patient receiving a projected 25 hours of care annually. We would need only 3 staff to provide this service: our Owner who is a Nurse Practitioner, one FTE RN and our Medical Director. In Year 2, we project our home health agency will see 45 patients, each requiring 25 hours of care annually. We would need only 4 staff to provide this service; our Owner, two FTE RNs and our Medical Director. The text and associated charts in the application have been corrected.

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

**Response:** At this time, we have a total of 658 billable hours weekly. Of these, 626 hours are dedicated to caregiving services, and 27 hours are dedicated to nursing visits.

#### **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 Davidson 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:** There are no open investigations currently.

## **17. Item 8Q., Staffing**

**Please address the need for 59 FTE staff for 15 patients.**

**Response:** We do not currently have 59 full-time equivalent (FTE) positions. Our staff includes a combination of full-time, part-time, and PRN caregivers and clinical staff.

At present, the organization maintains a mixed staffing structure consisting of full-time registered nurses, a nurse practitioner, and a large pool of caregivers who work variable schedules. While not all employees are full-time, the aggregate available workforce currently supports a high level of total weekly service hours, demonstrating the operational capacity to scale staffing into FTE equivalents as client census increases.

The caregiving workforce includes approximately 40–50 caregivers in total, with a subset working full-time hours and others working part-time or PRN schedules. In addition, the organization has three full-time registered nurses and one full-time nurse practitioner who provide clinical oversight, skilled nursing, and care coordination support. This existing clinical and caregiving infrastructure provides the foundation for expanding to a 59 FTE equivalent model as demand grows.

The organization utilizes a flexible staffing approach in which caregivers and nurses are scheduled based on client needs, ranging from short daily visits to extended shifts and 24/7 coverage when required. Because caregivers are able to work up to 40 hours per week, the existing pool of staff can be scaled to meet increased demand without requiring a proportional increase in new hires.

Additionally, the use of AxisCare for scheduling, staffing coordination, and billing allows the organization to efficiently allocate staff hours, track utilization, and optimize coverage across clients. This system supports the ability to convert existing variable-hour staff into full-time equivalents as census and service demand increase.

Again, so far as our proposed home health agency, only three FTEs will be involved in providing care to our home health patients in Year 1, if we are approved: the owner who is also a Nurse Practitioner, one FTE RN, plus our Medical Director. In Year 2, we anticipate an additional FTE RN to provide skilled nursing services. The text and associated charts in the application have been corrected.

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

**Response:** All personnel at our company are employees. The only independent contractor is our Medical Director. We anticipate no changes if approved for a home health agency

**Please confirm that the number of positions represents full-time equivalent positions and not individual part-time staff members.**

**Response:** Our core clinical team consists of three full-time nurses and one full-time nurse practitioner. The number of positions (3) required to provide skilled nursing services for our home health agency are full-time equivalent positions: the Owner (a Nurse Practitioner), one FTE RN and our Medical Director. We anticipate needed an additional FTE RN in Year 2.

In addition, we work with a network of PRN nurses and caregivers who serve as independent contractors. While these team members may work up to 40 hours per week and be considered full-time based on availability, the majority typically work fewer than 24 hours per week.

This flexible staffing model allows us to meet varying client needs while maintaining appropriate coverage and continuity of care.

**Please revise Item 8Q as appropriate.**

**Response:** Item 8Q has been corrected.

### **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**

**Pages 9 & 10 – The Applicant references an example of a patient who appears to have receiving skilled nursing care from the Applicant. Please clarify whether this is the case?**

**Response:** At this time, we are not providing skilled nursing services for this client. We previously offered nursing care; however, we requested our attorney to inquire as to whether or not the services we were providing required a home health license. Once we found out we needed a home health license, we immediately stopped providing these services.

We are currently only providing caregiving support while our nursing services remain on hold during the pending licensing process. We are hopeful for approval from the state to resume and expand our skilled nursing services in the future.

The client's parents are currently managing the PEG tube care at this time.

**Please provide page numbers with Attachment 1N.**

**Response:**

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

**Response:** Attachment 1N-R now has different page numbers.

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

**Response:** At this time, we do not have formal letters available. However, we have several clients who would be willing to provide written statements emphasizing the need for this project and the value of the services provided.

**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 59 direct care positions identified. Are all these staff functioning under the PSSA license currently?**

**Response:** We are currently in the process of applying for our PSSA license. Our administrative team consists of one nurse practitioner and three full-time nurses.

We do not currently have 59 full-time equivalent (FTE) positions. Our staff includes a combination of full-time, part-time, and PRN caregivers and clinical staff.

At present, the organization maintains a mixed staffing structure consisting of full-time registered nurses, a nurse practitioner, and a large pool of caregivers who work variable schedules. While not all employees are full-time, the aggregate available workforce currently supports a high level of total weekly service hours, demonstrating the operational capacity to scale staffing into FTE equivalents as client census increases.

The caregiving workforce includes approximately 40–50 caregivers in total, with a subset working full-time hours and others working part-time or PRN schedules. In addition, the organization has three full-time registered nurses and one full-time nurse practitioner who provide clinical oversight, skilled nursing, and care coordination support. This existing clinical and caregiving infrastructure provides the foundation for expanding to a 59 FTE equivalent model as demand grows.

The organization utilizes a flexible staffing approach in which caregivers and nurses are scheduled based on client needs, ranging from short daily visits to extended shifts and 24/7 coverage when required. Because caregivers are able to work up to 40 hours per week, the existing pool of staff can be scaled to meet increased demand without requiring a proportional increase in new hires.

Additionally, the use of AxisCare for scheduling, staffing coordination, and billing allows the organization to efficiently allocate staff hours, track utilization, and optimize coverage across clients. This system supports the ability to convert existing variable-hour staff into full-time equivalents as census and service demand increase.

Again, so far as our proposed home health agency, only three FTEs will be involved in providing care to our home health patients in Year 1, if we are approved: the owner who is also a Nurse Practitioner, one FTE RN, plus our Medical Director. In Year 2, we anticipate an additional FTE RN to provide skilled nursing services. The text and associated charts in the application have been corrected.

**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:** We have approximately 10–15 PRN nurses who support our team in providing nursing services. Each nurse practices within their scope as a registered nurse and follows established clinical protocols.

If any abnormal findings arise during a visit, they are promptly escalated to the nurse practitioner, who will then coordinate with the overseeing physician and the client’s primary care provider as needed. Depending on the severity of the situation, we either communicate directly with the primary care provider or recommend that the client seek evaluation in the emergency department.

This structured escalation process ensures that all clinical concerns are addressed quickly, appropriately, and with the highest standard of care.

Again, so far as our proposed home health agency, only three FTEs will be involved in providing care to our home health patients in Year 1, if we are approved: the owner who is also a Nurse Practitioner, one FTE RN, plus our Medical Director. In Year 2, we anticipate an additional FTE RN to provide skilled nursing services. The text and associated charts in the application have been corrected.

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

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

**How are patients in need of service types not offered by the Applicant, i.e. PT, OT, ST going to be supported by the Applicant?**

**Response:** At this time, our clients primarily utilize a home health agency covered by insurance for their core services, while supplementing their care with private pay in-home therapies, including physical therapy (PT), occupational therapy (OT), and speech therapy (ST).

This approach allows clients to maximize their insurance benefits while still receiving additional, personalized support to meet their individual rehabilitation and recovery goals.

**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:** We work closely with care coordinator Neely Cotten, NP, who provides private pay care coordination services. Through this collaboration, we ensure clients receive well-rounded, seamless support.

Our team focuses on delivering caregiving and skilled nursing services in the home, while Neely Cotten coordinates essential aspects of care such as scheduling doctor's appointments, managing referrals, long term care insurance policies and ordering the supplies clients need to succeed. This partnership allows us to provide a more comprehensive and organized care experience.

In addition, we have 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 arrangements or written working agreements with hospitals or other healthcare system providers have been established.

**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:** We do not provide services that fall outside of TennCare coverage. Instead, our role is to complement existing care by filling in gaps when insurance benefits have been fully utilized, ensuring clients continue to receive the support they need. We will not provide continuous care, as previously discussed.

### **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 Davidson County.**

**Response:** For a client receiving one 1-hour skilled nursing visit per day over a 7-day period, pricing is structured based on the time and day of service. Visits conducted during standard business hours (Monday through Friday, 8:00 AM – 5:00 PM) are billed at \$125 per hour. Visits outside of these hours, including weekends (Saturday and Sunday) and observed holidays, are billed at \$200 per hour.

Based on this schedule, the total weekly cost for skilled nursing services at our proposed home health agency would be approximately \$1,025.

If any visit extends beyond the initially scheduled 1 hour, additional time will be billed at the applicable hourly rate, depending on when the care is provided.

**Please discuss the fact that the comparative charges are per visit for existing providers but per hour for the Applicant. How many average hours per visit are included in the Applicant's projections?**

**Response:** Attachment 5N-R has been changed to reflect the charges are hourly for the listed home health agencies.

We offer flexible scheduling to meet each client's unique needs, with visits ranging from 1-hour shifts up to 12-hour shifts. If a visit extends beyond the originally scheduled time, we can easily adjust the duration within our system.

For example, a client may schedule a 1-hour visit with a registered nurse for assistance with a medical appointment. However, depending on the circumstances, the visit may extend to two or three hours. Our scheduling allows for this kind of flexibility, ensuring clients receive the time and support they need.

In general, nursing visits typically range from 30 minutes to two or three hours, depending on the level of care required.

**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 which would appear to represent most direct care staff FTEs?**

**Response:** Our caregiving services do not require a nursing-level skill set, allowing us to offer support at a more affordable rate. For clients who do require clinical care, we offer services provided by a registered nurse at a rate of \$125.

Similar to a hospital model, tasks that can be performed by a caregiver or CNA are offered at a significantly lower cost than services requiring a registered nurse. This approach ensures clients receive the appropriate level of care while managing costs effectively.

#### **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.**

**Response:** We have established policies and procedures for our current operations, including internal quality monitoring practices and supervisory oversight of all direct care staff. These existing policies provide a strong operational foundation to develop policies and procedures for our home health agency once approved.

**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:** We work with clients to first establish a care plan through their home health agency that is covered by insurance. Once that schedule is in place, we identify any additional days or hours of support that may be needed.

We also provide weekend care, helping to fill a common gap where many home health agencies struggle to maintain consistency. Our services are flexible and can be easily adjusted as the client's care needs evolve or as their condition improves.

We coordinate closely with the client, their family, and any medical appointments to ensure care fits seamlessly into their routine.