

# **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 Tennessean, which is a newspaper of general circulation in Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson and Wilson Counties, Tennessee, Tennessee, on or before 04/13/2026 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 AHC Home Health & Hospice of Nashville, LLC, a/an Home Health Agency owned by LHM MAN HHH, LLC 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 A Certificate of Need for the modification of the scope of services of the existing Agency's home health services, whose parent office is located at 627 19th Ave. N., Nashville, TN 37203. The approval of this application will remove the condition on the existing home health agency license #667 limiting its home health services to only those patients who have received services at AHC Nashville, LLC, d/b/a Advanced Health Care of Nashville, an existing skilled nursing facility (the "Center"), also located at 627 19th Ave. N., Nashville, TN 37203. The approval will grant the Agency an unrestricted home health agency license in Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson and Wilson Counties, which is the Agency's currently service area. The Agency will continue to be licensed by the Tennessee Health Facilities Commission. The total estimated project cost, including the \$3,000.00 filing fee, is anticipated to be approximately \$190,840.00, which includes the costs of the lease, filing and any equipment. The address of the project will be 627 19th Ave N, Nashville, Davidson, Tennessee, 37203. The estimated project cost will be \$190,840.

The anticipated date of filing the application is 04/30/2026

The contact person for this project is Counsel Christopher Puri who may be reached at Bradley Arant Boulton Cummings LLP - 1221 Broadway, STE 2400, Nashville, Tennessee, 37203 – Contact No. 615-252-4643.

Christopher Puri

04/08/2026

[cpuri@bradley.com](mailto:cpuri@bradley.com)

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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 AHC Home Health & Hospice of Nashville, LLC, a/an Home Health Agency owned by LHM MAN HHH, LLC 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 A Certificate of Need for the modification of the scope of services of the existing Agency’s home health services, whose parent office is located at 627 19th Ave. N., Nashville, TN 37203. The approval of this application will remove the condition on the existing home health agency license #667 limiting its home health services to only those patients who have received services at AHC Nashville, LLC, d/b/a Advanced Health Care of Nashville, an existing skilled nursing facility (the "Center"), also located at 627 19th Ave. N., Nashville, TN 37203. The approval will grant the Agency an unrestricted home health agency license in Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson and Wilson Counties, which is the Agency’s currently service area. The Agency will continue to be licensed by the Tennessee Health Facilities Commission. The total estimated project cost, including the \$3,000.00 filing fee, is anticipated to be approximately \$190,840.00, which includes the costs of the lease, filing and any equipment. The address of the project will be 627 19th Ave N, Nashville, Davidson, Tennessee, 37203. The estimated project cost will be \$190,840.

The anticipated date of filing the application is 04/30/2026

The contact person for this project is Counsel Christopher Puri who may be reached at Bradley Arant Boult Cummings LLP - 1221 Broadway, STE 2400, Nashville, Tennessee, 37203 – Contact No. 615-252-4643.

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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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HF 51 (Revised 6/1/2023)

RDA 1651

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

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 1N –

CON Home Health Standards & Criteria  
Reponses (with exhibits)



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:** As noted in the Standards and Criteria, the 1.5 use rate percent formula is "admittedly a conservative one" and implicitly concedes that in some given circumstances may underestimate the actual need for home health services in a particular service area. Based on the projected need (below in #2) there is substantial existing capacity for the delivery of home health services in the service area. However, as discussed below, the existing use rates in the counties are well above the "admittedly conservative" use rate used by the HFC Standards and Criteria. Additionally, the population in the seven-county service area is growing significantly and at a greater rate than the state as a whole. The rapidly expanding population

further supports a greater need than is calculated by the Standards and Criteria formula.

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

**RESPONSE:** Using the most current data from the Joint Annual Report of Home Health Agencies (2025 Final\*) data, the chart below of Population Need Projection vs. Actual Utilization (2025-2028), the table below projected the need for home health services in the future. The relevant service area counties have been broken out below.

Service Area	Agencies Report Serving	Total Patients Served	Estimated 2025 Pop.	Use Rate	Projected 2027 Pop.	Projected Capacity	Projected Need (.015 x 2027 Pop.)	Need or (Surplus) for 2027
Tennessee	1,894	166,227	7,242,733	0.0229508668	7,410,264	170,072	111,154	(58,918)
Cheatham	26	867	42,603	0.0203506795	43,156	878	647	(231)
Davidson	50	14,432	728,443	0.0198121198	748,344	14,826	11,225	(3,601)
Robertson	25	1,628	77,700	0.0209523810	79,710	1,670	1,196	(474)
Rutherford	40	6,095	388,909	0.0156720467	415,694	6,515	6,235	(279)
Sumner	34	4,527	215,234	0.0210329223	226,250	4,759	3,394	(1,365)
Williamson	37	4,264	277,193	0.0153827838	293,501	4,515	4,403	(112)
Wilson	34	4,089	171,708	0.0238136837	183,713	4,375	2,756	(1,619)
Service Area Total	246	35,902	1,901,790	0.0195738024	1,990,368	37,538	29,856	7,682

\*Most recent year of Joint Annual Report data for Home Health Agencies  
 \*\*Data is projected three years from the latest available year of final Home Health Joint Annual Report data.

Projections Source: Boyd Center for Business and Economic Research, University of Tennessee, Knoxville  
 Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment  
 Note: Totals may not match due to rounding. (TN CoPopProj 2023 series)

**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 TDH to provide final JAR data significantly earlier, the Division would propose a change in the planning horizon.

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:** The table in #2 above shows projections based on a use rate of 1.5% as set forth in the Standards and Criteria. However, this baseline rate is significantly lower than actual utilization patterns and fails to reflect the true demand for home health services in the service area.

However, the average use rate for the service area as calculated by the state is 1.8% (.01888), when reviewing the entire population for the service area. Moreover, the average use rate in the noted service area counties is 1.9% (.01958). On a statewide average, the calculated use rate is above 2.0% (.02295).

When these more relevant and realistic use rates are applied, the analysis conclusively demonstrates substantial unmet need for expanded home health services, rather than surplus capacity, as illustrated in the tables below.

The three tables below demonstrate a consistent and compelling pattern. Using the total service area average use rate (1.888%), the region shows a net need of approximately 40 additional patients to be served. When the average use rate of the seven service area counties is applied (1.958%), projected need rises substantially, showing a net demand for 1,388 patients beyond current capacity. Most critically, when the statewide average use rate (2.295%) is applied—representing the most comprehensive measure of actual utilization across Tennessee—the analysis reveals a significant unmet need of 8,141 patients. Under this most realistic scenario, every county in the service area except Wilson shows a capacity deficit, with Rutherford (3,025), Davidson (2,348), and Williamson (2,221) demonstrating the most acute shortfalls. These findings establish that the artificially low 1.5% baseline rate masks the true demand for home health services and that expanded capacity is essential to meet the actual needs of the service area population.

<b>Projected 2027 Need/Surplus Using Total Calculated Use Rate in Seven County Service Area</b>			
<b>Service Area County</b>	<b>Projected Need (.01888 x 2027 Population) Total SA UR</b>	<b><i>Projected Capacity 2027</i></b>	<b>Need or (Surplus) for 2027</b>
Cheatham	815	878	(63.21)
Davidson	14,129	14,826	(697.27)
Robertson	1,505	1,670	(165.08)
Rutherford	7,848	6,515	<b>1333.30</b>
Sumner	4,272	4,759	(487.40)
Williamson	5,541	4,515	<b>1026.30</b>
Wilson	3,469	4,375	(906.50)
<b>TOTAL</b>	<b>37,578</b>	<b>37,538</b>	<b>40.15</b>

<b>Projected 2027 Need/Surplus Using Average Current Use Rate in Seven County Service Area</b>			
<b>Service Area County</b>	<b>Projected Need (.019574 x 2027 Population) AVG of 7C UR</b>	<b><i>Projected Capacity 2027</i></b>	<b>Need or (Surplus) for 2027</b>
Cheatham	844	878	(34)
Davidson	14,636	14,826	(190)
Robertson	1,559	1,670	(111)
Rutherford	8,130	6,515	<b>1,615</b>
Sumner	4,425	4,759	(334)
Williamson	5,740	4,515	<b>1,225</b>
Wilson	3,593	4,375	(782)
<b>TOTAL</b>	<b>38,926</b>	<b>37,538</b>	<b>1,388</b>

<b>Projected 2027 Need/Surplus Using</b>
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Tennessee Statewide Average Use Rate			
Service Area County	Projected Need (.019574 x 2027 Population) TN State AVG	Projected Capacity 2027	Need or (Surplus) for 2027
Cheatham	990	878	112
Davidson	17,174	14,826	2,348
Robertson	1,829	1,670	159
Rutherford	9,540	6,515	3,025
Sumner	5,192	4,759	433
Williamson	6,736	4,515	2,221
Wilson	4,216	4,375	(159)
<b>TOTAL</b>	45,679	37,538	8,141

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 has received significant positive encouragement from other providers and referral sources requesting that it attempt to expand its scope of services by removing the existing limitation on the CON to only patients discharged from the affiliated skilled nursing facility.

Critically, the current SNF-only limitation prevents AHC from accepting the growing number of referrals it has received from community physicians, hospital case managers, and other healthcare providers outside of the Center. Multiple physicians

— including neurosurgeons at Ascension Saint Thomas Rutherford, cardiologists at Vanderbilt Heart & Vascular, orthopedic surgeons, and wound care specialists — have written letters of support urging removal of the limitation and expressing their desire to refer patients directly to AHC. Please see Attachment - Letter of Support. These providers have observed AHC's quality firsthand and have specifically requested the ability to work with AHC for patients who are not affiliated with the Center.

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

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

**RESPONSE:** Using the most current data from the Joint Annual Report of Home Health Agencies, please see Attachment 05N-2 -Service Area Historical Utilization Chart for a chart showing Service Area Historical Utilization. From 2023 to 2025, 30 of the 56 providers experienced a growth in services, and for those who had increased utilization, the average increase in patients served was approximately fifty-eight (58%) percent.

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

**Rationale:** This Standard seeks to promote State Health Plan Principle 5 concerning a sufficient and quality health care work force. Home care organization workers do not necessarily need to live in the county in which they work. However, in the short-term, the number of possible workers in a general area is unlikely to change quickly. In order to promote economic

efficiencies and access to health care through reduced personnel cost, applicants should demonstrate that they have a plan to recruit sufficient workforce in the general area within reasonable commuting distance of the proposed Service Area. Moreover, the applicant should present its long-term plans to ensure an adequate supply of quality home care workers is available to meet future needs.

**RESPONSE:** The Applicant is a currently operating home health agency with an established staffing infrastructure. Since its initial approval, the Applicant has successfully recruited, hired, trained, and retained qualified staff without difficulty, including additional personnel as patient census has increased. Importantly, the all individuals working at the agency are currently employees, and the agency does not currently have any contract staff nor plan to increase its FTE with contracted individuals. The Applicant maintains a comprehensive orientation and training program to assess competencies and ensure all staff meet required qualifications. As an accredited agency through the Accreditation Commission for Health Care (“ACHC”), the Applicant adheres to rigorous staffing standards that support ongoing recruitment and retention of qualified personnel. Given the Applicant’s demonstrated track record and established presence in the proposed Service Area, it is well-positioned to recruit and retain any additional personnel required if and when the Commission removes the current service limitation.

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

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

**RESPONSE:** The Applicant has established a comprehensive community linkage plan that ensures coordinated, integrated care for its patients. As demonstrated by the letters of support included with this application, AHC has developed strong referral arrangements with multiple health care providers and related community services in its service area. Specifically, the Applicant maintains a transfer agreement with its affiliated skilled nursing facility and has established referral relationships with hospitals, physician practices, and other post-acute care providers in the region that are compliant with patient choice protections while facilitating seamless transitions of care.

The Applicant coordinates with other community services, including rehabilitation providers and supplemental community services like meals and nutrition programs.

long-term care facilities, to ensure continuity of care for patients throughout their recovery. The agency's specialized knowledge and focus on the post-acute population enables it to serve as a critical link in the care continuum, creating the coordinated, integrated systems that properly care for patients and maintain their continuity of provider during recovery and rehabilitation. If the Commission removes the current service limitation, AHC will continue to expand its community partnerships and referral network to meet the needs of patients throughout the Service Area.

**8. TennCare Managed Care Organizations (MCOs) and Financial Viability:**

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

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

**Rationale:** This Standard seeks to promote State Health Plan Principle 3 concerning Economic Efficiencies. This Standard further seeks to promote the orderly development of the health care system by bringing to the forefront issues concerning Medicaid/Medicare certification.

**RESPONSE:** The Agency is currently operating as a Medicare certified home health agency, so there is no issue with maintaining financial viability during initial certification. The Agency is seeking TennCare certification and MCO participation. It should be noted, however, that TennCare home health care is limited, and the Agency anticipates nearly all of its patients will continue to be Medicare patients.

**9. Proposed Charges:** The applicant's proposed charges should be reasonable in comparison with those of other similar agencies in the Service Area or in adjoining service areas. The applicant should list:

- a. The average charge per visit and/or episode of care by service category, if available in the JAR data.
- b. The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data.

**Rationale:** This Standard seeks to promote State Health Plan Principle 3

concerning Economic Efficiencies through greater marketplace transparency.

**RESPONSE:** The Applicant's reported charges per visit remained consistent across both reporting periods (JAR 2024 covering 07/01/2023–06/30/2024, and JAR 2025 covering 07/01/2024–06/30/2025)

For home health aide services, the charge per visit was \$290.00. Medical social services, occupational therapy, physical therapy, skilled nursing care, and speech therapy are each charged at \$350.00 per visit under both categories. homemaker services, infusion therapy (both pain management and other), and other services have no associated charge (\$0.00) for either category.

Other agencies report similar per visit charges to the Agency. The Applicant's charges per visit are on the higher end of the range for agencies in the service area, but are reasonable in comparison, especially when the complexity of its patients' cases is considered.

Note that under Medicare, home health agencies are reimbursed at standardized rates set by the Centers for Medicare & Medicaid Services, regardless of the agency's posted charges. As a result, the applicant's actual reimbursement is determined by the Medicare rate schedule rather than its own charge structure, and the reasonableness of its charges has minimal impact on the cost borne by patients or payers.

- 10. Access:** In concert with the factors set forth in HSDA Rule 0720-11-.01(1) (which lists those factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area for groups with special medical needs such as, but not limited to, medically fragile children, newborns and their mothers, and HIV/AIDS patients. Pediatrics is a special medical needs population, and therefore any provider applying to provide these services should demonstrate documentation of adequately trained staff specific to this population's needs with a plan to provide ongoing best practice education. For purposes of this Standard, an applicant should document need using population, service, special needs, and/or disease incidence rates. If granted, the Certificate of Need should be restricted on condition, and thus in its licensure, to serving the special group or groups identified in the application. The restricting language should be as follows: **CONDITION:** Home health agency services are limited to (*identified specialty service group*); the expansion of service beyond (*identified specialty service group*) will require the filing of a new Certificate of Need application. Please see Note 3 regarding federal law prohibitions on discrimination in the provision of health care services.

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

**RESPONSE:** Removal of the SNF-only limitation will expand meaningful consumer choice in the seven-county Nashville service area. AHC has already proven itself to be

a high-quality, locally based provider; removing the condition will simply allow consumers and their physicians to choose AHC when it is the best fit for their care, rather than being artificially excluded from doing so. Healthcare professionals in the community — including case managers, wound care specialists, and referring physicians — have specifically stated that they wish to refer patients to AHC but are currently unable to do so because of the limitation.

Based upon these requests from its service community, the Applicant's request directly promotes access to care consistent with the rationale underlying this Standard and State Health Plan Principle 2. The current SNF-only limitation restricts consumer choice and prevents healthcare providers from referring patients to AHC, a proven high-quality provider. Healthcare professionals in the community—including case managers, wound care specialists, and referring physicians—have specifically stated that they wish to refer patients to AHC but are currently unable to do so because of the limitation. In Davidson County alone, 3,995 acute inpatient discharges were coded for home health services, yet approximately 1,250 of those patients received no home health care—a non-adherence rate of approximately one-third. Allowing AHC to serve post-acute patients beyond those associated with its affiliated skilled nursing facility will reduce this non-adherence and improve access to home health care throughout the service area.

The Agency does not and will not discriminate against any individuals seeking its services, consistent with its requirements under state and CMS regulations.

**11. Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting (including data on patient re-admission to hospitals), quality improvement, and an outcome and process monitoring system (including continuum of care and transitions of care from acute care facilities). If applicable, the applicant should provide documentation that it is, or that it intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS.

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

**RESPONSE:** AHC has demonstrated — not merely promised — its commitment to high-quality, patient-centered care. AHC obtained accreditation through the Accreditation Commission for Health Care ("ACHC") in 2024, with accreditation valid through 2027. AHC holds State License Number 667, is Medicare-certified, and has applied to participate in the TennCare program to provide home health services. AHC maintains a favorable CMS Star Quality of Patient Care rating, placing it at or above the national median. Physicians who have worked with AHC attest to the agency's clinical excellence.

AHC has produced market leading quality metrics during its initial operations. Based

on the Agency's data, it has a best in market 30-day hospital readmission rate of 4.3% (peer range 7.6% to 14.3%) and a 2.47/(medium) indicative of admissions of individuals with complex post-acute needs.

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

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

**RESPONSE:** The Applicant commits to providing the state with 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.

## 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.

**Item 5N - Service Area Historical Utilization**

			2023						
Home Health Agency (Service Area)	Home County	State ID	Cheatham	Davidson	Sumner	Robertson	Rutherford	Williamson	Wilson
AccentCare Home Health of Nashville	Williamson	94074	42	705	193	37	78	505	49
Accredo Health Group, Inc.	Shelby	79456	2	19	11	3	12	8	3
Adoration Home Health Nashville South	Davidson	19724	0	9	2	0	2	0	1
Adoration Home Health, LLC	Davidson	19714	75	1261	575	127	663	400	455
<b>Advanced Home Health &amp; Hospice of Nashville, LLC</b>	<b>Davidson</b>	<b>19894</b>							
Advanced Nursing Solutions	Davidson	19754	1	2	3	0	5	2	0
Alana Home Care, LLC	Dickson	22014	0	0	0	0	0	0	0
Amedisys Home Care	Franklin	26054	0	0	0	0	0	0	0
Amedisys Home Health (10 Ave)	Davidson	19674	45	1008	12	0	0	38	785
Amedisys Home Health (Old Hickory Blvd)	Davidson	19024	58	978	0	39	0	493	0
Amedisys Home Health	Rutherford	75054	0	0	0	0	961	0	1
Amedisys Home Health Care	Rutherford	75064	0	11	1	0	522	85	2
Amedisys Home Health Services	Davidson	19684	0	160	426	118	0	0	0
Ascension Saint Thomas at Home	Hickman	41034	0	0	0	0	0	12	0
Aveanna Home Health	Robertson	19694	42	502	189	62	185	339	42
Aveanna Home Health	Rutherford	19694	42	502	189	62	185	339	42
CenterWell Home Health	Davidson	19084	13	402	0	37	15	75	8
CenterWell Home Health	Wilson	95074	0	25	200	0	219	0	342
Cookeville Regional Home Health	Putnam	71014	0	0	0	0	0	0	0
Coram CVS Specialty Infusion Services	Williamson	19734	1	14	4	0	4	4	3
Deaconess Homecare	Lincoln	52024	0	0	0	0	0	0	0
Deaconess Homecare I	Wilson	95034	0	267	0	0	271	5	390
Elk Valley Health Services Inc	Davidson	19494	0	9	3	2	3	3	1
Enhabit Home Health	Franklin	26024	21	626	0	0	190	265	65
Henry County Medical Center Home Health	Henry	40075	0	0	0	0	0	0	0
Highpoint Homecare	Sumner	83114	0	8	565	1	0	0	0
Home Care Solutions, Inc	Davidson	19544	21	402	4	0	5	139	1
Home Health Care of Middle Tennessee	Davidson	19584	21	875	124	50	459	242	267
HomeFirst Home Healthcare	Davidson	19614	0	644	99	0	113	0	70
Implanted Pump Management	Knox	47452	0	0	4	0	1	0	1
Interim Healthcare of Montgomery County	Montgomery	63054	0	0	0	0	0	0	0
Intrepid USA Healthcare Services	Davidson	CLOSED							
Intrepid USA Healthcare Services	Warren	CLOSED							
Lifeline Home Health Care	Robertson	74064	56	69	57	292	0	0	0
Maury Regional Home Services	Maury	60044	0	0	0	0	0	54	0
Maxim Healthcare Services, Inc.	Williamson	94104	7	94	15	20	52	24	23
NHC Homecare	Maury	60024	38	10	0	0	0	57	0
NHC Homecare	Robertson	74054	76	566	814	443	0	0	77
NHC Homecare	Rutherford	75024	1	426	0	0	341	263	20
Optum Infusion Services 305, LLC	Williamson	79856	1	41	12	2	13	24	23
Optum Women's and Children's Health LLC	Shelby	79466	0	12	2	1	11	2	6
Paragon Infusion	Davidson	CLOSED							
Pentec Health, Inc.	Hamilton	19744	0	6	6	2	5	13	3
St. Thomas Home Health dba Ascension at Home	Davidson	19854	12	312	25	13	67	36	9
Suncrest Home Health	Coffee	16034	0	0	0	0	524	0	0
Suncrest Home Health	Davidson	19324	2	1037	461	9	0	152	1
Suncrest Home Health	DeKalb	21024	0	0	0	0	0	0	575
Suncrest Home Health	Montgomery	63044	62	4	0	69	0	1	0
Tennessee Quality Homecare – Southwest	Decatur	20045	52	228	0	52	0	65	1
Tennova Home Health and Hospice – Clarksville	Montgomery	63034	43	0	0	41	0	0	0
TriStar Healthcare at Home	Davidson	19504	10	294	54	31	21	43	56
TwelveStone Infusion Services	Robertson	75084	0	0	1	0	3	4	1
TwelveStone Infusion Services	Rutherford	75084	0	0	1	0	3	4	1
Vanderbilt Community & Home Services	Davidson	19394	0	49	2	0	2	4	1
Vanderbilt HC/Option Care IV Services	Davidson	19994	4	33	19	2	7	13	11
Vanderbilt Home Care Services	Davidson	19314	70	1,937	257	100	364	576	275

Source: Joint Annual Report - Home Health Agencies

**Item 5N - Service Area Historical Utilization**

Home Health Agency (Service Area)	Home County	State ID	2024						
			Cheatham	Davidson	Sumner	Robertson	Rutherford	Williamson	Wilson
AccentCare Home Health of Nashville	Williamson	94074	52	739	198	36	159	642	67
Accredo Health Group, Inc.	Shelby	79456	2	28	9	2	11	4	3
Adoration Home Health Nashville South	Davidson	19724	2	17	7	2	2	5	4
Adoration Home Health, LLC	Davidson	19714	65	1342	570	129	646	476	446
<b>Advanced Home Health &amp; Hospice of Nashville, LLC</b>	<b>Davidson</b>	<b>19894</b>	<b>0</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>
Advanced Nursing Solutions	Davidson	19754	2	3	3	0	8	2	1
Alana Home Care, LLC	Davidson	22014	0	0	0	0	0	0	0
Amedisys Home Care	Franklin	26054	0	0	0	0	0	0	0
Amedisys Home Health (10 Ave)	Davidson	19674	55	1087	7	0	1	71	765
Amedisys Home Health (Old Hickory Blvd)	Davidson	19024	84	918	0	52	0	482	1
Amedisys Home Health	Rutherford	75054	0	0	0	0	999	0	0
Amedisys Home Health Care	Rutherford	75064	0	32	0	0	461	96	0
Amedisys Home Health Services	Davidson	19684	0	115	347	105	0	0	0
Ascension Saint Thomas at Home	Hickman	41034	0	0	0	0	0	5	0
Aveanna Home Health	Robertson	19694	42	564	160	55	219	414	60
Aveanna Home Health	Rutherford	19694	42	564	160	55	219	414	60
CenterWell Home Health	Davidson	19084	13	404	1	28	5	73	4
CenterWell Home Health	Wilson	95074	1	13	243	5	384	3	301
Cookeville Regional Home Health	Putnam	71014	0	0	0	0	0	0	0
Coram CVS Specialty Infusion Services	Williamson	19734	1	8	4	1	4	3	2
Deaconess Homecare	Lincoln	52024	0	0	0	0	0	0	0
Deaconess Homecare I	Wilson	95034	0	492	1	0	232	7	484
Elk Valley Health Services Inc	Davidson	19494	0	4	4	0	7	1	2
Enhabit Home Health	Franklin	26024	20	640	0	0	179	228	48
Henry County Medical Center Home Health	Henry	40075	0	0	0	0	0	0	0
Highpoint Homecare	Sumner	83114	0	8	523	1	0	0	0
Home Care Solutions, Inc	Davidson	19544	28	534	29	0	11	211	2
Home Health Care of Middle Tennessee	Davidson	19584	20	801	143	36	442	214	201
HomeFirst Home Healthcare	Davidson	19614	1	710	138	5	156	2	283
Implanted Pump Management	Knox	47452	0	0	4	0	0	1	1
Interim Healthcare of Montgomery County	Montgomery	63054	0	0	0	0	0	0	0
Intrepid USA Healthcare Services	Davidson	CLOSED							
Intrepid USA Healthcare Services	Warren	CLOSED							
Lifeline Home Health Care	Robertson	74064	58	73	69	347	0	0	0
Maury Regional Home Services	Maury	60044	0	0	0	0	0	40	0
Maxim Healthcare Services, Inc.	Williamson	94104	8	71	31	18	56	30	30
NHC Homecare	Maury	60024	30	0	0	0	0	52	0
NHC Homecare	Robertson	74054	86	513	812	442	0	0	63
NHC Homecare	Rutherford	75024	0	321	0	0	402	257	22
Optum Infusion Services 305, LLC	Williamson	79856	0	16	7	0	8	6	9
Optum Women's and Children's Health LLC	Shelby	79466	0	15	3	1	5	1	3
Paragon Infusion	Davidson	CLOSED							
Pentec Health, Inc.	Hamilton	19744	0	6	6	4	6	3	4
St. Thomas Home Health dba Ascension at Home	Davidson	19854	0	101	0	0	18	12	7
Suncrest Home Health	Coffee	16034	0	0	0	0	404	0	0
Suncrest Home Health	Davidson	19324	0	1082	358	1	0	183	0
Suncrest Home Health	DeKalb	21024	0	0	0	0	0	0	552
Suncrest Home Health	Montgomery	63044	69	7	1	89	0	0	0
Tennessee Quality Homecare – Southwest	Decatur	20045	100	357	94	72	10	70	71
Tennova Home Health and Hospice – Clarksville	Montgomery	63034	68	0	0	39	0	0	0
TriStar Healthcare at Home	Davidson	19504	22	514	101	68	94	56	0
TwelveStone Infusion Services	Robertson	75084	0	20	11	3	11	6	6
TwelveStone Infusion Services	Rutherford	75084	0	20	11	3	11	6	6
Vanderbilt Community & Home Services	Davidson	19394	0	28	1	0	0	2	0
Vanderbilt HC/Option Care IV Services	Davidson	19994	5	29	13	0	9	18	9
Vanderbilt Home Care Services	Davidson	19314	69	1,828	288	113	343	534	267

Source: Joint Annual Report - Home Health Agencies

**Item 5N - Service Area Historical Utilization**

Home Health Agency (Service Area)	Home County	State ID	2025							
			Cheatham	Davidson	Sumner	Robertson	Rutherford	Williamson	Wilson	
AccentCare Home Health of Nashville	Williamson	94074	59	705	160	57	117	606	72	
Accredo Health Group, Inc.	Shelby	79456	1	28	15	4	15	8	5	
Adoration Home Health Nashville South	Davidson	19724	1	26	9	2	6	10	10	
Adoration Home Health, LLC	Davidson	19714	71	1,453	659	96	822	436	532	
<b>Advanced Home Health &amp; Hospice of Nashville, LLC</b>	<b>Davidson</b>	<b>19894</b>	<b>1</b>	<b>156</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>10</b>	<b>5</b>	
Advanced Nursing Solutions	Davidson	19754	2	3	2	-	4	3	1	
Alana Home Care, LLC	Dickson	22014	-	-	-	-	-	-	-	
Amedisys Home Care	Franklin	26054	-	-	-	-	-	-	-	
Amedisys Home Health (10 Ave)	Davidson	19674	65	1,132	24	-	-	79	872	
Amedisys Home Health (Old Hickory Blvd)	Davidson	19024	68	929	-	47	2	491	-	
Amedisys Home Health	Rutherford	75054	-	-	-	-	1,055	-	-	
Amedisys Home Health Care	Rutherford	75064	-	43	-	-	412	105	-	
Amedisys Home Health Services	Davidson	19684	-	123	342	95	-	-	-	
Ascension Saint Thomas at Home	Hickman	41034	-	-	-	-	-	27	-	
Aveanna Home Health	Robertson	19694	32	461	234	51	308	426	56	
Aveanna Home Health	Rutherford	19694	32	461	234	51	308	426	56	
CenterWell Home Health	Davidson	19084	7	323	-	31	1	70	2	
CenterWell Home Health	Wilson	95074	-	22	205	4	290	2	271	
Cookeville Regional Home Health	Putnam	71014	-	-	-	-	-	-	-	
Coram CVS Specialty Infusion Services	Williamson	19734	-	5	2	-	7	4	2	
Deaconess Homecare	Lincoln	52024	-	-	-	-	-	-	-	
Deaconess Homecare I	Wilson	95034	-	671	3	-	226	34	538	
Elk Valley Health Services Inc	Davidson	19494	-	7	4	-	10	-	1	
Enhabit Home Health	Franklin	26024	24	717	-	-	216	275	76	
Henry County Medical Center Home Health	Henry	40075	-	-	-	-	-	-	-	
Highpoint Homecare	Sumner	83114	-	9	662	3	-	-	-	
Home Care Solutions, Inc	Davidson	19544	23	327	-	-	-	-	-	
Home Health Care of Middle Tennessee	Davidson	19584	14	695	109	46	464	180	150	
HomeFirst Home Healthcare	Davidson	19614	4	652	261	24	196	49	447	
Implanted Pump Management	Knox	47452	-	1	6	-	-	1	1	
Interim Healthcare of Montgomery County	Montgomery	63054	-	-	-	-	-	-	-	
Intrepid USA Healthcare Services	Davidson	CLOSED								
Intrepid USA Healthcare Services	Warren	CLOSED								
Lifeline Home Health Care	Robertson	74064	54	93	92	316	-	-	-	
Maury Regional Home Services	Maury	60044	-	-	-	-	-	21	-	
Maxim Healthcare Services, Inc.	Williamson	94104	8	71	25	19	52	33	25	
NHC Homecare	Maury	60024	31	4	-	-	-	52	-	
NHC Homecare	Robertson	74054	91	503	841	442	-	-	65	
NHC Homecare	Rutherford	75024	-	344	-	-	393	259	14	
Optum Infusion Services 305, LLC	Williamson	79856	-	12	9	-	4	18	3	
Optum Women's and Children's Health LLC	Shelby	79466	-	15	6	2	6	3	-	
Paragon Infusion	Davidson	CLOSED								
Pentec Health, Inc.	Hamilton	19744	-	10	8	5	5	3	4	
St. Thomas Home Health dba Ascension at Home	Davidson	19854	2	573	5	-	239	86	43	
Suncrest Home Health	Coffee	16034	-	-	-	-	433	1	-	
Suncrest Home Health	Davidson	19324	-	1,261	338	8	-	205	1	
Suncrest Home Health	DeKalb	21024	-	19	-	-	1	-	423	
Suncrest Home Health	Montgomery	63044	89	6	2	109	-	-	-	
Tennessee Quality Homecare – Southwest	Decatur	20045	40	325	112	46	43	49	95	
Tennova Home Health and Hospice – Clarksville	Montgomery	63034	87	4	-	44	-	-	-	
TriStar Healthcare at Home	Davidson	19504	19	441	77	54	69	39	58	
TwelveStone Infusion Services	Robertson	75084	-	13	4	-	2	1	3	
TwelveStone Infusion Services	Rutherford	75084	-	13	4	-	2	1	3	
Vanderbilt Community & Home Services	Davidson	19394	-	71	5	-	10	6	8	
Vanderbilt HC/Option Care IV Services	Davidson	19994	5	54	13	10	13	14	6	
Vanderbilt Home Care Services	Davidson	19314	67	2,102	285	112	450	645	296	

Source: Joint Annual Report - Home Health Agencies

**Item 5N - Service Area Historical Utilization**

Home Health Agency (Service Area)	Home County	State ID	2023	2024	2025	% Change 2023-2025
			TOTAL	TOTAL	TOTAL	
AccentCare Home Health of Nashville	Williamson	94074	1,609	1,893	1,776	10.4%
Accredo Health Group, Inc.	Shelby	79456	58	59	76	31.0%
Adoration Home Health Nashville South	Davidson	19724	14	39	64	357.1%
Adoration Home Health, LLC	Davidson	19714	3,556	3,674	4,069	14.4%
<b>Advanced Home Health &amp; Hospice of Nashville, LLC</b>	<b>Davidson</b>	<b>19894</b>	N/A	33	182	451.5%
Advanced Nursing Solutions	Davidson	19754	13	19	15	15.4%
Alana Home Care, LLC	Dickson	22014	-	-	-	N/A
Amedisys Home Care	Franklin	26054	-	-	-	N/A
Amedisys Home Health (10 Ave)	Davidson	19674	1,888	1,986	2,172	15.0%
Amedisys Home Health (Old Hickory Blvd)	Davidson	19024	1,568	1,537	1,537	-2.0%
Amedisys Home Health	Rutherford	75054	962	999	1,055	9.7%
Amedisys Home Health Care	Rutherford	75064	621	589	560	-9.8%
Amedisys Home Health Services	Davidson	19684	704	567	560	-20.5%
Ascension Saint Thomas at Home	Hickman	41034	12	5	27	125.0%
Aveanna Home Health	Robertson	19694	1,361	1,514	1,568	15.2%
Aveanna Home Health	Rutherford	19694	1,361	1,514	1,568	15.2%
CenterWell Home Health	Davidson	19084	550	528	434	-21.1%
CenterWell Home Health	Wilson	95074	786	950	794	1.0%
Cookeville Regional Home Health	Putnam	71014	-	-	-	N/A
Coram CVS Specialty Infusion Services	Williamson	19734	30	23	20	-33.3%
Deaconess Homecare	Lincoln	52024	-	-	-	N/A
Deaconess Homecare I	Wilson	95034	933	1,216	1,472	57.8%
Elk Valley Health Services Inc	Davidson	19494	21	18	22	4.8%
Enhabit Home Health	Franklin	26024	1,167	1,115	1,308	12.1%
Henry County Medical Center Home Health	Henry	40075	-	-	-	N/A
Highpoint Homecare	Sumner	83114	574	532	674	17.4%
Home Care Solutions, Inc	Davidson	19544	572	815	350	-38.8%
Home Health Care of Middle Tennessee	Davidson	19584	2,038	1,857	1,658	-18.6%
HomeFirst Home Healthcare	Davidson	19614	926	1,295	1,633	76.3%
Implanted Pump Management	Knox	47452	6	6	9	50.0%
Interim Healthcare of Montgomery County	Montgomery	63054	-	-	-	N/A
Intrepid USA Healthcare Services	Davidson	CLOSED	-	-	-	N/A
Intrepid USA Healthcare Services	Warren	CLOSED	-	-	-	N/A
Lifeline Home Health Care	Robertson	74064	474	547	555	17.1%
Maury Regional Home Services	Maury	60044	54	40	21	-61.1%
Maxim Healthcare Services, Inc.	Williamson	94104	235	244	233	-0.9%
NHC Homecare	Maury	60024	105	82	87	-17.1%
NHC Homecare	Robertson	74054	1,976	1,916	1,942	-1.7%
NHC Homecare	Rutherford	75024	1,051	1,002	1,010	-3.9%
Optum Infusion Services 305, LLC	Williamson	79856	116	46	46	-60.3%
Optum Women's and Children's Health LLC	Shelby	79466	34	28	32	-6.3%
Paragon Infusion	Davidson	CLOSED	-	-	-	N/A
Pentec Health, Inc.	Hamilton	19744	35	29	35	0.0%
St. Thomas Home Health dba Ascension at Home	Davidson	19854	474	138	948	100.0%
Suncrest Home Health	Coffee	16034	524	404	434	-20.7%
Suncrest Home Health	Davidson	19324	1,662	1,624	1,813	8.3%
Suncrest Home Health	DeKalb	21024	575	552	443	-29.8%
Suncrest Home Health	Montgomery	63044	136	166	206	34.0%
Tennessee Quality Homecare – Southwest	Decatur	20045	398	774	710	43.9%
Tennova Home Health and Hospice – Clarksville	Montgomery	63034	84	107	135	37.8%
TriStar Healthcare at Home	Davidson	19504	509	855	757	32.8%
TwelveStone Infusion Services	Robertson	75084	9	57	23	60.9%
TwelveStone Infusion Services	Rutherford	75084	9	57	23	60.9%
Vanderbilt Community & Home Services	Davidson	19394	58	31	100	42.0%
Vanderbilt HC/Option Care IV Services	Davidson	19994	89	83	115	22.6%
Vanderbilt Home Care Services	Davidson	19314	3,579	3,442	3,957	9.6%

Source: Joint Annual Report - Home Health Agencies

AHC Home Health  
& Hospice of Nashville, LLC

Attachment –

Letters of Support

1 of 1

## Patient Recommendation Letter for Home Health Services

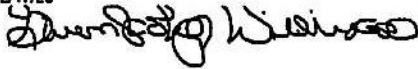
### To Whom It May Concern:

I am writing this letter to express my sincere appreciation for the exceptional care I received from Advanced Health Care of Nashville Home Health. Throughout my time under their services, the staff consistently demonstrated professionalism, compassion, and dedication to supporting my recovery and overall well-being.

From the beginning, the clinicians took the time to clearly explain my condition, answer my questions, and include me in decisions about my care. They arrived on time, were respectful in my home, and always made me feel comfortable and supported. Their individualized approach to treatment helped me make meaningful progress with my mobility, strength, and confidence in performing daily activities.

What stood out the most was their commitment to ensuring I felt safe and empowered. They provided helpful education, practical exercises, and guidance that I was able to continue independently. I truly felt that they cared about my goals and worked with me to achieve them. Because of the high quality of service I received, I am pleased to recommend Advanced Health Care of Nashville Home Health to anyone who may be in need of skilled and compassionate home health care. I am grateful for the difference they made during my recovery. Thank you again to the entire team for your excellent care.

Sincerely,  
Gwendolyn Williams  
12/17/25



12:33

5G 48

Patient Recommendation Letter for... Done

### Patient Recommendation Letter for Home Health Services

**To Whom It May Concern:**

I am writing this letter to express my sincere appreciation for the exceptional care I received from Advanced Healthcare of Nashville Home Health. Throughout my time under their services, the staff consistently demonstrated professionalism, compassion, and dedication to supporting my recovery and overall well-being.

From the beginning, the clinicians took the time to clearly explain my condition, answer my questions, and include me in decisions about my care. They arrived on time, were respectful in my home, and always made me feel comfortable and supported. Their individualized approach to treatment helped me make meaningful progress with my mobility, strength, and confidence in performing daily activities.

What stood out the most was their commitment to ensuring I felt safe and empowered. They provided helpful education, practical exercises, and guidance that I was able to continue independently. I truly felt that they cared about my goals and worked with me to achieve them. Because of the high quality of service I received, I am pleased to recommend Advanced Healthcare of Nashville Home Health to anyone who may be in need of skilled and compassionate home health care. I am grateful for the difference they made during my recovery.

Thank you again to the entire team for your excellent care.

Sincerely,  
Kathy S. Lund on behalf of Ophelia Singleton  
12/12/25

*Kathy S. Lund*



12:33

5G 49

Patient Recommendation Letter for... Done

### Patient Recommendation Letter for Home Health Services

**To Whom It May Concern:**

I am writing this letter to express my sincere appreciation for the exceptional care I received from Advanced Healthcare of Nashville Home Health. Throughout my time under their services, the staff consistently demonstrated professionalism, compassion, and dedication to supporting my recovery and overall well-being.

From the beginning, the clinicians took the time to clearly explain my condition, answer my questions, and include me in decisions about my care. They arrived on time, were respectful in my home, and always made me feel comfortable and supported. Their individualized approach to treatment helped me make meaningful progress with my mobility, strength, and confidence in performing daily activities.

What stood out the most was their commitment to ensuring I felt safe and empowered. They provided helpful education, practical exercises, and guidance that I was able to continue independently. I truly felt that they cared about my goals and worked with me to achieve them. Because of the high quality of service I received, I am pleased to recommend Advanced Healthcare of Nashville Home Health to anyone who may be in need of skilled and compassionate home health care. I am grateful for the difference they made during my recovery.

Thank you again to the entire team for your excellent care.

Sincerely,  
Joann Cicciello  
12/15/25



### Patient Recommendation Letter for Home Health Services

**To Whom It May Concern:**

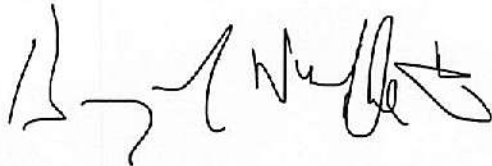
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Thank you again to the entire team for your excellent care.

Sincerely,  
Harry Weddle  
12/11/25



### **Patient Recommendation Letter for Home Health Services**

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Sincerely,  
Sherilyn Pazara  
12/11/25



1 of 1

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Sincerely,  
Robyn Pillow on behalf of Armera Pillow  
12/10/25

Robyn Pillow  
Armera Pillow

### **Patient Recommendation Letter for Home Health Services**

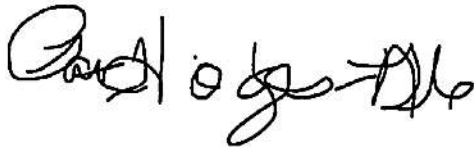
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Sincerely,  
Pat Hodges Able  
12/10/25



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Thank you again to the entire team for your excellent care.

Sincerely,  
Carole Silca  
12/10/25



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Sincerely,

*Matthew E. Sharp*

To Whom It May Concern:

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Thank you again to the entire team for your excellent care.

Sincerely,

*Brenda B. Sharpe*

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Thank you again to the entire team for your excellent care.

Sincerely,

A handwritten signature in blue ink, appearing to be the name 'Aem', is written below the 'Sincerely,' text.

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Thank you again to the entire team for your excellent care.

Sincerely,

Barbara Drendos

To my Advanced Home Healthcare Team,  
Janie, Bill and Kristin

Please know how truly blessed I am to  
have been in your care these months.  
You have encouraged me, taught me  
and inspired me to believe in my healing  
journey. Each of you have been chosen  
for this work. You have given me  
the greatest gift — HOPE!

Many blessings

With sincere appreciation  
and warmest thanks to you.

I am so very grateful,

Jean Anne Tye

To Whom It May Concern,

I am happy to write this letter in full support of Advanced Home Health. I was admitted to their services in March 2024. During my time on service I received physical therapy, occupational therapy and nursing services. In March I was only able to walk using my walker. My therapist was good and I was able to progress to a cane in one month. I am now walking short periods without any help at all and hope to be as independent as I was before my admission to home health. I am diabetic and had a wound on my foot my nurse was treating that she healed in three months.

I am not only impressed by Advanced Home Health's skills but their positive attitudes and willingness to help me. I met with a social worker to begin receiving meals on wheels and am able to have my medicine delivered to my home because I do not drive. They set me up with a primary doctor who comes to my home so I don't have to worry about missing doctor appointments or asking my family to take me.

I would recommend Advanced Home Health to anyone needing help. They are a wonderful and necessary addition to the community. The patient care provided is great and exceeded my expectations from previous home health experiences. I am in full support of having their limitation lifted so they can support others in the community.

Thomas Ewing

A handwritten signature in black ink that reads "Thomas Ewing". The signature is written in a cursive style with a large, prominent initial 'T'.

To Whom It May Concern,

I am writing to express my strong support for Advanced Home Health of Nashville and its request to remove the current limitation that impacts its ability to provide home health services within the community.

Advanced Home Health of Nashville has consistently demonstrated a commitment to delivering high-quality, patient-centered care. The organization maintains compliance with all applicable federal, state, and local regulations and has established a strong record of safe, effective, and compassionate service delivery. Patients and families served by the agency benefit from timely initiation of care, skilled clinical staff, and a focus on improving health outcomes while allowing patients to remain in their homes.

The existing limitation has created challenges in meeting the growing demand for home health services in our community. Removing this restriction would enhance access to care, reduce delays in services, and better support patients who rely on home-based healthcare to manage chronic conditions, recover from illness or hospitalization and maintain independence.

Based on my knowledge of the organization and its operations, I am confident that Advanced Home Health of Nashville has the administrative capacity, clinical expertise, and infrastructure necessary to responsibly operate without this limitation while continuing to meet all quality and compliance standards.

For these reasons, I respectfully urge the Board to approve the removal of the CON limitation. Doing so would serve the best interest of patients, families, and the broader healthcare system.

Thank you for your time and consideration.

A handwritten signature in black ink, appearing to read "Peter Smith, MD, FACP, BC". The signature is written in a cursive, flowing style.

I am writing in my professional capacity as a Case Manager to express my support for the request to release Advanced Home Health of Nashville from its current Certificate of Need (CON) restrictions.

In my role, I coordinate care for individuals who require timely and appropriate home health services. Through direct collaboration with Advanced Home Health of Nashville, I have observed the agency provide consistent, patient-centered care while maintaining appropriate communication, coordination, and adherence to established plans of care.

Based on my experience, Advanced Home Health has demonstrated:

- Operational stability and responsiveness to patient needs
- Effective coordination with case managers, physicians, and care teams
- Appropriate staffing and service delivery practices
- A commitment to compliance with regulatory and quality standards

The continued CON restriction limits access to necessary home health services for individuals who could safely and effectively receive care in their homes. Releasing the agency from these restrictions would improve service availability, promote patient choice, and support care delivery in the least restrictive and most appropriate setting.

Based on my professional interactions and observations, I believe Advanced Home Health is capable of operating responsibly without CON limitations and would continue to meet applicable state requirements while serving the needs of the community.

Thank you for your consideration of this request. Please feel free to contact me if additional information is needed.

Respectfully,

Day Ersey RN  
Orthopedic Coordinator  
Ascension St Thomas  
615-396-4100

To Whom It May Concern,

I am writing in my capacity as a licensed physician to express my strong support for the home health services provided by Advanced Home Health and to formally acknowledge the excellent quality of care delivered by their clinical team.

From a clinical standpoint, I have observed that patients receiving services from this agency experience:

- Improved adherence to treatment plans
- Enhanced safety and stability in the home
- Reduced need for emergency department visits or hospital readmissions
- High levels of patient satisfaction and engagement

The nursing and therapy staff demonstrate sound clinical judgment, attention to detail, and genuine compassion for the patients they serve. The care provided has met—and often exceeded—my expectations for quality home health services.

Home health plays a critical role in supporting patient recovery, chronic disease management, and overall continuity of care. Based on my professional experience, Advanced Home Health of Nashville provides services that are not only medically necessary but delivered with an exceptional level of quality and reliability.

I fully support the continuation and approval of home health services provided by Advanced Home Health. Please feel free to contact me should additional clinical information or clarification be required.

Sincerely,



**Steven Thomas, M.D.**  
1840 Medical Center Parkway  
Seton Building, Ste. 200  
Murfreesboro, TN 37129  
Office: 615.849.7490  
Fax: 615.890.7838  
Murfreesborovascular.com  
Info@murfreesborovascular.com



1840 Medical Center Parkway  
Seton Building, Suite 200  
Murfreesboro, TN 37129  
615-849-7490  
615-890-7838

info@murfreesborovascular.com  
www.murfreesborovascular.com

Jeffrey  
Kelley, PA-C

To Whom It May Concern,

I am writing not only as a licensed physician, but as someone who has personally witnessed the profound difference that high-quality home health care can make in the lives of patients and their families. I offer my strongest support for the home health services provided by Advanced Home Health of Nashville and wish to express how truly exceptional the care has been.

Many of my patients face serious medical challenges, limited mobility, and complex health needs that make clinic-based care difficult or impossible. In these moments, the team at Advanced Home Health of Nashville has consistently stepped in with professionalism, compassion, and genuine dedication. Their clinicians do more than follow orders — they listen, they notice changes, and they advocate for patients when it matters most.

I have seen patients become safer, more confident, and more stable in their homes because of this agency's involvement. Families often express relief and gratitude, knowing their loved ones are being cared for by professionals who treat them with dignity, patience, and respect. These outcomes cannot be overstated; they directly impact quality of life and medical stability.

The nurses and therapists communicate clearly and promptly with my office, ensuring continuity of care and allowing issues to be addressed early — often preventing complications, emergency visits, or hospital readmissions. This level of attentiveness reflects both clinical excellence and a deep commitment to patient well-being.

Home health care is not simply a service; for many patients, it is a lifeline. Based on my direct experience, Advanced Home Health of Nashville provides this care at an exceptionally high level. I fully support the continuation and approval of their home health services and believe their work represents the very best of patient-centered care.

Thank you for your time and thoughtful consideration. Please feel free to contact me if further perspective would be helpful.

With sincere respect,



G. Lien, MD

**George H. Lien, MD**  
Neurosurgeon  
Ascension Saint Thomas Rutherford Hospital

Dear Members of the Board,

I am writing in my capacity as a licensed physician to express my professional support for the request to release Advanced Home Health from its current Certificate of Need (CON) restrictions.

As a treating physician, I routinely coordinate care for patients who require medically appropriate home health services to manage chronic illness, recover from acute events, and prevent avoidable hospitalizations.

Specifically, I have observed the agency to be effective in:

- Implementing physician-directed plans of care
- Maintaining appropriate clinical oversight and communication
- Supporting patient stability and recovery in the home setting
- Contributing to reduced hospital readmissions and improved continuity of care

Based on my clinical experience and professional judgment, I believe Advanced Home Health is capable of operating without CON limitations while continuing to meet applicable regulatory, safety, and quality standards. Releasing the agency from these restrictions would serve the best interests of patients and the broader healthcare community.

Thank you for your time and consideration. Please do not hesitate to contact me should additional clinical perspective or clarification be required.

Respectfully,



Ilyas Eli, MD

**ILYAS ELI, MD**  
Neurosurgeon

**Ascension Saint Thomas Rutherford**  
1800 Medical Center Pkwy, DePaul Building, Suite 300, Murfreesboro, TN 37129  
t 615-849-8004 f 615-849-1334

**Ascension Saint Thomas RiverPark Satellite Clinic**  
1559 Sparta Street Physician Building, Suite 301, McMinnville, TN 37110  
t 615-849-8004 f 615-849-1334

To whom it may concern,

I am writing to express my enthusiastic support for Advanced Home Health of Nashville and request to remove the current limitation.

This change represents a significant opportunity to enhance patient care by offering another vital resource for individuals in need. I am confident that Advanced Home Health's commitment to quality care and compliance with regulations makes them an ideal partner.

My team and I are eager to collaborate with Advanced HH, and we are prepared to provide numerous referrals to help them expand their reach and impact within the community. We believe that this partnership will be mutually beneficial, leading to improved patient outcomes and a stronger healthcare system.

Based on my knowledge of Advanced Home Health and its operations, I am confident that this organization has the administrative capacity, clinical expertise, and infrastructure necessary to responsibly operate without this limitation while continuing to meet all quality and compliance standards.

For these reasons, I respectfully urge the Board to approve the removal of the CON limitation. Doing so would serve the best interest of patients, families, and the broader healthcare system.

Sincerely,

Kayla Fowler, Director of Business

Development

Esperta Healthcare (In-home wound care)

To Whom It May Concern,

I am writing to express my strong support for Advanced Home Health of Nashville and its request to remove the current limitation that impacts its ability to provide home health services within the community.

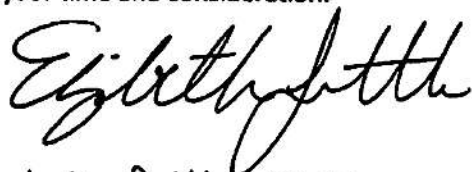
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The existing limitation has created challenges in meeting the growing demand for home health services in our community. Removing this restriction would enhance access to care, reduce delays in services, and better support patients who rely on home-based healthcare to manage chronic conditions, recover from illness or hospitalization and maintain independence.

Based on my knowledge of the organization and its operations, I am confident that Advanced Home Health of Nashville has the administrative capacity, clinical expertise, and infrastructure necessary to responsibly operate without this limitation while continuing to meet all quality and compliance standards.

For these reasons, I respectfully urge the Board to approve the removal of the CON limitation. Doing so would serve the best interest of patients, families, and the broader healthcare system.

Thank you for your time and consideration.



Elizabeth Settle, DNP  
Wound Care Nurse Practitioner  
Procure Health  
e.settle@procure-health.com

To Whom It May Concern,

I am writing to express my strong support for expanding statutory exemptions from Tennessee's Certificate of Need (CON) requirements as they apply to home health services, and specifically to advocate on behalf of Advanced Home Health.

Under Tennessee Code Annotated, Title 68, Chapter 11, Part 16, home health services are generally subject to CON review, with only narrow exemptions currently available. While these provisions may have once reflected the healthcare delivery environment of their time, they no longer align with today's clinical realities, patient needs, or state and federal policy goals emphasizing care in the home.

Advanced Home Health has demonstrated the operational capacity, clinical quality, and regulatory compliance necessary to responsibly expand services without the burdens of CON review. Continued application of CON limitations unnecessarily restricts patient access, delays care transitions from hospitals, and limits consumer choice—particularly in our communities experiencing workforce shortages, hospital congestion, and rising post-acute care demand.


Removing the limitation for Advanced Home Health would directly support:

- Timely access to medically necessary services, reducing avoidable hospital readmissions and emergency department utilization;
- Competition and innovation in care delivery, which improves quality and cost efficiency;
- Alignment with value-based care initiatives, including Medicaid and Medicare goals to shift care to the least restrictive and most cost-effective setting; and
- Relief of systemic strain on hospitals and institutional providers across Tennessee.

For these reasons, I respectfully urge the Commission to give favorable consideration to Advanced Home Health's ability to operate and grow without CON limitation. Such action would meaningfully improve access to care while advancing the State's broader healthcare objectives.

Thank you for your time and thoughtful consideration.

Respectfully,

  
Ahmed Abu-Hallima, MD.  
Vanderbilt Heart & Vascular  
615-875-1748

**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

AHC Home Health & Hospice of Nashville, LLC

**Name**

627 19th Ave N

Davidson

**Street or Route**

**County**

Nashville

Tennessee

37203

**City**

**State**

**Zip**

<https://homehealthandhospice.com/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

Chris Puri

Counsel

**Name**

**Title**

Bradley Arant Boult Cummings LLP

[cpuri@bradley.com](mailto:cpuri@bradley.com)

**Company Name**

**Email Address**

1221 Broadway, STE 2400

**Street or Route**

Nashville

Tennessee

37203

**City**

**State**

**Zip**

Attorney for Project

615-252-4643

**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:** 04/08/26

**Date LOI was Published:** 04/14/26

**RESPONSE:** The LOI was submitted to the HFC on April 8, 2026 and was published in the Tennessean on April 14, 2026. A copy of the Affidavit of Publication from the newspaper is Attachment 3A.

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

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

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

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

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

Other -

---

Hospital -

---

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

LHM MAN HHH, LLC

---

Name

9350 S 150 E STE 740

385-622-4500

**Street or Route**

**Phone Number**

SANDY

Utah

84070

**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:** AHC Home Health & Hospice of Nashville, LLC, the Applicant, is a Tennessee LLC (see Attachment 7 A). This attachment includes documentation requested from Tennessee Secretary of State website. The Applicant is a limited liability company originally set up in Delaware, and is wholly owned by LHM MAN HHH, LLC. LHM MAN HHH, LLC is an interim holding company. The Larry H. Miller Company is 100% owner of LHM MAN HHH, LLC. LHM MAN HHH, LLC's Certificate of Existence is also included as part of Attachment 7A. The Agency is self-managed.

**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 (Specify)
- 

**RESPONSE:** The Applicant has a lease with AHC Nashville, LLC, d/b/a Advanced Health Care of Nashville, 627 19th Ave., N., Nashville, TN 37203, which is an existing nursing facility that focuses on post-acute rehabilitation services and is also wholly owned by The Larry H. Miller Company. The parent office is approximately 214 square feet of space leased at a rate of \$500 per month. The Lease Agreement began on January 1, 2023, for an initial one-year term with an evergreen renewal for successive one-year terms. See Attachment 9.A. Lease Agreement. For the Project Cost Chart, the higher FMV number is utilized. [NOTE: The Fair Market Value (FMV) of the Center (building and land) is \$20,516, 200, based on the 2025 Assessed Value per the Davidson County Tennessee Assessor of Property. The total facility contains 39, 815 GSF. The leased space (214 GSF) approximates 0.55% of the total space of the building, resulting in a FMV of the leased space of approximately \$112,839.10]

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## 10A. Floor Plan

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

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

**RESPONSE:** The Applicant's Office is located within the affiliated Center, which is an existing, licensed, one-story nursing facility in Nashville on 19th Avenue, North. Attachments 10A and 12A contain floor plan and plot plan renderings of the Center where the office is co-located. Attachment 10A shows an enlarged printout of the section of the facility where the home health agency office will be located in the Center. The plot plan (12A) shows the entire facility, and one sheet of this attachment indicates the location of the home health agency office within the facility. Please see Attachment 10A and 12A.

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## 11A. Public Transportation Route

Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients. (Attachment 11A)

**RESPONSE:**

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## 12A. Plot Plan

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter

size sheet of white paper, legibly labeling all requested information. It **must** include:

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

(Attachment 12A)

**RESPONSE:** The full site is approximately 2.51 acres and the existing structure is located on the site as indicated. There is no proposed construction/renovation, as the Agency is licensed and in operation at the office co-located at the Center. The Center is located at the intersection of Warner Street and 19th Ave., North, Nashville, TN 37203. Please see Attachment 12A.

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### 13A. **Notification Requirements**

- TCA §68-11-1607(c)(9)(B) states that “... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested.” Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.
  - Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
  - Notification in process, attached at a later date
  - Notification not in process, contact HFC Staff
  - Not Applicable
- TCA §68-11-1607(c)(9)(A) states that “... Within ten (10) days of the filing of an application for a nonresidential substitution based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of the municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution based treatment center for opiate addiction has been filed with the agency by the applicant.
  - Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
  - Notification in process, attached at a later date
  - Notification not in process, contact HFC Staff
  - Not Applicable

## **EXECUTIVE SUMMARY**

### **1E. Overview**

Please provide an overview not to exceed **ONE PAGE** (for 1E only) in total explaining each item point below.

- Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes.

#### **RESPONSE:**

The Applicant is filing an application for a Certificate of Need for the modification of the scope of services of the existing Agency's home health services, whose parent office is located at 627 19th Ave. N., Nashville, TN 37203. The approval of this application will remove the condition on the existing home health agency license #667 limiting its home health services to only those patients who have received services at AHC Nashville, LLC, d/b/a Advanced Health Care of Nashville, an existing skilled nursing facility (the "Center"), also located at 627 19th Ave. N., Nashville, TN 37203. The approval will grant the Agency an unrestricted home health agency license in Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson and Wilson Counties, which is the Agency's currently service area. The Agency will continue to be licensed by the Tennessee Health Facilities Commission.

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- Ownership structure

**RESPONSE:** AHC Home Health & Hospice of Nashville, LLC, the Applicant, is a Tennessee LLC (see Attachment 7 A). The Applicant is a Tennessee limited liability company, and is wholly owned by LHM MAN HHH, LLC. LHM MAN HHH, LLC is an interim holding company. The Larry H. Miller Company is 100% owner of LHM MAN HHH, LLC.

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- Service Area

**RESPONSE:** The Agency's currently seven (7) county service area includes Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, and Wilson Counties. The Applicant does not request any change in the county service area.

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- Existing similar service providers

**RESPONSE:** Attachment 1E is a seven-page list of all home health agencies licensed by each county, listed exactly as shown on state data requests, as they would not fit within this summary. This list is alphabetized, by county. There are duplicate companies operating agencies within these counties. For example, the list indicates that Davidson County has 2 Adoration agencies, 3 Amedisys agencies, 2 Intrepid agencies, 2 NHC agencies, 2 Optum agencies, 2 Suncrest agencies, and 2 Vanderbilt agencies. The numbers in parentheses following each county named below indicate the total number of home health agencies licensed for each respective county: Cheatham (40), Davidson (42), Robertson (39), Rutherford (42), Sumner (38), Williamson (42), and Wilson (42). In addition, there are 6 agencies licensed for all 95 counties in the State. The Applicant's historical experience is that over 90% of its patients originate in Davidson County, given the current restriction to discharged patients of the co-located Center and the origin of patients at the Center.

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- Project Cost

**RESPONSE:** The total estimated project cost, including the \$3,000.00 filing fee, is anticipated to be approximately \$190,840.00. Most of the total estimated project cost is a reflection of the fair market value (FMV) of the office to be leased.

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- Staffing

**RESPONSE:** The Applicant is a currently operating home health agency that has current staffing. Staffing consists of a mix of administrative and clinical positions. Since its initial approval, the Applicant has not experienced any issues in recruiting the necessary staffing for the agency, including additional staff as its census increased. The does not anticipate hiring any additional personnel required for the agency if the current restriction is removed.

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## 2E. Rationale for Approval

A Certificate of Need can only be granted when a project is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers

Provide a brief description not to exceed ONE PAGE (for 2E only) of how the project meets the criteria necessary for granting a CON using the data and information points provided in criteria sections that follow.

- Need

**RESPONSE:** Since receiving its CON in 2023, AHC has experienced substantial and sustained growth, demonstrating clear demand for its services. In its first full reporting year (July 2023–June 2024), AHC served 33 unduplicated patients and provided 594 visits. In its second reporting year (July 2024–June 2025), AHC grew to 182 unduplicated patients and 3,737 visits — an increase of more than 450% in patient volume — generating \$1,305,910 in gross revenue. This trajectory confirms not only the viability of AHC's operations but the unmet demand for its services in the Nashville market. Critically, the current SNF-only limitation prevents AHC from accepting the growing number of referrals it has received from community physicians, hospital case managers, and other healthcare providers outside of the Center. Multiple physicians — including neurosurgeons at Ascension Saint Thomas Rutherford, cardiologists at Vanderbilt Heart & Vascular, orthopedic surgeons, and wound care specialists — have written letters of support urging removal of the limitation and expressing their desire to refer patients directly to AHC. These providers have observed AHC's quality firsthand and have specifically requested the ability to work with AHC for patients who are not affiliated with the Center. Meanwhile, Nashville-area hospitals continue to face significant challenges in placing patients with home health agencies upon discharge; data from major Nashville hospitals shows an average HHA discharge non-adherence rate of approximately one-third -- meaning nearly one in three patients coded for home health at discharge do not successfully transition to a home health provider. This gap in care underscores the need for additional, high-performing home health providers like AHC to accept referrals beyond the current limitation.

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- Quality Standards

**RESPONSE:** AHC has demonstrated — not merely promised — its commitment to high-quality, patient-centered care. AHC obtained accreditation through the Accreditation Commission for Health Care ("ACHC") in 2024, with accreditation valid through 2027. AHC holds State License Number 667, is Medicare-certified, and has applied to participate in the TennCare program to provide home health services. The Applicant projects that its first "official" CMS star rating as of May 2026 will be a 4-star rating. Physicians who have worked with AHC attest to the agency's clinical excellence. AHC has produced market-leading quality metrics during its initial operations. Based on the Agency's data, it has a best-in-market 30-day hospital readmission rate of 4.3% (peer range 7.6% to 14.3%) and a 2.47 CMI (medium), indicative of admissions of individuals with complex post-acute needs. Dr. Steven Thomas has observed improved adherence to treatment plans, enhanced patient safety and stability in the home, reduced need for emergency department visits or hospital readmissions, and high levels of patient satisfaction. Dr. George Lien, a neurosurgeon at Ascension Saint Thomas Rutherford, has described AHC's care as reflecting "both clinical excellence and a deep commitment to patient well-being," noting that the agency's nurses and therapists "communicate clearly and promptly" to ensure continuity of care and prevent complications. AHC employs qualified, licensed clinical professionals — including registered nurses, physical therapists, occupational therapists, speech-language pathologists, medical social workers, and home health aides — and has grown its staffing to support 182 patients in the most recent reporting year. Multiple patients have also provided letters of recommendation attesting to AHC's professionalism, compassion, and the meaningful progress they achieved under the agency's care.

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- Consumer Advantage

- Choice

**RESPONSE:** Removal of the SNF-only limitation will expand meaningful consumer choice in the seven-county Nashville service area. AHC has already proven itself to be a high-quality, locally based provider; removing the condition will simply allow consumers and their physicians to choose AHC when it is the best fit for their care, rather than being artificially excluded from doing so. Healthcare professionals in the community — including case managers, wound care specialists, and referring physicians — have specifically stated that they wish to refer patients to AHC but are currently unable to do so because of the limitation. Patients satisfaction is high as reflected in the letter of support for the project. Additionally, the overall agency data reflect many providers who are specialty or infusion-focused agencies with parent offices far outside the middle Tennessee region, and are essentially a different service provider than the Applicant. When these specialty and out-of-area providers are excluded, the number of agencies offering full-service, locally based home health care is meaningfully lower than the total licensed count suggests. The Applicant calculates there are fifty-six (56) agencies in the service area, though nine have served no patients.

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

**RESPONSE:** Removing the condition will immediately improve access to home health services across all seven counties. AHC is already licensed, staffed, ACHC-accredited, and operationally established at 627 19th Avenue North in Nashville (Davidson County). The agency has demonstrated its ability to serve patients across the service area and is prepared to scale its operations to meet additional referral volume. The existing limitation creates a barrier to access that is particularly harmful given the documented discharge gap at Nashville-area hospitals, where approximately 976 patients per year across six major facilities are coded for home health at discharge but do not successfully connect with a home health provider. Case managers at Ascension Saint Thomas have confirmed that AHC provides effective coordination, appropriate staffing, and responsive service delivery, and have urged removal of the restriction to improve service availability and promote patient choice. One patient, Thomas Ewing, wrote that AHC connected him with meals on wheels, arranged medicine delivery, and set him up with a home-visiting primary care physician — services that reflect the kind of comprehensive, community-oriented care that would benefit patients throughout the service area if the limitation were lifted.

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○ Affordability

**RESPONSE:** AHC accepts Medicare, Medicare Advantage, and has applied to be a TennCare provider, ensuring that home health services are accessible to patients regardless of payer source. In its 2023 CON application, AHC historical gross charge per patient are comparable to the majority of existing service area providers. By providing high-quality home health services as an alternative to more costly institutional care settings — and by reducing avoidable hospital readmissions through timely, skilled home-based care — AHC's expanded operations will contribute to overall healthcare affordability in the seven-county service area. As one Vanderbilt Heart & Vascular physician noted, removing the limitation would support "alignment with value-based care initiatives, including Medicaid and Medicare goals to shift care to the least restrictive and most cost-effective setting."

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### 3E. **Consent Calendar Justification**

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

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

**4E. PROJECT COST CHART**

A. Construction and equipment acquired by purchase:		
1. Architectural and Engineering Fees		
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees		\$50,000
3. Acquisition of Site		
4. Preparation of Site		
5. Total Construction Costs		
6. Contingency Fund		\$25,000
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)		\$112,840
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)		\$187,840
E. CON Filing Fee		\$3,000
F. Total Estimated Project Cost (D+E)	<b>TOTAL</b>	\$190,840

## GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with TCA §68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to completion or duplication would be positive for consumers.” In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

### **NEED**

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

- 1N.** Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. <https://www.tn.gov/hsda/hsda-criteria-and-standards.html> (Attachment 1N)

#### **RESPONSE:**

Please see **Attachment 1N**, including exhibit charts with the attachment.

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

#### **RESPONSE:**

The Health Facilities Commission (HFC) approved the Applicant to serve its existing seven (7) county service area in its initial application in 2023. Since there is no change in the agency's service area proposed, the proposed service area is reasonable as recently approved by the HFC. The majority of Agency's patients have originated from Davidson County over the past two years. This is also influenced by the current restriction on the agency serving only residents of the co-located Center located in Davidson County. **Attachment 2N** is a county level map outlining the seven (7) counties in the current and proposed service area.

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

**HISTORICAL UTILIZATION**

Unit Type: <input type="checkbox"/> Procedures <input type="checkbox"/> Cases <input checked="" type="checkbox"/> Patients <input type="checkbox"/> Other    _____		
Service Area Counties	Historical Utilization Most Recent Year (Year = 2025)	% of Total
Cheatham	1	0.55%
Robertson	3	1.65%
Wilson	5	2.75%
Sumner	6	3.30%
Davidson	156	85.71%
Rutherford	1	0.55%
Williamson	10	5.49%
Total	182	100%

**PROJECTED UTILIZATION**

Unit Type: <input type="checkbox"/> Procedures <input type="checkbox"/> Cases <input checked="" type="checkbox"/> Patients <input type="checkbox"/> Other    _____		
Service Area Counties	Projected Utilization Recent Year 1 (Year = 2026)	% of Total
Rutherford	1	14.29%
Wilson	1	14.29%
Robertson	1	14.29%
Davidson	1	14.29%
Cheatham	1	14.29%
Sumner	1	14.29%
Williamson	1	14.29%
Total	7	100%

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

**RESPONSE:**

The population to be served will be 65+ years old, and the target population figures above reflect that intent. The existing agency accepts all adult patients referred for rehab care from the Center. Please see **Attachment 3N** for the completed demographic table requested in 3N(b).

The proposed home health agency will serve a seven-county service area in Middle Tennessee comprising Davidson, Cheatham, Robertson, Rutherford, Sumner, Williamson, and Wilson Counties. The target population for the proposal is individuals aged 65 and older. As of 2025, the service area has a total population of approximately 1,901,790, of whom 281,424 — roughly 14.8% — are age 65 or older.

The service area's target population of individuals aged 65 and older is large, fast-growing, and characterized by meaningful levels of poverty and public insurance utilization — all of which support the need for additional home health services in these seven Middle Tennessee counties. The 65-and-older population in the service area is growing rapidly. Tennessee Department of Health projections indicate that by 2029, the target population will increase to 312,376, representing an 11.0% increase over the four-year period. This growth rate substantially outpaces the statewide 65-and-older growth rate of 7.1% over the same period. Growth in the target population is especially pronounced in Rutherford County (16.1%), Williamson County (14.6%), Wilson County (13.4%), and Sumner County (12.0%). Even the counties with comparatively lower growth rates — Robertson County (10.2%), Cheatham County (9.0%), and Davidson County (6.3%) — still exceed or approximate the statewide average. Davidson County, as the most populous county in the service area, accounts for the largest share of the 65-and-older population at 36.3% of the service area total, followed by Rutherford County at 16.8%, Williamson County at 15.7%, and Sumner County at 13.7%.

The overall service area population is also expanding, projected to grow from 1,901,790 in 2025 to 2,019,781 in 2029 — a 6.2% increase that more than doubles the statewide growth rate of 3.0%. This broad population growth will further increase demand for home health services as a greater number of residents age into the 65-and-older cohort in the coming years.

The service area's senior population also demonstrates significant socioeconomic need for home health services. According to the U.S. Census Bureau's American Community Survey 2024 estimates, senior poverty rates are notable across the service area, with 6% to 10% of seniors aged 65 and over living below the poverty level in the individual counties. Overall, approximately 9.6% of the total service area population lives below the poverty level, representing an estimated 183,290 persons. Davidson County has the highest poverty rate in the service area at 11.9%, followed by Rutherford County at 10.7%. Median household incomes range from \$80,700 in Davidson County to \$144,845 in Williamson County.

TennCare utilization data further underscores the need for accessible home health services. As of December 2025, 275,796 individuals in the service area — 14.5% of the total population — are enrolled in TennCare. Davidson County has the highest raw enrollment at 129,932 enrollees (17.8% of its population), while Robertson County's enrollment rate of 17.0% is similarly elevated. The service area's overall TennCare enrollment rate of 14.5% is lower than the statewide rate of 19.2%, but several individual counties approach or exceed the state average, reflecting meaningful dependency on state and federal insurance programs among portions of the population. Nearly all of the 65+ TennCare beneficiaries will also be dually eligible for Medicare.

**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 Attachment 3N for the completed demographic table requested in 3N(b).

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

**RESPONSE:**

The most notable special characteristic of the population in the service area is the projected target population (65+) change over the next several years, as noted in the demographic chart above. The service area projected change percentage is eleven (11%) percent. That rate of increase is close to double the state-wide estimated percentage change of seven (7%) percent over the 2025-2029 period. This rapidly growing elderly population represents a significant special need, as older adults typically require more intensive health care services, including post-acute and rehabilitative care.

Several counties in the seven-county Middle Tennessee service area are designated as Medically Underserved Areas (MUA) and/or Health Professional Shortage (HPSA) areas:

- **Cheatham, Robertson, Sumner, and Wilson** all carry whole-county MUA status, as well as full primary care HPSA status.
- **Davidson** (Nashville/Metro) carries partial designations — specific urban census tracts are MUA-designated and primary care HPSA-designated, reflecting concentrated pockets of need. This is typical for large urban counties where wealthy and underserved areas coexist.
- **Rutherford** has a partial or population-based MUA and primary care HPSA designations (typically covering low-income populations).
- **Williamson** is not an MUA but does have a partial primary care HPSA (likely population-based, covering lower-income residents).

**Source:** HRSA MUA/P Finder at <https://data.hrsa.gov/tools/shortage-area/mua-find> and HRSA HPSA Finder at <https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find>

The service area is concentrated around the greater Nashville and middle Tennessee area, which overall has a higher median income than the statewide average. Therefore, the percentage of individuals below the poverty level and on TennCare is, in comparison, lower than the state average. However, because the agency will focus on the 65+ post-acute population, the actual percentage of individuals served will likely be above the state average for both lower income levels and the percentage of individuals on federal health care programs including TennCare/Medicaid and Medicare. This focus ensures that the facility's services will reach uninsured and underinsured individuals, low-income groups, and TennCare/Medicaid and Medicare recipients—populations specifically identified as having special needs in the service area.

The Applicant's 2024 and 2025 utilization shows a track record of serving elderly and minority patients. In 2024, 12 of 23 patients were categorized as minority (e.g., African American or Hispanic), and all patients were over 65. In 2025, about forty-one (41%) percent of its patients served were categorized as minority, and 177 of 182 were over 65 (97%).

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

**RESPONSE:**

Based on Tennessee Department of Health Licensure data, February 7, 2024, there are fifty-six (56) unique licensed home health agencies serving one or more counties in the service area. A list of these agencies, their state ID and license, and counties served is attached at **Attachment 5N-1 -Unduplicated Alpha Agency List**.

Several of the agencies are closed (per JAR data) and it should be noted there are some agencies with limited to certain services, such as treating infusion pharmacy patients and other such limitations, and/or not participating in Medicare Part A billing (which is the traditional intermittent home health patient). By county, the number of licensed agencies serving the county are as follows: , including CON approved which excludes the exempt, are as follows: Cheatham County (41); Davidson County (41); Robertson County (39); Rutherford County (42); Sumner County (38); Williamson County (42) Wilson County: (41)

The Applicant has included **Attachment 5N-2 - Service Area Historical Utilization**. This table identifies utilization and/or occupancy trends for each of the most recent three years of data available. Of the agencies identified above, **nine (9) have no patients served** reported in the seven (7) counties of the Applicant's service area per the HFC's 2024 and 2025 Master Files for Home Health Agencies. Overall, these agencies served 28,279 patients in 2023, 29,309 patients in 2024, and 31,061 in 2025.

There are several recently approved or pending home health application overlapping the service area:

- In December 2025, the HFC approved CN2511-042 – River City Infusion, LLC For the establishment of a home care organization and the initiation of home health services limited to home infusion and related nursing services for pharmacy patients of RCIV, LLC d/b/a Vital Care of Chattanooga. The proposed service area consists of all 95 counties, as well as CON-exempt Grundy, Lake, and Perry Counties. The implementation of this pending project will have no impact on the Applicant's application, nor vice versa because the provided home health services are distinctly different as a dedicate infusion provider.
- In January 2026, the HFC approved CN2509-035 – Abe's Garden at Home for the establishment of a non-Medicare Certified home health agency and the initiation of home health services in a proposed service area consisting of Coffee, Davidson, Maury, Wilson, and Williamson Counties. The implementation of this pending project will have no impact on the Applicant's application, nor vice versa because the provided home health services are distinctly different because the focus is on non-Medicare services.

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

**RESPONSE:**

Please see Attachment 6N.

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**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:**

The Applicant has no interest in any outstanding CONs.

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**CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION**

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

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

**RESPONSE:** The Applicant maintains a transfer agreement with its affiliated skilled nursing facility, AHC of Nashville, LLC, d/b/a Advanced Health Care of Nashville. See Attachment 1C.

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**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 participates as a Medicare certified home health agency. Due to the restriction on the CON, they agency has not contracted with any of the above commercial plans as it cannot service all plan beneficiaries. However, the Applicant agency is able to and at times does attempt to contract with a patient's insurance plans on an ad hoc basis for individual patients as an out of network provider.

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

**RESPONSE:**

Please see the Attachment labeled 3C Response. The response exceeded the allotted text box.

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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 is a currently operating home health agency that has current staffing. Staffing consists of a mix of administrative and clinical positions. Since its initial approval, the Applicant has not experienced any issues in recruiting the necessary staffing for the agency, including additional staff as its census increased. The Applicant will not experience any issues with hiring any additional personnel required for the agency if the current restriction is removed.

The applicant has been able to recruit sufficient staff as it has expanded its operations. For example, the agency's total FTE count increased from 9.20 in 2024 to 12.25 in 2025, a net increase of 3.05 FTEs. The most notable year-over-year changes were in registered nurses (from 1.00 to 2.50), physical therapy services (from 1.60 to 3.50), and the addition of 0.25 FTE in home health aides. Certified nurses aides decreased from 1.00 to 0.00. office staff levels remained unchanged across both years. Importantly, the all individuals working at the agency are currently employees, and the agency does not currently have any contract staff nor plan to increase its FTE with contracted individuals.

The agency successfully achieved accreditation by the Accreditation Commission of Health Care (ACHC) in 2024 and its accreditation is currently valid until 2027. ACHC is a nationally recognized accreditation leader established in 1985 to focus on the needs of home care providers. The Applicant believes such accreditation has had and will continue to help it secure highly qualified staff to the agency.

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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 is currently licensed by the Tennessee Health Facilities Commission (HFC) as a home care agency providing home health services, holding home health agency license number #667. The agency

license is in good standing and it has not been subject to any disciplinary action by the HFC. under Tennessee As stated above, we will seek ACHC accreditation. The Agency is a Medicare certified home health agency and meets all conditions of participation for Medicare.

As stated above, the Applicant's agency is accredited by ACHC. ACHS's website states that: "The Accreditation Commission for Health Care is a United States non-profit health care accrediting organization. It represents an alternative to the Joint Commission and CHAP, The Community Health Accreditation Program. By maintaining compliance with ACHC Accreditation Standards, your organization will benefit from consistent operational efficiency and will be better prepared to deliver high-quality patient care." ACHC has been recognized by CMS to conduct deemed status home health surveys since 2006.

---

### HISTORICAL DATA CHART

- Total Facility  
 Project Only

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

	Year 1	Year 2	Year 3
	2023	2024	2025
A. Utilization Data			
Specify Unit of Measure <u>Patients</u>	0	33	182
B. Revenue from Services to Patients			
1. Inpatient Services	\$0.00	\$0.00	\$0.00
2. Outpatient Services	\$0.00	\$207,900.00	\$1,305,910.00
3. Emergency Services	\$0.00	\$0.00	\$0.00
4. Other Operating Revenue (Specify) _____	\$0.00	\$0.00	\$0.00
<b>Gross Operating Revenue</b>	<b>\$0.00</b>	<b>\$207,900.00</b>	<b>\$1,305,910.00</b>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$0.00	\$0.00	\$0.00
2. Provision for Charity Care	\$0.00	\$0.00	\$0.00
3. Provisions for Bad Debt	\$0.00	\$0.00	\$0.00
<b>Total Deductions</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>NET OPERATING REVENUE</b>	<b>\$0.00</b>	<b>\$207,900.00</b>	<b>\$1,305,910.00</b>

### PROJECTED DATA CHART

- Project Only  
 Total Facility

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

	Year 1	Year 2
	2026	2027
A. Utilization Data		
Specify Unit of Measure <u>Patients</u>	420	660
B. Revenue from Services to Patients		
1. Inpatient Services	\$0.00	\$0.00
2. Outpatient Services	\$3,915,000.00	\$4,500,000.00
3. Emergency Services	\$0.00	\$0.00
4. Other Operating Revenue (Specify) _____	\$0.00	\$0.00
<b>Gross Operating Revenue</b>	<b>\$3,915,000.00</b>	<b>\$4,500,000.00</b>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$0.00	\$0.00
2. Provision for Charity Care	\$0.00	\$0.00
3. Provisions for Bad Debt	\$0.00	\$0.00
<b>Total Deductions</b>	<b>\$0.00</b>	<b>\$0.00</b>

**NET OPERATING REVENUE**

\$3,915,000.00

\$4,500,000.00

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**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>Patients</u>	<u>420</u>	<u>660</u>
B. Revenue from Services to Patients		
1. Inpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
2. Outpatient Services	<u>\$3,915,000.00</u>	<u>\$4,500,000.00</u>
3. Emergency Services	<u>\$0.00</u>	<u>\$0.00</u>
4. Other Operating Revenue (Specify) _____	<u>\$0.00</u>	<u>\$0.00</u>
<b>Gross Operating Revenue</b>	<u>\$3,915,000.00</u>	<u>\$4,500,000.00</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>\$3,915,000.00</u>	<u>\$4,500,000.00</u>

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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	\$9,321.43	\$6,818.18	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	\$9,321.43	\$6,818.18	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 agency's current charge structure for Medicare Certified Home Care services reflects competitive and consistent rates across the primary therapy and skilled nursing disciplines. For direct-only visits, Home Health Aide Services are charged at \$290 per visit, while Medical Social Services, Occupational Therapy, Physical Therapy, Skilled Nursing Care, and Speech Therapy are each charged at \$350 per visit. These same rates apply under the direct and indirect visit methodology as well. Homemaker Services, Infusion Therapy (Pain Management and Other), and Other services are currently billed at no charge, reflecting the agency's service mix and payer structure. The agency does not operate as a private duty company and does not report episode-of-care charges for any discipline.

The implementation of this proposal is not anticipated to require any adjustment to the current charge structure. The rates outlined above will remain in effect, and no new fee schedules or revised charge codes are expected to result from this initiative. The existing charge methodology is sufficient to support the proposed project without modification. Regarding anticipated revenue, the Agency's current new patient intake rate is approximately 45–50 patients per month. Based on this trajectory, the proposal is expected to support a modest but meaningful increase in total patients served, consistent with that monthly intake rate. as the patient census grows, a corresponding proportional increase in gross revenue is anticipated, driven by the existing charge rates across the primary service disciplines — particularly skilled nursing care, physical therapy, and occupational therapy, which represent the highest-volume services.

This proposal is not expected to have any impact on existing patient charges. Current patients will continue to be billed at the established rates, and no cost-shifting or charge increases are planned as a result of this initiative. The revenue growth anticipated under this proposal will be achieved through expanded access and increased patient volume, not through changes to the underlying charge structure.

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 average proposed project charges the Applicant anticipates are comparable to the charges reported by existing agencies. Because of its post-acute model, the Applicant generally has higher utilization of nurses, physical and occupational therapists, rather than home health aides and/or therapy aides. However, because Medicare and Medicare Advantage are rate based and not charge based reimbursement systems, this difference does not affect the cost to the patient.

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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	\$3,836,700.00	98.00	\$4,410,000.00	98.00
TennCare/Medicaid	\$0.00	0	\$0.00	0
Commercial/Other Managed Care	\$78,300.00	2.00	\$90,000.00	2.00
Self-Pay	\$0.00	0	\$0.00	0
Other(Specify)	\$0.00	0	\$0.00	0
<b>Total</b>	\$3,915,000.00	100%	\$4,500,000.00	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 participates in Medicare as a home health provider. Home health care in Tennessee is predominately a Medicare program, and the Applicants historical and projected experience anticipates that nearly all of its patients will be Medicare patients. Also, given the target population, most Medicaid eligible patients will also be dually eligible for Medicare.

The Agency is currently attempting to enroll as a participating TennCare home health provider with TennCare and will seek provider status from each of the MCOs in Middle Tennessee. If a TennCare/Medicaid patient presents for care, the Agency attempts to contract with the applicable payor and will provide charity care for patient by doing what it can to qualify that patient for either Medicare or TennCare/Medicaid. If qualification for those programs is impossible, we will provide care.

**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

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	Active	667
Certification	<input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> TennCare/Medicaid <input type="checkbox"/> Other _____	Active Will Apply	NPI 1306523352
Accreditation(s)	Other - Specify	Active	

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

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

5Q. Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?

- Yes
- No

6Q. For an existing healthcare institution applying for a CON:

- Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future.

- Yes
- No
- N/A

- Has the entity been decertified within the prior three years? If yes, please explain in detail. (This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility.)
  - Yes
  - No
  - N/A

7Q. Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.

**Has any of the following:**

- Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);
- Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or.

**Been subject to any of the following:**

- Final Order or Judgement in a state licensure action;
  - Yes
  - No
- Criminal fines in cases involving a Federal or State health care offense;
  - Yes
  - No
- Civil monetary penalties in cases involving a Federal or State health care offense;
  - Yes
  - No
- Administrative monetary penalties in cases involving a Federal or State health care offense;
  - Yes
  - No
- Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services;
  - Yes
  - No
- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or
  - Yes
  - No
- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.
  - Yes
  - No

8Q. Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.

Existing FTE not applicable (Enter year)

Position Classification	Existing FTEs(enter year)	Projected FTEs Year 1
<b>A. Direct Patient Care Positions</b>		
Home Health Aides	0.25	0.25
Clinical Director / In-Office Clinical Staff	1.00	1.00
Medical Social Services	1.00	1.00
Speech/Language Pathology Services	1.00	1.00
Registered Nurses	2.50	3.00
Physical Therapy Services	3.50	5.75
Occupational Therapy	2.00	2.00
Licensed Practical Nurses	0.00	0.25
Certified Nurse Aides	0.00	1.00
<b>Total Direct Patient Care Positions</b>	11.25	15.25

<b>B. Non-Patient Care Positions</b>		
Administrator	1.00	1.00
<b>Total Non-Patient Care Positions</b>	1	1
<b>Total Employees (A+B)</b>	12.25	16.25

<b>C. Contractual Staff</b>		
Contractual Staff Position	0.00	0.00
<b>Total Staff (A+B+C)</b>	12.25	16.25

## **DEVELOPMENT SCHEDULE**

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

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

### **PROJECT COMPLETION FORECAST CHART**

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

<b>Phase</b>	<b>Days Required</b>	<b>Anticipated Date (Month/Year)</b>
1. Initial HFC Decision Date		06/24/26
2. Building Construction Commenced	0	06/23/26
3. Construction 100% Complete (Approval for Occupancy)	0	06/23/26
4. Issuance of License	15	07/08/26
5. Issuance of Service	15	07/08/26
6. Final Project Report Form Submitted (Form HR0055)	15	07/08/26

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

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 3A –

Newspaper Affidavit of Publication of LOI

# USA TODAY CO.



PO Box 631340 Cincinnati, OH 45263-1340

## AFFIDAVIT OF PUBLICATION

Chris Puri

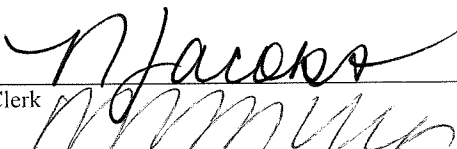
Bradley Arant Boulton Cummings  
1221 Broadway # 2400  
Nashville TN 37203-7238

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 04/14/2026  
NAS tennessean.com 04/14/2026

and that the fees charged are legal.  
Sworn to and subscribed before on 04/14/2026

  
\_\_\_\_\_  
Legal Clerk

\_\_\_\_\_  
Notary, State of WI, County of Brown  
8.25.26

My commission expires

Publication Cost: \$1176.58  
Tax Amount: \$0.00  
Payment Cost: \$1176.58  
Order No: 12240648 # of Copies:  
Customer No: 1330835 1  
PO #: AHC Home Health

**THIS IS NOT AN INVOICE!**

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

MARIAH VERHAGEN  
Notary Public  
State of Wisconsin

12240648

## **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 AHC Home Health & Hospice of Nashville, LLC, a/an Home Health Agency owned by LHM MAN HHH, LLC 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 modification of the scope of services of the existing Agency's home health services, whose parent office is located at 627 19th Ave. N., Nashville, TN 37203. The approval of this application will remove the condition on the existing home health agency license #667 limiting its home health services to only those patients who have received services at AHC Nashville, LLC, d/b/a Advanced Health Care of Nashville, an existing skilled nursing facility (the "Center"), also located at 627 19th Ave. N., Nashville, TN 37203. The approval will grant the Agency an unrestricted home health agency license in Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson and Wilson Counties, which is the Agency's currently service area. The Agency will continue to be licensed by the Tennessee Health Facilities Commission. The total estimated project cost, including the \$3,000.00 filing fee, is anticipated to be approximately \$190,840.00, which includes the costs of the lease, filing and any equipment. The address of the project will be 627 19th Ave N, Nashville, Davidson, Tennessee, 37203. The estimated project cost will be \$190,840.

The anticipated date of filing the application is 04/30/2026. The contact person for this project is Counsel Christopher Puri who may be reached at Bradley Arant Boulton Cummings LLP - 1221 Broadway, STE 2400, Nashville, Tennessee, 37203 - Contact No. 615-252-4643.

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).

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 7A:1 –

Documentation of Active Status for  
AHC Home Health  
& Hospice of Nashville, LLC  
from Tennessee Secretary of State

# AHC HOME HEALTH & HOSPICE OF NASHVILLE, 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: 001334696

Initial Filing Date: 7/20/2022 2:29:00 PM

Fiscal Ending Month: December

AR Due Date: 04/01/2027

Obligated Member Entity: No

## Registered Agent

URS AGENTS, LLC

992 DAVIDSON DR STE B

NASHVILLE, TN 37205-1051

## Principal Office Address

9350 S 150 E Ste 740

Sandy, UT 84070

## Mailing Address

9350 S 150 E Ste 740

Sandy, UT 84070

AR Standing: Good	RA Standing: Good	Other Standing: Good	Revenue Standing: Good
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<a href="#">History (9)</a>	▼
<a href="#">Name History (3)</a>	▼

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 7A:2 –

Documentation of Active Status for  
LHM MAN HHH, LLC  
from Utah Secretary of State

## ENTITY INFORMATION

### ENTITY INFORMATION

**Entity Name:**

LHM MAN HHH, LLC

**Entity Number:**

13639766-0160

**Entity Type:**

Domestic Limited Liability Company

**Entity Subtype:**

Limited Liability Company

**Formation Date:**

10/13/2023

**Profession:**

N/A

**Formation Effective Date:**

10/13/2023

**Entity Status:**

Active

**Renew By Date:**

10/31/2026

**Entity Status Details:**

Current

**Last Renewed Date:**

09/25/2025

**Status Updated On:**

09/25/2025

**REGISTERED AGENT INFORMATION**

**Name:**

LHMSH, LLC

**Registered Agent Type:**

## Entity

### Entity Number:

13300739-0160 (/BusinessSearch/BusinessInformation?businessId=13300739&Source=fromFormation)

### Status:

Active

### Street Address:

9350 S 150 E STE 900, Sandy, UT, 84070, USA

### Last Updated:

9/25/2025 7:25:48 AM

## PRINCIPAL INFORMATION

Title	Name	Address	Last Updated
Governing Person	FOREST ARNETT	9350 S 150 E STE 900, SANDY, UT, 84070, USA	09/25/2025

Page 1 of 1, records 1 to 1 of 1

## ADDRESS INFORMATION

**Physical Address:**

9350 S 150 E , STE 900, Sandy, UT, 84070, USA

**Updated Date:**

9/25/2025 7:25:48 AM

**Mailing Address:**

9350 S 150 E , STE 900, Sandy, UT, 84070, USA

**Updated Date:**

9/25/2025 7:25:48 AM

[Filing History](#)

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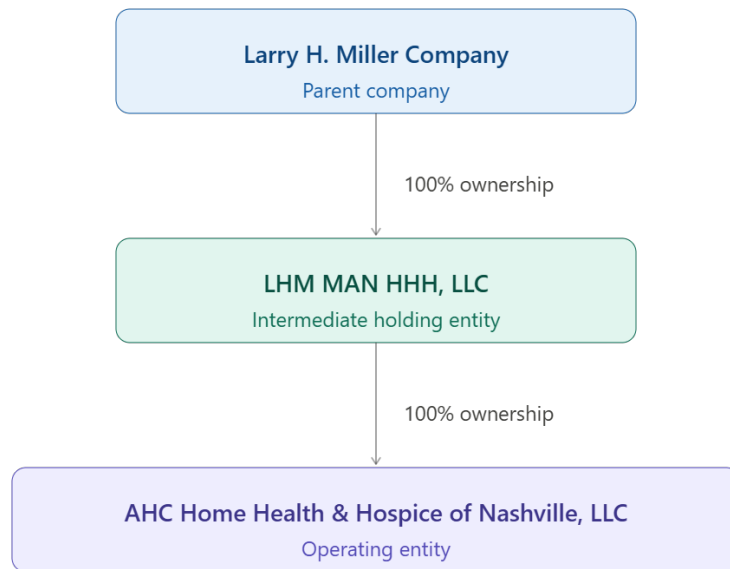
[Return to Results](#)

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 7A:3 –

Ownership Structure Organizational Chart

## Attachment 7A. Ownership Structure Chart



AHC Home Health  
& Hospice of Nashville, LLC

Attachment 8A–

Management Agreement

Not Applicable / Self - Managed

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 9A –

Legal Interest in Site –  
Office Lease

OFFICE LEASE AGREEMENT

This Lease Agreement is made effective January 1, 2023, by and between AHC Nashville, LLC, d/b/a Advanced Health Care of Nashville, and AHC Home Health & Hospice of Nashville, LLC.

WITNESSETH:

1. Lessor hereby leases unto the Lessee the following described space: Approximately 213.75 square feet of office space located at 627 19<sup>th</sup> Ave North Nashville, Tennessee 37203.
2. The term of this Lease Agreement shall begin March 1, 2023 and end February 28, 2024. Upon termination of the lease term, the Lease Agreement shall continue on a month-to-month basis until either party provides to the other party thirty (30) days' prior written notice to terminate.
3. Lessee shall pay to Lessor a monthly rental amount of \$500.00, being due upon the first day of each month.
4. Lessee hereby covenants with Lessor that Lessee will not permit the Leased Premises to be used for any illegal or improper purposes, nor permit any disturbance, noise or annoyance detrimental to the comfort of the occupants of the Leased Premises. Lessee shall not sublet or assign this lease without the prior written consent of Lessor.
5. During the term of this Lease Agreement, Lessor, at its expense, shall be responsible for maintaining and keeping in good repair the exterior and structural elements of the Leased Premises, including air conditioning, plumbing, heating, and electrical elements. Lessor shall also maintain all paved parking areas, and driveways. Lessor shall provide landscaping and will maintain in good repair the lawn and all landscaped areas of the Leased Premises. Notwithstanding anything herein to the contrary, any repairs or maintenance necessitated by the negligence, acts, or omissions of Lessee, shall be the Lessee's obligation and responsibility.
6. Lessor shall make or cause to be made any necessary repairs or maintenance as soon as reasonably possible after having been notified by Lessee that such repairs or maintenance is necessary.
7. Upon termination of the Lease Agreement, Lessee will deliver to Lessor the Leased Premises in rent-ready condition, similar to that condition in which Lessee received the Leased Premises from Lessor, normal wear-and-tear excepted.
8. Lessee shall indemnify Lessor and hold it harmless for any and all claims, liabilities, and losses for injury, property damage, or other loss sustained or claimed to have been sustained by any person or property in, upon, or about the Leased Premises resulting

from the negligence, misconduct or breach of any provision of this lease by Lessee, it's agents, servants or employees.

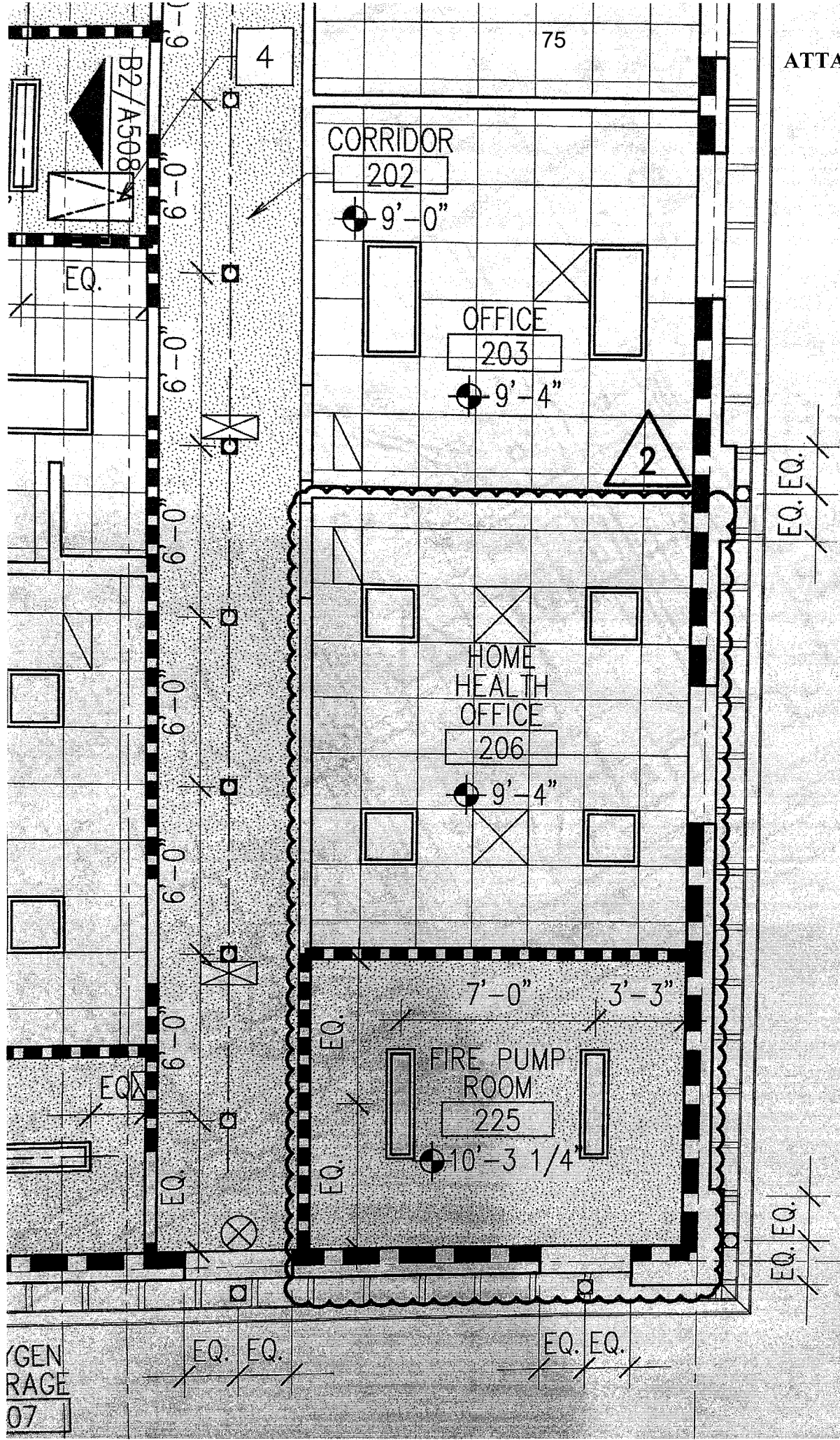
Bnaoh, NHA 1-1-2023  
Lessor

Alan D. Heinszel 01/01/2023  
Lessee

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 10A –

Floor Plan

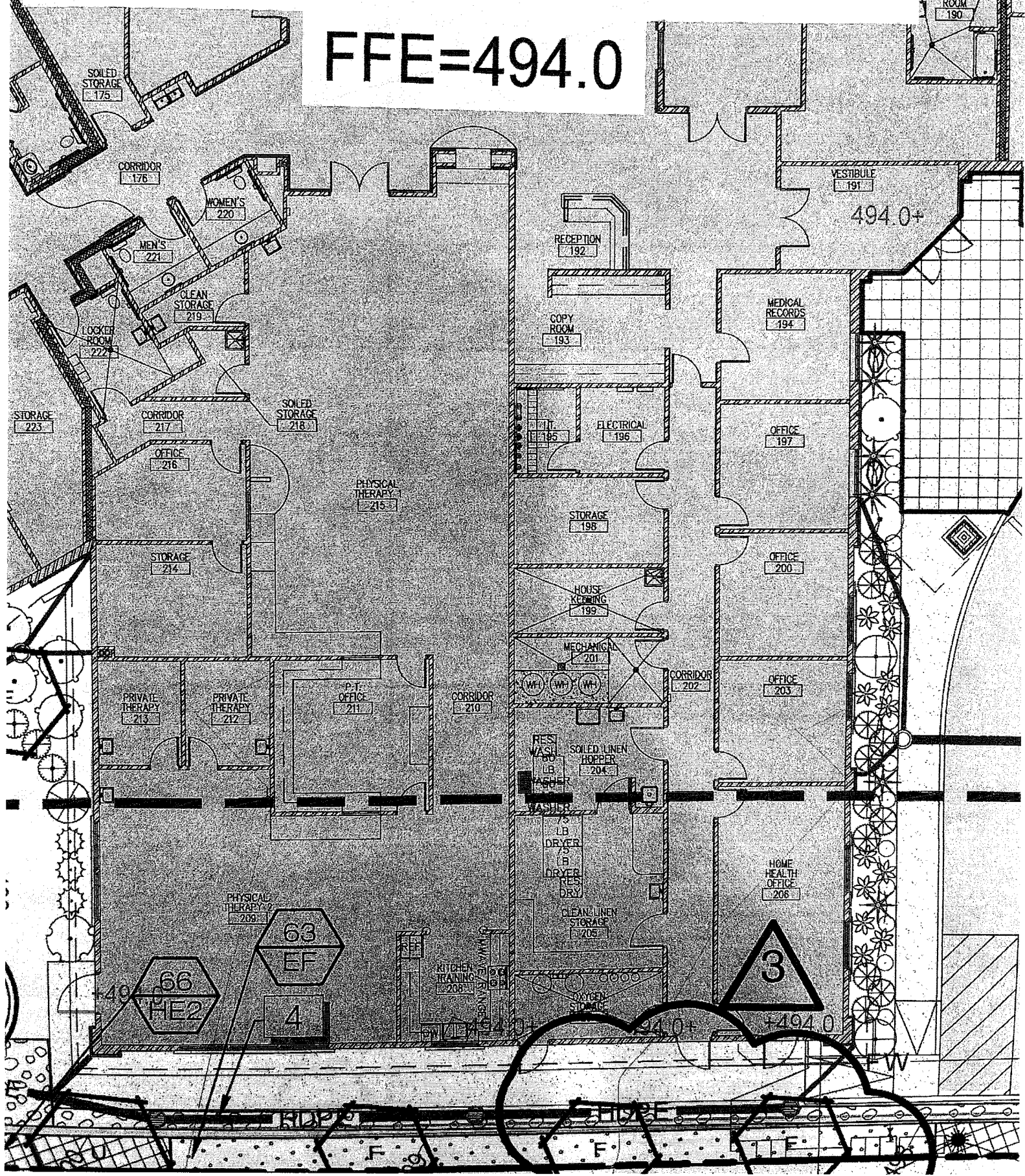


GEN  
RAGE  
07

# MEDICAL OFFICE BUILDING

39,767 SF

FFE=494.0



## Weekends & Holidays

to Downtown

Charlotte & 53rd	Tennessee & 51st	44th & Albion	Metro General Hospital	Duff/Central
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
4:42	4:44	4:46	4:59	5:10
5:42	5:44	5:46	5:59	6:10
6:16	6:18	6:20	6:33	6:45
6:56	6:58	7:00	7:13	7:25
7:36	7:38	7:40	7:53	8:05
8:16	8:18	8:20	8:33	8:45
8:56	8:58	9:00	9:13	9:25
9:36	9:38	9:40	9:53	10:05
10:16	10:18	10:20	10:33	10:45
10:56	10:58	11:00	11:13	11:25
11:36	11:38	11:40	11:53	<b>12:05</b>
<b>12:16</b>	<b>12:18</b>	<b>12:20</b>	<b>12:33</b>	<b>12:45</b>
<b>12:56</b>	<b>12:58</b>	<b>1:00</b>	<b>1:13</b>	<b>1:25</b>
<b>1:36</b>	<b>1:38</b>	<b>1:40</b>	<b>1:53</b>	<b>2:05</b>
<b>2:16</b>	<b>2:18</b>	<b>2:20</b>	<b>2:33</b>	<b>2:45</b>
<b>2:56</b>	<b>2:58</b>	<b>3:00</b>	<b>3:13</b>	<b>3:25</b>
<b>3:36</b>	<b>3:38</b>	<b>3:40</b>	<b>3:53</b>	<b>4:05</b>
<b>4:16</b>	<b>4:18</b>	<b>4:20</b>	<b>4:33</b>	<b>4:45</b>
<b>4:56</b>	<b>4:58</b>	<b>5:00</b>	<b>5:13</b>	<b>5:25</b>
<b>5:38</b>	<b>5:40</b>	<b>5:42</b>	<b>5:54</b>	<b>6:05</b>
<b>6:18</b>	<b>6:20</b>	<b>6:22</b>	<b>6:34</b>	<b>6:45</b>
<b>6:58</b>	<b>7:00</b>	<b>7:02</b>	<b>7:14</b>	<b>7:25</b>
<b>7:38</b>	<b>7:40</b>	<b>7:42</b>	<b>7:54</b>	<b>8:05</b>
<b>8:18</b>	<b>8:20</b>	<b>8:22</b>	<b>8:34</b>	<b>8:45</b>
<b>9:00</b>	<b>9:02</b>	<b>9:04</b>	<b>9:15</b>	<b>9:25</b>
<b>9:40</b>	<b>9:42</b>	<b>9:44</b>	<b>9:55</b>	<b>10:05</b>
<b>10:44</b>	<b>10:46</b>	<b>10:48</b>	<b>10:59</b>	<b>11:09</b>

Bold times denote p.m. hours.

## Weekends & Holidays

from Downtown

Duff/Central Bay 2	Metro General Hospital	44th & Albion	Tennessee & 51st	Charlotte & 53rd
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
5:15	5:22	5:34	5:35	5:42
6:15	6:22	6:34	6:35	6:42
6:55	7:02	7:14	7:15	7:23
7:35	7:42	7:54	7:55	8:03
8:15	8:23	8:36	8:37	8:45
8:55	9:03	9:16	9:17	9:25
9:35	9:43	9:56	9:57	10:05
10:15	10:23	10:36	10:37	10:45
10:55	11:03	11:16	11:17	11:25
11:35	11:43	11:56	11:57	<b>12:05</b>
<b>12:15</b>	<b>12:24</b>	<b>12:37</b>	<b>12:38</b>	<b>12:46</b>
<b>12:55</b>	<b>1:04</b>	<b>1:17</b>	<b>1:19</b>	<b>1:27</b>
<b>1:35</b>	<b>1:44</b>	<b>1:57</b>	<b>1:59</b>	<b>2:07</b>
<b>2:15</b>	<b>2:24</b>	<b>2:38</b>	<b>2:40</b>	<b>2:48</b>
<b>2:55</b>	<b>3:04</b>	<b>3:18</b>	<b>3:20</b>	<b>3:28</b>
<b>3:35</b>	<b>3:44</b>	<b>3:57</b>	<b>3:59</b>	<b>4:07</b>
<b>4:15</b>	<b>4:24</b>	<b>4:37</b>	<b>4:39</b>	<b>4:47</b>
<b>4:55</b>	<b>5:04</b>	<b>5:17</b>	<b>5:19</b>	<b>5:27</b>
<b>5:35</b>	<b>5:44</b>	<b>5:57</b>	<b>5:59</b>	<b>6:07</b>
<b>6:15</b>	<b>6:24</b>	<b>6:37</b>	<b>6:39</b>	<b>6:47</b>
<b>6:55</b>	<b>7:04</b>	<b>7:17</b>	<b>7:19</b>	<b>7:27</b>
<b>7:35</b>	<b>7:44</b>	<b>7:57</b>	<b>7:59</b>	<b>8:07</b>
<b>8:15</b>	<b>8:24</b>	<b>8:37</b>	<b>8:39</b>	<b>8:47</b>
<b>8:55</b>	<b>9:03</b>	<b>9:15</b>	<b>9:17</b>	<b>9:25</b>
<b>9:35</b>	<b>9:43</b>	<b>9:55</b>	<b>9:57</b>	<b>10:04</b>
<b>10:15</b>	<b>10:23</b>	<b>10:35</b>	<b>10:37</b>	<b>10:44</b>
<b>11:15</b>	<b>11:23</b>	<b>11:35</b>	<b>11:37</b>	<b>11:44</b>

## Local Fares

2-Hour Pass .....\$2.00

2-Hour Discounted Pass\* .....\$1.00

Children age 4 and younger ride free.

\*Youth, seniors, persons with disabilities, and Medicare cardholders may be eligible for discounted fares and passes. Apply at Duff/Central.

### Payment methods

QuickTicket is WeGo's fare payment system, available as a reloadable card or the QuickTicket by WeGo app. Exact cash is also accepted on the bus. No change, change cards, transfers, or on-bus passes will be given. Customers can also use their contactless credit card, debit card, or mobile wallet to ride with WeGo, using tap-to-pay.

Best Value - Payments adjust with same card

- Pay no more than \$4 in a single day
- Pay no more than \$65 in a calendar month
- Available with QuickTicket and contactless payment

For more information on QuickTicket, visit [QuickTicketTN.com](http://QuickTicketTN.com).

## ADA

WeGo Public Transit makes reasonable accommodations in order for individuals with disabilities to fully use transit services. All requests should be made in advance by filling out and submitting a Reasonable Accommodation Request form. For more information on Reasonable Accommodations, visit [WeGoTransit.com](http://WeGoTransit.com).

## Title VI

Title VI of the Civil Rights Act of 1964 states that "No Person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." For more information on Title VI, visit [WeGoTransit.com](http://WeGoTransit.com).

## For More Information

### Customer Care

615-862-5950  
6:30 a.m. to 8:00 p.m. – Monday-Friday  
8:00 a.m. to 5:00 p.m. – Saturday  
10:30 a.m. to 2:30 p.m. – Sunday

### Elizabeth Duff Transit Center at WeGo Central

400 Dr. Martin L. King Jr. Blvd.  
4:45 a.m. to 1:15 a.m. – Daily

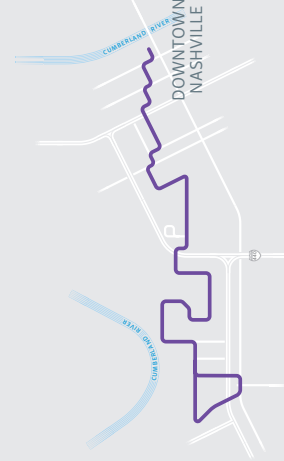
### Administrative Offices

615-862-5969  
430 Myatt Drive  
8:00 a.m. to 4:30 p.m. – Monday-Friday  
Closed weekends and holidays

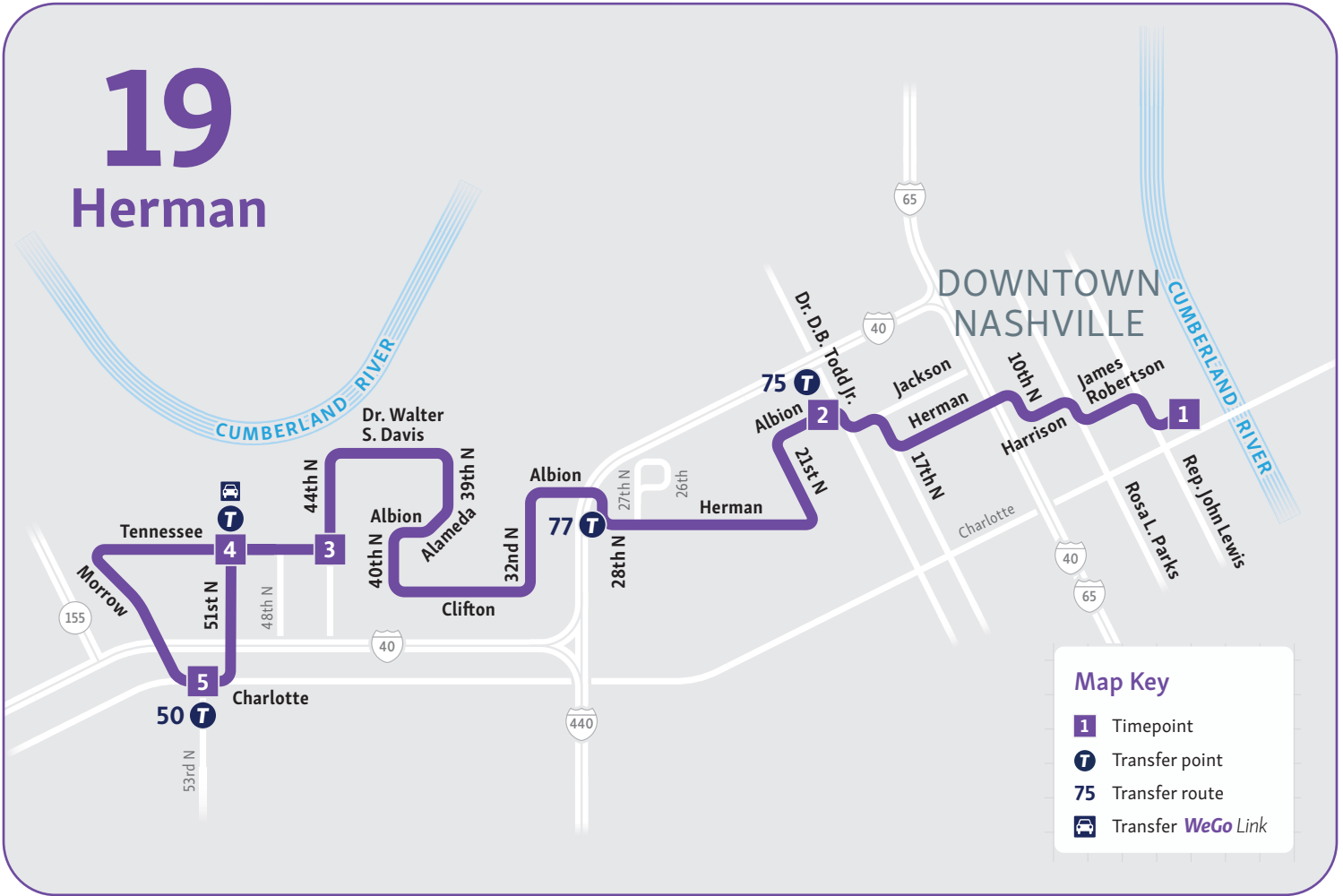
## Stay Connected

- WeGoTransit [WeGoTransit.com](http://WeGoTransit.com)
- @WeGoTransit [WeGoTransit.com/ride/alerts](http://WeGoTransit.com/ride/alerts)
- @WeGoTransit [customer.comments@nashville.gov](mailto:customer.comments@nashville.gov)

# 19 Herman



# 19 Herman



## Weekdays

to Downtown

Charlotte & 53rd	Tennessee & 51st	44th & Albion	Metro General Hospital	Duff/Central
5	4	3	2	1
4:42	4:44	4:46	4:59	5:11
5:07	5:09	5:11	5:24	5:36
5:37	5:39	5:41	5:54	6:06
5:57	5:59	6:01	6:14	6:26
6:17	6:19	6:21	6:34	6:46
6:37	6:39	6:41	6:54	7:06
6:57	6:59	7:01	7:14	7:26
7:17	7:19	7:21	7:34	7:46
7:37	7:39	7:41	7:54	8:06
7:57	7:59	8:01	8:14	8:26
8:11	8:14	8:16	8:29	8:41
8:36	8:39	8:41	8:54	9:06
9:06	9:09	9:11	9:24	9:36
9:36	9:39	9:41	9:54	10:06
10:06	10:09	10:11	10:24	10:36
10:36	10:39	10:41	10:54	11:06
11:06	11:09	11:11	11:24	11:36
11:36	11:39	11:41	11:54	12:06
12:06	12:09	12:11	12:24	12:36
12:36	12:39	12:41	12:54	1:06
1:06	1:09	1:11	1:24	1:36
1:36	1:39	1:41	1:54	2:06
2:05	2:08	2:10	2:24	2:36
2:35	2:38	2:40	2:54	3:06
2:55	2:58	3:00	3:14	3:26
3:15	3:18	3:20	3:34	3:46
3:35	3:38	3:40	3:54	4:06
3:55	3:58	4:00	4:14	4:26
4:16	4:19	4:21	4:34	4:46
4:36	4:39	4:41	4:54	5:06
4:56	4:59	5:01	5:14	5:26
5:17	5:20	5:22	5:35	5:46
5:38	5:41	5:43	5:55	6:06
6:18	6:21	6:23	6:35	6:46
6:58	7:01	7:03	7:15	7:26
7:38	7:41	7:43	7:55	8:06
8:18	8:21	8:23	8:35	8:46
9:00	9:02	9:04	9:16	9:26
9:41	9:43	9:45	9:56	10:06
10:47	10:49	10:51	11:02	11:12

  This bus serves Pearl-Cohn Entertainment Magnet High.

**Bold times denote p.m. hours.**

## Weekdays

from Downtown

Duff/Central Bay 2	Metro General Hospital	44th & Albion	Tennessee & 51st	Charlotte & 53rd
1	2	3	4	5
5:15	5:22	5:34	5:35	5:42
5:40	5:47	5:59	6:00	6:07
6:15	6:23	6:35	6:36	6:44
6:35	6:43	6:55	6:56	7:04
6:55	7:03	7:15	7:16	7:24
7:15	7:23	7:35	7:36	7:44
7:35	7:44	7:56	7:57	8:05
7:55	8:04	8:16	8:17	8:25
8:15	8:24	8:36	8:37	8:45
8:45	8:54	9:06	9:07	9:15
9:15	9:24	9:36	9:37	9:45
9:45	9:54	10:06	10:07	10:15
10:15	10:24	10:36	10:37	10:45
10:45	10:54	11:06	11:07	11:15
11:15	11:24	11:36	11:37	11:45
11:45	11:54	12:07	12:08	12:16
12:15	12:24	12:37	12:38	12:46
12:45	12:54	1:07	1:08	1:16
1:15	1:24	1:37	1:38	1:46
1:45	1:54	2:07	2:08	2:16
2:15	2:25	2:40	2:42	2:50
2:45	2:55	3:10	3:12	3:20
3:15	3:25	3:40	3:42	3:50
3:35	3:45	4:00	4:02	4:10
3:55	4:05	4:20	4:22	4:30
4:15	4:25	4:40	4:42	4:50
4:35	4:45	4:59	5:01	5:09
4:55	5:05	5:18	5:20	5:28
5:15	5:25	5:38	5:40	5:48
5:35	5:45	5:58	6:00	6:08
5:55	6:04	6:17	6:19	6:27
6:15	6:24	6:37	6:39	6:47
6:55	7:04	7:17	7:19	7:27
7:35	7:43	7:56	7:58	8:06
8:15	8:23	8:36	8:38	8:46
8:55	9:03	9:15	9:17	9:25
9:35	9:43	9:55	9:57	10:04
10:15	10:23	10:35	10:37	10:44
11:15	11:23	11:35	11:37	11:44

  This bus serves Pearl-Cohn Entertainment Magnet High.

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 12A –

Plot Plan









AHC Home Health  
& Hospice of Nashville, LLC

Attachment 1E –

HFC Listing of Existing Home Health  
Agencies in Seven (7) County Service Area

**Home Health Agencies In:**

*Source: Department of Health Licensure - 2/7/2024*

**Cheatham County**

***Number of Agencies Licensed for County: 40***

Adoration Home Health Nashville South	(Davidson)
Adoration Home Health, LLC	(Davidson)
Advanced Home Health & Hospice of Nashville, LLC	(Davidson)
Advanced Nursing Solutions	(Davidson)
Amedisys Home Health (10 Ave)	(Davidson)
Amedisys Home Health (Old Hickory Blvd)	(Davidson)
Amedisys Home Health Services	(Davidson)
CenterWell Home Health	(Davidson)
Elk Valley Health Services Inc	(Davidson)
Home Care Solutions, Inc	(Davidson)
Home Health Care of Middle Tennessee	(Davidson)
HomeFirst Home Healthcare	(Davidson)
Intrepid USA Healthcare Services	(Davidson)
Paragon Infusion	(Davidson)
St. Thomas Home Health dba Ascension at Home	(Davidson)
Suncrest Home Health	(Davidson)
TriStar Healthcare at Home	(Davidson)
Vanderbilt Community & Home Services	(Davidson)
Vanderbilt HC/Option Care IV Services	(Davidson)
Vanderbilt Home Care Services	(Davidson)
Tennessee Quality Homecare - Southwest	(Decatur)
Alana Home Care, LLC	(Dickson)
Enhabit Home Health	(Franklin)
Pentec Health, Inc.	(Hamilton)
Henry County Medical Center Home Health	(Henry)
NHC Homecare	(Maury)
Interim Healthcare of Montgomery County	(Montgomery)
Suncrest Home Health	(Montgomery)
Tennova Home Health and Hospice - Clarksville	(Montgomery)
Lifeline Home Health Care	(Robertson)
NHC Homecare	(Robertson)
Aveanna Home Health	(Robertson)
TwelveStone Infusion Services	(Robertson)
Accredo Health Group, Inc.	(Shelby)
Optum Women's and Children's Health LLC	(Shelby)
AccentCare Home Health of Nashville	(Williamson)
Coram CVS Specialty Infusion Services	(Williamson)
Maxim Healthcare Services, Inc	(Williamson)
Optum Infusion Services 305, LLC	(Williamson)
CenterWell Home Health	(Wilson)

**Home Health Agencies In:**

*Source: Department of Health Licensure - 2/7/2024*

Deaconess Homecare I (Wilson)

**Davidson County**

***Number of Agencies Licensed for County: 42***

Adoration Home Health Nashville South	(Davidson)
Adoration Home Health, LLC	(Davidson)
Advanced Home Health & Hospice of Nashville, LLC	(Davidson)
Advanced Nursing Solutions	(Davidson)
Amedisys Home Health (10 Ave)	(Davidson)
Amedisys Home Health (Old Hickory Blvd)	(Davidson)
Amedisys Home Health Services	(Davidson)
CenterWell Home Health	(Davidson)
Elk Valley Health Services Inc	(Davidson)
Home Care Solutions, Inc	(Davidson)
Home Health Care of Middle Tennessee	(Davidson)
HomeFirst Home Healthcare	(Davidson)
Intrepid USA Healthcare Services	(Davidson)
Paragon Infusion	(Davidson)
St. Thomas Home Health dba Ascension at Home	(Davidson)
Suncrest Home Health	(Davidson)
TriStar Healthcare at Home	(Davidson)
Vanderbilt Community & Home Services	(Davidson)
Vanderbilt HC/Option Care IV Services	(Davidson)
Vanderbilt Home Care Services	(Davidson)
Alana Home Care, LLC	(Dickson)
Enhabit Home Health	(Franklin)
Pentec Health, Inc.	(Hamilton)
NHC Homecare	(Maury)
Suncrest Home Health	(Montgomery)
Tennova Home Health and Hospice - Clarksville	(Montgomery)
Lifeline Home Health Care	(Robertson)
NHC Homecare	(Robertson)
Amedisys Home Health Care	(Rutherford)
Aveanna Home Health	(Rutherford)
NHC Homecare	(Rutherford)
TwelveStone Infusion Services	(Rutherford)
Accredo Health Group, Inc.	(Shelby)
Optum Women's and Children's Health LLC	(Shelby)
Highpoint Homecare	(Sumner)
Intrepid USA Healthcare Services	(Warren)
AccentCare Home Health of Nashville	(Williamson)
Coram CVS Specialty Infusion Services	(Williamson)
Maxim Healthcare Services, Inc	(Williamson)
Optum Infusion Services 305, LLC	(Williamson)
CenterWell Home Health	(Wilson)

**Home Health Agencies In:**

*Source: Department of Health Licensure - 2/7/2024*

**Robertson County**

***Number of Agencies Licensed for County: 39***

Adoration Home Health Nashville South	(Davidson)
Adoration Home Health, LLC	(Davidson)
Advanced Home Health & Hospice of Nashville, LLC	(Davidson)
Advanced Nursing Solutions	(Davidson)
Amedisys Home Health (10 Ave)	(Davidson)
Amedisys Home Health (Old Hickory Blvd)	(Davidson)
Amedisys Home Health Services	(Davidson)
CenterWell Home Health	(Davidson)
Elk Valley Health Services Inc	(Davidson)
Home Care Solutions, Inc	(Davidson)
Home Health Care of Middle Tennessee	(Davidson)
HomeFirst Home Healthcare	(Davidson)
Intrepid USA Healthcare Services	(Davidson)
Paragon Infusion	(Davidson)
St. Thomas Home Health dba Ascension at Home	(Davidson)
Suncrest Home Health	(Davidson)
TriStar Healthcare at Home	(Davidson)
Vanderbilt Community & Home Services	(Davidson)
Vanderbilt HC w/ Option Care IV Services	(Davidson)
Vanderbilt Home Care Services	(Davidson)
Tennessee Quality Homecare - Southwest	(Decatur)
Pentec Health, Inc.	(Hamilton)
Henry County Medical Center Home Health	(Henry)
Interim Healthcare of Montgomery County	(Montgomery)
Suncrest Home Health	(Montgomery)
Tennova Home Health and Hospice - Clarksville	(Montgomery)
Lifeline Home Health Care	(Robertson)
NHC Homecare	(Robertson)
Aveanna Home Health	(Rutherford)
TwelveStone Infusion Services	(Rutherford)
Accredo Health Group, Inc	(Shelby)
Optum Women's and Children's Health LLC	(Shelby)
Highpoint Homecare	(Sumner)
AccentCare Home Health of Nashville	(Williamson)
Coram CVS Specialty Infusion Services	(Williamson)
Maxim Healthcare Services, Inc.	(Williamson)
Optum Infusion Services 305, LLC	(Williamson)
CenterWell Home Health	(Wilson)
Deaconess Homecare I	(Wilson)

**Home Health Agencies In:**

*Source: Department of Health Licensure - 2/7/2024*

**Rutherford County**

***Number of Agencies Licensed for County: 42***

Suncrest Home Health	(Coffee)
Adoration Home Health Nashville South	(Davidson)
Adoration Home Health, LLC	(Davidson)
Advanced Home Health & Hospice of Nashville, LLC	(Davidson)
Advanced Nursing Solutions	(Davidson)
Amedisys Home Health (10 Ave)	(Davidson)
Amedisys Home Health (Old Hickory Blvd)	(Davidson)
Amedisys Home Health Services	(Davidson)
CenterWell Home Health	(Davidson)
Elk Valley Health Services Inc	(Davidson)
Home Care Solutions, Inc	(Davidson)
Home Health Care of Middle Tennessee	(Davidson)
HomeFirst Home Healthcare	(Davidson)
Intrepid USA Healthcare Services	(Davidson)
Paragon Infusion	(Davidson)
St. Thomas Home Health dba Ascension at Home	(Davidson)
Suncrest Home Health	(Davidson)
TriStar Healthcare at Home	(Davidson)
Vanderbilt Community & Home Services	(Davidson)
Vanderbilt HC w/ Option Care IV Services	(Davidson)
Vanderbilt Home Care Services	(Davidson)
Amedisys Home Care	(Franklin)
Enhabit Home Health	(Franklin)
Pentec Health, Inc.	(Hamilton)
Implanted Pump Management	(Knox)
Deaconess Homecare	(Lincoln)
NHC Homecare	(Maury)
Suncrest Home Health	(Montgomery)
Amedisys Home Health	(Rutherford)
Amedisys Home Health Care	(Rutherford)
Aveanna Home Health	(Rutherford)
NHC Homecare	(Rutherford)
TwelveStone Infusion Services	(Rutherford)
Accredo Health Group, Inc	(Shelby)
Optum Women's and Children's Health LLC	(Shelby)
Intrepid USA Healthcare Services	(Warren)
AccentCare Home Health of Nashville	(Williamson)
Coram CVS Specialty Infusion Services	(Williamson)
Maxim Healthcare Services, Inc.	(Williamson)
Optum Infusion Services 305, LLC	(Williamson)
CenterWell Home Health	(Wilson)
Deaconess Homecare I	(Wilson)

**Home Health Agencies In:**

*Source: Department of Health Licensure - 2/7/2024*

**Sumner County**

***Number of Agencies Licensed for County: 38***

Adoration Home Health Nashville South	(Davidson)
Adoration Home Health, LLC	(Davidson)
Advanced Home Health & Hospice of Nashville, LLC	(Davidson)
Advanced Nursing Solutions	(Davidson)
Amedisys Home Health (10 Ave)	(Davidson)
Amedisys Home Health (Old Hickory Blvd)	(Davidson)
Amedisys Home Health Services	(Davidson)
CenterWell Home Health	(Davidson)
Elk Valley Health Services Inc	(Davidson)
Home Care Solutions, Inc	(Davidson)
Home Health Care of Middle Tennessee	(Davidson)
HomeFirst Home Healthcare	(Davidson)
Intrepid USA Healthcare Services	(Davidson)
Paragon Infusion	(Davidson)
St. Thomas Home Health dba Ascension at Home	(Davidson)
Suncrest Home Health	(Davidson)
TriStar Healthcare at Home	(Davidson)
Vanderbilt Community & Home Services	(Davidson)
Vanderbilt HC w/ Option Care IV Services	(Davidson)
Vanderbilt Home Care Services	(Davidson)
Alana Home Care, LLC	(Dickson)
Pentec Health, Inc.	(Hamilton)
Implanted Pump Management	(Knox)
Suncrest Home Health	(Montgomery)
Lifeline Home Health Care	(Robertson)
NHC Homecare	(Robertson)
Aveanna Home Health	(Rutherford)
TwelveStone Infusion Services	(Rutherford)
Accredo Health Group, Inc	(Shelby)
Optum Women's and Children's Health LLC	(Shelby)
Highpoint Homecare	(Sumner)
Intrepid USA Healthcare Services	(Warren)
AccentCare Home Health of Nashville	(Williamson)
Coram CVS Specialty Infusion Services	(Williamson)
Maxim Healthcare Services, Inc.	(Williamson)
Optum Infusion Services 305, LLC	(Williamson)
CenterWell Home Health	(Wilson)
Deaconess Homecare I	(Wilson)

**Home Health Agencies In:**

*Source: Department of Health Licensure - 2/7/2024*

**Williamson County**

***Number of Agencies Licensed for County: 42***

Adoration Home Health Nashville South	(Davidson)
Adoration Home Health, LLC	(Davidson)
Advanced Home Health & Hospice of Nashville, LLC	(Davidson)
Advanced Nursing Solutions	(Davidson)
Amedisys Home Health (10 Ave)	(Davidson)
Amedisys Home Health (Old Hickory Blvd)	(Davidson)
Amedisys Home Health Services	(Davidson)
CenterWell Home Health	(Davidson)
Elk Valley Health Services Inc	(Davidson)
Home Care Solutions, Inc	(Davidson)
Home Health Care of Middle Tennessee	(Davidson)
HomeFirst Home Healthcare	(Davidson)
Intrepid USA Healthcare Services	(Davidson)
Paragon Infusion	(Davidson)
St. Thomas Home Health dba Ascension at Home	(Davidson)
Suncrest Home Health	(Davidson)
TriStar Healthcare at Home	(Davidson)
Vanderbilt Community & Home Services	(Davidson)
Vanderbilt HC w/ Option Care IV Services	(Davidson)
Vanderbilt Home Care Services	(Davidson)
Tennessee Quality Homecare - Southwest	(Decatur)
Alana Home Care, LLC	(Dickson)
Enhabit Home Health	(Franklin)
Pentec Health, Inc.	(Hamilton)
Ascension Saint Thomas at Home	(Hickman)
Maury Regional Home Services	(Maury)
NHC Homecare	(Maury)
Suncrest Home Health	(Montgomery)
Amedisys Home Health	(Rutherford)
Amedisys Home Health Care	(Rutherford)
Aveanna Home Health	(Rutherford)
NHC Homecare	(Rutherford)
TwelveStone Infusion Services	(Rutherford)
Accredo Health Group, Inc	(Shelby)
Optum Women's and Children's Health LLC	(Shelby)
Intrepid USA Healthcare Services	(Warren)
AccentCare Home Health of Nashville	(Williamson)
Coram CVS Specialty Infusion Services	(Williamson)
Maxim Healthcare Services, Inc.	(Williamson)
Optum Infusion Services 305, LLC	(Williamson)
CenterWell Home Health	(Wilson)
Deaconess Homecare I	(Wilson)

## Home Health Agencies In:

Source: Department of Health Licensure - 2/7/2024

### Wilson County

*Number of Agencies Licensed for County: 42*

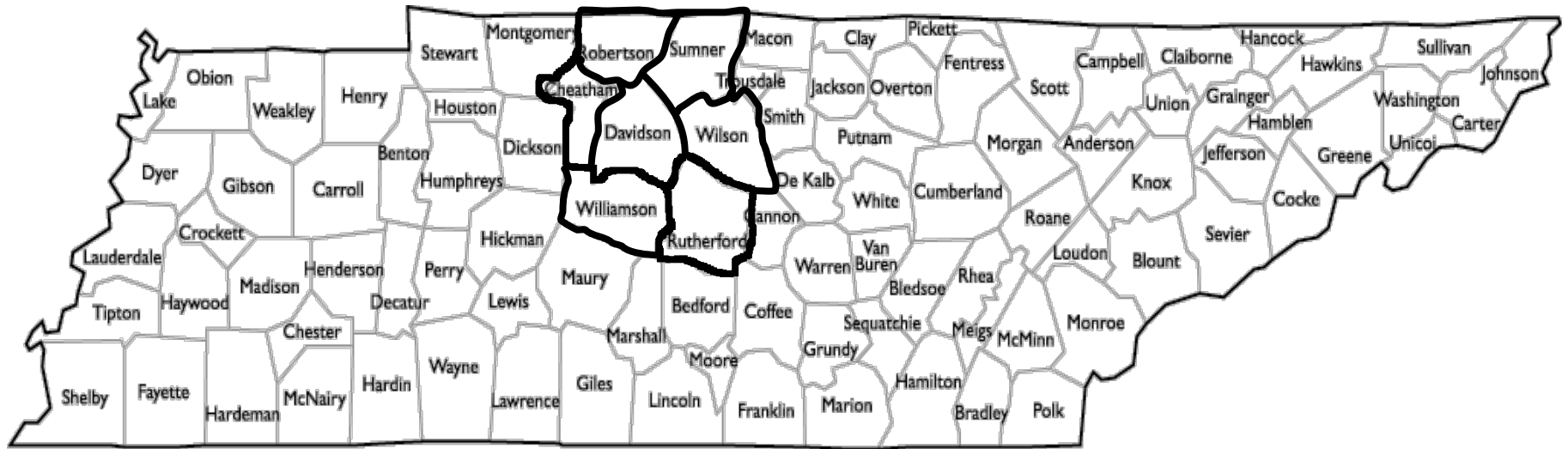
Adoration Home Health Nashville South	(Davidson)
Adoration Home Health, LLC	(Davidson)
Advanced Home Health & Hospice of Nashville, LLC	(Davidson)
Advanced Nursing Solutions	(Davidson)
Amedisys Home Health (10 Ave)	(Davidson)
Amedisys Home Health (Old Hickory Blvd)	(Davidson)
Amedisys Home Health Services	(Davidson)
CenterWell Home Health	(Davidson)
Elk Valley Health Services Inc	(Davidson)
Home Care Solutions, Inc	(Davidson)
Home Health Care of Middle Tennessee	(Davidson)
HomeFirst Home Healthcare	(Davidson)
Intrepid USA Healthcare Services	(Davidson)
Paragon Infusion	(Davidson)
St. Thomas Home Health dba Ascension at Home	(Davidson)
Suncrest Home Health	(Davidson)
TriStar Healthcare at Home	(Davidson)
Vanderbilt Community & Home Services	(Davidson)
Vanderbilt HC w/ Option Care IV Services	(Davidson)
Vanderbilt Home Care Services	(Davidson)
Suncrest Home Health	(DeKalb)
Alana Home Care, LLC	(Dickson)
Enhabit Home Health	(Franklin)
Pentec Health, Inc.	(Hamilton)
Implanted Pump Management	(Knox)
Deaconess Homecare	(Lincoln)
Cookeville Regional Home Health	(Putnam)
NHC Homecare	(Robertson)
Amedisys Home Health	(Rutherford)
Amedisys Home Health Care	(Rutherford)
Aveanna Home Health	(Rutherford)
NHC Homecare	(Rutherford)
TwelveStone Infusion Services	(Rutherford)
Accredo Health Group, Inc	(Shelby)
Optum Women's and Children's Health LLC	(Shelby)
Highpoint Homecare	(Sumner)
AccentCare Home Health of Nashville	(Williamson)
Coram CVS Specialty Infusion Services	(Williamson)
Maxim Healthcare Services, Inc.	(Williamson)
Optum Infusion Services 305, LLC	(Williamson)

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 2N –

Service Area County Map

## TENNESSEE COUNTY MAP



**Service Area Counties (7):**  
Cheatham, Davidson, Robertson,  
Rutherford, Sumner, Williamson,  
Wilson

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 3N –

Population Demographics Chart

### 3N. Population Chart — Certificate of Need Application (Home Health Agency)

Demographic data for the population to be served: Current Year 2025, Projected Year 2029. Target Population: Age 65+

County	Department of Health / Health Statistics							Census Bureau				TennCare	
	Total Population Current Yr 2025	Total Population Projected Yr 2029	Total Population Change (%)	Target Population (65+) Current Yr 2025	Target Population (65+) Projected Yr 2029	Target Population (65+) Change (%)	Target Pop (65+) as % of Service Area 65+ Total	Median Age (note 1)	Median Household Income (\$) (note 3)	Population Below Poverty Level (note 5)	Persons Below Poverty Level as % of Total (note 4)	TennCare Enrollees (note 7)	TennCare Enrollees as % of Population (note 8)
Davidson	728,443	755,634	3.7%	102,025	108,402	6.3%	14.0%	34.7	\$80,700	86,685	11.9%	129,932	17.8%
Cheatham	42,603	43,306	1.7%	7,655	8,344	9.0%	18.0%	41.5	\$89,852	3,280	7.7%	6,126	14.4%
Robertson	77,700	80,361	3.4%	12,969	14,297	10.2%	16.7%	39.1	\$80,732	6,760	8.7%	13,236	17.0%
Rutherford	388,909	424,308	9.1%	47,152	54,747	16.1%	12.1%	34.8	\$90,240	41,613	10.7%	61,517	15.8%
Sumner	215,234	229,667	6.7%	38,548	43,181	12.0%	17.9%	40.1	\$95,997	17,434	8.1%	29,528	13.7%
Williamson	277,193	298,975	7.9%	44,166	50,614	14.6%	15.9%	41.1	\$144,845	12,751	4.6%	13,570	4.9%
Wilson	171,708	187,530	9.2%	28,909	32,791	13.4%	16.8%	39.6	\$93,162	14,767	8.6%	21,887	12.7%
Service Area	1,901,790	2,019,781	6.2%	281,424	312,376	11.0%	14.8%	n/a	n/a	183,290	#REF!	275,796	14.5%
State of TN	7,242,733	7,462,831	3.0%	1,314,492	1,407,912	7.1%	18.1%	39.1	\$71,997	977,769	13.5%	1,391,250	19.2%

**RESPONSE: The population to be served will be 65+ years old, and the target population figures above reflect that intent.**

(1) Median Age is from Census Reporter, ACS 2024 1-year estimates (5-year for Cheatham County).

(2) Tennessee Median Age is from the US Census Bureau.

(3) Median Household Income is from Census Reporter, ACS 2024 1-year estimates (5-year for Cheatham County).

(4) Persons Below Poverty Level (%) is from Census Reporter, ACS 2024 1-year estimates (5-year for Cheatham County).

(5) Population Below Poverty Level = 2025 DOH Total Population × Census Poverty Percentage.

(6) Service Area Poverty % = Total Population Below Poverty Level ÷ Total DOH Population.

(7) TennCare Enrollees are from TennCare Enrollment Report, December 2025.

(8) TennCare Enrollees as % of Population = TennCare Enrollees ÷ 2025 DOH Total Population.

(9) Target Pop as % of Total = County 65+ Population ÷ Service Area 65+ Total.

Sources: TN Dept. of Health Population Projections 2022–2070; U.S. Census Bureau ACS 2024 via Census Reporter; TennCare Enrollment Report 2025.

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 5N:1 –

Unduplicated Alphabetical List of Home  
Health Agencies — 7 County Service Area

**Unduplicated Alphabetical List of Home Health Agencies — Seven-County Service Area**

*Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, and Wilson Counties, Tennessee*

#	Agency Name	Office Location County	Facility ID	State ID	Lic #	Cheatham	Davidson	Robertson	Rutherford	Sumner	Williamson	Wilson	Counties Served
1	AccentCare Home Health of Nashville	Williamson	496	94074	607	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
2	Accredo Health Group, Inc.	Shelby	474	79456	347	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
3	Adoration Home Health Nashville South	Davidson	386	19724	295	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
4	Adoration Home Health, LLC	Davidson	385	19714	622	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
5	Advanced Home Health & Hospice of Nashville, LLC	Davidson	1529	19894	667	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
6	Advanced Nursing Solutions	Davidson	517	19754	635	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
7	Alana Home Care, LLC	Dickson	1516	22014	665	>	>			>	>	>	Cheatham, Davidson, Sumner, Williamson, Wilson
8	Amedisys Home Care	Franklin	397	26054	82				>				Rutherford
9	Amedisys Home Health (10 Ave)	Davidson	381	19674	254	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
10	Amedisys Home Health (Old Hickory Blvd)	Davidson	367	19024	38	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
11	Amedisys Home Health	Rutherford	458	75054	207				>		>	>	Rutherford, Williamson, Wilson
12	Amedisys Home Health Care	Rutherford	459	75064	5		>		>		>	>	Davidson, Rutherford, Williamson, Wilson
13	Amedisys Home Health Services	Davidson	382	19684	68	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
14	Ascension Saint Thomas at Home	Hickman	423	41034	125						>		Williamson
15	Aveanna Home Health	Robertson	383	19694	259	>							Cheatham
16	Aveanna Home Health	Rutherford	383	19694	259		>	>	>	>	>	>	Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
17	CenterWell Home Health	Davidson	368	19084	49	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
18	CenterWell Home Health	Wilson	500	95074	41	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
19	Cookeville Regional Home Health	Putnam	453	71014	197							>	Wilson
20	Coram CVS Specialty Infusion Services	Williamson	387	19734	624	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
21	Deaconess Homecare	Lincoln	435	52024	161				>			>	Rutherford, Wilson
22	Deaconess Homecare I	Wilson	499	95034	282	>		>	>	>	>		Cheatham, Robertson, Rutherford, Sumner, Williamson
23	Elk Valley Health Services Inc	Davidson	374	19494	42	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
24	Enhabit Home Health	Franklin	396	26024	83	>	>		>		>	>	Cheatham, Davidson, Rutherford, Williamson, Wilson
25	Henry County Medical Center Home Health	Henry	422	40075	122	>		>					Cheatham, Robertson
26	Highpoint Homecare	Sumner	486	83114	258		>	>		>		>	Davidson, Robertson, Sumner, Wilson
27	Home Care Solutions, Inc	Davidson	376	19544	56	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
28	Home Health Care of Middle Tennessee	Davidson	377	19584	46	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
29	HomeFirst Home Healthcare	Davidson	378	19614	323	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
30	Implanted Pump Management	Knox	512	47452	633				>	>	>	>	Rutherford, Sumner, Wilson
31	Interim Healthcare of Montgomery County	Montgomery	1507	63054	654	>		>					Cheatham, Robertson
32	Intrepid USA Healthcare Services	Davidson	CLOSED	CLOSED	CLOSED	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
33	Intrepid USA Healthcare Services	Warren	CLOSED	CLOSED	CLOSED		>		>	>	>		Davidson, Rutherford, Sumner, Williamson
34	Lifeline Home Health Care	Robertson	456	74064	203	>	>	>		>			Cheatham, Davidson, Robertson, Sumner
35	Maury Regional Home Services	Maury	444	60044	180						>		Williamson
36	Maxim Healthcare Services, Inc.	Williamson	508	94104	615	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
37	NHC Homecare	Maury	443	60024	181	>	>		>		>		Cheatham, Davidson, Rutherford, Williamson
38	NHC Homecare	Robertson	455	74054	205	>	>	>		>		>	Cheatham, Davidson, Robertson, Sumner, Wilson
39	NHC Homecare	Rutherford	457	75024	208		>		>		>	>	Davidson, Rutherford, Williamson, Wilson
40	Optum Infusion Services 305, LLC	Williamson	510	79856	634	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
41	Optum Women's and Children's Health LLC	Shelby	475	79466	459	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
42	Paragon Infusion	Davidson	CLOSED	CLOSED	CLOSED	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
43	Pentec Health, Inc.	Hamilton	388	19744	632	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
44	St. Thomas Home Health dba Ascension at Home	Davidson	509	19854	194	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
45	Suncrest Home Health	Coffee	366	16034	29				>				Rutherford
46	Suncrest Home Health	Davidson	370	19324	70	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
47	Suncrest Home Health	DeKalb	391	21024	60							>	Wilson
48	Suncrest Home Health	Montgomery	450	63044	293	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson
49	Tennessee Quality Homecare – Southwest	Decatur	389	20045	221	>		>				>	Cheatham, Robertson, Williamson
50	Tennova Home Health and Hospice – Clarksville	Montgomery	449	63034	186	>	>	>					Cheatham, Davidson, Robertson

## Unduplicated Alphabetical List of Home Health Agencies — Seven-County Service Area

*Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, and Wilson Counties, Tennessee*

#	Agency Name	Office Location County	Facility ID	State ID	Lic #	Cheatham	Davidson	Robertson	Rutherford	Sumner	Williamson	Wilson	Counties Served
51	TriStar Healthcare at Home	Davidson	375	19504	289	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
52	TwelveStone Infusion Services	Robertson	1488	75084	649	>							Cheatham
53	TwelveStone Infusion Services	Rutherford	1488	75084	649		>	>	>	>	>	>	Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
54	Vanderbilt Community & Home Services	Davidson	373	19394	43	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
55	Vanderbilt HC/Option Care IV Services	Davidson	506	19994	604	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
56	Vanderbilt Home Care Services	Davidson	369	19314	65	>	>	>	>	>	>	>	Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson
<b>Total Unique Agencies</b>		<b>56</b>											

Source: Tennessee Department of Health Licensure data, February 7, 2024.

Note: Office location county indicates where the agency's office is physically located, not necessarily all counties it serves.

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 5N:2 –

Service Area Historical Utilization Chart

Item 5N - Service Area Historical Utilization

			2023						
Home Health Agency (Service Area)	Home County	State ID	Cheatham	Davidson	Sumner	Robertson	Rutherford	Williamson	Wilson
AccentCare Home Health of Nashville	Williamson	94074	42	705	193	37	78	505	49
Accredo Health Group, Inc.	Shelby	79456	2	19	11	3	12	8	3
Adoration Home Health Nashville South	Davidson	19724	0	9	2	0	2	0	1
Adoration Home Health, LLC	Davidson	19714	75	1261	575	127	663	400	455
<b>Advanced Home Health &amp; Hospice of Nashville, LLC</b>	<b>Davidson</b>	<b>19894</b>							
Advanced Nursing Solutions	Davidson	19754	1	2	3	0	5	2	0
Alana Home Care, LLC	Dickson	22014	0	0	0	0	0	0	0
Amedisys Home Care	Franklin	26054	0	0	0	0	0	0	0
Amedisys Home Health (10 Ave)	Davidson	19674	45	1008	12	0	0	38	785
Amedisys Home Health (Old Hickory Blvd)	Davidson	19024	58	978	0	39	0	493	0
Amedisys Home Health	Rutherford	75054	0	0	0	0	961	0	1
Amedisys Home Health Care	Rutherford	75064	0	11	1	0	522	85	2
Amedisys Home Health Services	Davidson	19684	0	160	426	118	0	0	0
Ascension Saint Thomas at Home	Hickman	41034	0	0	0	0	0	12	0
Aveanna Home Health	Robertson	19694	42	502	189	62	185	339	42
Aveanna Home Health	Rutherford	19694	42	502	189	62	185	339	42
CenterWell Home Health	Davidson	19084	13	402	0	37	15	75	8
CenterWell Home Health	Wilson	95074	0	25	200	0	219	0	342
Cookeville Regional Home Health	Putnam	71014	0	0	0	0	0	0	0
Coram CVS Specialty Infusion Services	Williamson	19734	1	14	4	0	4	4	3
Deaconess Homecare	Lincoln	52024	0	0	0	0	0	0	0
Deaconess Homecare I	Wilson	95034	0	267	0	0	271	5	390
Elk Valley Health Services Inc	Davidson	19494	0	9	3	2	3	3	1
Enhabit Home Health	Franklin	26024	21	626	0	0	190	265	65
Henry County Medical Center Home Health	Henry	40075	0	0	0	0	0	0	0
Highpoint Homecare	Sumner	83114	0	8	565	1	0	0	0
Home Care Solutions, Inc	Davidson	19544	21	402	4	0	5	139	1
Home Health Care of Middle Tennessee	Davidson	19584	21	875	124	50	459	242	267
HomeFirst Home Healthcare	Davidson	19614	0	644	99	0	113	0	70
Implanted Pump Management	Knox	47452	0	0	4	0	1	0	1
Interim Healthcare of Montgomery County	Montgomery	63054	0	0	0	0	0	0	0
Intrepid USA Healthcare Services	Davidson	CLOSED							
Intrepid USA Healthcare Services	Warren	CLOSED							
Lifeline Home Health Care	Robertson	74064	56	69	57	292	0	0	0
Maury Regional Home Services	Maury	60044	0	0	0	0	0	54	0
Maxim Healthcare Services, Inc.	Williamson	94104	7	94	15	20	52	24	23
NHC Homecare	Maury	60024	38	10	0	0	0	57	0
NHC Homecare	Robertson	74054	76	566	814	443	0	0	77
NHC Homecare	Rutherford	75024	1	426	0	0	341	263	20
Optum Infusion Services 305, LLC	Williamson	79856	1	41	12	2	13	24	23
Optum Women's and Children's Health LLC	Shelby	79466	0	12	2	1	11	2	6
Paragon Infusion	Davidson	CLOSED							
Pentec Health, Inc.	Hamilton	19744	0	6	6	2	5	13	3
St. Thomas Home Health dba Ascension at Home	Davidson	19854	12	312	25	13	67	36	9
Suncrest Home Health	Coffee	16034	0	0	0	0	524	0	0
Suncrest Home Health	Davidson	19324	2	1037	461	9	0	152	1
Suncrest Home Health	DeKalb	21024	0	0	0	0	0	0	575
Suncrest Home Health	Montgomery	63044	62	4	0	69	0	1	0
Tennessee Quality Homecare – Southwest	Decatur	20045	52	228	0	52	0	65	1
Tennova Home Health and Hospice – Clarksville	Montgomery	63034	43	0	0	41	0	0	0
TriStar Healthcare at Home	Davidson	19504	10	294	54	31	21	43	56
TwelveStone Infusion Services	Robertson	75084	0	0	1	0	3	4	1
TwelveStone Infusion Services	Rutherford	75084	0	0	1	0	3	4	1
Vanderbilt Community & Home Services	Davidson	19394	0	49	2	0	2	4	1
Vanderbilt HC/Option Care IV Services	Davidson	19994	4	33	19	2	7	13	11
Vanderbilt Home Care Services	Davidson	19314	70	1,937	257	100	364	576	275
<b>TOTAL ALL AGENCIES</b>			<b>699</b>	<b>11,553</b>	<b>3,549</b>	<b>1,448</b>	<b>4,551</b>	<b>3,376</b>	<b>3,103</b>

**Item 5N - Service Area Historical Utilization**

			2024						
Home Health Agency (Service Area)	Home County	State ID	Cheatham	Davidson	Sumner	Robertson	Rutherford	Williamson	Wilson
AccentCare Home Health of Nashville	Williamson	94074	52	739	198	36	159	642	67
Accredo Health Group, Inc.	Shelby	79456	2	28	9	2	11	4	3
Adoration Home Health Nashville South	Davidson	19724	2	17	7	2	2	5	4
Adoration Home Health, LLC	Davidson	19714	65	1342	570	129	646	476	446
<b>Advanced Home Health &amp; Hospice of Nashville, LLC</b>	<b>Davidson</b>	<b>19894</b>	<b>0</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>
Advanced Nursing Solutions	Davidson	19754	2	3	3	0	8	2	1
Alana Home Care, LLC	Dickson	22014	0	0	0	0	0	0	0
Amedisys Home Care	Franklin	26054	0	0	0	0	0	0	0
Amedisys Home Health (10 Ave)	Davidson	19674	55	1087	7	0	1	71	765
Amedisys Home Health (Old Hickory Blvd)	Davidson	19024	84	918	0	52	0	482	1
Amedisys Home Health	Rutherford	75054	0	0	0	0	999	0	0
Amedisys Home Health Care	Rutherford	75064	0	32	0	0	461	96	0
Amedisys Home Health Services	Davidson	19684	0	115	347	105	0	0	0
Ascension Saint Thomas at Home	Hickman	41034	0	0	0	0	0	5	0
Aveanna Home Health	Robertson	19694	42	564	160	55	219	414	60
Aveanna Home Health	Rutherford	19694	42	564	160	55	219	414	60
CenterWell Home Health	Davidson	19084	13	404	1	28	5	73	4
CenterWell Home Health	Wilson	95074	1	13	243	5	384	3	301
Cookeville Regional Home Health	Putnam	71014	0	0	0	0	0	0	0
Coram CVS Specialty Infusion Services	Williamson	19734	1	8	4	1	4	3	2
Deaconess Homecare	Lincoln	52024	0	0	0	0	0	0	0
Deaconess Homecare I	Wilson	95034	0	492	1	0	232	7	484
Elk Valley Health Services Inc	Davidson	19494	0	4	4	0	7	1	2
Enhabit Home Health	Franklin	26024	20	640	0	0	179	228	48
Henry County Medical Center Home Health	Henry	40075	0	0	0	0	0	0	0
Highpoint Homecare	Sumner	83114	0	8	523	1	0	0	0
Home Care Solutions, Inc	Davidson	19544	28	534	29	0	11	211	2
Home Health Care of Middle Tennessee	Davidson	19584	20	801	143	36	442	214	201
HomeFirst Home Healthcare	Davidson	19614	1	710	138	5	156	2	283
Implanted Pump Management	Knox	47452	0	0	4	0	0	1	1
Interim Healthcare of Montgomery County	Montgomery	63054	0	0	0	0	0	0	0
Intrepid USA Healthcare Services	Davidson	CLOSED							
Intrepid USA Healthcare Services	Warren	CLOSED							
Lifeline Home Health Care	Robertson	74064	58	73	69	347	0	0	0
Maury Regional Home Services	Maury	60044	0	0	0	0	0	40	0
Maxim Healthcare Services, Inc.	Williamson	94104	8	71	31	18	56	30	30
NHC Homecare	Maury	60024	30	0	0	0	0	52	0
NHC Homecare	Robertson	74054	86	513	812	442	0	0	63
NHC Homecare	Rutherford	75024	0	321	0	0	402	257	22
Optum Infusion Services 305, LLC	Williamson	79856	0	16	7	0	8	6	9
Optum Women's and Children's Health LLC	Shelby	79466	0	15	3	1	5	1	3
Paragon Infusion	Davidson	CLOSED							
Pentec Health, Inc.	Hamilton	19744	0	6	6	4	6	3	4
St. Thomas Home Health dba Ascension at Home	Davidson	19854	0	101	0	0	18	12	7
Suncrest Home Health	Coffee	16034	0	0	0	0	404	0	0
Suncrest Home Health	Davidson	19324	0	1082	358	1	0	183	0
Suncrest Home Health	DeKalb	21024	0	0	0	0	0	0	552
Suncrest Home Health	Montgomery	63044	69	7	1	89	0	0	0
Tennessee Quality Homecare -- Southwest	Decatur	20045	100	357	94	72	10	70	71
Tennova Home Health and Hospice -- Clarksville	Montgomery	63034	68	0	0	39	0	0	0
TriStar Healthcare at Home	Davidson	19504	22	514	101	68	94	56	0
TwelveStone Infusion Services	Robertson	75084	0	20	11	3	11	6	6
TwelveStone Infusion Services	Rutherford	75084	0	20	11	3	11	6	6
Vanderbilt Community & Home Services	Davidson	19394	0	28	1	0	0	2	0
Vanderbilt HC/Option Care IV Services	Davidson	19994	5	29	13	0	9	18	9
Vanderbilt Home Care Services	Davidson	19314	69	1,828	288	113	343	534	267
<b>TOTAL ALL AGENCIES</b>			<b>824</b>	<b>11,898</b>	<b>3,573</b>	<b>1,543</b>	<b>4,704</b>	<b>3,503</b>	<b>3,264</b>

**Item 5N - Service Area Historical Utilization**

Home Health Agency (Service Area)	Home County	State ID	2025						
			Cheatham	Davidson	Sumner	Robertson	Rutherford	Williamson	Wilson
AccentCare Home Health of Nashville	Williamson	94074	59	705	160	57	117	606	72
Accredo Health Group, Inc.	Shelby	79456	1	28	15	4	15	8	5
Adoration Home Health Nashville South	Davidson	19724	1	26	9	2	6	10	10
Adoration Home Health, LLC	Davidson	19714	71	1,453	659	96	822	436	532
<b>Advanced Home Health &amp; Hospice of Nashville, LLC</b>	<b>Davidson</b>	<b>19894</b>	<b>1</b>	<b>156</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>10</b>	<b>5</b>
Advanced Nursing Solutions	Davidson	19754	2	3	2	-	4	3	1
Alana Home Care, LLC	Dickson	22014	-	-	-	-	-	-	-
Amedisys Home Care	Franklin	26054	-	-	-	-	-	-	-
Amedisys Home Health (10 Ave)	Davidson	19674	65	1,132	24	-	-	79	872
Amedisys Home Health (Old Hickory Blvd)	Davidson	19024	68	929	-	47	2	491	-
Amedisys Home Health	Rutherford	75054	-	-	-	-	1,055	-	-
Amedisys Home Health Care	Rutherford	75064	-	43	-	-	412	105	-
Amedisys Home Health Services	Davidson	19684	-	123	342	95	-	-	-
Ascension Saint Thomas at Home	Hickman	41034	-	-	-	-	-	27	-
Aveanna Home Health	Robertson	19694	32	461	234	51	308	426	56
Aveanna Home Health	Rutherford	19694	32	461	234	51	308	426	56
CenterWell Home Health	Davidson	19084	7	323	-	31	1	70	2
CenterWell Home Health	Wilson	95074	-	22	205	4	290	2	271
Cookeville Regional Home Health	Putnam	71014	-	-	-	-	-	-	-
Coram CVS Specialty Infusion Services	Williamson	19734	-	5	2	-	7	4	2
Deaconess Homecare	Lincoln	52024	-	-	-	-	-	-	-
Deaconess Homecare I	Wilson	95034	-	671	3	-	226	34	538
Elk Valley Health Services Inc	Davidson	19494	-	7	4	-	10	-	1
Enhabit Home Health	Franklin	26024	24	717	-	-	216	275	76
Henry County Medical Center Home Health	Henry	40075	-	-	-	-	-	-	-
Highpoint Homecare	Sumner	83114	-	9	662	3	-	-	-
Home Care Solutions, Inc	Davidson	19544	23	327	-	-	-	-	-
Home Health Care of Middle Tennessee	Davidson	19584	14	695	109	46	464	180	150
HomeFirst Home Healthcare	Davidson	19614	4	652	261	24	196	49	447
Implanted Pump Management	Knox	47452	-	1	6	-	-	1	1
Interim Healthcare of Montgomery County	Montgomery	63054	-	-	-	-	-	-	-
Intrepid USA Healthcare Services	Davidson	CLOSED							
Intrepid USA Healthcare Services	Warren	CLOSED							
Lifeline Home Health Care	Robertson	74064	54	93	92	316	-	-	-
Maury Regional Home Services	Maury	60044	-	-	-	-	-	21	-
Maxim Healthcare Services, Inc.	Williamson	94104	8	71	25	19	52	33	25
NHC Homecare	Maury	60024	31	4	-	-	-	52	-
NHC Homecare	Robertson	74054	91	503	841	442	-	-	65
NHC Homecare	Rutherford	75024	-	344	-	-	393	259	14
Optum Infusion Services 305, LLC	Williamson	79856	-	12	9	-	4	18	3
Optum Women's and Children's Health LLC	Shelby	79466	-	15	6	2	6	3	-
Paragon Infusion	Davidson	CLOSED							
Pentec Health, Inc.	Hamilton	19744	-	10	8	5	5	3	4
St. Thomas Home Health dba Ascension at Home	Davidson	19854	2	573	5	-	239	86	43
Suncrest Home Health	Coffee	16034	-	-	-	-	433	1	-
Suncrest Home Health	Davidson	19324	-	1,261	338	8	-	205	1
Suncrest Home Health	DeKalb	21024	-	19	-	-	1	-	423
Suncrest Home Health	Montgomery	63044	89	6	2	109	-	-	-
Tennessee Quality Homecare – Southwest	Decatur	20045	40	325	112	46	43	49	95
Tennova Home Health and Hospice – Clarksville	Montgomery	63034	87	4	-	44	-	-	-
TriStar Healthcare at Home	Davidson	19504	19	441	77	54	69	39	58
TwelveStone Infusion Services	Robertson	75084	-	13	4	-	2	1	3
TwelveStone Infusion Services	Rutherford	75084	-	13	4	-	2	1	3
Vanderbilt Community & Home Services	Davidson	19394	-	71	5	-	10	6	8
Vanderbilt HC/Option Care IV Services	Davidson	19994	5	54	13	10	13	14	6
Vanderbilt Home Care Services	Davidson	19314	67	2,102	285	112	450	645	296
<b>TOTAL ALL AGENCIES</b>			<b>764</b>	<b>12,515</b>	<b>3,914</b>	<b>1,519</b>	<b>5,221</b>	<b>3,608</b>	<b>3,520</b>

**Item 5N - Service Area Historical Utilization**

			2023	2024	2025	
Home Health Agency (Service Area)	Home County	State ID	TOTAL	TOTAL	TOTAL	% Change 2023-2025
AccentCare Home Health of Nashville	Williamson	94074	1,609	1,893	1,776	10.4%
Accredo Health Group, Inc.	Shelby	79456	58	59	76	31.0%
Adoration Home Health Nashville South	Davidson	19724	14	39	64	357.1%
Adoration Home Health, LLC	Davidson	19714	3,556	3,674	4,069	14.4%
<b>Advanced Home Health &amp; Hospice of Nashville, LLC</b>	<b>Davidson</b>	<b>19894</b>	<b>N/A</b>	<b>33</b>	<b>182</b>	<b>451.5%</b>
Advanced Nursing Solutions	Davidson	19754	13	19	15	15.4%
Alana Home Care, LLC	Dickson	22014	0	0	0	N/A
Amedisys Home Care	Franklin	26054	0	0	0	N/A
Amedisys Home Health (10 Ave)	Davidson	19674	1,888	1,986	2,172	15.0%
Amedisys Home Health (Old Hickory Blvd)	Davidson	19024	1,568	1,537	1,537	-2.0%
Amedisys Home Health	Rutherford	75054	962	999	1,055	9.7%
Amedisys Home Health Care	Rutherford	75064	621	589	560	-9.8%
Amedisys Home Health Services	Davidson	19684	704	567	560	-20.5%
Ascension Saint Thomas at Home	Hickman	41034	12	5	27	125.0%
Aveanna Home Health	Robertson	19694	1,361	1,514	1,568	15.2%
Aveanna Home Health	Rutherford	19694	1,361	1,514	1,568	15.2%
CenterWell Home Health	Davidson	19084	550	528	434	-21.1%
CenterWell Home Health	Wilson	95074	786	950	794	1.0%
Cookeville Regional Home Health	Putnam	71014	0	0	0	N/A
Coram CVS Specialty Infusion Services	Williamson	19734	30	23	20	-33.3%
Deaconess Homecare	Lincoln	52024	0	0	0	N/A
Deaconess Homecare I	Wilson	95034	933	1,216	1,472	57.8%
Elk Valley Health Services Inc	Davidson	19494	21	18	22	4.8%
Enhabit Home Health	Franklin	26024	1,167	1,115	1,308	12.1%
Henry County Medical Center Home Health	Henry	40075	0	0	0	N/A
Highpoint Homecare	Sumner	83114	574	532	674	17.4%
Home Care Solutions, Inc	Davidson	19544	572	815	350	-38.8%
Home Health Care of Middle Tennessee	Davidson	19584	2,038	1,857	1,658	-18.6%
HomeFirst Home Healthcare	Davidson	19614	926	1,295	1,633	76.3%
Implanted Pump Management	Knox	47452	6	6	9	50.0%
Interim Healthcare of Montgomery County	Montgomery	63054	0	0	0	N/A
Intrepid USA Healthcare Services	Davidson	CLOSED	0	0	0	N/A
Intrepid USA Healthcare Services	Warren	CLOSED	0	0	0	N/A
Lifeline Home Health Care	Robertson	74064	474	547	555	17.1%
Maury Regional Home Services	Maury	60044	54	40	21	-61.1%
Maxim Healthcare Services, Inc.	Williamson	94104	235	244	233	-0.9%
NHC Homecare	Maury	60024	105	82	87	-17.1%
NHC Homecare	Robertson	74054	1,976	1,916	1,942	-1.7%
NHC Homecare	Rutherford	75024	1,051	1,002	1,010	-3.9%
Optum Infusion Services 305, LLC	Williamson	79856	116	46	46	-60.3%
Optum Women's and Children's Health LLC	Shelby	79466	34	28	32	-6.3%
Paragon Infusion	Davidson	CLOSED	0	0	0	N/A
Pentec Health, Inc.	Hamilton	19744	35	29	35	0.0%
St. Thomas Home Health dba Ascension at Home	Davidson	19854	474	138	948	100.0%
Suncrest Home Health	Coffee	16034	524	404	434	-20.7%
Suncrest Home Health	Davidson	19324	1,662	1,624	1,813	8.3%
Suncrest Home Health	DeKalb	21024	575	552	443	-29.8%
Suncrest Home Health	Montgomery	63044	136	166	206	34.0%
Tennessee Quality Homecare – Southwest	Decatur	20045	398	774	710	43.9%
Tenova Home Health and Hospice – Clarksville	Montgomery	63034	84	107	135	37.8%
TriStar Healthcare at Home	Davidson	19504	509	855	757	32.8%
TwelveStone Infusion Services	Robertson	75084	9	57	23	60.9%
TwelveStone Infusion Services	Rutherford	75084	9	57	23	60.9%
Vanderbilt Community & Home Services	Davidson	19394	58	31	100	42.0%
Vanderbilt HC/Option Care IV Services	Davidson	19994	89	83	115	22.6%
Vanderbilt Home Care Services	Davidson	19314	3,579	3,442	3,957	9.6%
<b>TOTAL ALL AGENCIES</b>			<b>28,279</b>	<b>29,309</b>	<b>31,061</b>	<b>9.0%</b>

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 6N –

Two Year Utilization

**Item 6N - Applicant Historical Utilization (Last 3 Years)**

Home Health Agency (Service Area)	Home County	State ID	2023	2024	2025	Total	% Change 2024-2025
Cheatham	Davidson	19894	n/a	0	1	1	n/a
Davidson	Davidson	19894	n/a	23	156	179	678%
Robertson	Davidson	19894	n/a	0	1	1	n/a
Rutherford	Davidson	19894	n/a	0	6	6	n/a
Sumner	Davidson	19894	n/a	0	3	3	n/a
Williamson	Davidson	19894	n/a	8	5	13	63%
Wilson	Davidson	19894	n/a	2	10	12	500%
<b>TOTAL</b>			n/a	33	182	215	552%

Source: Joint Annual Report for Home Health Agencies (2024 and 2025)

**Item 6N - Applicant Projected Utilization (Year 1 and Year 2)**

Home Health Agency (Service Area)	Home County	State ID	2026	2027	Total	% Change 2026-2027
Cheatham	Davidson	19894	10	15	25	150%
Davidson	Davidson	19894	320	468	788	146%
Robertson	Davidson	19894	10	15	25	150%
Rutherford	Davidson	19894	30	70	100	233%
Sumner	Davidson	19894	15	17	32	113%
Williamson	Davidson	19894	25	60	85	240%
Wilson	Davidson	19894	10	15	25	150%
<b>All Counties</b>	Davidson	19894	420	660	1080	36%
<b>TOTAL</b>		<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 1C –

Transfer Agreements

**PATIENT TRANSFER AGREEMENT**

This patient transfer agreement is made by and between AHC of Nashville, LLC dba Advanced Health Care of Nashville, and AHC Home Health & Hospice of Nashville, LLC. This Agreement shall become effective as of March 01, 2023. Transferring Party and Home Health may be referred to individually as a "Party," or collectively as the "Parties."

**RECITALS**

WHEREAS, the Transferring Party and Home Health desire to assure continuity of care and treatment appropriate to the needs of the patients to be transferred hereunder, and

WHEREAS, the parties hereto specifically wish to facilitate: (a) medically appropriate transfer or referral of patients; (b) the timely transfer of patients and the medical records and other information necessary or useful for the care and treatment of patients transferred; (c) the continuity of care and treatment appropriate to the needs of the transferred patient; and (d) the utilization of knowledge and other resources of both healthcare entities in a coordinated and cooperative manner to improve the professional healthcare of patients.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, and in reliance upon the recitals set forth above and incorporated by reference herein, the parties hereto agree as follows:

1. In accordance with the policies and procedures of the Transferring Party and upon the recommendation of the patient's attending physician that such a transfer is medically appropriate, such patient shall be transferred from the Transferring Party to Home Health as long as Home Health has staff availability, is able to provide the services requested by the Transferring Party, and the transfer is in accordance with applicable Federal and State laws and regulations.

2. Transfers from the Transferring Party to Home Health shall be arranged through the Home Health Patient Transfer Center at 623-225-1718. The referring provider from the Transferring Party and the accepting provider from Home Health will connect to discuss the transfer, and upon Home Health provider acceptance of the transfer, the Home Health Patient Transfer team will prepare to admit the patient to Home Health.

3. The Transferring Party will have the responsibility for transferring the patient and agrees to use qualified personnel and transportation equipment as required.

4. The Transferring Party must either (a) inform the patient (or the person acting on the patient's behalf) of the risks and benefits of transfer and receive written consent by the patient (or the person acting on the patient's behalf) to the transfer or (b) obtain the written certification of a physician or qualified medical personnel in consultation with the physician based upon knowledge at the time of transfer, that the medical benefits reasonably expected from obtaining care at the other facility outweigh the risks of effecting transfer.

5. The Transferring Party will provide to Home Health at the time of transfer, or in the case of emergency as promptly as possible, the information and documentation mutually agreed upon to provide the medical and administrative information necessary to determine the proper placement of the patient and to insure the continuing care of the patient. This information must include, to the extent available:

a) Transfer and referral forms; b) History and physical; c) All medical records related to the emergency condition; d) Current laboratory and X-ray reports; e) A brief summary of the course of treatment provided by the Transferring Party (including any necessary physicians or nurses progress notes); f) Nursing and dietary information; g) Ambulation status and rehabilitation potential; h) Any healthcare directives, healthcare powers of attorney, living wills, if available; i) Any pertinent social information; j) Copy of patient's informed consent to the transfer or certification of physician that medical benefits reasonably expected from obtaining care at the other facility outweigh risk of transfer.

Patient care information immediately available in the shared electronic health record need not be supplied in paper form by either Party.

6. The Transferring Party will be responsible for the transfer or other appropriate disposition of the patient's personal effects, including money and valuables, and information related to these items.

7. The Transferring Party shall make available to the Receiving Party all pertinent financial and billing information in its possession if such information is permitted to be disclosed.

8. The Transferring Party agrees to attempt to secure a valid authorization for the release of medical and other information to the admitting institution prior to the transfer. In the case of an emergency, the signed release of information is to be obtained as soon as feasible after the transfer.

9. Once the transfer has been completed, Home Health shall be accountable for the recognition of need for social services and for prompt reporting of such need to the local welfare department or other appropriate sources.

10. Charges for services performed by either Party shall be collected by the Party rendering such services directly from the patient, third party payor, or other sources normally billed by the Party. Neither Party shall have any liability to the other for such charges.

11. Nothing contained in this Agreement shall constitute or be construed to create a partnership, joint venture, employment, or agency relationship between the Parties and/or their respective successors and assigns, it being mutually understood and agreed that the Parties shall provide the services and fulfill the obligations hereunder as independent contractors.

12. This Agreement may not be assigned by either party without the prior written consent of the other Party. However, each Party shall retain the right to affiliate or contract under similar agreements with other institutions while this Agreement is in effect.

13. The term of the Agreement shall continue in full force and effect for a term of one (1) year, commencing on the Effective Date, at which time the Agreement shall automatically renew for additional one (1) year terms, unless terminated earlier by either Party upon thirty (30) days' notice. Either Party may terminate this Agreement upon sixty (60) days advanced written notice.

#### 14. Miscellaneous Provisions

a. Indemnification. Transferring Party and Home Health (the "Indemnifying Party") will indemnify, hold harmless, and defend the other Party (the "Indemnified Party"), its agents, and employees from and against any claim, loss damage, cost, expense or liability, including reasonable attorney's fees, arising out of or related to the performance or non-performance by the Indemnifying Party, its agents, and employees of any duty or obligation of the Indemnifying Party under this Agreement.

b. Insurance. Transferring Party and Home Health shall each maintain at their own expense comprehensive general and professional liability insurance and property insurance adequate to insure them against any risks arising out of the performance of this Agreement. Upon request, either Party shall furnish the other party with evidence of such insurance. In the event of a material change in insurance, each Party will immediately notify the other Party of such change.

c. No Discrimination. Neither Transferring Party nor Home Health will discriminate in the performance of their obligations under this Agreement against any individual on the basis of race, religion, gender, age, national origin, sexual orientation, marital status, handicap, disability, or medical diagnosis, or on any other basis prohibited by local, state, or federal law.

d. Confidentiality. Both Parties agree that each patient's confidentiality must be maintained. The Parties agree to transport medical records in a manner designed to maintain the confidentiality of the medical record as required by applicable law, including applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Parties agree to amend or modify this Agreement at such times as may be required by the terms of HIPAA with respect to the exchange of protected health information for purposes of each Party's treatment, payment, or operations associated with transfers conducted under this Agreement.

e. Compliance. The Parties shall comply with all applicable State and Federal laws and regulations. Each Party represents and warrants that neither it, nor any of its employees, agents, or members are presently excluded from participation in any federally funded health care program, including, but not limited to, Medicare or Medicaid. A Party will promptly notify the other Party of any threatened or implemented sanctions or exclusions relating to any Federal or State health care program. The Parties specifically acknowledge and agree that the performance by the Parties of their obligations hereunder in no way obligates and is in no way contingent upon, the admission, recommendation, referral, or any other form of arrangement between the parties for utilization by patients or others of any item or service offered by either party or any other entities with which the Parties might be affiliated.

f. Electronic Form and Counterparts. This Agreement, and any amendment or modification may be executed by electronic means, or via electronic signature, and such electronic signature shall be considered validly executed. This Agreement may be signed in counterparts, each of which will be considered an original.

g. Governing Law and Venue. This Agreement shall be interpreted and construed in accordance with the laws of the State of Tennessee, with venue for any action to enforce its terms in Nashville, Tennessee.


h. Entire Agreement, Amendment and Severability. This Agreement embodies the entire Agreement between Transferring Party and Home Health relating to the subject matter of this Agreement. This Agreement supersedes all prior agreements, representations, and understandings of the parties, whether oral or written. This Agreement may only be modified or amended in writing by agreement of both Parties. If any part of this Agreement is held to be unenforceable, the remainder of this Agreement will remain in full force and effect.

i. Marketing or Publicity. Neither Party shall use the name of the other Party, nor the existence of this Agreement, in any promotional or advertising material unless prior written approval of the material to be used and the intended use is first obtained from the other Party.

IN WITNESS WHEREOF, the Parties have accepted this Agreement as verified by execution below.

**AHC of Nashville, LLC**

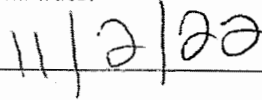
Signature: \_\_\_\_\_



Printed Name: Britney Nash

Title: Administrator

Date: \_\_\_\_\_



Address for Notice:

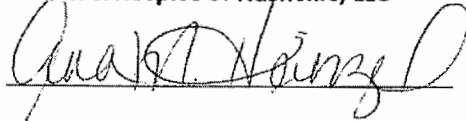
627 19<sup>th</sup> Avenue N., Nashville TN 37203

Attn: Administrator

Britney Nash

**AHC Home Health & Hospice of Nashville, LLC**

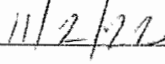
Signature: \_\_\_\_\_



Printed Name: Ana M Heinzl

Title: Administrator

Date: \_\_\_\_\_



Address for notice:

627 19<sup>th</sup> Avenue N., Nashville TN 37203

AHC Home Health  
& Hospice of Nashville, LLC

Attachment 03C Response –

Response to Application Part 3C: *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*

**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 effects of competition and/or duplication resulting from the approval of this application will be overwhelmingly positive for consumers in the service area. The Certificate of Need process is not intended to shield existing providers from competition or to prevent high-quality services from entering and growing in the market. Rather, the CON framework exists to ensure that new entrants meet quality standards, demonstrate a genuine consumer benefit, and contribute positively to the health care system. This application satisfies all three objectives, and the service area can readily support additional competition.

#### *Impact on Consumer Choice*

The approval of this application will expand consumer choice by providing the target population (and the health care providers who care for them) in the seven-county service area — Davidson, Cheatham, Robertson, Rutherford, Sumner, Williamson, and Wilson Counties — with an additional option for home health services that has a demonstrated record of providing high-quality services. Advanced Home Health of Nashville (the "Agency") has already demonstrated its value to the community since receiving its initial CON. Numerous patients have submitted letters of recommendation attesting to the exceptional, patient-centered care they have received, including professionalism, compassion, individualized treatment, and meaningful progress with mobility, strength, and confidence in performing daily activities. One patient, wrote that the Agency is "a wonderful and necessary addition to the community" and that "the patient care provided is great and exceeded my expectations from previous home health experiences," adding her "full support of having their limitation lifted so they can support others in the community."

Consumer choice is a core principle of the CON framework. The addition of another provider does not diminish the options available to patients; it enhances them. Patients benefit when they can select from among providers that offer different strengths, and the Agency's unique model — providing continuity of care from skilled nursing through home health — gives patients a distinctive choice that did not previously exist in this market.

#### *Impact on Consumer Charges*

The proposed project will have a positive effect on consumer charges. Because home health services are primarily reimbursed by Medicare, the introduction of a new provider does not raise charges for consumers — Medicare payment rates are standardized. The Agency offers cost effective model of post-acute care delivery that promotes economic efficiency in the health care system, consistent with State Health Plan Principle 3 concerning Economic Efficiencies.

#### *The Service Area Can Support Additional Competition*

The proposed seven-county service area is one of the fastest-growing regions in Tennessee. The service area projects a two-year population growth rate (2023–2025) among residents aged 65 and older of 6.9%, which exceeds the statewide rate of 5.0%. The total service area population is projected to grow from approximately 1,829,357 in 2023 to 1,882,624 in 2025. This population growth, particularly among the elderly demographic that is the primary consumer of home health services, demonstrates that the service area can absorb additional home health provider capacity without adverse effects on existing agencies.

Moreover, the state's own need formula understates actual utilization. According to data from the Tennessee Department of Health, Division of Policy, Planning and Assessment, actual home health utilization across Tennessee significantly exceeds the 1.5% need formula. Statewide, 84,421 more patients were being served than the need formula would predict, and each of the seven service area counties experienced a use rate above the 1.5% prescribed by the need standard, with a combined service area use rate of approximately 1.9%. This clearly demonstrates robust demand that can accommodate the Agency's services without adversely affecting competitors. Historical data also supports this conclusion. The 2023-2025 utilization data in Table 5N shows that half of the providers experienced an increase in utilization over that period, with the average positive growth in utilization being approximately 58%.

#### *Improved Access and Continuity of Care*

The removal of the CON condition on the Applicant's agency will result in improved access, and this project offers a particularly compelling form of improved access: continuity of care. The Agency's model ensures that patients transitioning from the skilled nursing facility to home-based care retain the same physicians, clinicians, and company protocols, providing a seamless care experience. Multiple physicians and healthcare professionals — including neurosurgeons, vascular surgeons, orthopedic coordinators, wound care nurse practitioners, and case managers from institutions such as Ascension Saint Thomas and Vanderbilt — have submitted letters of support confirming the Agency's clinical excellence and the value of its continuity-of-care model.

These professionals have observed that the Agency's services result in improved adherence to treatment plans, enhanced patient safety and stability in the home, reduced need for emergency department visits or hospital readmissions, and high levels of patient satisfaction and engagement. Several physicians have noted that the current CON limitation "no longer reflect the realities of modern healthcare delivery" and that "rather than protecting patients, these restrictions function as barriers to access, limiting choice and delaying medically necessary services."

Additionally, the proposed service area includes designated Medically Underserved Areas (Davidson County in part, and Cheatham, Robertson, and Wilson Counties in whole) and Health Professional Shortage Areas (Davidson, Cheatham, Robertson,

and Rutherford Counties). Expanding the Agency's ability to serve patients without restriction directly addresses these access gaps.

### *Competition Benefits Quality*

Competition in health care is a well-recognized driver of quality improvement. The CON process was never intended to create a protected market for incumbent providers at the expense of consumers, nor to prevent high-quality services from developing and growing. Allowing the Agency to compete on an unrestricted basis will incentivize all service area providers to maintain and improve their quality of care, benefiting the health care system as a whole. The Agency has already obtained ACHC accreditation (approved in 2024 with expiration in 2027), demonstrating its commitment to operational efficiency and high-quality patient care.

In summary, the effects of competition and duplication resulting from this proposal are decidedly positive for consumers. The project provides an additional consumer choice in a rapidly growing service area, offers charges that are significantly below the service area average, ensures continuity of care for patients transitioning from institutional to home-based settings, and has been endorsed by numerous patients and healthcare professionals who have experienced the Agency's high-quality services firsthand. The service area's strong population growth, actual utilization rates that far exceed the state need formula, and the presence of medically underserved communities all confirm that this market can support the Agency's expanded services without negative effects on existing providers or the broader health care system.

**Project Name :** AHC Home Health & Hospice of Nashville, LLC

**Supplemental Round Name :** 1

**Certificate No. :** CN2604-011

**Due Date :** 5/14/2026

**Submitted Date :** 5/7/2026

### 1. 2E. Rationale for Approval

The agency's internal quality data is noted. It appears that some CMS measures have been published for the agency, Managing Daily Activities, Treating Symptoms, Preventing Harm, etc. When does the agency expect comprehensive quality measure data to be publicly released including 30-day hospital readmissions and other measures that are currently internal only? What period does the applicant's internal data reflect for these measures.

**Response :** The Agency expects that its publicly available CMS Home Health Compare Data will be updated shortly (e.g. in May and prior to the CON hearing), based on its understanding of CMS's update schedule. That update is expected to include a sufficient number of patient episodes to report the quality measures for preventing unplanned hospital care and payment/value of care. The Agency plans to update this information as soon as possible and has been monitoring the CMS public site for the expected update.

The Agency uses a software service (SHP)[1] to track its "five-star" metrics on a continuous basis. Based on the data from SHP, the Agency expects to have a reported overall quality ranking of four and one-half (4.5) stars. This data is for the period March 1, 2024 through March 1, 2025. See **Attachment Supplement #1 (2E) – SHP Star Rating Prediction.**

Additionally, the SHP Data shows that the Agency's predicted Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey ("HHCAHPS") scores will show very high patient satisfaction with the agency, and a universal score of 100% in recommending the Agency to others. This data is for the period March 1, 2024 through March 1, 2025. See **Attachment Supplement #1 (2E) – SHP HHCAHPS Prediction.**

The Agency reviewed proprietary data available from a market intelligence software program it uses (Trella Health Marketplace Insights for Home Health)[2] that allowed it to compare its readmission rates to other peer agencies in Nashville. That information is reflected in the chart below for the period from the fourth quarter of 2024 through the third quarter of 2025. As you will note in the table, the Agency has a best-in-market 30-day hospital readmission rate of 4.3% (peer range 7.6% to 14.3%) and a 2.47 (medium) score, indicative of admissions of individuals with complex post-acute needs. See **Attachment Supplement #1 (2E) – 30 Day Readmission Table.**

[1] SHP (Strategic Healthcare Programs) provides real-time data analytics and benchmarking for home health agencies to monitor and improve their CMS-reported star ratings. SHP's software dashboards allow providers to track performance on Quality of Patient Care and patient survey metrics before they are publicly posted on CMS's Medicare Care Compare.

[2] Trella Health Marketscape Insights for home health primarily pulls data from 100% of Medicare Fee-for-Service (Part A and B) claims, along with Medicare Advantage and commercial claims data. These insights are sourced from the CMS Virtual Research Data Center (VRDC) and refreshed quarterly to provide updated market share and referral metrics. See <https://support.trellahealth.com/hc/en-us/articles/29797667222291-Data-Sources>

## 2. 2N. Service Area

The projected utilization table for service area counties did not populate correctly in the main application form. Please revise.

It is noted that the majority of the applicant's historical home health patients are residents of Davidson County (85%) where the skilled nursing facility is located. Are these utilization percentages consistent with the counties of residence for all SNF discharges?

**Response :** The submitted Historical and Projected Utilization Tables are resubmitted below, and as **Attachment Supplement #2 (2N) – Service Area.**

<b>HISTORICAL UTILIZATION</b>		
Unit Type: Procedures Cases <u>Patients</u> Other (Specify):		
<b>Service Area Counties</b>	<b>Historical Utilization Most Recent Year (Year=2025)</b>	<b>% of Total</b>
Cheatham	1	0.5%
Davidson	156	85.7%
Robertson	3	1.6%
Rutherford	1	0.5%
Sumner	6	3.3%
Williamson	10	5.5%
Wilson	5	2.7%
<b>TOTAL</b>	<b>182</b>	<b>100.0%</b>
<b>PROJECTED UTILIZATION</b>		
Unit Type: Procedures Cases <u>Patients</u> Other (Specify):		
<b>Service Area Counties</b>	<b>Projected Utilization Year 1 (Year=2026)</b>	<b>% of Total</b>
Cheatham	10	2.4%
Davidson	320	76.2%
Robertson	10	2.4%
Rutherford	30	7.1%
Sumner	15	3.6%
Williamson	25	6.0%
Wilson	10	2.4%
<b>TOTAL</b>	<b>420</b>	<b>100.0%</b>

Most of the utilization of the affiliated SNF does come from Davidson County, though there is a slightly greater distribution of counties for the SNF. Using the most currently publicly reported data (JAR data for 07/01/24-06/30/25) Davidson County accounted for 273 residents (61.2% of the total on 446 residents). Williamson (9.2%) and Montgomery (5.6%) are the next largest by percentage. In total, 34 counties had at least one patient. The top five counties (Davidson, Williamson, Montgomery, Sumner, and Cheatham) together account for approximately 83% of all patients. The remaining 29 counties each contributed three or fewer residents, most having just one. The SNF's current discharge patterns are consistent with these patterns.

### 3. 2C. Insurance Plans

Is the applicant planning to contract with any specific commercial payors if the condition is removed?  
Does the applicant contract with Medicare Advantage plans currently?

**Response :** If the restriction is removed, the Applicant does plan to evaluate and pursue contracting with Medicare Advantage payors as a participating provider (versus its attempts at ad hoc arrangements currently). As noted in the application, the Applicant does not currently contract with any Medicare Advantage plans because the current CON restriction prevents it from fully serving all of the Medicare Advantage plan's beneficiaries.

### 4. 6C. Historical/Projected Data Chart

Please explain the lack of contractual adjustments, charity care or bad debt in the historical and projected data charts.

**Response :** The contractual adjustments, charity care, and bad debt figures were inadvertently left off the Historical and Projected Data Charts submitted with the original application. The Applicant has revised and updated the Historical and Projected Data Charts, which are attached as **Attachment Supplement #4 (6C) – Corrected Historical and Projected Data Charts.**

### 5. 8C. Proposed Charges

Does the applicant project changes to its charges if/when it is enrolled with TennCare MCOs and any Commercial Payors?

**Response :** The Agency does not foresee TennCare participation and reimbursement resulting in any material impact on the charges of the Agency. TennCare volumes are likely to be small compared to Medicare, and in most cases charges are set based on payor-specific pricing formulas.

### 6. 9C. Other Facilities Charges

Please complete the following chart for providers licensed in the proposed service area.



Please provide an attachment with a list of 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.

**Response :** The Applicant is currently enrolled in Aidin, and is in the process of enrolling in CarePort (WellSky), which are the two leading digital post-acute referral management platforms used by hospitals and health systems nationally and throughout Tennessee. These platforms enable hospitals to electronically distribute referrals to post-acute providers, support real-time communication between case managers and providers, and are specifically designed to comply with CMS patient choice protections. Enrollment in these platforms creates an active, functional referral relationship with the hospitals that use them.

Through these platforms, the Applicant maintains referral relationships with the following hospital systems in its service area: Vanderbilt University Medical Center, Ascension Saint Thomas (West, Midtown, and Rutherford), as well as TriStar Summit Medical Center and TriStar Skyline Medical Center. The Applicant also maintains a formal transfer agreement with its affiliated skilled nursing facility and has close relationships with physician referral sources, as evidenced by the support of its application.

The Applicant's current CON restriction — limiting its patient population to individuals discharged from its affiliated SNF — does constrain its ability to execute formal written referral agreements with the broader hospital community. Removal of the restriction would directly enable the Agency to expand post-discharge follow-up, readmission prevention, and population health management programs in coordination with hospital partners, execute formal written agreements, and consider participation in value-based payment programs and other integrated care structures.

## 9. 1N. Criteria and Standards

### Attachment 1N - Home Health Services, Criterion #9, Proposed Charges

Please complete the charge chart provided in Supplemental Question 6 in response to this Criteria.

**Response :** A completed Facility Charges Chart is attached as **Attachment Supplement #6 (9C) – Other Facility Charges.**

## 10. 1N. Criteria and Standards

### Attachment 1N - Home Health Services, Criterion #10, Access

Please identify the data source for the 3,995 inpatient discharges coded for home health care.

**Response :** The data source for the 3,995 inpatient discharges coded for home health care is Trella Health Marketscape Insights software. This data demonstrates that thousands of medium-risk patients with a documented need for post-acute home health services are discharged from the hospital without receiving appropriate follow-up care. During the same 12-month period, the Agency admitted only approximately 195 patients from Davidson County—representing just 5% of patients coded as needing post-acute home health services.

Lifting the CON restriction and allowing the Agency to capture even a portion of the approximately 1,250 missed patient opportunities would enable the Agency to contribute meaningfully to reduced hospital readmissions and improved patient outcomes in Davidson County.

### 11. 3N. Demographics

Please update the TennCare Enrollment Data for more current timeframe and update the corresponding percentage of population accordingly.

**Response :** A revised Demographics Chart is attached as Attachment Supplement #11 (3N) – 3N -Demographics.

*NOTE: In addition to the requested revision on TennCare Enrollment data, a review of the chart identified several other figures that were updated/corrected in the chart.*

### 12. 5N. Unimplemented services

Please revise the following items submitted with Attachments 1N -Exhibit 5, Attachment 5N-2:

2023 - 2025: Aveanna Home Health (Robertson) ID 19694 - please remove as a duplicate.

2023 - 2025: TwelveStone Infusion Services (Robertson) ID 75084 - please remove as a duplicate.

2023 - 2025: CenterWell Home Health (Warren) ID 89064 - missing from each year but is licensed in three of the service area counties - Davidson, Rutherford, and Williamson. Please add service area data for each year.

2025 - Amedisys Home Health Services (Davidson) - ID 19694 - 123 patients should be moved from Davidson to Cheatham County.

2025 - TriState Infusion, LLC (Shelby) - ID 79926 is missing.

TOTAL Sheet - Missing agencies listed above.

Percentage Changes for IDs 79446, 19744, 19854, 16034, 19324, 21024, 63044, 20045, 63034, 19504, 75084, 19394, 19994, and 19314 are incorrect. Please revise.

Total All Agencies incorrect for each of the three years.

**Response :** A revised version of Attachments 1N -Exhibit 5, Attachment 5N-2 with the requested corrections is submitted as **Attachment Supplement #12 (5N) – Unimplemented Services**. The corrected chart:

- removes Aveanna Home Health (Robertson) ID 19694 for 2023-2025 as a duplicate
- removes TwelveStone Infusion Services (Robertson) ID 75084 for 2023-2025 as a duplicate
- adds CenterWell Home Health (Warren) ID 89064 for 2023-2025. Note this agency was formerly listed under Intrepid USA in the 2023-2024 Joint Annual Reports.
- County data for 2023 to 2025 for Amedisys Home Health Services (Davidson) - ID 19694 has been corrected to reflect the individually filed JARs.
- Percentage changes for all agencies, including the IDs noted in the supplemental question have been corrected.
- “Total All Agencies” patient counts for each county for each year have been corrected.