Division of
Health Care
Finance & Administration

October 8, 2026

The Honorable Jim Bryson
Commissioner
Department of Finance & Administration
State Capitol
Nashville, TN 37219

Dear Commissioner Bryson:

In accordance with the provisions of T.C.A. 68-11-1613, please find attached a summary report of the hospital and nursing home bed approvals by the Tennessee Health Facilities Commission for the month of September 2026.

Please feel free to call me if you would like any further information.

Sincerely,

Stephen Smith
Director

Attachment

CC: Representative Gary Hicks, Chair – House Finance, Ways and Means Committee
Senator Bo Watson, Chair – Senate Finance, Ways and Means Committee
Bojan Savic, Executive Director – Fiscal Review Committee

PROJECTED FISCAL IMPACT FOR BED APPROVALS
September 2026

I.	BED TYPE	INPATIENT BEDS	MENTAL HEALTH BEDS	NURSING FACILITY BED TYPES	NURSING FACILITY BEDS	HOSPICE BEDS	REHABILITATION BEDS
				Level I - Medicaid Only			
				Level II - Medicare Only			
				Level II - Dually Certified (Medicaid and Medicare)			
				Non-Certified (Private Pay)			
				Total	0	0	
	Beds Approved	**0**	**0**		**0**	**0**	**0**
	Beds Delicensed	0	0		0	0	
	Beds Denied	0	0		0	0	
	Per Diem Cost	$ -	$ -		$ -	$ -	$ -
	Estimated Potential New TennCare Beds:	-	-		-	-	-

II. BED TYPE FISCAL IMPACT

Estimated State(33.64%): 0.3364
Estimated Federal(66.36%): 0.6636

		STATE	FEDERAL
	Annual Fiscal Impact to TennCare for Inpatient Hospital Beds	$ -	$ -
1)	Estimated Potential Annual Fiscal Impact to TennCare for MH Hospital Beds	$ -	$ -
2)	Annual Fiscal Impact to TennCare for NF Beds	$ -	$ -
3)	Estimated Potential Annual Fiscal Impact to TennCare for Hospice Beds	$ -	$ -
	Estimated Potential Annual Fiscal Impact to TennCare for Rehabilitation Beds	$ -	$ -

This annual fiscal impact projection assumes the current reimbursement rates as indicated below, 70% utilization by Medicaid patients unless otherwise known, and no patient income component. Because dually certified beds may be used for either Medicaid or Medicare reimbursement, a range of the fiscal impact is shown.

Current Reimbursement Rate:

III. NURSING HOME BEDS ADDED WITHOUT CERTIFICATE OF NEED REVIEW

Fiscal Impact: Medicaid Reimbursement	Level I	Level II
	$ -	$ -
	$ -	$ -
	$ -	$ -

	State	Federal
Total Part III:	**$ -**	**$ -**

	Total State	Total Federal
Grand Total:	**$ -**	**$ -**