State of Tennessee
Health Facilities Commission
502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364 hsda.staff@tn.gov

REPORT OF HOME HEALTH ACCREDITATION FOR CERTIFICATE OF NEED EXEMPTION PEDIATRIC

Instructions: This form must be filed with the Health Facilities Commission by any person who established a health care institution or initiates any service specified in T.C.A. 68-11-1607 (a) (3) pursuant to the exemption provided in T.C.A. 68-11-1607 (r) or T.C.A. 68-11-1607 (r) at the end of the first year of initial licensure. This form may be emailed to hsda.staff@tn.gov.

1. **REPORTING DATE:** _____

2. **LICENSURE:**

   Date of License: _____
   (Attach Copy of License)

   License Number: _____

3. **LIST OF LICENSED COUNTY/COUNTIES:**

4. **AGENCY NAME AND ADDRESS**

Name

Address

City **State** **Zip**

5. CONTACT PERSON OR AUTHORIZED AGENT REPORTING EXEMPTION

Name **Title**

Email Address

Company Name

Address

City **State** **Zip**

Phone Number **Fax Number**

6. LICENSURE:

a. Number of Clinical Staff Hired Since Licensed: _____
(If an existing agency that added counties, only report for added counties.)

b. Number of Patients Served Since Licensed: _____
(If an existing agency that added counties, only report for added counties.)

If (a) and/or (b) were zero, please explain why in space below.

7. ACCREDITATION

Please Check Which Accreditation Being Pursued
(Please provide a copy of the accreditation certificate.)

- ☐ Community Health Accreditation Program, Inc.
- ☐ Accreditation Commission for Health Care and/or other accrediting body with deeming authority for home health services from CMS and participation in the Medicare Quality Initiatives
- ☐ Outcome and Assessment Information Set, and Home Health Compare, or other nationally recognized accrediting organization, for Home Health projects;

a. Accreditation Date: _____

b. Accreditation Expiration Date: _____

8. SIGNATURE

_____

Signature **Date**

_____

Printed Name