



**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

**INITIAL NOTIFICATION OF HOME HEALTH ACCREDITATION FOR
CON EXEMPTION**

Instructions: This form must be filed with the Health Facilities Commission by any person who intends to establish 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) This form must be emailed to hsda.staff@tn.gov.

1. REPORTING DATE:

2. CONTACT PERSON OR AUTHORIZED AGENT REPORTING EXEMPTION

(Name)

(Title)

(Company)

(Email Address)

(Mailing Address)

(Telephone Number)

(City) (State) (Zip)

(Fax Number)

**3. IF SEEKING THE ESTABLISHMENT OF A HOME HEALTH AGENCY UNDER EXEMPTION,
DATE OF LICENSE SUBMISSION:**

4. IF CURRENTLY LICENSED, PROVIDE LICENSE #:

LIST CURRENT LICENSED COUNTIES:

COUNTIES LICENSED UNDER EEOICPA:

COUNTIES LICENSED UNDER PEDIATRIC

COUNTIES LICENSED AS HOME INFUSION ONLY:

LIST ANY EXISTING CERTIFICATE OF NEED LIMITATIONS/CONDITIONS:

5. DESCRIPTION OF EXEMPTED ACTIVITY:

LIST OF EXEMPTED COUNTIES TO BE ADDED UNDER THE FOLLOWING TYPES:

PEDIATRIC:

EEOICPA:

6. NAME AND ADDRESS OF PROVIDER

(Name)

(Street Address)

(City)

(State)

(Zip)

7. ACCREDITATION (must be completed within 2 years of initial licensure)

Please Check

- 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;

I UNDERSTAND THAT A HOME HEALTH AGENCY THAT PROVIDES HOME HEALTH SERVICES WITHOUT A CERTIFICATE OF NEED TO PEDIATRIC AND/OR EEOICPA PATIENTS THAT FAILS TO COMPLY WITH THE ACCREDITATION REQUIREMENTS IS SUBJECT TO LICENSURE SANCTIONS.

Signature of authorized agent

Date

Printed Name