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HEALTH FACILITIES COMMISSION  
JANUARY 25, 2023  
APPLICATION REVIEW

NAME OF PROJECT: CareMax Pharmacy of Loudon, Inc. (Middle)

PROJECT NUMBER: CN2210-040

ADDRESS: 601 Grassmere Park, Suite 19A  
Nashville (Davidson County), TN 37211

LEGAL OWNER: CareMax Pharmacy of Loudon, Inc.  
601 Grassmere Park, Suite 19A  
Nashville (Davidson County), TN 37211

OPERATING ENTITY: N/A

CONTACT PERSON: Daniel Carter, Ascendient Healthcare Advisors  
(919) 226-1705

DATE FILED: October 31, 2022

PROJECT COST: \$155,000

PURPOSE FOR FILING: Establishment of a home care organization and the initiation of home health services.

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## Staff Review

*Note to Commission members: This staff review is an analysis of the statutory criteria of Need, Consumer Advantage Attributed to Competition, and Quality Standards, including data verification of the original application and, if applicable, supplemental responses submitted by the applicant. Any Health Facilities Commission Staff comments will be presented as a "Note to Commission members" in bold italic.*

### PROJECT DESCRIPTION:

This application is for the establishment of a home care organization to initiate and provide home health services limited to infusion services. The 12-county service area counties include Cheatham, Davidson, Dickson, Macon, Maury, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson and Wilson Counties. The new home health organization's office will be located at 601 Grassmere Park, Suite 19A, Nashville (Davidson County), Tennessee 37211.

CAREMAX PHARMACY OF LOUDON, INC. (MIDDLE)  
CN2210-040  
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### Executive Summary

- If approved, the applicant projects the proposed project will open for service in March 2023.
- The applicant is proposing to establish a home health agency limited to home infusion services in Middle Tennessee to serve patients of its existing pharmacy and infusion center businesses based in Nashville (Davidson County) and Hendersonville (Sumner County) Tennessee.
- The applicant's affiliates currently provide pharmacy-related services, including outpatient infusion centers, specialty pharmacy, and home infusion therapy in 9 states including Tennessee. The applicant states that its affiliated entities have experienced difficulty in meeting the in-home infusion therapy needs of patients in the service area for specific types of infusion services including anti-infectives, cardiac medications, nutritional support, immunoglobulin (IG), and specialty medications. This is due to the inability of existing home health providers to deliver these type of services because of limitations related to staff availability and payer source considerations. The applicant will not provide oncology/chemotherapy infusions in the home.
- Please see application Item 1E. on page 7 for the applicant's executive summary overview that includes project description, ownership, service area, existing similar service providers, project cost, and staffing.

*Note to Commission Members: The applicant has also filed a pending home health infusion therapy companion application, CareMax of Pharmacy of Loudon, Inc. (East), CN2210-039 which will also be heard at the January 25, 2023 Commission Meeting. The applicant's home office will be located will be located at 418 South Gay Street, Suite 203, Knoxville (Knox County), TN 37902. The proposed service area includes Anderson, Bledsoe, Blount, Bradley, Campbell, Claiborne, Cocke, Cumberland, Fentress, Grainger, Hamblen, Hamilton, Jefferson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Rhea, Roane, Sequatchie, Sevier and Union Counties.*

**Consent Calendar:**       Yes       No

- Executive Director's Consent Memo Attached:       Yes       Not applicable

### Facility Information

- The 184 square foot project office site will be a home health nursing office co-located with the Paragon Healthcare Nashville pharmacy office. The property is being sub-leased to the applicant, CareMax Pharmacy of Loudon, Inc., through its owner, Paragon Healthcare, Inc. through the landlord, EP Grassmere LLC, for an initial seven-year term beginning July 1, 2021. See Attachment 9.A. Lease Agreement and Sub-Lease Agreement.
- The applicant is not proposing to establish any branch offices.

### Ownership

- The applicant, is owned by Pathwrite, Inc., which is owned by Paragon Healthcare, Inc., which is owned by PHI Parent, LLC, which is ultimately owned by PHI Topco, LLC.

### Project Cost Chart

- The total project cost is \$155,000. Of this amount, the highest line-item costs of the project are Legal, Administrative, Consultant Fees Costs (\$125,000), and Facility Lease Costs (\$23,000).
- Please see the Project Cost Chart on page 11 of the application.

### NEED

The applicant provided the following supporting the need for the proposed project:

- The inability of the applicant to service its patient base through referrals to traditional home health agencies to serve home infusion therapy patients due to limitations with staff experience and training.
- The existing patient base of the applicant includes individuals who have recently been discharged from an acute care setting and are unable to receive home based infusion services in a timely fashion.
- The availability of home infusion services will reduce or eliminate travel time and expenses for patients who require infusion services.
- The applicant cites the fact that traditional home health agencies are often not reimbursed for the nursing services associated with home infusion services at a level that covers the cost of care and are therefore not willing to deliver these types of specialized services.

*(For applicant discussion, see the Original Application, Page 9)*

## SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

### Home Health Services:

All applicable criteria and standards were met except for the following:

- Did not meet the standard of #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.” *This project proposes to initiate home health services in a twelve-county service area, which cumulatively show a surplus of (9,776) home health admissions according to the standard of (1.5%) of the total population of the counties included in the project service area. The three counties included in the service area which show the largest surplus are the following:*

Davidson County (2,844), Sumner County (1,512), and Wilson County (1,432). See Attachment 1.N.3, Home Health Services Standards and Criteria, Pages 1 -4.

**Note to Commission Members:** The applicant cites multiple concerns with the existing home health service need formula including the following:

- The need formula is not specific to the type of home health service being proposed by the applicant – home infusion therapy services, which are more complex and specialized than traditional home health services, and is therefore not accurately representative of need for the project in the service area.
- The applicant states that (1.5%) rate for the service area population prescribed by the need standard is exceeded by the actual use rate if the services area in 2021 (1.9%).

Please see attached for a full listing of the criteria and standards and the applicant's responses.

### Service Area Demographics

- The proposed service area includes Cheatham, Davidson, Dickson, Macon, Maury, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, and Wilson Counties. (see Attachment 2N for a county level map).
- The target population is the adult population age 65 and younger. (See Attachment 3NR for more demographic details.)

	2022 Population		2026 Population		% Change		TennCare %
	Total	Under 65	Total	Under 65	Total	Under 65	
<b>Service Area</b>	2,215,104	1,642,287	2,346,478	1,989,983	5.9%	21.2%	19.3%
<b>Tennessee Total</b>	6,997,493	5,743,164	7,203,404	5,826,949	2.9%	1.4%	24.4%

Source: The University of Tennessee Center for Business and Economic Research Population Projection Data Files, Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

- The proposed service area projects a 4-year growth rate (2022-2026) among residents aged 65 and under of (21.2%) which is higher than the statewide rate of (1.4%). The latest 2022 percentage of (19.3%) of service area residents enrolled in the TennCare program is above the (24.4%) statewide average.
- The applicant identifies patients requiring anti-infectives, patients on special cardiac medications, patients who need nutritional support, patients receiving immunoglobulin (IG) therapy and patients who require specialty medication infusions as special populations that will be served by this project. See Section 4N, Pages 15-16.

*Note to Commission members: The applicant provides the following detail regarding the percentage of Medicare and TennCare enrolled patients who are currently served through its pharmacy and infusion centers in Tennessee: "TennCare patients are eligible for infusion therapy services, both through the pharmacy and in the infusion center, and Paragon's existing pharmacies and infusion centers in Tennessee accept and serve TennCare patients. To date in 2022, 37.1 percent and 28.6 percent of Paragon's patients in Tennessee were Medicare and TennCare, respectively. The balance of patients were commercial, other managed care, pharmacy benefit manager (PBM), out of network, or self-pay." See Supplemental #1, Item 3, Page 3.*

- The applicant provides two (2) letters of support from area providers.

#### **Service Area- Historical Utilization (Home Health Agencies)**

- Utilization of all service area home health providers for the past three years (2019-2021) is provided by the applicant in Attachment 1N-5R. The following table is a summary of the service area home health utilization from 2019 to 2021:

	Total Patients			
	2019	2020	2021	% Change 19-21
51 Home Health Agencies Serving Patients in 12 CON Reviewable Service Area Counties	32,485	33,299	33,641	-3.56%

Source: CN2210-040, Supplemental #1, Attachment 1N5R

- From 2019-2021, the (51) combined home health agencies operating in the 12 CON reviewable service area counties reported a decrease of (-3.56%) in total home health visits (not limited to home infusion home visits) from 32,485 in 2019 to 33,641 in 2021.
- The three highest volume providers in 2021 were Vanderbilt Home Care Services, LLC - ID # 19314 (4,419 visits); Adoration Home Health, LLC - ID # 19714 (4,422 visits); and Home Health Care of Middle Tennessee, LLC - ID # 19584 (2,422 visits); and Suncrest Home Health - ID # 19324 (2,251 visits).
- The applicant provided the following utilization data for the (12) licensed home health agencies in the twelve-county service area that provided home infusion services:

**Statewide Utilization of Specialty Home Infusion Providers Serving the Proposed Service Area 2021**

Facility Name	State ID	Licensed County	2019		2020		2021		*CAGR '19-'21	
			Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours
Accredo Health Group, Inc.	79456	Shelby	79	0	174	0	586	0	95.02%	NA
Advanced Nursing Solutions	19754	Davidson	NA	NA	201	789	857	3,036	NA	NA
Amedisys Home Health	33103	Hamilton	0	0	0	0	1,994	0	NA	NA
Amedisys Home Health Care	75064	Rutherford	6	0	0	0	234	0	239.12%	NA
Clinch River Home Health	01032	Anderson	0	0	0	0	11	0	NA	NA
Coram CVS Specialty Infusion Services	19734	Davidson	662	1,563	779	2,361	1,055	2,173	16.81%	11.61%
Coram CVS/Specialty Infusion Services	47442	Knox	907	1,987	997	4,677	1,163	2,540	8.64%	8.53%
Covenant Homecare	47402	Knox	0	0	0	0	52	0	NA	NA
Implanted Pump Management, LLC	47452	Knox	278	278	315	315	218	218	-7.78%	-7.78%
Optum Infusion Services	79856	Shelby	247	1,235	764	6,504	1,116	2,859	65.32%	32.29%
Vanderbilt HC/Option Care IV Services	19994	Davidson	881	2,328	1,337	3,877	1,243	3,662	12.16%	16.3%
Maxim Healthcare Services	33433	Hamilton	23	36	0	115	17	116	-9.59%	47.7%
<b>Total</b>			<b>3,083</b>	<b>7,427</b>	<b>4,567</b>	<b>18,638</b>	<b>8,546</b>	<b>14,604</b>	<b>40.47%</b>	<b>25.28%</b>

Source: CN2210-040, Supplemental #1, Attachment 1N-9-2R

\*Compound Annual Growth Rate

- In 2021 (12) home health agencies reported 14,604 home infusion therapy visits for either pain management or other types of infusion services.
- From 2019-2021, the total number of infusion hours reported by home health agencies licensed in the service area increased by (96.6%) from 7,427 in 2019 to 14,604 in 2021. The reported hours are not specific to each of the 12 counties in the project service area as they are only reported on a statewide basis.

*Note to Commission members: The number of home infusion therapy visits by service area-county is not available through the Joint Annual Reports.*

### **Applicant's Historical and Projected Utilization**

Since this application is for the establishment of a home care organization, there is no historical utilization for the applicant. The following table indicates the applicant's projected home health utilization by number of cases in Year 1 (2023).

Cheatham, Davidson, Dickson, Macon, Maury, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson and Wilson Counties

**Projected Utilization - CareMax Pharmacy of Loudon Inc. (Middle)**

Service Area County	Projected Utilization Year 1 (2023)	Total Cases
Cheatham	3	1.8%
Davidson	55	31.9%
Dickson	4	2.5%
Macon	2	1.1%
Maury	8	4.5%
Montgomery	17	10.2%
Robertson	6	3.3%
Rutherford	28	16.4%
Sumner	16	9.0%
Trousdale	1	0.5%
Williamson	20	11.8%
Wilson	12	7.0%
<b>Total</b>	<b>172</b>	<b>100%</b>

Source: CN2210-040, Original Application, Page 13

- The applicant projects that (31.9%) of patients will reside in Davidson County; followed by Rutherford County (16.4%), Williamson County (11.8%), and Montgomery County (10.2%).
- The applicant provides the following tables detailing its methodology for projecting the number of home infusion therapy patients in Year 1 (2023) of the project. The table below represents the number of patients residing in the service area counties who received infusion medications through Paragon Healthcare's pharmacy services.

**Paragon Patients Residing in the 12 Service Area Counties in Middle Tennessee Who Received Infusion Therapy Medications from its Tennessee Pharmacies**

2020	2021	2022	Compound Annual Growth Rate
2	15	102	614.1%

Source: CN2210-040, Supplemental #1, Item 5, Pages 4-5

- The number of patients receiving infusion therapy medications increased by a compound annual growth rate of 614.1% from 2020 to 2022.
- The applicant states that patients residing in service area counties for Paragon's proposed Nashville-based HHA have been served through both its Knoxville and Nashville pharmacies.
- The applicant provides an estimate of the number of patients who were appropriate for home infusion therapy, but for whom care was not available through a traditional home health agency in the project service area.

*Note to Commission members: The applicant clarifies that the lower historical utilization in the Middle Tennessee project is due in part to the fact that the Nashville pharmacy only recently opened – approximately one year ago, and its volume is still in the “ramp up” phase and that patient volume is projected to grow rapidly.*

**Paragon Patients from Nashville Pharmacy Appropriate for Home Infusion Therapy for Whom Care from a Traditional HHA was Unavailable**

2020	2021	2022	Compound Annual Growth Rate
0	2	13	0%

Source: CN2210-040, Supplemental #1, Item 6, Pages 4-5

- The applicant assumes that approximately one-third of its total pharmacy patients would be appropriate for service through the Nashville based home health agency in each year.

**Projected Home Infusion Therapy Patients, Visits and Visits per Patient  
Year 1 (2023) and Year 2 (2024)**

	Year 1 (2023)	Year 2 (2024)
Home Infusion Therapy Patients	172	181
Total Home Infusion Therapy Visits	1,376	1,448
Visits per Patient	8	8

Source: CN2210-040, Original Application, Page 20

- The applicant projects a (5.2%) increase in home infusion therapy patients from Year 1 (2023) to Year 2 (2024) and an increased number of visits per patient from 172 to 181. The applicant’s projected (5.2%) increase in total home infusion therapy visits from (1,376) in Year 1 to (1,448) in Year 2 is based upon historical estimates of Paragon patients from the service area who would be appropriate for home infusion services.

**Projected Utilization by Duration of Infusion Services Visit  
Year 1 (2023) and Year 2 (2024)**

	Year 1		Year 2	
	Visits	Hours	Visits	Hours
Infusion services greater than 2 hours	826	2,726	870	2,871
Infusion services less than 2 hours	550	330	578	347
<b>Total</b>	<b>1,376</b>	<b>3,056</b>	<b>1,448</b>	<b>3,218</b>

Source: CN2210-040, Original Application, Page 20

- The majority (60%) of patient visits for home infusion therapy services are projected to last longer than 2 hours in both Year 1 (2023) and Year 2 (2024) of the project.



- Approximately (10.7%) of total patient hours are projected to be associated with visits lasting less than 2 hours in Year 1 and Year 2.

## **CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION**

### **Charges**

- The applicant's proposed charges are listed on page 24. The applicant's unit of measure for calculating charge information is home health nursing visits.

	<b>Projected Data Chart</b>	
	<b>Year 1</b>	<b>Year 2</b>
Gross Charges	\$223.00	\$223.00
Deduction from Revenue	\$52.41	\$52.41
Average Net Charges	\$170.60	\$170.60

Source: CN2210-040, Original Application, Page 24.

- The applicant's proposed charges are the same in both Year One (2023) and Year Two (2024) of the project.
- The applicant provides a comparison of service area provider charges in Attachment 1N-9-1 the application.

<b>State ID Number</b>	<b>Agency Name</b>	<b>Infusion Therapy - Pain Management</b>	<b>Infusion Therapy - Other</b>
		<b>Charge per Visit - Direct Only</b>	<b>Charge per Visit - Direct Only</b>
79456	Accredo Health Group, Inc.	NA	NA
19754	Advanced Nursing Solutions	NA	NA
33103	Amedisys Home Health	\$0	\$0
75064	Amedisys Home Health Care	\$0	\$0
01032	Clinch River Home Health	NA	NA
19734	Coram CVS Specialty Infusion Services	\$90	\$90
47442	Coram CVS/Specialty Infusion Services	NA	NA
47402	Covenant Homecare	NA	NA
47452	Implanted Pump Management, LLC	\$150	\$150
79856	Optum Infusion Services	NA	NA

Source: CN2210-040, Original Application, 2021 Joint Annual Reports for Home Health, Attachment 1N-9-1.

- Only two service area agencies reported infusion therapy visit charge data in the 2021 Joint Annual Report. The applicant's projected Average Charges per Visit are higher (\$223 per visit) than those listed for Coram CVS Specialty Infusion Services (\$90 per visit) and Implanted Pump Management, LLC (\$150 per visit).

## Project Payor Mix

	Percentage of Gross Operating Revenue						
	Medicare	Medicaid/TennCare	Commercial	Self-Pay	Other	Total	Charity Care
<b>Year 1</b>	N/A	N/A	82%	2%	16%	100%	1.7%

Source: CN2210-040, Original Application, Page 25.

- The applicant does not intend to be Medicare or TennCare Certified and plans to refer those patients who meet Medicare criteria to an existing home health agency that will accept them.
- The applicant states that for those patients who do not meet the qualifications for Medicare home health services, it will provide the home infusion nursing service regardless of payor status.
- Please refer to Item 10C. in the Consumer Advantage section of the application for specific Payor Mix information.
- A full list of in-network payors is included as Item 2.C.

## Agreements

- The applicant identifies Ascension, LifePoint, Maury Regional Health, HCA, Vanderbilt, and others which it states that it will pursue hospital transfer agreements with related to this project.

## Staffing

- The applicant's Year One proposed direct patient care staffing includes the following:

	Year One
Direct Patient Care Positions	2.35
Non-Patient Care Positions	0.0
Contractual Staff	0.0
<b>Total</b>	<b>2.35</b>

Source: CN2210-040, Original Application, Page 28.

- Direct Care positions includes the following: RN (2.35 FTEs). There are no Non-Patient Care positions or Contractual Staff projected to be staffed for this project.
- The applicant explains its plan for coverage of the 12-county service area in response to Supplemental #1, Item 8, Pages 7-8.
- The applicant provides a copy of the job description for the registered nurse position in Attachment 4C-1.
- Please refer to Item 8Q. on page 28 of the application for additional detail regarding project staffing.

## QUALITY STANDARDS

- The applicant commits to obtaining and/or maintaining the following:

Licensure	Certification	Accreditation
Health Facilities Commission	None	ACHC

Source: CN2210-040, Original Application, Page 26.

- The applicant will apply for Licensure through the Tennessee Health Facilities Commission. It will not pursue Certification through Medicare and TennCare, and Accreditation through the Accreditation Commission for Health Care (ACHC) and/or another body with deeming authority for home health services for CMS.
- The applicant states that it will not contract Tennessee Managed Care Organizations (MCOs) serving the area because it will not become Medicare certified and will therefore not be eligible for participation in TennCare.
- The applicant will only serve patients of its affiliated pharmacies owned by Paragon Healthcare, Inc. and will adopt the policies of the parent entity related to data reporting, quality improvement, and outcome and process monitoring.

Department of Health Comments Attached:  Yes  No

### CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT:

There are no other Letters of Intent, denied applications, or outstanding Certificates of Need on file for this applicant.

Pending

<b>Project Name</b>	<b>CareMax Pharmacy of Loudon, Inc. (East), CN2210-041</b>
<b>Project Cost</b>	\$155,000
<b>Meeting Date</b>	January 25, 2022
<b>Description</b>	The establishment of a home care organization to initiate and provide home health services limited to infusion services in the 24-county proposed service area subject to CON requirements. The 24-county service area counties include Anderson, Bledsoe, Blount, Bradley, Campbell, Claiborne, Cocke, Cumberland, Fentress, Grainger, Hamblen, Hamilton, Jefferson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Rhea, Roane, Sequatchie, Sevier and Union Counties. Under T.C.A. § 68-11-1607(q), Morgan County meets the criteria to be designated as a distressed county and is not subject to Certificate of Need review. The new home health organization's office will be located at 418 South Gay Street, Suite 203, Knoxville (Knox County), TN 37902. The applicant is owned by Paragon Healthcare, Inc.

**CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:**

There are no other Letters of Intent, Pending or Denied applications on file for other entities proposing this type of service.

Outstanding Applications

<b>Project Name</b>	<b>TriState Infusion, LLC, CN2204-022A</b>
<b>Project Cost</b>	\$70,5000
<b>Approval Date</b>	August 24, 2022
<b>Description</b>	The establishment of a home health care organization and initiation of home health services limited to home infusion therapy services. The applicant's home office will located at 7796 Wolf Trail Cove, Suite 103, Germantown, (Shelby County), TN 38138. The proposed service area includes Benton, Chester, Crockett, Decatur, Dickson, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Lauderdale, Lawrence, Lewis, Madison, McNairy, Montgomery, Obion, Shelby, Stewart, Tipton, Wayne and Weakley Counties. The applicant also plans to serve Lake and Perry Counties which are designated as economically distressed counties and are exempt from CON requirements. The applicant is owned by PRMC Holdings, LLC (90%) and LWS Holdings, LLC (10%).
<b>Project Status</b>	Project was recently approved.
<b>Expiration</b>	October 1, 2024

<b>Project Name</b>	<b>TwelveStone Infusion Support, LLC, CN2205-025A</b>
<b>Project Cost</b>	\$134,416
<b>Meeting Date</b>	August 24, 2022
<b>Description</b>	The establishment of a new home care organization to initiate and provide home health services to 90 counties limited to the administration of home infusion and injection products to pharmacy patients of pharmacies which are subsidiaries of TwelveStone, Holdings, Inc. The new home health organization's home office will be located at 352 West Northfield Boulevard, Suite 3, Murfreesboro (Rutherford County), Tennessee 37129. The applicant also plans to serve Grundy, Lake, and Perry Counties which are designated as economically distressed counties and are exempt from CON requirements. In addition to the three distressed counties, Bedford and Smith Counties are excluded from the proposed service area for this project. The applicant is owned by TwelveStone Holdings, Inc.
<b>Project Status</b>	Project was recently approved.
<b>Expiration</b>	October 1, 2024

TPP (12/15/2022)

**CRITERION AND**  
**STANDARDS**

**Original Application**

**NOTE: Supplemental responses to criterion and standards follows in the supplemental attachments.**

**Attachment 1N**  
**Project Specific Criteria and**  
**Standards**



STATE OF TENNESSEE

**STATE HEALTH PLAN**  
**CERTIFICATE OF NEED STANDARDS AND CRITERIA**  
**FOR**  
**HOME HEALTH SERVICES**

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:** Please see the table below in response to Standard 2, which applies the 1.5 percent formula to 2021 (the latest available year of final JAR data) and projects need for home health services for three years to 2024. Paragon notes that the rationale for this Standard explicitly indicates it is a conservative formula for defining need and that it is based on limited data. These limitations are borne out by the analysis presented herein, which finds that the actual average use rate of home health services in the service area is higher than the rate assumed by the 1.5 percent formula (1.9 versus 1.5). The Agency notes that one reason for its conservative formula is the significant potential for fraud and abuse within the home health care industry, particularly relating to Medicare and Medicaid



patients. While that may be a valid concern for general home health services, as noted in this application, Paragon proposes to provide a much narrower subset of home health services—home infusion therapy services—to a very specialized patient population. Home infusion therapy services are delivered by a specially trained registered nurse with a medication dispensed for infusion therapy by a licensed pharmacist. In particular, Paragon expects to provide the following home infusion therapies to patients in the service area:

- Anti-infectives. These infusions treat acute and chronic bacterial and fungal infections that may result from any of a number of conditions, including: cellulitis, bone/joint infections, complicated urinary tract infections (UTIs), sepsis, pneumonia, gastrointestinal infections, abscesses, and endocarditis.
- Cardiac medications. These therapies include inotropic agents, which change the force of the heart's contractions to treat patients with congestive heart failure (CHF) and other cardiac complications.
- Nutritional support. These include enteral and total parenteral nutrition (TPN) for patients with malabsorptive disorders stemming from acute or chronic disease states.
- Immunoglobulin (IG) therapy. This may be delivered via either subcutaneous or intravenous (IV) methods and is used for primary and secondary immune deficiency disorders, including conditions such as Kawasaki syndrome, inflammatory demyelinating polyneuropathy, myasthenia gravis (MG), and multifocal motor neuropathy.
- Specialty medication infusions. These include treatments for:
  - Ulcerative colitis and Crohn's disease: Remicade, Entyvio
  - Multiple sclerosis (MS): Ocrevus and Tysabri
  - Thyroid eye disease: Tepezza
  - Amyotrophic lateral sclerosis (ALS): Radicava

Paragon does not expect to seek certification to serve Medicare or TennCare/Medicaid patients. Some of Paragon's infusion patients may meet Medicare criteria, in which case they will be referred to an existing HHA that will accept them. For Paragon's infusion patients that do not meet the qualifications for Medicare home health services or are otherwise not able to be served by existing HHAs, Paragon will provide the home infusion therapy nursing service regardless of a patient's payor status. Paragon will serve patients that existing HHAs cannot due to payor reimbursement that is often less than the cost of providing nursing services, if it is covered at all. If Paragon's infusion patients with Medicare and TennCare cannot be served by existing HHAs, Paragon will provide the nursing service but will not bill for it. Thus, because of the highly specialized nature of home infusion services, Paragon's proposed project does not raise the same underlying fraud risks as traditional home health services. As such, the 1.5 percent formula is neither the most effective nor accurate way to measure need for Paragon's project.

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

**Note:** The Division recognizes that a home care organization can be established within a 12-15 month period of time, and that ideally a one year planning horizon would be used. However, in this instance a three-year planning horizon is used because final JAR data lag significantly behind the current date. Final 2012 JAR data became available in May 2014, thus providing data for need to be projected in 2015 but not for any other future full calendar year. Should a change occur that enables TDH to provide final JAR data significantly earlier, the Division would propose a change in the planning horizon.

**Response:** Please see Table 1N-2 below for the current and projected estimated need in each of the 12 service area counties using the 1.5 percent formula. Please see Attachment 1N-2 for population data used in the table.

**Table 1N-2**

<b>County</b>	<b>Population</b>		<b>Estimated Need (at 1.5%)</b>	
	<b>2021</b>	<b>2024</b>	<b>2021</b>	<b>2024</b>
Cheatham	41,525	41,527	623	623
Davidson	703,961	727,642	10,559	10,915
Dickson	55,287	56,741	829	851
Macon	25,698	25,900	385	389
Maury	104,757	103,252	1,571	1,549
Montgomery	227,899	231,789	3,418	3,477
Robertson	74,107	75,837	1,112	1,138
Rutherford	352,190	373,482	5,283	5,602
Sumner	200,559	205,755	3,008	3,086
Trousdale	12,029	11,547	180	173
Williamson	255,745	268,520	3,836	4,028
Wilson	151,917	159,452	2,279	2,392
<b>Service Area Total</b>	<b>2,205,674</b>	<b>2,281,444</b>	<b>33,085</b>	<b>34,222</b>

Source (2021 data): Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021. Accessed at <https://www.tn.gov/content/dam/tn/health/documents/population/TN-Population-by-AgeGrp-Sex-Race-Ethnicity-2021.pdf>

Source: (2024 data): CON Population Estimates, Boyd Center for Business and Economic Research, University of Tennessee, Knoxville Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment. Accessed at <https://www.tn.gov/content/dam/tn/health/documents/population/CON-Population-Estimates-2022-2024.pdf>

Note: Totals may not foot due to computer rounding.

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: Please see Table 1N-3 below for the home health patient utilization rate by county for 2021, as well as the use rate per 1,000 patients.

**Table 1N-3**

<b>County</b>	<b>Population (2021)</b>	<b>Home Health Patients (2021)</b>	<b>Use Rate / 1,000 Patients (2021)</b>
Cheatham	41,525	844	20.3
Davidson	703,961	13,311	18.9
Dickson	55,287	1,492	27.0
Macon	25,698	627	24.4
Maury	104,757	2,736	26.1
Montgomery	227,899	3,760	16.5
Robertson	74,107	1,627	22.0
Rutherford	352,190	5,866	16.7
Sumner	200,559	4,482	22.3
Trousdale	12,029	256	21.3
Williamson	255,745	3,960	15.5
Wilson	151,917	3,643	24.0
<b>Service Area Total</b>	<b>2,205,674</b>	<b>42,604</b>	<b>19.3</b>
<b>State Total</b>	<b>6,975,170</b>	<b>180,578</b>	<b>25.9</b>

Source (2021 data): Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021. Accessed at <https://www.tn.gov/content/dam/tn/health/documents/population/TN-Population-by-AgeGrp-Sex-Race-Ethnicity-2021.pdf>

Source (Home Health Patient Data): Tennessee Department of Health, Joint Annual Reports (JARs), 2021. Accessed at <https://apps.health.tn.gov/publicjars/default.aspx>

Note: Totals may not foot due to computer rounding.

Please see Attachment 1N-3 for projected home health capacity by county, project home health need, and the anticipated deficit/surplus following that need.

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: While the analysis in Attachment 1N-3 appears to indicate that most of the counties in the service area have sufficient home health capacity, Paragon believes the data do not capture the need for home infusion therapy as discussed in this application. Because most of the existing agencies do not provide home infusion therapy services, their potential available capacity is irrelevant to the proposed service. Moreover, Paragon notes that the home health methodology and use rate of 1.5 percent has not been updated in several years. An examination of the actual use rates from the service area shown in Table 1N-3 demonstrate that use rates are higher than 1.5 percent (which equates to 15 per 1,000) in every county. Some counties even have use rates that are nearly twice that rate.

Paragon operates in multiple states, including Alabama, Colorado, Florida, Georgia, Louisiana, Missouri, Oklahoma, Tennessee, and Texas, providing a variety of pharmacy-related services, including outpatient infusion centers, specialty pharmacy, and, in states where permitted by regulations, home infusion therapy. In Tennessee, Paragon operates two pharmacies, one each in Knoxville and Nashville, and three outpatient infusion centers, one each in Knoxville, Nashville and Hendersonville. This experience positions Paragon to be keenly aware of the deficit of home health infusion services in the proposed service area counties, which further supports the fact that the general home health use rate does not appropriately measure the need for home health infusion providers in the service area.

In particular, the need for the proposed project is driven by Paragon's inability to effectively deliver infusion and related nursing services to its patients who have been prescribed various infusion treatments by their physicians, including anti-infectives, cardiac infusions, TPN, IVIG, or specialty medications. While Paragon is able to provide a patient's medications through its pharmacies and while some patients can receive infusion therapy at one of Paragon's infusion centers in Middle Tennessee (Nashville and Hendersonville), the majority of Paragon's patients need the ability to receive these specialized medications in the comfort of their homes. For example, many of Paragon's patients have recently been discharged from an acute care setting and are still recovering at home. Others are unable or unwilling to travel to a center for their infusions, particularly when these patients are receiving infusions every few weeks or even more frequently. While both the obvious choice and Paragon's optimal choice, historically, is to coordinate with existing home health providers to deliver the care, in recent years, it has become clear, for the reasons outlined below, that this is no longer a feasible option for Paragon to furnish its infusion medications in patients' homes.

- Unavailability of trained RNs. Traditional home health agencies provide care through different types of practitioners, including RNs, LPNs, home health aides, therapists and others. Of the typical home health staff, only RNs are qualified to provide infusion therapy. To appropriately assess patient responses and monitor the patient during administration, these RNs must be specifically trained in delivering the applicable types of infusion medications, as the various types of infusion are often administered differently and have different potential side effects on patients. In other words, an RN

with no specific training to administer infusions in the home—like many RNs that HHAs staff—would not be trained to provide the infusion therapies described above. Paragon’s experience with existing home health agencies indicates that these agencies do not staff a sufficient number of RNs with the appropriate level of training to deliver home infusion therapy.

- Limited scope of existing home health services. According to the most recent JAR reports, while some existing home health agencies are able to provide infusion therapy, most do not. As noted in Attachment 1N-5, only seven agencies serving the proposed service area actually provide infusion therapy; however, the data do not specify whether any of these infusion therapy visits were actually performed in the proposed service area. Further, the JAR only segments infusion therapy for “pain management” and “other,” without additional distinction; based on Paragon’s experience, most of these agencies are unable to accept Paragon’s patients in need of home infusion therapy. This could be attributed to a number of reasons, such as a shortage of appropriately trained staff and insufficient reimbursement for the level of care that is required for most infusion patients. Further, as previously noted, Paragon intends to serve patients who may not have a payor that reimburses for home infusion and related nursing care, including Medicare and TennCare. For many of these home health agencies, providing services to these patients would not be financially feasible.
- Lack of existing agency availability. Most existing home health agencies are focused on treating patients with generalized needs. Thus, even if an agency does provide home infusion services, because these are a very limited subset of the scope of services offered by the agency, Paragon finds that it is often difficult to find an agency that is able to accept a patient in need of home infusion therapy. Existing agencies may lack availability for one of multiple reasons, such as:
  - Patients’ need for infusion therapy on the same day as discharge: In an effort to lower the cost of patient care, hospitals are focused on decreasing lengths of stay and discharging patients when acute care is no longer needed. For patients needing to have anti-infective infusion therapy administered on the same day they are discharged from the hospital, traditional home health agencies often do not have infusion-trained nurses available to care for the patient on the same day. As a result, hospitals must delay a patient’s discharge, leading to higher costs and patient frustration, which is not optimal for ensuring safe, high quality care. Patients who live close to an infusion center may be able to have the infusion service initiated there, but for patients who are recovering from an acute inpatient stay and are often immunocompromised, spending hours in an infusion center with other patients instead of going home is certainly sub-optimal. If a patient must remain in the hospital, Paragon works with the hospital to attempt to have a Clinical Liaison (who is an RN) assess the patient at bedside and provide as much teaching and demonstration as possible; however, Paragon believes the most effective location for education and training is in the setting in which the patient will be receiving future treatments—their home.
  - Time or location intensive care required: Paragon’s experience is that existing home health agencies often do not have sufficient nursing staff available to care for the particular needs that may arise when an infusion is administered. For example:

- Extended infusion time (anything more than 30 minutes, which is common, as some therapies can take up to six hours to infuse).
- A patient's first dose of a new medication. When a patient begins an infusion, it could be the patient's first dose after acute care discharge, which traditional HHAs are reluctant to provide because of the time required for the first dose and the potential for unforeseen side effects. It could also be a change in medication while the patient is already receiving home care from another HHA. For example, a patient receiving vancomycin for osteomyelitis could develop a decline in renal function, requiring a switch to a non-nephrotoxic medication. Traditional home health agencies typically will not monitor a patient in the home for the first dose of the new medication (even if the patient was already in their care) because of the nursing skills (the knowledge needed of the new medication, its potential side effects and actions to take if patients exhibited symptoms of an adverse reaction) and time needed to monitor the patient. As a result, the patient would have to be readmitted to an acute care hospital where the new medication could be initiated—a higher cost, less consumer-friendly situation. As another example, an oncology patient with extreme failure to thrive due to a lack of ability to eat consistently will often be prescribed total parenteral nutrition (TPN). While TPN can be initiated at home, it requires a two-hour observation from a home health nurse to ensure that the patient can tolerate all components of TPN. Of note, Paragon will not provide oncology infusions/chemotherapy in the home; however, it does provide TPN to oncology patients. In situations where an existing HHA can eventually but not immediately take a patient, Paragon will provide the first dose to the patient in coordination with the existing HHA, and when the other HHA is ready to initiate (or re-initiate) services to the patient, Paragon will transfer the patient to the traditional HHA.
- Patients in rural areas. While trained home infusion therapy nurses are generally difficult to find, they are exceptionally hard to find in rural areas. Since patients in rural areas are also farther from infusion centers, they often face a greater burden from transportation and cost challenges and would be better served by care provided in their homes. Paragon's nurses are trained for the therapy being administered, including the potential for any adverse reactions. In case of an adverse drug reaction or other emergency, in rural or non-rural areas, Paragon's nurses have 24/7 access to pharmacists and will reach out to them and/or EMS based on the reaction management protocols specific to the therapy being provided. Patients will also have 24/7 telephone access to a pharmacist as needed.

For these and other reasons, without an HHA license, Paragon has struggled to find ways to meet the care needs of its pharmacy patients in Tennessee. In other states, Paragon has had limited success contracting with existing home health agencies to be the “payor” for patients needing nursing care for infusion therapy. Paragon has found most Tennessee agencies are not receptive to this approach, primarily because their business model—one which, unfortunately, frequently leaves the thinnest of margins—does not support

providing hours of nursing care in a day to a single patient. As stated previously, Paragon does have existing outpatient infusion centers, and some patients can tolerate receiving infusion services there; however, this is not a viable long-term option for patients that require ongoing nursing care that can be safely delivered in their homes, particularly for those that are immunocompromised. Ultimately, given these circumstances, patients suffer, as they are not provided the care they need at the right time (upon discharge) at the right place (in their homes) and by the right provider (a trained home health infusion therapy nurse). Paragon believes that such care is not of sufficient quality for Tennesseans, and consumers are disadvantaged from a lack of competition for these services, as evidenced by such instances in which Paragon must simply turn patients away.

Paragon has experienced a growing number of patients receiving infusion therapy from its existing pharmacies. In the first eight months of 2022 alone, Paragon struggled to furnish home infusion services to approximately 209 patients due to existing agencies' inability to provide appropriate home health services. These patients included patients who needed infusions on the same day as discharge from acute care, patients receiving a first dose of a particular medication, patients in rural areas or at a distance from infusion centers, and patients otherwise in need of home infusion therapy. On an annualized basis, that represents 314 patients that Paragon would have served through its own home health agencies. This number is growing rapidly and will serve as the basis for the patients that Paragon will refer to its HHA, if approved.

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: Please see Attachment 1N-5. Home health agencies that reported serving five or fewer patients for each of the last three years are highlighted in yellow.

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: Paragon will seek and maintain licensure from the Tennessee Department of Health as a home care organization providing home health services, specifically limited to infusion therapy. Paragon has reviewed the licensure standards for home care organizations found at Chapter 1200-08-26 and will comply with applicable standards, including those related to staffing. Paragon plans to utilize registered nurses (RNs) to deliver the proposed infusion therapy services; these RNs will have or receive the training necessary to perform home infusion therapy. As an existing provider of infusion services in its infusion centers in Tennessee and other states, Paragon is well-aware of the particular education, training and assessment requirements for staff performing these services. Further, Paragon already employs appropriately trained nurses who can deliver infusion therapy services, as well as clinical liaisons (who are RNs) who may fill some of the staffing roles needed for the proposed project. Please see Attachment 4C for Paragon's job description for home health RNs and Attachment 5C for its quality and training/job requirement policies.

Paragon recognizes the struggle faced by many home health agencies in delivering infusion therapy. The proposed project is designed to enable Paragon to address these issues. Upon approval of the proposed project, Paragon will develop a licensed home health agency to provide nursing care to its patients and resolve many of the care challenges described above. In other states where Paragon is permitted to provide home nursing care for its infusion therapy patients, its nurses are trained in accordance with infusion nursing standards to provide exemplary care and a smooth transition from the hospital to home; all its programs are accredited through the ACHC. Paragon will require the same level of training in Tennessee and will also seek ACHC accreditation. As stated elsewhere, Paragon intends to provide the proposed home nursing services only to its own infusion therapy patients residing in the service area.

The following narrative describes the way in which Paragon intends to provide the service, based on the care it currently provides in other states.

- Patients are deemed eligible for home nursing support from Paragon if they are an active patient of Paragon's pharmacies.
  - In addition, they must have a prescription for and receive medication for an intravenous or subcutaneous/injectable medication or enteral therapy that requires nursing support for administration, teaching, and monitoring.
  - The patient must have a home environment that is safe for home IV therapy, including, but not limited to: running water, a clean area for storage and



preparation of medications, electricity, and access to telephone and emergency services.

- Patients who are eligible for in-home nursing support will have 24/7 telephone (voice) access to a pharmacist and registered nurse.
- In-home nursing support consists of assessments, education, and infusion assistance during scheduled visits and, if necessary, during “on call” visits. When necessary, nursing staff will make visits to outpatient facilities, schools, or other places in the community to ensure appropriate patient care.

Paragon does not propose to operate a traditional home health agency, nor does it expect to compete with existing home health agencies for patients. The projected utilization in this application is based solely on patients of Paragon’s pharmacies for whom Paragon was unable to find an existing HHA to provide their infusions; it does not include any patients for whom Paragon has successfully been able to refer to existing traditional home health agencies. As such, Paragon will always attempt to use an existing home health agency to provide a patient’s home infusion care. If another home health agency is not available to serve the patient until a later date, a Paragon nurse will visit the patient on the day of discharge to initiate the treatment. Then, Paragon will transition the patient’s care to the agency when it becomes available. Similarly, and as noted previously, if a patient requires a first dose of a medication, Paragon can provide that service, then hand the patient over to another agency for future doses that have less risk of complications. But, in instances where an existing home health agency cannot adequately meet a patient’s needs or is otherwise unavailable, Paragon will provide home infusion services. For example, Paragon will provide care to patients requiring long infusion times or serial daily visits, such as when a hospital requests visits on three consecutive days for TPN to decrease risk of readmissions.

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: As an existing specialty pharmacy and infusion services provider in the service area, Paragon has extensive relationships with the healthcare community to ensure coordinated, continuous care for its patients. As described previously, the need for the proposed project stems directly from Paragon’s specialty pharmacy experience and its firsthand knowledge of the lack of sufficient resources to provide home health nursing services for infusion therapy patients.

Based on Paragon’s experience, the majority of patients in need of home infusion therapy are post-acute care discharge patients. As such, Paragon has established relationships

with acute care providers in the service area from which Paragon regularly receives referrals, including acute care hospital systems in Davidson and surrounding counties (e.g., Ascension, LifePoint, Maury Regional Health, HCA, Vanderbilt, and others). In addition to service area inpatient providers, Paragon receives patients in need of infusion services from physician practices and other post-acute care providers in the service area.

Paragon also works with numerous existing home health agencies in the service area as, historically, it has relied upon existing agencies to deliver home infusion therapy to patients. However, as discussed previously, existing agencies are unable to serve an increasing number of patients. Upon approval of the proposed project and receipt of a license to provide home health infusion services, Paragon will continue to work with these agencies as it does not intend to provide general home health services (and expects to be conditioned not to do so). Paragon will also work with these existing agencies to ensure patients who qualify for general home health services are effectively transitioned to another provider. Finally, as discussed above, where appropriate, Paragon will continue to coordinate with existing home health agencies for patients' home infusion care.

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:** Not applicable. Paragon does not intend to seek TennCare certification.

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:

**Rationale:** This Standard seeks to promote State Health Plan Principle 3 concerning Economic Efficiencies through greater marketplace transparency.

- a. The average charge per visit and/or episode of care by service category, if available in the JAR data.

Response: Please see Attachment 1N-9-1, which lists the charge per visit from the JARs for those agencies in the service area that report charge data for home infusion therapy. Of note, the JARs do not provide average charges specific to the various types of therapies Paragon expects to provide.

- 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.

Response: Please see Attachment 1N-9-2 for visits and hours for agencies reporting providing home infusion therapy. The JAR does not provide data for average charges per patient.

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: Paragon will promote access to care. The proposed project is focused on addressing the needs of patients receiving infusion therapy who would be best served in their homes but for whom home infusion services are largely unavailable through existing home health agencies. As an existing pharmacy with experience dispensing infusion medication to patients in Tennessee, Paragon has extensive knowledge of the patients who require the infusion services proposed in this application. In particular, Paragon expects to serve patients with special health concerns that would benefit from home infusion therapy, such as those receiving anti-infectives, special cardiac infusions, TPN, IG therapy, or specialty medications for conditions like Crohn's disease, MS, and ALS.

Existing HHAs have been unable to serve hundreds of Paragon's pharmacy patients in these categories because of a lack of available RNs with the requisite training or because they are not sufficiently reimbursed for the cost of infusion therapy provided by a home health nurse. In contrast, if approved, Paragon would be able to care for these patients, providing this population access to home infusion services that would otherwise not exist.

Paragon understands that, if granted, its application should be conditioned as follows: Home health agency services are limited to home infusion therapy services for patients of

pharmacies owned by Paragon Healthcare, Inc., and the expansion of the service beyond the service group identified in this application will require the filing of a new Certificate of Need application.

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:** Paragon will seek and maintain accreditation from the Accreditation Commission for Health Care, Inc. (ACHC), the gold standard<sup>1</sup> in home health accrediting organizations. Further, Paragon believes that infusion therapy services provided in the home are safe, effective and of high quality, particularly when performed by organizations with extensive experience, such as Paragon. A 2017 research study published in *Healthcare: The Journal of Delivery Science and Innovation* found that “home infusion care can provide safe, clinically effective care, improve quality of life, and reduce overall healthcare costs.”<sup>2</sup> The study found that home infusion therapy, when administered by skilled, well-trained clinicians such as those that will be utilized by Paragon, is optimal for patients in multiple ways, including:

- Better clinical outcomes/fewer complications (which supports Need and Quality)
- Preferred by patients (which supports Need and Consumer Advantage)
- Decreased disruptions to family and personal obligations (which supports Need and Consumer Advantage); and,
- Resulted in 50 percent fewer side effects than in hospitals or similar settings (which supports Need, Quality and Consumer Advantage).

Please see Attachment 5C for Paragon’s relevant quality policies.

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.

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<sup>1</sup> For organizations seeking Medicare reimbursement for home infusion nursing services (which Paragon is currently not), CMS requires accreditation through ACHC’s Home Infusion Therapy Accreditation program; as such, ACHC’s accreditation standards meet or exceed CMS requirements.

<sup>2</sup> Polinski, et al. “Home infusion: Safe, clinically effective, patient preferred, and cost saving,” *Healthcare: The Journal of Delivery Science and Innovation*, Vol. 5, Issues 1-2, March 2017, <https://doi.org/10.1016/j.hjdsi.2016.04.004>

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

Response: Paragon agrees to provide the Department of Health and/or the Agency with such information and data as reasonably requested.

**Attachment 1N-2**  
**Current and Projected Population**  
**Data**

## Tennessee Population Estimates 2022 and 2024 \*

	Population Estimate 2022			Population Estimate 2024			% Increase	
	Total	0-17	% 0-17	Total	0-17	% 0-17	0-17	Total
Tennessee	6,997,493	1,541,977	22.0%	7,102,950	1,558,170	21.9%	1.1%	1.5%
Anderson	77,746	15,823	20.4%	78,266	15,814	20.2%	-0.1%	0.7%
Bedford	51,436	12,741	24.8%	52,579	12,970	24.7%	1.8%	2.2%
Benton	16,259	3,120	19.2%	16,273	3,071	18.9%	-1.6%	0.1%
Bledsoe	15,265	2,250	14.7%	15,490	2,252	14.5%	0.1%	1.5%
Blount	136,116	26,692	19.6%	138,267	26,906	19.5%	0.8%	1.6%
Bradley	110,318	23,808	21.6%	112,020	23,985	21.4%	0.7%	1.5%
Campbell	39,348	7,800	19.8%	39,163	7,694	19.6%	-1.4%	-0.5%
Cannon	14,791	3,018	20.4%	14,925	2,995	20.1%	-0.8%	0.9%
Carroll	27,767	6,030	21.7%	27,602	5,953	21.6%	-1.3%	-0.6%
Carter	55,761	9,725	17.4%	55,364	9,473	17.1%	-2.6%	-0.7%
Cheatham	41,212	8,635	21.0%	41,527	8,552	20.6%	-1.0%	0.8%
Chester	17,394	3,925	22.6%	17,462	3,871	22.2%	-1.4%	0.4%
Claiborne	32,217	5,829	18.1%	32,392	5,692	17.6%	-2.3%	0.5%
Clay	7,768	1,510	19.4%	7,774	1,493	19.2%	-1.1%	0.1%
Cocke	36,221	6,924	19.1%	36,363	6,812	18.7%	-1.6%	0.4%
Coffee	57,147	13,306	23.3%	57,822	13,356	23.1%	0.4%	1.2%
Crockett	14,300	3,259	22.8%	14,269	3,236	22.7%	-0.7%	-0.2%
Cumberland	62,326	10,442	16.8%	63,470	10,470	16.5%	0.3%	1.8%
Davidson	717,032	156,667	21.8%	727,642	160,372	22.0%	2.4%	1.5%
Decatur	11,711	2,326	19.9%	11,695	2,296	19.6%	-1.3%	-0.1%
DeKalb	20,730	4,275	20.6%	20,988	4,274	20.4%	0.0%	1.2%
Dickson	55,704	12,352	22.2%	56,741	12,455	21.9%	0.8%	1.9%
Dyer	37,465	8,773	23.4%	37,505	8,761	23.4%	-0.1%	0.1%
Fayette	42,567	7,834	18.4%	43,500	7,989	18.4%	2.0%	2.2%
Fentress	18,451	3,689	20.0%	18,524	3,657	19.7%	-0.9%	0.4%
Franklin	42,297	8,517	20.1%	42,466	8,466	19.9%	-0.6%	0.4%
Gibson	49,445	11,716	23.7%	49,606	11,701	23.6%	-0.1%	0.3%
Giles	29,403	6,079	20.7%	29,314	6,001	20.5%	-1.3%	-0.3%
Grainger	23,595	4,513	19.1%	23,762	4,469	18.8%	-1.0%	0.7%
Greene	69,852	13,117	18.8%	70,107	13,018	18.6%	-0.8%	0.4%
Grundy	13,072	2,636	20.2%	12,920	2,551	19.7%	-3.2%	-1.2%
Hamblen	65,862	14,827	22.5%	66,458	14,935	22.5%	0.7%	0.9%
Hamilton	375,027	78,747	21.0%	379,958	79,675	21.0%	1.2%	1.3%
Hancock	6,431	1,254	19.5%	6,364	1,214	19.1%	-3.2%	-1.0%
Hardeman	24,981	4,666	18.7%	24,837	4,560	18.4%	-2.3%	-0.6%
Hardin	25,795	5,013	19.4%	25,758	4,910	19.1%	-2.0%	-0.1%
Hawkins	56,619	10,562	18.7%	56,546	10,348	18.3%	-2.0%	-0.1%
Haywood	16,899	3,606	21.3%	16,681	3,518	21.1%	-2.4%	-1.3%
Henderson	28,158	6,165	21.9%	28,286	6,128	21.7%	-0.6%	0.5%
Henry	32,644	6,363	19.5%	32,734	6,288	19.2%	-1.2%	0.3%
Hickman	25,613	5,043	19.7%	25,845	4,992	19.3%	-1.0%	0.9%
Houston	8,384	1,747	20.8%	8,436	1,741	20.6%	-0.4%	0.6%
Humphreys	18,618	3,851	20.7%	18,661	3,817	20.5%	-0.9%	0.2%
Jackson	11,976	2,129	17.8%	12,054	2,132	17.7%	0.2%	0.6%
Jefferson	55,709	10,753	19.3%	56,445	10,754	19.1%	0.0%	1.3%
Johnson	17,711	2,832	16.0%	17,657	2,768	15.7%	-2.3%	-0.3%
Knox	482,417	103,410	21.4%	490,549	105,106	21.4%	1.6%	1.7%
Lake	7,321	979	13.4%	7,280	944	13.0%	-3.5%	-0.6%
Lauderdale	25,815	5,577	21.6%	25,783	5,510	21.4%	-1.2%	-0.1%
Lawrence	44,324	10,292	23.2%	44,543	10,096	22.7%	-1.9%	0.5%

## Tennessee Population Estimates 2022 and 2024 \*

	Population Estimate 2022			Population Estimate 2024			% Increase	
	Total	0-17	% 0-17	Total	0-17	% 0-17	0-17	Total
Lewis	12,134	2,475	20.4%	12,138	2,433	20.0%	-1.7%	0.0%
Lincoln	34,677	7,212	20.8%	34,919	7,112	20.4%	-1.4%	0.7%
Loudon	55,779	10,372	18.6%	57,017	10,468	18.4%	0.9%	2.2%
McMinn	54,221	11,188	20.6%	54,607	11,170	20.5%	-0.2%	0.7%
McNairy	26,143	5,399	20.6%	26,253	5,346	20.4%	-1.0%	0.4%
Macon	25,375	6,194	24.4%	25,900	6,302	24.3%	1.7%	2.1%
Madison	97,958	22,207	22.7%	98,091	22,047	22.5%	-0.7%	0.1%
Marion	28,530	5,738	20.1%	28,466	5,651	19.9%	-1.5%	-0.2%
Marshall	35,034	7,946	22.7%	35,663	8,036	22.5%	1.1%	1.8%
Mauzy	100,386	23,012	22.9%	103,252	23,593	22.9%	2.5%	2.9%
Meigs	12,616	2,478	19.6%	12,753	2,473	19.4%	-0.2%	1.1%
Monroe	47,548	9,396	19.8%	48,029	9,289	19.3%	-1.1%	1.0%
Montgomery	223,240	60,476	27.1%	231,789	63,022	27.2%	4.2%	3.8%
Moore	6,495	1,188	18.3%	6,530	1,184	18.1%	-0.3%	0.5%
Morgan	21,911	4,013	18.3%	22,043	3,981	18.1%	-0.8%	0.6%
Obion	29,967	6,378	21.3%	29,782	6,332	21.3%	-0.7%	-0.6%
Overton	22,614	4,612	20.4%	22,851	4,631	20.3%	0.4%	1.0%
Perry	8,191	1,763	21.5%	8,251	1,759	21.3%	-0.3%	0.7%
Pickett	5,022	838	16.7%	4,987	815	16.3%	-2.8%	-0.7%
Polk	17,226	3,216	18.7%	17,362	3,200	18.4%	-0.5%	0.8%
Putnam	82,286	17,980	21.9%	83,919	18,282	21.8%	1.7%	2.0%
Rhea	33,892	7,331	21.6%	34,277	7,261	21.2%	-1.0%	1.1%
Roane	53,377	9,591	18.0%	53,400	9,496	17.8%	-1.0%	0.0%
Robertson	74,294	17,124	23.0%	75,837	17,365	22.9%	1.4%	2.1%
Rutherford	357,199	87,612	24.5%	373,482	91,220	24.4%	4.1%	4.6%
Scott	22,172	5,112	23.1%	22,204	5,057	22.8%	-1.1%	0.1%
Sequatchie	15,518	3,074	19.8%	15,812	3,101	19.6%	0.9%	1.9%
Sevier	103,319	20,604	19.9%	105,864	20,950	19.8%	1.7%	2.5%
Shelby	944,036	232,951	24.7%	947,551	233,093	24.6%	0.1%	0.4%
Smith	20,435	4,465	21.8%	20,649	4,471	21.7%	0.1%	1.0%
Stewart	13,765	2,734	19.9%	13,844	2,707	19.6%	-1.0%	0.6%
Sullivan	158,570	29,914	18.9%	158,776	29,804	18.8%	-0.4%	0.1%
Sumner	199,672	45,566	22.8%	205,755	46,662	22.7%	2.4%	3.0%
Tipton	62,919	14,823	23.6%	63,496	14,788	23.3%	-0.2%	0.9%
Trousdale	11,388	2,073	18.2%	11,547	2,070	17.9%	-0.2%	1.4%
Unicoi	17,916	3,240	18.1%	17,965	3,238	18.0%	-0.1%	0.3%
Union	19,900	4,071	20.5%	19,963	4,003	20.1%	-1.7%	0.3%
VanBuren	5,748	1,059	18.4%	5,730	1,043	18.2%	-1.5%	-0.3%
Warren	41,170	9,172	22.3%	41,277	9,083	22.0%	-1.0%	0.3%
Washington	132,735	25,813	19.4%	134,593	26,084	19.4%	1.0%	1.4%
Wayne	16,388	2,642	16.1%	16,288	2,563	15.7%	-3.0%	-0.6%
Weakley	33,169	6,830	20.6%	33,087	6,775	20.5%	-0.8%	-0.2%
White	27,939	5,818	20.8%	28,314	5,798	20.5%	-0.3%	1.3%
Williamson	256,315	66,049	25.8%	268,520	68,203	25.4%	3.3%	4.8%
Wilson	153,287	35,076	22.9%	159,452	36,168	22.7%	3.1%	4.0%

\* TN\_CoPopProj\_2019 UTCBER Population Projection Series.

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: These projections may not match Boyd Center projections precisely due to rounding.



## Tennessee Population Estimates 2022 and 2024\*

	Population Estimate 2022			Population Estimate 2024			% Increase	
	Total	18+	%18+	Total	18+	%18+	18+	Total
Tennessee	6,997,493	5,455,516	78.0%	7,102,950	5,544,780	78.1%	1.6%	1.5%
Anderson	77,746	61,923	79.6%	78,266	62,452	79.8%	0.9%	0.7%
Bedford	51,436	38,694	75.2%	52,579	39,609	75.3%	2.4%	2.2%
Benton	16,259	13,138	80.8%	16,273	13,201	81.1%	0.5%	0.1%
Bledsoe	15,265	13,015	85.3%	15,490	13,237	85.5%	1.7%	1.5%
Blount	136,116	109,424	80.4%	138,267	111,361	80.5%	1.8%	1.6%
Bradley	110,318	86,510	78.4%	112,020	88,035	78.6%	1.8%	1.5%
Campbell	39,348	31,548	80.2%	39,163	31,469	80.4%	-0.3%	-0.5%
Cannon	14,791	11,773	79.6%	14,925	11,930	79.9%	1.3%	0.9%
Carroll	27,767	21,737	78.3%	27,602	21,649	78.4%	-0.4%	-0.6%
Carter	55,761	46,036	82.6%	55,364	45,892	82.9%	-0.3%	-0.7%
Cheatham	41,212	32,577	79.0%	41,527	32,975	79.4%	1.2%	0.8%
Chester	17,394	13,469	77.4%	17,462	13,591	77.8%	0.9%	0.4%
Claiborne	32,217	26,388	81.9%	32,392	26,699	82.4%	1.2%	0.5%
Clay	7,768	6,258	80.6%	7,774	6,281	80.8%	0.4%	0.1%
Cocke	36,221	29,297	80.9%	36,363	29,551	81.3%	0.9%	0.4%
Coffee	57,147	43,841	76.7%	57,822	44,465	76.9%	1.4%	1.2%
Crockett	14,300	11,041	77.2%	14,269	11,033	77.3%	-0.1%	-0.2%
Cumberland	62,326	51,884	83.2%	63,470	53,000	83.5%	2.2%	1.8%
Davidson	717,032	560,365	78.2%	727,642	567,269	78.0%	1.2%	1.5%
Decatur	11,711	9,385	80.1%	11,695	9,399	80.4%	0.2%	-0.1%
DeKalb	20,730	16,455	79.4%	20,988	16,714	79.6%	1.6%	1.2%
Dickson	55,704	43,352	77.8%	56,741	44,287	78.1%	2.2%	1.9%
Dyer	37,465	28,692	76.6%	37,505	28,744	76.6%	0.2%	0.1%
Fayette	42,567	34,733	81.6%	43,500	35,511	81.6%	2.2%	2.2%
Fentress	18,451	14,761	80.0%	18,524	14,867	80.3%	0.7%	0.4%
Franklin	42,297	33,781	79.9%	42,466	34,000	80.1%	0.7%	0.4%
Gibson	49,445	37,729	76.3%	49,606	37,905	76.4%	0.5%	0.3%
Giles	29,403	23,324	79.3%	29,314	23,313	79.5%	0.0%	-0.3%
Grainger	23,595	19,082	80.9%	23,762	19,293	81.2%	1.1%	0.7%
Greene	69,852	56,734	81.2%	70,107	57,089	81.4%	0.6%	0.4%
Grundy	13,072	10,435	79.8%	12,920	10,369	80.3%	-0.6%	-1.2%
Hamblen	65,862	51,035	77.5%	66,458	51,523	77.5%	1.0%	0.9%
Hamilton	375,027	296,280	79.0%	379,958	300,283	79.0%	1.4%	1.3%
Hancock	6,431	5,177	80.5%	6,364	5,149	80.9%	-0.5%	-1.0%
Hardeman	24,981	20,315	81.3%	24,837	20,277	81.6%	-0.2%	-0.6%
Hardin	25,795	20,782	80.6%	25,758	20,848	80.9%	0.3%	-0.1%
Hawkins	56,619	46,056	81.3%	56,546	46,198	81.7%	0.3%	-0.1%
Haywood	16,899	13,294	78.7%	16,681	13,162	78.9%	-1.0%	-1.3%
Henderson	28,158	21,993	78.1%	28,286	22,158	78.3%	0.7%	0.5%
Henry	32,644	26,280	80.5%	32,734	26,447	80.8%	0.6%	0.3%
Hickman	25,613	20,570	80.3%	25,845	20,853	80.7%	1.4%	0.9%
Houston	8,384	6,636	79.2%	8,436	6,695	79.4%	0.9%	0.6%
Humphreys	18,618	14,767	79.3%	18,661	14,844	79.5%	0.5%	0.2%
Jackson	11,976	9,847	82.2%	12,054	9,921	82.3%	0.8%	0.6%
Jefferson	55,709	44,957	80.7%	56,445	45,691	80.9%	1.6%	1.3%
Johnson	17,711	14,879	84.0%	17,657	14,889	84.3%	0.1%	-0.3%
Knox	482,417	379,006	78.6%	490,549	385,443	78.6%	1.7%	1.7%
Lake	7,321	6,343	86.6%	7,280	6,336	87.0%	-0.1%	-0.6%
Lauderdale	25,815	20,238	78.4%	25,783	20,273	78.6%	0.2%	-0.1%
Lawrence	44,324	34,032	76.8%	44,543	34,447	77.3%	1.2%	0.5%

## Tennessee Population Estimates 2022 and 2024\*

	Population Estimate 2022			Population Estimate 2024			% Increase	
	Total	18+	%18+	Total	18+	%18+	18+	Total
Lewis	12,134	9,659	79.6%	12,138	9,705	80.0%	0.5%	0.0%
Lincoln	34,677	27,465	79.2%	34,919	27,807	79.6%	1.2%	0.7%
Loudon	55,779	45,407	81.4%	57,017	46,548	81.6%	2.5%	2.2%
McMinn	54,221	43,033	79.4%	54,607	43,437	79.5%	0.9%	0.7%
McNairy	26,143	20,745	79.4%	26,253	20,907	79.6%	0.8%	0.4%
Macon	25,375	19,181	75.6%	25,900	19,597	75.7%	2.2%	2.1%
Madison	97,958	75,752	77.3%	98,091	76,044	77.5%	0.4%	0.1%
Marion	28,530	22,791	79.9%	28,466	22,815	80.1%	0.1%	-0.2%
Marshall	35,034	27,088	77.3%	35,663	27,627	77.5%	2.0%	1.8%
Maury	100,386	77,374	77.1%	103,252	79,659	77.1%	3.0%	2.9%
Meigs	12,616	10,138	80.4%	12,753	10,280	80.6%	1.4%	1.1%
Monroe	47,548	38,152	80.2%	48,029	38,740	80.7%	1.5%	1.0%
Montgomery	223,240	162,764	72.9%	231,789	168,767	72.8%	3.7%	3.8%
Moore	6,495	5,307	81.7%	6,530	5,347	81.9%	0.7%	0.5%
Morgan	21,911	17,899	81.7%	22,043	18,063	81.9%	0.9%	0.6%
Obion	29,967	23,588	78.7%	29,782	23,450	78.7%	-0.6%	-0.6%
Overton	22,614	18,003	79.6%	22,851	18,220	79.7%	1.2%	1.0%
Perry	8,191	6,428	78.5%	8,251	6,492	78.7%	1.0%	0.7%
Pickett	5,022	4,184	83.3%	4,987	4,172	83.7%	-0.3%	-0.7%
Polk	17,226	14,010	81.3%	17,362	14,162	81.6%	1.1%	0.8%
Putnam	82,286	64,306	78.1%	83,919	65,637	78.2%	2.1%	2.0%
Rhea	33,892	26,561	78.4%	34,277	27,017	78.8%	1.7%	1.1%
Roane	53,377	43,786	82.0%	53,400	43,904	82.2%	0.3%	0.0%
Robertson	74,294	57,170	77.0%	75,837	58,472	77.1%	2.3%	2.1%
Rutherford	357,199	269,587	75.5%	373,482	282,263	75.6%	4.7%	4.6%
Scott	22,172	17,060	76.9%	22,204	17,148	77.2%	0.5%	0.1%
Sequatchie	15,518	12,444	80.2%	15,812	12,711	80.4%	2.2%	1.9%
Sevier	103,319	82,715	80.1%	105,864	84,914	80.2%	2.7%	2.5%
Shelby	944,036	711,085	75.3%	947,551	714,458	75.4%	0.5%	0.4%
Smith	20,435	15,970	78.2%	20,649	16,178	78.3%	1.3%	1.0%
Stewart	13,765	11,031	80.1%	13,844	11,137	80.4%	1.0%	0.6%
Sullivan	158,570	128,655	81.1%	158,776	128,972	81.2%	0.2%	0.1%
Sumner	199,672	154,106	77.2%	205,755	159,093	77.3%	3.2%	3.0%
Tipton	62,919	48,096	76.4%	63,496	48,708	76.7%	1.3%	0.9%
Trousdale	11,388	9,314	81.8%	11,547	9,477	82.1%	1.7%	1.4%
Unicoi	17,916	14,676	81.9%	17,965	14,726	82.0%	0.3%	0.3%
Union	19,900	15,828	79.5%	19,963	15,960	79.9%	0.8%	0.3%
VanBuren	5,748	4,689	81.6%	5,730	4,687	81.8%	0.0%	-0.3%
Warren	41,170	31,998	77.7%	41,277	32,194	78.0%	0.6%	0.3%
Washington	132,735	106,922	80.6%	134,593	108,509	80.6%	1.5%	1.4%
Wayne	16,388	13,745	83.9%	16,288	13,725	84.3%	-0.1%	-0.6%
Weakley	33,169	26,339	79.4%	33,087	26,312	79.5%	-0.1%	-0.2%
White	27,939	22,121	79.2%	28,314	22,516	79.5%	1.8%	1.3%
Williamson	256,315	190,266	74.2%	268,520	200,317	74.6%	5.3%	4.8%
Wilson	153,287	118,211	77.1%	159,452	123,284	77.3%	4.3%	4.0%

\* TN\_CoPopProj\_2019 UTCBER Population Projection Series.

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: These projections may not match Boyd Center projections precisely due to rounding.

## Tennessee Population Estimates 2022 and 2024 \*

	Population Estimate 2022			Population Estimate 2024			% Increase	
	Total	65+	%65+	Total	65+	%65+	65+	Total
Tennessee	6,997,493	1,254,329	17.9%	7,102,950	1,318,602	18.6%	5.1%	1.5%
Anderson	77,746	16,997	21.9%	78,266	17,682	22.6%	4.0%	0.7%
Bedford	51,436	8,430	16.4%	52,579	8,928	17.0%	5.9%	2.2%
Benton	16,259	4,154	25.5%	16,273	4,293	26.4%	3.4%	0.1%
Bledsoe	15,265	3,072	20.1%	15,490	3,242	20.9%	5.5%	1.5%
Blount	136,116	30,079	22.1%	138,267	31,673	22.9%	5.3%	1.6%
Bradley	110,318	20,539	18.6%	112,020	21,600	19.3%	5.2%	1.5%
Campbell	39,348	8,772	22.3%	39,163	9,000	23.0%	2.6%	-0.5%
Cannon	14,791	2,991	20.2%	14,925	3,154	21.1%	5.4%	0.9%
Carroll	27,767	6,094	21.9%	27,602	6,259	22.7%	2.7%	-0.6%
Carter	55,761	13,484	24.2%	55,364	13,939	25.2%	3.4%	-0.7%
Ceatham	41,212	7,109	17.2%	41,527	7,601	18.3%	6.9%	0.8%
Chester	17,394	3,265	18.8%	17,462	3,409	19.5%	4.4%	0.4%
Claiborne	32,217	7,106	22.1%	32,392	7,435	23.0%	4.6%	0.5%
Clay	7,768	2,085	26.8%	7,774	2,173	27.9%	4.2%	0.1%
Cocke	36,221	8,452	23.3%	36,363	8,848	24.3%	4.7%	0.4%
Coffee	57,147	10,675	18.7%	57,822	11,157	19.3%	4.5%	1.2%
Crockett	14,300	2,926	20.5%	14,269	3,027	21.2%	3.4%	-0.2%
Cumberland	62,326	20,609	33.1%	63,470	21,639	34.1%	5.0%	1.8%
Davidson	717,032	95,863	13.4%	727,642	100,647	13.8%	5.0%	1.5%
Decatur	11,711	2,999	25.6%	11,695	3,100	26.5%	3.4%	-0.1%
DeKalb	20,730	4,215	20.3%	20,988	4,452	21.2%	5.6%	1.2%
Dickson	55,704	10,035	18.0%	56,741	10,656	18.8%	6.2%	1.9%
Dyer	37,465	7,151	19.1%	37,505	7,392	19.7%	3.4%	0.1%
Fayette	42,567	10,177	23.9%	43,500	10,868	25.0%	6.8%	2.2%
Fentress	18,451	4,464	24.2%	18,524	4,658	25.1%	4.4%	0.4%
Franklin	42,297	9,313	22.0%	42,466	9,691	22.8%	4.1%	0.4%
Gibson	49,445	9,575	19.4%	49,606	9,879	19.9%	3.2%	0.3%
Giles	29,403	6,482	22.0%	29,314	6,738	23.0%	3.9%	-0.3%
Grainger	23,595	5,369	22.8%	23,762	5,648	23.8%	5.2%	0.7%
Greene	69,852	16,425	23.5%	70,107	17,060	24.3%	3.9%	0.4%
Grundy	13,072	3,007	23.0%	12,920	3,095	24.0%	2.9%	-1.2%
Hamblen	65,862	12,988	19.7%	66,458	13,481	20.3%	3.8%	0.9%
Hamilton	375,027	71,417	19.0%	379,958	74,592	19.6%	4.4%	1.3%
Hancock	6,431	1,513	23.5%	6,364	1,557	24.5%	3.0%	-1.0%
Hardeman	24,981	4,863	19.5%	24,837	4,965	20.0%	2.1%	-0.6%
Hardin	25,795	6,487	25.2%	25,758	6,704	26.0%	3.3%	-0.1%
Hawkins	56,619	13,161	23.2%	56,546	13,696	24.2%	4.1%	-0.1%
Haywood	16,899	3,647	21.6%	16,681	3,779	22.7%	3.6%	-1.3%
Henderson	28,158	5,616	19.9%	28,286	5,840	20.6%	4.0%	0.5%
Henry	32,644	8,207	25.1%	32,734	8,501	26.0%	3.6%	0.3%
Hickman	25,613	4,905	19.1%	25,845	5,136	19.9%	4.7%	0.9%
Houston	8,384	1,854	22.1%	8,436	1,926	22.8%	3.9%	0.6%
Humphreys	18,618	4,063	21.8%	18,661	4,216	22.6%	3.8%	0.2%
Jackson	11,976	3,014	25.2%	12,054	3,166	26.3%	5.1%	0.6%
Jefferson	55,709	12,364	22.2%	56,445	13,087	23.2%	5.8%	1.3%
Johnson	17,711	4,358	24.6%	17,657	4,464	25.3%	2.4%	-0.3%
Knox	482,417	82,989	17.2%	490,549	87,114	17.8%	5.0%	1.7%
Lake	7,321	1,204	16.4%	7,280	1,211	16.6%	0.6%	-0.6%
Lauderdale	25,815	4,458	17.3%	25,783	4,597	17.8%	3.1%	-0.1%
Lawrence	44,324	8,644	19.5%	44,543	9,036	20.3%	4.5%	0.5%

### Tennessee Population Estimates 2022 and 2024 \*

	Population Estimate 2022			Population Estimate 2024			% Increase	
	Total	65+	%65+	Total	65+	%65+	65+	Total
Lewis	12,134	2,829	23.3%	12,138	2,946	24.3%	4.2%	0.0%
Lincoln	34,677	7,407	21.4%	34,919	7,749	22.2%	4.6%	0.7%
Loudon	55,779	15,932	28.6%	57,017	16,760	29.4%	5.2%	2.2%
McMinn	54,221	11,739	21.7%	54,607	12,284	22.5%	4.6%	0.7%
McNairy	26,143	5,831	22.3%	26,253	6,026	23.0%	3.3%	0.4%
Macon	25,375	4,330	17.1%	25,900	4,577	17.7%	5.7%	2.1%
Madison	97,958	18,656	19.0%	98,091	19,520	19.9%	4.6%	0.1%
Marion	28,530	6,260	21.9%	28,466	6,469	22.7%	3.3%	-0.2%
Marshall	35,034	6,205	17.7%	35,663	6,571	18.4%	5.9%	1.8%
Maury	100,386	17,888	17.8%	103,252	19,144	18.5%	7.0%	2.9%
Meigs	12,616	2,868	22.7%	12,753	3,002	23.5%	4.7%	1.1%
Monroe	47,548	11,056	23.3%	48,029	11,605	24.2%	5.0%	1.0%
Montgomery	223,240	22,705	10.2%	231,789	24,495	10.6%	7.9%	3.8%
Moore	6,495	1,542	23.7%	6,530	1,608	24.6%	4.3%	0.5%
Morgan	21,911	4,239	19.3%	22,043	4,404	20.0%	3.9%	0.6%
Obion	29,967	6,675	22.3%	29,782	6,838	23.0%	2.5%	-0.6%
Overton	22,614	4,995	22.1%	22,851	5,194	22.7%	4.0%	1.0%
Perry	8,191	1,846	22.5%	8,251	1,906	23.1%	3.3%	0.7%
Pickett	5,022	1,492	29.7%	4,987	1,536	30.8%	3.0%	-0.7%
Polk	17,226	3,910	22.7%	17,362	4,089	23.5%	4.6%	0.8%
Putnam	82,286	14,863	18.1%	83,919	15,668	18.7%	5.4%	2.0%
Rhea	33,892	6,859	20.2%	34,277	7,176	20.9%	4.6%	1.1%
Roane	53,377	13,393	25.1%	53,400	13,928	26.1%	4.0%	0.0%
Robertson	74,294	12,402	16.7%	75,837	13,288	17.5%	7.1%	2.1%
Rutherford	357,199	42,114	11.8%	373,482	46,229	12.4%	9.8%	4.6%
Scott	22,172	4,095	18.5%	22,204	4,256	19.2%	4.0%	0.1%
Sequatchie	15,518	3,524	22.7%	15,812	3,738	23.6%	6.1%	1.9%
Sevier	103,319	22,298	21.6%	105,864	23,637	22.3%	6.0%	2.5%
Shelby	944,036	142,579	15.1%	947,551	148,831	15.7%	4.4%	0.4%
Smith	20,435	3,876	19.0%	20,649	4,103	19.9%	5.8%	1.0%
Stewart	13,765	3,067	22.3%	13,844	3,206	23.2%	4.5%	0.6%
Sullivan	158,570	37,493	23.6%	158,776	38,693	24.4%	3.2%	0.1%
Sumner	199,672	34,799	17.4%	205,755	37,222	18.1%	7.0%	3.0%
Tipton	62,919	10,275	16.3%	63,496	10,899	17.2%	6.1%	0.9%
Trousdale	11,388	1,564	13.7%	11,547	1,628	14.1%	4.1%	1.4%
Unicoi	17,916	4,511	25.2%	17,965	4,673	26.0%	3.6%	0.3%
Union	19,900	4,119	20.7%	19,963	4,364	21.9%	5.9%	0.3%
VanBuren	5,748	1,497	26.0%	5,730	1,547	27.0%	3.4%	-0.3%
Warren	41,170	7,965	19.3%	41,277	8,270	20.0%	3.8%	0.3%
Washington	132,735	26,466	19.9%	134,593	27,721	20.6%	4.7%	1.4%
Wayne	16,388	3,425	20.9%	16,288	3,511	21.6%	2.5%	-0.6%
Weakley	33,169	6,754	20.4%	33,087	6,970	21.1%	3.2%	-0.2%
White	27,939	6,137	22.0%	28,314	6,422	22.7%	4.6%	1.3%
Williamson	256,315	37,752	14.7%	268,520	41,342	15.4%	9.5%	4.8%
Wilson	153,287	26,434	17.2%	159,452	28,552	17.9%	8.0%	4.0%

\* TN\_CoPopProj\_2019 UTCBER Population Projection Series.

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: These projections may not match Boyd Center projections precisely due to rounding.

### Tennessee Female Population Estimates 2022 and 2024 \*

	Population Estimate 2022			Population Estimate 2024			% Increase	
	Total	15-44	%15-44	Total	15-44	%15-44	15-44	Total
Tennessee	3,587,578	1,351,308	37.7%	3,643,223	1,363,323	37.4%	0.9%	1.6%
Anderson	39,873	13,233	33.2%	40,117	13,251	33.0%	0.1%	0.6%
Bedford	26,256	9,666	36.8%	26,875	9,866	36.7%	2.1%	2.4%
Benton	8,287	2,420	29.2%	8,289	2,395	28.9%	-1.0%	0.0%
Bledsoe	6,145	1,895	30.8%	6,176	1,856	30.1%	-2.1%	0.5%
Blount	70,255	23,578	33.6%	71,429	23,834	33.4%	1.1%	1.7%
Bradley	56,761	21,105	37.2%	57,669	21,341	37.0%	1.1%	1.6%
Campbell	20,014	6,591	32.9%	19,917	6,495	32.6%	-1.5%	-0.5%
Cannon	7,449	2,473	33.2%	7,516	2,471	32.9%	-0.1%	0.9%
Carroll	14,182	4,734	33.4%	14,095	4,689	33.3%	-0.9%	-0.6%
Carter	28,542	9,227	32.3%	28,373	9,087	32.0%	-1.5%	-0.6%
Ceatham	20,794	7,459	35.9%	20,975	7,454	35.5%	-0.1%	0.9%
Chester	9,081	3,578	39.4%	9,140	3,587	39.2%	0.2%	0.7%
Claiborne	16,480	5,773	35.0%	16,573	5,782	34.9%	0.2%	0.6%
Clay	3,923	1,125	28.7%	3,915	1,112	28.4%	-1.1%	-0.2%
Cocke	18,774	5,980	31.9%	18,874	5,958	31.6%	-0.4%	0.5%
Coffee	29,261	10,383	35.5%	29,617	10,473	35.4%	0.9%	1.2%
Crockett	7,495	2,567	34.2%	7,495	2,554	34.1%	-0.5%	0.0%
Cumberland	31,998	8,485	26.5%	32,580	8,579	26.3%	1.1%	1.8%
Davidson	370,870	167,846	45.3%	376,350	168,207	44.7%	0.2%	1.5%
Decatur	5,971	1,806	30.3%	5,965	1,784	29.9%	-1.2%	-0.1%
DeKalb	10,397	3,501	33.7%	10,533	3,519	33.4%	0.5%	1.3%
Dickson	28,410	10,125	35.6%	28,962	10,244	35.4%	1.2%	1.9%
Dyer	19,457	6,982	35.9%	19,496	6,947	35.6%	-0.5%	0.2%
Fayette	21,643	6,679	30.9%	22,128	6,741	30.5%	0.9%	2.2%
Fentress	9,470	2,860	30.2%	9,519	2,851	29.9%	-0.3%	0.5%
Franklin	21,679	7,750	35.7%	21,784	7,769	35.7%	0.2%	0.5%
Gibson	25,726	9,084	35.3%	25,805	9,066	35.1%	-0.2%	0.3%
Giles	15,183	5,068	33.4%	15,160	5,041	33.3%	-0.5%	-0.1%
Grainger	11,709	3,656	31.2%	11,792	3,639	30.9%	-0.5%	0.7%
Greene	35,535	11,572	32.6%	35,680	11,537	32.3%	-0.3%	0.4%
Grundy	6,608	2,164	32.7%	6,531	2,101	32.2%	-2.9%	-1.2%
Hamblen	33,845	11,704	34.6%	34,210	11,808	34.5%	0.9%	1.1%
Hamilton	193,980	73,137	37.7%	196,544	73,637	37.5%	0.7%	1.3%
Hancock	3,251	1,027	31.6%	3,216	1,010	31.4%	-1.6%	-1.1%
Hardeman	11,215	3,648	32.5%	11,088	3,563	32.1%	-2.3%	-1.1%
Hardin	13,282	4,096	30.8%	13,292	4,072	30.6%	-0.6%	0.1%
Hawkins	28,877	9,230	32.0%	28,860	9,145	31.7%	-0.9%	-0.1%
Haywood	9,021	2,956	32.8%	8,904	2,850	32.0%	-3.6%	-1.3%
Henderson	14,510	5,043	34.8%	14,582	5,036	34.5%	-0.2%	0.5%
Henry	16,885	5,129	30.4%	16,955	5,130	30.3%	0.0%	0.4%
Hickman	12,183	4,172	34.2%	12,306	4,191	34.1%	0.5%	1.0%
Houston	4,297	1,433	33.3%	4,335	1,438	33.2%	0.4%	0.9%
Humphreys	9,362	3,068	32.8%	9,383	3,051	32.5%	-0.6%	0.2%
Jackson	6,032	1,775	29.4%	6,075	1,766	29.1%	-0.5%	0.7%
Jefferson	28,367	9,436	33.3%	28,776	9,508	33.0%	0.8%	1.4%
Johnson	8,129	2,369	29.1%	8,073	2,330	28.9%	-1.7%	-0.7%
Knox	248,301	100,086	40.3%	252,574	101,272	40.1%	1.2%	1.7%
Lake	2,508	758	30.2%	2,443	726	29.7%	-4.2%	-2.6%
Lauderdale	12,492	4,394	35.2%	12,460	4,338	34.8%	-1.3%	-0.3%
Lawrence	22,573	7,837	34.7%	22,698	7,865	34.7%	0.4%	0.6%

### Tennessee Female Population Estimates 2022 and 2024 \*

	Population Estimate 2022			Population Estimate 2024			% Increase	
	Total	15-44	%15-44	Total	15-44	%15-44	15-44	Total
Lewis	6,242	1,999	32.0%	6,256	1,984	31.7%	-0.7%	0.2%
Lincoln	17,661	5,717	32.4%	17,780	5,745	32.3%	0.5%	0.7%
Loudon	28,423	8,171	28.7%	29,068	8,350	28.7%	2.2%	2.3%
McMinn	27,836	9,380	33.7%	28,045	9,375	33.4%	-0.1%	0.8%
McNairy	13,280	4,313	32.5%	13,328	4,300	32.3%	-0.3%	0.4%
Macon	13,032	4,728	36.3%	13,327	4,820	36.2%	2.0%	2.3%
Madison	51,763	19,453	37.6%	51,921	19,407	37.4%	-0.2%	0.3%
Marion	14,616	4,780	32.7%	14,595	4,743	32.5%	-0.8%	-0.1%
Marshall	17,905	6,477	36.2%	18,240	6,554	35.9%	1.2%	1.9%
Maury	52,130	19,067	36.6%	53,696	19,461	36.2%	2.1%	3.0%
Meigs	6,375	2,025	31.8%	6,451	2,022	31.3%	-0.2%	1.2%
Monroe	23,894	7,710	32.3%	24,146	7,739	32.1%	0.4%	1.1%
Montgomery	112,215	51,057	45.5%	116,570	52,606	45.1%	3.0%	3.9%
Moore	3,263	1,044	32.0%	3,284	1,040	31.7%	-0.4%	0.6%
Morgan	9,850	3,210	32.6%	9,874	3,189	32.3%	-0.7%	0.2%
Obion	15,509	5,111	33.0%	15,431	5,054	32.8%	-1.1%	-0.5%
Overton	11,419	3,790	33.2%	11,543	3,806	33.0%	0.4%	1.1%
Perry	4,060	1,321	32.5%	4,089	1,331	32.6%	0.8%	0.7%
Pickett	2,518	674	26.8%	2,504	660	26.3%	-2.1%	-0.6%
Polk	8,766	2,772	31.6%	8,848	2,770	31.3%	-0.1%	0.9%
Putnam	41,443	16,471	39.7%	42,318	16,756	39.6%	1.7%	2.1%
Rhea	17,075	5,979	35.0%	17,264	6,044	35.0%	1.1%	1.1%
Roane	27,352	8,347	30.5%	27,368	8,259	30.2%	-1.1%	0.1%
Robertson	37,716	13,859	36.7%	38,558	14,074	36.5%	1.5%	2.2%
Rutherford	181,595	79,871	44.0%	189,950	82,721	43.5%	3.6%	4.6%
Scott	11,323	4,073	36.0%	11,353	4,048	35.7%	-0.6%	0.3%
Sequatchie	7,866	2,561	32.6%	8,026	2,579	32.1%	0.7%	2.0%
Sevier	52,791	17,695	33.5%	54,102	18,094	33.4%	2.3%	2.5%
Shelby	496,201	195,450	39.4%	498,358	195,138	39.2%	-0.2%	0.4%
Smith	10,297	3,593	34.9%	10,423	3,608	34.6%	0.4%	1.2%
Stewart	6,894	2,168	31.4%	6,934	2,165	31.2%	-0.1%	0.6%
Sullivan	81,534	26,408	32.4%	81,667	26,305	32.2%	-0.4%	0.2%
Sumner	102,364	37,309	36.4%	105,556	38,232	36.2%	2.5%	3.1%
Tipton	31,923	11,807	37.0%	32,241	11,827	36.7%	0.2%	1.0%
Trousdale	4,662	1,798	38.6%	4,738	1,820	38.4%	1.2%	1.6%
Unicoi	9,140	2,847	31.1%	9,175	2,830	30.8%	-0.6%	0.4%
Union	10,117	3,369	33.3%	10,163	3,359	33.1%	-0.3%	0.5%
VanBuren	2,870	819	28.6%	2,859	802	28.0%	-2.2%	-0.4%
Warren	20,834	7,317	35.1%	20,903	7,299	34.9%	-0.3%	0.3%
Washington	67,989	26,473	38.9%	68,976	26,764	38.8%	1.1%	1.5%
Wayne	7,307	2,263	31.0%	7,243	2,218	30.6%	-2.0%	-0.9%
Weakley	16,981	6,669	39.3%	16,962	6,658	39.3%	-0.2%	-0.1%
White	14,300	4,737	33.1%	14,504	4,797	33.1%	1.3%	1.4%
Williamson	130,834	47,546	36.3%	137,181	49,623	36.2%	4.4%	4.9%
Wilson	78,082	28,418	36.4%	81,301	29,386	36.1%	3.4%	4.1%

\* TN\_CoPopProj\_2019 UTCBER Population Projection Series.

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: These projections may not match Boyd Center projections precisely due to rounding.

## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### TENNESSEE

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female	Total Hispanic	Hispanic Male	Hispanic Female
All Ages	6,975,170	3,420,037	3,555,133	5,457,928	2,694,807	2,763,121	1,183,999	561,345	622,654	333,243	163,885	169,358	425,815	222,339	203,476
Infants	79,122	40,408	38,714	56,354	28,819	27,535	15,926	8,061	7,865	6,842	3,528	3,314	9,819	5,026	4,793
1 to 4	323,222	165,143	158,079	230,792	118,367	112,425	64,737	32,631	32,106	27,693	14,145	13,548	37,394	19,057	18,337
5 to 9	422,329	215,996	206,333	304,636	156,499	148,137	83,640	42,196	41,444	34,053	17,301	16,752	45,296	23,083	22,213
10 to 14	446,158	228,401	217,757	327,165	167,758	159,407	87,106	44,366	42,740	31,887	16,277	15,610	46,749	24,041	22,708
15 to 19	437,455	223,260	214,195	325,665	167,415	158,250	83,905	42,014	41,891	27,885	13,831	14,054	40,175	20,542	19,633
20 to 24	449,444	225,998	223,446	334,823	169,058	165,765	88,908	44,233	44,675	25,713	12,707	13,006	33,309	16,958	16,351
25 to 29	481,070	239,974	241,096	359,796	180,448	179,348	96,329	47,220	49,109	24,945	12,306	12,639	31,634	16,288	15,346
30 to 34	481,982	238,723	243,259	365,451	182,438	183,013	92,747	44,565	48,182	23,784	11,720	12,064	30,292	16,337	13,955
35 to 39	447,255	221,912	225,343	346,840	173,844	172,996	77,911	36,751	41,160	22,504	11,317	11,187	31,682	17,307	14,375
40 to 44	435,896	215,667	220,229	340,841	171,233	169,608	75,138	34,793	40,345	19,917	9,641	10,276	30,283	16,639	13,644
45 to 49	422,157	208,962	213,195	334,837	168,146	166,691	68,918	32,070	36,848	18,402	8,746	9,656	25,193	13,726	11,467
50 to 54	449,913	222,883	227,030	363,975	182,740	181,235	70,249	32,588	37,661	15,689	7,555	8,134	19,827	10,716	9,111
55 to 59	462,891	225,351	237,540	378,126	186,130	191,996	71,140	32,705	38,435	13,625	6,516	7,109	14,570	7,861	6,709
60 to 64	450,960	216,412	234,548	371,065	180,303	190,762	67,488	30,322	37,166	12,407	5,787	6,620	10,837	5,648	5,189
65 to 69	395,638	185,640	209,998	330,144	157,102	173,042	55,487	24,058	31,429	10,007	4,480	5,527	7,435	3,848	3,587
70 to 74	332,640	154,187	178,453	285,610	134,005	151,605	39,277	16,599	22,678	7,753	3,583	4,170	4,940	2,425	2,515
75 to 79	213,859	96,605	117,254	187,877	85,941	101,936	21,218	8,463	12,755	4,764	2,201	2,563	2,982	1,362	1,620
80 to 84	131,730	55,601	76,129	115,975	49,682	66,293	12,758	4,573	8,185	2,997	1,346	1,651	1,630	758	872
85 plus	111,449	38,914	72,535	97,956	34,879	63,077	11,117	3,137	7,980	2,376	898	1,478	1,768	717	1,051

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.

## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### CHEATHAM COUNTY

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female	Total Hispanic	Hispanic Male	Hispanic Female
All Ages	41,525	20,763	20,762	39,091	19,563	19,528	1,166	602	564	1,268	598	670	1,690	928	762
Infants	439	226	213	410	210	200	18	11	7	11	5	6	31	17	14
1 to 4	1,801	921	880	1,634	837	797	59	31	28	108	53	55	142	75	67
5 to 9	2,390	1,216	1,174	2,137	1,094	1,043	69	30	39	184	92	92	183	92	91
10 to 14	2,577	1,306	1,271	2,370	1,208	1,162	78	39	39	129	59	70	141	69	72
15 to 19	2,515	1,263	1,252	2,349	1,176	1,173	66	35	31	100	52	48	137	76	61
20 to 24	2,177	1,138	1,039	2,031	1,071	960	70	34	36	76	33	43	108	48	60
25 to 29	2,620	1,332	1,288	2,447	1,244	1,203	89	48	41	84	40	44	123	64	59
30 to 34	2,815	1,432	1,383	2,646	1,349	1,297	100	51	49	69	32	37	143	99	44
35 to 39	2,749	1,421	1,328	2,574	1,325	1,249	100	56	44	75	40	35	119	74	45
40 to 44	2,612	1,316	1,296	2,482	1,254	1,228	69	36	33	61	26	35	130	78	52
45 to 49	2,747	1,375	1,372	2,622	1,316	1,306	69	34	35	56	25	31	132	76	56
50 to 54	3,006	1,518	1,488	2,868	1,439	1,429	82	49	33	56	30	26	93	55	38
55 to 59	3,372	1,688	1,684	3,214	1,609	1,605	91	49	42	67	30	37	70	44	26
60 to 64	3,099	1,504	1,595	2,970	1,435	1,535	73	44	29	56	25	31	47	18	29
65 to 69	2,418	1,187	1,231	2,318	1,142	1,176	45	16	29	55	29	26	46	27	19
70 to 74	1,973	940	1,033	1,901	909	992	37	17	20	35	14	21	20	8	12
75 to 79	1,115	515	600	1,074	500	574	20	12	8	21	3	18	11	5	6
80 to 84	641	274	367	613	263	350	14	3	11	14	8	6	6	1	5
85 plus	459	191	268	431	182	249	17	7	10	11	2	9	8	2	6

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.



## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### DAVIDSON COUNTY

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female	Total Hispanic	Hispanic Male	Hispanic Female
All Ages	703,961	339,695	364,266	462,134	226,687	235,447	191,664	88,631	103,033	50,163	24,377	25,786	74,729	38,993	35,736
Infants	9,699	4,887	4,812	6,097	3,058	3,039	2,509	1,289	1,220	1,093	540	553	2,003	1,002	1,001
1 to 4	34,776	17,577	17,199	20,870	10,597	10,273	10,001	5,030	4,971	3,905	1,950	1,955	6,803	3,409	3,394
5 to 9	38,515	19,533	18,982	21,660	11,123	10,537	12,664	6,294	6,370	4,191	2,116	2,075	7,336	3,702	3,634
10 to 14	37,670	19,100	18,570	20,714	10,533	10,181	13,125	6,637	6,488	3,831	1,930	1,901	7,805	3,982	3,823
15 to 19	40,097	20,082	20,015	22,627	11,511	11,116	13,792	6,752	7,040	3,678	1,819	1,859	6,869	3,481	3,388
20 to 24	49,468	22,967	26,501	30,814	14,169	16,645	14,816	6,980	7,836	3,838	1,818	2,020	5,865	2,880	2,985
25 to 29	71,166	33,544	37,622	49,341	23,321	26,020	16,759	7,916	8,843	5,066	2,307	2,759	6,066	3,073	2,993
30 to 34	70,740	34,766	35,974	49,438	24,734	24,704	16,224	7,583	8,641	5,078	2,449	2,629	5,580	2,954	2,626
35 to 39	56,084	28,103	27,981	38,511	19,883	18,628	13,434	6,073	7,361	4,139	2,147	1,992	5,445	2,971	2,474
40 to 44	45,152	22,504	22,648	30,024	15,684	14,340	11,972	5,273	6,699	3,156	1,547	1,609	5,354	2,920	2,434
45 to 49	39,492	19,839	19,653	25,612	13,555	12,057	11,155	5,013	6,142	2,725	1,271	1,454	4,705	2,745	1,960
50 to 54	39,475	19,502	19,973	26,065	13,407	12,658	11,032	4,960	6,072	2,378	1,135	1,243	3,744	2,151	1,593
55 to 59	40,227	19,544	20,683	26,629	13,229	13,400	11,671	5,364	6,307	1,927	951	976	2,602	1,484	1,118
60 to 64	39,002	18,048	20,954	26,394	12,461	13,933	10,909	4,771	6,138	1,699	816	883	1,876	977	899
65 to 69	32,991	15,094	17,897	22,946	10,743	12,203	8,714	3,737	4,977	1,331	614	717	1,135	550	585
70 to 74	25,766	11,533	14,233	18,720	8,563	10,157	6,128	2,539	3,589	918	431	487	767	381	386
75 to 79	15,029	6,462	8,567	11,272	4,941	6,331	3,183	1,250	1,933	574	271	303	404	163	241
80 to 84	9,499	3,683	5,816	7,231	2,844	4,387	1,888	671	1,217	380	168	212	202	84	118
85 plus	9,113	2,927	6,186	7,169	2,331	4,838	1,688	499	1,189	256	97	159	168	84	84

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.

## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### DICKSON COUNTY

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female	Total Hispanic	Hispanic Male	Hispanic Female
All Ages	55,287	27,299	27,988	51,113	25,137	25,976	2,228	1,189	1,039	1,946	973	973	2,317	1,168	1,149
Infants	613	320	293	541	280	261	33	22	11	39	18	21	54	31	23
1 to 4	2,593	1,322	1,271	2,275	1,160	1,115	119	66	53	199	96	103	198	97	101
5 to 9	3,439	1,741	1,698	3,040	1,542	1,498	129	59	70	270	140	130	242	107	135
10 to 14	3,523	1,827	1,696	3,190	1,639	1,551	122	67	55	211	121	90	271	145	126
15 to 19	3,384	1,811	1,573	3,060	1,647	1,413	140	77	63	184	87	97	216	110	106
20 to 24	3,003	1,562	1,441	2,726	1,419	1,307	133	75	58	144	68	76	187	97	90
25 to 29	3,450	1,763	1,687	3,163	1,603	1,560	172	99	73	115	61	54	160	88	72
30 to 34	3,837	1,896	1,941	3,548	1,736	1,812	172	102	70	117	58	59	171	90	81
35 to 39	3,608	1,771	1,837	3,371	1,643	1,728	141	82	59	96	46	50	176	91	85
40 to 44	3,497	1,727	1,770	3,273	1,597	1,676	137	85	52	87	45	42	163	76	87
45 to 49	3,487	1,729	1,758	3,252	1,615	1,637	139	77	62	96	37	59	139	72	67
50 to 54	3,797	1,891	1,906	3,574	1,768	1,806	162	88	74	61	35	26	103	52	51
55 to 59	3,993	1,991	2,002	3,761	1,873	1,888	151	79	72	81	39	42	78	37	41
60 to 64	3,775	1,781	1,994	3,517	1,660	1,857	175	83	92	83	38	45	57	20	37
65 to 69	3,205	1,507	1,698	3,030	1,425	1,605	120	55	65	55	27	28	37	26	11
70 to 74	2,554	1,223	1,331	2,440	1,169	1,271	67	32	35	47	22	25	23	13	10
75 to 79	1,682	722	960	1,604	688	916	54	18	36	24	16	8	16	6	10
80 to 84	1,005	426	579	946	397	549	40	18	22	19	11	8	13	5	8
85 plus	842	289	553	802	276	526	22	5	17	18	8	10	13	5	8

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.

## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### MACON COUNTY

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female	Total Hispanic	Hispanic Male	Hispanic Female
All Ages	25,698	12,626	13,072	24,486	12,018	12,468	346	214	132	866	394	472	1,410	724	686
Infants	332	176	156	302	159	143	7	4	3	23	13	10	46	22	24
1 to 4	1,400	739	661	1,284	679	605	27	16	11	89	44	45	172	86	86
5 to 9	1,813	938	875	1,682	875	807	34	20	14	97	43	54	194	101	93
10 to 14	1,788	890	898	1,674	834	840	47	24	23	67	32	35	177	89	88
15 to 19	1,553	802	751	1,467	761	706	24	13	11	62	28	34	131	70	61
20 to 24	1,493	774	719	1,423	742	681	25	15	10	45	17	28	90	45	45
25 to 29	1,743	833	910	1,674	791	883	18	13	5	51	29	22	72	19	53
30 to 34	1,713	827	886	1,606	778	828	27	17	10	80	32	48	81	45	36
35 to 39	1,564	762	802	1,473	714	759	30	20	10	61	28	33	111	71	40
40 to 44	1,455	717	738	1,392	677	715	24	19	5	39	21	18	71	32	39
45 to 49	1,594	779	815	1,505	741	764	17	12	5	72	26	46	88	54	34
50 to 54	1,743	875	868	1,699	857	842	12	7	5	32	11	21	45	16	29
55 to 59	1,801	914	887	1,755	881	874	19	16	3	27	17	10	44	28	16
60 to 64	1,574	763	811	1,521	742	779	15	6	9	38	15	23	23	11	12
65 to 69	1,451	691	760	1,415	674	741	13	5	8	23	12	11	28	14	14
70 to 74	1,125	521	604	1,103	509	594	5	5	0	17	7	10	16	10	6
75 to 79	767	340	427	749	330	419	0	0	0	18	10	8	10	5	5
80 to 84	440	160	280	433	157	276	0	0	0	7	3	4	5	3	2
85 plus	349	125	224	329	117	212	2	2	0	18	6	12	6	3	3

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.

## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### MAURY COUNTY

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female	Total Hispanic	Hispanic Male	Hispanic Female
All Ages	104,757	50,811	53,946	88,164	42,988	45,176	12,229	5,716	6,513	4,364	2,107	2,257	7,092	3,651	3,441
Infants	1,322	678	644	1,011	520	491	184	90	94	127	68	59	165	82	83
1 to 4	5,233	2,646	2,587	4,093	2,070	2,023	655	326	329	485	250	235	622	314	308
5 to 9	6,605	3,318	3,287	5,263	2,646	2,617	774	391	383	568	281	287	736	376	360
10 to 14	6,879	3,505	3,374	5,466	2,808	2,658	881	437	444	532	260	272	732	368	364
15 to 19	6,016	3,070	2,946	4,860	2,502	2,358	801	409	392	355	159	196	618	298	320
20 to 24	5,693	2,807	2,886	4,606	2,280	2,326	806	404	402	281	123	158	510	241	269
25 to 29	7,165	3,518	3,647	5,949	2,903	3,046	910	473	437	306	142	164	481	242	239
30 to 34	7,575	3,662	3,913	6,364	3,076	3,288	936	437	499	275	149	126	518	281	237
35 to 39	7,133	3,586	3,547	6,088	3,086	3,002	810	384	426	235	116	119	535	301	234
40 to 44	6,863	3,273	3,590	5,792	2,809	2,983	829	355	474	242	109	133	546	293	253
45 to 49	6,144	3,004	3,140	5,208	2,570	2,638	709	333	376	227	101	126	435	222	213
50 to 54	6,448	3,200	3,248	5,546	2,761	2,785	719	343	376	183	96	87	375	212	163
55 to 59	6,806	3,242	3,564	5,862	2,843	3,019	807	333	474	137	66	71	234	135	99
60 to 64	7,229	3,383	3,846	6,289	2,971	3,318	825	354	471	115	58	57	221	104	117
65 to 69	6,339	2,934	3,405	5,587	2,606	2,981	642	284	358	110	44	66	182	97	85
70 to 74	5,010	2,383	2,627	4,514	2,153	2,361	422	197	225	74	33	41	90	44	46
75 to 79	3,019	1,363	1,656	2,747	1,257	1,490	230	90	140	42	16	26	40	18	22
80 to 84	1,775	744	1,031	1,589	679	910	148	41	107	38	24	14	25	14	11
85 plus	1,503	495	1,008	1,330	448	882	141	35	106	32	12	20	27	9	18

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.

## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### MONTGOMERY COUNTY

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female	Total Hispanic	Hispanic Male	Hispanic Female
All Ages	227,899	113,836	114,063	158,198	79,639	78,559	50,353	24,889	25,464	19,348	9,308	10,040	25,059	12,962	12,097
Infants	3,638	1,875	1,763	2,231	1,151	1,080	897	456	441	510	268	242	633	327	306
1 to 4	14,393	7,456	6,937	9,257	4,800	4,457	3,216	1,646	1,570	1,920	1,010	910	2,250	1,180	1,070
5 to 9	17,525	9,074	8,451	11,576	6,010	5,566	3,732	1,912	1,820	2,217	1,152	1,065	2,449	1,289	1,160
10 to 14	16,891	8,642	8,249	10,725	5,530	5,195	4,045	2,044	2,001	2,121	1,068	1,053	2,351	1,194	1,157
15 to 19	14,488	7,339	7,149	9,290	4,719	4,571	3,565	1,774	1,791	1,633	846	787	1,974	1,009	965
20 to 24	18,440	9,591	8,849	12,299	6,414	5,885	4,428	2,284	2,144	1,713	893	820	2,476	1,281	1,195
25 to 29	21,654	11,308	10,346	15,052	7,899	7,153	4,881	2,530	2,351	1,721	879	842	2,679	1,418	1,261
30 to 34	20,157	10,198	9,959	14,232	7,248	6,984	4,564	2,278	2,286	1,361	672	689	2,353	1,283	1,070
35 to 39	17,606	8,873	8,733	12,522	6,397	6,125	3,801	1,851	1,950	1,283	625	658	2,086	1,124	962
40 to 44	14,586	7,248	7,338	10,336	5,282	5,054	3,230	1,514	1,716	1,020	452	568	1,721	921	800
45 to 49	12,273	5,997	6,276	8,687	4,344	4,343	2,745	1,290	1,455	841	363	478	1,199	609	590
50 to 54	11,750	5,704	6,046	8,378	4,159	4,219	2,676	1,281	1,395	696	264	432	853	370	483
55 to 59	11,640	5,624	6,016	8,404	4,117	4,287	2,659	1,282	1,377	577	225	352	638	297	341
60 to 64	10,514	4,913	5,601	7,567	3,509	4,058	2,340	1,162	1,178	607	242	365	486	238	248
65 to 69	8,305	3,903	4,402	6,228	2,968	3,260	1,588	778	810	489	157	332	398	207	191
70 to 74	6,254	2,857	3,397	5,036	2,367	2,669	919	391	528	299	99	200	248	103	145
75 to 79	3,704	1,638	2,066	3,010	1,368	1,642	528	224	304	166	46	120	146	57	89
80 to 84	2,283	908	1,375	1,864	758	1,106	307	116	191	112	34	78	67	36	31
85 plus	1,798	688	1,110	1,504	599	905	232	76	156	62	13	49	52	19	33

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.

## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### ROBERTSON COUNTY

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female	Total Hispanic	Hispanic Male	Hispanic Female
All Ages	74,107	36,839	37,268	65,591	32,681	32,910	5,948	2,859	3,089	2,568	1,299	1,269	5,865	3,133	2,732
Infants	898	474	424	751	394	357	93	46	47	54	34	20	142	76	66
1 to 4	3,616	1,883	1,733	3,016	1,575	1,441	344	172	172	256	136	120	545	284	261
5 to 9	4,733	2,432	2,301	3,961	2,048	1,913	423	215	208	349	169	180	677	337	340
10 to 14	5,137	2,634	2,503	4,356	2,226	2,130	473	244	229	308	164	144	716	343	373
15 to 19	4,709	2,397	2,312	4,099	2,086	2,013	387	194	193	223	117	106	617	300	317
20 to 24	3,980	2,051	1,929	3,413	1,758	1,655	385	195	190	182	98	84	355	176	179
25 to 29	4,601	2,281	2,320	3,984	1,976	2,008	438	213	225	179	92	87	374	195	179
30 to 34	4,875	2,466	2,409	4,328	2,197	2,131	413	197	216	134	72	62	409	254	155
35 to 39	4,925	2,441	2,484	4,421	2,213	2,208	381	181	200	123	47	76	455	256	199
40 to 44	4,941	2,475	2,466	4,387	2,194	2,193	422	201	221	132	80	52	468	265	203
45 to 49	4,784	2,428	2,356	4,240	2,168	2,072	402	191	211	142	69	73	346	205	141
50 to 54	4,984	2,485	2,499	4,501	2,254	2,247	388	177	211	95	54	41	242	149	93
55 to 59	5,396	2,693	2,703	4,930	2,466	2,464	351	179	172	115	48	67	185	118	67
60 to 64	5,153	2,527	2,626	4,717	2,333	2,384	345	153	192	91	41	50	134	79	55
65 to 69	4,053	1,921	2,132	3,722	1,780	1,942	274	117	157	57	24	33	66	33	33
70 to 74	3,164	1,468	1,696	2,911	1,353	1,558	203	88	115	50	27	23	63	29	34
75 to 79	2,020	921	1,099	1,881	864	1,017	106	44	62	33	13	20	38	19	19
80 to 84	1,224	533	691	1,127	494	633	73	31	42	24	8	16	16	8	8
85 plus	914	329	585	846	302	544	47	21	26	21	6	15	17	7	10

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.

## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### RUTHERFORD COUNTY

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female	Total Hispanic	Hispanic Male	Hispanic Female
All Ages	352,190	173,506	178,684	265,411	131,803	133,608	60,337	28,805	31,532	26,442	12,898	13,544	33,411	17,183	16,228
Infants	4,141	2,123	2,018	2,809	1,429	1,380	851	437	414	481	257	224	796	412	384
1 to 4	17,578	8,981	8,597	12,191	6,261	5,930	3,373	1,688	1,685	2,014	1,032	982	2,793	1,434	1,359
5 to 9	23,872	12,176	11,696	16,914	8,708	8,206	4,307	2,140	2,167	2,651	1,328	1,323	3,234	1,654	1,580
10 to 14	25,562	13,062	12,500	18,238	9,293	8,945	4,598	2,362	2,236	2,726	1,407	1,319	3,658	1,893	1,765
15 to 19	25,754	13,045	12,709	18,364	9,352	9,012	4,855	2,441	2,414	2,535	1,252	1,283	3,342	1,718	1,624
20 to 24	30,807	15,394	15,413	22,498	11,456	11,042	5,865	2,773	3,092	2,444	1,165	1,279	2,896	1,462	1,434
25 to 29	26,180	12,955	13,225	18,659	9,268	9,391	5,590	2,739	2,851	1,931	948	983	2,510	1,226	1,284
30 to 34	25,656	12,687	12,969	18,812	9,427	9,385	5,031	2,421	2,610	1,813	839	974	2,513	1,327	1,186
35 to 39	25,244	12,385	12,859	18,819	9,395	9,424	4,576	2,105	2,471	1,849	885	964	2,428	1,281	1,147
40 to 44	25,275	12,485	12,790	18,922	9,510	9,412	4,632	2,163	2,469	1,721	812	909	2,633	1,433	1,200
45 to 49	22,699	11,154	11,545	17,285	8,670	8,615	3,861	1,737	2,124	1,553	747	806	2,212	1,087	1,125
50 to 54	21,864	10,893	10,971	17,133	8,659	8,474	3,451	1,645	1,806	1,280	589	691	1,530	795	735
55 to 59	20,462	9,938	10,524	16,286	7,960	8,326	3,112	1,451	1,661	1,064	527	537	1,015	520	495
60 to 64	17,981	8,837	9,144	14,696	7,259	7,437	2,447	1,173	1,274	838	405	433	727	369	358
65 to 69	14,339	6,748	7,591	12,012	5,744	6,268	1,671	719	952	656	285	371	494	282	212
70 to 74	10,921	5,001	5,920	9,414	4,302	5,112	1,052	445	607	455	254	201	304	155	149
75 to 79	6,669	2,914	3,755	5,932	2,635	3,297	513	188	325	224	91	133	157	71	86
80 to 84	3,956	1,641	2,315	3,497	1,471	2,026	332	118	214	127	52	75	73	35	38
85 plus	3,230	1,087	2,143	2,930	1,004	1,926	220	60	160	80	23	57	96	29	67

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.

## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### SUMNER COUNTY

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female	Total Hispanic	Hispanic Male	Hispanic Female
All Ages	200,559	98,224	102,335	174,400	85,641	88,759	17,432	8,323	9,109	8,727	4,260	4,467	11,938	6,020	5,918
Infants	2,132	1,081	1,051	1,721	879	842	236	113	123	175	89	86	222	118	104
1 to 4	9,300	4,710	4,590	7,519	3,817	3,702	979	482	497	802	411	391	931	452	479
5 to 9	12,933	6,583	6,350	10,587	5,385	5,202	1,304	668	636	1,042	530	512	1,240	589	651
10 to 14	13,897	7,159	6,738	11,625	5,990	5,635	1,388	736	652	884	433	451	1,306	693	613
15 to 19	12,611	6,523	6,088	10,525	5,503	5,022	1,328	643	685	758	377	381	1,141	579	562
20 to 24	11,049	5,624	5,425	9,339	4,753	4,586	1,132	583	549	578	288	290	897	465	432
25 to 29	12,119	5,958	6,161	10,320	5,084	5,236	1,266	589	677	533	285	248	805	400	405
30 to 34	13,067	6,332	6,735	11,062	5,366	5,696	1,405	676	729	600	290	310	811	398	413
35 to 39	13,562	6,640	6,922	11,618	5,751	5,867	1,363	597	766	581	292	289	940	509	431
40 to 44	13,508	6,630	6,878	11,750	5,851	5,899	1,232	545	687	526	234	292	898	485	413
45 to 49	13,008	6,361	6,647	11,404	5,583	5,821	1,115	528	587	489	250	239	798	389	409
50 to 54	13,684	6,769	6,915	12,184	6,073	6,111	1,048	496	552	452	200	252	651	306	345
55 to 59	13,941	6,822	7,119	12,560	6,163	6,397	1,041	515	526	340	144	196	465	232	233
60 to 64	12,928	6,310	6,618	11,769	5,750	6,019	859	402	457	300	158	142	296	140	156
65 to 69	10,967	5,149	5,818	10,019	4,719	5,300	711	327	384	237	103	134	199	110	89
70 to 74	9,289	4,338	4,951	8,612	4,037	4,575	487	218	269	190	83	107	164	84	80
75 to 79	6,032	2,685	3,347	5,658	2,530	3,128	259	108	151	115	47	68	101	51	50
80 to 84	3,642	1,543	2,099	3,409	1,443	1,966	154	69	85	79	31	48	40	11	29
85 plus	2,890	1,007	1,883	2,719	964	1,755	125	28	97	46	15	31	33	9	24

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.



## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### TROUSDALE COUNTY

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female
All Ages	12,029	7,122	4,907	10,256	5,965	4,291	1,410	995	415	363	162	201
Infants	118	59	59	99	47	52	11	7	4	8	5	3
1 to 4	486	237	249	408	200	208	41	19	22	37	18	19
5 to 9	628	305	323	533	269	264	46	16	30	49	20	29
10 to 14	634	324	310	545	283	262	47	24	23	42	17	25
15 to 19	823	567	256	735	524	211	55	30	25	33	13	20
20 to 24	786	544	242	705	507	198	56	27	29	25	10	15
25 to 29	1,250	946	304	1,049	782	267	178	156	22	23	8	15
30 to 34	1,334	807	527	1,247	753	494	52	38	14	35	16	19
35 to 39	1,027	749	278	843	591	252	167	148	19	17	10	7
40 to 44	615	321	294	535	271	264	66	41	25	14	9	5
45 to 49	766	495	271	502	255	247	258	238	20	6	2	4
50 to 54	744	416	328	585	294	291	138	114	24	21	8	13
55 to 59	624	308	316	567	285	282	52	20	32	5	3	2
60 to 64	636	325	311	552	279	273	77	41	36	7	5	2
65 to 69	566	271	295	476	235	241	75	31	44	15	5	10
70 to 74	444	204	240	389	176	213	42	20	22	13	8	5
75 to 79	271	139	132	250	127	123	18	9	9	3	3	0
80 to 84	159	64	95	139	53	86	17	11	6	3	0	3
85 plus	118	41	77	97	34	63	14	5	9	7	2	5

Total Hispanic	Hispanic Male	Hispanic Female
366	195	171
4	1	3
30	11	19
48	20	28
35	18	17
30	15	15
24	15	9
30	12	18
27	20	7
18	12	6
23	11	12
36	21	15
23	13	10
20	14	6
9	8	1
8	3	5
0	0	0
0	0	0
0	0	0
1	1	0

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.

## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### WILLIAMSON COUNTY

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female	Total Hispanic	Hispanic Male	Hispanic Female
All Ages	255,745	126,404	129,341	225,022	111,053	113,969	11,172	5,549	5,623	19,551	9,802	9,749	13,266	6,677	6,589
Infants	2,323	1,224	1,099	1,945	1,019	926	100	50	50	278	155	123	201	109	92
1 to 4	11,527	5,966	5,561	9,658	5,011	4,647	458	235	223	1,411	720	691	830	431	399
5 to 9	18,310	9,399	8,911	15,536	8,012	7,524	706	364	342	2,068	1,023	1,045	1,167	591	576
10 to 14	21,366	11,033	10,333	18,516	9,553	8,963	852	426	426	1,998	1,054	944	1,405	729	676
15 to 19	19,898	10,036	9,862	17,421	8,858	8,563	816	423	393	1,661	755	906	1,399	722	677
20 to 24	13,744	6,971	6,773	12,101	6,165	5,936	682	356	326	961	450	511	1,011	498	513
25 to 29	10,657	5,272	5,385	9,188	4,488	4,700	672	380	292	797	404	393	688	326	362
30 to 34	12,487	5,903	6,584	10,577	4,997	5,580	597	313	284	1,313	593	720	734	354	380
35 to 39	17,671	8,513	9,158	14,917	7,038	7,879	742	381	361	2,012	1,094	918	989	487	502
40 to 44	20,012	9,871	10,141	17,206	8,415	8,791	871	458	413	1,935	998	937	1,256	654	602
45 to 49	19,179	9,550	9,629	16,631	8,245	8,386	892	450	442	1,656	855	801	1,070	551	519
50 to 54	19,381	9,749	9,632	17,439	8,816	8,623	842	387	455	1,100	546	554	824	408	416
55 to 59	17,306	8,466	8,840	15,762	7,678	8,084	802	410	392	742	378	364	562	278	284
60 to 64	15,728	7,674	8,054	14,445	7,077	7,368	716	314	402	567	283	284	434	209	225
65 to 69	12,611	6,058	6,553	11,644	5,634	6,010	564	248	316	403	176	227	271	145	126
70 to 74	10,176	4,891	5,285	9,507	4,596	4,911	417	175	242	252	120	132	192	90	102
75 to 79	6,346	2,935	3,411	5,944	2,743	3,201	214	95	119	188	97	91	101	44	57
80 to 84	3,580	1,568	2,012	3,344	1,468	1,876	129	54	75	107	46	61	56	23	33
85 plus	3,443	1,325	2,118	3,241	1,240	2,001	100	30	70	102	55	47	76	28	48

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.

## Population Counts by Age Group, Sex, Race and Ethnicity, Estimates 2021

### WILSON COUNTY

Age Group	Total Pop	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female	Total Other	Other Male	Other Female	Total Hispanic	Hispanic Male	Hispanic Female
All Ages	151,917	75,137	76,780	132,735	65,651	67,084	11,879	5,900	5,979	7,303	3,586	3,717	8,000	4,099	3,901
Infants	1,653	833	820	1,345	680	665	148	74	74	160	79	81	162	76	86
1 to 4	7,132	3,585	3,547	5,907	2,973	2,934	611	312	299	614	300	314	632	295	337
5 to 9	9,807	4,956	4,851	8,246	4,172	4,074	814	421	393	747	363	384	816	393	423
10 to 14	10,496	5,381	5,115	8,836	4,550	4,286	880	449	431	780	382	398	912	470	442
15 to 19	9,556	5,065	4,491	8,083	4,296	3,787	862	460	402	611	309	302	749	423	326
20 to 24	8,040	4,178	3,862	6,793	3,516	3,277	785	431	354	462	231	231	544	297	247
25 to 29	8,460	4,160	4,300	7,188	3,524	3,664	814	426	388	458	210	248	551	247	304
30 to 34	9,892	4,796	5,096	8,427	4,054	4,373	904	467	437	561	275	286	588	296	292
35 to 39	10,713	5,253	5,460	9,214	4,524	4,690	862	400	462	637	329	308	642	343	299
40 to 44	10,759	5,348	5,411	9,337	4,639	4,698	902	423	479	520	286	234	642	335	307
45 to 49	10,260	5,199	5,061	8,954	4,519	4,435	875	471	404	431	209	222	570	284	286
50 to 54	10,637	5,368	5,269	9,542	4,822	4,720	767	389	378	328	157	171	402	224	178
55 to 59	10,527	5,184	5,343	9,521	4,691	4,830	726	350	376	280	143	137	276	143	133
60 to 64	9,735	4,753	4,982	8,850	4,332	4,518	663	319	344	222	102	120	208	128	80
65 to 69	8,167	3,857	4,310	7,526	3,592	3,934	458	188	270	183	77	106	125	57	68
70 to 74	6,993	3,274	3,719	6,495	3,050	3,445	372	161	211	126	63	63	84	39	45
75 to 79	4,558	2,089	2,469	4,255	1,969	2,286	221	89	132	82	31	51	37	13	24
80 to 84	2,679	1,179	1,500	2,484	1,099	1,385	132	53	79	63	27	36	33	24	9
85 plus	1,853	679	1,174	1,732	649	1,083	83	17	66	38	13	25	27	12	15

Note: People who are Hispanic may be of any race.

Source: Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021.

**Attachment 1N-3**  
**Projected Home Health Need**

County	Licensed Agencies Serving County (2021)	Agencies Reporting Patients Served (2021)	Population (2021)	Home Health Patients (2021)	Use Rate / 1,000 (2021)	Projected Population (2024)	Projected HH Capacity (2024)	Projected HH Need (2024)	2024 Need/(Surplus)
Cheatham	36	27	41,525	844	20.3	41,527	844	623	(221)
Davidson	41	41	703,961	13,311	18.9	727,642	13,759	10,915	(2,844)
Dickson	34	25	55,287	1,492	27.0	56,741	1,531	851	(680)
Macon	28	15	25,698	627	24.4	25,900	632	389	(243)
Maury	32	26	104,757	2,736	26.1	103,252	2,697	1,549	(1,148)
Montgomery	30	25	227,899	3,760	16.5	231,789	3,824	3,477	(347)
Robertson	36	30	74,107	1,627	22.0	75,837	1,665	1,138	(527)
Rutherford	41	37	352,190	5,866	16.7	373,482	6,221	5,602	(618)
Sumner	36	29	200,559	4,482	22.3	205,755	4,598	3,086	(1,512)
Trousdale	29	14	12,029	256	21.3	11,547	246	173	(73)
Williamson	40	34	255,745	3,960	15.5	268,520	4,158	4,028	(130)
Wilson	40	31	151,917	3,643	24.0	159,452	3,824	2,392	(1,432)
<b>Service Area Total</b>	<b>423</b>	<b>334</b>	<b>2,205,674</b>	<b>42,604</b>	<b>19.3</b>	<b>2,281,444</b>	<b>43,998</b>	<b>34,222</b>	<b>(9,776)</b>

Source (2021 data): Tennessee Department of Health, Division of PHA; based on interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2021. Accessed at <https://www.tn.gov/content/dam/tn/health/documents/population/TN-Population-by-AgeGrp-Sex-Race-Ethnicity-2021.pdf>

Source (Home Health Patient Data): Tennessee Department of Health, Joint Annual Reports (JARs), 2021. Accessed at <https://apps.health.tn.gov/publicjars/default.aspx>

**Attachment 1N-5R**  
**Service Area Utilization**

State ID Number	Agency Name	County Licensed	Home Health Patients Served in Service Area Counties			CAGR '19-'21	Infusion Services?	Infusion Visits - State (2021)
			2019	2020	2021			
79456	Accredo Health Group, Inc.	Shelby	0	12	57	N/A	Yes	586
19714	Adoration Home Health, LLC	Davidson	3,037	3,300	4,422	13.34%	No	
19754	Advanced Nursing Solutions	Davidson	N/A	11	21	N/A	Yes	857
26054	Amedisys Home Care	Franklin	0	0	0	N/A	No	
75054	Amedisys Home Health	Rutherford	0	927	815	N/A	No	
75064	Amedisys Home Health Care	Rutherford	1,378	1,868	1,666	6.53%	Yes	234
19684	Amedisys Home Health Services	Davidson	1,076	1,188	1,057	-0.59%	No	
95084	American National Home Health	Wilson	146	209	178	6.83%	No	
19504	Brookdale Home Health Nashville	Davidson	1,322	896	922	-11.32%	No	
19664	Continuous Care Services, LLC	Davidson	161	238	168	1.43%	No	
71014	Cookeville Regional Home Health	Putnam	4	2	2	-20.63%	No	
19734	Coram CVS Speciality Infusion Services	Davidson	57	134	179	46.44%	Yes	1,055
14024	Cumberland River Homecare	Clay	0	N/A	0	N/A	No	
52024	Deaconess Homecare	Lincoln	2	1	1	-20.63%	No	
95034	Deaconess Homecare I	Wilson	831	801	866	1.38%	No	
19494	Elk Valley Health Services, LLC	Davidson	45	25	26	-16.71%	No	
94074	Guardian Home Care of Nashville, LLC	Williamson	1,611	0	0	-100.00%	No	
40075	Henry County Medical Center Home Health	Henry	0	0	0	N/A	No	
83114	Highpoint Homecare	Sumner	833	841	825	-0.32%	No	
19544	Home Care Solutions, Inc	Davidson	1,056	1,076	1,208	4.58%	No	
19584	Home Health Care of Middle Tennessee, LLC	Davidson	1,992	1,897	2,422	6.73%	No	
47452	Implanted Pump Management, LLC	Knox	14	11	10	-10.61%	Yes	218
19364	Intrepid USA Healthcare Services	Davidson	225	91	2	-79.29%	No	
89064	Intrepid USA Healthcare Services	Warren	231	179	208	-3.44%	No	
74064	Lifeline Home Health Care	Robertson	372	410	478	8.72%	No	
60044	Maury Regional Home Services	Maury	907	856	753	-6.01%	No	
94104	Maxim Healthcare Services, Inc	Williamson	273	310	294	2.50%	No	
60024	NHC Homecare	Maury	941	1,007	484	-19.88%	No	
74054	NHC Homecare	Robertson	2,614	2,927	1,539	-16.19%	No	
75024	NHC Homecare	Rutherford	2,156	1,714	945	-24.04%	No	
79856	Optum Infusion Services, LLC	Shelby	6	73	128	177.34%	Yes	1,116
19654	Optum Women's and Children's Health, LLC	Davidson	137	104	124	-3.27%	No	
19744	Pentec Health, Inc.	Davidson	11	14	13	5.73%	No	
19374	Premiere Home Health Inc	Davidson	115	139	95	-6.17%	No	
60084	Quality First Homecare	Maury	283	223	281	-0.24%	No	
41034	St. Thomas Home Health	Hickman	110	155	87	-7.52%	No	
19854	St. Thomas Home Health dba Ascension at Home	Davidson	N/A	418	669	N/A	No	
16034	Suncrest Home Health	Coffee	672	614	570	-5.34%	No	
19324	Suncrest Home Health	Davidson	3,278	2,507	2,251	-11.78%	No	
21024	Suncrest Home Health	DeKalb	663	500	565	-5.19%	No	
63044	Suncrest Home Health of Nashville, Inc.	Montgomery	721	529	411	-17.08%	No	
20045	Tennessee Quality Homecare - Southwest	Decatur	339	292	432	8.42%	No	
19394	Vanderbilt Community & Home Services	Davidson	35	42	35	0.00%	No	
19994	Vanderbilt HC/Option Care IV Services	Davidson	65	102	90	11.46%	Yes	1,243
19314	Vanderbilt Home Care Services, LLC	Davidson	3,273	3,497	4,419	10.52%	No	
20055	Volunteer Homecare of West Tennessee, Inc.	Decatur	0	1	0	N/A	No	
19694	Willowbrook Home Health Care Agency, Inc.	Davidson	1,493	1,623	1,787	6.17%	No	
33103	Amedisys Home Health	Hamilton	0	0	0	N/A	Yes	1,994
33433	Maxim Healthcare Services	Hamilton	0	0	0	N/A	Yes	17
47442	Coram CVS/Speciality Infusion Services	Knox	0	2	0	N/A	Yes	1,163
33083	Guardian Home Care, LLC	Hamilton	0	1,533	2,136	N/A	No	

Source: Tennessee Department of Health, Joint Annual Reports (JARs), 2021. Accessed at <https://apps.health.tn.gov/publicjars/default.aspx>

**Attachment 1N-9-1R**  
**Infusion Charge per Visit**



<b>State ID Number</b>	<b>Agency Name</b>	<b>Infusion Therapy - Pain Management (Charge Per Visit - Direct Only)</b>	<b>Infusion Therapy - Other (Charge Per Visit - Direct Only)</b>
79456	Accredo Health Group, Inc.	Not Available	Not Available
19754	Advanced Nursing Solutions	Not Available	Not Available
75064	Amedisys Home Health Care	\$0	\$0
19734	Coram CVS Speciality Infusion Services	\$90	\$90
47452	Implanted Pump Management, LLC	\$150	\$150
79856	Optum Infusion Services, LLC	Not Available	Not Available
19994	Vanderbilt HC/Option Care IV Services	Not Available	Not Available
33103	Amedisys Home Health	\$0	\$0
33433	Maxim Healthcare Services	Not Available	Not Available
47442	Coram CVS/Speciality Infusion Services	Not Available	Not Available

Source: Tennessee Department of Health, Joint Annual Reports (JARs), 2021. Accessed at <https://apps.health.tn.gov/publicjars/default.aspx>

**Attachment 1N-9-2R**  
**Infusion Visits and Hours**

State ID Number	Agency Name	County Licensed	2019		2020		2021		CAGR '19-'21	
			Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours
79456	Accredo Health Group, Inc.	Shelby	79	0	174	0	586	0	95.02%	N/A
19754	Advanced Nursing Solutions	Davidson	N/A	N/A	201	789	857	3,036	N/A	N/A
75064	Amedisys Home Health Care	Rutherford	6	0	0	0	234	0	239.12%	N/A
19734	Coram CVS Speciality Infusion Services	Davidson	662	1,563	779	2,361	1,055	2,173	16.81%	11.61%
47452	Implanted Pump Management, LLC	Knox	278	278	315	315	218	218	-7.78%	-7.78%
79856	Optum Infusion Services, LLC	Shelby	247	1,235	764	6,504	1,116	2,859	65.32%	32.29%
19994	Vanderbilt HC/Option Care IV Services	Davidson	881	2,328	1,337	3,877	1,243	3,662	12.16%	16.30%
33103	Amedisys Home Health	Hamilton	0	0	0	0	1,994	0	N/A	N/A
33433	Maxim Healthcare Services	Hamilton	23	36	0	115	17	116	-9.59%	47.70%
47442	Coram CVS/Speciality Infusion Services	Knox	907	1,987	997	4,677	1,163	2,540	8.64%	8.53%
		<b>Total</b>	<b>3,083</b>	<b>7,427</b>	<b>4,567</b>	<b>18,638</b>	<b>8,483</b>	<b>14,604</b>	<b>40.13%</b>	<b>25.28%</b>

Source: Tennessee Department of Health, Joint Annual Reports (JARs), 2021. Accessed at <https://apps.health.tn.gov/publicjars/default.aspx>

**Attachment 1N - Supplemental #1**  
**Service Specific Criteria Questions**

**1. Item 1N., Project Specific Criteria (Home Health), Item #3**

**Attachment 1N-3 is noted. However, the following rows appear to contain errors:**

- **Macon County**
- **Maury County**

**Please revise and resubmit Attachment 1N-3 (labeled as Attachment 1N-3R).**

Response: Paragon was unable to find errors in the data reported for Macon and Maury Counties in Attachment 1N-3. Below is an explanation of the sourcing of the data for this attachment:

- “Licensed Agencies Serving County” is sourced from the Department of Health Licensure’s list of Home Health Agencies licensed by county for the state of Tennessee. This document lists 28 licensed agencies for Macon County, and 32 licensed agencies for Maury County. Please see Attachment 10S-1 for the Department of Health Licensure’s list of Home Health Agencies by licensed county, Macon County and Maury County only.
- “Agencies Reporting Patients Served in 2021” and “Home Health Patients (2021)” are both sourced from the 2021 Joint Annual Reports (JARs). Please see Attachments 10S-2 (Macon County) and 10S-3 (Maury County) for data as pulled from the “Master File” of Home Health Agency data as available on the Tennessee Department of Health website. According to the 2021 JARs, there are 15 agencies reporting home health visits in Macon County, and 26 agencies reporting home health visits in Maury County. These attachments also show the sum of those visits, which is 627 for Macon County, and 2,736 for Maury County. These totals match the totals originally recorded on Attachment 1N-3.
- “Population (2021)” and “Projected Population (2024)” are sourced from the Tennessee Department of Health’s General Health Population Data. This is viewable in Attachment 1N-2 on Paragon’s original application. The figures in that attachment match the figures recorded in Attachment 1N-3.

The remaining columns - “Use Rate / 1,000 (2021),” “Projected HH Capacity (2024),” “Projected HH Need (2024),” and “2024 Need/(Surplus),” are calculations that are dependent on the constants listed above. As all values in the table are accurate - as proven above - and as those calculations for all other counties listed in Attachment 1N-3 were evaluated by the Agency to be accurate while utilizing the same formulas, those data are accurate, as well.

2. **Item 1N., Project Specific Criteria, County Need Standard (Home Health), Item #4**

**It is noted that no letters of support are provided in response to Criterion #4. Does the applicant intend to provide any letters of support identifying instances of the following?**

- 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.

Response: Yes, Paragon intends to provide letters of support evidencing the need for its proposed project. Paragon will provide these letters to the Commission upon receipt. Further, as an existing health care provider that has directly experienced difficulties referring patients to existing, traditional HHAs for infusion therapy, Paragon's own experience is evidence of the need for the proposed project.

# **LETTER OF INTENT**

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## LETTER OF INTENT

The Publication of Intent is to be published in *The Daily Herald*, the *Hartsville Vidette*, the *Leaf Chronicle*, the *Macon County Chronicle* and *The Tennessean*, which are newspapers of general circulation in the 12 Tennessee Counties listed below, on or before October 15, 2022, for one day.

- (1) *The Daily Herald* is a newspaper of general circulation in Maury County, Tennessee.
  - (2) The *Hartsville Vidette* is a newspaper of general circulation in Trousdale County, Tennessee.
  - (3) The *Leaf Chronicle* is a newspaper of general circulation in Montgomery County, Tennessee.
  - (4) The *Macon County Chronicle* is a newspaper of general circulation in Macon County, Tennessee.
  - (5) *The Tennessean* is a newspaper of general circulation in the following Tennessee counties: Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Williamson and Wilson Counties.
- 

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 CareMax Pharmacy of Loudon, Inc., a proposed home care organization with its principal office to be located at 601 Grassmere Park, Suite 19A, Nashville, Tennessee 37211 in Davidson County, owned by Paragon Healthcare, Inc. with an ownership type of corporation, intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to home infusion and related nursing services for patients of pharmacies owned by Paragon Healthcare, Inc. The estimated project cost is \$155,000.

The applicant seeks licensure by the Board for Licensing Health Care Facilities as a home care organization in the following 12 proposed service area counties: Cheatham, Davidson, Dickson, Macon, Maury, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson and Wilson Counties.

The anticipated date of filing the application is on or before November 1, 2022.

The contact person for this project is Daniel Carter, who may be reached at Ascendient Healthcare Advisors, Inc., 6320 Quadrangle Drive, Suite 180, Chapel Hill, North Carolina, 27517; (919) 226-1705.



October 7, 2022

danielcarter@ascendient.com

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**Signature of Contact**

**Date**

**Contact's Email Address**



**ORIGINAL**  
**APPLICATION**



## State of Tennessee

### Health Facilities Commission

502 Deaderick Street, 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

CareMax Pharmacy of Loudon, Inc.

**Name**

601 Grassmere Park, Suite 19A

**Street or Route**

Nashville

**City**

[www.paragonhealthcare.com](http://www.paragonhealthcare.com)

**Website Address**

Davidson

**County**

37211

**Zip**

TN

**State**

**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

Daniel Carter

**Name**

Ascendient Healthcare Advisors, Inc.

**Company Name**

6320 Quadrangle Drive, Suite 180

**Street or Route**

Chapel Hill

**City**

Consultant

**Association with Owner**

Vice President

**Title**

[danielcarter@ascendient.com](mailto:danielcarter@ascendient.com)

**Email Address**

27517

**Zip**

919.226.1705

**Phone Number**

NC

**State**

### 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)

Response:

**Date LOI was Submitted:** October 7, 2022

**Date LOI was Published:** The LOI was published in newspapers of general circulation that cover each county in the service area between October 11 and 13, 2022. Please see Attachment 3A.

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

- Establish New Health Care Institution  
 Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)  
 Change in Bed Complement  
 Initiation of Health Care Service as Defined in §TCA 68-11-1607(3) Specify: Home Health limited to infusion therapy  
 Relocation  
 Initiation of MRI Service  
 MRI Unit Increase  
 Satellite Emergency Department  
 Addition of ASTC Specialty  
 Initiation of Cardiac Catheterization  
 Addition of Therapeutic Catheterization  
 Establishment/Initiation of a Non-Residential Substitution Based Opioid Treatment Center  
 Linear Accelerator Service  
 Positron Emission Tomography (PET) Service

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.

Response: Please see Attachment 4A for a completed copy of the required HFC Attachment for HHAs.

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

- Hospital (Specify): \_\_\_\_\_  
 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 (Specify): \_\_\_\_\_

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

CareMax Pharmacy of Loudon, Inc.

**Name**

601 Grassmere Park, Suite 19A

**Street or Route**

Nashville

**City**

TN

**State**

629-895-0115

**Phone Number**

37211

**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)

Response: Please see Attachment 7A-1 for a copy of the certificate of corporate existence and documentation of the active status of the applicant from the Tennessee Secretary of State’s website.

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: Please see Attachment 7A-2 for a copy of the organizational chart, which shows the existing ownership structure and each entity’s relationship to the Applicant. Of note, CareMax Pharmacy of Loudon, Inc. does business as Paragon Infusion and is owned by Pathwrite, Inc., which is owned by Paragon Healthcare, Inc. As such, this application refers to “Paragon” as the applicant in its responses since this is the trade name for the organization. Paragon Healthcare, Inc. is indirectly owned by PHI Parent LLC, which is indirectly owned by PHI Topco LLC. PHI Topco, LLC is owned by other indirect owners as well, none of which hold a 5% or more direct or indirect ownership interest in CareMax Pharmacy of Loudon, Inc.

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

<hr/>		
<b>Name</b>		
<hr/>		<hr/>
<b>Street or Route</b>	<b>County</b>	
<hr/>	<hr/>	<hr/>
<b>City</b>	<b>State</b>	<b>Zip</b>
<hr/>		
<b>Website Address</b>		

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)

Response: Not applicable. The project will not involve a management/operating entity but will be self-managed by the applicant.

#### **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.

Other (Specify)

Response: Please see Attachment 9A-1 for a copy of the fully executed lease, as well as Attachment 9A-2 for a copy of the sublease for the space needed for the HHA office.

#### **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 proposed project involves providing infusion therapy services in patients' homes (home health); as such, there is no relevant healthcare facility. However, the floor plan showing the home health agency office is provided in Attachment 10A.

#### **11A. Public Transportation Route**

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

Response: Not applicable. As discussed in response to Question 10A, the proposed project involves providing infusion therapy services in patients' homes (home health). As such, Paragon will bring the service directly to the patient. Therefore, the home health service itself, not public transportation routes, will ensure accessibility for patients.

#### **12A. Plot Plan**

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter size sheet of white paper, legibly labeling all requested information. It **must** include:

- Size of site (in acres);

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

(Attachment 12A)

Response: Not applicable. The proposed project involves a home care organization.

### **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       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       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.
- Ownership structure
- Service Area
- Existing similar service providers
- Project Cost
- Staffing

Response: Please see the following page.

## 1E. Overview

- Description: The applicant, CareMax Pharmacy of Loudon, Inc., does business as Paragon Infusion (Paragon). Paragon operates in multiple states, including AL, CO, FL, GA, LA, MO, OK, TN, and TX, providing a variety of pharmacy-related services, including outpatient infusion centers, specialty pharmacy, and home infusion therapy. In Tennessee, Paragon operates two pharmacies, one each in Knoxville and Nashville, and three outpatient infusion centers, one each in Knoxville, Nashville and Hendersonville. Paragon is submitting two concurrent and complementary applications for home health agencies (HHAs), this one based in Nashville and the other based in Knoxville. The proposed project involves the development of a licensed home care organization (HHA) to provide home infusion therapy to patients of Paragon's pharmacies. Currently, Paragon experiences difficulty referring its infusion patients for home health nursing services. While a few HHAs in the state provide home infusions, most do not due to numerous reasons, including a lack of sufficiently trained nursing staff and reimbursement that does not cover the cost of the nursing care. If approved, Paragon proposes to provide home infusion services to its pharmacy patients receiving infusions using specially trained RNs. These infusions include anti-infectives, cardiac medications, nutritional support, immunoglobulin (IG), and specialty medications. Paragon does not and will not provide oncology/chemotherapy infusions in the home.
- Ownership structure: CareMax Pharmacy of Loudon, Inc. is owned by Pathwrite, Inc., which is owned by Paragon Healthcare, Inc., which is owned by PHI Parent, LLC, which is owned by PHI Topco, LLC. As shown on the organizational chart in Attachment 7A-2, PHI Topco, LLC is owned by other indirect owners as well. The applicant, through Paragon Healthcare, Inc. and its related organizations, operates home infusion therapy programs similar to those proposed in this application in multiple states, including AL, CO, GA, and TX, and also operates pharmacies in these states as well as in FL, MO and OK.
- Service Area: The service area for the proposed project includes the following 12 counties in Middle Tennessee: Cheatham, Davidson, Dickson, Macon, Maury, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, and Wilson.
- Existing similar service providers: According to the 2021 Tennessee Joint Annual Reports (JARs), there are 47 HHAs that are licensed to provide home health services in the proposed service area; however, only a small fraction of those HHAs provide home infusion therapy. According to the JARs, only seven HHAs in the service area reported providing any type of infusion therapy services. Please see the response to Question 5N for additional discussion on existing service area providers. Additionally, please see Attachment 1N-5 for a detailed list of HHAs who operate in the service area including those who provide home infusion therapy.
- Project Cost: The proposed project will be developed with modest costs, \$155,000, inclusive of lease outlay costs, moveable equipment, legal and administrative/consulting fees, and the CON filing fee.
- Staffing: The proposed project will also require minimal staffing. Based on the total number of projected visits and nursing hours shown in response to Question 6N, Paragon projects to need 2.35 RN FTEs in Year 1 increasing to 2.48 FTEs in Year 2.



**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
- Quality Standards
- Consumer Advantage
  - Choice
  - Improved access/availability to health care service(s)
  - Affordability

Response: Please see the following page.

## **2E. Rationale for Approval**

**Need:** The need for the proposed project is driven by the lack of existing HHAs that provide the home infusion therapy, and, in particular, Paragon's inability to effectively deliver the infusion and related nursing services to its patients who have been prescribed various infusion treatments by their physicians, including anti-infectives, cardiac medications, nutritional support, IG therapy, and specialty medications. With its existing pharmacies in Tennessee, Paragon knows firsthand the difficulty its infusion therapy patients face when attempting to receive infusion services in their homes. While Paragon is able to provide a patient's medications through its pharmacies, and while some patients can receive infusion therapy at Paragon's infusion center in Middle Tennessee (Nashville and Hendersonville), the majority of Paragon's patients need the ability to receive these specialized medications in the comfort of their homes. For example, many of Paragon's patients have recently been discharged from an acute care setting and are still recovering at home. Others are unable or unwilling to travel to a center for their infusions, particularly when these patients are receiving infusions every few weeks, or even more frequently. While both the obvious choice and Paragon's optimal choice, historically, is to coordinate with existing home health providers to deliver the care, in recent years, it has become clear, for the reasons outlined below, that this is no longer a feasible option for Paragon to furnish its infusion medications in patients' homes. First, existing HHAs often cannot accommodate home infusion patients for financial and staffing reasons. Because traditional HHAs are often not reimbursed for the nursing service associated with administering infusion medications, they are unwilling to serve the patients because the reimbursement from their payor does not cover the cost of care. In addition to financial pressures, many HHAs do not have the nursing resources to provide this specialized care. This has only worsened since the pandemic, which increasingly drove care to the in-home setting. Moreover, most existing HHAs focus on providing traditional home health services—that is, for homebound patients age 65 or older needing shorter visits that can be accommodated by different types and levels of staff. For example, traditional HHAs may have a standard of 5 visits/day for nurses and 6 visits/day for aides. Home infusions must be provided by an RN who typically cannot visit 5 infusion patients per day; thus, HHAs lack the staff necessary to furnish the required nursing care.

**Quality Standards:** Since its founding, Paragon has been committed to providing high quality care for its patients. Like Paragon's existing HHAs, for the proposed project, Paragon will seek Accreditation Commission for Health Care (ACHC) accreditation—the gold standard for demonstrating quality care for HHAs. When performed by organizations with extensive experience, such as Paragon, in-home infusion therapy is safe and effective. Further, by employing its own RNs specifically trained for home infusions, Paragon will ensure that its patients receive the highest standard of care. Paragon's RNs will have immediate access to a pharmacist or Physician, as needed, and patients have 24/7 telephonic access to a pharmacist. Please see Attachment 5C.

### **Consumer Advantage:**

- **Choice:** The proposed project enhances patient choice by increasing the possible treatment options for existing Paragon pharmacy patients. Many patients who receive medications from Paragon's pharmacies would benefit from home infusion therapy but currently have limited or no such choice available to them.
- **Improved access/availability to health care service(s):** By establishing an HHA dedicated to providing home infusion therapy, Paragon offers new access to home care services for its pharmacy patients. Existing HHAs cannot offer such access to home infusion services.
- **Affordability:** By providing home infusion therapy, Paragon's patients will avoid the significant costs of remaining in or returning to more acute care settings as is, currently, often the case. Further, Paragon's home infusion therapy nursing service can be supported by the cost of the infusion medication, meaning because Paragon can provide home infusion therapy nursing services when existing HHAs cannot. Paragon also plans to offer charity care to patients who lack a payor source or means of payment.

**3E. Consent Calendar Justification**

Consent Calendar Requested (Attach rationale)

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.

X Consent Calendar **NOT** Requested

**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	<u>\$125,000</u>
3.	Acquisition of Site	_____
4.	Preparation of Site	_____
5.	Total Construction Costs	_____
6.	Contingency Fund	_____
7.	Fixed Equipment (Not included in Construction Contract)	_____
8.	Moveable Equipment (List all equipment over \$50,000 as separate attachments)	<u>\$4,000</u>
9.	Other (Specify) _____	_____
B.	Acquisition by gift, donation, or lease:	
1.	Facility (inclusive of building and land)	<u>\$23,000*</u>
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)	<u>\$152,000</u>
E.	CON Filing Fee	<u>\$3,000</u>
F.	Total Estimated Project Cost (D+E)	<b>TOTAL</b> <u>\$155,000</u>

\*Please see Attachment 4E for a comparison of the FMV and lease cost.

## 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.

- 2N.** Identify the proposed service area and provide justification for its reasonableness. 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: Please see the map in Attachment 2N with the service area counties shaded. No counties in border states are included. In Tennessee, Paragon operates two pharmacies, one each in Knoxville and Nashville, and three outpatient infusion centers, one each in Knoxville, Nashville and Hendersonville. The service area counties are based on the area historically served by Paragon in its two existing pharmacies in Tennessee. While Paragon’s pharmacies have served patients in counties outside the 12 in its proposed service area on occasion, it believes the proposed service area is a reasonable and conservative one for the proposed project. Of note, additional counties that Paragon has historically served – specifically for counties in East Tennessee – are addressed in Paragon’s complementary East Tennessee CON application being filed concurrently with this application.

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

Response: Not applicable for historical utilization.

Unit Type: <input type="checkbox"/> Procedures <input type="checkbox"/> Cases <input checked="" type="checkbox"/> Patients <input type="checkbox"/> Other (Specify): _____		
Service Area Counties	Projected Utilization Year 1 (Year= <u>3/2023-2/2024</u> )	% of Total
Cheatham	3	1.8%
Davidson	55	31.9%
Dickson	4	2.5%
Macon	2	1.1%
Maury	8	4.5%
Montgomery	17	10.2%
Robertson	6	3.3%
Rutherford	28	16.4%
Sumner	16	9.0%
Trousdale	1	0.5%
Williamson	20	11.8%
Wilson	12	7.0%
<b>Total</b>	<b>172</b>	<b>100%</b>

Projected annual utilization for the proposed project is based on Paragon's experience serving patients through its existing pharmacies in Tennessee. Paragon conservatively assumes that less than one-third of Paragon's total infusion patients in Tennessee (1,022 in annualized 2022) would be served by its proposed HHAs and that, of these patients, one-half (172 patients) will be served by the proposed Nashville-based HHA, while the other half will be served by the Knoxville-based HHA for which Paragon is filing a complementary application. To project utilization by service area county, Paragon assumes that utilization will be distributed proportionally based on population (e.g., Cheatham County is 1.8 percent of the service area population and will account for 1.8 percent of the projected patients).

Historically, Paragon has dispensed infusions for patients from each of these counties through its existing pharmacies. While Paragon strives to work with existing HHAs to provide the infusion therapy to patients in their homes, particularly for patients who are immunocompromised, recently discharged from acute care, and/or for whom infusion in a facility (either inpatient or outpatient) would not be optimal based on their condition or the county in which they live, the growth in the number of patients appropriate for home infusion therapy, combined with the limited number of existing HHAs that offer the service, has made referring patients for home infusion therapy exceptionally difficult. While the projected number of patients represents just a fraction of the total number of infusion patients served by Paragon, for the patients who will be able to receive their infusions through a specially trained registered nurse in the comfort of their home, the impact of the project on these patients will be significant.

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

Response: While Paragon proposes to serve all patients needing home infusion therapy regardless of age, most home infusion therapy patients are under 65. Specifically, these patients include those receiving anti-infectives for bacterial or fungal infections; patients with cardiac issues receiving inotropic agents; patients needing nutritional support due to malabsorptive disorders arising from various diseases; patients receiving immunoglobulin for immune deficiencies; and, patients receiving specialty medications for conditions like ulcerative colitis, Crohn's disease, multiple sclerosis, thyroid eye disease, and ALS. While some of these patients may be over 65, most that are in need of the proposed services are under 65. Therefore, Paragon's target population is, generally, the service area population under 65.

As shown in Attachment 3N, the service area population is growing twice as fast as the state's population and has a slightly younger population compared to the state as a whole. Further, as noted in the table, the target population for this service, chiefly those under age 65, is projected to comprise over 84 percent of the total population, which, among other factors, supports the projected growth in need for the proposed service.

For additional detail regarding the service area demographic information, please see the response to 3N-B – and Attachment 3N – below.

- 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>).

Demographic Variable/Geographic Area	Department of Health/Health Statistics							Census Bureau			TennCare		
	Total Population-Current Year ____	Total Population-Projected Year ____	Total Population-% Change	*Target Population-Current Year ____	Target Population-Project Year ____	Target Population-% Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total
County A													
County B, etc.													
Service Area Total													
State of TN Total													

*\* Target Population is population that project will primarily serve. For example, nursing home, home health agency, and hospice agency projects typically primarily serve the Age 65+ population. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2022, then default Projected Year is 2026.*

Be sure to identify the target population, e.g. Age 65+, the current year and projected year being used.

Response: Please see Attachment 3N.

Please note that to calculate the Median Age, Median Household Income, and Person Below Poverty Level as % of Total of the proposed service area, a weighted average was calculated using county populations as listed on 2020 census information (accessible via <https://data.census.gov/cedsci/>), so as to calculate consistent weights.

For the source data used to complete Attachment 3N, please see Attachment 3N-1 (for Tennessee Department of Health Population Data), Attachment 3N-2 (for U.S. Census Data), and Attachment 3N-3 (for the detailed TennCare Enrollment Report for August 2022).

- 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: As noted throughout this application, the proposed project is focused on addressing the needs of patients receiving infusion therapy who would be best served in their homes but for whom home infusion services are largely unavailable through existing home health agencies. As an existing pharmacy with experience dispensing infusion medication to patients in Tennessee, Paragon has extensive knowledge of the patients who require the infusion services proposed in this application. In particular, Paragon expects to serve patients with the following special health concerns that would benefit from home infusion therapy:

- Patients requiring anti-infectives. These infusions treat acute and chronic bacterial and fungal infections that may result from any of a number of conditions, including: cellulitis, bone/joint infections, complicated urinary tract infections (UTIs), sepsis, pneumonia, gastrointestinal infections, abscesses, and endocarditis.
- Patients on special cardiac medications. These therapies include inotropic agents, which change the force of the heart's contractions to treat patients with congestive heart failure (CHF) and other cardiac complications.
- Patients who need nutritional support. These include enteral and total parenteral nutrition (TPN) for patients with malabsorptive disorders stemming from acute or chronic disease states.
- Patients receiving immunoglobulin (IG) therapy. This may be delivered via either subcutaneous or intravenous methods and is used for primary and secondary immune deficiency disorders, including conditions such as Kawasaki syndrome, inflammatory demyelinating polyneuropathy, myasthenia gravis (MG), and multifocal motor neuropathy.
- Patients who require specialty medication infusions. These include treatments for:
  - Ulcerative colitis and Crohn's disease: Remicade, Entyvio
  - Multiple sclerosis (MS): Ocrevus and Tysabri
  - Thyroid eye disease: Tepezza
  - Amyotrophic lateral sclerosis (ALS): Radicava



These patients often have few options other than remaining in or returning to the hospital for infusion therapy. While Paragon operates outpatient infusion centers, this option is suboptimal for patients who live at a distance from the facility or who have recently been discharged from an acute care setting; those with cancer or other diseases requiring TPN; and those receiving anti-infectives or IVIG, all patients who are potentially immunocompromised and for whom avoiding facility-based care is vital for their health. Of note, Paragon does not and will not provide home infusions of oncology drugs, including chemotherapy. The cancer patients Paragon treats often require TPN to support their nutrition needs arising as a side effect of their disease or its treatment.

As noted in Attachment 1N, existing HHAs cannot serve many of these patients because their payor does not reimburse sufficiently or, sometimes, at all, for the cost of infusion therapy provided by a home health nurse. Paragon will be able to care for these patients, thereby providing this population access to home infusion services that would otherwise not exist. Beyond this, Paragon also expects to provide 1.7 percent of gross revenue as charity care to patients in need of home infusion services but who lack a funding source.

- 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: Paragon maintains that there are few true “similar” healthcare providers in the service area. The need for the proposed project is to address issues Paragon has had obtaining home health nursing services for infusion patients of its pharmacies. As such, existing home health providers in the service area are not able to provide the services needed by Paragon’s patients. However, to be responsive to this question, according to the Tennessee Joint Annual Reports, there are 47 home health agencies (HHAs) that are licensed to provide general home health services in the proposed service area. These agencies cared for 31,505 patients in the service area. Data regarding the number of infusion therapy patients served in the service area counties are not provided in the JARs.

Attachment 1N-5 provides the response to the State Health Plan Standards and Criteria, including additional details regarding the last three years of patient data for each of these 47 providers and the CAGR (compound annual growth rate) of patients for each agency over that three-year period. This table also provides information regarding whether each listed agency offers home infusion therapy services, which are categorized as “Pain Management” and “Other” visits in the Joint Annual Reports. Attachment 1N-5 also shows the combined number of “Pain Management” and “Other” visits reported by each agency statewide.

Only a fraction of the listed agencies provide home infusion services. Further, for most of these agencies, infusion services are only a small portion of their total visits. Paragon, in contrast, plans to provide only specialized home health infusion services, specifically targeting its own pharmaceutical patient population in the service area.

Paragon’s home infusion services are distinct from traditional home health services in a number of ways, including that Paragon will serve patients under 65 and, most critically, that Paragon will serve patients that existing HHAs cannot due to payor reimbursement that is often less than the cost of providing nursing services. Traditional home health agencies employ a staffing model that attempts to maximize the care

provided within the reimbursement constraints for home health services. For example, HHAs utilize nurses (RNs and LPNs), physical, occupational and speech therapists, medical social workers and certified nursing assistants (CNAs) to provide the various services required by their patients. In contrast, home infusion requires nursing care provided by registered nurses, which are higher cost than other staff members. While the productivity standard may vary among HHAs, most have different expectations for the various staff members. Nurses and therapists, for example, may provide five visits per day, while CNAs provide six, and social workers only three. As stated previously, home infusion nurses may provide two to three visits on some days, while fewer visits on other days, depending on the type of treatments given; however, they would not be able to provide as many visits as traditional home health nurses on a regular basis. Paragon's nurses may travel farther, on average, than traditional home health nurses; however, because they visit fewer patients, they save travel time and case management (i.e., administration, documentation, coordination) time. While this will allow Paragon to staff its HHA with relatively few nurses, it also means that the different way in which the service is provided is often incompatible with the care delivery model employed by all but the few agencies that offer some type of infusion services. Given these differences, Paragon believes that its proposed project will clearly be distinct from most of the HHAs in the service area, both in the way it serves home health patients and in who its patients are—infusion therapy patients of Paragon's pharmacies.

Two additional providers have approved but unimplemented projects to offer home infusion therapy services. Tristate Infusion and TwelveStone Infusion Support recently filed CON applications with the Agency for home infusion therapy services; both applications were approved.<sup>1</sup> While the core offering of these providers and that of Paragon is similar, the service areas and patient populations proposed by both Tristate and TwelveStone are markedly different than that of Paragon. Specifically, Tristate's proposed service area and Paragon's proposed service area overlap by only two counties – Dickson County and Montgomery County – and Tristate projects to serve only 14 patients combined from those two counties in its first year of operation (2023). TwelveStone proposed a service area consisting of all 95 counties in Tennessee (and was approved for 93). However, like Paragon, TwelveStone's projected utilization (see the response to 6N on page 82 of its application) includes only infusion patients of TwelveStone's pharmacies. Because Paragon proposes to serve only patients of pharmacies owned by Paragon Healthcare, Inc., there will be little to no overlap in patient populations between the approved applications and Paragon's. As such, there will be no negative impact to either Tristate or TwelveStone's approved projects following the approval of Paragon's proposed home infusion therapy services project.

Please see Attachment 1N for a further discussion of the need for the proposed project.

- 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: Paragon does not currently operate a home care organization in Tennessee; therefore, it has no historical utilization. Projected utilization is provided below.

Paragon operates two pharmacies in Tennessee, one in Knoxville and one in Nashville. Projected annual utilization for the proposed project is based on Paragon's experience serving patients through those two

<sup>1</sup> Tristate Infusion, LLC – Project Number CN2204-022, filed April 29, 2022, for the “Establishment of a home care organization and the initiation of home health services;” TwelveStone Infusion Support, LLC – Project Number CN2205-025, filed May 31, 2022, for “The Establishment of a new home care organization to initiate and provide home health services to 90 counties limited to infusion nursing services.”

existing pharmacies. As shown in Table 6N-1 below, the number of infusion patients Paragon has served through its pharmacies in Knox and Davidson counties has grown considerably over the past few years. Of note, most of the volume prior to 2022 occurred in the Knoxville pharmacy, because the Nashville pharmacy opened in late 2021.

**Table 6N-1: Paragon patients receiving infusion therapy medications from its Tennessee pharmacies (Knoxville and Nashville)**

2020	2021	2022 <sup>^</sup>	CAGR*
832	920	1,022	10.8%

<sup>^</sup>Annualized based on eight months of actual 2022 data (681 patients)

\*Compound annual growth rate

Of note, the patients included in the table above account only for those residing in one of the counties proposed as part of the service areas in Paragon's complementary applications for home care organizations (Middle and East Tennessee). Approximately 10 percent of Paragon's patients originated from counties outside the proposed service area but have conservatively been excluded from this analysis. Even assuming some of the growth from 2020 to 2021 was rebound volume following the impact of the pandemic, Paragon's patient volume increased by more than 10 percent from 2021 to 2022 (annualized). While a portion of that growth occurred as a result of Paragon opening its second pharmacy in Nashville in late 2021, the majority of the growth was in its existing Knoxville pharmacy, which has been in existence for many years, becoming part of Paragon in 2015. While there may be many factors driving this growth, based on its experience, Paragon believes that the pandemic drove changes in the way healthcare is delivered, particularly for services that could be provided outside a facility, like certain infusion therapy. Given the need to keep healthcare facilities available for the influx of very ill patients, combined with the desire to limit potential exposure, particularly for immunocompromised patients, providers were motivated to provide services outside a facility setting whenever possible. Paragon believes the increase in home infusion is ultimately a good thing for patients, delivering care in a comfortable environment, minimizing exposure to other patients, and lowering the cost of care; however, these benefits cannot be achieved without home health agencies that can provide the service.

As a next step, Paragon examined the volume of patients receiving infusions through its pharmacies that would be most effectively served through infusion therapy provided in their homes, but for whom Paragon was unable to find care from a traditional home health agency. These patients include, but are not limited to, patients who need infusions on the same day as discharge from acute care, patients receiving a first dose of a particular medication, patients in rural areas or otherwise at a distance from infusion centers, and other patients who cannot be cared for by traditional HHAs for any number of reasons. This is also described in Attachment 1N. The table below shows this estimated volume for 2020 through 2022.

**Table 6N-2: Paragon patients from service area counties appropriate for home infusion therapy for whom care from a traditional HHA was unavailable**

2020	2021	2022 <sup>^</sup>	CAGR*
88	90	314	88.7%

<sup>^</sup>Annualized based on eight months of actual 2022 data (681 patients)

\*Compound annual growth rate

Table 6N-2 conservatively assumes that less than one-third of Paragon's total 1,022 infusion patients in Tennessee would be served by its proposed East and Middle HHAs. Further, the number and percentage of patients that would benefit from home infusion therapy has grown exponentially as a result of the overall increased use of infusions as a treatment modality, as well as the lack of existing HHAs willing or able to care for those patients. Paragon must seek licensure as a home health agency to effectively serve

these patients. As stated above, Paragon believes the significant growth in patients from 2021 to 2022 may stem, in part, from pandemic conditions shifting patients away from a facility setting. These conditions, the impact of which Paragon expects to continue, made it even more challenging for pharmacies, like Paragon, to find home health agencies willing and/or able to provide the service.

Despite this high historical growth trend, Paragon is conservatively projecting utilization of the proposed service at a much lower rate of growth. Specifically, notwithstanding a historical compound annual growth rate of 89 percent from 2020 to 2022 (shown in Table 6N-2), Paragon projects that its volume of home infusion therapy patients will grow just 10 percent from 2022 to the first project year, which approximates the growth in total infusion patients from 2021 to 2022, and five percent in the second project year, reflecting the potential for slower growth over time.

**Table 6N-3: Paragon patients projected to receive home infusion therapy, statewide**

<b>Year 1</b> <b>3/2023-2/2024</b>	<b>Year 2</b> <b>3/2024-2/2025</b>
344	362

Of note, the number of patients projected in Table 6N-3 above include patients from both the Knox County and Davidson County pharmacies. Because Paragon is filing two complementary applications to develop two home care organizations, one to serve Middle Tennessee and one to serve East Tennessee, it projects that one-half of its projected patients will be served by each agency. While the service area population in Middle Tennessee is slightly larger, the Paragon pharmacy in Nashville opened late in 2021 and is still ramping up its volume; Paragon's Knoxville pharmacy, in contrast, has operated for more than twenty years and became part of Paragon in 2015. Thus, the assumption that half the projected patients will be served by each HHA is based on a continued ramp-up of volume in the Nashville office, due to, among other factors, the larger population size and the overall growth of the population in the service area. Applying these assumptions, the projected home infusion therapy patient volume for the proposed office in Nashville is shown below.

**Table 6N-4: Paragon patients projected to receive home infusions by proposed home care office**

<b>Office</b>	<b>Year 1</b>	<b>Year 2</b>
Nashville	172	181
Knoxville	172	181
<b>Total</b>	<b>344</b>	<b>362</b>

As a final step, Paragon projected the number of home infusion therapy nursing visits arising from this patient population. The number of visits per patient can vary widely based on the type of therapy being provided and the patient being treated. For example, patients receiving specialty therapies (e.g., Remicade, Entyvio, Ocrevus, Tysabri, Tepezza, and Radicava) may have 12 visits per year, while acute patients must be visited at least once per week to change their central line dressing. A large percentage of Paragon's patients are receiving intravenous (IV) antibiotics four to five times per month for up to two months or sometimes longer. Generally, this results in a total of approximately eight to 10 treatments. Patients receiving total parenteral nutrition (TPN) receive four to six visits per month, typically lasting for the remainder of their lives. But to remain conservative in its projections, Paragon assumed that the projected patient population would receive eight total visits per patient. The results of these visit projections are shown in Table 6N-5.

**Table 6N-5: Paragon projected Home Infusion Therapy visits**

	<b>Year 1</b>	<b>Year 2</b>
Nashville-Patients	172	181
Visits per Patient	8	8
<b>Nashville-Total Visits</b>	<b>1,376</b>	<b>1,448</b>

While the length of each visit will vary based on the specific therapy being provided and the patients’ needs, the table below provides the estimated number of visits by duration—two hours or less and more than two hours—based on the average data for existing home infusion providers in the state as provided in the 2021 JARs. Of note, not all home health agencies providing infusion therapy reported both hours and visits on their JAR. Those that did not provide such information were therefore excluded from the analysis. Similarly, to estimate hours, Paragon calculated the average number of hours per visit provided by existing home infusion therapy providers in the service area (for those that reported hours) for visits less than two hours and visits greater than two hours, respectively, and applied the average visit length to the number of visits projected below.

**Table 6N-6: Paragon projected home infusion therapy visits by time**

	<b>Year 1</b>		<b>Year 2</b>	
	Visits	Hours	Visits	Hours
Less than 2 hours	550	330	578	347
Greater than 2 hours	826	2,726	870	2,871
<b>Total</b>	<b>1,376</b>	<b>3,056</b>	<b>1,448</b>	<b>3,218</b>

**7N.**

<u><b>CON Number</b></u>	<u><b>Project Name</b></u>	<u><b>Date Approved</b></u>	<u><b>Expiration Date</b></u>

- Complete the above chart 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 them.

Response: Not applicable. Neither the applicant nor an entity with which it shares common ownership has an outstanding CON in Tennessee.

## **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: As an existing pharmacy and outpatient infusion center provider, Paragon has established relationships with acute care providers in the service area that refer patients to Paragon, including the hospital systems in Davidson and the surrounding counties (e.g., Ascension, LifePoint, Maury Regional Health, HCA, Vanderbilt, and others). In addition to service area inpatient providers, Paragon receives patients in need of infusion services from physician practices and other post-acute care providers in the service area.

Upon approval of the proposed project, Paragon will obtain any necessary transfer agreements with these and other providers to ensure that patients receive timely care in the most appropriate setting.

**2C.** List all commercial private insurance plans contracted or plan to be contracted by the applicant.

Response: Please see Attachment 2C for a list of payors with which Paragon currently contracts for the services it offers. Paragon expects to contract with these payors at a minimum for the proposed home infusion therapy 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 proposed project will not have a negative effect on competition and will not result in duplication. As noted in the response to Question 5N, of the 47 home health agencies reported as serving the service area in the 2021 JARs, only seven provided infusion services. Furthermore, the total patients served by these seven agencies in 2021 – 2,151 – is only 6.8 percent of the total patients served by all home health agencies in the proposed service area ( $2,151 / 31,505 = 6.8\%$ ). In other words, these seven providers currently offering infusion services do not have a large patient base in the proposed service area, meaning that the services Paragon proposes are not duplicative.

As an existing pharmacy in Tennessee, Paragon has witnessed firsthand the difficulty many of its infusion therapy patients face when attempting to receive infusion services in their homes, as well as the inability to effectively deliver physician-prescribed infusion treatment and related nursing services to patients. These infusion treatments include anti-infectives, cardiac medications, nutritional support, IG therapy, and specialty medications. While Paragon is able to provide a patient's medications through its pharmacies, and while some patients can receive infusion therapy at Paragon's infusion centers in Middle Tennessee (Nashville and Hendersonville), the majority of Paragon's patients need the ability to receive these specialized medications in the comfort of their homes. For example, many of Paragon's patients have recently been discharged from an acute care setting and are still recovering at home. Others are unable or unwilling to travel to a center for their infusions, particularly when these patients are receiving infusions every few weeks, or even more frequently. While both the obvious choice and Paragon's optimal choice, historically, is to coordinate with existing home health providers to deliver the care, in recent years, it has become clear that this is no longer a feasible option for Paragon to furnish its infusion medications in patients' homes for a variety of reasons. First, existing HHAs are often not reimbursed for the nursing service associated with the administration of infusion medications. In addition, many HHAs do not have the nursing or financial resources to provide the necessary specialized care—this has only worsened with

the COVID-19 pandemic, which highlighted the importance of being able to provide more healthcare services in a patient's home. Moreover, most existing HHAs focus on providing traditional home health services—that is, for homebound patients age 65 or older needing shorter visits that can be accommodated by different types of staff. For example, traditional HHAs may have a standard of five visits/day for nurses and six visits/day for aides. Home infusions must be provided by an RN who typically cannot visit five infusion patients per day; thus, HHAs lack the staff necessary to furnish the required nursing care. Thus, Paragon's own experience with its patients and the lack of available home infusion therapy services demonstrate that the proposed project is not duplicative.

The proposed services also create a care choice for consumers that did not previously exist. As mentioned in the responses to 1N, in the absence of access to home infusion services, many patients who receive medications from Paragon's pharmacies must seek care at an infusion center or in an inpatient setting. This is both cost prohibitive and detrimental to patient care. As is also discussed in the responses to 1N, while Paragon's first preference will always be to refer patients to traditional HHAs when possible, given the challenges existing home health agencies face in furnishing home infusion services, it is far more feasible and cost effective for Paragon to obtain home health agency licensure to treat its patients at home when existing HHAs are unable to do so.

By establishing a home health agency dedicated to its infusion patients, Paragon would facilitate consumer choice by eliminating the bottleneck of RN availability, expanding the scope of its service offerings, and streamlining the delivery of care for patients who are already being prescribed medications through Paragon's pharmacies. This more efficient model would, in turn, lead to reduced operating and patient costs.

- 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: As noted on its website, Paragon provides infusion services in several states, including Tennessee, and provides home infusion nursing care in other states as permitted by regulations. Like the home health agencies Paragon operates outside of Tennessee, which are ACHC accredited, the proposed project would be accredited by the ACHC. Because of its deep experience operating high quality HHAs, Paragon understands and complies with national accreditation standards for home health agencies providing infusion therapy services. As stated in the response to Standard 6 in Section 1N, Paragon already employs appropriately trained nurses who can deliver infusion therapy services, as well as clinical liaisons who may fill the staffing roles needed for the proposed project. Section 8Q shows that Paragon can operate the proposed project with relatively few FTEs, based on the nature of the service being provided and the relatively small number of patients projected to be served. Please see Attachment 4C-1 for the job description for the RNs to provide the nursing service and Attachment 4C-2 for the existing pharmacy license for Paragon's Nashville pharmacy.

- 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: Upon approval of the proposed project, Paragon will seek licensure from The Tennessee Department of Health, Board for Licensing Health Care Facilities as a home care organization providing home health services. Paragon expects its CON and license to be limited to infusion therapy services for

patients of pharmacies owned by Paragon Healthcare, Inc. Paragon will seek accreditation by the ACHC and will comply with the relevant standards of that organization. As noted previously, Paragon offers home infusion therapy services in other states, and as such, maintains policies and programs to ensure the quality provision of these services. Please see Attachment 5C for examples of the policies that will be used for the proposed project.

**6C.** See INSTRUCTIONS to assist in completing the following tables.

Not applicable for historical data, as the project proposes a new home care organization.

**PROJECTED DATA CHART**

Project Only  
 Total Facility

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

Year 3/2023 – 2/2024      Year 3/2024-2/2025

	Year <u>3/2023 – 2/2024</u>	Year <u>3/2024-2/2025</u>
<b>A. Utilization Data</b>		
Specify Unit of Measure (Patients/Visits)	172/1,376	181/1,448
<b>B. Revenue from Services to Patients</b>		
1. Inpatient Services		
2. Outpatient Services	\$306,848	\$322,904
3. Emergency Services		
4. Other Operating Revenue (Specify)		
<b>Gross Operating Revenue</b>	<b>\$306,848</b>	<b>\$322,904</b>
<b>C. Deductions from Gross Operating Revenue</b>		
1. Contractual Adjustments	\$46,027	\$48,436
2. Provision for Charity Care	\$5,216	\$5,489
3. Provisions for Bad Debt	\$20,866	\$21,957
<b>Total Deductions</b>	<b>\$72,109</b>	<b>\$75,882</b>
<b>NET OPERATING REVENUE</b>	<b>\$234,739</b>	<b>\$247,022</b>



**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 Year ____	Most Recent Year Year ____	Year One 3/2023-2/2024	Year Two 3/2024-2/2025	% Change (Current Year to Year 2)
<b>Gross Charge</b> ( <i>Gross Operating Revenue/Utilization Data</i> )	NA	NA	\$223.00	\$223.00	0%
<b>Deduction from Revenue</b> ( <i>Total Deductions/Utilization Data</i> )	NA	NA	\$52.41	\$52.41	0%
<b>Average Net Charge</b> ( <i>Net Operating Revenue/Utilization Data</i> )	NA	NA	\$170.60	\$170.60	0%

**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: As a proposed new home care organization, there are no current charges that will be adjusted. As such, the proposed project will have no impact on patient charges. Further, as described previously, the licensure of Paragon as a home health agency will allow it to more effectively and efficiently serve its patients with home infusion therapy provided by a nurse. Paragon also projects no increase in charges from Year 1 to Year 2 as it believes the increase in volume will provide sufficient revenue to support the project.

**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: Please see Attachment 1N-9-1 for a list of the per visit charges for existing home health agencies providing infusion therapy services to the proposed service area. The average of the agencies reporting charges per visit totaled \$80; however, only three agencies in the service area reported values, one of which, Amedisys Home Health Care (Rutherford County), reported a charge of \$0. Further, it is unclear from the JAR data whether the infusion therapy visits reported are for services that require a similar type of nursing care, and, thus, the same charges as are described in this application.

Additionally, two recently approved Certificates of Need, CN2204-022 for Tristate Infusion and CN2205-025 for TwelveStone Infusion Support, proposed average charges of \$150 and \$200 per visit, respectively. Paragon’s proposed average charge of \$223 per visit is reasonable compared with the averages listed above.

- 10C.** 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. 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.

Response: Paragon does not expect to seek certification to serve Medicare or TennCare/Medicaid patients. Some of Paragon's infusion patients may meet Medicare criteria, in which case they will be referred to an existing HHA that will accept them. For Paragon's infusion patients that do not meet the qualifications for Medicare home health services or are otherwise not able to be served by existing HHAs, Paragon will provide the home infusion therapy nursing service, regardless of their payor status. Further, as noted previously, Paragon will serve patients that existing HHAs cannot due to payor reimbursement that is often less than the cost of providing nursing services, if it is covered at all. If Paragon's infusion patients with Medicare and TennCare cannot be served by existing HHAs, Paragon will provide the nursing service but will not bill for it.

**Applicant's Projected Payor Mix  
Project Only Chart**

Payor Source	Year 1		Year 2	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care		0%		0%
TennCare/Medicaid		0%		0%
Commercial/Other Managed Care	\$251,615.36	82%	\$264,781.28	82%
Self-Pay	\$6,136.96	2%	\$6,458.08	2%
Other (Specify) PBM, Out of Network	\$49,095.68	16%	\$51,664.64	16%
Total*	\$306,848.00	100%	\$322,904.00	100%
Charity Care	\$5,216		\$5,489	

*\*Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

**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.

Response: The applicant so attests. As an existing provider of pharmacy and outpatient infusion therapy services in Tennessee, Paragon does and will continue to work with any and all regulatory agencies to ensure quality standards are met and reported as required.

**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?

Response: Yes, Paragon commits to maintaining staffing comparable to the staffing chart presented in this CON application.

- Does the applicant commit to obtaining and maintaining all applicable state licenses in good standing?

Response: Yes, Paragon commits to obtaining and maintaining all applicable state licenses in good standing.

- Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?

Response: No, Paragon does not intend to seek TennCare or Medicare certification at this time, as indicated elsewhere in this application.

**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.

<b>Credential</b>	<b>Agency</b>	<b>Status (Active or Will Apply)</b>	<b>Provider Number or Certification Type</b>
Licensure	<input checked="" type="checkbox"/> Health <input type="checkbox"/> Intellectual & Developmental Disabilities <input type="checkbox"/> Mental Health & Substance Abuse Services	Will Apply	Not applicable.
Certification	<input type="checkbox"/> Medicare <input type="checkbox"/> TennCare/Medicaid <input type="checkbox"/> Other: _____	Will NOT apply.	Not applicable.
Accreditation(s)	Accreditation Commission for Health Care, Inc.	Will Apply	Not applicable.

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

Response: Not applicable. Paragon will not seek certification for TennCare/Medicaid.

**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.
- 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.)

Response: Not applicable. Paragon is not an existing home health agency in Tennessee, and its related agencies in other states maintained compliance during the last three years.

**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;
- Criminal fines in cases involving a Federal or State health care offense;
- Civil monetary penalties in cases involving a Federal or State health care offense;
- Administrative monetary penalties in cases involving a Federal or State health care offense;
- 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;
- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or
- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.

Response: No such instances have occurred in the last five years.

**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.

Response: Please see the table below for the projected FTEs. While the length of a home care visit for infusion therapy will vary based on the therapy provided (some days will allow only one visit, and some will allow multiple visits), based on the 3,056 nursing hours projected in Year 1, Paragon believes that the projected FTEs will be sufficient for the proposed service.

<b>Position Classification</b>	<b>Existing FTEs NA</b>	<b>Projected FTEs Year 1</b>
<b>A. Direct Patient Care Positions</b>		
RN		2.35
<b>Total Direct Patient Care Positions</b>		2.35

<b>B. Non-Patient Care Positions</b>		
<i>Position 1</i>		
<i>Position 2</i>		
<i>Position "etc."</i>		
<b>Total Non-Patient Care Positions</b>		
<b>Total Employees (A+B)</b>		
<b>C. Contractual Staff</b>		
<b>Total Staff (A+B+C)</b>		2.35

### **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 Agency, 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 HSDA action on the date listed in Item 1 below, indicate the number of days from the HSDA decision date to each phase of the completion forecast.

<b>Phase</b>	<b>Days Required</b>	<b>Anticipated Date (Month/Year)</b>
1. Initial HSDA Decision Date	NA	December 2022
2. Building Construction Commenced	NA	NA
3. Construction 100% Complete (Approval for Occupancy)	NA	NA
4. Issuance of License	60	February 2023
5. Issuance of Service	30	March 2023
6. Final Project Report Form Submitted (Form HR0055)	90	June 2023

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

**AFFIDAVIT**

STATE OF North Carolina

COUNTY OF Durham

Daniel Carter being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Facilities Commission, and TCA §68-11-1601, et seq., and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

D. Carter, Consultant  
SIGNATURE/TITLE

Sworn to and subscribed before me this 27<sup>th</sup> day of October, 2022 a Notary  
(Month) (Year)

Public in and for the County/State of Durham, NC

Wendolyn Filmore Mitchell  
NOTARY PUBLIC

My commission expires 06/10, 2025  
(Month/Day) (Year)



**INDEX OF ATTACHMENTS**

- Attachment 3A.** Proof of Publication
- Attachment 4A.** HFC Home Health Agency Attachment
- Attachment 7A-1** Secretary of State Documentation
- Attachment 7A-2.** Organizational Chart
- Attachment 9A-1.** Lease Agreement
- Attachment 9A-2.** Sublease Agreement
- Attachment 10A.** Floor Plan
- Attachment 4E.** Fair Market Value Comparison
- Attachment 1N.** Project Specific Criteria and Standards
- Attachment 1N-2.** Current and Projected Population Data
- Attachment 1N-3.** Projected Home Health Need
- Attachment 1N-5.** Service Area Utilization
- Attachment 1N-9-1.** Infusion Charge per Visit
- Attachment 1N-9-2.** Infusion Visits and Hours
- Attachment 2N.** County Map
- Attachment 3N.** Service Area Demographic Data
- Attachment 3N-1.** TN Department of Health Population Estimates
- Attachment 3N-2.** US Census Supplementary Demographic Data
- Attachment 3N-3.** TennCare Enrollment Report
- Attachment 2C.** Payor List
- Attachment 4C-1.** Job Description
- Attachment 4C-2.** Nashville Pharmacy License
- Attachment 5C.** Quality Policies and Job Requirements



**Attachment 3A**  
**Proof of Publication**

*Tennessean*

Newspaper of General Circulation for the following counties: Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson

# AFFIDAVIT OF PUBLICATION

0005444105

Newspaper The Tennessean

State of Tennessee

Account Number NAS-523833

Advertiser BASS, BERRY, & SIMS

BASS, BERRY, & SIMS  
BASS BERRY  
150 3RD AVE S STE 2800  
NASHVILLE, TN 37201

**TEAR SHEET  
ATTACHED**

Jackie Cooper

Sales Assistant for the above mentioned newspaper,

hereby certify that the attached advertisement appeared in said newspaper on the following dates:

10/13/22

Jackie Cooper

Subscribed and sworn to before me this 13 day of Oct 2022

Charlynn

Notary Public



# Classifieds

To advertise, visit:  
**classifieds.tennessean.com**

- Classifieds Phone: **800.828.4237**
- Classifieds Email: **tnclassifieds@gannett.com**
- Public Notices/Legals Email: **publicnotice@tnmedia.com**



All classified ads are subject to the applicable rate card, copies of which are available from our Advertising Dept. All ads are subject to approval before publication. The Tennessean reserves the right to edit, refuse, reject, classify or cancel any ad at any time. Errors must be reported in the first day of publication. The Tennessean shall not be liable for any loss or expense that results from an error in or omission of an advertisement. No refunds for early cancellation of order.

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all your favorites...

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AKC Black Labrador Puppies. Very friendly and smart. Vet checked and up to date on shots. \$550. (270)556-5012

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Call 256-523-2005

AUSTRALIAN SHEPHERDS- AKC, UTD shots & de worming, blue merle, red tri & black tri. Ready to leave now.  
Call 256-523-2005

Beagle Indian Heal bred to hussel and hard hunt. UTD on shots and dewormed  
Ready Now \$200. 931-607-8291

Beautiful Siamese kittens, Males & females, Sweet loving purebreds  
\$500 each (615)573-7129

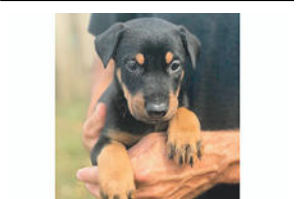
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Bernese Mountain Dog Puppies, Male, 6 Months, Excellent Temperament  
AKC Parents on Premises, Limited Registration \$850 (931)268-1704 catom en42@students.intech.edu

Bichon Puppies CKC Reg. M/F, UTD shots/deworming, Health Guarantee  
M \$500, F \$700. Text/call 270-392-9464

Boston terrier puppies, m/f, Reg, shots, wormed, well socialized, black & white.  
\$800. Call/text 615-415-2769

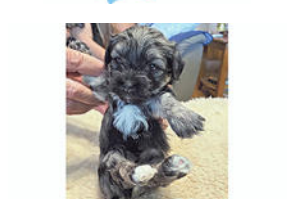
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Doberman 3/4- German Shepherd 1/4 pups... Exceptional. Parents both Therapy, Police Euro CH lines. Home fed and raised holistically 4 Lonslife. Call 931-788-5130 or 716-432-2244 (cell)

Fib labradoodles, Boys and girls, 6 weeks, Black, Very sweet and very sociable. Puppies are so fun and playful  
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### General

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Pope John Paul II Preparatory School seeks a qualified applicant for an Economics/Business teacher. Please send a cover letter and resume to Assistant Head of School for Academics Andrew Griffith.

andrew.griffith@popeprep.org  
117 Caldwell Drive, Hendersonville, TN 37075

TN-GC0957945-02

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German Shepherd, AKC, Pup Looking for a Fur-ever Friend? Short Haired Black & Tan M/F Avail. Raised around KIDS and other German Shepherds & Inter acted with daily. Wormed & up to date on all shots. Call Ruth 615-969-0635

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Kittens, Maine Coon, 3 females and 3 males, 8 wks, reds and greys, very friendly TICA and CFA registration, first shots on 3rd October, Breeding rights included, \$250 deposit required to reserve kitten. \$1500.00 (931)291-3868 ms fairytale2021@outlook.com

Mini American Shepherds WITH TAILS! AKC, Health guarantee, 1st shots & vet checked. Ready 10/31 Free delivery to Nashville. \$1,500. Call 270-315-1399 or email: lanispuppies@gmail.com

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Shi-Chon Puppies-Male and Female. Teddy Bears, Beautiful Babies! Taking Deposits  
(270)465-1601

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West Highland Terrier Puppies, 6 weeks, White, Great AKC Registered. UTD on shots and working. \$31500 up (502)919-5324 amsullivan1361@gmail.com

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neighborly deals...

### Cheatham County

Ashland City, Estate Yard Sale, 3990 Highway 12 North, Friday 10/14/2022 and Saturday 10/15/2022, 7:00 AM till 12:00 PM, Rain date: Rain or Shine Dir: Located directly off of HWY 12. Furniture, Longberger baskets, dishes, wood shelves, crafts, collectibles, books, pictures and plus size clothes, 2X, 3X new and used. Several new and used items.

Wanted: A car that looks good  
The Tennessean Classifieds.

### General

### Davidson East

Multi-Family YARD SALE  
Hermitage, Sat 10/15, 7-2 pm  
Stoners Glen Subd Sale!  
Andrew Jackson Pkwy & Stoners Glen Dr  
\*RAIN DATE 10/22\*

Nashville- 6116 Henry Ford Dr. Fri 10/14 & Sat 10/15 8a-5p. Rain or Shine! Something for everyone!

### Davidson Southwest

Berenice Denton Estate Sales  
615-292-5765  
FRANKLIN SALE  
October 13th-15th. 9am-4pm  
6620 Hastling Lane, Franklin, TN 37069

For pics go to www.berencedenton.com

### Rutherford County

Smyrna 105 Bernice Ct Oct 14th & 15th 8-4 Downsizing Must Sale Furniture, Antiques, Yard Tools, Household Goods Lots of Bargains

### Sumner County

Multi-Family Yard Sale  
Gallatin, Woodlands Neighborhood Yard Sale, 1155 Calloway Drive, Friday 10-15 and Saturday 10-16, Dir: Off Hwy 25 and Airport Rd New and used. (615)969-0235

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FREON WANTED, Cert. buyer to buy R11, R12, R500. Call Don at 312-313-9671.

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WANTED- Silver Eagles, Gold, Silver Platinum Coins, Rare Coins, Pre-1972 Baseball coins, etc. 615-497-9852

### Your Source Public Notices

for the latest...

### Public Notices

0005444469  
**PUBLIC NOTICE**  
Nashville Electric Service (NES) is inviting proposals for UVM Trimming & Removal Services. Bid documents for X4818 are located at https://vend.nespower.com. Bonding will be required. A pre-bid conference via Zoom will be held on Tuesday, October 18, 2022 at 11:00 am CST. Proposals must be received no later than 2:00 PM CST Thursday, November 3, 2022 in Rm 305. For further information, contact:  
NES PROCUREMENT  
1214 CHURCH ST., RM 305  
NASHVILLE, TN 37246  
615-747-3821

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Original 1bd. Org. log house in good neighborhood, Springfield Historic Distric. beautiful log, heat, cent. air, deck, off st. parking, Dog Pen, pet friendly, \$1395/mo. everything Furnished, for rent & utilities. Ref req. 615-596-7604

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EQUAL HOUSING OPPORTUNITY  
Equal Housing Opportunity  
All real estate advertising in this newspaper is subject to the Federal Fair Housing Act of 1968 as amended which makes it illegal to advertise "any preference, limitation, or discrimination based on race, color, religion, sex, handicap, familial status or nation origin, or an intention to make any such preference, limitation or discrimination."  
This newspaper will not knowingly accept any advertisement for real estate which is in violation of the law. Our readers are hereby informed that all dwellings advertised in this newspaper are available on an equal opportunity basis. To complain of discrimination, call HUD Toll-free at 1-800-669-9777. For hearing impaired call 1-800-927-9275.

### Rutherford

For Sale Vacant land on Patterson Rd., Rockvale TN 37153. 13.78 acres, parcel R0073668, (404)583-4967

### New Construction

New Construction homes for sale in Windsor Park Subdivision located in Franklin, Kentucky. Single Family Homes, 3 and 4 bdrms, 2 ba, 1467- 1610 sq. ft., built in 2022, prices range from \$278,730- \$305,900. Homes featured with granite countertops, stainless steel appliances, concrete driveways, call for more details. (270)202-5599

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### Autos Wanted

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### Auctions

**COURT AUCTION**  
Thurs. Oct. 13 @ 1:30 PM  
**Two Story Brick/Vinyl Home**  
3 BRs - 2 Full - 1/2 Bath

**One block off Murfreesboro Rd**  
2429 Broadview Dr.  
Nashville, TN

Feller Brown REALTY & AUCTION  
212 Madison St. Madison, TN 615-868-1223  
Feller Brown, Auctioneer Lic #115  
www.fellerbrownauctions.com  
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### Cars

2001 Mercury Sable, Sedan, VIN#1MEFM553YG47287, If anyone has any discrepancies about vehicle contact owner#6152681021 \$1500.

### Auctions

**COURT AUCTION**  
Thurs. Oct. 13 @ 11:00 AM  
**Two Story Condominium**  
3 BRs - 1 Full & 2 1/2 Baths

**At Priest Lake Condos**  
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### Public Notices

REQUEST FOR QUALIFICATIONS  
**THE METROPOLITAN NASHVILLE AIRPORT AUTHORITY (MNA)** is requesting Statements of Qualifications from engineering firms with extensive experience in airport landside roadway and parking design for the **Project No. 1801A, Terminal Access Roadway Improvements (TARI) - Phases 2 and 3** project at the Nashville International Airport, Nashville, Tennessee.

ELECTRONIC STATEMENTS OF QUALIFICATIONS should be submitted through [www.aerobidz.aero](http://www.aerobidz.aero) by 5:00 P.M. (local time), November 17, 2022. Free registration with Aerobidz is available by contacting <https://www.flynashville.com/business-opportunities/Pages/Aerobidz-Registration.aspx>. A complete RFQ package may be downloaded from [www.aerobidz.aero](http://www.aerobidz.aero) on or after October 13, 2022.

The Small Minority Women-Owned Business Enterprise (SMWBE) participation level established for the design portion of this project will be a minimum of 5.77% MBE and/or WBE. This program maintains a list of certified SMWBEs, which can be found on the Authority's website at <https://www.flynashville.com/nashville-airport-authority/business-opportunities/business-diversity-development> or certified SMWBE located within the state of Tennessee, which can be found on the TNUCP Directory (TDOT) website at <https://www.tdot.tn.gov/Applications/DBEDirect/> or contacting Business Diversity Development at (615) 275-1755 or via email at [BDD-Team@flynashville.com](mailto:BDD-Team@flynashville.com). Proposers are encouraged to inspect this list to assist in locating SMWBEs for the work. Other SMWBEs may be added to the list in accordance with MNA's approved SMWBE Program. Credit toward the SMWBE participation will not be counted unless the SMWBE to be used is certified by MNA.

Visit [https://www.flynashville.com/opportunity\\_category/business](https://www.flynashville.com/opportunity_category/business) for more information about this solicitation.

### Public Notices

0005444105  
**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 CareMax Pharmacy of Loudon, Inc., a proposed home care organization with its principal office to be located at 601 Grassmere Park, Suite 19A, Nashville, Tennessee 37211 in Davidson County, owned by Paragon Healthcare, Inc. with an ownership type of corporation, intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to home infusion and related nursing services for patients of pharmacies owned by Paragon Healthcare, Inc. The estimated project cost is \$155,000.

The applicant seeks licensure by the Board for Licensing Health Care Facilities as a home care organization in the following 12 proposed service area counties: Cheatham, Davidson, Dickson, Macon, Maury, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson and Wilson Counties.

The anticipated date of filing the application is on or before November 1, 2022.

The contact person for this project is Daniel Carter, who may be reached at Ascendant Healthcare Advisors, Inc., 6320 Quadrangle Drive, Suite 180, Chapel Hill, North Carolina, 27517; (919) 226-1705.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for a hearing should be sent to:

Health Facilities Commission  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

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.



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### Public Notices

# Business & Service Directory

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*Macon County Chronicle*

Newspaper of General Circulation for Macon  
County



# Macon County CHRONICLE

109 Public Square, Lafayette, TN

(615) 688-NEWS(6397)

Date: 10/11/22

The undersigned certifies that the following legal placement notices appeared in the Oct 10 2022 issue(s) of the Macon County Chronicle, a newspaper published in Macon County Tennessee.

Client	Purchase Order Number	Newspaper page
--------	-----------------------	----------------

Bass, Berry Sims	Certificate of Need	B8

Marcus R. Darnell

Date 10-11-22

Marcus R. Darnell  
Owner

State of Tennessee  
County of Macon

Marcus R. Darnell, a representative of The Macon County Chronicle, a daily newspaper published in Macon County subscribed and sworn to me this 11 day of October 2022

Renee Napier

My Commission expires 7/8/2023



# ELECTION NOTICE CITY OF LAFAYETTE

## RETAIL PACKAGE STORES REFERENDUM AND CONSUMPTION ON PREMISES REFERENDUM TUESDAY, NOVEMBER 8, 2022

NOTICE IS HEREBY GIVEN THAT AN ELECTION WILL BE HELD FOR THE CITY OF LAFAYETTE, TENNESSEE, FOR THE PURPOSE OF:

### A REFERENDUM PERTAINING TO A LOCAL OPTION ELECTION TO AUTHORIZE RETAIL PACKAGE STORES TO SELL ALCOHOLIC BEVERAGES AND A REFERENDUM CONSUMPTION ON THE PREMISES

AS PROVIDED BY LAW IN THE CITY OF LAFAYETTE, TENNESSEE ON TUESDAY, NOVEMBER 8, 2022

TO BE ELIGIBLE TO VOTE FOR THIS REFERENDUMS, YOU MUST BE A RESIDENT OR PROPERTY OWNER WITHIN THE LAFAYETTE CITY LIMITS AND MEET ALL OTHER QUALIFICATIONS FOR REGISTRATION. PROPERTY OWNERS WHO DO NOT RESIDE IN THE CITY LIMITS BUT OWN PROPERTY MUST BE REGISTERED AT THE ADDRESS OF THEIR PROPERTY TO BE ELIGIBLE TO VOTE IN THIS ELECTION. INDIVIDUALS MUST HAVE COMPLETED A SECOND VOTER REGISTRATION APPLICATION ON THEIR PROPERTY TO BE ELIGIBLE TO VOTE ON PROPERTY RIGHTS AND MEET ALL QUALIFICATIONS FOR REGISTRATION.

ALL PROPERTY RIGHTS VOTERS MUST VOTE ABSENTEE BY MAIL.  
THE MACON COUNTY ELECTION COMMISSION OFFICE IS LOCATED IN THE MACON COUNTY OFFICE ANEX BUILDING  
SUITE C, 607 HWY 52 BYPASS E, LAFAYETTE, TENNESSEE.

OFFICE HOURS ARE MONDAY THROUGH FRIDAY 8:00 AM TO 4:00 PM  
THE ELECTION COMMISSION DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY. IF THERE ARE QUESTIONS ABOUT NEEDED ACCOMMODATIONS IN THE VOTING PROCESS CALL (615)666-2199. FOR ADDITIONAL INFORMATION ABOUT EARLY VOTING, PLEASE CONTACT THE MACON COUNTY ELECTION COMMISSION AT (615)666-2199.

MACON COUNTY ELECTION COMMISSION  
GLEN DONOHO, CHAIRMAN SHERRI SIRCY, SECRETARY HAROLD M. KEMP, MEMBER MICHAEL MCCLARD, MEMBER  
BRENDA COLEY, MEMBER ATTEST: BARRY DOSS, MACON COUNTY ADMINISTRATOR OF ELECTIONS

## PUBLIC NOTICES

### Notice of Foreclosure Sale, Macon County, Tennessee

WHEREAS, Lance Brooks and Andrea Brooks executed a Deed of Trust to Mortgage Electronic Registration Systems, Inc., as beneficiary, as nominee for Reliance First Capital, LLC, Lender and Fidelity National Title Insurance Company, Trustee(s), which was dated March 17, 2018, and recorded on April 5, 2018, in Book RB55, at Page 621 in Macon County, Tennessee Register of Deeds.

WHEREAS, default having been made in the payment of the debt(s) and obligation(s) thereby secured by the said Deed of Trust and the current holder of said Deed of Trust, Reliance First Capital, LLC, (the "Holder"), appointed the undersigned, Brock & Scott, PLLC, as Substitute Trustee, with all the rights, powers and privileges of the original Trustee named in said Deed of Trust; and

NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable as provided in said Deed of Trust by the Holder, and that as agent for the undersigned, Brock & Scott, PLLC, Substitute Trustee, by virtue of the power and authority vested in it, will on November 29, 2022, at 02:00 PM at the usual and customary location at the Macon County Courthouse, Lafayette, Tennessee, proceed to sell at public outcry to the highest and best bidder for cash, the following described property situated in Macon County, Tennessee, to wit:

A CERTAIN TRACT OR PARCEL OF LAND IN THE 1ST CIVIL DISTRICT OF MACON COUNTY, TENNESSEE, AS FOLLOWS:  
BEING LOT #47 OF THE FINAL PLAT OF DEERWOOD ESTATES SUBDIVISION, A PLAT OF WHICH IS OF RECORD IN PLAT CABINET 1, SLIDE 196-A, REGISTER'S OFFICE OF MACON COUNTY, TENNESSEE, TO WHICH REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION OF SAID LOT.

A P N : 0 5 1 B - A - 051C-047.00-000  
BEING THE SAME PROPERTY CONVEYED TO LANCE BROOKS AND ANDREA BROOKS, HUSBAND AND WIFE, AS JOINT TENANTS WITH RIGHT SURVIVORSHIP BY DEED FROM LANCE BROOKS AND ANDREA BROOKS, WHO ACQUIRED TITLE AS ANDREA FARLEY, NOW HUSBAND AND WIFE RECORDED 04/11/2016 IN DEED BOOK 04/04/2016 PAGE 04/11/2016, IN THE REGISTER'S OFFICE OF MACON COUNTY, TENNESSEE.

Parcel ID Number: 051C A 047.00

Address/Description: 178 Stevens Cir, Lafayette, TN 37083

Current Owner(s): Lance Brooks and Andrea Brooks

Other Interested Party(ies): The sale of the property de-

scribed above shall be subject to all matters shown on any recorded plat; any and all liens against said property for unpaid property taxes; any restrictive covenants, easements or set-back lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; a deed of trust; and any matter than an accurate survey of the premises might disclose; and

All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above.

This office is attempting to collect a debt. Any information obtained will be used for that purpose.

Brock & Scott, PLLC, Substitute Trustee c/o Tennessee Foreclosure Department 4360 Chamblee Dunwoody Road, Suite 310 Atlanta, GA 30341 PH: 404-789-2661 FX: 404-294-0919 File No.: 22-00905 FC01

Macon Chancery Court 906 Hwy 52 By-Pass East, Rm 107 Lafayette, TN 37083 (615)666-2000

Notice to Creditors Case Number 56CH1-2022-PR-1267 Kenneth C. Jenkins, Deceased

Notice is hereby given that on September 27 of 2022 Letters Testamentary (or of Administration as the case may be) in respect of the estate of Kenneth C. Jenkins, who died 8/15/22, were issued to the undersigned by the Macon County Chancery Court of Macon County, Tennessee. All persons, resident and non-resident, having claims, matured or unmatured, against the estate are required to file the same with the Clerk of the above-named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1) (A) Four (4) months from the date of the first publication (or posting, as the case may be) for this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before date that is four (4) months from the date of the first publication (or posting);

(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditor, if they creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of the first publication (or posting) as described in (1) (A); or (2) Twelve (12) months from the decedent's date of death.

All persons indebted to the above Estate must come forward and make proper settlement with the undersigned at once.

9/27/2022 Terry Jenkins, Executor  
9/27/2022 Lawrence Alan Poindexter, Attorney  
9/27/2022 Kristin Reid, Clerk & Master

### NOTICE OF SUBSTITUTE TRUSTEE'S SALE

WHEREAS, default has occurred in the performance of the covenants, terms and conditions of a Deed of Trust dated June 6, 2013, executed by PAUL N PETERSON conveying certain real property therein described to GLENN BALLETTTO, as Trustee, as same appears of record in the Register's Office of Macon County, Tennessee recorded June 13, 2013, in Deed Book TD514, Page 332; and WHEREAS, the beneficial interest of said Deed of Trust was last transferred and assigned to FREEDOM MORTGAGE CORPORATION who is now the owner of said debt; and

WHEREAS, the undersigned, Ruben Lublin TN, PLLC, having been appointed as Substitute Trustee by instrument to be filed for record in the Register's Office of Macon County, Tennessee.

NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable, and that the undersigned, Ruben Lublin TN, PLLC, as Substitute Trustee or his duly appointed agent, by virtue of the power, duty and authority vested and imposed upon said Substitute Trustee will, on December 1, 2022 at 12:00 PM At the Macon County Courthouse, Lafayette, TN 37083, proceed to sell at public outcry to the highest and best bidder for cash or certified funds ONLY, the following described property situated in Macon County, Tennessee, to wit:

A CERTAIN TRACT OR PARCEL OF LAND IN MACON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT: BEING LOT NO. 3 OF THE COOPER HILL SUBDIVISION A PLAT OF WHICH IS RECORDED IN PLAT CABINET 2, SLIDE 174-B, REGISTER'S OFFICE FOR MACON, TENNESSEE, PLAT REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE LEGAL DESCRIPTION.

Parcel ID: 052-053.13  
PROPERTY ADDRESS: The street address of the property is believed to be 4134 OLD HWY 52, LAFAYETTE, TN 37083. In the event of any discrepancy between this street address and the legal description of the property, the legal description shall control.

CURRENT OWNER(S): PAUL N PETERSON OTHER INTERESTED PARTIES: CAPITAL ONE BANK (USA), N.A., DISCOVER

### BANK

The sale of the above-described property shall be subject to all matters shown on any recorded plat; any unpaid taxes; any restrictive covenants, easements or set-back lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; and to any matter that an accurate survey of the premises might disclose. This property is being sold with the express reservation that it is subject to confirmation by the lender or Substitute Trustee. This sale may be rescinded at any time. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The Property is sold as is, where is, without representations or warranties of any kind, including fitness for a particular use or purpose.

THIS LAW FIRM IS ATTEMPTING TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Rubin Lublin TN, PLLC, Substitute Trustee  
119 S. Main Street, Suite 500 Memphis, TN 38103  
riselaw.com/property-listing  
Tel: (877) 813-0992  
Fax: (470) 508-9401

Macon Chancery Court  
906 Hwy 52 By-Pass East, Rm 107 Lafayette, TN 37083 (615)666-2000

Notice to Creditors Case Number 56CH1-2022-PR-1268 James Richard Freeman Jr., Deceased

Notice is hereby given that on October 5 of 2022 Letters Testamentary (or of Administration as the case may be) in respect of the estate of James Richard Freeman Jr., who died 8/17/2021, were issued to the undersigned by the Macon County Chancery Court of Macon County, Tennessee. All persons, resident and non-resident, having claims, matured or unmatured, against the estate are required to file the same with the Clerk of the above-named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1) (A) Four (4) months from the date of the first publication (or posting, as the case may be) for this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before date that is four (4) months from the date of the first publication (or posting);

(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditor, if they creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of the first publication (or posting) as described in (1) (A); or

(2) Twelve (12) months from the decedent's date of death.

All persons indebted to the above Estate must come forward and make proper settlement with the undersigned at once.

10/5/2022 Justin Parker, Executor  
10/5/2022 Dalis Holliman, Attorney  
10/5/2022 Kristin Reid, Clerk & Master

The Macon County Planning Commission will meet on Tuesday, October 18<sup>th</sup> at 6 p.m. at the Macon County Courthouse in Lafayette, Tennessee.

Agenda for the Macon County Legislative Body in Regular Session Monday, October 17th, 2022, at 6:30 p.m.

1. Open Court
2. Invocation
3. Pledge
4. Roll Call
5. Welcome
6. Election of Notaries Public
7. Approve Minutes
8. Budget Amendments
9. Resolutions/Proclamations
10. County Mayor
11. Adjourn

This is the 17th day of October 2022  
Connie Blackwell, County Clerk

Reminder: Committee of the Whole Meeting - Monday, November 7th at 6:30 p.m. at the Courthouse.

### 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 CareMax Pharmacy of Loudon, Inc., a proposed home care organization with its principal office to be located at 601 Grassmere Park, Suite 19A, Nashville, Tennessee 37211 in Davidson County, owned by Paragon Healthcare, Inc. with an ownership type of corporation, intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to home infusion and related nursing services for patients of pharmacies owned by Paragon Healthcare, Inc. The estimated project cost is \$155,000.

The applicant seeks licensure by the Board for Licensing Health Care Facilities as a home care organization in the following 12 proposed service area counties: Cheatham, Davidson, Dickson, Macon, Maury, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson and Wilson Counties.

The anticipated date of filing the application is on or before November 1, 2022.

The contact person for this project is Daniel Carter, who may be reached at Ascendiant Healthcare Advisors, Inc., 6320 Quadrangle Drive, Suite 180, Chapel Hill, North Carolina, 27517; (919) 226-1705.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for a hearing should be sent to:

Health Facilities Commission  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

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.

### DELINQUENT PROPERTY TAX SALE NOTICE IN THE CHANCERY COURT OF MACON COUNTY, LAFAYETTE, TENNESSEE

The State of Tennessee for the use and Benefit of Macon County, TN vs Delinquent Taxpayers for 2019 Real Property Taxes, Case # 56CH1-2021-CV-5838

Pursuant to a decree, entered in the above styled cause on August 5, 2022, of the Chancery Court of Macon County, Tennessee, the following properties will be sold, for failure to pay Delinquent Taxes, at the Justice Center Courtroom, 906 Hwy 52 Bypass E, Lafayette, TN 37083, on Saturday November 5, 2022, beginning at 10:00 a.m. Terms of the sale will be cash or good check to the highest bidder. The Clerk and Master gives no guarantees or warranties on the property bid on. All properties are subject to the statutory right of redemption. Interested buyers should make independent inquiry regarding description of the premises and condition of title prior to sale.

#### DELINQUENT COUNTY TAXES

Name	Address	Dist-Map-Parcel	Deed/Page	Tax Years	Nov cost
Chester Biles	Sunset Dr	06-46-18.00-000	119/209	19,20,21,22	\$2220.39
Patricia Blackwell	842 Mack Hollow	13-15-05.11-000	303/369	19,20,21,22	\$2034.14
Kevin Collier	3969 Westfork Creek	02-17-14.08-000	RB49/459	19,20,21,22	\$1182.84
Kevin Collier	207 Whitely Hollow	06-46-03.00-000	RB67/296	19,20,21,22	\$1848.82
Kevin Collier	1697 Sycamore Valley	08-83-02.00-000	RB67/296	19,20,21,22	\$1118.41
Michael Dean	East Main Street	06-46-28.03-000	241/141	19,20,21,22	\$6363.33
Garrett & Angie Flatt	171 Walton Chapel	01-38-13.09-000	285/73	19,20,21,22	\$4353.00
Cody & Makala Gregory	Hires Rd	05-18-08.07-000	306/375	19,20,21,22	\$1555.73
Cody & Makala Gregory	740 Hires Rd	05-18-10.00-000	306/375	19,20,21,22	\$1987.57
Pamela Hale	9609 Old Hwy 52	11-54-19.03-000	310/30	19,20,21,22	\$2164.22
Heartland Publications Llc	Times Ave	01-59-17.00-000	259/421	18,19,20,21,22	\$2809.95
Brian Lashomb	Carthage Rd	07-82-60.02-000	295/25	19,20,21,22	\$2375.44
Betsy Melvin	786 Howell Rd	11-54-27.01-000	290/174	19,20,21,22	\$1420.58
Robert Carl Pruitt	New Harmony	12-69-04.07-000	RB5/70	18,19,20,21,22	\$1601.07
Robert Carl Pruitt	New Harmony	12-69-04.09-000	324/256	18,19,20,21,22	\$1587.06
Thomas Russell	Golden Hollow	08-91-03.01-000	245/256	14,15,16,17,18,19,20,21,22	\$2129.85
David & Holly Schroeder	794 Howell	11-54-29.00-000	315/343	19,20,21,22	\$5775.73
Joshua & Jenna Trent	8895 Galen Rd	09-21-17.07-000	278/162	19,20,21,22	\$1074.46
Early Walker	215 Patch Lane	03-72-13.00-000	207/131	19,20,21,22	\$1610.56
Ina Bush Whitaker	215 Church St	06-46-04.00-000	81/365	18,19,20,21,22	\$1735.50
Marcie Wilder	412 Heady Ridge	06-46-05.03-000	RB8/89	19,20,21,22	\$1396.42

For information call Clerk and Master's office 615-666-2000 or come by 906 Hwy 52 Bypass E, Lafayette Tn 37083, Monday through Friday, 8:00a.m. until 4:00p.m.

The above amounts include delinquent taxes, interest, court cost, and attorney fees. Any incurred court cost will be added the day of the sale. This the 10<sup>th</sup> day of October, 2022

Kristin Reid, Clerk and Master

E. Guy Holliman, Delinquent Tax Attorney

## ADVERTISEMENT FOR BIDS

### MACON COUNTY'S LAFAYETTE, TENNESSEE NATURE TRAIL WAY T.D.O.T. ENTRANCE PROJECT

Sealed Bids for the construction of the Nature Trail Way T.D.O.T. Entrance Project will be received, by Macon County, at the office of the Macon County Mayor, Steve Jones located at 201 County Courthouse, until 10:00 a.m. local time on October 27th, 2022, at which time the Bids received will be publicly opened and read. The Project consists of installing a new T.D.O.T. entrance for Nature Trail Way and the removal and replacement of the existing concrete island located at the intersection between Church St. and State Route 52, Lafayette, TN.

The Issuing Office for the Bidding Documents is: Mid-Tenn Engineering Company, 648 Highway 52 Bypass W. Lafayette, Tennessee 37083. Direct questions to Jared Claiborne, Project Engineer, Phone: 615-666-2385, or Email: jared.claiborne@nctc.com. Prospective Bidders may examine the Bidding Documents at the Issuing Office on Mondays through Fridays between the hours of 8:00 a.m. – 5:00 p.m., and may obtain copies of the Bidding Documents from the Issuing Office as described below.

Bidding Documents may be obtained from the Issuing Office indicated above. Bidding Documents are available as portable document format (PDF) files for a non-refundable charge of \$50.00. Alternatively, printed Bidding Documents may be obtained from the Issuing Office, either in-person or through the mail, upon receipt of payment. The non-refundable charge for printed Bidding Documents is \$100.00 per set, made payable to "Mid-Tenn Engineering Company". Upon receipt of payment by the Issuing Office, printed Bidding Documents will be sent via the prospective Bidder's mail carrier of choice, with shipping charges dependent upon the chosen method. Date of Bidding Documents transmittal by the Issuing Office will be considered as the prospective Bidder's date of receipt thereof. Partial sets of Bidding Documents will not be available from the Issuing Office. Neither Owner nor Engineer will be responsible for full or partial sets of Bidding Documents, including Addenda if any, obtained from sources other than the Issuing Office. Bid security shall be furnished in accordance with the Instructions to Bidders.

*The Daily Herald*

Newspaper of General Circulation for Maury  
County



# LOCALiQ

Oak Ridger  
The Daily Herald

PO Box 631340 Cincinnati, OH 45263-1340

## **PROOF OF PUBLICATION**

Bass, Berry & Sims Plc  
1700 Riverview Tower-900 S. Gay Street  
Knoxville TN 37902

STATE OF TENNESSEE, COUNTY OF MAURY

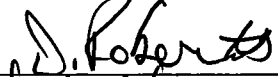
The Daily Herald, a newspaper published in the City of Columbia, in said county and state, and that the publication of which the annexed slip is a true copy, was published in said newspaper in the issues dated:


10/13/2022

and that the fees charged are legal.

This legal notice was published online at [www.columbiadailyherald.com](http://www.columbiadailyherald.com) and <http://www.publicnoticeads.com/TN/> during the duration of the run dates listed. This publication fully complies with Tennessee Code annotated 1-13-120.

Sworn to and subscribed before on 10/13/2022

  
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Legal Clerk

  
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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 CareMax Pharmacy of Loudon, Inc., a proposed home care organization with its principal office to be located at 601 Grassmere Park, Suite 19A, Nashville, Tennessee 37211 in Davidson County, owned by Paragon Healthcare, Inc. with an ownership type of corporation, intends to file an application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services limited to home infusion and related nursing services for patients of pharmacies owned by Paragon Healthcare, Inc. The estimated project cost is \$155,000.

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The anticipated date of filing the application is on or before November 1, 2022.

The contact person for this project is Daniel Carter, who may be reached at Ascendent Healthcare Advisors, Inc., 6320 Quadrangle Drive, Suite 180, Chapel Hill, North Carolina, 27517; (919) 226-1705.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for a hearing should be sent to:

Health Facilities Commission  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

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*The Leaf Chronicle*

Newspaper of General Circulation for Montgomery  
County

# AFFIDAVIT OF PUBLICATION

0005444328

Newspaper Leaf Chronicle

State of Tennessee

Account Number NAS-523833

Advertiser BASS, BERRY, & SIMS

BASS, BERRY, & SIMS  
BASS BERRY  
150 3RD AVE S STE 2800  
NASHVILLE, TN 37201

TEAR SHEET  
ATTACHED

Jackie Cooper

Sales Assistant for the above mentioned newspaper,

hereby certify that the attached advertisement appeared in said newspaper on the following dates:

10/13/22

Jackie Cooper

Subscribed and sworn to before me this 13 day of Oct 2022

Charly Hill

Notary Public



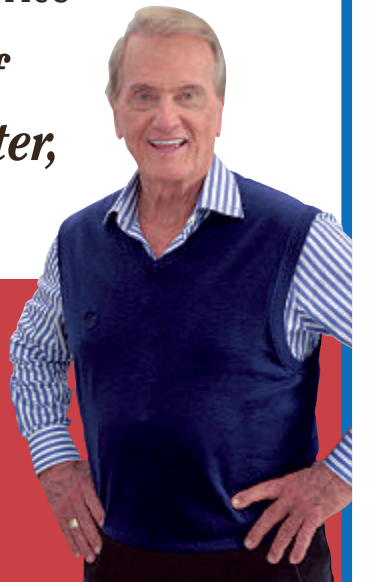
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*Now you can have the best of both worlds—there isn't a better, more affordable walk-in tub!*



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### 0005444328

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Continued from last column  
 0005446304

### PUBLIC NOTICE

#### Invitation For Bid (IFB) CTS Fence Gate, Opener, and Keypad IFB Number 4394

The City of Clarksville, Clarksville Transit System (CTS) is inviting bids from experienced firms to provide the service of acquisition and installation of a fence gate, a fence gate opener, and a security keypad to be located at 430 Boillin Lane, Clarksville, TN 37040.

Complete instructions are contained in the Invitation for Bid Package available upon request from the City of Clarksville, Purchasing Department, 1 Public Square, Suite 301, Clarksville, Tennessee 37040. Bid packets can be picked up or viewed at the above address Monday thru Friday from 9:00 a.m. to 4:00 p.m. Late qualifications will not be accepted.

Bids shall be submitted in a sealed envelope and clearly marked "IFB no. 4394 CTS Fence Gate and Keypad", The City of Clarksville, Clarksville Transit System reserves the right to accept or reject any and all proposals as CTS may deem to be in its best interests.

The purchase contract is subject to financial assistance contracts between the City, the Federal Transit Administration and the Tennessee Department of Transportation.

Bids must be received at the City of Clarksville, Purchasing Department, 1 Public Square, Suite 301, Clarksville, Tennessee 37040 on or before 2:30 p.m. on Monday October 24, 2022.

Certified Disadvantaged Business Enterprises (DBEs) including Women Owned and Minority Owned Businesses are encouraged to respond to all advertisements by the City of Clarksville.

Any questions concerning this proposal should be directed to Scott Graves, email: [scott.graves@cityofclarksville.com](mailto:scott.graves@cityofclarksville.com)

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**Clean the GARAGE! Use the Classifieds!**

*Hartsville Vidette*

Newspaper of General Circulation for Trousdale  
County

# MORE THAN JUST A GAME

## Police's charity basketball game grants dying man's wish

BY CHANDLER INIONS  
CINIONS@LEBANONDEMOCRAT.COM

MT. JULIET  
When the final buzzer sounded at Monday evening's James Bess Foundation charity basketball game, the Mt. Juliet Police Department had defeated the city's fire department, 61-11, at Mt. Juliet High School.

While it might not have been a competitive contest, the non-profit's impact goes much further than sports.

The James Bess Foundation has a mission to grant dreams to terminally-ill adults, a niche not covered by the widely-recognized Make-A-Wish Foundation.

In attendance was a 22-year-old man named Dalton Owen, whose wish was granted this summer when he went backstage at a concert to meet his hero, Luke Combs.

"He was nice," Owen said. "He was cool and sang the songs I wanted to hear."



Belmont University head men's basketball coach Casey Alexander (left) prepares the Mt. Juliet Police Department to return to play during the James Bess Foundation charity game, which was held at Mt. Juliet High on Monday.

Photos by Chandler Inions/Lebanon Democrat

Owen never thought he would meet Combs. His dream only became a reality after a viral video caught the attention of the county music star.

Now, the man, who was given a year to live, has a memory he'll never forget.

"It meant the world to me," Owen said. "It means that there are singers out there who care about people,

even people with my condition. He is one hell of a guy." Owen suffers from congestive heart failure.

"My heart is not pumping enough blood," Owen said. "Sometimes, my heart is running at 20%."

Owen needs a new heart, but his physicians aren't enthusiastic about his chances of surviving that kind of surgery.

"They said they can't give me a heart transplant because it could kill me," Owen said. "They said my body might reject it with my health."

Donnitta Hayes was out front at Mt. Juliet High selling tickets for Monday's event. Hayes' daughter Abrianna and Owen are close friends, having met in high school. With Hayes' help, along with the James Bess Foundation, Owen got the attention of his favorite musician.



Without the support of the James Bess Foundation, Dalton Owen might never have met his hero, Luke Combs, who autographed a custom-made guitar for the terminally ill man.

During an April hospital stay, Owen told Hayes that he wanted to see Combs in concert more than anything.

Hayes wasn't sure how, but she was sure she would figure out how to make that happen.

"I called Make-a-Wish (Foundation), but they don't help people over 18," Hayes said. "They told me to contact the James Bess

Foundation. They are trying to help terminally-ill adults have their wish granted."

The Foundation instructed Hayes to make a Tik-Tok video so that it could be circulated.

"Well, it went viral," Hayes said.

That's not all. It got back to Combs, who offered Owen backstage VIP passes to his concert in Atlanta, Georgia, where he also gave him a custom-made, autographed guitar.

Combs' generosity did not stop there. After learning about Owen's situation, he agreed to pay for Owen to visit Dollywood. Next Tuesday, Hayes' family and Owen will be bound for Dollywood.

"He's never been on vacation," Hayes said. "He's never been on anything fun. By the time he pays his rent, he doesn't have any money left."

Hayes created a GoFundMe for Owen. It can be found on her Facebook page.

"It's for him to be able to do fun things," Hayes said.

The James Bess Foundation, Hayes and her daughter are simply trying to ensure that Owen enjoys the life that he has left.

# CLASSIFIEDS

Hartsville Vidette  
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### 0900 LEGALS

NOTICE TO FURNISHERS OF LABOR AND MATERIALS TO: Caudill Mowing, Inc. PROJECT NO.: 98304-4221-04 CONTRACT NO.: CNU737 COUNTY: Trousdale  
The Tennessee Department of Transportation is about to make final settlement with the contractor for construction of the above numbered project. All persons wishing to file claims pursuant to Section 54-5-122, T.C.A. must file same with the Director of Construction, Tennessee Department of Transportation, Suite 700 James K. Polk Bldg., Nashville, Tennessee 37243-0326, on or before 11/18/2022.

### ATTENTION: CLASSIFIED DEADLINES ARE CHANGING!

Deadline for ALL\* classified ads will be advancing by 3 business days.

\*Including line ads (Legal Ads, Garage Sales, Auto, Merchandise, Real Estate, etc.)

Call us to reserve your space today!

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**TAYS** Realty & Auction LLC

Sam Tays, Auctioneer TN Lic #4481 | Eddie Stout, Auction Manager

TERMS: 10% Buyers Premium; 20% down day of sale, balance due at closing upon court confirmation. See full terms on the website.

# Something Missing?

## Let the Classifieds Help you find it!

**Attachment 4A**  
**HFC Home Health**  
**Agency Attachment**

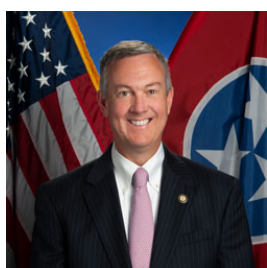


**Attachment - Home Care Organizations**

Home Health Agency, Hospice Agency (excluding Residential Hospice), identify the following by checking all that apply:

	Existing Licensed County	Parent Office County	Proposed Licensed County		Existing Licensed County	Parent Office County	Proposed Licensed County
Anderson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lauderdale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lawrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lewis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bledsoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loudon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bradley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	McMinn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campbell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	McNairy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Macon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Madison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheatham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Marshall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mauzy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claiborne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monroe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Montgomery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crockett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Morgan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cumberland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Davidson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Overton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decatur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DeKalb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pickett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dickson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Polk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Putnam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fayette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Franklin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Robertson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Giles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grainger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sequatchie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sevier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Hamblen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamilton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stewart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hancock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sullivan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Henry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Van Buren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hickman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Houston	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humphreys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wayne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weakley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jefferson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Williamson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Knox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wilson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Attachment 7A-1**  
**Secretary of State**  
**Documentation**



Tennessee  
Secretary of State  
Tre Hargett

Business Services Online > Find and Update a Business Record

## Business Information Search

As of October 23, 2022 we have processed all corporate filings received in our office through October 20, 2022 and all annual reports received in our office through October 21, 2022.

Click on the underlined control number of the entity in the search results list to proceed to the detail page. From the detail page you can verify the entity displayed is correct (review addresses and business details) and select from the available entity actions - file an annual report, obtain a certificate of existence, file an amendment, etc.

**Search:** 1-2 of 2

**Search Name:** 
 Starts With  Contains

**Control #:**

**Active Entities Only:** 
Search

Control #	Entity Type	Name	Name Type	Name Status	Entity Filing Date	Entity Status
<a href="#">000317592</a>	CORP	CAREMAX PHARMACY OF LOUDON INC. TENNESSEE	Entity	Active	09/10/1996	Active
<a href="#">000317592</a>	CORP	CAREMAX PHARMACY OF LOUDON, INC. TENNESSEE	Entity	Inactive - Name Changed	09/10/1996	Active

1-2 of 2

Information about individual business entities can be queried, viewed and printed using this search tool for free.

[Click Here](#) for information on the Business Services Online Search logic.



### Secretary of State Tre Hargett

Tre Hargett was elected by the Tennessee General Assembly to serve as Tennessee's 37th secretary of state in 2009 and re-elected in 2013, 2017, and 2021. Secretary Hargett is the chief executive officer of the Department of State with oversight of more than 300 employees. He also serves on 16 boards and commissions, on two of which he is the presiding member. The services and oversight found in the Secretary of State's office reach every department and agency in state government.



### About the Office

The Tennessee Secretary of State has oversight of the Department of State. The Secretary of State is one of three Constitutional Officers elected by the General Assembly, in joint session. The Secretary of State is elected to a four-year term. The constitution mandates that it is the secretary's duty to keep a register of the official acts and proceedings of the governor, and, when required, to "lay same, all papers, minutes and vouchers relative thereto, before the General Assembly."

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- Business Services
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#### LINKS

- Tennessee General Assembly
- Bureau of Ethics and Campaign Finance
- Tennessee Code Unannotated



Tre Hargett  
Secretary of State

Division of Business Services  
Department of State  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

C.F.S.  
992 DAVIDSON DR STE B  
NASHVILLE, TN 37205

October 28, 2022

Request Type: Certificate of Existence/Authorization  
Request #: 0501109

Issuance Date: 10/28/2022  
Copies Requested: 1

Document Receipt

Receipt #: 007576754 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3838738138 \$20.00

Regarding: CAREMAX PHARMACY OF LOUDON INC.  
Filing Type: For-profit Corporation - Domestic Control #: 317592  
Formation/Qualification Date: 09/10/1996 Date Formed: 09/10/1996  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Perpetual Inactive Date:  
Business County: KNOX COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CAREMAX PHARMACY OF LOUDON INC.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 056900218

**CHARTER**

**OF**

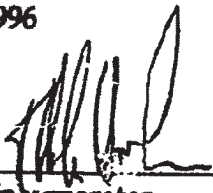
RECEIVED  
23 SEP 10 2011  
SECRETARY OF STATE

**CAREMAX PHARMACY OF LOUDON, INC.**

The undersigned natural person, having capacity to contract, and acting as the incorporator of a corporation under the Tennessee Business Corporation Act, adopts the following charter for such corporation:

1. The name of the corporation is CareMax Pharmacy of Loudon, Inc.
2. The duration of the corporation is perpetual.
3. The address of the principal office of the corporation in the State of Tennessee shall be CareMax Pharmacy of Loudon, Inc. Suite 202, 702 Grove Street, Loudon, Tennessee 37774.
4. The corporation is for profit.
5. The maximum number of shares which the corporation shall have the authority to issue is One Thousand (1000) shares, without par value.
6. The registered agent for the corporation shall be K. Dale Hooker, Suite 202, 702 Grove Street, Loudon, Tennessee 37774.
7. The initial directors of the corporation shall be Ronnie Baggett, Joe Saffles, K. Dale Hooker, Terry Roark and Betsy Seagraves, and they shall not be liable to the corporation or stockholders for any breach of fiduciary duty.

This 6th day of September, 1996

  
\_\_\_\_\_  
Incorporator:  
K. Dale Hooker  
Suite 202, 702 Grove Street  
Loudon, Tennessee 37774

RECEIVED  
STATE OF TENNESSEE  
2005 JUL 8 2 AM 9:29  
SECRETARY OF STATE

State of Tennessee



Department of State  
Corporate Filings  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, TN 37243

ARTICLES OF AMENDMENT  
TO THE CHARTER  
(For-Profit)

CORPORATE CONTROL NUMBER (IF KNOWN) 0317592

PURSUANT TO THE PROVISIONS OF SECTION 48-20-106 OF THE TENNESSEE BUSINESS CORPORATION ACT, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS CHARTER:

1. PLEASE INSERT THE NAME OF THE CORPORATION AS IT APPEARS OF RECORD:  
CAREMAX PHARMACY OF LOUDON, INC.

IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:  
CAREMAX, INC.

2. PLEASE MARK THE BLOCK THAT APPLIES:

- AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.
- AMENDMENT IS TO BE EFFECTIVE, \_\_\_\_\_ (MONTH, DAY, YEAR)

(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.

3. PLEASE INSERT ANY CHANGES THAT APPLY:

- A. PRINCIPAL ADDRESS: \_\_\_\_\_  
STREET ADDRESS  
CITY STATE/COUNTY ZIP CODE
- B. REGISTERED AGENT: \_\_\_\_\_
- C. REGISTERED ADDRESS: \_\_\_\_\_  
STREET ADDRESS  
CITY TN STATE ZIP CODE COUNTY
- D. OTHER CHANGES: \_\_\_\_\_

4. THE CORPORATION IS FOR PROFIT.

5. THE MANNER (IF NOT SET FORTH IN THE AMENDMENT) FOR IMPLEMENTATION OF ANY EXCHANGE, RECLASSIFICATION, OR CANCELLATION OF ISSUED SHARES IS AS FOLLOWS:

6. THE AMENDMENT WAS DULY ADOPTED ON JULY 8, 2005 (MONTH, DAY, YEAR)  
BY (Please mark the block that applies):

- THE INCORPORATORS WITHOUT SHAREHOLDER ACTION, AS SUCH WAS NOT REQUIRED.
- THE BOARD OF DIRECTORS WITHOUT SHAREHOLDER APPROVAL, AS SUCH WAS NOT REQUIRED.
- THE SHAREHOLDERS.

PRESIDENT/BOD

SIGNER'S CAPACITY

SIGNATURE

JULY 8, 2005

DATE

JAMES W. MUNSEY

NAME OF SIGNER (TYPED OR PRINTED)

State of Tennessee



Department of State  
Corporate Filings  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, TN 37243

ARTICLES OF AMENDMENT  
TO THE CHARTER  
(For-Profit)

NOV-6 PM 1:17  
SECRETARY OF STATE

6397.2142

CORPORATE CONTROL NUMBER (IF KNOWN) 0317592

PURSUANT TO THE PROVISIONS OF SECTION 48-20-106 OF THE TENNESSEE BUSINESS CORPORATION ACT, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS CHARTER:

1. PLEASE INSERT THE NAME OF THE CORPORATION AS IT APPEARS OF RECORD:

CareMax Inc

IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:

CareMax Pharmacy of Loudon Inc.

2. PLEASE MARK THE BLOCK THAT APPLIES:

- AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.
- AMENDMENT IS TO BE EFFECTIVE, 09/15/2008 (MONTH, DAY, YEAR)

(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.

3. PLEASE INSERT ANY CHANGES THAT APPLY:

- A. PRINCIPAL ADDRESS: \_\_\_\_\_  
CITY STATE/COUNTY ZIP CODE  
STREET ADDRESS
- B. REGISTERED AGENT: \_\_\_\_\_
- C. REGISTERED ADDRESS: \_\_\_\_\_  
CITY TN STATE ZIP CODE COUNTY  
STREET ADDRESS
- D. OTHER CHANGES: \_\_\_\_\_

4. THE CORPORATION IS FOR PROFIT.

5. THE MANNER (IF NOT SET FORTH IN THE AMENDMENT) FOR IMPLEMENTATION OF ANY EXCHANGE, RECLASSIFICATION, OR CANCELLATION OF ISSUED SHARES IS AS FOLLOWS:

6. THE AMENDMENT WAS DULY ADOPTED ON 09/15/2008 (MONTH, DAY, YEAR)

BY (Please mark the block that applies):


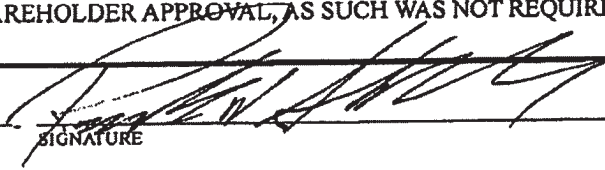
- THE INCORPORATORS WITHOUT SHAREHOLDER ACTION, AS SUCH WAS NOT REQUIRED.
- THE BOARD OF DIRECTORS WITHOUT SHAREHOLDER APPROVAL, AS SUCH WAS NOT REQUIRED.
- THE SHAREHOLDERS.

President  
SIGNER'S CAPACITY

James W. Munsey  
SIGNATURE

11/04/2008  
DATE

James W. Munsey President/Owner  
NAME OF SIGNER (TYPED OR PRINTED)

<p style="text-align: center;"><b>State of Tennessee</b></p> <div style="text-align: center;">  <p><b>Department of State</b> Corporate Filings 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, TN 37243</p> </div> <p style="text-align: center;"><b>ARTICLES OF AMENDMENT TO THE CHARTER (For-Profit)</b></p>	<p style="text-align: center; font-size: small;">For Office Use Only</p> <p style="text-align: center; font-size: x-small;">RECEIVED STATE OF TENNESSEE SECRETARY OF STATE</p> <p style="text-align: center; font-size: x-small;">2009 SEP 18 AM 9:22</p>																
<p>CORPORATE CONTROL NUMBER (IF KNOWN) _____</p>																	
<p>PURSUANT TO THE PROVISIONS OF SECTION 48-20-106 OF <i>THE TENNESSEE BUSINESS CORPORATION ACT</i>, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS CHARTER:</p>																	
<p>1. PLEASE INSERT THE NAME OF THE CORPORATION AS IT APPEARS OF RECORD: <u>Caremax Pharmacy Of Loudon, Inc.</u></p> <p>IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW: <u>N/A</u></p>																	
<p>2. PLEASE MARK THE BLOCK THAT APPLIES:</p> <p><input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.</p> <p><input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE, <u>07/26/2009</u> (MONTH, DAY, YEAR)</p> <p>(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.</p>																	
<p>3. PLEASE INSERT ANY CHANGES THAT APPLY:</p> <p>A. PRINCIPAL ADDRESS: <u>702 Grove Street, Suite 202</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><u>Loudon</u></td> <td style="width: 30%;"><u>TN/Loudon</u></td> <td style="width: 30%;"><u>37774-1483</u></td> </tr> <tr> <td style="font-size: x-small;">CITY</td> <td style="font-size: x-small;">STATE/COUNTY</td> <td style="font-size: x-small;">ZIP CODE</td> </tr> </table> <p>B. REGISTERED AGENT: <u>Ronald N. Sherrill, DPh</u></p> <p>C. REGISTERED ADDRESS: <u>3218 Morris Avenue, Suite C</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><u>Knoxville</u></td> <td style="width: 30%;"><u>TN</u></td> <td style="width: 30%;"><u>37909</u></td> <td style="width: 10%;"></td> <td style="width: 10%;"><u>Knox</u></td> </tr> <tr> <td style="font-size: x-small;">CITY</td> <td style="font-size: x-small;">STATE</td> <td style="font-size: x-small;">ZIP CODE</td> <td></td> <td style="font-size: x-small;">COUNTY</td> </tr> </table> <p>D. OTHER CHANGES: <u>N/A</u></p>		<u>Loudon</u>	<u>TN/Loudon</u>	<u>37774-1483</u>	CITY	STATE/COUNTY	ZIP CODE	<u>Knoxville</u>	<u>TN</u>	<u>37909</u>		<u>Knox</u>	CITY	STATE	ZIP CODE		COUNTY
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CITY	STATE/COUNTY	ZIP CODE															
<u>Knoxville</u>	<u>TN</u>	<u>37909</u>		<u>Knox</u>													
CITY	STATE	ZIP CODE		COUNTY													
<p>4. THE CORPORATION IS FOR PROFIT.</p>																	
<p>5. THE MANNER (IF NOT SET FORTH IN THE AMENDMENT) FOR IMPLEMENTATION OF ANY EXCHANGE, RECLASSIFICATION, OR CANCELLATION OF ISSUED SHARES IS AS FOLLOWS:</p>																	
<p>6. THE AMENDMENT WAS DULY ADOPTED ON <u>07/26/2009</u> (MONTH, DAY, YEAR) BY (Please mark the block that applies):</p> <p><input checked="" type="checkbox"/> THE INCORPORATORS WITHOUT SHAREHOLDER ACTION, AS SUCH WAS NOT REQUIRED.</p> <p><input type="checkbox"/> THE BOARD OF DIRECTORS WITHOUT SHAREHOLDER APPROVAL, AS SUCH WAS NOT REQUIRED.</p> <p><input type="checkbox"/> THE SHAREHOLDERS.</p>																	
<p><u>President</u></p> <p style="font-size: x-small;">SIGNER'S CAPACITY</p>	 <p style="font-size: x-small;">SIGNATURE</p>																
<p><u>9/15/2009</u></p> <p style="font-size: x-small;">DATE</p>	<p><u>Ronald N. Sherrill, DPh</u></p> <p style="font-size: x-small;">NAME OF SIGNER (TYPED OR PRINTED)</p>																
<p>SS-4421 (Rev. 10/01) <span style="float: right;">Filing Fee: \$20.00 <span style="margin-left: 100px;">RDA 1678</span></span></p>																	

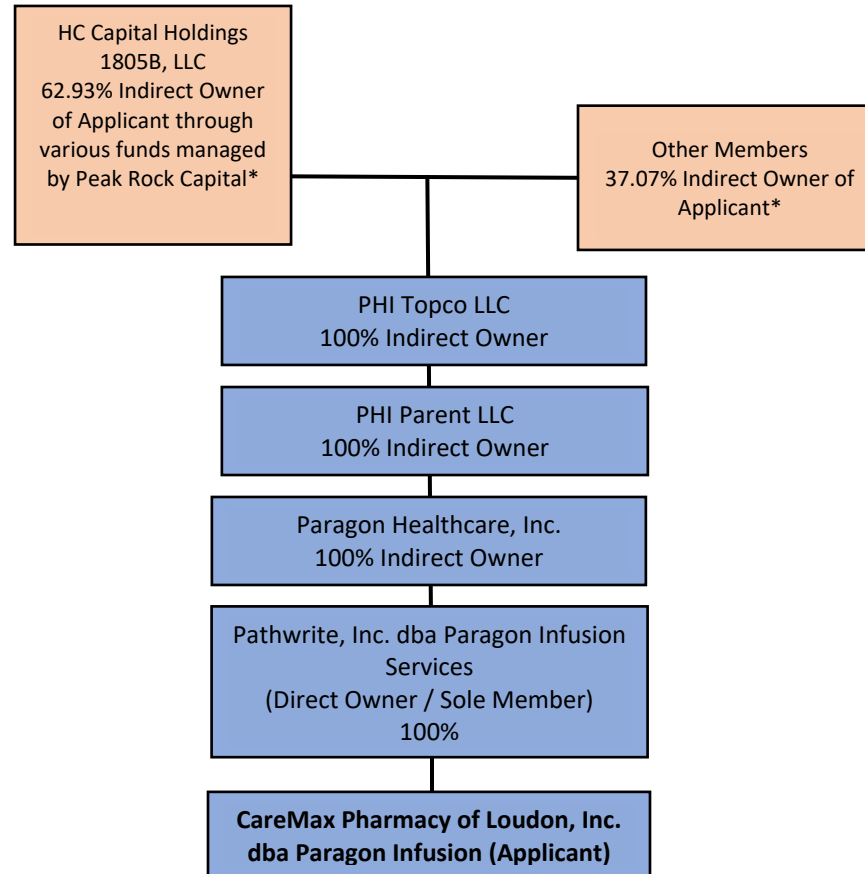
6599.1700





**Attachment 7A-2**  
**Organizational Chart**

## CareMax Pharmacy of Loudon, Inc. dba Paragon Infusion Structure Chart



\*No individual holds 5% or more direct or indirect ownership interest in the Applicant.

**Attachment 9A-1**  
**Lease Agreement**

**601 Grassmere****Paragon Healthcare****Schedule to Lease Agreement**

The following Schedule comprises an integral part of the Lease Agreement between the Landlord and Tenant hereinafter named, dated \_\_\_\_\_, 2021 (hereinafter referred to as the "Lease"). Unless the context otherwise requires, the terms described below shall have the meanings ascribed to them and shall be governed and construed in accordance with the terms of the Lease.

<b><i>Landlord:</i></b>	<b>EP Grassmere, LLC</b> , a Tennessee limited company, whose address is C/O Eakin Properties, LLC, 1201 Demonbreun Street, Suite 1400, Nashville, TN 37203
<b><i>Tenant:</i></b>	<b>Paragon Healthcare, Inc.</b> , a Texas corporation whose address is 3033 W. President George Bush Highway, Plano, TX 75075, Attn: Brian Cormican
<b><i>Leased Premises/ Premises:</i></b>	9264 rentable square feet designated as Suite 19 of the building located at 601 Grassmere Park Drive, Nashville, Tennessee (referred to herein as the "Building," more particularly described on the Floor Plan attached hereto as <u>Exhibit A</u> and made a part hereof.
<b><i>Term/ Lease Term:</i></b>	Seven (7) Lease Years (as defined in Section 1 of the Lease)
<b><i>Commencement Date:</i></b>	The earlier of July 1, 2021 or the date on which Tenant occupies the Leased Premises for business operations or is in receipt of Certificate of Occupancy from proper authority, subject to change as provided in Section 1 of the Lease.
<b><i>Expiration Date:</i></b>	The last day of the seventh (7 <sup>th</sup> ) Lease Year.
<b><i>Rent:</i></b>	\$18.50 per rentable square foot and increasing by 2.0% per year at the beginning of each new Lease Year as shown on <u>Exhibit B</u> to the Lease.
<b><i>Rent Commencement Date:</i></b>	Sixty (60) days following Commencement Date.
<b><i>Rentable Area:</i></b>	9264 rentable square feet.
<b><i>Entire Building Rentable Area:</i></b>	The rentable area for the entire Building is 103,482 rentable square feet.

**Tenant Cost Allowance:** \$326,444.00 to be applied in the manner specified in Section 4 of the Lease. Tenant agrees to approve and furnish the final Plans no later than February 8, 2021.

**Security Deposit:** \$14,282 to be held and applied in accordance with Section 3 of the Lease.

**Permitted Use:** Infusion center, pharmacy mixing, pharmacy distribution and general offices purposes, excluding food services, subject to the terms, limitations and conditions provided in the Lease.

**Broker:** Eakin Properties, LLC and ESRP Advisory Dallas, LLC in conjunction with Cherry & Associates, LLC

**LANDLORD:**

EP GRASSMERE, LLC,  
a Tennessee limited liability company

By: EP Real Estate Fund II, LLC,  
its Sole Member

By: Eakin Properties, LLC,  
its Manager

By: John W Eakin  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**TENANT:**

PARAGON HEALTHCARE, INC.,  
a Texas corporation

By: Richard M. Altier  
Print Name: Richard M. Altier  
Title: President CEO

## LEASE AGREEMENT

**EP Grassmere, LLC.** (hereinafter referred to as “Landlord”) agrees to lease to the Tenant named in the Schedule (hereinafter referred to as “Tenant”), and Tenant accepts from Landlord the Leased Premises described in the Schedule (hereinafter referred to as the “Leased Premises”) in consideration of the following mutual covenants and conditions:

1. **Term.** This Lease shall commence upon the Commencement Date specified in the Schedule, and it shall continue until the Expiration Date specified in the Schedule (hereinafter referred to as the “Term”). Upon Landlord’s request, Tenant shall execute an instrument confirming the Commencement Date, Rent Commencement Date and Expiration Date substantially in the form attached hereto as Exhibit D. In the event of any delay on the part of Landlord in delivering the Leased Premises available to Tenant in the condition required by Section 4 hereof or in timely responding to requests for approvals pursuant to Section 4 hereof, or in the event Tenant is delayed by state, municipal or other governmental or quasi-governmental regulations or orders beyond Tenant’s reasonable control, the Commencement Date of the Term shall be extended to the date Tenant occupies the Leased Premises for business operations or is in receipt of a Certificate of Occupancy from the proper authority. As used herein, “Lease Year” shall mean the period beginning on the Rent Commencement Date and ending on the first anniversary of the last day of the calendar month in which the Rent Commencement Date occurs (unless the Rent Commencement Date is the first day of a calendar month, in which event such first Lease Year shall end on the day prior to the first anniversary of the Rent Commencement Date) and each twelve month period thereafter during the Term of this Lease.

2. **Base Rental.** Commencing on the Rent Commencement Date, Tenant shall pay an annual base rental in the amount specified in the Schedule (hereinafter referred to as “Base Rental”). Such Base Rental, together with one-twelfth (1/12) of the Base Rental Adjustment as hereinafter defined, shall be due and payable in advance without demand on the first day of each calendar month during the Term of this Lease. In addition, Tenant shall pay to Landlord any sales, use or other tax (excepting corporate excise and income tax) that may be levied upon or in any way measured by this Lease or the rents payable by Tenant, notwithstanding the fact that a statute, ordinance or enactment imposing the same may endeavor to impose such tax upon Landlord. If the Term of this Lease commences on other than the first day of a calendar month or terminates on other than the last day of a calendar month, then the Base Rental and the Base Rental Adjustment for such month or months shall be prorated. Tenant shall also pay as additional rent, all such other sums of money as shall become due from and payable by Tenant to Landlord under this Lease. All rent or other payments due hereunder, if not paid when due, shall bear interest at the per annum rate of the Base Rate of interest that Citibank, N.A. establishes from time to time as its Base Rate, plus 2%, said interest rate to be adjusted on the date the Base Rate changes, but not to exceed the maximum lawful rate of interest chargeable under the laws of the State of Tennessee, from the date due until paid. In addition, Tenant shall pay to Landlord all costs of collection of the sums due hereunder including reasonable attorney fees.

3. **Security Deposit.** Landlord acknowledges that Tenant has deposited with Landlord a security deposit in the amount specified in the Schedule, and Landlord shall apply

such security deposit to any delinquent rent due Landlord under this Lease. Tenant shall not be entitled to interest on the security deposit, and Landlord may commingle such security deposit with other funds of Landlord. Furthermore, Landlord at its option may apply such part of the deposit as may be necessary to cure any default under this Lease, and if Landlord does so, Tenant shall, upon demand, redeposit with Landlord an amount equal to that so applied so that Landlord will have the full security deposit on hand at all times during the term of this Lease. Upon the termination of this Lease, provided Tenant is not in default hereunder, Landlord shall refund to Tenant any of the then remaining balance of the deposit without interest. In the event of a sale or leasing of the Building or the real property on which the Building is located, Landlord shall have the right to transfer the deposit to the vendee or Tenant and Landlord shall thereupon be released by Tenant from all liability for the return of such deposit and Tenant agrees to look to the new landlord solely for the return of said deposit. The provisions hereof shall apply to every transfer or assignment made of the deposit to a new landlord.

4. **Improvements to Leased Premises.**

A. Except as expressly set forth herein, Tenant agrees to accept and hereby accepts the Premises in "AS IS, WHERE IS" condition. Upon Tenant's receipt of all required building permits, Landlord will allow Tenant to access the Leased Premises for the construction and installation of any desired Tenant improvements to the Leased Premises (the "Tenant Improvements"). After the Premises are delivered to Tenant, Tenant shall be bound by all terms and conditions of this Lease, other than those relating to the payment of Base Rental, Base Rental Adjustment or utilities. On or before the date specified in the Schedule, Tenant shall furnish Landlord with a detailed floor plan layout and construction documents stamped and signed by the architect of record and ready for codes (the "Plans") reflecting the desired Tenant Improvements. Landlord shall have the right to review and approve the Plans, and Tenant shall not install any Tenant Improvements that are not in conformity with the Plans approved by Landlord or Landlord's architect. Landlord will not unreasonably withhold or condition its approval of the Plans. Landlord shall respond to all requests for approval of the Plans (or modifications thereto) within ten (10) days, and if Landlord fails to timely respond, then Landlord shall be deemed to have approved the same. Tenant's general contractor and any mechanical, electrical or plumbing subcontractors shall be subject to Landlord's prior approval, not to be unreasonably withheld, delayed or conditioned. Tenant shall deliver a copy of the construction contract to Landlord prior to the commencement of any Tenant Improvements. Tenant's contractor shall carry insurance reasonably acceptable to Landlord and such contractor's general liability insurance shall name Landlord as an additional insured. All Tenant Improvements shall be made and installed at Tenant's sole cost and expense and in a good and workmanlike manner in accordance with the approved Plans and all applicable laws, rules, regulations, ordinances and codes. Tenant shall not allow any mechanics' or materialmen's liens to be attached to the Leased Premises or Building and, if any such liens are filed, Tenant shall cause same to be removed or bonded around within thirty (30) days. All Tenant Improvements shall be Landlord's property and remain in the Leased Premises at the expiration of the Term; provided, however, as part of Landlord's approval of the Plans, Landlord may require Tenant to remove any specialized or non-standard Tenant Improvements or any cabling, in which case, Tenant shall remove such Tenant Improvements and/or cabling at the expiration of the Term and repair any damage caused by such removal. Notwithstanding



anything herein to the contrary, Tenant shall not be required to restore or remove any Tenant Improvements, alterations, other improvements or data cabling from the Premises, except specialty or non-standard improvements and/or data cabling as reasonably identified via written notice from Landlord to Tenant prior to construction or installation thereof.

B. Landlord will reimburse Tenant up to an amount equal to the Tenant Cost Allowance within thirty (30) days after the occurrence of all of the following events: (i) the Tenant Improvements have been fully completed, as evidenced by a certificate of completion from Tenant's architect or general contractor, (ii) Tenant has delivered to Landlord a final or temporary Certificate of Occupancy (or its equivalent) for the Premises, (iii) Tenant has delivered to Landlord paid invoices for all costs for which Tenant is seeking reimbursement, (iv) Tenant has delivered to Landlord final, unconditional lien waivers from Tenant's general contractor and all subcontractors and material suppliers that provided labor or materials for the Tenant Improvements, and (v) Tenant has delivered to Landlord a complete set of "as-built" drawings of the Leased Premises in electronic .pdf format. Tenant may use the Tenant Cost Allowance for any of the following: hard construction costs, soft construction costs, including, but not limited to, architectural and engineering and project management, voice and data cabling, furniture, fixtures and equipment, moving costs, IT and signage. All requests for reimbursement of the Tenant Cost Allowance must be received by Landlord no later than one hundred eighty (180) days after the Commencement Date. Any portion of the Tenant Cost Allowance which has not been applied for by such date shall be deemed forfeited by Tenant.

5. **Base Rental Adjustment.** The Base Rental Adjustment shall be calculated and paid as follows:

A. The Rentable Area (hereinafter referred to as "RA") in the Leased Premises is hereby stipulated to be the number of square feet of Rentable Area specified in the Schedule, whether the same should be more or less as a result of variations resulting from actual construction and completion of the Leased Premises for occupancy.

B. "Operating Costs" shall mean all operating expenses of the Building and all Common Areas (as hereinafter defined in Section 5(F)) as computed on the cash basis in accordance with generally accepted accounting principles consistently applied and shall include all expenses, costs and disbursements (but not payments of principal and interest on notes secured by deeds of trust on the Building and Common Areas, capital investment items related to the initial construction of the Building and Common Areas and replacements thereof, or costs specially billed to specific tenants) of every kind and nature that Landlord shall pay or become obligated to pay because of or in connection with the ownership and operation of the Building or Common Areas, including but not limited to, the following:

i. Wages, salaries, taxes, insurance and benefits directly attributable to all employees engaged in operating, maintaining, managing or providing security for the Building or Common Areas and to personnel who may provide traffic control relating to ingress and egress between the parking areas and adjacent public streets.

ii. All supplies and materials used in operation and maintenance of the Building and Common Areas.

iii. Utilities for the Building, Common Areas, and Premises, including water, power, heating, lighting, air conditioning and ventilation (excluding utilities paid by Tenant or other third parties).

iv. Maintenance, janitorial, dumpster, security, and service agreements for the Building or Common Areas, the sidewalks and common areas, appurtenant to the Building, and the equipment therein (excluding janitorial paid by Tenant or other third parties).

v. Casualty, liability, and rent loss insurance applicable to the Building and Common Areas and Landlord's personal property used in connection therewith.

vi. Taxes, assessments, office park association fees, franchise and excise taxes and governmental charges attributable to the Building and all Common Areas.

vii. Repairs and general maintenance (excluding repairs and general maintenance paid by proceeds of insurance or by Tenant or other third parties).

viii. The cost of installation of capital investment items that are primarily for the purpose of reducing Operating Costs as hereinafter defined, but only to the extent such capital investment items actually reduce Operating Costs, or which may be required by governmental authorities by the passage of new laws, regulations, or requirements, any such costs to be amortized with a reasonable interest factor on a straight line basis over the useful life of the improvement.

ix. Landlord's accounting costs attributable to the Building.

x. Fees paid by Landlord for management of the Building, to the extent the same do not exceed 4% of total rents and other income from the Building.

xi. Legal consultants', appraisers' and auditing fees incurred in connection with an appeal for reduction of taxes or for other management purposes directly incurred in the operation of the Building and all Common Areas.

Notwithstanding the foregoing, the following shall not constitute Operating Costs:

(i) expenses relating to leasing space in the Building (including tenant improvements, leasing and brokerage commissions and advertising expenses);

(ii) legal fees and disbursements incurred for collection of tenant accounts or negotiation of leases, or relating to disputes between Landlord and other tenants and occupants of the Building, or otherwise resulting from Landlord's default or breach under any contract or this Lease;

- (iii) Cost of capital improvements, repairs, or replacements, unless specifically permitted by above;
- (iv) amounts received by Landlord on account of proceeds of insurance;
- (v) depreciation or payments of principal and interest on any mortgages;
- (vi) payments of ground rent pursuant to any ground lease;
- (vii) the costs of gas, steam or other fuel; operation of elevators and security systems; heating, cooling, air conditioning and ventilating; chilled water, hot and cold domestic water, sewer and other utilities or any other service work or facility, or level or amount thereof, provided to any other tenant or occupant in the Building which either (a) is not required to be supplied or furnished by Landlord to Tenant under the provisions of this Lease or (b) is supplied or furnished to Tenant pursuant to the terms of this Lease with separate or additional charge;
- (viii) costs of correcting defects in the initial construction of the Building;
- (ix) costs of remedying any building code violations existing on the Commencement Date; provided, however, that Tenant shall be solely responsible for correcting any such building code violations with respect to the Premises or involving any aspect of the Tenant Improvements; or
- (x) the cost of performing any work reimbursable to Landlord from a third-party construction warranty.

C. For the purpose of computing the Base Rental Adjustment, "Tenant's Proportionate Share" shall be equal to the RA for the Leased Premises divided by the RA for the entire Building, per the Schedule.

D. Commencing on the Commencement Date, Tenant shall pay Landlord an amount equal to Tenant's Proportionate Share of the Operating Costs during any calendar year within the Term of this Lease, or during any fractional part of a calendar year, with Tenant's obligation in such case to be prorated (the "Base Rental Adjustment"). For this purpose, Landlord may estimate the Tenant's Proportionate Share of Operating Costs for each calendar year or portion thereof during the Term, and Tenant's Base Rental shall be adjusted upward by the amount of such estimated amount (the "Estimated Base Rental Adjustment"). Said Estimated Base Rental Adjustment shall be divided by twelve and paid to Landlord as Additional Base Rental monthly on the same day the Monthly Base Rental is due and payable. If during any calendar year the Building is not fully occupied or if any tenant of the Building (other than Tenant) furnishes to itself any services which would otherwise have been furnished by Landlord, Operating Expenses shall be adjusted at the expiration of each calendar year as if the Building were 95 percent occupied during the entire year and as if Landlord had furnished

such services. "Fully occupied" shall be defined as occupancy of ninety-five (95%) percent or more of the rentable area of the Building.

E. Within one hundred, fifty (150) days or as soon thereafter as may be reasonably practicable after the conclusion of each calendar year during the Term, Landlord shall furnish to Tenant a report describing the actual amount of Operating Costs for such calendar year and the actual Base Rental Adjustment. A lump sum payment shall be made by Landlord to Tenant or by Tenant to Landlord, as appropriate, within thirty (30) days after the delivery of such report equal to the amount of any difference between the actual Base Rental Adjustment payable by Tenant pursuant to this Section 5 and the amount of any previous payments thereof by Tenant due to the Estimated Base Rental Adjustment based upon Landlord's estimate of annual Operating Costs. For a ninety (90) day period following the giving of such report, Landlord shall afford Tenant reasonable access to Landlord's books and records with respect to Operating Costs, to enable Tenant to verify the amount of Operating Costs that are the basis for the computation of the actual Base Rental Adjustment and the actual amount of the difference to be paid by Tenant or Landlord, as applicable; or, in lieu of such right of inspection, Landlord may, in its sole discretion, provide Tenant with an audit of Landlord's books and records with respect to Operating Costs prepared by an independent certified public accountant. If after a reasonable inspection it is determined that Landlord's estimation of Operating Costs is incorrect by 5% or greater, Landlord shall reimburse Tenant for the cost of the audit, not to exceed \$2,500.

F. "Common Areas" shall mean all areas, signage, installations and equipment provided from time to time by Landlord for the common use and benefit of the tenants of the Building, their employees, agents, licensees, customers and other invitees, including, without limitation, parking areas, exits, entrances, access roads, driveways, sidewalks, retaining walls, loading platforms and ramps, landscaped areas, and pedestrian walkways.

G. Notwithstanding the foregoing or anything else contained herein to the contrary, Controllable Operating Costs (as hereinafter defined) shall not increase by more than five percent (5%) per year on a cumulative basis. As used herein, "Controllable Operating Costs" shall mean all Operating Costs except those relating to taxes, insurance, utilities and security.

6. ***Services to be Furnished by Landlord.*** Landlord shall furnish the following services as a part of Operating Costs:

A. Access to the Leased Premises twenty-four (24) hours per day, seven (7) days per week, fifty-two (52) weeks per year.

B. Routine maintenance and Base Building Standard lighting service for all public areas and special service areas of the Building in the manner and to the extent deemed by Landlord to be standard.

C. Electrical power to the Common Areas of the Building in the manner and to the extent deemed by Landlord to be standard, the parties agreeing that, commencing on the Commencement Date, Tenant shall be solely responsible to pay for any electricity and any other separately metered utilities consumed by the Leased Premises directly to the applicable utility provider. Tenant shall not overload the electrical system of the Building or Premises. Any additional equipment, feeders or risers necessary to supplement the existing electrical system shall be supplied by Landlord at the expense of Tenant, provided such installations will not, in Landlord's judgment, overload the electrical system of the Building or entail excessive or unreasonable alterations to the Building or the Leased Premises.

D. Building standard fluorescent bulb replacement and incandescent bulb replacement in the Common Areas of the Building.

E [Intentionally Deleted]

F. Maintain and prune the trees to accommodate current entrance sign visibility and a second entrance to the Building.

G. Dumpster service, with pick up service at a frequency reasonably determined by Landlord from time to time.

Failure by Landlord to any extent to furnish the services described in this Section 6, or any cessation thereof, resulting from the repair or alteration of the Building or causes beyond the reasonable control of Landlord shall not be construed as an eviction of Tenant, nor worth an abatement of rent, nor relieve Tenant from fulfillment of any covenant or agreement hereof. Notwithstanding anything herein to the contrary, if services or utilities described in this Section 8.1, or any other utilities serving the Building are disrupted due to Landlord's gross negligence or willful misconduct, and such interruption materially interferes with Tenant's business operations in the Premises, Base Rent shall be proportionately abated according to the extent Tenant cannot use the Leased Premises for operation of its business by reason of such interruption from the fifth (5<sup>th</sup>) business day after Tenant notifies Landlord of such disruption until the disruption is remedied.

7. **Common Areas.** During the term of this Lease, for so long as Tenant is not in default hereunder, Landlord grants Tenant a non-exclusive license to use and occupy in common with others so entitled, the Common Areas of the Building, including, but not limited to, corridors, stairways, entranceways, parking areas, service roads, loading facilities, sidewalks, and other facilities as may be designated from time to time by Landlord subject to the terms and conditions of this Lease.

8. **Keys, Locks and Card Keys.** Landlord shall furnish Tenant with two (2) keys for each door entering the Leased Premises. Additional keys will be furnished at a charge to the Tenant on an order signed by Tenant or Tenant's authorized representative. All such keys shall remain the property of Landlord. No additional locks shall be allowed on any door of the Leased Premises nor shall Tenant change the locks without Landlord's permission, and Tenant shall not make, or permit to be made any duplicate keys, except those furnished by Landlord.

Upon termination of this Lease, Tenant shall surrender to Landlord all keys of the Leased Premises and give to Landlord the explanation of the combination of all locks for safes, safe cabinets and vault doors, if any, installed in the Leased Premises by Tenant.

9. **Graphics.** Landlord has the right to approve all letters or numerals on entrance doors to the Leased Premises. The cost of all signage shall be part of Tenant construction. All such letters and numerals shall be in the Building standard graphics and size, and no others shall be used or permitted on the Leased Premises without the written approval of Landlord. Further, Tenant may install a sign on the building of a size and type commensurate with existing signs in the Park, and as specified in Exhibit E hereto. All signage packages must meet Landlord's reasonable approval and comply with all applicable laws, rules, regulations and ordinances.

10. **Parking.** Tenant shall have the right to use in common with the other tenants in the building the parking spaces as provided by Landlord adjacent to the building for parking of Tenant's automobiles and those of its employees and visitors, subject to the rules and regulations now or hereafter adopted by Landlord. Landlord reserves the right to adopt any regulations necessary to curtail unauthorized parking, including the required use of "parking permits." Tenant shall not use more than its prorata share of parking based on its square footage. Further, Landlord shall provide two (2) handicapped spaces adjacent to the Leased Premises as specified on Exhibit F.

11. **Permitted Uses.** Tenant shall use and occupy the Leased Premises for the purpose specified in the Schedule and for no other purpose; provided, however Tenant shall not occupy or use, or permit any portion of the Leased Premises to be occupied or used for any business or purpose which is unlawful or deemed to be extra-hazardous on account of fire, or permit anything to be done which would in any way increase the rate of fire or liability or any other insurance coverage on the Building and/or its contents, cause the load upon any floor of the Building to exceed the load for which the floor was designed or the amount permitted by law, or use electrical energy exceeding the capacity of the then existing feeders or wiring installations. Tenant shall further conduct its business and control its agents, employees, invitees, and visitors in such manner as not to create any nuisance, or interfere with, annoy or disturb any other tenant or Landlord in its operation of the Building. Nothing herein shall be construed to prohibit Tenant's use of the Premises for the Permitted Use.

12. **Laws, Regulations, and Rules of Building.** Subject to Landlord's maintenance, repair and alteration obligations expressly set forth in this Lease, Tenant shall comply with all applicable laws, ordinances, rules and regulations promulgated by governmental or quasi-governmental authorities relating to the use or occupancy of the Leased Premises and all common areas. Tenant shall comply with reasonable rules and regulations as may be adopted or altered by Landlord from time to time for the safety, care and cleanliness of the Leased Premises, Building and common areas and for preservation of good order therein after receiving notice thereof, including, but not limited to, the Rules and Regulations attached hereto as Exhibit C. To the extent of a conflict between the provisions of this Section 12 and those of Section 32, the provisions of Section 32 shall control. Landlord shall not enforce the Rules and Regulations against Tenant in a discriminatory manner. In the event of a conflict

between the terms and conditions of this Lease and those of the rules and regulations, the terms and conditions of this Lease shall control. Tenant agrees to provide Landlord with accurate financials (balance sheet and income statements) on the Tenant within 7 days of request from the Landlord, but not more than once per Lease Year.

13. **Repairs by Landlord.** Except as otherwise provided in Section 4 hereof, Landlord shall not be required to make any improvements to or repairs of any kind or character in the Leased Premises prior to the Commencement Date. Landlord shall keep in good order, condition and state of repair the exterior and structural portions of the Building (including the roof, HVAC systems not solely serving the Premises, and the footings and foundation), windows, doors, plate glass and the exterior surfaces of walls that are adjacent to Common Area, the Common Area and, to the extent the same do not exclusively serve the Premises, the electrical, mechanical, plumbing, heating and air conditioning systems, and facilities and components located in the Building. Tenant agrees that Landlord's obligation to make such repairs shall not relieve Tenant of the obligation to pay all sums which become due under this Lease. Tenant shall reimburse Landlord upon demand for the cost of repairing any damage to the Leased Premises or the Building caused by the deliberate act or negligent act of Tenant or its employees, agents or invitees not covered by insurance.

14. **Repairs and Alterations by Tenant.** With the exception of those items to be maintained and repaired by Landlord pursuant to the foregoing provisions, Tenant shall, at its expense, keep in good order, condition and state of repair all portions of the Leased Premises, including, but not limited to, bathrooms, breakrooms, utility systems exclusively serving the Leased Premises to the point of connection to the common line (specifically including, but not limited to, plumbing, electrical, telephone, internet, gas, sprinkler, sewage, and/or heating, ventilating, and air conditioning systems, wherever same may be located, including any heating, ventilating and air conditioning equipment located on the roof of the Building). In the event Tenant fails to comply with the requirements of this paragraph after written notice from Landlord, Landlord may make such maintenance and repair and the cost thereof, plus an administrative fee of fifteen percent (15%) of said costs to cover overhead, shall be immediately payable to Landlord as Additional Rent. Tenant shall, at its own cost and expense (subject to reimbursement from Landlord to the extent Landlord's insurance proceeds cover the same), repair or replace any damage or injury done to the Leased Premises or the Building or Common Area, caused by Tenant or Tenant's agents, employees, invitees, contractors, or servants; provided, however, if Tenant fails to make such repairs or replacements promptly, Landlord may, at its option, make such repairs or replacements, and Tenant shall pay the costs thereof to the Landlord on demand as additional rent. During the Term of the Lease, Tenant shall maintain all HVAC units serving the Leased Premises. Tenant shall contract with HVAC maintenance contractor acceptable to Landlord and provide evidence of such contract annually or when reasonably requested by Landlord. Tenant shall pay all invoices for materials associated with such service and repairs related to such contract; however, Landlord shall be responsible for the costs associated with repairs outside of such contract, to the extent the same exceed Two Thousand Dollars (\$2,000.00) per annum, provided that such costs are not a result of Tenant's misuse of, vandalism to, or intentional harm caused to the system. Landlord's share of such HVAC related expenses shall NOT be included in Operating Costs. Tenant shall pay its share of any repair or replacement within fifteen (15) days following receipt of an invoice

from Landlord detailing the costs Tenant is required to pay. If Tenant is required to make any repairs to HVAC units serving the Leased Premise and such units are covered by a third-party warranty, Landlord shall assign all rights it has under such warranty to Tenant. The foregoing notwithstanding, Tenant and Landlord agree that HVAC service, maintenance and repairs as outlined above shall relate to all standard units serving the Premises, and shall exclude all specialty units or those units serving specialty areas of the Premises. Service, maintenance and repairs of such "specialty units: shall be the sole responsibility of the Tenant. Such "specialty units" shall be identified on the drawings at the time of Landlord review and approval. No alterations in the Leased Premises or signs visible from outside the Leased Premises shall be made or installed by Tenant without the prior written consent of Landlord, and at Landlord's election such alterations or additions shall become the property of Landlord upon termination of this Lease. With the exception of the Tenant Improvements (which are addressed in Section 4 above), all plans for repairs, replacements, alterations, or installations required or permitted to be made by Tenant shall be subject to the approval of Landlord, which may be subject to any reasonable protections or restrictions designed to preserve the architectural design and structural integrity of the Building and to protect against claims by materialmen and laborers, including, but not limited to, the requirement that Tenant remove any special or non-standard improvements at the expiration of the Term. Tenant shall engage the Landlord (at Tenant's expense) or a mechanical contractor to perform routine maintenance to the heating and cooling systems including filter replacement and provide Landlord proof of such maintenance. Notwithstanding anything herein to the contrary, Tenant shall not be required to obtain Landlord's prior written consent, or to submit plans for, repainting or re-carpeting, regardless of the cost thereof, or for any other alterations, additions or improvements which (a) are cosmetic in nature, (b) do not require a building permit, (c) do not affect the exterior, structure, roof, or mechanical or utility systems of the Building, and (d) total less than \$20,000.00 in any single instance, or \$100,000.00 in any one year period; provided, however, that Tenant shall give Landlord at least ten (10) days' written notice prior to the commencement of any such improvements or alterations.

15. **Care of Leased Premises.** Tenant shall not commit or allow any waste or damage to be committed on any portion of the Leased Premises, and at the termination of this Lease, Tenant shall deliver possession of the Leased Premises to Landlord in as good condition as at date of possession by Tenant, or as the same may have been improved during the term, ordinary wear and tear or damage resulting from fire or other casualty excepted. To the extent provided for in this Lease, Landlord may require Tenant to remove special or non-standard improvements and restore the Leased Premises to its original condition at Tenant's sole cost and expense upon the termination of this Lease. Such work to remove special or non-standard items and to repair the Leased Premises shall be complete on or before the expiration date of the Lease.

16. **Intentionally deleted.**

17. **Peaceful Enjoyment.** Tenant shall have the right to peacefully occupy, use and enjoy the Leased Premises during the Lease Term, subject to the other terms hereof, provided Tenant pays the rent and other sums herein required to be paid by Tenant and performs all of Tenant's covenants and agreements herein contained.



18. **Landlord's Right of Entry**. Landlord or its agents or representatives shall have the right to enter into and upon any part of the Leased Premises at all reasonable hours to inspect the same, clean or make repairs, alterations or additions thereto, as Landlord may deem necessary or desirable, provided prior notice is given to Tenant in each case, and Tenant's use and occupancy of the Leased Premises shall not be materially inconvenienced. Landlord further reserves the right to show the Leased Premises to prospective tenants or brokers during the last six (6) months of the Lease Term as extended, and to prospective purchasers or mortgagees at all reasonable times, provided prior notice is given to Tenant in each case, and Tenant's use and occupancy of the Leased Premises shall not be materially inconvenienced. Tenant shall not be entitled to any abatement or reduction of rent by reason of the exercise of the foregoing rights on the part of Landlord.

19. **Limitation of Landlord' Liability**. Landlord's liability to Tenant shall be limited as follows:

- a. Tenant hereby assumes all risk of damage or injury to any person or property in, on, or about the Leased Premises from any cause other than the gross negligence or willful misconduct of Landlord or Landlord's agents, employees or contractors. By way of example, but without limitation, Tenant agrees that Landlord will not be liable for any loss, injury, death, or damage to persons, property, or Tenant's business resulting from any of the following, except to the extent caused by the gross negligence or willful misconduct of Landlord or Landlord's agents, employees or contractors: (i) theft; (ii) act of God, public enemy, injunction, riot, strike, insurrection, war, terrorism, court order, requisition, order of governmental body or authority, fire, explosion or falling objects; (iii) any accident or occurrence in the Leased Premises or any other portion of the Building caused by the Leased Premises (or any other portion of the Building) becoming out of repair or by the obstruction, breakage or defect in or failure of equipment, pipes, sprinklers, wiring, plumbing, heating, ventilation and air-conditioning or lighting fixtures of the Building or by broken glass or by the backing up of drains, or by gas, water, steam, electricity or oil leaking, escaping or flowing into or out of the Leased Premises; (iv) construction, repair or alteration of any other premises in the Building; (v) business interruption or loss of use of the Leased Premises; (vi) any diminution or shutting off of light, air or view by any structure erected on the Land or any land adjacent to the Building, even if Landlord is the adjacent land owner; (vii) mold or indoor air quality; (viii) any acts or omissions of any other tenant, occupant or visitor of the Building; or (ix) any cause beyond Landlord's control. In no event shall Landlord be liable for indirect, consequential, or punitive damages or for damages based on lost profits. None of the foregoing shall be considered a constructive eviction of Tenant, nor shall the same entitle Tenant to an abatement of rent.

b. All separate and personal liability of any member, partner, principal, joint venturer, director, officer, shareholder or beneficial owner of Landlord and of any constituents of the Landlord is hereby expressly waived by Tenant, and by every person now or hereafter

claiming by, through, or under Tenant; and Tenant shall look solely to Landlord's interest in the Building and the proceeds of any insurance maintained by Landlord in connection with the Building for the payment of any claim against Landlord. Upon any transfer of Landlord's interest in this Lease or in the Building, the transferring Landlord shall have no liability or obligation for matters arising under this Lease after the date of such transfer.

20. **Indemnity.**

a. Tenant shall hereby indemnify, defend and hold Landlord harmless against and from all liabilities, obligations, suits, damages, penalties, claims, costs, charges and expenses, including, without limitation, reasonable attorneys' fees and other professional fees (if and to the extent permitted by law), that may be imposed upon, incurred by, or asserted against Landlord to the extent arising, directly or indirectly, out of or in connection with (i) Tenant's use, occupancy or maintenance of the Leased Premises or the Building, (ii) any failure on the part of Tenant to perform or comply with any of the covenants, agreements, terms or conditions contained in this Lease; and (iii) any negligent or otherwise tortious act or omission of Tenant.

b. Landlord shall hereby indemnify, defend and hold Tenant harmless against and from all liabilities, obligations, suits, damages, penalties, claims, costs, charges and expenses, including, without limitation, reasonable attorneys' fees and other professional fees (if and to the extent permitted by law), that may be imposed upon, incurred by, or asserted against Tenant and arising, directly or indirectly, out of or in connection with the gross negligence or willful misconduct of Landlord or Landlord's agents, employees or contractors

21. **Tenant Defaults and Landlord's Remedies.** Landlord shall have all rights and remedies allowed at law or in equity; including, but not limited to the following:

A. If any voluntary or involuntary petition under any section of any bankruptcy act shall be filed by or against Tenant, or any voluntary or involuntary proceeding in any court or tribunal shall be instituted to declare the Tenant insolvent or unable to pay Tenant's debts, and in the case of an involuntary petition or proceeding, the petition or proceeding is not dismissed within sixty (60) days from the date it is filed, Landlord may elect, upon notice of such election, to terminate this Lease.

B. If Tenant defaults in the payment of any installment of the rent and does not cure the default within five (5) days after notice, or if Tenant defaults in the prompt performance of any other provision of this Lease and does not cure such other default within fifteen (15) days after written notice by Landlord, or such longer period of time as may be reasonably necessary to cure the same, not to exceed sixty (60) days; provided, Tenant has commenced such cure within said 15-day period and thereafter diligently and continuously pursues such cure to completion, or if the leasehold interest of Tenant be levied upon under execution or be attached by process of law, or if Tenant makes an assignment for the benefit of creditors, or if a receiver be appointed for any property of Tenant, or if Tenant abandons the Leased Premises (other than as the result of a government order), Landlord may terminate this Lease and Tenant's right to possession of the Leased Premises or, without terminating this Lease, forthwith terminate Tenant's right to possession of the Leased Premises.

C. Upon any termination of this Lease, or upon any termination of the Tenant's right to possession without termination of the Lease, Tenant shall immediately vacate the Leased Premises and deliver possession to Landlord.

D. If Landlord elects to terminate Tenant's rights to possession only, without terminating this Lease, Landlord may, at Landlord's option, enter into the Leased Premises, remove Tenant's signs and other evidences of tenancy, and take and hold possession thereof without such entry and possession terminating this Lease or releasing Tenant from the obligation to pay the rent hereunder for the full Term. Upon and after entry into possession without termination of this Lease, Landlord may relet the Leased Premises or any part thereof for the account of Tenant for such rent, for such time and upon such terms as Landlord in its sole discretion shall determine, and Landlord shall not be required to accept any tenant offered by Tenant or to observe any instructions given by Tenant about such reletting. A reletting for a term longer than the then remaining Lease Term shall not constitute an acceptance by Landlord of a surrender of this Lease or a waiver of any Landlord's rights hereunder. In any such case, Landlord may make repairs, alterations and additions in or to the Leased Premises, and redecorate the same to the extent reasonably deemed necessary or desirable by Landlord, and Tenant shall, upon demand, pay the cost thereof, together with Landlord's expense of the reletting. If the consideration collected by Landlord upon any such reletting for Tenant's account is not sufficient to pay monthly the full amount of the rent reserved in this Lease, together with the costs of repairs, alterations, additions, redecorating and Landlord's expenses of reletting, Tenant shall pay to Landlord the amount of each monthly deficiency upon demand.

E. Any property which may be removed from the Leased Premises by the Landlord pursuant to the authority of this Lease or of law, to which Tenant is or may be entitled, may be handled, removed or stored by Landlord at the risk, cost and expense of Tenant, and Landlord shall in no event be responsible for the value, preservation or safe-keeping thereof. Tenant shall pay to Landlord, upon demand, any and all expenses incurred in such removal and all storage charges against such property so long as the same shall be in Landlord's possession or under Landlord's control. Any such property of Tenant not retaken from storage by Tenant within thirty (30) days after the end of the Lease Term, however terminated, shall be conclusively presumed to have been conveyed by Tenant to Landlord under this Lease as a bill of sale.

F. In the event Tenant defaults in the performance of any of the terms, covenants, agreements or conditions contained in this Lease and Landlord places the enforcement of this Lease, or any part thereof, or the collection of any rent due, or to become due hereunder or recovery of the possession of the Leased Premises in the hands of an attorney, or files suit upon the same, Tenant agrees to pay Landlord's reasonable attorney's fees.

G. Failure of Landlord to declare any default immediately upon occurrence thereof, or delay in taking any action in connection therewith, shall not waive such default, but Landlord shall have the right to declare any such default at any time and take such action as might be lawful or authorized hereunder, either at law or in equity.

22. **Holding Over.** Upon giving Landlord at least nine (9) months' prior written notice, Tenant may holdover in the Leased Premises for up to ninety (90) days after the expiration of the Term at the Base Rental rate in effect at the expiration of the Term. If Tenant otherwise retains possession of the Leased Premises or any part thereof after the expiration or earlier termination of this Lease, Tenant shall pay rent (including Base Rental and Base Rental Adjustment) at 150% of the rate payable in the month preceding such holding over computed on a daily basis for each day that Tenant remains in possession. In addition thereto, Tenant shall be liable for and pay to Landlord, all damages, consequential as well as direct, sustained by reason of Tenant's holding over.

23. **Condemnation.** If the Leased Premises shall be partially taken or condemned for any public purpose to such an extent as to render a portion of the Leased Premises untenable, the rental provided for herein shall abate as to the portion rendered untenable. In the event the whole of the Leased Premises shall be so taken or condemned, this Lease shall terminate as of the date of taking of possession. All proceeds from any taking or condemnation of the Leased Premises shall belong to and be paid to Landlord.

24. **Damage or Destruction to the Leased Premises.** If the Leased Premises, the Building, or the Common Area is damaged or destroyed by fire or other casualty, cause or condition whatsoever through no fault or neglect of Tenant, its agents, employees, customers, invitees, visitors or contractors, so as to cause the Leased Premises to be untenable or to make it possible for Tenant to continue its normal business operations therein, a just proportion of the rent herein reserved shall abate according to the extent Tenant cannot use the Leased Premises for operation of its business by reason of such damage until such time as Landlord makes such portion of the Leased Premises tenantable, or useable for Tenant's normal business operations, as the case may be. If any such casualty results from fault or neglect of Tenant, its agents, employees, customers, invitees, visitors or contractors, then rent shall abate only to the extent Landlord actually receives rent loss insurance proceeds. If Landlord reasonably determines that such damage or destruction cannot be repaired within one hundred and eighty (180) days from commencement of repairs so as to restore fully Tenant's full use and enjoyment of the Leased Premises or if insurance proceeds in the full amount of the restoration costs are not available to Landlord, Landlord may, by written notice to the Tenant given within thirty (30) days after such damage terminate this Lease as to all the Leased Premises as of the date of such destruction, and all rent owed up to the time of such destruction shall be paid by Tenant. If Landlord does not exercise its right to terminate after such damage, Landlord shall proceed with due diligence to restore all damage to the Leased Premises and restore the Leased Premises to the condition the same were in prior to the casualty. Tenant may terminate this Lease if (i) Landlord fails to commence restoration within ninety (90) days after Landlord receives all relevant permits, approvals and insurance proceeds; or (ii) Landlord fails to complete the restoration within two hundred seventy (270) days after Landlord receives all relevant permits, approvals and insurance proceeds. If this Lease is terminated as the result of a casualty, then Landlord shall remit and/or assign any insurance proceeds that it receives or to which it is entitled and that are attributable to damage to Tenant's Improvements to Tenant, less an amount equal to any Tenant Cost Allowance previously paid to Tenant.

25. **Casualty Insurance.** Landlord shall maintain fire and extended coverage insurance on the portion of the Building constructed by Landlord, including additions and improvements by Tenant that are required to be made by Tenant under this Lease and which have become or are to become the property of Landlord upon vacation of the Leased Premises by Tenant. Said insurance shall be maintained with an insurance company authorized to do business in Tennessee in amounts desired by Landlord and at the expense of Landlord and payments for losses thereunder shall be made solely to Landlord. Tenant shall maintain at its expense fire and extended coverage insurance on all of its personal property, including removable trade fixtures, located in the Leased Premises and on all additions and improvements made by Tenant and not required to be insured by Landlord above, and Tenant shall provide Landlord with a current certificate evidencing such coverage in form reasonably satisfactory to Landlord. If the annual premiums to be paid by Landlord shall exceed the standard rates because of Tenant's operations, contents of the Leased Premises, or improvements with respect to the Leased Premises beyond building standard, resulting in extra-hazardous exposure, Tenant shall promptly pay the excess amount of the premium upon request by Landlord as additional rent.

26. **Waiver of Subrogation.** Anything in this Lease to the contrary notwithstanding, Landlord and Tenant each hereby waive any and all rights of recovery, claim action or cause of action, against the other, its agents, officers, or employees, for any loss or damage that may occur to the Leased Premises, or any improvements thereto, or to the Building of which the Leased Premises are a part, or any improvements thereto, or any personal property of such party therein, by reason of fire, the elements, or any other cause which could be insured against under the terms of standard fire and extended coverage insurance policies referred to in Section 23 hereof, regardless of cause or origin, including negligence of the other party hereto, its agents, officers or employees, and covenants that no insurer shall have any right of subrogation against such other party.

27. **Liability Insurance.** Tenant shall maintain comprehensive general public liability insurance against claims for bodily injury, death or property damage occurring in, on or about the parking areas, Building or the Leased Premises in a combined single limit of not less than Three Million Dollars (\$3,000,000.00). Such insurance shall be effected under policies satisfactory to Landlord that shall name Landlord as an additional insured. Tenant shall furnish Landlord with a certificate evidencing such coverage that shall contain an undertaking by the insurer to give Landlord ten (10) days prior written notice of any modification or cancellation of the coverage afforded by such insurance.

28. **Subordination and Attornment.** This Lease is subject and subordinate to all Mortgages now or hereafter placed upon the Building, and all other encumbrances and matters of public record applicable to the Building, including without limitation, any reciprocal easement or operating agreements, covenants, conditions and restrictions and Tenant shall not act or permit the Leased Premises to be operated in violation thereof. If any foreclosure or power of sale proceedings are initiated by any Lender or a deed in lieu is granted (or if any ground lease is terminated), Tenant agrees, upon written request of any such Lender or any purchaser at such foreclosure sale, to attorn and pay rent to such party and to execute and deliver any instruments necessary or appropriate to evidence or effectuate such attornment. In

the event of attornment, no Lender shall be: (i) liable for any act or omission of Landlord, or subject to any offsets or defenses which Tenant might have against Landlord (prior to such Lender becoming Landlord under such attornment), (ii) liable for any security deposit or bound by any prepaid Rent not actually received by such Lender, or (iii) bound by any future modification of this Lease not consented to by such Lender. Any Lender may elect to make this Lease prior to the lien of its Mortgage, and if the Lender under any prior Mortgage shall require, this Lease shall be prior to any subordinate Mortgage; such elections shall be effective upon written notice to Tenant. Tenant agrees to give any Lender by certified mail, return receipt requested, a copy of any notice of default served by Tenant upon Landlord, provided that prior to such notice Tenant has been notified in writing (by way of service on Tenant of a copy of an assignment of leases, or otherwise) of the name and address of such Lender. Tenant further agrees that if Landlord shall have failed to cure such default within the time permitted Landlord for cure under this Lease, any such Lender whose address has been so provided to Tenant shall have an additional period of thirty (30) days in which to cure (or such additional time as may be required due to causes beyond such Lender's control, including time to obtain possession of the Building by power of sale or judicial action or deed in lieu of foreclosure). The provisions of this Article shall be self-operative; however, Tenant shall execute such documentation as Landlord or any Lender may request from time to time in order to confirm the matters set forth in this Article in recordable form. To the extent not expressly prohibited by Law, Tenant waives the provisions of any Law now or hereafter adopted which may give or purport to give Tenant any right or election to terminate or otherwise adversely affect this Lease or Tenant's obligations hereunder if such foreclosure or power of sale proceedings are initiated, prosecuted or completed. Tenant agrees to execute any instruments evidencing such subordination and attornment as reasonably may be required by the holder of any mortgage or deed of trust on the Building. Landlord shall use commercially reasonable efforts to obtain and deliver to Tenant a Subordination, Non-Disturbance and Attornment Agreement in the form attached hereto as Exhibit G from (i) the holder of any Mortgage which currently constitutes a lien on the Building within thirty (30) days after the Effective Date, and (ii) the holder of any future Mortgage which may constitute a lien on the Building within thirty (30) days after such the imposition of such lien. Tenant shall pay or reimburse Landlord for any amounts which Landlord's lender charges in order to process or provide a Subordination, Non-Disturbance and Attornment Agreement.

29. **Estoppel Letter.** Tenant shall at any time, upon not less than ten (10) days prior written request, execute and deliver in form and substance satisfactory to Landlord and any mortgagee or beneficiary under a deed of trust affecting the Leased Premises, an estoppel letter certifying:

- A. The date upon which the Lease Term commences and expires;
- B. The date to which rent has been paid;
- C. That Tenant has accepted the Leased Premises and that all improvements have been satisfactorily completed (or if not so accepted or completed, the matters objected to by Tenant);

D. That the Lease is in full force and effect and has not been modified or amended (or if modified or amended, a description of same);

E. That there are no uncured defaults by Landlord under the Lease nor, to Tenant's knowledge, any existing condition with respect to which the giving of notice or lapse of time would constitute a default (or a description of any default);

F. Whether or not Tenant has not received any concession;

G. That Tenant has received no notice from any insurance company of any defects or inadequacies in the Leased Premises; and

H. That Tenant has no options or rights other than as set forth in this Lease or any amendment thereto described in such letter

If such letter is to be delivered to a purchaser of the Building, it shall further include the agreement of Tenant to recognize such purchaser as Landlord under this Lease, and thereafter to pay rent to the purchaser or its designee in accordance with the terms of this Lease. Tenant acknowledges that any purchaser or prospective mortgagee of the Building may rely upon such estoppel letter and that Landlord may incur substantial damages by reason of any failure on the part of Tenant to provide such letter in a timely manner.

30. **Lease Commission.** Tenant represents and warrants that Tenant has dealt with and only with the Broker(s) named in the Schedule in connection with this Lease and Tenant agrees to indemnify and hold harmless Landlord and any broker employed by Landlord from any claims of other broker(s) employed by Tenant in connection with this Lease. Landlord represents and warrants that Landlord has dealt with and only with the Broker(s) named in the Schedule in connection with this Lease and Landlord agrees to indemnify and hold harmless Tenant and any broker employed by Tenant from any claims of other broker(s) employed by Landlord in connection with this Lease. Landlord shall pay the leasing commission due to the within-named Broker(s).

31. **Hazardous Substance - General.** The term "Hazardous Substances," as used in this lease shall mean pollutants, contaminants, toxic or hazardous wastes, or any other substances the use and/or the removal of which is restricted, prohibited or penalized by any "Environmental Law," which term shall mean any federal, state or local law, ordinance or other statute of a governmental authority relating to pollution or protection of the environment. Tenant hereby agrees that during the Lease Term: (i) no activity will be conducted on the Leased Premises or in the Building by Tenant or by Tenant's employees, agents, subtenants, contractors, visitors or invitees that will produce any Hazardous Substance, except for such activities that are part of the ordinary course of Tenant's business activities (the "Permitted Activities") provided said Permitted Activities are conducted in accordance with all Environmental Laws and Tenant shall be responsible for obtaining any required permits and paying any fees and providing any testing required by any governmental agency in connection with the Permitted Activities; (ii) the Leased Premises will not be used by Tenant or by Tenant's employees, agents, subtenants, contractors, visitors or invitees in any manner for the

storage of any Hazardous Substances except for the temporary storage of such materials that are used in the ordinary course of Tenant's business (the "Permitted Materials") provided such Permitted Materials are properly stored in a manner and location meeting all Environmental Laws and approved in advance in writing by Landlord and Tenant shall be responsible for obtaining any required permits and paying any fees and providing any testing required by any governmental agency in connection with the Permitted Activities; (iii) no portion of the Leased Premises will be used as a landfill or a dump; (iv) Tenant will not install any underground tanks of any type; (v) Tenant will not allow any surface or subsurface conditions to come into existence that constitute, or with the passage of time may constitute a public or private nuisance; (vi) Tenant will not permit any Hazardous Substances to be brought into the Leased Premises by Tenant or by Tenant's employees, agents, subtenants, contractors, visitors or invitees, except for the Permitted Materials described above, and if so brought or found located thereon, the same shall be immediately removed, with proper disposal, and all required cleanup procedures shall be diligently undertaken pursuant to all Environmental Laws. Upon prior notice and during normal business hours, Landlord or Landlord's representative shall have the right but not the obligation to enter the Leased Premises for the purpose of inspecting the storage, use and disposal of Permitted Materials, and if such Permitted Materials are being improperly stored, used, or disposed of, then Tenant shall immediately take such corrective action as requested by Landlord. Should Tenant fail to take such corrective action within 24 hours, Landlord shall have the right to perform such work and Tenant shall promptly reimburse Landlord for any and all costs associated with said work. If at any time during or after the term of the Lease, the Leased Premises is found to be contaminated as the result of Tenant's breach of this Section 31, Tenant shall diligently institute proper and thorough cleanup procedures at Tenant's sole cost, and Tenant agrees to indemnify and hold Landlord harmless from all claims, demand, actions, liabilities, costs, expenses, damages and obligations of any nature arising from or as a result of the use of the Leased Premises by Tenant. The foregoing indemnification and the responsibilities of Tenant shall survive the termination or expiration of this Lease. Notwithstanding anything herein to the contrary, Landlord shall be responsible, at its sole cost and expense, for taking such actions as may be required by applicable Environmental Laws to investigate, remediate or otherwise address the presence of Hazardous Substances within the Premises, Building or Common Areas, except to the extent the presence of Hazardous Substances results from Tenant's breach of this Section 31.

32. **ADA General Compliance.** Tenant, at Tenant's sole expense, shall comply with all laws, rules, orders, ordinances, directions, regulations and requirements of federal, state, county and municipal authorities now in force or which may hereafter be in force (collectively "Laws"), which shall impose any duty upon the Landlord or Tenant with respect to the use, occupation or alteration of the Leased Premises and Tenant shall use all reasonable efforts to fully comply with The American's With Disabilities Act of 1990 with respect to Tenant's operations in the Leased Premises. Landlord shall be responsible for compliance with The American's With Disabilities Act of 1990 within the Common Areas of the Building, but not the Leased Premises; provided, however, if Tenant's particular use of the Leased Premises or any alterations or improvements made by Tenant requires any alterations or improvements to the Common Areas in order to comply with Laws, Tenant shall be solely responsible for the cost thereof.



Within ten (10) days after receipt, Tenant shall advise Landlord in writing, and provide the Landlord with copies of (as applicable), any notices alleging violation of the Americans with Disabilities Act of 1990 ("ADA") relating to any portion of the Building or of the Leased Premises; any claims made or threatened in writing regarding noncompliance with the ADA and relating to any portion of the Building or of the Leased Premises; or any governmental or regulatory actions or investigations instituted or threatened regarding noncompliance with ADA and relating to any portion of the Building or the Leased Premises.

33. ***Assignment by Landlord.*** Landlord shall have the right to transfer and assign, in whole or in part, all its rights and obligations hereunder and in the Building. In such event and upon such transfer, no further liability or obligation shall accrue against the assigning Landlord.

34. ***Assignment or Sublease.*** In the event Tenant should desire to assign this Lease or sublet the Leased Premises or any part thereof, Tenant shall give Landlord at least sixty (60) days prior notice, which shall specify the terms and effective date thereof. Landlord shall have thirty (30) days following receipt of such notice to notify Tenant in writing that Landlord elects (a) to terminate this Lease as to the space so affected as of the effective date specified by Tenant in which event Tenant will be relieved on such effective date of all further obligation hereunder as to such space (provided that such election will be null and void if Tenant revokes its request within thirty (30) days after receipt of Landlord's notice of its intent to elect such option (a)), (b) to permit Tenant to assign or sublet such space, subject, however, to subsequent written approval of the proposed assignee or subtenant by Landlord, or (c) to refuse to consent (with reasonable cause only) to Tenant's proposed assignment or sublease and to continue this Lease in full force and effect as to the entire Leased Premises. If Landlord should fail to notify Tenant in writing of such election within such thirty (30) day period, Landlord shall be deemed to have elected option (b) above. If Landlord elects to exercise option (b) above, Tenant agrees to provide, at its expense, direct access to the assignment or sublease space common area of the Building. No assignment or subletting by Tenant shall relieve Tenant of any obligation under this Lease. Any attempted assignment or sublease by Tenant in violation of the terms and covenants of this paragraph shall be void. Notwithstanding the foregoing, as long as Tenant is not in default under this Lease, Tenant may, without prior notice to or consent from Landlord, assign this Lease or sublet all or any portion of the Leased Premises to an entity controlling, controlled by or under common control with Tenant or assign this Lease as the result of a merger or consolidation of Tenant into or with any entity or as the result of the sale of all or substantially all of Tenant's assets to another entity, provided that (i) Tenant notifies Landlord of any such assignment or sublease promptly after the consummation of such assignment or subletting and promptly supplies Landlord with any documents or information reasonably requested by Landlord regarding such assignment or sublease to such affiliate, (ii) such assignment or sublease is not a subterfuge by Tenant to avoid its obligations under this Lease, and (iii) no such assignment or subletting shall relieve Tenant of any obligation under this Lease, unless the Tenant entity ceases to exist as the result of merger or consolidation, in which event the assignee's tangible net worth immediately after the assignment must be at least equal to the greater of (A) the tangible net worth of Tenant on the date of this Lease, or (B) the tangible net worth of Tenant immediately prior to the assignment. "Control," as used in this

Section 34, shall mean the ownership, directly or indirectly, of at least fifty-one percent (51%) of the voting interest in an entity.

35. **Amendments.** This Agreement may not be altered or amended, except by an instrument in writing signed by all parties hereto. Tenant agrees that it shall execute such further amendments to this Lease as may be reasonably requested by any future holder of a first mortgage on the Building, provided such amendments do not materially and adversely affect the interest of Tenant hereunder.

36. **Binding Agreement.** This Lease shall be binding upon and inure to the benefit of the successors and assigns of Landlord, and to the extent assignment may be approved by Landlord hereunder, Tenant's successors and assigns.

37. **Gender.** The pronouns of any gender shall include the other genders, and either the singular or the plural shall include the other.

38. **Governing Law.** This Lease shall be governed, construed and enforced in accordance with the laws of the State of Tennessee.

39. **Entire Agreement.** This Lease and the Exhibits attached hereto and forming a part hereof set forth the entire agreement between Landlord and Tenant.

40. **Severability.** The invalidity or unenforceability of a particular provision of this Lease shall not affect the other provisions hereof, and this Lease shall be construed in all respects as if such invalid or unenforceable provision were omitted.

41. **Payment and Notices.** Any payment or notice required or permitted hereunder shall be deemed to have been duly made or given when personally delivered or deposited in the United States Mail, postage prepaid, and addressed to Landlord at the address specified in the Schedule of the Lease and to Tenant at the address specified below until the commencement of the Term and thereafter at the address previously furnished in writing to the other party.

Tenant: Paragon Healthcare, Inc.  
3033 W. President George Bush Highway  
Plano, TX 75075  
Attn: Brian Cormican

42. **Mortgage Protection.** Tenant agrees to give any mortgage and/or deed of trust holders, as to all or a portion of the Building, a copy of any notice of default served upon Landlord, provided that prior to such notice Tenant has been notified in writing (by way of notice or assignment of rents and leases, or otherwise) of the addresses of such mortgage and/or deed of trust holders. Any such mortgage and/or deed of trust holders shall have thirty (30) days after receipt of notice of such default or such other amount of time as may be reasonably required (not to exceed ninety (90) days) to cure such default, including time to obtain possession of the Building by power of sale or judicial action or deed in lieu of foreclosure.

43. **Extension Term.**

A. Provided Tenant is not in default under this Lease beyond any applicable notice and cure periods at the time of exercise, Tenant shall have two (2) options to extend the Term of this Lease for an additional five (5) years each (each, an “Extension Term”). In order to exercise each such option, Tenant will provide Landlord with irrevocable (except as set forth in Section 43.C. below) written notice of its exercise of such extension option (“Extension Notice”) at least twelve (12) months prior to the expiration of the initial Lease Term or the first Extension Term (as applicable), which shall be on all of the terms and conditions of this Lease except that Base Rental shall be at Market Rate (as hereinafter defined). Upon the commencement of each Extension Term, Tenant shall accept the Premises in an As-Is, Where-Is condition. Tenant’s failure to properly exercise its option for an Extension Term shall be deemed a waiver of such option and all future options.

B. As used herein, “Market Rate” shall mean the annual amount per rentable square foot including economic concessions that landlords have accepted and granted in current transactions between non-affiliated parties from non-expansion and non-equity tenants of comparable credit-worthiness for comparable space for a comparable use for a comparable period of time in the same submarket as the Leased Premises.

C. Within fifteen (15) days after Landlord’s receipt of Tenant’s Extension Notice, Landlord shall notify Tenant of its determination of the Market Rate for the applicable Extension Term, including any annual increases. Tenant shall then have fifteen (15) days to either accept or reject Landlord’s determination of Market Rate. If Tenant fails to respond within such time period, Tenant shall be deemed to have accepted Landlord’s determination of Market Rate. If Tenant rejects Landlord’s determination of Market Rate, then the parties shall negotiate for a period of thirty (30) days in order to try to agree upon the Market Rate for the applicable Extension Term, including any annual increases. If the parties are not able to agree on the Market Rate, Tenant’s Extension Notice shall be deemed null and void and this Lease shall expire as scheduled at the end of the then current Term. If Tenant accepts Landlord’s initial determination of Market Rate or if the parties otherwise agree upon the Market Rate within the aforesaid time period, the parties shall enter into a formal amendment to this Lease documenting the terms of the Extension Term, including the Base Rental to be paid in connection therewith

44. **Force Majeure.**

Notwithstanding anything contained herein to the contrary, if performance under this Lease becomes impracticable, illegal, or otherwise unreasonable due to the occurrence of (i) governmental restrictions, regulations, or controls, (ii) judicial orders, (iii) proclamation(s) of a national or regional emergency, (iv) epidemics, pandemics, or outbreak of communicable disease, including, without limitation, COVID-19, (v) following applicable governmental recommendations during an event described in subparts (iii) or (iv), and/or (vi) other cases beyond the reasonable control of the party obligated to perform (each, a “Force Majeure”), such performance shall be excused for the affected party for a period equal to any such prevention, delay or stoppage and, therefore, if this lease specifies a time period for

performance of an obligation of either party, that time period shall be extended by the period of any delay in such party's performance caused by a Force Majeure. Notwithstanding the foregoing, Force Majeure shall not excuse or delay Tenant's timely payment of all Base Rental, Base Rental Adjustment and other monetary sums due under this Lease.

45. **Landlord's Liens.**

**NOTWITHSTANDING ANYTHING HEREIN TO THE CONTRARY, LANDLORD HEREBY WAIVES AND DISCLAIMS ALL STATUTORY AND CONTRACTUAL LIEN RIGHTS IN TENANT'S PROPERTY NOW OR HEREAFTER PLACED IN THE PREMISES.**

46. **HITECH/HIPAA.**

Landlord understands that Tenant's business requires certain confidentiality and security restrictions on those entering the Leased Premises to ensure compliance with the Health Information Technology for Economic and Clinical Health Act ("HITECH") contained in public law 111-005 and the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA"), as amended, and any current and future regulations promulgated thereunder and other applicable state laws to protect the privacy and security of patients' health care information. Landlord agrees to use commercially reasonable efforts to comply with all such laws when accessing the Leased Premises. To the extent of a conflict between the terms and conditions of this paragraph and those of any other section of this Lease, the terms and conditions of this paragraph shall control.

***[Signature Page Follows]***

IN WITNESS WHEREOF, the parties hereto have executed this foregoing Lease as of the \_\_\_\_\_ day of \_\_\_\_\_, 2021.

**LANDLORD:**

EP GRASSMERE, LLC,  
a Tennessee limited liability company

By: EP Real Estate Fund II, LLC,  
its Sole Member

By: Eakin Properties, LLC,  
its Manager

By: John W Eakin  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**TENANT:**

PARAGON HEALTHCARE, INC.,  
a Texas corporation

By: [Signature]  
Print Name: Richard M. Allen  
Title: President



**Exhibit B****Base Rental Schedule**

<b>Lease Year</b>	<b>Base Rental/RSF</b>	<b>Annual Base Rental</b>	<b>Monthly Base Rental</b>
1	\$18.50	\$171,384.00	\$14,282.00
2	\$18.87	\$174,811.68	\$14,567.64
3	\$19.25	\$178,332.00	\$14,861.00
4	\$19.64	\$181,944.96	\$15,162.08
5	\$20.03	\$185,557.92	\$15,463.16
6	\$20.43	\$189,263.52	\$15,771.96
7	\$20.84	\$193,061.76	\$16,088.48

**EXHIBIT C****Building's Rules and Regulations**

1. The sidewalks, entrances, passages, courts, vestibules, or stairways of the Building shall not be obstructed or encumbered or used for an purpose other than ingress and egress to and from the premises demised to any tenant or occupant.

2. No awnings or other projection shall be attached to the outside walls or windows of the Building without the prior consent of Landlord. No curtains, blinds, shades, or screens shall be attached to or hung in, or used in connection with any window or door of the premises demised to any tenant or occupant, without the prior consent of Landlord. Such awnings, projections, curtains, blinds, shades, screens or other fixtures must be of a quality, type, design and color, and attached in a manner, approved by Landlord.

3. No sign, advertisement, object, notice or other lettering shall be exhibited, inscribed, painted or affixed on any part of the outside or inside of the premises demised to any tenant or occupant of the Building without the prior consent of the Landlord. Interior signs on doors and directory tables, if any, shall be of a size, color and style approved by Landlord.

4. The sashes, sash doors, skylights, windows, and doors that are a visible from public places in the Building shall not be covered or obstructed, nor shall any bottles, parcels, or other articles be placed on any window sills.

5. No show cases or other articles shall be put in front of or affixed to any part of the exterior of the Building, nor placed in vestibules or other public parts of the Building with Landlord approval.

6. The water and wash closets and other plumbing fixtures shall not be used for any purposes other than those for which they were constructed, and no sweepings, rubbish, rags, or other substances shall be thrown therein. No tenant shall bring or keep, or permit to be brought or kept, any inflammable, combustible, explosive or hazardous fluid, materials, chemical or substance in or about the premises demised to such tenant.

7. No tenant or occupant shall mark, paint, drill into, or in any way deface any part of the Building or the premises. No boring, cutting or stringing of wires shall be permitted, except with the prior consent of Landlord, and as Landlord may direct. No tenant or occupant shall install any resilient tile or similar floor covering in the premises demised to such tenant or occupant except in a manner approved by the Landlord.

8. No bicycles, vehicles or animals of any kind shall be brought into or kept in or about the premises demised to any tenant. No cooking, except for microwave cooking, shall be done or permitted in the Building by any tenant without the approval of the Landlord. No tenant shall cause or permit any unusual or objectionable odors to emanate from the premises demised to such tenant.



9. No space in the Building shall be used for manufacturing, for the storage or merchandise, or for the sale of merchandise, goods, or property of any kind at auction, without the prior consent of Landlord.

10. No tenant shall make, or permit to be made, any unseemly or disturbing noises or disturb or interfere with other tenants or occupants of the Building or neighboring buildings or premises whether by the use of any musical instrument, radio, television set or other audio device, unmusical noise, whistling, singing, or in any other way. Nothing shall be thrown out of any doors or windows.

11. No additional locks or bolts of any kind shall be placed upon any of the doors or windows, nor shall any changes be made in locks or the mechanism thereof. Each tenant must, upon the termination of its tenancy, restore to Landlord all keys of stores, offices and toilet rooms, either furnished to, or otherwise procured by, such tenant.

12. All removals from the Building, or the carrying in or out of the Building or the premises demised to any tenant, of any sages, freight, furniture or bulky matter of any description must take place at such time and in such manner as Landlord or its agents may determine, from time to time. Landlord reserves the right to inspect all freight to be brought into the Building and to exclude from the Building all freight which violates any of the Rules and Regulations or the provisions of such tenant's Lease.

13. No tenant shall use or occupy, or permit any portion of the premises demised to such tenant to be used or occupied, as an office for a public stenographer or typist, or to a barber or manicure shop, or as an employment bureau. No tenant or occupant shall engage or pay any employees in the Building, except those actually working for such tenant or occupant in the Building, nor advertise for laborers giving an address at the Building.

14. No vending machines of any description shall be installed, maintained or operated upon the premises demised to any tenant without prior consent of Landlord.

15. Landlord shall have the right to prohibit any advertising by any tenant or occupant which, in Landlord's opinion, tends to impair the reputation of the Building or its desirability as a building for offices, and upon notice from Landlord, such tenant or occupant shall refrain from or discontinue such advertising.

16. Landlord reserves the right to exclude from the Building between the hours of 6:00 P.M. and 8:00 A.M. on business days and at all hours on Saturdays, Sundays and holidays, all persons who do not present a pass to the Building signed by the Landlord. Each tenant shall be responsible for all persons patronizing its Premises and shall be liable to Landlord for all acts of such persons.

17. Each tenant, before closing and leaving the premises demised to such tenant at any time, shall see that all entrance doors are locked and all windows closed.

19. No premises shall be used, or permitted to be used for lodging or sleeping, or for any immoral or illegal purposes.

20. The requirements of tenants will be attended to only upon application at the office of Landlord. Building employees shall not be required to perform, and shall not be requested by any tenant or occupant to perform, and work outside of their regular duties, unless under specific instructions from the office of Landlord.

21. Canvassing, soliciting and peddling in the Building are prohibited and each tenant and occupant shall cooperate in seeking their prevention.

22. There shall not be used in the Building, either by any tenant or occupant or by their agents or contractors, in the delivery or receipt of merchandise, freight, or other matter, any hand trucks or other means of conveyance except those equipped with rubber tires, rubber side guards and such other safeguards as Landlord may require.

23. If the premises demised to any tenant become infested with vermin, such tenant, at its sole cost and expense, shall cause its premises to be exterminated, from time to time, to the satisfaction of Landlord, and shall employ such exterminators therefore as shall be approved by Landlord.

24. No premises shall be used, or permitted to be used, at any time, without the prior approval of Landlord, as a store for the sale or display of goods, wares or merchandise of any kind, or as a restaurant, shop, booth or other stand, or for the conduct of any business or occupation which predominantly involves direct patronage of the general public in the premises demised to such tenant, or for manufacturing or for other similar purposes.

25. No tenant shall clean any window in the Building from the outside.

26. No tenant shall move, or permit to be moved, into or out of the Building or the premises demised to such tenant, any heavy or bulky matter, without the specific approval of Landlord. If any such matter requires special handling, only a qualified person shall be employed to perform such special handling. No tenant shall place, or permit to be placed, on any part of the floor or floors of the premises demised to such tenant, a load exceeding the floor load per square foot which such floor was designed to carry and which is allowed by law. Landlord reserves the right to prescribe the weight and position of safes and other heavy matter, which must be placed so as to distribute the weight.

27. With respect to work being performed by a tenant in its premises with the approval of Landlord, the tenant shall refer all contractors, contractors' representatives and installation technicians to Landlord for its supervision, approval and control prior to the performance of any work or services. This provision shall apply to all work performed in the Building including installation of telephones, telegraph equipment, electrical devices and attachments, and installations of every nature affecting floors, walls, woodwork, trim, ceilings, equipment and any other physical portion of the Building.

28. Landlord shall not be responsible for lost or stolen personal property, equipment, money, or jewelry from the premises of tenants or common areas whether or not such loss occurs when the Building or the premises are locked against entry.

29. Landlord shall not permit entrance to the premises of tenants by use of pass keys controlled by Landlord, to any person at any time without the written permission from such tenant, except employees, contractors, or service personnel directly supervised by Landlord and employees of the United State Postal Services.

30. Each tenant and all of tenant's employees and invitees shall observe and comply with the driving and parking signs and markers on the land surrounding the Building, and Landlord shall not be responsible for any damage to any vehicle towed because of noncompliance with parking regulations.

31. Without Landlord's prior approval, no tenant shall install any radio or television antenna, loudspeaker, music system or other device on the roof or exterior walls of the Building or on common walls with adjacent tenants.

32. Each tenant shall store all trash and garbage within its premises or in such other areas specifically designated by Landlord. No materials shall be placed in the trash boxes or receptacles in the Building unless such materials may be disposed of in the ordinary and customary manner of removing and disposing of trash and garbage and will not result in a violation of any law or ordinance governing such disposal. All garbage and refuse disposal shall be only through entryways provided for such purposes and at such times as Landlord shall designate.

33. No tenant shall employ any persons other than a janitorial service, approved by Landlord, or Landlord for the purpose of cleaning its premises without the prior consent of Landlord. No tenant shall cause any unnecessary labor by reason of its carelessness or indifference in the preservation of good order and cleanliness.

34. Tenant shall not permit smoking of any type of tobacco product (e.g., cigarettes, cigars, pipes, etc.) in or about the premises or Building by any of its employees, servants, agents, representatives, visitors, customers, licensees, invitees, guests, contractors, or any person whomsoever, and, upon Landlord's request, shall post in a conspicuous place or places in or about the premises, "No Smoking" signs or placards. Tenant acknowledges that the premises and Building are non-smoking facilities.

35. No tenant shall use any method of heating or ventilation or air conditioning other than that supplied by Landlord.

36. No candles or other sources of flame.

**Exhibit D****COMMENCEMENT DATE MEMORANDUM**

This Commencement Date Memorandum is being executed pursuant to the Lease Agreement (the "Lease"), dated \_\_\_\_\_, 20\_\_\_\_, between **EP GRASSMERE, LLC** (hereinafter referred to as "Landlord"), and **TENANT** (hereinafter referred to as "Tenant"), pursuant to which Landlord leased to Tenant and Tenant leased from Landlord certain space referred to as Suite \_\_\_\_\_ in the office building commonly known as 601 Grassmere, located at 601 Grassmere Park Drive, Nashville, Tennessee (the "Building"). Landlord and Tenant hereby agree that:

1. The Commencement Date of the Lease for the Leased Premises referred to as Suite \_\_\_\_\_ and containing \_\_\_\_\_ rentable square feet is \_\_\_\_\_, 2021.
2. The Rent Commencement Date is \_\_\_\_\_, 2021.
3. The Expiration Date of the Lease is \_\_\_\_\_, 20\_\_\_\_.
4. Tenant represents to Landlord that Tenant has accepted the Premises and the Lease is now in full force and effect.

All capitalized terms not defined herein shall have the meaning assigned to them in the Lease.

Agreed and executed this \_\_\_\_\_ day of, \_\_\_\_\_, 20\_\_.

**LANDLORD:**

EP Grassmere, LLC,  
a Tennessee limited liability company

By: EP Real Estate Fund II, LLC,  
A Tennessee limited liability company  
its Sole Member

By: Eakin Properties, LLC  
A Tennessee limited liability company  
Its Manager

By: \_\_\_\_\_

Name: John Eakin

Title: Manager

**Exhibit E**

**Signage Standards**

DATE

NAME  
TENANT

\_\_\_ Grassmere Park Drive, Suite \_\_\_  
Nashville, TN 37211

Dear \_\_\_\_\_:

The Landlord approves your request for signage affixed to the exterior brick, above your suite with the following parameters.

1. Signage must be dimensional letters without lighting.
2. The complete signage will not exceed 30", from top to bottom.
3. Width of signage and colors must be submitted to the Landlord for approval.
4. A final full-color proof, with dimensions must be submitted to the Landlord for approval before installation.

By signing, \_\_\_\_\_ understands and accepts these conditions and their responsibility to remove this signage and complete all necessary wall repairs to return the exterior brick to building standard, at the time they vacate \_\_\_ Grassmere Park Drive, Suite \_\_\_.

LANDLORD:  
EP Grassmere, LLC  
by and through General Partner,  
Eakin Properties, LLC

TENANT:

By: \_\_\_\_\_ By: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**Exhibit F**

**Handicapped Parking Locations**

601 Grassmere Park, Suite 19

Paragon Front Door

Two Handicap Parking Spaces



**Exhibit G****SNDA Form**

Record and return to:

Principal Life Insurance Company/>Principal Commercial Funding,  
 LLC/>Principal Real Estate Investors, LLC  
 801 Grand Avenue  
 Des Moines, IA 50392-1360  
 ATTN: >

**SUBORDINATION, NON-DISTURBANCE  
 AND ATTORNMENMENT AGREEMENT**

>

THIS AGREEMENT, made and entered into as of the > day of >, 20>, by and between [>PRINCIPAL LIFE INSURANCE COMPANY, an Iowa corporation/>PRINCIPAL COMMERCIAL FUNDING, LLC, a Delaware limited liability company/>(list other client)]>, with an address for purposes of notice at c/o Principal Real Estate Investors, LLC, 801 Grand Avenue, Des Moines, Iowa 50392-1450 (hereinafter called "Lender") and >, with its principal office at > (hereinafter called "Lessee");

**WITNESSETH:**

WHEREAS, Lessee has by a written lease dated >, as amended by > (hereinafter called the "Lease" and the definition of "Lease" shall also include any future amendments or modifications specifically approved in writing by Lender) leased from the landlord named in the Lease (hereinafter called "Lessor"), all or part of certain real estate and improvements thereon located in the city of >, state of >, as more particularly described in Exhibit A attached hereto (the "Demised Premises"); and

WHEREAS, Lessor is encumbering (or has previously encumbered) the Demised Premises as security for a loan (the "Loan") from Lender to Lessor (the "Mortgage"); and

WHEREAS, Lessee and Lender have agreed to the following with respect to their mutual rights and obligations pursuant to the Lease and the Mortgage;

NOW, THEREFORE, for and in consideration of Ten Dollars (\$10.00) paid by each party to the other and the mutual covenants and agreements herein contained and other good and valuable consideration, the receipt whereof is hereby acknowledged, the parties hereto do hereby covenant and agree as follows:

(1) Lessee's interest in the Lease and all rights of Lessee thereunder, including but not limited to, any purchase option or right of first refusal in connection with a sale of the Demised Premises, if any, shall be and are hereby declared subject and subordinate to the Mortgage upon the Demised Premises and its terms, and the term "Mortgage" as used herein shall also include any amendment, supplement, modification, renewal, refinance or replacement thereof. Lender further agrees not to join Lessee in any foreclosure proceeding except to the extent necessary under applicable law, but such joinder shall not be in derogation of the rights of Lessee as set forth in this Agreement.

Notwithstanding anything herein to the contrary, Lender agrees to recognize Lessee's purchase option or right of first refusal only to the extent the purchase price for the sale of the Demised Premises is paid directly and immediately to Lender and is sufficient to pay in full the then outstanding indebtedness under the Loan, including any applicable premium.

(2) In the event of any foreclosure of the Mortgage or any conveyance in lieu of foreclosure, provided that the Lessee shall not then be in default beyond any grace period under the Lease and that the Lease shall then be in full force and effect, then Lender shall neither terminate the Lease nor join Lessee in foreclosure proceedings (except to the extent necessary under applicable law, but such joinder shall not be in derogation of the rights of Lessee as set forth in this Agreement), nor disturb Lessee's possession, and the Lease shall continue in full force and effect as a direct lease between Lessee and Lender. In the event Lender, its successors and/or assigns acquire the Demised Premises through foreclosure proceedings, deed-in-lieu of foreclosure, or otherwise, such event shall not activate Lessee's purchase option or right of first refusal.

(3) After the receipt by Lessee of notice from Lender of any foreclosure of the Mortgage or any conveyance of the Demised Premises in lieu of foreclosure, Lessee will thereafter attorn to and recognize Lender or any purchaser at any foreclosure sale or otherwise as its substitute lessor on the terms and conditions set forth in the Lease.

(4) Lessee hereby agrees that if Lessee has the right to terminate the Lease or to claim a partial or total eviction, or to abate or reduce rent due to a Lessor default under the Lease, Lessee will not exercise such right until it has given written notice to Lender, and Lender has failed within thirty (30) days after



both receipt of such notice and the date when it shall have become entitled to remedy the same, to commence to cure such default and thereafter diligently prosecute such cure to completion within ninety (90) days of Lender's commencement to cure such default.

(5) There shall be no merger of the Lease or the leasehold estate created thereby with any other estate in the Demised Premises, including without limitation the fee estate, by reason of the same person or entity acquiring or holding, directly or indirectly, the Lease and said leasehold estate and any such other estate.

[>(6) Lessee agrees that if the Lease is terminated pursuant to the terms of the Lease, or otherwise, Lessee will remit any payments made in connection with such termination directly and immediately to Lender./>Intentionally Deleted.]>

[>Lessor hereby agrees that such payments shall be held by Lender [in an interest bearing account]> as additional security for the Loan, and [applied at Lender's sole discretion/>the funds shall be governed by the terms of that certain Property Reserves Escrow Fund between Lessor and Lender.]>

[>(7) In no event shall Lender be liable for: (a) the return of any security deposit provided to Lessor under the Lease unless said security deposit is actually received by Lender and then only pursuant to the terms of the Lease; (b) any act or omission of the Lessor; (c) any covenant of Lessor to undertake or complete the initial construction or installation of improvements on the Demised Premises; (d) any sums due Lessee under the Lease related to the costs of preparing, furnishing or moving into the Demised Premises (for example, a construction or tenant improvement allowance); or (e) any covenant of Lessor related to restrictive uses or exclusives which pertain to properties outside of the Demised Premises and which Lender could not reasonably comply with if it became Lessor under the Lease. Further, Lender shall not be subject to any offsets or deficiencies which Lessee may be entitled to assert against the Lessor as a result of any act or omission of Lessor occurring prior to Lender's obtaining title to the Demised Premises, it being understood that nothing in this clause shall be deemed to exclude Lender from responsibility for repairs and maintenance required of the Lessor under the Lease from and after the date Lender takes title to the Demised Premises, whether or not the need for such repairs or maintenance accrued before or after such date; provided, however, that in no event shall Lender be responsible for consequential damages resulting from the failure of Lessor to undertake such repairs and maintenance./>Intentionally Deleted.]>

(8) This Agreement and its terms shall be governed by the laws of the state where the Demised Premises are located and shall be binding upon and inure

to the benefit of Lender and Lessee and their respective successors and assigns, including, without limitation, any purchaser at any foreclosure sale or otherwise. This Agreement may not be modified orally or in any manner other than by an agreement, in writing, signed by the parties.

(9) This Agreement may be executed in counterparts, each of which shall be deemed to be an original, and such counterparts when taken together shall constitute but one agreement.

(Signatures on next page)

IN WITNESS WHEREOF, this Agreement has been duly authorized, fully executed and delivered on the day and year first above written.

>

>, Lessee

By \_\_\_\_\_  
Name:  
Title:

By \_\_\_\_\_  
Name:  
Title:

[>Insert Client notary form here]>

**Attachment 9A-2**  
**Sublease Agreement**

## SUBLEASE AGREEMENT

THIS SUBLEASE AGREEMENT ("Sublease") is made effective as of the 1<sup>st</sup> day of January 2023 (the "Effective Date"), by and between PARAGON HEALTHCARE, INC. ("Sublessor") and CAREMAX PHARMACY OF LOUDON, INC. ("Sublessee").

### RECITALS

WHEREAS, pursuant to that certain Lease Agreement dated effective as of the 4<sup>th</sup> day of February 2021, by and between EP Grassmere, LLC, as Landlord (the "Prime Lessor"), and Sublessor, as Tenant (as the same may have been or shall be amended or assigned, the "Prime Lease"), Prime Lessor leases to Sublessor certain premises containing approximately 9,264 square feet designated as Suite 19 in the building located at 601 Grassmere Park Drive, Nashville, TN 37211 (the "Prime Lease Premises"), all as more particularly described in the Prime Lease; and

WHEREAS, the Prime Lease is now in full force and effect and Sublessor has the right and authority to sublet a portion of the Prime Lease Premises, containing approximately 184 square feet as such space is outlined on the drawing attached hereto as Exhibit A (the "Premises"), as hereinafter provided.

NOW, THEREFORE, for the premises and covenants contained herein, Sublessor and Sublessee hereby agree as follows:

1. Term. Sublessor hereby subleases to Sublessee the Premises commencing on the Commencement Date (as hereinafter defined) for the same term as the term under the Prime Lease, including any renewal terms thereto (the "Term").

2. Commencement Date. The "Commencement Date" shall be the date that Sublessee receives a Certificate of Need (the "CON") by the State of Tennessee Health Facilities Commission. In the event Sublessee does not receive a CON for the Premises, this Sublease shall be null and void.

3. Rent. Sublessee hereby covenants and agrees commencing on the Commencement Date to pay Sublessor Sublessee's proportionate share based on the square footage of the Premises compared to the square footage of the Prime Lease Premises of all rent, additional rent and other sums payable by Sublessor under the terms of the Prime Lease.

4. The Prime Lease.

(a) This Sublease is subject and subordinate to the Prime Lease, all of the terms and conditions thereof and all amendments and supplements hereafter entered into, and the performance by Prime Lessor of all of its obligations thereunder. Sublessee shall not commit or permit to be committed on the Premises any act or omission which violates any term or condition of the Prime Lease. In the event of the termination of Sublessor's interest as Tenant under the Prime Lease for any reason, then this Sublease shall terminate coincidentally therewith without any liability from Sublessor to Sublessee. Sublessee shall only have such rights with respect to the Premises that Sublessor has pursuant to the Prime Lease. Except as specifically exempted

herein, Sublessee shall assume, perform and observe all of the obligations of Sublessor as Tenant under the Prime Lease to the extent that such terms and conditions are applicable to the Premises. Sublessee's performance and observance of all such obligations shall be effected so that, whenever time periods are specified in the Prime Lease for Sublessor's compliance as Tenant thereunder, Sublessee shall have so complied on or prior to such date, unless otherwise specifically provided herein. Except as otherwise provided in this Sublease, all of the terms and conditions contained in the Prime Lease are incorporated herein as terms and conditions of this Sublease (with each reference in the Prime Lease to "Landlord" being deemed to refer to Sublessor and Prime Lessor, with each reference to "Tenant" therein being deemed to refer to Sublessee and with each reference to the premises being deemed to refer to the Premises); and all such provisions along with all of the provisions specifically set forth in this Sublease, shall be the complete terms and conditions of this Sublease. Notwithstanding the foregoing, Sublessee shall have no rights with respect to Sections 3 and 4 of the Prime Lease relating to Security Deposit and Improvement Allowances, respectively.

(b) If Prime Lessor shall be in default of any of its obligations under the Prime Lease, Sublessee shall be entitled to all rights and remedies against Prime Lessor which Sublessor would otherwise be entitled to under the Prime Lease as a result of such default; subject, however, to the following provisions and procedures: Insofar as Prime Lessor is or may be obligated to construct or make any alterations or improvements to the Premises, to furnish any services to the Premises, to repair or rebuild the same, to perform any other act whatsoever with respect to the Premises or to perform any obligation or satisfy any condition under the Prime Lease, Sublessee expressly acknowledges that Sublessor does not undertake the performance or observance of such obligations, but is only obligated to use reasonable efforts to obtain Prime Lessor's performance for Sublessee's benefit and without obligating itself to institute legal action or incur any out of pocket expense. If after receipt of written request from Sublessee, Sublessor fails or refuses to take appropriate action for the enforcement of Sublessor's rights against Prime Lessor with respect to the Premises, Sublessee shall have the right to take such action in Sublessee's own name and for that purpose and only to such extent, Sublessor's rights under the Prime Lease shall be and hereby are conferred upon and assigned to Sublessee. Sublessee shall be subrogated to such rights to the extent that the same shall apply to the Premises. If any such action against Prime Lessor in Sublessee's name shall be barred by reason of lack of privity, non-assignability or otherwise, Sublessor shall permit Sublessee to take such action in Sublessor's name; provided, however, that Sublessee shall indemnify, defend and hold Sublessor harmless from and against all liability, expenses, loss or damage which Sublessor may incur or suffer by reason of any such action, and that copies of all papers, and notices of all proceedings, shall be given to Sublessor.

5. Notices. All notices, requests, and communications required or permitted hereunder shall be in writing and shall be addressed to the parties as follows:

If to Sublessor:

Paragon Healthcare, Inc.  
3033 W. President George Bush Highway  
Plano, TX 75075

If to Sublessee:

CareMax Pharmacy of Loudon, Inc.  
601 Grassmere Park, Suite 19A  
Nashville, TN 37211


6. Entire Agreement. The entire understanding between the parties is set out in this Sublease and the Prime Lease, this Sublease supersedes and voids all prior proposals, letters and agreements, oral or written, and no modification or alteration of this Sublease shall be effective unless evidenced by an instrument in writing signed by both parties.

**[The remainder of this page intentionally left blank.]**

IN WITNESS WHEREOF, Sublessor and Sublessee have executed this instrument effective as of the day and year first written above.


**SUBLESSOR:**

PARAGON HEALTHCARE, INC.

By:   
Name: Tony Finazzo  
Title: CFO

**SUBLEESSEE:**

CAREMAX PHARMACY OF LOUDON, INC.

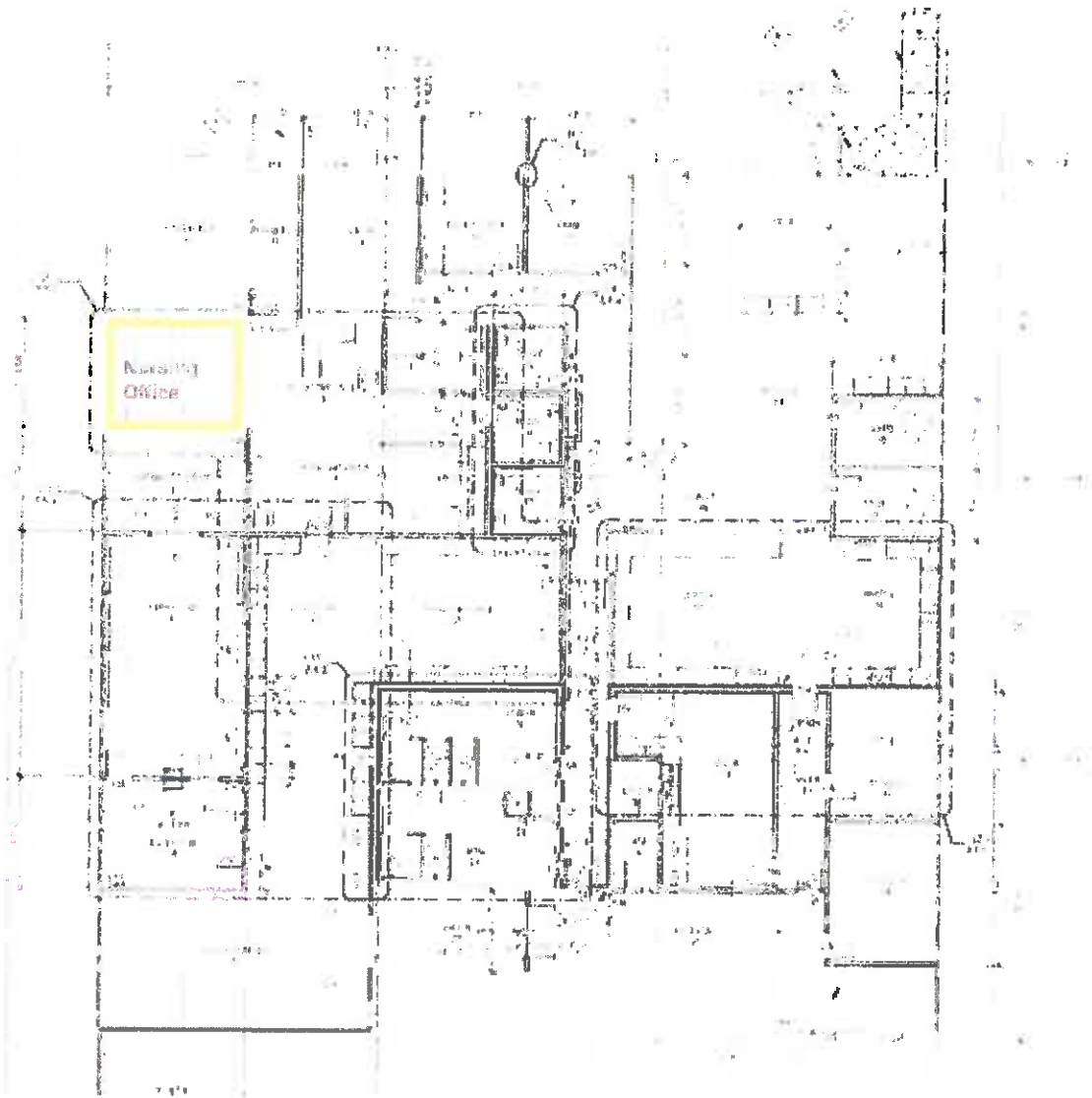
By:   
Name: Tony Finazzo  
Title: CFO



**EXHIBIT A**

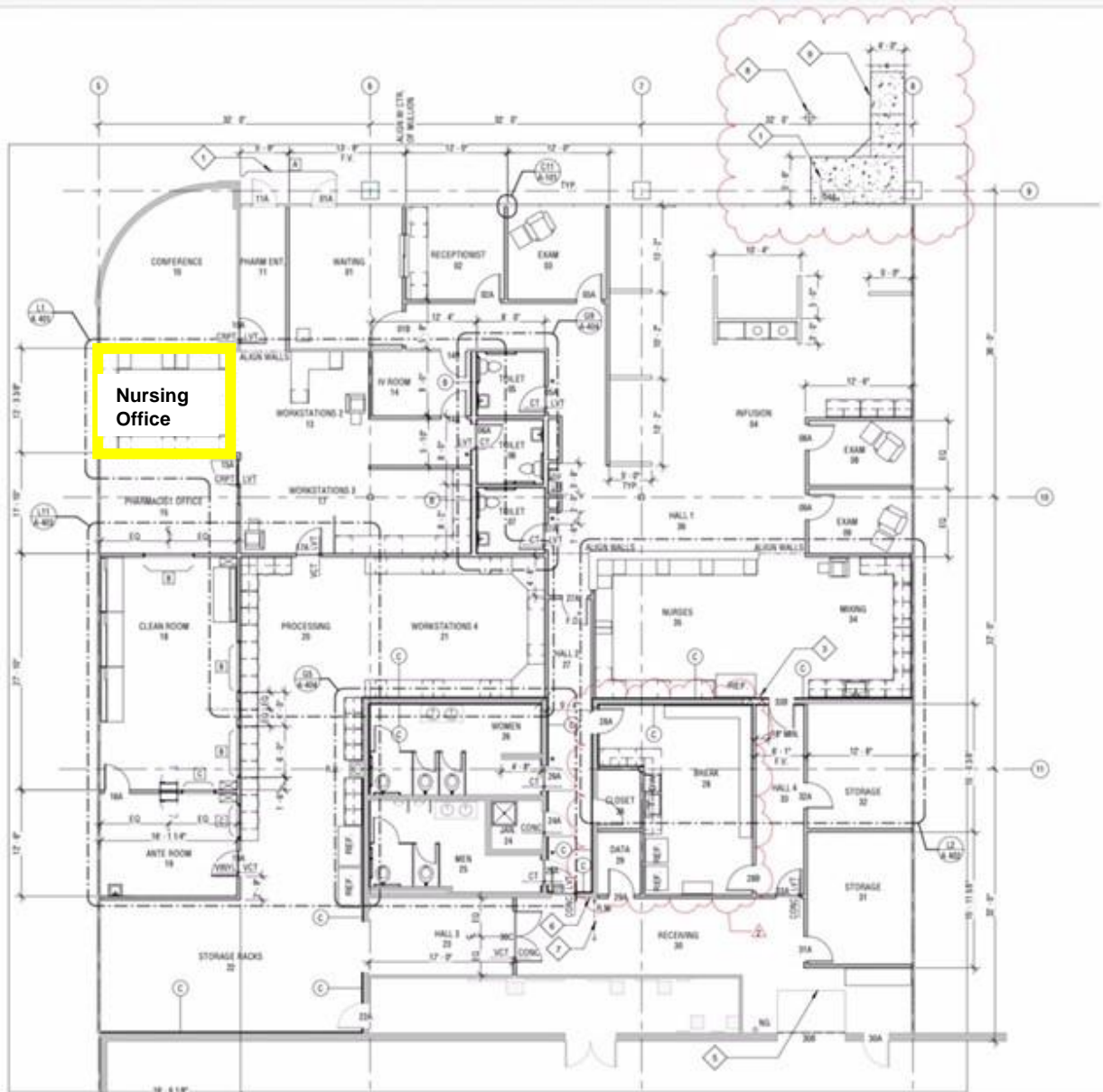
**Premises**

11.5ft x 16ft=184 sq.ft.



**Attachment 10A**  
**Floor Plan**

11.5ft x 16ft=184 sq.ft.



Size

**Attachment 4E**  
**Fair Market Value Comparison**

Year	Annual Rent	Additional Costs	Total Annual	Total Month	SF	Rent/SF	Total/SF
7/1/21-6/30/22	\$171,384	\$46,472	\$217,856	\$18,155	9,264	\$18.50	\$23.52
7/1/22-6/30/23	\$174,812	\$47,401	\$222,213	\$18,518	9,264	\$18.87	\$23.99
7/1/23-6/30/24	\$178,332	\$48,349	\$226,681	\$18,890	9,264	\$19.25	\$24.47
7/1/24-6/30/25	\$181,945	\$49,316	\$231,261	\$19,272	9,264	\$19.64	\$24.96
7/1/25-6/30/26	\$185,558	\$50,303	\$235,861	\$19,655	9,264	\$20.03	\$25.46
7/1/26-6/30/27	\$189,264	\$51,309	\$240,573	\$20,048	9,264	\$20.43	\$25.97

The grey highlighted row represents historical data

HHA SF	HHA Allocation
184	\$4,413.57
184	\$4,502.31
184	\$4,593.28
184	\$4,684.63
184	\$4,778.22
<b>5-Year Avg</b>	<b>\$4,594.40</b>
<b>per SF</b>	<b>\$24.97</b>

**Fair Market Value:**

Commercialcafe.com	23.00 SF	Nashville	Grassmere Park
propertyshark.com	23.00 SF	Nashville	Grassmere Park
Commercialssearch.com	18.50 SF	Nashville	Grassmere Commons

<b>5-year total cost</b>	<b>\$22,971.99</b>
<b>Rounded</b>	<b>\$23,000.00</b>

**Attachment 2N**

**County Map**



**Attachment 3N**  
**Service Area Demographics**



Demographic Variable/ Geographic Area	Department of Health/Health Statistics							Census Bureau				TennCare	
	Total Population Current Year (2022)	Total Population Projected Year (2026)	Total Population % Change	Target Population* Current Year (2022)	Target Population Projected Year (2026)	Target Population % Change	Target Population Projected Year as % of Total	Median Age**	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees***	TennCare Enrollees as % of Total
Cheatham	41,212	41,790	1.4%	34,103	33,749	-1.0%	80.8%	40.4	\$63,988	3,474	8.7%	7,787	18.9%
Davidson	717,032	737,504	2.9%	621,169	632,645	1.8%	85.8%	34.3	\$62,515	87,554	12.8%	159,565	22.3%
Dickson	55,704	57,725	3.6%	45,669	46,501	1.8%	80.6%	39.4	\$57,804	5,719	11.0%	12,926	23.2%
Macon	25,375	26,405	4.1%	21,045	21,595	2.6%	81.8%	39.4	\$38,080	3,922	16.7%	7,902	31.1%
Maury	100,386	106,021	5.6%	82,498	85,745	3.9%	80.9%	38.8	\$60,567	8,888	9.9%	23,055	23.0%
Montgomery	223,240	240,304	7.6%	200,535	214,091	6.8%	89.1%	30.6	\$60,878	21,210	10.8%	50,502	22.6%
Robertson	74,294	77,321	4.1%	61,892	63,218	2.1%	81.8%	39.1	\$66,088	6,380	9.2%	15,721	21.2%
Rutherford	357,199	389,816	9.1%	315,085	339,506	7.8%	87.1%	33.3	\$68,718	27,027	8.8%	71,510	20.0%
Sumner	199,672	211,712	6.0%	164,873	172,206	4.4%	81.3%	39.6	\$69,878	17,229	9.6%	36,068	18.1%
Trousdale	11,388	11,693	2.7%	9,824	10,001	1.8%	85.5%	36.0	\$56,981	1,474	15.4%	2,288	20.1%
Williamson	256,315	280,668	9.5%	218,563	235,785	7.9%	84.0%	39.2	\$111,196	8,965	4.1%	16,490	6.4%
Wilson	153,287	165,519	8.0%	126,853	134,941	6.4%	81.5%	40.2	\$78,962	10,613	8.0%	24,409	15.9%
Service Area Total	2,215,104	2,346,478	5.9%	1,642,287	1,989,983	21.2%	84.8%	35.9	\$70,001	202,455	10.1%	428,223	19.3%
<b>State of TN Total</b>	<b>6,997,493</b>	<b>7,203,404</b>	<b>2.9%</b>	<b>5,743,164</b>	<b>5,826,949</b>	<b>1.5%</b>	<b>80.9%</b>	<b>38.7</b>	<b>\$54,833</b>	<b>904,548</b>	<b>13.6%</b>	<b>1,706,558</b>	<b>24.4%</b>

\* As noted in 3N-A, the target population of the proposed project is the service area population under 65.

\*\* Median age information was gathered via [data.census.gov/cedsci](https://data.census.gov/cedsci)

\*\*\* Most recent data set at time of proposal was August 2022

**Attachment 3N-1**  
**TN Department of Health**  
**Population Estimates**

## Tennessee Population Estimates 2022 and 2026 \*

	Population Estimate 2022			Population Estimate 2026			% Increase	
	Total	0-17	% 0-17	Total	0-17	% 0-17	0-17	Total
Tennessee	6,997,493	1,541,977	22.0%	7,203,404	1,573,804	21.8%	2.1%	2.9%
Anderson	77,746	15,823	20.4%	78,715	15,811	20.1%	-0.1%	1.2%
Bedford	51,436	12,741	24.8%	53,694	13,207	24.6%	3.7%	4.4%
Benton	16,259	3,120	19.2%	16,268	3,023	18.6%	-3.1%	0.1%
Bledsoe	15,265	2,250	14.7%	15,688	2,247	14.3%	-0.1%	2.8%
Blount	136,116	26,692	19.6%	140,274	27,136	19.3%	1.7%	3.1%
Bradley	110,318	23,808	21.6%	113,675	24,179	21.3%	1.6%	3.0%
Campbell	39,348	7,800	19.8%	38,939	7,588	19.5%	-2.7%	-1.0%
Cannon	14,791	3,018	20.4%	15,040	2,968	19.7%	-1.7%	1.7%
Carroll	27,767	6,030	21.7%	27,417	5,874	21.4%	-2.6%	-1.3%
Carter	55,761	9,725	17.4%	54,913	9,233	16.8%	-5.1%	-1.5%
Cheatham	41,212	8,635	21.0%	41,790	8,478	20.3%	-1.8%	1.4%
Chester	17,394	3,925	22.6%	17,518	3,819	21.8%	-2.7%	0.7%
Claiborne	32,217	5,829	18.1%	32,522	5,558	17.1%	-4.6%	0.9%
Clay	7,768	1,510	19.4%	7,769	1,476	19.0%	-2.3%	0.0%
Cocke	36,221	6,924	19.1%	36,459	6,708	18.4%	-3.1%	0.7%
Coffee	57,147	13,306	23.3%	58,462	13,413	22.9%	0.8%	2.3%
Crockett	14,300	3,259	22.8%	14,231	3,219	22.6%	-1.2%	-0.5%
Cumberland	62,326	10,442	16.8%	64,493	10,494	16.3%	0.5%	3.5%
Davidson	717,032	156,667	21.8%	737,504	163,413	22.2%	4.3%	2.9%
Decatur	11,711	2,326	19.9%	11,667	2,269	19.4%	-2.4%	-0.4%
DeKalb	20,730	4,275	20.6%	21,225	4,276	20.1%	0.0%	2.4%
Dickson	55,704	12,352	22.2%	57,725	12,560	21.8%	1.7%	3.6%
Dyer	37,465	8,773	23.4%	37,520	8,750	23.3%	-0.3%	0.1%
Fayette	42,567	7,834	18.4%	44,364	8,146	18.4%	4.0%	4.2%
Fentress	18,451	3,689	20.0%	18,570	3,626	19.5%	-1.7%	0.6%
Franklin	42,297	8,517	20.1%	42,601	8,424	19.8%	-1.1%	0.7%
Gibson	49,445	11,716	23.7%	49,737	11,684	23.5%	-0.3%	0.6%
Giles	29,403	6,079	20.7%	29,200	5,930	20.3%	-2.5%	-0.7%
Grainger	23,595	4,513	19.1%	23,895	4,431	18.5%	-1.8%	1.3%
Greene	69,852	13,117	18.8%	70,287	12,932	18.4%	-1.4%	0.6%
Grundy	13,072	2,636	20.2%	12,757	2,469	19.4%	-6.3%	-2.4%
Hamblen	65,862	14,827	22.5%	67,031	15,070	22.5%	1.6%	1.8%
Hamilton	375,027	78,747	21.0%	384,624	80,471	20.9%	2.2%	2.6%
Hancock	6,431	1,254	19.5%	6,290	1,176	18.7%	-6.3%	-2.2%
Hardeman	24,981	4,666	18.7%	24,680	4,460	18.1%	-4.4%	-1.2%
Hardin	25,795	5,013	19.4%	25,700	4,812	18.7%	-4.0%	-0.4%
Hawkins	56,619	10,562	18.7%	56,403	10,159	18.0%	-3.8%	-0.4%
Haywood	16,899	3,606	21.3%	16,451	3,438	20.9%	-4.6%	-2.7%
Henderson	28,158	6,165	21.9%	28,392	6,099	21.5%	-1.1%	0.8%
Henry	32,644	6,363	19.5%	32,794	6,226	19.0%	-2.2%	0.5%
Hickman	25,613	5,043	19.7%	26,050	4,946	19.0%	-1.9%	1.7%
Houston	8,384	1,747	20.8%	8,480	1,737	20.5%	-0.6%	1.2%
Humphreys	18,618	3,851	20.7%	18,683	3,780	20.2%	-1.9%	0.3%
Jackson	11,976	2,129	17.8%	12,112	2,131	17.6%	0.1%	1.1%
Jefferson	55,709	10,753	19.3%	57,115	10,757	18.8%	0.0%	2.5%
Johnson	17,711	2,832	16.0%	17,587	2,707	15.4%	-4.4%	-0.7%
Knox	482,417	103,410	21.4%	498,375	106,709	21.4%	3.2%	3.3%
Lake	7,321	979	13.4%	7,239	909	12.6%	-7.1%	-1.1%
Lauderdale	25,815	5,577	21.6%	25,734	5,452	21.2%	-2.3%	-0.3%
Lawrence	44,324	10,292	23.2%	44,721	9,910	22.2%	-3.7%	0.9%

## Tennessee Population Estimates 2022 and 2026 \*

	Population Estimate 2022			Population Estimate 2026			% Increase	
	Total	0-17	% 0-17	Total	0-17	% 0-17	0-17	Total
Lewis	12,134	2,475	20.4%	12,127	2,393	19.7%	-3.3%	-0.1%
Lincoln	34,677	7,212	20.8%	35,139	7,029	20.0%	-2.5%	1.3%
Loudon	55,779	10,372	18.6%	58,178	10,574	18.2%	1.9%	4.3%
McMinn	54,221	11,188	20.6%	54,947	11,160	20.3%	-0.3%	1.3%
McNairy	26,143	5,399	20.6%	26,336	5,300	20.1%	-1.8%	0.7%
Macon	25,375	6,194	24.4%	26,405	6,400	24.2%	3.3%	4.1%
Madison	97,958	22,207	22.7%	98,181	21,907	22.3%	-1.4%	0.2%
Marion	28,530	5,738	20.1%	28,375	5,571	19.6%	-2.9%	-0.5%
Marshall	35,034	7,946	22.7%	36,261	8,127	22.4%	2.3%	3.5%
Mauzy	100,386	23,012	22.9%	106,021	24,163	22.8%	5.0%	5.6%
Meigs	12,616	2,478	19.6%	12,872	2,470	19.2%	-0.3%	2.0%
Monroe	47,548	9,396	19.8%	48,442	9,201	19.0%	-2.1%	1.9%
Montgomery	223,240	60,476	27.1%	240,304	65,462	27.2%	8.2%	7.6%
Moore	6,495	1,188	18.3%	6,560	1,181	18.0%	-0.6%	1.0%
Morgan	21,911	4,013	18.3%	22,152	3,951	17.8%	-1.5%	1.1%
Obion	29,967	6,378	21.3%	29,577	6,287	21.3%	-1.4%	-1.3%
Overton	22,614	4,612	20.4%	23,064	4,652	20.2%	0.9%	2.0%
Perry	8,191	1,763	21.5%	8,304	1,753	21.1%	-0.6%	1.4%
Pickett	5,022	838	16.7%	4,947	794	16.1%	-5.3%	-1.5%
Polk	17,226	3,216	18.7%	17,482	3,189	18.2%	-0.8%	1.5%
Putnam	82,286	17,980	21.9%	85,483	18,555	21.7%	3.2%	3.9%
Rhea	33,892	7,331	21.6%	34,634	7,206	20.8%	-1.7%	2.2%
Roane	53,377	9,591	18.0%	53,357	9,408	17.6%	-1.9%	0.0%
Robertson	74,294	17,124	23.0%	77,321	17,626	22.8%	2.9%	4.1%
Rutherford	357,199	87,612	24.5%	389,816	94,893	24.3%	8.3%	9.1%
Scott	22,172	5,112	23.1%	22,215	5,007	22.5%	-2.1%	0.2%
Sequatchie	15,518	3,074	19.8%	16,085	3,132	19.5%	1.9%	3.7%
Sevier	103,319	20,604	19.9%	108,302	21,298	19.7%	3.4%	4.8%
Shelby	944,036	232,951	24.7%	950,748	233,163	24.5%	0.1%	0.7%
Smith	20,435	4,465	21.8%	20,836	4,474	21.5%	0.2%	2.0%
Stewart	13,765	2,734	19.9%	13,912	2,681	19.3%	-1.9%	1.1%
Sullivan	158,570	29,914	18.9%	158,840	29,693	18.7%	-0.7%	0.2%
Sumner	199,672	45,566	22.8%	211,712	47,756	22.6%	4.8%	6.0%
Tipton	62,919	14,823	23.6%	64,016	14,760	23.1%	-0.4%	1.7%
Trousdale	11,388	2,073	18.2%	11,693	2,067	17.7%	-0.3%	2.7%
Unicoi	17,916	3,240	18.1%	17,995	3,241	18.0%	0.0%	0.4%
Union	19,900	4,071	20.5%	19,998	3,938	19.7%	-3.3%	0.5%
VanBuren	5,748	1,059	18.4%	5,704	1,024	18.0%	-3.3%	-0.8%
Warren	41,170	9,172	22.3%	41,359	9,014	21.8%	-1.7%	0.5%
Washington	132,735	25,813	19.4%	136,327	26,367	19.3%	2.1%	2.7%
Wayne	16,388	2,642	16.1%	16,176	2,487	15.4%	-5.9%	-1.3%
Weakley	33,169	6,830	20.6%	32,977	6,707	20.3%	-1.8%	-0.6%
White	27,939	5,818	20.8%	28,660	5,782	20.2%	-0.6%	2.6%
Williamson	256,315	66,049	25.8%	280,668	70,417	25.1%	6.6%	9.5%
Wilson	153,287	35,076	22.9%	165,519	37,254	22.5%	6.2%	8.0%

\* TN\_CoPopProj\_2019 UTCBER Population Projection Series.

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: These projections may not match Boyd Center projections precisely due to rounding.

## Tennessee Population Estimates 2022 and 2026 \*

	Population Estimate 2022			Population Estimate 2026			% Increase	
	Total	18+	%18+	Total	18+	%18+	18+	Total
Tennessee	6,997,493	5,455,516	78.0%	7,203,404	5,629,600	78.2%	3.2%	2.9%
Anderson	77,746	61,923	79.6%	78,715	62,904	79.9%	1.6%	1.2%
Bedford	51,436	38,694	75.2%	53,694	40,487	75.4%	4.6%	4.4%
Benton	16,259	13,138	80.8%	16,268	13,245	81.4%	0.8%	0.1%
Bledsoe	15,265	13,015	85.3%	15,688	13,441	85.7%	3.3%	2.8%
Blount	136,116	109,424	80.4%	140,274	113,138	80.7%	3.4%	3.1%
Bradley	110,318	86,510	78.4%	113,675	89,496	78.7%	3.5%	3.0%
Campbell	39,348	31,548	80.2%	38,939	31,351	80.5%	-0.6%	-1.0%
Cannon	14,791	11,773	79.6%	15,040	12,072	80.3%	2.5%	1.7%
Carroll	27,767	21,737	78.3%	27,417	21,543	78.6%	-0.9%	-1.3%
Carter	55,761	46,036	82.6%	54,913	45,680	83.2%	-0.8%	-1.5%
Cheatham	41,212	32,577	79.0%	41,790	33,312	79.7%	2.3%	1.4%
Chester	17,394	13,469	77.4%	17,518	13,699	78.2%	1.7%	0.7%
Claiborne	32,217	26,388	81.9%	32,522	26,963	82.9%	2.2%	0.9%
Clay	7,768	6,258	80.6%	7,769	6,294	81.0%	0.6%	0.0%
Cocke	36,221	29,297	80.9%	36,459	29,752	81.6%	1.6%	0.7%
Coffee	57,147	43,841	76.7%	58,462	45,049	77.1%	2.8%	2.3%
Crockett	14,300	11,041	77.2%	14,231	11,011	77.4%	-0.3%	-0.5%
Cumberland	62,326	51,884	83.2%	64,493	53,999	83.7%	4.1%	3.5%
Davidson	717,032	560,365	78.2%	737,504	574,092	77.8%	2.4%	2.9%
Decatur	11,711	9,385	80.1%	11,667	9,398	80.6%	0.1%	-0.4%
DeKalb	20,730	16,455	79.4%	21,225	16,949	79.9%	3.0%	2.4%
Dickson	55,704	43,352	77.8%	57,725	45,165	78.2%	4.2%	3.6%
Dyer	37,465	28,692	76.6%	37,520	28,770	76.7%	0.3%	0.1%
Fayette	42,567	34,733	81.6%	44,364	36,218	81.6%	4.3%	4.2%
Fentress	18,451	14,761	80.0%	18,570	14,944	80.5%	1.2%	0.6%
Franklin	42,297	33,781	79.9%	42,601	34,177	80.2%	1.2%	0.7%
Gibson	49,445	37,729	76.3%	49,737	38,054	76.5%	0.9%	0.6%
Giles	29,403	23,324	79.3%	29,200	23,270	79.7%	-0.2%	-0.7%
Grainger	23,595	19,082	80.9%	23,895	19,464	81.5%	2.0%	1.3%
Greene	69,852	56,734	81.2%	70,287	57,355	81.6%	1.1%	0.6%
Grundy	13,072	10,435	79.8%	12,757	10,287	80.6%	-1.4%	-2.4%
Hamblen	65,862	51,035	77.5%	67,031	51,961	77.5%	1.8%	1.8%
Hamilton	375,027	296,280	79.0%	384,624	304,153	79.1%	2.7%	2.6%
Hancock	6,431	5,177	80.5%	6,290	5,115	81.3%	-1.2%	-2.2%
Hardeman	24,981	20,315	81.3%	24,680	20,220	81.9%	-0.5%	-1.2%
Hardin	25,795	20,782	80.6%	25,700	20,888	81.3%	0.5%	-0.4%
Hawkins	56,619	46,056	81.3%	56,403	46,244	82.0%	0.4%	-0.4%
Haywood	16,899	13,294	78.7%	16,451	13,013	79.1%	-2.1%	-2.7%
Henderson	28,158	21,993	78.1%	28,392	22,292	78.5%	1.4%	0.8%
Henry	32,644	26,280	80.5%	32,794	26,568	81.0%	1.1%	0.5%
Hickman	25,613	20,570	80.3%	26,050	21,105	81.0%	2.6%	1.7%
Houston	8,384	6,636	79.2%	8,480	6,744	79.5%	1.6%	1.2%
Humphreys	18,618	14,767	79.3%	18,683	14,903	79.8%	0.9%	0.3%
Jackson	11,976	9,847	82.2%	12,112	9,981	82.4%	1.4%	1.1%
Jefferson	55,709	44,957	80.7%	57,115	46,359	81.2%	3.1%	2.5%
Johnson	17,711	14,879	84.0%	17,587	14,879	84.6%	0.0%	-0.7%
Knox	482,417	379,006	78.6%	498,375	391,666	78.6%	3.3%	3.3%
Lake	7,321	6,343	86.6%	7,239	6,330	87.4%	-0.2%	-1.1%
Lauderdale	25,815	20,238	78.4%	25,734	20,282	78.8%	0.2%	-0.3%
Lawrence	44,324	34,032	76.8%	44,721	34,811	77.8%	2.3%	0.9%

## Tennessee Population Estimates 2022 and 2026 \*

	Population Estimate 2022			Population Estimate 2026			% Increase	
	Total	18+	%18+	Total	18+	%18+	18+	Total
Lewis	12,134	9,659	79.6%	12,127	9,734	80.3%	0.8%	-0.1%
Lincoln	34,677	27,465	79.2%	35,139	28,110	80.0%	2.3%	1.3%
Loudon	55,779	45,407	81.4%	58,178	47,604	81.8%	4.8%	4.3%
McMinn	54,221	43,033	79.4%	54,947	43,787	79.7%	1.8%	1.3%
McNairy	26,143	20,745	79.4%	26,336	21,036	79.9%	1.4%	0.7%
Macon	25,375	19,181	75.6%	26,405	20,004	75.8%	4.3%	4.1%
Madison	97,958	75,752	77.3%	98,181	76,275	77.7%	0.7%	0.2%
Marion	28,530	22,791	79.9%	28,375	22,804	80.4%	0.1%	-0.5%
Marshall	35,034	27,088	77.3%	36,261	28,133	77.6%	3.9%	3.5%
Maury	100,386	77,374	77.1%	106,021	81,857	77.2%	5.8%	5.6%
Meigs	12,616	10,138	80.4%	12,872	10,402	80.8%	2.6%	2.0%
Monroe	47,548	38,152	80.2%	48,442	39,242	81.0%	2.9%	1.9%
Montgomery	223,240	162,764	72.9%	240,304	174,842	72.8%	7.4%	7.6%
Moore	6,495	5,307	81.7%	6,560	5,379	82.0%	1.3%	1.0%
Morgan	21,911	17,899	81.7%	22,152	18,201	82.2%	1.7%	1.1%
Obion	29,967	23,588	78.7%	29,577	23,290	78.7%	-1.3%	-1.3%
Overton	22,614	18,003	79.6%	23,064	18,413	79.8%	2.3%	2.0%
Perry	8,191	6,428	78.5%	8,304	6,551	78.9%	1.9%	1.4%
Pickett	5,022	4,184	83.3%	4,947	4,153	83.9%	-0.7%	-1.5%
Polk	17,226	14,010	81.3%	17,482	14,293	81.8%	2.0%	1.5%
Putnam	82,286	64,306	78.1%	85,483	66,928	78.3%	4.1%	3.9%
Rhea	33,892	26,561	78.4%	34,634	27,429	79.2%	3.3%	2.2%
Roane	53,377	43,786	82.0%	53,357	43,949	82.4%	0.4%	0.0%
Robertson	74,294	57,170	77.0%	77,321	59,695	77.2%	4.4%	4.1%
Rutherford	357,199	269,587	75.5%	389,816	294,923	75.7%	9.4%	9.1%
Scott	22,172	17,060	76.9%	22,215	17,208	77.5%	0.9%	0.2%
Sequatchie	15,518	12,444	80.2%	16,085	12,953	80.5%	4.1%	3.7%
Sevier	103,319	82,715	80.1%	108,302	87,004	80.3%	5.2%	4.8%
Shelby	944,036	711,085	75.3%	950,748	717,585	75.5%	0.9%	0.7%
Smith	20,435	15,970	78.2%	20,836	16,362	78.5%	2.5%	2.0%
Stewart	13,765	11,031	80.1%	13,912	11,230	80.7%	1.8%	1.1%
Sullivan	158,570	128,655	81.1%	158,840	129,147	81.3%	0.4%	0.2%
Sumner	199,672	154,106	77.2%	211,712	163,955	77.4%	6.4%	6.0%
Tipton	62,919	48,096	76.4%	64,016	49,255	76.9%	2.4%	1.7%
Trousdale	11,388	9,314	81.8%	11,693	9,626	82.3%	3.3%	2.7%
Unicoi	17,916	14,676	81.9%	17,995	14,754	82.0%	0.5%	0.4%
Union	19,900	15,828	79.5%	19,998	16,059	80.3%	1.5%	0.5%
VanBuren	5,748	4,689	81.6%	5,704	4,679	82.0%	-0.2%	-0.8%
Warren	41,170	31,998	77.7%	41,359	32,344	78.2%	1.1%	0.5%
Washington	132,735	106,922	80.6%	136,327	109,960	80.7%	2.8%	2.7%
Wayne	16,388	13,745	83.9%	16,176	13,690	84.6%	-0.4%	-1.3%
Weakley	33,169	26,339	79.4%	32,977	26,270	79.7%	-0.3%	-0.6%
White	27,939	22,121	79.2%	28,660	22,878	79.8%	3.4%	2.6%
Williamson	256,315	190,266	74.2%	280,668	210,251	74.9%	10.5%	9.5%
Wilson	153,287	118,211	77.1%	165,519	128,265	77.5%	8.5%	8.0%

\* TN\_CoPopProj\_2019 UTCBER Population Projection Series.

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: These projections may not match Boyd Center projections precisely due to rounding.

## Tennessee Population Estimates 2022 and 2026 \*

	Population Estimate 2022			Population Estimate 2026			% Increase	
	Total	65+	%65+	Total	65+	%65+	65+	Total
Tennessee	6,997,493	1,254,329	17.9%	7,203,404	1,376,455	19.1%	9.7%	2.9%
Anderson	77,746	16,997	21.9%	78,715	18,265	23.2%	7.5%	1.2%
Bedford	51,436	8,430	16.4%	53,694	9,395	17.5%	11.4%	4.4%
Benton	16,259	4,154	25.5%	16,268	4,419	27.2%	6.4%	0.1%
Bledsoe	15,265	3,072	20.1%	15,688	3,398	21.7%	10.6%	2.8%
Blount	136,116	30,079	22.1%	140,274	33,120	23.6%	10.1%	3.1%
Bradley	110,318	20,539	18.6%	113,675	22,589	19.9%	10.0%	3.0%
Campbell	39,348	8,772	22.3%	38,939	9,198	23.6%	4.8%	-1.0%
Cannon	14,791	2,991	20.2%	15,040	3,306	22.0%	10.5%	1.7%
Carroll	27,767	6,094	21.9%	27,417	6,395	23.3%	4.9%	-1.3%
Carter	55,761	13,484	24.2%	54,913	14,323	26.1%	6.2%	-1.5%
Cheatham	41,212	7,109	17.2%	41,790	8,041	19.2%	13.1%	1.4%
Chester	17,394	3,265	18.8%	17,518	3,540	20.2%	8.4%	0.7%
Claiborne	32,217	7,106	22.1%	32,522	7,733	23.8%	8.8%	0.9%
Clay	7,768	2,085	26.8%	7,769	2,250	29.0%	7.9%	0.0%
Cocke	36,221	8,452	23.3%	36,459	9,200	25.2%	8.9%	0.7%
Coffee	57,147	10,675	18.7%	58,462	11,589	19.8%	8.6%	2.3%
Crockett	14,300	2,926	20.5%	14,231	3,111	21.9%	6.3%	-0.5%
Cumberland	62,326	20,609	33.1%	64,493	22,565	35.0%	9.5%	3.5%
Davidson	717,032	95,863	13.4%	737,504	104,859	14.2%	9.4%	2.9%
Decatur	11,711	2,999	25.6%	11,667	3,183	27.3%	6.1%	-0.4%
DeKalb	20,730	4,215	20.3%	21,225	4,665	22.0%	10.7%	2.4%
Dickson	55,704	10,035	18.0%	57,725	11,224	19.4%	11.9%	3.6%
Dyer	37,465	7,151	19.1%	37,520	7,596	20.2%	6.2%	0.1%
Fayette	42,567	10,177	23.9%	44,364	11,494	25.9%	12.9%	4.2%
Fentress	18,451	4,464	24.2%	18,570	4,827	26.0%	8.1%	0.6%
Franklin	42,297	9,313	22.0%	42,601	10,008	23.5%	7.5%	0.7%
Gibson	49,445	9,575	19.4%	49,737	10,134	20.4%	5.8%	0.6%
Giles	29,403	6,482	22.0%	29,200	6,953	23.8%	7.3%	-0.7%
Grainger	23,595	5,369	22.8%	23,895	5,898	24.7%	9.9%	1.3%
Greene	69,852	16,425	23.5%	70,287	17,609	25.1%	7.2%	0.6%
Grundy	13,072	3,007	23.0%	12,757	3,171	24.9%	5.4%	-2.4%
Hamblen	65,862	12,988	19.7%	67,031	13,928	20.8%	7.2%	1.8%
Hamilton	375,027	71,417	19.0%	384,624	77,381	20.1%	8.4%	2.6%
Hancock	6,431	1,513	23.5%	6,290	1,592	25.3%	5.3%	-2.2%
Hardeman	24,981	4,863	19.5%	24,680	5,031	20.4%	3.5%	-1.2%
Hardin	25,795	6,487	25.2%	25,700	6,891	26.8%	6.2%	-0.4%
Hawkins	56,619	13,161	23.2%	56,403	14,170	25.1%	7.7%	-0.4%
Haywood	16,899	3,647	21.6%	16,451	3,884	23.6%	6.5%	-2.7%
Henderson	28,158	5,616	19.9%	28,392	6,037	21.3%	7.5%	0.8%
Henry	32,644	8,207	25.1%	32,794	8,752	26.7%	6.6%	0.5%
Hickman	25,613	4,905	19.1%	26,050	5,342	20.5%	8.9%	1.7%
Houston	8,384	1,854	22.1%	8,480	1,991	23.5%	7.4%	1.2%
Humphreys	18,618	4,063	21.8%	18,683	4,349	23.3%	7.1%	0.3%
Jackson	11,976	3,014	25.2%	12,112	3,299	27.2%	9.5%	1.1%
Jefferson	55,709	12,364	22.2%	57,115	13,759	24.1%	11.3%	2.5%
Johnson	17,711	4,358	24.6%	17,587	4,541	25.8%	4.2%	-0.7%
Knox	482,417	82,989	17.2%	498,375	90,811	18.2%	9.4%	3.3%
Lake	7,321	1,204	16.4%	7,239	1,213	16.8%	0.8%	-1.1%
Lauderdale	25,815	4,458	17.3%	25,734	4,698	18.3%	5.4%	-0.3%
Lawrence	44,324	8,644	19.5%	44,721	9,395	21.0%	8.7%	0.9%

## Tennessee Population Estimates 2022 and 2026 \*

	Population Estimate 2022			Population Estimate 2026			% Increase	
	Total	65+	%65+	Total	65+	%65+	65+	Total
Lewis	12,134	2,829	23.3%	12,127	3,042	25.1%	7.6%	-0.1%
Lincoln	34,677	7,407	21.4%	35,139	8,056	22.9%	8.8%	1.3%
Loudon	55,779	15,932	28.6%	58,178	17,499	30.1%	9.8%	4.3%
McMinn	54,221	11,739	21.7%	54,947	12,765	23.2%	8.7%	1.3%
McNairy	26,143	5,831	22.3%	26,336	6,197	23.5%	6.3%	0.7%
Macon	25,375	4,330	17.1%	26,405	4,810	18.2%	11.1%	4.1%
Madison	97,958	18,656	19.0%	98,181	20,248	20.6%	8.5%	0.2%
Marion	28,530	6,260	21.9%	28,375	6,641	23.4%	6.1%	-0.5%
Marshall	35,034	6,205	17.7%	36,261	6,910	19.1%	11.4%	3.5%
Mauzy	100,386	17,888	17.8%	106,021	20,276	19.1%	13.3%	5.6%
Meigs	12,616	2,868	22.7%	12,872	3,130	24.3%	9.2%	2.0%
Monroe	47,548	11,056	23.3%	48,442	12,097	25.0%	9.4%	1.9%
Montgomery	223,240	22,705	10.2%	240,304	26,213	10.9%	15.5%	7.6%
Moore	6,495	1,542	23.7%	6,560	1,664	25.4%	7.9%	1.0%
Morgan	21,911	4,239	19.3%	22,152	4,545	20.5%	7.2%	1.1%
Obion	29,967	6,675	22.3%	29,577	6,957	23.5%	4.2%	-1.3%
Overton	22,614	4,995	22.1%	23,064	5,378	23.3%	7.7%	2.0%
Perry	8,191	1,846	22.5%	8,304	1,960	23.6%	6.1%	1.4%
Pickett	5,022	1,492	29.7%	4,947	1,575	31.8%	5.6%	-1.5%
Polk	17,226	3,910	22.7%	17,482	4,258	24.4%	8.9%	1.5%
Putnam	82,286	14,863	18.1%	85,483	16,415	19.2%	10.4%	3.9%
Rhea	33,892	6,859	20.2%	34,634	7,464	21.6%	8.8%	2.2%
Roane	53,377	13,393	25.1%	53,357	14,380	27.0%	7.4%	0.0%
Robertson	74,294	12,402	16.7%	77,321	14,103	18.2%	13.7%	4.1%
Rutherford	357,199	42,114	11.8%	389,816	50,310	12.9%	19.5%	9.1%
Scott	22,172	4,095	18.5%	22,215	4,396	19.8%	7.4%	0.2%
Sequatchie	15,518	3,524	22.7%	16,085	3,929	24.4%	11.5%	3.7%
Sevier	103,319	22,298	21.6%	108,302	24,857	23.0%	11.5%	4.8%
Shelby	944,036	142,579	15.1%	950,748	154,037	16.2%	8.0%	0.7%
Smith	20,435	3,876	19.0%	20,836	4,304	20.7%	11.0%	2.0%
Stewart	13,765	3,067	22.3%	13,912	3,332	23.9%	8.6%	1.1%
Sullivan	158,570	37,493	23.6%	158,840	39,711	25.0%	5.9%	0.2%
Sumner	199,672	34,799	17.4%	211,712	39,506	18.7%	13.5%	6.0%
Tipton	62,919	10,275	16.3%	64,016	11,454	17.9%	11.5%	1.7%
Trousdale	11,388	1,564	13.7%	11,693	1,692	14.5%	8.2%	2.7%
Unicoi	17,916	4,511	25.2%	17,995	4,813	26.7%	6.7%	0.4%
Union	19,900	4,119	20.7%	19,998	4,582	22.9%	11.2%	0.5%
VanBuren	5,748	1,497	26.0%	5,704	1,589	27.9%	6.2%	-0.8%
Warren	41,170	7,965	19.3%	41,359	8,531	20.6%	7.1%	0.5%
Washington	132,735	26,466	19.9%	136,327	28,838	21.2%	9.0%	2.7%
Wayne	16,388	3,425	20.9%	16,176	3,581	22.1%	4.5%	-1.3%
Weakley	33,169	6,754	20.4%	32,977	7,151	21.7%	5.9%	-0.6%
White	27,939	6,137	22.0%	28,660	6,681	23.3%	8.9%	2.6%
Williamson	256,315	37,752	14.7%	280,668	44,883	16.0%	18.9%	9.5%
Wilson	153,287	26,434	17.2%	165,519	30,578	18.5%	15.7%	8.0%

\* TN\_CoPopProj\_2019 UTCBER Population Projection Series.

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: These projections may not match Boyd Center projections precisely due to rounding.



## Tennessee Female Population Estimates 2022 and 2026 \*

	Population Estimate 2022			Population Estimate 2026			% Increase	
	Total	15-44	%15-44	Total	15-44	%15-44	15-44	Total
Tennessee	3,587,578	1,351,308	37.7%	3,696,105	1,374,176	37.2%	1.7%	3.0%
Anderson	39,873	13,233	33.2%	40,326	13,252	32.9%	0.1%	1.1%
Bedford	26,256	9,666	36.8%	27,476	10,059	36.6%	4.1%	4.6%
Benton	8,287	2,420	29.2%	8,283	2,371	28.6%	-2.1%	0.0%
Bledsoe	6,145	1,895	30.8%	6,195	1,820	29.4%	-4.0%	0.8%
Blount	70,255	23,578	33.6%	72,521	24,071	33.2%	2.1%	3.2%
Bradley	56,761	21,105	37.2%	58,544	21,583	36.9%	2.3%	3.1%
Campbell	20,014	6,591	32.9%	19,798	6,396	32.3%	-3.0%	-1.1%
Cannon	7,449	2,473	33.2%	7,574	2,467	32.6%	-0.2%	1.7%
Carroll	14,182	4,734	33.4%	13,997	4,643	33.2%	-1.9%	-1.3%
Carter	28,542	9,227	32.3%	28,174	8,939	31.7%	-3.1%	-1.3%
Ceatham	20,794	7,459	35.9%	21,128	7,434	35.2%	-0.3%	1.6%
Chester	9,081	3,578	39.4%	9,191	3,596	39.1%	0.5%	1.2%
Claiborne	16,480	5,773	35.0%	16,642	5,779	34.7%	0.1%	1.0%
Clay	3,923	1,125	28.7%	3,900	1,096	28.1%	-2.5%	-0.6%
Cocke	18,774	5,980	31.9%	18,948	5,933	31.3%	-0.8%	0.9%
Coffee	29,261	10,383	35.5%	29,953	10,550	35.2%	1.6%	2.4%
Crockett	7,495	2,567	34.2%	7,491	2,537	33.9%	-1.2%	-0.1%
Cumberland	31,998	8,485	26.5%	33,088	8,661	26.2%	2.1%	3.4%
Davidson	370,870	167,846	45.3%	381,483	168,269	44.1%	0.3%	2.9%
Decatur	5,971	1,806	30.3%	5,951	1,764	29.6%	-2.4%	-0.3%
DeKalb	10,397	3,501	33.7%	10,657	3,537	33.2%	1.0%	2.5%
Dickson	28,410	10,125	35.6%	29,482	10,347	35.1%	2.2%	3.8%
Dyer	19,457	6,982	35.9%	19,521	6,912	35.4%	-1.0%	0.3%
Fayette	21,643	6,679	30.9%	22,580	6,799	30.1%	1.8%	4.3%
Fentress	9,470	2,860	30.2%	9,552	2,841	29.7%	-0.7%	0.9%
Franklin	21,679	7,750	35.7%	21,868	7,784	35.6%	0.4%	0.9%
Gibson	25,726	9,084	35.3%	25,869	9,040	34.9%	-0.5%	0.6%
Giles	15,183	5,068	33.4%	15,124	5,007	33.1%	-1.2%	-0.4%
Grainger	11,709	3,656	31.2%	11,856	3,622	30.5%	-0.9%	1.3%
Greene	35,535	11,572	32.6%	35,782	11,496	32.1%	-0.7%	0.7%
Grundy	6,608	2,164	32.7%	6,448	2,038	31.6%	-5.8%	-2.4%
Hamblen	33,845	11,704	34.6%	34,559	11,910	34.5%	1.8%	2.1%
Hamilton	193,980	73,137	37.7%	198,971	74,041	37.2%	1.2%	2.6%
Hancock	3,251	1,027	31.6%	3,180	994	31.3%	-3.2%	-2.2%
Hardeman	11,215	3,648	32.5%	10,953	3,483	31.8%	-4.5%	-2.3%
Hardin	13,282	4,096	30.8%	13,288	4,046	30.4%	-1.2%	0.1%
Hawkins	28,877	9,230	32.0%	28,803	9,051	31.4%	-1.9%	-0.3%
Haywood	9,021	2,956	32.8%	8,781	2,748	31.3%	-7.0%	-2.7%
Henderson	14,510	5,043	34.8%	14,644	5,019	34.3%	-0.5%	0.9%
Henry	16,885	5,129	30.4%	17,004	5,121	30.1%	-0.2%	0.7%
Hickman	12,183	4,172	34.2%	12,415	4,203	33.9%	0.7%	1.9%
Houston	4,297	1,433	33.3%	4,370	1,441	33.0%	0.6%	1.7%
Humphreys	9,362	3,068	32.8%	9,392	3,032	32.3%	-1.2%	0.3%
Jackson	6,032	1,775	29.4%	6,109	1,759	28.8%	-0.9%	1.3%
Jefferson	28,367	9,436	33.3%	29,147	9,576	32.9%	1.5%	2.7%
Johnson	8,129	2,369	29.1%	8,006	2,290	28.6%	-3.4%	-1.5%
Knox	248,301	100,086	40.3%	256,675	102,392	39.9%	2.3%	3.4%
Lake	2,508	758	30.2%	2,379	694	29.2%	-8.4%	-5.2%
Lauderdale	12,492	4,394	35.2%	12,417	4,281	34.5%	-2.6%	-0.6%
Lawrence	22,573	7,837	34.7%	22,802	7,881	34.6%	0.6%	1.0%

### Tennessee Female Population Estimates 2022 and 2026 \*

	Population Estimate 2022			Population Estimate 2026			% Increase	
	Total	15-44	%15-44	Total	15-44	%15-44	15-44	Total
Lewis	6,242	1,999	32.0%	6,262	1,968	31.4%	-1.5%	0.3%
Lincoln	17,661	5,717	32.4%	17,884	5,757	32.2%	0.7%	1.3%
Loudon	28,423	8,171	28.7%	29,665	8,522	28.7%	4.3%	4.4%
McMinn	27,836	9,380	33.7%	28,227	9,372	33.2%	-0.1%	1.4%
McNairy	13,280	4,313	32.5%	13,361	4,282	32.0%	-0.7%	0.6%
Macon	13,032	4,728	36.3%	13,612	4,913	36.1%	3.9%	4.4%
Madison	51,763	19,453	37.6%	52,054	19,360	37.2%	-0.5%	0.6%
Marion	14,616	4,780	32.7%	14,561	4,705	32.3%	-1.6%	-0.4%
Marshall	17,905	6,477	36.2%	18,558	6,626	35.7%	2.3%	3.6%
Maury	52,130	19,067	36.6%	55,210	19,843	35.9%	4.1%	5.9%
Meigs	6,375	2,025	31.8%	6,517	2,019	31.0%	-0.3%	2.2%
Monroe	23,894	7,710	32.3%	24,360	7,752	31.8%	0.5%	2.0%
Montgomery	112,215	51,057	45.5%	120,909	54,105	44.7%	6.0%	7.7%
Moore	3,263	1,044	32.0%	3,300	1,035	31.4%	-0.8%	1.2%
Morgan	9,850	3,210	32.6%	9,885	3,168	32.0%	-1.3%	0.4%
Obion	15,509	5,111	33.0%	15,341	5,001	32.6%	-2.1%	-1.1%
Overton	11,419	3,790	33.2%	11,653	3,818	32.8%	0.7%	2.0%
Perry	4,060	1,321	32.5%	4,115	1,341	32.6%	1.5%	1.4%
Pickett	2,518	674	26.8%	2,486	647	26.0%	-4.1%	-1.3%
Polk	8,766	2,772	31.6%	8,921	2,773	31.1%	0.0%	1.8%
Putnam	41,443	16,471	39.7%	43,159	17,025	39.4%	3.4%	4.1%
Rhea	17,075	5,979	35.0%	17,435	6,097	35.0%	2.0%	2.1%
Roane	27,352	8,347	30.5%	27,349	8,168	29.9%	-2.1%	0.0%
Robertson	37,716	13,859	36.7%	39,369	14,274	36.3%	3.0%	4.4%
Rutherford	181,595	79,871	44.0%	198,319	85,538	43.1%	7.1%	9.2%
Scott	11,323	4,073	36.0%	11,371	4,024	35.4%	-1.2%	0.4%
Sequatchie	7,866	2,561	32.6%	8,174	2,596	31.8%	1.4%	3.9%
Sevier	52,791	17,695	33.5%	55,348	18,480	33.4%	4.4%	4.8%
Shelby	496,201	195,450	39.4%	500,341	194,737	38.9%	-0.4%	0.8%
Smith	10,297	3,593	34.9%	10,534	3,625	34.4%	0.9%	2.3%
Stewart	6,894	2,168	31.4%	6,967	2,164	31.1%	-0.2%	1.0%
Sullivan	81,534	26,408	32.4%	81,717	26,179	32.0%	-0.9%	0.2%
Sumner	102,364	37,309	36.4%	108,674	39,112	36.0%	4.8%	6.2%
Tipton	31,923	11,807	37.0%	32,527	11,830	36.4%	0.2%	1.9%
Trousdale	4,662	1,798	38.6%	4,811	1,832	38.1%	1.9%	3.2%
Unicoi	9,140	2,847	31.1%	9,199	2,817	30.6%	-1.1%	0.6%
Union	10,117	3,369	33.3%	10,195	3,339	32.8%	-0.9%	0.8%
VanBuren	2,870	819	28.6%	2,845	786	27.6%	-4.0%	-0.9%
Warren	20,834	7,317	35.1%	20,958	7,278	34.7%	-0.5%	0.6%
Washington	67,989	26,473	38.9%	69,893	27,034	38.7%	2.1%	2.8%
Wayne	7,307	2,263	31.0%	7,173	2,170	30.3%	-4.1%	-1.8%
Weakley	16,981	6,669	39.3%	16,927	6,650	39.3%	-0.3%	-0.3%
White	14,300	4,737	33.1%	14,691	4,851	33.0%	2.4%	2.7%
Williamson	130,834	47,546	36.3%	143,492	51,642	36.0%	8.6%	9.7%
Wilson	78,082	28,418	36.4%	84,460	30,321	35.9%	6.7%	8.2%

\* TN\_CoPopProj\_2019 UTCBER Population Projection Series.

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: These projections may not match Boyd Center projections precisely due to rounding.

**Attachment 3N-2**  
**US Census Supplementary**  
**Demographic Data**

	Tennessee								
	Total		Percent		Male		Percent Male		Female
Label	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Total population	6,651,089	*****	(X)	(X)	3,243,678	±1,143	(X)	(X)	3,407,411
AGE									
Under 5 years	403,591	±814	6.1%	±0.1	206,076	±722	6.4%	±0.1	197,515
5 to 9 years	412,789	±3,685	6.2%	±0.1	211,506	±2,543	6.5%	±0.1	201,283
10 to 14 years	427,445	±3,685	6.4%	±0.1	217,232	±2,548	6.7%	±0.1	210,213
15 to 19 years	424,822	±1,225	6.4%	±0.1	217,718	±887	6.7%	±0.1	207,104
20 to 24 years	451,736	±1,106	6.8%	±0.1	227,896	±861	7.0%	±0.1	223,840
25 to 29 years	463,902	±1,115	7.0%	±0.1	230,485	±765	7.1%	±0.1	233,417
30 to 34 years	429,109	±989	6.5%	±0.1	211,847	±707	6.5%	±0.1	217,262
35 to 39 years	421,517	±3,573	6.3%	±0.1	206,381	±2,280	6.4%	±0.1	215,136
40 to 44 years	416,659	±3,597	6.3%	±0.1	207,751	±2,306	6.4%	±0.1	208,908
45 to 49 years	437,508	±1,014	6.6%	±0.1	215,466	±759	6.6%	±0.1	222,042
50 to 54 years	452,747	±805	6.8%	±0.1	219,604	±605	6.8%	±0.1	233,143
55 to 59 years	448,270	±3,419	6.7%	±0.1	213,346	±2,365	6.6%	±0.1	234,924
60 to 64 years	415,781	±3,430	6.3%	±0.1	197,668	±2,489	6.1%	±0.1	218,113
65 to 69 years	360,788	±3,206	5.4%	±0.1	171,224	±1,815	5.3%	±0.1	189,564
70 to 74 years	264,939	±3,018	4.0%	±0.1	121,065	±1,728	3.7%	±0.1	143,874
75 to 79 years	184,381	±2,034	2.8%	±0.1	82,041	±1,152	2.5%	±0.1	102,340
80 to 84 years	122,520	±1,841	1.8%	±0.1	49,804	±1,058	1.5%	±0.1	72,716
85 years and over	112,585	±1,981	1.7%	±0.1	36,568	±1,062	1.1%	±0.1	76,017
SELECTED AGE CATEGORIES									
5 to 14 years	840,234	±922	12.6%	±0.1	428,738	±618	13.2%	±0.1	411,496
15 to 17 years	257,569	±634	3.9%	±0.1	131,783	±484	4.1%	±0.1	125,786
Under 18 years	1,501,394	±805	22.6%	±0.1	766,597	±817	23.6%	±0.1	734,797
18 to 24 years	618,989	±1,250	9.3%	±0.1	313,831	±820	9.7%	±0.1	305,158
15 to 44 years	2,607,745	±1,303	39.2%	±0.1	1,302,078	±1,123	40.1%	±0.1	1,305,667
16 years and over	5,321,857	±1,695	80.0%	±0.1	2,565,714	±1,642	79.1%	±0.1	2,756,143
18 years and over	5,149,695	±805	77.4%	±0.1	2,477,081	±893	76.4%	±0.1	2,672,614
21 years and over	4,889,932	±2,344	73.5%	±0.1	2,343,483	±1,760	72.2%	±0.1	2,546,449
60 years and over	1,460,994	±3,495	22.0%	±0.1	658,370	±2,508	20.3%	±0.1	802,624
62 years and over	1,289,180	±3,184	19.4%	±0.1	576,521	±2,150	17.8%	±0.1	712,659
65 years and over	1,045,213	±789	15.7%	±0.1	460,702	±574	14.2%	±0.1	584,511
75 years and over	419,486	±592	6.3%	±0.1	168,413	±438	5.2%	±0.1	251,073
SUMMARY INDICATORS									
Median age (years)	38.7	±0.2	(X)	(X)	37.4	±0.2	(X)	(X)	39.9
Sex ratio (males per 100 females)	95.2	±0.1	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age dependency ratio	62.0	±0.1	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Old-age dependency ratio	25.5	±0.1	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Child dependency ratio	36.6	±0.1	(X)	(X)	(X)	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	0.1%	(X)	(X)	(X)	(X)	(X)	(X)
Age	(X)	(X)	1.5%	(X)	(X)	(X)	(X)	(X)	(X)

		Cheatham County, Tennessee							
		Percent Female		Total		Percent		Male	
Label	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total population	±1,143	(X)	(X)	39,929	*****	(X)	(X)	19,817	±124
AGE									
Under 5 years	±772	5.8%	±0.1	2,109	±46	5.3%	±0.1	1,117	±44
5 to 9 years	±2,517	5.9%	±0.1	2,391	±264	6.0%	±0.7	1,280	±188
10 to 14 years	±2,574	6.2%	±0.1	2,868	±287	7.2%	±0.7	1,317	±191
15 to 19 years	±1,033	6.1%	±0.1	2,548	±73	6.4%	±0.2	1,390	±72
20 to 24 years	±699	6.6%	±0.1	2,219	±70	5.6%	±0.2	1,101	±24
25 to 29 years	±708	6.9%	±0.1	2,420	±68	6.1%	±0.2	1,264	±64
30 to 34 years	±754	6.4%	±0.1	2,570	±133	6.4%	±0.3	1,278	±105
35 to 39 years	±2,168	6.3%	±0.1	2,572	±293	6.4%	±0.7	1,282	±186
40 to 44 years	±2,157	6.1%	±0.1	2,565	±300	6.4%	±0.8	1,239	±181
45 to 49 years	±598	6.5%	±0.1	2,927	±86	7.3%	±0.2	1,471	±57
50 to 54 years	±496	6.8%	±0.1	3,392	±92	8.5%	±0.2	1,657	±59
55 to 59 years	±2,203	6.9%	±0.1	3,274	±248	8.2%	±0.6	1,558	±160
60 to 64 years	±2,194	6.4%	±0.1	2,420	±249	6.1%	±0.6	1,239	±161
65 to 69 years	±2,183	5.6%	±0.1	2,255	±202	5.6%	±0.5	1,184	±139
70 to 74 years	±2,049	4.2%	±0.1	1,369	±189	3.4%	±0.5	595	±132
75 to 79 years	±1,700	3.0%	±0.1	930	±133	2.3%	±0.3	457	±88
80 to 84 years	±1,476	2.1%	±0.1	661	±143	1.7%	±0.4	293	±93
85 years and over	±1,519	2.2%	±0.1	439	±101	1.1%	±0.3	95	±54
SELECTED AGE CATEGORIES									
5 to 14 years	±751	12.1%	±0.1	5,259	±135	13.2%	±0.3	2,597	±65
15 to 17 years	±589	3.7%	±0.1	1,706	±57	4.3%	±0.1	907	±55
Under 18 years	±916	21.6%	±0.1	9,074	±111	22.7%	±0.3	4,621	±94
18 to 24 years	±842	9.0%	±0.1	3,061	±71	7.7%	±0.2	1,584	±36
15 to 44 years	±1,199	38.3%	±0.1	14,894	±176	37.3%	±0.4	7,554	±124
16 years and over	±1,505	80.9%	±0.1	32,014	±182	80.2%	±0.5	15,805	±165
18 years and over	±936	78.4%	±0.1	30,855	±111	77.3%	±0.3	15,196	±119
21 years and over	±1,876	74.7%	±0.1	29,309	±222	73.4%	±0.6	14,384	±181
60 years and over	±2,283	23.6%	±0.1	8,074	±275	20.2%	±0.7	3,863	±181
62 years and over	±2,056	20.9%	±0.1	7,046	±221	17.6%	±0.6	3,285	±144
65 years and over	±581	17.2%	±0.1	5,654	±108	14.2%	±0.3	2,624	±69
75 years and over	±395	7.4%	±0.1	2,030	±85	5.1%	±0.2	845	±57
SUMMARY INDICATORS									
Median age (years)	±0.2	(X)	(X)	40.4	±0.5	(X)	(X)	39.5	±0.8
Sex ratio (males per 100 females)	(X)	(X)	(X)	98.5	±1.2	(X)	(X)	(X)	(X)
Age dependency ratio	(X)	(X)	(X)	58.4	±1.0	(X)	(X)	(X)	(X)
Old-age dependency ratio	(X)	(X)	(X)	22.4	±0.5	(X)	(X)	(X)	(X)
Child dependency ratio	(X)	(X)	(X)	36.0	±0.6	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	(X)	(X)	(X)	0.1%	(X)	(X)	(X)
Age	(X)	(X)	(X)	(X)	(X)	3.0%	(X)	(X)	(X)

							Davidson County, Tennessee		
	Percent Male		Female		Percent Female		Total		Percent
Label	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Total population	(X)	(X)	20,112	±124	(X)	(X)	684,017	*****	(X)
AGE									
Under 5 years	5.6%	±0.2	992	±29	4.9%	±0.1	46,442	±65	6.8%
5 to 9 years	6.5%	±0.9	1,111	±190	5.5%	±0.9	41,615	±1,135	6.1%
10 to 14 years	6.6%	±1.0	1,551	±172	7.7%	±0.8	36,702	±1,145	5.4%
15 to 19 years	7.0%	±0.3	1,158	±29	5.8%	±0.1	38,640	±118	5.6%
20 to 24 years	5.6%	±0.1	1,118	±67	5.6%	±0.3	50,675	±140	7.4%
25 to 29 years	6.4%	±0.3	1,156	±48	5.7%	±0.2	71,648	±138	10.5%
30 to 34 years	6.4%	±0.5	1,292	±81	6.4%	±0.4	63,302	±102	9.3%
35 to 39 years	6.5%	±0.9	1,290	±177	6.4%	±0.9	51,211	±1,171	7.5%
40 to 44 years	6.3%	±0.9	1,326	±184	6.6%	±0.9	42,425	±1,180	6.2%
45 to 49 years	7.4%	±0.3	1,456	±46	7.2%	±0.2	40,999	±50	6.0%
50 to 54 years	8.4%	±0.3	1,735	±73	8.6%	±0.4	41,791	±104	6.1%
55 to 59 years	7.9%	±0.8	1,716	±172	8.5%	±0.9	42,316	±949	6.2%
60 to 64 years	6.3%	±0.8	1,181	±177	5.9%	±0.9	36,360	±959	5.3%
65 to 69 years	6.0%	±0.7	1,071	±121	5.3%	±0.6	29,024	±731	4.2%
70 to 74 years	3.0%	±0.7	774	±122	3.8%	±0.6	18,725	±735	2.7%
75 to 79 years	2.3%	±0.4	473	±88	2.4%	±0.4	13,361	±687	2.0%
80 to 84 years	1.5%	±0.5	368	±96	1.8%	±0.5	9,329	±628	1.4%
85 years and over	0.5%	±0.3	344	±86	1.7%	±0.4	9,452	±538	1.4%
SELECTED AGE CATEGORIES									
5 to 14 years	13.1%	±0.3	2,662	±117	13.2%	±0.5	78,317	±86	11.4%
15 to 17 years	4.6%	±0.3	799	±28	4.0%	±0.1	20,731	±70	3.0%
Under 18 years	23.3%	±0.4	4,453	±125	22.1%	±0.5	145,490	*****	21.3%
18 to 24 years	8.0%	±0.2	1,477	±67	7.3%	±0.3	68,584	±151	10.0%
15 to 44 years	38.1%	±0.5	7,340	±115	36.5%	±0.5	317,901	±117	46.5%
16 years and over	79.8%	±0.6	16,209	±133	80.6%	±0.7	552,221	±464	80.7%
18 years and over	76.7%	±0.4	15,659	±102	77.9%	±0.5	538,527	*****	78.7%
21 years and over	72.6%	±0.8	14,925	±156	74.2%	±0.8	512,137	±742	74.9%
60 years and over	19.5%	±0.9	4,211	±180	20.9%	±0.9	116,251	±959	17.0%
62 years and over	16.6%	±0.7	3,761	±141	18.7%	±0.7	99,397	±852	14.5%
65 years and over	13.2%	±0.3	3,030	±60	15.1%	±0.3	79,891	±5	11.7%
75 years and over	4.3%	±0.3	1,185	±54	5.9%	±0.3	32,142	±64	4.7%
SUMMARY INDICATORS									
Median age (years)	(X)	(X)	41.2	±1.0	(X)	(X)	34.3	±0.2	(X)
Sex ratio (males per 100 females)	(X)	(X)	(X)	(X)	(X)	(X)	93.2	±0.1	(X)
Age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	49.1	±0.1	(X)
Old-age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	17.4	±0.1	(X)
Child dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	31.7	±0.1	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	0.1%
Age	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	1.7%

		Male		Percent Male		Female		Percent Female	
Label	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total population	(X)	329,948	±105	(X)	(X)	354,069	±105	(X)	(X)
AGE									
Under 5 years	±0.1	23,612	±101	7.2%	±0.1	22,830	±88	6.4%	±0.1
5 to 9 years	±0.2	20,730	±708	6.3%	±0.2	20,885	±716	5.9%	±0.2
10 to 14 years	±0.2	18,780	±707	5.7%	±0.2	17,922	±728	5.1%	±0.2
15 to 19 years	±0.1	19,505	±74	5.9%	±0.1	19,135	±94	5.4%	±0.1
20 to 24 years	±0.1	24,121	±98	7.3%	±0.1	26,554	±101	7.5%	±0.1
25 to 29 years	±0.1	33,959	±101	10.3%	±0.1	37,689	±90	10.6%	±0.1
30 to 34 years	±0.1	31,314	±29	9.5%	±0.1	31,988	±97	9.0%	±0.1
35 to 39 years	±0.2	25,227	±767	7.6%	±0.2	25,984	±848	7.3%	±0.2
40 to 44 years	±0.2	21,847	±759	6.6%	±0.2	20,578	±862	5.8%	±0.2
45 to 49 years	±0.1	20,338	±47	6.2%	±0.1	20,661	±16	5.8%	±0.1
50 to 54 years	±0.1	20,318	±74	6.2%	±0.1	21,473	±70	6.1%	±0.1
55 to 59 years	±0.1	19,426	±593	5.9%	±0.2	22,890	±619	6.5%	±0.2
60 to 64 years	±0.1	17,329	±606	5.3%	±0.2	19,031	±620	5.4%	±0.2
65 to 69 years	±0.1	13,209	±385	4.0%	±0.1	15,815	±495	4.5%	±0.1
70 to 74 years	±0.1	8,297	±396	2.5%	±0.1	10,428	±488	2.9%	±0.1
75 to 79 years	±0.1	5,478	±359	1.7%	±0.1	7,883	±515	2.2%	±0.1
80 to 84 years	±0.1	3,464	±313	1.0%	±0.1	5,865	±503	1.7%	±0.1
85 years and over	±0.1	2,994	±315	0.9%	±0.1	6,458	±443	1.8%	±0.1
SELECTED AGE CATEGORIES									
5 to 14 years	±0.1	39,510	±69	12.0%	±0.1	38,807	±63	11.0%	±0.1
15 to 17 years	±0.1	10,603	±56	3.2%	±0.1	10,128	±68	2.9%	±0.1
Under 18 years	*****	73,725	±108	22.3%	±0.1	71,765	±109	20.3%	±0.1
18 to 24 years	±0.1	33,023	±106	10.0%	±0.1	35,561	±96	10.0%	±0.1
15 to 44 years	±0.1	155,973	±98	47.3%	±0.1	161,928	±83	45.7%	±0.1
16 years and over	±0.1	263,151	±373	79.8%	±0.1	289,070	±325	81.6%	±0.1
18 years and over	*****	256,223	±42	77.7%	±0.1	282,304	±43	79.7%	±0.1
21 years and over	±0.1	242,969	±448	73.6%	±0.1	269,168	±511	76.0%	±0.1
60 years and over	±0.1	50,771	±606	15.4%	±0.2	65,480	±620	18.5%	±0.2
62 years and over	±0.1	42,604	±529	12.9%	±0.2	56,793	±610	16.0%	±0.2
65 years and over	±0.1	33,442	±3	10.1%	±0.1	46,449	±4	13.1%	±0.1
75 years and over	±0.1	11,936	±55	3.6%	±0.1	20,206	±37	5.7%	±0.1
SUMMARY INDICATORS									
Median age (years)	(X)	33.7	±0.2	(X)	(X)	35.0	±0.1	(X)	(X)
Sex ratio (males per 100 females)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Old-age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Child dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)

Dickson County, Tennessee									
	Total		Percent		Male		Percent Male		Female
Label	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Total population	51,988	*****	(X)	(X)	25,458	±230	(X)	(X)	26,530
AGE									
Under 5 years	3,200	±183	6.2%	±0.4	1,553	±122	6.1%	±0.5	1,647
5 to 9 years	2,914	±346	5.6%	±0.7	1,460	±250	5.7%	±1.0	1,454
10 to 14 years	3,923	±324	7.5%	±0.6	2,073	±233	8.1%	±0.9	1,850
15 to 19 years	3,391	±204	6.5%	±0.4	1,952	±192	7.7%	±0.8	1,439
20 to 24 years	3,002	±157	5.8%	±0.3	1,500	±99	5.9%	±0.4	1,502
25 to 29 years	3,356	±157	6.5%	±0.3	1,634	±79	6.4%	±0.3	1,722
30 to 34 years	3,167	±115	6.1%	±0.2	1,472	±51	5.8%	±0.2	1,695
35 to 39 years	3,475	±337	6.7%	±0.6	1,740	±194	6.8%	±0.8	1,735
40 to 44 years	3,023	±299	5.8%	±0.6	1,487	±168	5.8%	±0.7	1,536
45 to 49 years	3,686	±138	7.1%	±0.3	1,818	±94	7.1%	±0.4	1,868
50 to 54 years	3,805	±114	7.3%	±0.2	1,827	±47	7.2%	±0.2	1,978
55 to 59 years	3,729	±289	7.2%	±0.6	1,751	±177	6.9%	±0.7	1,978
60 to 64 years	3,266	±298	6.3%	±0.6	1,603	±179	6.3%	±0.7	1,663
65 to 69 years	2,896	±268	5.6%	±0.5	1,332	±188	5.2%	±0.7	1,564
70 to 74 years	1,991	±260	3.8%	±0.5	907	±196	3.6%	±0.8	1,084
75 to 79 years	1,323	±176	2.5%	±0.3	659	±127	2.6%	±0.5	664
80 to 84 years	1,043	±143	2.0%	±0.3	461	±97	1.8%	±0.4	582
85 years and over	798	±182	1.5%	±0.4	229	±91	0.9%	±0.4	569
SELECTED AGE CATEGORIES									
5 to 14 years	6,837	±225	13.2%	±0.4	3,533	±193	13.9%	±0.7	3,304
15 to 17 years	2,242	±133	4.3%	±0.3	1,247	±125	4.9%	±0.5	995
Under 18 years	12,279	±73	23.6%	±0.1	6,333	±231	24.9%	±0.7	5,946
18 to 24 years	4,151	±258	8.0%	±0.5	2,205	±152	8.7%	±0.6	1,946
15 to 44 years	19,414	±192	37.3%	±0.4	9,785	±139	38.4%	±0.6	9,629
16 years and over	41,190	±196	79.2%	±0.4	19,886	±170	78.1%	±0.9	21,304
18 years and over	39,709	±73	76.4%	±0.1	19,125	±88	75.1%	±0.7	20,584
21 years and over	37,652	±293	72.4%	±0.6	17,975	±193	70.6%	±0.7	19,677
60 years and over	11,317	±302	21.8%	±0.6	5,191	±192	20.4%	±0.8	6,126
62 years and over	9,897	±268	19.0%	±0.5	4,443	±185	17.5%	±0.8	5,454
65 years and over	8,051	±139	15.5%	±0.3	3,588	±79	14.1%	±0.3	4,463
75 years and over	3,164	±69	6.1%	±0.1	1,349	±66	5.3%	±0.3	1,815
SUMMARY INDICATORS									
Median age (years)	39.4	±0.4	(X)	(X)	38.4	±0.4	(X)	(X)	40.8
Sex ratio (males per 100 females)	96.0	±1.7	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age dependency ratio	64.2	±0.8	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Old-age dependency ratio	25.4	±0.5	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Child dependency ratio	38.8	±0.3	(X)	(X)	(X)	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	0.0%	(X)	(X)	(X)	(X)	(X)	(X)
Age	(X)	(X)	2.9%	(X)	(X)	(X)	(X)	(X)	(X)



Macon County, Tennessee									
	Percent Female			Total		Percent		Male	
Label	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total population	±230	(X)	(X)	23,487	*****	(X)	(X)	11,544	±150
AGE									
Under 5 years	±191	6.2%	±0.7	1,685	±147	7.2%	±0.6	820	±69
5 to 9 years	±231	5.5%	±0.9	1,561	±225	6.6%	±1.0	724	±158
10 to 14 years	±231	7.0%	±0.9	1,551	±293	6.6%	±1.2	936	±210
15 to 19 years	±72	5.4%	±0.3	1,423	±39	6.1%	±0.2	754	±39
20 to 24 years	±132	5.7%	±0.5	1,446	±90	6.2%	±0.4	695	±65
25 to 29 years	±118	6.5%	±0.5	1,507	±102	6.4%	±0.4	727	±43
30 to 34 years	±94	6.4%	±0.4	1,559	±134	6.6%	±0.6	756	±35
35 to 39 years	±235	6.5%	±0.9	1,182	±244	5.0%	±1.0	574	±182
40 to 44 years	±224	5.8%	±0.8	1,538	±247	6.5%	±1.1	792	±186
45 to 49 years	±86	7.0%	±0.3	1,641	±72	7.0%	±0.3	855	±47
50 to 54 years	±86	7.5%	±0.3	1,646	±39	7.0%	±0.2	813	±29
55 to 59 years	±197	7.5%	±0.7	1,577	±211	6.7%	±0.9	687	±140
60 to 64 years	±194	6.3%	±0.7	1,505	±214	6.4%	±0.9	798	±129
65 to 69 years	±172	5.9%	±0.7	1,202	±117	5.1%	±0.5	549	±89
70 to 74 years	±166	4.1%	±0.6	1,047	±130	4.5%	±0.6	496	±93
75 to 79 years	±132	2.5%	±0.5	733	±138	3.1%	±0.6	317	±85
80 to 84 years	±110	2.2%	±0.4	298	±83	1.3%	±0.4	100	±50
85 years and over	±142	2.1%	±0.5	386	±121	1.6%	±0.5	151	±67
SELECTED AGE CATEGORIES									
5 to 14 years	±152	12.5%	±0.5	3,112	±174	13.2%	±0.7	1,660	±139
15 to 17 years	±65	3.8%	±0.2	921	±25	3.9%	±0.1	483	±25
Under 18 years	±226	22.4%	±0.7	5,718	±112	24.3%	±0.5	2,963	±116
18 to 24 years	±134	7.3%	±0.5	1,948	±94	8.3%	±0.4	966	±74
15 to 44 years	±117	36.3%	±0.5	8,655	±106	36.9%	±0.5	4,298	±74
16 years and over	±133	80.3%	±0.9	18,415	±194	78.4%	±0.8	8,922	±147
18 years and over	±80	77.6%	±0.7	17,769	±112	75.7%	±0.5	8,581	±110
21 years and over	±184	74.2%	±1.1	17,119	±141	72.9%	±0.6	8,245	±124
60 years and over	±194	23.1%	±0.8	5,171	±224	22.0%	±1.0	2,411	±146
62 years and over	±174	20.6%	±0.7	4,560	±182	19.4%	±0.8	2,009	±106
65 years and over	±99	16.8%	±0.4	3,666	±81	15.6%	±0.3	1,613	±58
75 years and over	±19	6.8%	±0.1	1,417	±63	6.0%	±0.3	568	±54
SUMMARY INDICATORS									
Median age (years)	±0.8	(X)	(X)	39.4	±0.9	(X)	(X)	38.1	±2.0
Sex ratio (males per 100 females)	(X)	(X)	(X)	96.7	±2.5	(X)	(X)	(X)	(X)
Age dependency ratio	(X)	(X)	(X)	66.5	±1.4	(X)	(X)	(X)	(X)
Old-age dependency ratio	(X)	(X)	(X)	26.0	±0.7	(X)	(X)	(X)	(X)
Child dependency ratio	(X)	(X)	(X)	40.5	±1.1	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	(X)	(X)	(X)	0.0%	(X)	(X)	(X)
Age	(X)	(X)	(X)	(X)	(X)	0.7%	(X)	(X)	(X)

							Maury County, Tennessee		
	Percent Male		Female		Percent Female		Total		Percent
Label	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Total population	(X)	(X)	11,943	±150	(X)	(X)	89,776	*****	(X)
AGE									
Under 5 years	7.1%	±0.6	865	±110	7.2%	±0.9	5,951	±94	6.6%
5 to 9 years	6.3%	±1.4	837	±128	7.0%	±1.1	5,682	±408	6.3%
10 to 14 years	8.1%	±1.8	615	±148	5.1%	±1.2	6,016	±406	6.7%
15 to 19 years	6.5%	±0.3	669	±23	5.6%	±0.1	5,171	±181	5.8%
20 to 24 years	6.0%	±0.6	751	±46	6.3%	±0.4	5,102	±169	5.7%
25 to 29 years	6.3%	±0.4	780	±90	6.5%	±0.7	6,158	±188	6.9%
30 to 34 years	6.5%	±0.3	803	±121	6.7%	±1.0	5,844	±139	6.5%
35 to 39 years	5.0%	±1.6	608	±158	5.1%	±1.3	6,151	±445	6.9%
40 to 44 years	6.9%	±1.6	746	±155	6.2%	±1.3	5,493	±445	6.1%
45 to 49 years	7.4%	±0.4	786	±30	6.6%	±0.3	5,599	±158	6.2%
50 to 54 years	7.0%	±0.3	833	±30	7.0%	±0.3	6,253	±161	7.0%
55 to 59 years	6.0%	±1.2	890	±119	7.5%	±1.0	6,712	±383	7.5%
60 to 64 years	6.9%	±1.1	707	±160	5.9%	±1.3	5,928	±389	6.6%
65 to 69 years	4.8%	±0.8	653	±87	5.5%	±0.7	4,693	±312	5.2%
70 to 74 years	4.3%	±0.8	551	±93	4.6%	±0.8	3,679	±305	4.1%
75 to 79 years	2.7%	±0.7	416	±102	3.5%	±0.9	2,358	±216	2.6%
80 to 84 years	0.9%	±0.4	198	±69	1.7%	±0.6	1,541	±204	1.7%
85 years and over	1.3%	±0.6	235	±98	2.0%	±0.8	1,445	±225	1.6%
SELECTED AGE CATEGORIES									
5 to 14 years	14.4%	±1.1	1,452	±108	12.2%	±0.9	11,698	±66	13.0%
15 to 17 years	4.2%	±0.2	438	±23	3.7%	±0.1	3,376	±53	3.8%
Under 18 years	25.7%	±0.8	2,755	±153	23.1%	±1.2	21,025	±4	23.4%
18 to 24 years	8.4%	±0.6	982	±46	8.2%	±0.4	6,897	±173	7.7%
15 to 44 years	37.2%	±0.7	4,357	±109	36.5%	±0.9	33,919	±188	37.8%
16 years and over	77.3%	±1.2	9,493	±185	79.5%	±1.4	70,862	±234	78.9%
18 years and over	74.3%	±0.8	9,188	±161	76.9%	±1.2	68,751	±4	76.6%
21 years and over	71.4%	±1.0	8,874	±173	74.3%	±1.3	65,987	±315	73.5%
60 years and over	20.9%	±1.2	2,760	±167	23.1%	±1.3	19,644	±395	21.9%
62 years and over	17.4%	±0.9	2,551	±156	21.4%	±1.2	17,009	±339	18.9%
65 years and over	14.0%	±0.5	2,053	±63	17.2%	±0.5	13,716	±118	15.3%
75 years and over	4.9%	±0.4	849	±33	7.1%	±0.3	5,344	±77	6.0%
SUMMARY INDICATORS									
Median age (years)	(X)	(X)	40.3	±1.2	(X)	(X)	38.8	±0.4	(X)
Sex ratio (males per 100 females)	(X)	(X)	(X)	(X)	(X)	(X)	92.4	±0.7	(X)
Age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	63.1	±0.4	(X)
Old-age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	24.9	±0.3	(X)
Child dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	38.2	±0.1	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	0.0%
Age	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	3.0%

		Male		Percent Male		Female		Percent Female	
Label	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total population	(X)	43,111	±172	(X)	(X)	46,665	±172	(X)	(X)
AGE									
Under 5 years	±0.1	3,004	±100	7.0%	±0.2	2,947	±28	6.3%	±0.1
5 to 9 years	±0.5	2,991	±285	6.9%	±0.7	2,691	±277	5.8%	±0.6
10 to 14 years	±0.5	2,951	±278	6.8%	±0.6	3,065	±276	6.6%	±0.6
15 to 19 years	±0.2	2,638	±160	6.1%	±0.4	2,533	±208	5.4%	±0.4
20 to 24 years	±0.2	2,567	±114	6.0%	±0.3	2,535	±136	5.4%	±0.3
25 to 29 years	±0.2	2,848	±74	6.6%	±0.2	3,310	±169	7.1%	±0.4
30 to 34 years	±0.2	2,840	±64	6.6%	±0.2	3,004	±130	6.4%	±0.3
35 to 39 years	±0.5	3,056	±270	7.1%	±0.6	3,095	±284	6.6%	±0.6
40 to 44 years	±0.5	2,703	±271	6.3%	±0.6	2,790	±281	6.0%	±0.6
45 to 49 years	±0.2	2,764	±89	6.4%	±0.2	2,835	±91	6.1%	±0.2
50 to 54 years	±0.2	2,770	±67	6.4%	±0.2	3,483	±130	7.5%	±0.3
55 to 59 years	±0.4	3,132	±242	7.3%	±0.6	3,580	±270	7.7%	±0.6
60 to 64 years	±0.4	2,845	±279	6.6%	±0.6	3,083	±242	6.6%	±0.5
65 to 69 years	±0.3	2,287	±223	5.3%	±0.5	2,406	±181	5.2%	±0.4
70 to 74 years	±0.3	1,640	±213	3.8%	±0.5	2,039	±204	4.4%	±0.4
75 to 79 years	±0.2	1,112	±122	2.6%	±0.3	1,246	±180	2.7%	±0.4
80 to 84 years	±0.2	555	±125	1.3%	±0.3	986	±170	2.1%	±0.4
85 years and over	±0.3	408	±93	0.9%	±0.2	1,037	±183	2.2%	±0.4
SELECTED AGE CATEGORIES									
5 to 14 years	±0.1	5,942	±57	13.8%	±0.1	5,756	±25	12.3%	±0.1
15 to 17 years	±0.1	1,727	±116	4.0%	±0.3	1,649	±131	3.5%	±0.3
Under 18 years	±0.1	10,673	±141	24.8%	±0.3	10,352	±142	22.2%	±0.3
18 to 24 years	±0.2	3,478	±77	8.1%	±0.2	3,419	±152	7.3%	±0.3
15 to 44 years	±0.2	16,652	±151	38.6%	±0.3	17,267	±183	37.0%	±0.4
16 years and over	±0.3	33,500	±227	77.7%	±0.4	37,362	±238	80.1%	±0.4
18 years and over	±0.1	32,438	±137	75.2%	±0.3	36,313	±137	77.8%	±0.3
21 years and over	±0.4	31,054	±261	72.0%	±0.6	34,933	±299	74.9%	±0.6
60 years and over	±0.4	8,847	±284	20.5%	±0.6	10,797	±269	23.1%	±0.6
62 years and over	±0.4	7,493	±213	17.4%	±0.5	9,516	±275	20.4%	±0.6
65 years and over	±0.1	6,002	±54	13.9%	±0.1	7,714	±114	16.5%	±0.2
75 years and over	±0.1	2,075	±4	4.8%	±0.1	3,269	±77	7.0%	±0.2
SUMMARY INDICATORS									
Median age (years)	(X)	37.8	±0.6	(X)	(X)	40.2	±0.5	(X)	(X)
Sex ratio (males per 100 females)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Old-age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Child dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)

Montgomery County, Tennessee									
	Total		Percent		Male		Percent Male		Female
Label	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Total population	196,387	*****	(X)	(X)	98,123	±108	(X)	(X)	98,264
AGE									
Under 5 years	16,696	±123	8.5%	±0.1	8,618	±78	8.8%	±0.1	8,078
5 to 9 years	14,697	±664	7.5%	±0.3	7,323	±465	7.5%	±0.5	7,374
10 to 14 years	13,965	±626	7.1%	±0.3	7,210	±461	7.3%	±0.5	6,755
15 to 19 years	12,447	±108	6.3%	±0.1	6,250	±95	6.4%	±0.1	6,197
20 to 24 years	17,481	±146	8.9%	±0.1	9,260	±108	9.4%	±0.1	8,221
25 to 29 years	20,575	±206	10.5%	±0.1	10,802	±98	11.0%	±0.1	9,773
30 to 34 years	17,252	±172	8.8%	±0.1	8,839	±57	9.0%	±0.1	8,413
35 to 39 years	13,196	±569	6.7%	±0.3	6,860	±419	7.0%	±0.4	6,336
40 to 44 years	12,668	±577	6.5%	±0.3	6,101	±427	6.2%	±0.4	6,567
45 to 49 years	11,061	±159	5.6%	±0.1	5,438	±152	5.5%	±0.2	5,623
50 to 54 years	10,784	±65	5.5%	±0.1	5,173	±44	5.3%	±0.1	5,611
55 to 59 years	9,506	±555	4.8%	±0.3	4,725	±360	4.8%	±0.4	4,781
60 to 64 years	8,563	±532	4.4%	±0.3	3,720	±345	3.8%	±0.4	4,843
65 to 69 years	6,835	±425	3.5%	±0.2	3,326	±254	3.4%	±0.3	3,509
70 to 74 years	3,946	±371	2.0%	±0.2	1,698	±231	1.7%	±0.2	2,248
75 to 79 years	3,246	±274	1.7%	±0.1	1,461	±189	1.5%	±0.2	1,785
80 to 84 years	1,749	±222	0.9%	±0.1	736	±163	0.8%	±0.2	1,013
85 years and over	1,720	±234	0.9%	±0.1	583	±138	0.6%	±0.1	1,137
SELECTED AGE CATEGORIES									
5 to 14 years	28,662	±139	14.6%	±0.1	14,533	±92	14.8%	±0.1	14,129
15 to 17 years	7,594	±47	3.9%	±0.1	3,870	±62	3.9%	±0.1	3,724
Under 18 years	52,952	*****	27.0%	*****	27,021	±71	27.5%	±0.1	25,931
18 to 24 years	22,334	±127	11.4%	±0.1	11,640	±92	11.9%	±0.1	10,694
15 to 44 years	93,619	±173	47.7%	±0.1	48,112	±163	49.0%	±0.2	45,507
16 years and over	148,439	±276	75.6%	±0.1	73,649	±237	75.1%	±0.2	74,790
18 years and over	143,435	*****	73.0%	*****	71,102	±81	72.5%	±0.1	72,333
21 years and over	135,357	±442	68.9%	±0.2	67,208	±351	68.5%	±0.3	68,149
60 years and over	26,059	±558	13.3%	±0.3	11,524	±366	11.7%	±0.4	14,535
62 years and over	22,310	±517	11.4%	±0.3	9,937	±337	10.1%	±0.3	12,373
65 years and over	17,496	±92	8.9%	±0.1	7,804	±86	8.0%	±0.1	9,692
75 years and over	6,715	±124	3.4%	±0.1	2,780	±76	2.8%	±0.1	3,935
SUMMARY INDICATORS									
Median age (years)	30.6	±0.1	(X)	(X)	29.8	±0.1	(X)	(X)	31.4
Sex ratio (males per 100 females)	99.9	±0.2	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age dependency ratio	55.9	±0.1	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Old-age dependency ratio	13.9	±0.1	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Child dependency ratio	42.0	±0.1	(X)	(X)	(X)	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	0.1%	(X)	(X)	(X)	(X)	(X)	(X)
Age	(X)	(X)	2.0%	(X)	(X)	(X)	(X)	(X)	(X)

		Robertson County, Tennessee							
		Percent Female		Total		Percent		Male	
Label	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total population	±108	(X)	(X)	69,344	*****	(X)	(X)	34,287	±114
AGE									
Under 5 years	±67	8.2%	±0.1	4,408	±44	6.4%	±0.1	2,284	±44
5 to 9 years	±453	7.5%	±0.5	4,531	±306	6.5%	±0.4	2,418	±216
10 to 14 years	±438	6.9%	±0.4	5,051	±301	7.3%	±0.4	2,486	±214
15 to 19 years	±93	6.3%	±0.1	4,640	±142	6.7%	±0.2	2,419	±145
20 to 24 years	±86	8.4%	±0.1	3,817	±125	5.5%	±0.2	1,877	±106
25 to 29 years	±135	9.9%	±0.1	4,355	±114	6.3%	±0.2	2,230	±97
30 to 34 years	±150	8.6%	±0.2	4,379	±65	6.3%	±0.1	2,190	±10
35 to 39 years	±437	6.4%	±0.4	4,417	±435	6.4%	±0.6	2,266	±293
40 to 44 years	±439	6.7%	±0.4	4,632	±423	6.7%	±0.6	2,189	±263
45 to 49 years	±28	5.7%	±0.1	4,819	±152	6.9%	±0.2	2,426	±100
50 to 54 years	±46	5.7%	±0.1	5,131	±125	7.4%	±0.2	2,451	±87
55 to 59 years	±357	4.9%	±0.4	5,129	±305	7.4%	±0.4	2,647	±183
60 to 64 years	±359	4.9%	±0.4	4,282	±285	6.2%	±0.4	1,961	±176
65 to 69 years	±258	3.6%	±0.3	3,642	±275	5.3%	±0.4	1,814	±175
70 to 74 years	±236	2.3%	±0.2	2,352	±263	3.4%	±0.4	1,072	±163
75 to 79 years	±204	1.8%	±0.2	1,748	±175	2.5%	±0.3	812	±100
80 to 84 years	±159	1.0%	±0.2	1,203	±180	1.7%	±0.3	490	±106
85 years and over	±191	1.2%	±0.2	808	±166	1.2%	±0.2	255	±89
SELECTED AGE CATEGORIES									
5 to 14 years	±66	14.4%	±0.1	9,582	±59	13.8%	±0.1	4,904	±57
15 to 17 years	±64	3.8%	±0.1	3,083	±72	4.4%	±0.1	1,558	±110
Under 18 years	±70	26.4%	±0.1	17,073	±32	24.6%	±0.1	8,746	±94
18 to 24 years	±75	10.9%	±0.1	5,374	±110	7.7%	±0.2	2,738	±87
15 to 44 years	±81	46.3%	±0.1	26,240	±178	37.8%	±0.3	13,171	±145
16 years and over	±175	76.1%	±0.2	54,465	±177	78.5%	±0.3	26,621	±157
18 years and over	±82	73.6%	±0.1	52,271	±32	75.4%	±0.1	25,541	±80
21 years and over	±311	69.4%	±0.3	49,815	±228	71.8%	±0.3	24,278	±181
60 years and over	±364	14.8%	±0.4	14,035	±305	20.2%	±0.4	6,404	±181
62 years and over	±296	12.6%	±0.3	12,146	±281	17.5%	±0.4	5,572	±153
65 years and over	±33	9.9%	±0.1	9,753	±89	14.1%	±0.1	4,443	±56
75 years and over	±98	4.0%	±0.1	3,759	±65	5.4%	±0.1	1,557	±47
SUMMARY INDICATORS									
Median age (years)	±0.2	(X)	(X)	39.1	±0.4	(X)	(X)	38.2	±0.5
Sex ratio (males per 100 females)	(X)	(X)	(X)	97.8	±0.6	(X)	(X)	(X)	(X)
Age dependency ratio	(X)	(X)	(X)	63.1	±0.4	(X)	(X)	(X)	(X)
Old-age dependency ratio	(X)	(X)	(X)	22.9	±0.3	(X)	(X)	(X)	(X)
Child dependency ratio	(X)	(X)	(X)	40.2	±0.1	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	(X)	(X)	(X)	0.0%	(X)	(X)	(X)
Age	(X)	(X)	(X)	(X)	(X)	1.4%	(X)	(X)	(X)

							Rutherford County, Tennessee		
	Percent Male		Female		Percent Female		Total		Percent
Label	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Total population	(X)	(X)	35,057	±114	(X)	(X)	307,128	*****	(X)
AGE									
Under 5 years	6.7%	±0.1	2,124	±29	6.1%	±0.1	20,275	±87	6.6%
5 to 9 years	7.1%	±0.6	2,113	±233	6.0%	±0.7	22,251	±920	7.2%
10 to 14 years	7.3%	±0.6	2,565	±231	7.3%	±0.7	21,031	±932	6.8%
15 to 19 years	7.1%	±0.4	2,221	±100	6.3%	±0.3	22,224	±61	7.2%
20 to 24 years	5.5%	±0.3	1,940	±80	5.5%	±0.2	29,543	±84	9.6%
25 to 29 years	6.5%	±0.3	2,125	±45	6.1%	±0.1	23,018	±104	7.5%
30 to 34 years	6.4%	±0.1	2,189	±64	6.2%	±0.2	21,987	±64	7.2%
35 to 39 years	6.6%	±0.9	2,151	±234	6.1%	±0.7	21,484	±888	7.0%
40 to 44 years	6.4%	±0.8	2,443	±239	7.0%	±0.7	22,025	±873	7.2%
45 to 49 years	7.1%	±0.3	2,393	±70	6.8%	±0.2	20,729	±105	6.7%
50 to 54 years	7.1%	±0.2	2,680	±77	7.6%	±0.2	19,640	±85	6.4%
55 to 59 years	7.7%	±0.5	2,482	±196	7.1%	±0.6	17,944	±776	5.8%
60 to 64 years	5.7%	±0.5	2,321	±189	6.6%	±0.5	14,405	±772	4.7%
65 to 69 years	5.3%	±0.5	1,828	±180	5.2%	±0.5	11,120	±513	3.6%
70 to 74 years	3.1%	±0.5	1,280	±169	3.7%	±0.5	8,169	±505	2.7%
75 to 79 years	2.4%	±0.3	936	±136	2.7%	±0.4	5,395	±362	1.8%
80 to 84 years	1.4%	±0.3	713	±136	2.0%	±0.4	3,000	±317	1.0%
85 years and over	0.7%	±0.3	553	±121	1.6%	±0.3	2,888	±353	0.9%
SELECTED AGE CATEGORIES									
5 to 14 years	14.3%	±0.2	4,678	±29	13.3%	±0.1	43,282	±88	14.1%
15 to 17 years	4.5%	±0.3	1,525	±89	4.4%	±0.2	12,900	±49	4.2%
Under 18 years	25.5%	±0.2	8,327	±91	23.8%	±0.2	76,457	*****	24.9%
18 to 24 years	8.0%	±0.3	2,636	±50	7.5%	±0.1	38,867	±83	12.7%
15 to 44 years	38.4%	±0.4	13,069	±129	37.3%	±0.3	140,281	±109	45.7%
16 years and over	77.6%	±0.4	27,844	±143	79.4%	±0.3	239,032	±390	77.8%
18 years and over	74.5%	±0.2	26,730	±72	76.2%	±0.2	230,671	*****	75.1%
21 years and over	70.8%	±0.5	25,537	±158	72.8%	±0.5	215,411	±719	70.1%
60 years and over	18.7%	±0.5	7,631	±208	21.8%	±0.6	44,977	±777	14.6%
62 years and over	16.3%	±0.4	6,574	±211	18.8%	±0.6	38,807	±678	12.6%
65 years and over	13.0%	±0.2	5,310	±55	15.1%	±0.2	30,572	±62	10.0%
75 years and over	4.5%	±0.1	2,202	±42	6.3%	±0.1	11,283	±77	3.7%
SUMMARY INDICATORS									
Median age (years)	(X)	(X)	40.2	±0.5	(X)	(X)	33.3	±0.2	(X)
Sex ratio (males per 100 females)	(X)	(X)	(X)	(X)	(X)	(X)	97.3	±0.1	(X)
Age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	53.5	±0.1	(X)
Old-age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	15.3	±0.1	(X)
Child dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	38.2	±0.1	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	0.0%
Age	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	1.1%

		Male		Percent Male		Female		Percent Female	
Label	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total population	(X)	151,446	±100	(X)	(X)	155,682	±100	(X)	(X)
AGE									
Under 5 years	±0.1	10,417	±87	6.9%	±0.1	9,858	±4	6.3%	±0.1
5 to 9 years	±0.3	11,655	±664	7.7%	±0.4	10,596	±582	6.8%	±0.4
10 to 14 years	±0.3	10,489	±678	6.9%	±0.4	10,542	±591	6.8%	±0.4
15 to 19 years	±0.1	11,360	±43	7.5%	±0.1	10,864	±49	7.0%	±0.1
20 to 24 years	±0.1	14,803	±64	9.8%	±0.1	14,740	±45	9.5%	±0.1
25 to 29 years	±0.1	11,818	±90	7.8%	±0.1	11,200	±37	7.2%	±0.1
30 to 34 years	±0.1	10,807	±46	7.1%	±0.1	11,180	±48	7.2%	±0.1
35 to 39 years	±0.3	10,278	±486	6.8%	±0.3	11,206	±641	7.2%	±0.4
40 to 44 years	±0.3	10,984	±482	7.3%	±0.3	11,041	±638	7.1%	±0.4
45 to 49 years	±0.1	10,221	±76	6.7%	±0.1	10,508	±70	6.7%	±0.1
50 to 54 years	±0.1	9,544	±55	6.3%	±0.1	10,096	±50	6.5%	±0.1
55 to 59 years	±0.3	8,941	±464	5.9%	±0.3	9,003	±499	5.8%	±0.3
60 to 64 years	±0.3	6,606	±461	4.4%	±0.3	7,799	±486	5.0%	±0.3
65 to 69 years	±0.2	5,489	±327	3.6%	±0.2	5,631	±330	3.6%	±0.2
70 to 74 years	±0.2	3,513	±315	2.3%	±0.2	4,656	±334	3.0%	±0.2
75 to 79 years	±0.1	2,308	±220	1.5%	±0.1	3,087	±280	2.0%	±0.2
80 to 84 years	±0.1	1,211	±185	0.8%	±0.1	1,789	±248	1.1%	±0.2
85 years and over	±0.1	1,002	±186	0.7%	±0.1	1,886	±289	1.2%	±0.2
SELECTED AGE CATEGORIES									
5 to 14 years	±0.1	22,144	±114	14.6%	±0.1	21,138	±50	13.6%	±0.1
15 to 17 years	±0.1	6,614	±38	4.4%	±0.1	6,286	±32	4.0%	±0.1
Under 18 years	*****	39,175	±74	25.9%	±0.1	37,282	±74	23.9%	±0.1
18 to 24 years	±0.1	19,549	±69	12.9%	±0.1	19,318	±38	12.4%	±0.1
15 to 44 years	±0.1	70,050	±76	46.3%	±0.1	70,231	±84	45.1%	±0.1
16 years and over	±0.1	116,592	±322	77.0%	±0.2	122,440	±322	78.6%	±0.2
18 years and over	*****	112,271	±69	74.1%	±0.1	118,400	±70	76.1%	±0.1
21 years and over	±0.2	104,554	±487	69.0%	±0.3	110,857	±507	71.2%	±0.3
60 years and over	±0.3	20,129	±460	13.3%	±0.3	24,848	±488	16.0%	±0.3
62 years and over	±0.2	17,059	±388	11.3%	±0.3	21,748	±412	14.0%	±0.3
65 years and over	±0.1	13,523	±41	8.9%	±0.1	17,049	±53	11.0%	±0.1
75 years and over	±0.1	4,521	±52	3.0%	±0.1	6,762	±73	4.3%	±0.1
SUMMARY INDICATORS									
Median age (years)	(X)	32.2	±0.2	(X)	(X)	34.5	±0.2	(X)	(X)
Sex ratio (males per 100 females)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Old-age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Child dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)

Sumner County, Tennessee									
	Total		Percent		Male		Percent Male		Female
Label	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Total population	179,473	*****	(X)	(X)	87,811	±70	(X)	(X)	91,662
AGE									
Under 5 years	10,954	±51	6.1%	±0.1	5,697	±62	6.5%	±0.1	5,257
5 to 9 years	12,472	±608	6.9%	±0.3	6,331	±491	7.2%	±0.6	6,141
10 to 14 years	11,991	±599	6.7%	±0.3	6,167	±486	7.0%	±0.6	5,824
15 to 19 years	11,531	±158	6.4%	±0.1	5,987	±110	6.8%	±0.1	5,544
20 to 24 years	9,988	±122	5.6%	±0.1	5,124	±97	5.8%	±0.1	4,864
25 to 29 years	10,861	±113	6.1%	±0.1	5,360	±72	6.1%	±0.1	5,501
30 to 34 years	11,263	±101	6.3%	±0.1	5,362	±67	6.1%	±0.1	5,901
35 to 39 years	11,766	±618	6.6%	±0.3	5,759	±432	6.6%	±0.5	6,007
40 to 44 years	12,379	±608	6.9%	±0.3	6,044	±433	6.9%	±0.5	6,335
45 to 49 years	12,664	±80	7.1%	±0.1	6,271	±57	7.1%	±0.1	6,393
50 to 54 years	13,046	±98	7.3%	±0.1	6,337	±55	7.2%	±0.1	6,709
55 to 59 years	12,219	±492	6.8%	±0.3	5,751	±288	6.5%	±0.3	6,468
60 to 64 years	11,063	±487	6.2%	±0.3	5,473	±274	6.2%	±0.3	5,590
65 to 69 years	9,653	±402	5.4%	±0.2	4,602	±263	5.2%	±0.3	5,051
70 to 74 years	7,097	±413	4.0%	±0.2	3,326	±263	3.8%	±0.3	3,771
75 to 79 years	4,555	±371	2.5%	±0.2	2,052	±251	2.3%	±0.3	2,503
80 to 84 years	2,831	±322	1.6%	±0.2	1,187	±177	1.4%	±0.2	1,644
85 years and over	3,140	±363	1.7%	±0.2	981	±202	1.1%	±0.2	2,159
SELECTED AGE CATEGORIES									
5 to 14 years	24,463	±96	13.6%	±0.1	12,498	±36	14.2%	±0.1	11,965
15 to 17 years	7,624	±76	4.2%	±0.1	3,906	±54	4.4%	±0.1	3,718
Under 18 years	43,041	±51	24.0%	±0.1	22,101	±72	25.2%	±0.1	20,940
18 to 24 years	13,895	±122	7.7%	±0.1	7,205	±86	8.2%	±0.1	6,690
15 to 44 years	67,788	±126	37.8%	±0.1	33,636	±85	38.3%	±0.1	34,152
16 years and over	141,527	±283	78.9%	±0.2	68,360	±173	77.8%	±0.2	73,167
18 years and over	136,432	±51	76.0%	±0.1	65,710	±44	74.8%	±0.1	70,722
21 years and over	130,908	±309	72.9%	±0.2	62,952	±184	71.7%	±0.2	67,956
60 years and over	38,339	±491	21.4%	±0.3	17,621	±286	20.1%	±0.3	20,718
62 years and over	33,704	±483	18.8%	±0.3	15,273	±288	17.4%	±0.3	18,431
65 years and over	27,276	±108	15.2%	±0.1	12,148	±103	13.8%	±0.1	15,128
75 years and over	10,526	±105	5.9%	±0.1	4,220	±93	4.8%	±0.1	6,306
SUMMARY INDICATORS									
Median age (years)	39.6	±0.3	(X)	(X)	38.5	±0.4	(X)	(X)	40.6
Sex ratio (males per 100 females)	95.8	±0.2	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age dependency ratio	64.4	±0.2	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Old-age dependency ratio	25.0	±0.1	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Child dependency ratio	39.4	±0.1	(X)	(X)	(X)	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	0.0%	(X)	(X)	(X)	(X)	(X)	(X)
Age	(X)	(X)	1.5%	(X)	(X)	(X)	(X)	(X)	(X)



Trousdale County, Tennessee									
	Percent Female			Total		Percent		Male	
Label	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total population	±70	(X)	(X)	9,573	*****	(X)	(X)	5,302	±261
AGE									
Under 5 years	±44	5.7%	±0.1	594	±84	6.2%	±0.9	338	±124
5 to 9 years	±345	6.7%	±0.4	563	±117	5.9%	±1.2	227	±98
10 to 14 years	±332	6.4%	±0.4	449	±125	4.7%	±1.3	285	±85
15 to 19 years	±93	6.0%	±0.1	732	±193	7.6%	±2.0	670	±193
20 to 24 years	±66	5.3%	±0.1	650	±213	6.8%	±2.2	366	±255
25 to 29 years	±94	6.0%	±0.1	860	±167	9.0%	±1.7	499	±43
30 to 34 years	±80	6.4%	±0.1	832	±48	8.7%	±0.5	487	±29
35 to 39 years	±396	6.6%	±0.4	527	±176	5.5%	±1.8	359	±146
40 to 44 years	±385	6.9%	±0.4	604	±152	6.3%	±1.6	328	±97
45 to 49 years	±56	7.0%	±0.1	613	±98	6.4%	±1.0	320	±94
50 to 54 years	±80	7.3%	±0.1	638	±85	6.7%	±0.9	293	±29
55 to 59 years	±379	7.1%	±0.4	648	±171	6.8%	±1.8	264	±105
60 to 64 years	±372	6.1%	±0.4	512	±166	5.3%	±1.7	258	±118
65 to 69 years	±253	5.5%	±0.3	508	±88	5.3%	±0.9	310	±62
70 to 74 years	±257	4.1%	±0.3	377	±94	3.9%	±1.0	110	±69
75 to 79 years	±253	2.7%	±0.3	184	±73	1.9%	±0.8	72	±43
80 to 84 years	±230	1.8%	±0.3	164	±74	1.7%	±0.8	45	±30
85 years and over	±255	2.4%	±0.3	118	±62	1.2%	±0.7	71	±48
SELECTED AGE CATEGORIES									
5 to 14 years	±85	13.1%	±0.1	1,012	±75	10.6%	±0.8	512	±57
15 to 17 years	±60	4.1%	±0.1	290	±25	3.0%	±0.3	230	±62
Under 18 years	±78	22.8%	±0.1	1,896	*****	19.8%	*****	1,080	±160
18 to 24 years	±77	7.3%	±0.1	1,092	±129	11.4%	±1.3	806	±179
15 to 44 years	±101	37.3%	±0.1	4,205	±100	43.9%	±1.0	2,709	±171
16 years and over	±245	79.8%	±0.3	7,853	±70	82.0%	±0.7	4,367	±201
18 years and over	±21	77.2%	±0.1	7,677	*****	80.2%	*****	4,222	±185
21 years and over	±243	74.1%	±0.3	7,110	±112	74.3%	±1.2	3,710	±205
60 years and over	±379	22.6%	±0.4	1,863	±166	19.5%	±1.7	866	±110
62 years and over	±355	20.1%	±0.4	1,693	±125	17.7%	±1.3	781	±96
65 years and over	±48	16.5%	±0.1	1,351	±54	14.1%	±0.6	608	±46
75 years and over	±55	6.9%	±0.1	466	±31	4.9%	±0.3	188	±12
SUMMARY INDICATORS									
Median age (years)	±0.3	(X)	(X)	36.0	±1.6	(X)	(X)	32.7	±1.6
Sex ratio (males per 100 females)	(X)	(X)	(X)	124.1	±13.6	(X)	(X)	(X)	(X)
Age dependency ratio	(X)	(X)	(X)	51.3	±1.3	(X)	(X)	(X)	(X)
Old-age dependency ratio	(X)	(X)	(X)	21.4	±1.0	(X)	(X)	(X)	(X)
Child dependency ratio	(X)	(X)	(X)	30.0	±0.3	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	(X)	(X)	(X)	0.0%	(X)	(X)	(X)
Age	(X)	(X)	(X)	(X)	(X)	1.5%	(X)	(X)	(X)

							Williamson County, Tennessee		
	Percent Male		Female		Percent Female		Total		Percent
Label	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Total population	(X)	(X)	4,271	±261	(X)	(X)	218,648	*****	(X)
AGE									
Under 5 years	6.4%	±2.2	256	±138	6.0%	±3.1	13,080	±100	6.0%
5 to 9 years	4.3%	±1.8	336	±100	7.9%	±2.2	17,180	±751	7.9%
10 to 14 years	5.4%	±1.7	164	±83	3.8%	±1.9	18,791	±746	8.6%
15 to 19 years	12.6%	±3.6	62	±58	1.5%	±1.3	16,798	±214	7.7%
20 to 24 years	6.9%	±4.8	284	±116	6.6%	±2.8	11,109	±241	5.1%
25 to 29 years	9.4%	±0.8	361	±170	8.5%	±3.6	8,873	±196	4.1%
30 to 34 years	9.2%	±0.6	345	±27	8.1%	±0.9	11,186	±141	5.1%
35 to 39 years	6.8%	±2.7	168	±114	3.9%	±2.7	14,817	±791	6.8%
40 to 44 years	6.2%	±1.9	276	±114	6.5%	±2.6	17,366	±797	7.9%
45 to 49 years	6.0%	±1.7	293	±26	6.9%	±0.7	17,602	±20	8.1%
50 to 54 years	5.5%	±0.5	345	±76	8.1%	±1.9	16,670	±68	7.6%
55 to 59 years	5.0%	±2.0	384	±123	9.0%	±2.9	15,762	±579	7.2%
60 to 64 years	4.9%	±2.2	254	±119	5.9%	±2.8	12,274	±567	5.6%
65 to 69 years	5.8%	±1.2	198	±76	4.6%	±1.7	10,710	±501	4.9%
70 to 74 years	2.1%	±1.3	267	±79	6.3%	±1.9	6,311	±493	2.9%
75 to 79 years	1.4%	±0.8	112	±57	2.6%	±1.3	4,279	±399	2.0%
80 to 84 years	0.8%	±0.6	119	±64	2.8%	±1.5	3,231	±354	1.5%
85 years and over	1.3%	±0.9	47	±46	1.1%	±1.1	2,609	±362	1.2%
SELECTED AGE CATEGORIES									
5 to 14 years	9.7%	±1.0	500	±68	11.7%	±1.1	35,971	±97	16.5%
15 to 17 years	4.3%	±1.1	60	±57	1.4%	±1.3	11,480	±26	5.3%
Under 18 years	20.4%	±2.4	816	±160	19.1%	±3.0	60,531	±36	27.7%
18 to 24 years	15.2%	±3.3	286	±117	6.7%	±2.8	16,427	±195	7.5%
15 to 44 years	51.1%	±2.6	1,496	±166	35.0%	±2.6	80,149	±69	36.7%
16 years and over	82.4%	±2.6	3,486	±183	81.6%	±2.9	165,632	±357	75.8%
18 years and over	79.6%	±2.4	3,455	±185	80.9%	±3.0	158,117	±36	72.3%
21 years and over	70.0%	±2.8	3,400	±193	79.6%	±3.4	150,328	±456	68.8%
60 years and over	16.3%	±2.2	997	±120	23.3%	±2.9	39,414	±575	18.0%
62 years and over	14.7%	±1.9	912	±93	21.4%	±2.3	34,288	±507	15.7%
65 years and over	11.5%	±1.0	743	±40	17.4%	±1.0	27,140	±92	12.4%
75 years and over	3.5%	±0.3	278	±30	6.5%	±0.8	10,119	±154	4.6%
SUMMARY INDICATORS									
Median age (years)	(X)	(X)	42.7	±1.6	(X)	(X)	39.2	±0.2	(X)
Sex ratio (males per 100 females)	(X)	(X)	(X)	(X)	(X)	(X)	95.9	±0.1	(X)
Age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	66.9	±0.1	(X)
Old-age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	20.7	±0.1	(X)
Child dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	46.2	±0.1	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	0.0%
Age	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	0.8%

		Male		Percent Male		Female		Percent Female	
Label	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total population	(X)	107,021	±76	(X)	(X)	111,627	±76	(X)	(X)
AGE									
Under 5 years	±0.1	6,668	±28	6.2%	±0.1	6,412	±102	5.7%	±0.1
5 to 9 years	±0.3	8,600	±516	8.0%	±0.5	8,580	±499	7.7%	±0.4
10 to 14 years	±0.3	9,662	±517	9.0%	±0.5	9,129	±508	8.2%	±0.5
15 to 19 years	±0.1	8,678	±141	8.1%	±0.1	8,120	±155	7.3%	±0.1
20 to 24 years	±0.1	5,536	±137	5.2%	±0.1	5,573	±185	5.0%	±0.2
25 to 29 years	±0.1	4,496	±123	4.2%	±0.1	4,377	±163	3.9%	±0.1
30 to 34 years	±0.1	5,124	±141	4.8%	±0.1	6,062	±15	5.4%	±0.1
35 to 39 years	±0.4	6,865	±546	6.4%	±0.5	7,952	±499	7.1%	±0.4
40 to 44 years	±0.4	8,720	±532	8.1%	±0.5	8,646	±505	7.7%	±0.5
45 to 49 years	±0.1	8,604	±2	8.0%	±0.1	8,998	±20	8.1%	±0.1
50 to 54 years	±0.1	8,027	±19	7.5%	±0.1	8,643	±66	7.7%	±0.1
55 to 59 years	±0.3	7,755	±365	7.2%	±0.3	8,007	±377	7.2%	±0.3
60 to 64 years	±0.3	5,915	±361	5.5%	±0.3	6,359	±374	5.7%	±0.3
65 to 69 years	±0.2	5,153	±301	4.8%	±0.3	5,557	±324	5.0%	±0.3
70 to 74 years	±0.2	3,060	±293	2.9%	±0.3	3,251	±320	2.9%	±0.3
75 to 79 years	±0.2	1,816	±218	1.7%	±0.2	2,463	±280	2.2%	±0.3
80 to 84 years	±0.2	1,436	±216	1.3%	±0.2	1,795	±257	1.6%	±0.2
85 years and over	±0.2	906	±162	0.8%	±0.2	1,703	±310	1.5%	±0.3
SELECTED AGE CATEGORIES									
5 to 14 years	±0.1	18,262	±52	17.1%	±0.1	17,709	±67	15.9%	±0.1
15 to 17 years	±0.1	5,870	±3	5.5%	±0.1	5,610	±25	5.0%	±0.1
Under 18 years	±0.1	30,800	±57	28.8%	±0.1	29,731	±55	26.6%	±0.1
18 to 24 years	±0.1	8,344	±120	7.8%	±0.1	8,083	±162	7.2%	±0.1
15 to 44 years	±0.1	39,419	±20	36.8%	±0.1	40,730	±68	36.5%	±0.1
16 years and over	±0.2	79,981	±279	74.7%	±0.3	85,651	±283	76.7%	±0.2
18 years and over	±0.1	76,221	±66	71.2%	±0.1	81,896	±64	73.4%	±0.1
21 years and over	±0.2	72,163	±342	67.4%	±0.3	78,165	±321	70.0%	±0.3
60 years and over	±0.3	18,286	±361	17.1%	±0.3	21,128	±369	18.9%	±0.3
62 years and over	±0.2	15,989	±331	14.9%	±0.3	18,299	±352	16.4%	±0.3
65 years and over	±0.1	12,371	±91	11.6%	±0.1	14,769	±56	13.2%	±0.1
75 years and over	±0.1	4,158	±99	3.9%	±0.1	5,961	±100	5.3%	±0.1
SUMMARY INDICATORS									
Median age (years)	(X)	38.6	±0.4	(X)	(X)	39.8	±0.3	(X)	(X)
Sex ratio (males per 100 females)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Old-age dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Child dependency ratio	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)

Wilson County, Tennessee									
	Total		Percent		Male		Percent Male		Female
Label	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Total population	132,663	*****	(X)	(X)	65,056	±183	(X)	(X)	67,607
AGE									
Under 5 years	7,966	±46	6.0%	±0.1	4,087	±153	6.3%	±0.2	3,879
5 to 9 years	9,273	±579	7.0%	±0.4	4,440	±381	6.8%	±0.6	4,833
10 to 14 years	8,967	±573	6.8%	±0.4	4,882	±381	7.5%	±0.6	4,085
15 to 19 years	8,546	±114	6.4%	±0.1	4,356	±112	6.7%	±0.2	4,190
20 to 24 years	6,963	±169	5.2%	±0.1	3,572	±86	5.5%	±0.1	3,391
25 to 29 years	7,329	±186	5.5%	±0.1	3,553	±99	5.5%	±0.2	3,776
30 to 34 years	8,027	±199	6.1%	±0.2	3,989	±137	6.1%	±0.2	4,038
35 to 39 years	8,998	±629	6.8%	±0.5	4,346	±393	6.7%	±0.6	4,652
40 to 44 years	9,355	±623	7.1%	±0.5	4,554	±399	7.0%	±0.6	4,801
45 to 49 years	9,858	±147	7.4%	±0.1	4,902	±101	7.5%	±0.2	4,956
50 to 54 years	9,758	±118	7.4%	±0.1	4,764	±101	7.3%	±0.2	4,994
55 to 59 years	9,200	±522	6.9%	±0.4	4,459	±343	6.9%	±0.5	4,741
60 to 64 years	8,392	±508	6.3%	±0.4	4,010	±348	6.2%	±0.5	4,382
65 to 69 years	7,678	±351	5.8%	±0.3	3,678	±251	5.7%	±0.4	4,000
70 to 74 years	5,075	±359	3.8%	±0.3	2,425	±252	3.7%	±0.4	2,650
75 to 79 years	3,625	±350	2.7%	±0.3	1,842	±188	2.8%	±0.3	1,783
80 to 84 years	2,112	±295	1.6%	±0.2	708	±151	1.1%	±0.2	1,404
85 years and over	1,541	±300	1.2%	±0.2	489	±148	0.8%	±0.2	1,052
SELECTED AGE CATEGORIES									
5 to 14 years	18,240	±37	13.7%	±0.1	9,322	±2	14.3%	±0.1	8,918
15 to 17 years	5,603	±49	4.2%	±0.1	2,815	±74	4.3%	±0.1	2,788
Under 18 years	31,809	±25	24.0%	±0.1	16,224	±155	24.9%	±0.2	15,585
18 to 24 years	9,906	±143	7.5%	±0.1	5,113	±77	7.9%	±0.1	4,793
15 to 44 years	49,218	±169	37.1%	±0.1	24,370	±144	37.5%	±0.2	24,848
16 years and over	104,566	±277	78.8%	±0.2	50,807	±177	78.1%	±0.3	53,759
18 years and over	100,854	±25	76.0%	±0.1	48,832	±88	75.1%	±0.2	52,022
21 years and over	96,609	±318	72.8%	±0.2	46,711	±253	71.8%	±0.4	49,898
60 years and over	28,423	±522	21.4%	±0.4	13,152	±352	20.2%	±0.5	15,271
62 years and over	24,715	±448	18.6%	±0.3	11,312	±287	17.4%	±0.4	13,403
65 years and over	20,031	±118	15.1%	±0.1	9,142	±82	14.1%	±0.1	10,889
75 years and over	7,278	±72	5.5%	±0.1	3,039	±50	4.7%	±0.1	4,239
SUMMARY INDICATORS									
Median age (years)	40.2	±0.4	(X)	(X)	39.0	±0.5	(X)	(X)	41.0
Sex ratio (males per 100 females)	96.2	±0.5	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Age dependency ratio	64.1	±0.2	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Old-age dependency ratio	24.8	±0.2	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Child dependency ratio	39.4	±0.1	(X)	(X)	(X)	(X)	(X)	(X)	(X)
PERCENT ALLOCATED									
Sex	(X)	(X)	0.0%	(X)	(X)	(X)	(X)	(X)	(X)
Age	(X)	(X)	1.1%	(X)	(X)	(X)	(X)	(X)	(X)

Label	Margin of Error	Percent Female	
		Estimate	Margin of Error
Total population	±183	(X)	(X)
AGE			
Under 5 years	±143	5.7%	±0.2
5 to 9 years	±350	7.1%	±0.5
10 to 14 years	±349	6.0%	±0.5
15 to 19 years	±130	6.2%	±0.2
20 to 24 years	±131	5.0%	±0.2
25 to 29 years	±126	5.6%	±0.2
30 to 34 years	±141	6.0%	±0.2
35 to 39 years	±389	6.9%	±0.6
40 to 44 years	±365	7.1%	±0.5
45 to 49 years	±76	7.3%	±0.1
50 to 54 years	±67	7.4%	±0.1
55 to 59 years	±351	7.0%	±0.5
60 to 64 years	±348	6.5%	±0.5
65 to 69 years	±257	5.9%	±0.4
70 to 74 years	±256	3.9%	±0.4
75 to 79 years	±241	2.6%	±0.4
80 to 84 years	±238	2.1%	±0.4
85 years and over	±226	1.6%	±0.3
SELECTED AGE CATEGORIES			
5 to 14 years	±37	13.2%	±0.1
15 to 17 years	±85	4.1%	±0.1
Under 18 years	±153	23.1%	±0.2
18 to 24 years	±106	7.1%	±0.2
15 to 44 years	±124	36.8%	±0.2
16 years and over	±232	79.5%	±0.4
18 years and over	±88	76.9%	±0.2
21 years and over	±210	73.8%	±0.3
60 years and over	±353	22.6%	±0.5
62 years and over	±294	19.8%	±0.4
65 years and over	±76	16.1%	±0.1
75 years and over	±50	6.3%	±0.1
SUMMARY INDICATORS			
Median age (years)	±0.4	(X)	(X)
Sex ratio (males per 100 females)	(X)	(X)	(X)
Age dependency ratio	(X)	(X)	(X)
Old-age dependency ratio	(X)	(X)	(X)
Child dependency ratio	(X)	(X)	(X)
PERCENT ALLOCATED			
Sex	(X)	(X)	(X)
Age	(X)	(X)	(X)

**Attachment 3N-3**  
**TennCare Enrollment**  
**Report**

TennCare Enrollment Report for August 2022

MCO	REGION	Total
AMERIGROUP COMMUNITY CARE	East Tennessee	166,133
AMERIGROUP COMMUNITY CARE	Middle Tennessee	200,199
AMERIGROUP COMMUNITY CARE	West Tennessee	142,596
BLUECARE	East Tennessee	251,921
BLUECARE	Middle Tennessee	204,010
BLUECARE	West Tennessee	176,647
UnitedHealthcare Community Plan	East Tennessee	165,864
UnitedHealthcare Community Plan	Middle Tennessee	201,795
UnitedHealthcare Community Plan	West Tennessee	142,365
TENNCARE SELECT HIGH	All	32,822
TENNCARE SELECT LOW	All	20,046
PACE		285
KBB under DIDD waiver		1,697
Awaiting MCO assignment		178
<b>Grand Total</b>		<b>1,706,558</b>

COUNTY	Female					Male					Unknown				Grand Total
	0 - 18	19 - 20	21 - 64	65 -->	Female Total	0 - 18	19 - 20	21 - 64	65 -->	Male Total	0 - 18	19 - 20	21 - 64	65 -->	
ANDERSON	4,916	452	5,241	649	11,258	5,195	415	2,329	324	8,263					19,521
BEDFORD	4,291	368	3,701	287	8,647	4,323	345	1,427	156	6,251					14,898
BENTON	1,120	122	1,353	172	2,767	1,173	92	638	94	1,997					4,764
BLEDSON	817	83	980	124	2,004	931	102	550	90	1,673					3,677
BLOUNT	6,647	583	7,055	739	15,024	6,920	541	2,951	368	10,780					25,804
BRADLEY	7,000	629	7,417	712	15,758	7,443	518	3,029	382	11,372					27,130
CAMPBELL	2,993	327	3,931	649	7,900	3,219	285	2,055	394	5,953					13,853
CANNON	945	84	1,030	127	2,186	941	66	459	63	1,529					3,715
CARROLL	1,902	183	2,384	302	4,771	2,048	198	1,194	141	3,581					8,352
CARTER	3,287	333	4,193	602	8,415	3,577	327	2,159	290	6,353					14,768
CHEATHAM	2,073	185	2,098	194	4,550	2,099	189	841	108	3,237					7,787
CHESTER	1,147	110	1,243	131	2,631	1,162	85	522	77	1,846					4,477
CLAIBORNE	2,203	221	2,818	518	5,760	2,372	218	1,562	314	4,466					10,226
CLAY	537	42	580	114	1,273	564	43	357	49	1,013					2,286
COCKE	2,934	282	3,797	510	7,523	3,182	280	1,910	280	5,652					13,175
COFFEE	4,145	374	4,614	408	9,541	4,364	321	1,851	235	6,771					16,312
CROCKETT	1,035	92	1,108	186	2,421	1,091	115	498	85	1,789					4,210
CUMBERLAND	3,647	296	3,926	513	8,382	3,828	315	1,897	285	6,325					14,707
DAVIDSON	45,223	3,526	38,963	3,746	91,458	46,623	3,284	15,863	2,337	68,107					159,565
DECATUR	758	86	927	155	1,926	861	85	472	66	1,484					3,410
DEKALB	1,517	145	1,591	198	3,451	1,642	129	795	113	2,679					6,130
DICKSON	3,239	292	3,588	367	7,486	3,468	279	1,498	195	5,440					12,926
DYER	2,970	291	3,526	412	7,199	3,150	261	1,408	186	5,005					12,204
FAYETTE	1,928	185	2,169	287	4,569	1,999	184	872	161	3,216					7,785
FENTRESS	1,522	126	1,782	322	3,752	1,515	153	1,067	223	2,958					6,710
FRANKLIN	2,298	232	2,636	310	5,476	2,400	232	1,252	145	4,029					9,505
GIBSON	3,705	340	4,156	517	8,718	3,865	298	1,797	261	6,221					14,939
GILES	1,865	169	2,125	229	4,388	1,881	160	942	140	3,123					7,511
GRAINGER	1,576	154	1,777	285	3,792	1,638	160	999	167	2,964					6,756
GREENE	4,272	416	5,244	650	10,582	4,592	431	2,536	369	7,928					18,510
GRUNDY	1,048	124	1,422	237	2,831	1,134	113	755	134	2,136					4,967
HAMBLEN	5,355	454	4,762	521	11,092	5,497	419	2,047	254	8,217					19,309
HAMILTON	20,875	1,742	20,755	2,519	45,891	21,618	1,628	8,176	1,402	32,824					78,715
HANCOCK	556	48	679	151	1,434	615	37	372	73	1,097					2,531
HARDEMAN	1,902	185	2,233	335	4,655	1,836	146	1,039	166	3,187					7,842
HARDIN	1,797	179	2,221	383	4,580	1,850	172	1,124	197	3,343					7,923
HAWKINS	3,673	352	4,472	510	9,007	3,854	360	2,180	303	6,697					15,704
HAYWOOD	1,429	150	1,748	255	3,582	1,543	151	612	136	2,442					6,024
HENDERSON	2,065	175	2,401	262	4,903	2,143	189	1,052	123	3,507					8,410
HENRY	2,137	198	2,515	271	5,121	2,256	182	1,190	146	3,774					8,895
HICKMAN	1,601	157	1,837	182	3,777	1,726	154	921	125	2,926					6,703
HOUSTON	542	50	686	98	1,376	588	53	323	54	1,018					2,394
HUMPHREYS	1,246	114	1,490	134	2,984	1,359	106	662	86	2,213					5,197
JACKSON	744	85	945	126	1,900	777	73	454	85	1,389					3,289
JEFFERSON	3,760	359	3,953	469	8,541	3,938	318	1,843	244	6,343					14,884
JOHNSON	1,162	106	1,333	252	2,853	1,200	112	746	152	2,210					5,063
KNOX	23,944	2,127	25,084	2,736	53,891	24,995	1,931	10,583	1,512	39,021					92,912

COUNTY	Female					Male					Unknown				Unknown Total	Grand Total
	0 - 18	19 - 20	21 - 64	65 ->	Female Total	0 - 18	19 - 20	21 - 64	65 ->	Male Total	0 - 18	19 - 20	21 - 64	65 ->		
LAKE	487	32	655	139	1,313	503	61	315	64	943					2,256	
LAUDERDALE	2,116	218	2,472	269	5,075	2,146	198	1,051	132	3,527					8,602	
LAWRENCE	3,139	295	3,521	394	7,349	3,270	283	1,588	192	5,333					12,682	
LEWIS	894	75	980	124	2,073	903	84	436	66	1,489					3,562	
LINCOLN	2,293	190	2,415	281	5,179	2,314	219	1,052	141	3,726					8,905	
LOUDON	2,874	253	2,758	290	6,175	3,009	247	1,182	157	4,595					10,770	
MACON	2,073	156	2,045	202	4,476	2,221	144	960	101	3,426					7,902	
MADISON	7,453	650	8,037	859	16,999	7,713	633	3,107	488	11,941					28,940	
MARION	1,857	168	2,299	283	4,607	1,891	186	1,013	157	3,247					7,854	
MARSHALL	2,155	195	2,182	209	4,741	2,177	169	863	99	3,308					8,049	
MAURY	6,447	537	5,854	516	13,354	6,675	491	2,281	254	9,701					23,055	
MCMINN	3,710	340	4,222	468	8,740	3,913	323	1,889	234	6,359					15,099	
MCNAIRY	1,841	195	2,312	317	4,665	1,937	190	1,127	171	3,425					8,090	
MEIGS	919	98	1,055	98	2,170	957	71	553	59	1,640					3,810	
MONROE	3,218	313	3,674	444	7,649	3,385	294	1,739	258	5,676					13,325	
MONTGOMERY	13,871	1,141	14,239	844	30,095	14,464	945	4,614	384	20,407					50,502	
MOORE	247	19	285	38	589	278	20	122	20	440					1,029	
MORGAN	1,235	134	1,440	203	3,012	1,292	132	679	112	2,215					5,227	
OBION	2,243	222	2,615	314	5,394	2,193	196	1,175	166	3,730					9,124	
OVERTON	1,347	128	1,575	226	3,276	1,552	141	821	125	2,639					5,915	
PERRY	519	48	607	85	1,259	587	53	306	51	997					2,256	
PICKETT	283	21	337	72	713	294	33	208	45	580					1,293	
POLK	1,035	108	1,288	163	2,594	1,044	104	677	101	1,926					4,520	
PUTNAM	5,624	511	5,482	708	12,325	5,977	450	2,758	339	9,524					21,849	
RHEA	2,486	235	2,812	396	5,929	2,680	217	1,280	191	4,368					10,297	
ROANE	2,999	294	3,722	462	7,477	3,291	283	1,843	267	5,684					13,161	
ROBERTSON	4,391	396	3,932	349	9,068	4,651	314	1,501	187	6,653					15,721	
RUTHERFORD	20,565	1,700	18,040	1,262	41,567	21,420	1,435	6,472	616	29,943					71,510	
SCOTT	1,991	238	2,335	335	4,899	2,032	210	1,203	195	3,640					8,539	
SEQUATCHIE	1,119	122	1,263	173	2,677	1,154	98	583	78	1,913					4,590	
SEVIER	6,476	565	6,291	514	13,846	6,998	568	2,712	248	10,526					24,372	
SHELBY	80,455	6,823	78,977	7,281	173,536	83,128	6,159	26,921	4,584	120,792					294,328	
SMITH	1,224	134	1,428	172	2,958	1,334	114	573	87	2,108					5,066	
STEWART	906	78	953	126	2,063	892	74	468	52	1,486					3,549	
SULLIVAN	9,134	898	11,148	1,352	22,532	9,599	826	5,265	706	16,396					38,928	
SUMNER	9,709	882	9,622	855	21,068	10,239	788	3,541	432	15,000					36,068	
TIPTON	3,887	360	4,226	403	8,876	3,910	322	1,603	206	6,041					14,917	
TROUSDALE	580	51	612	78	1,321	627	28	278	34	967					2,288	
UNICOI	1,000	107	1,295	241	2,643	1,134	104	620	130	1,988					4,631	
UNION	1,490	135	1,631	189	3,445	1,506	127	848	121	2,602					6,047	
VAN BUREN	367	32	411	79	889	389	39	232	42	702					1,591	
WARREN	3,217	344	3,546	435	7,542	3,359	310	1,737	235	5,641					13,183	
WASHINGTON	7,071	661	8,042	1,006	16,780	7,313	633	3,767	555	12,268					29,048	
WAYNE	815	89	1,036	142	2,082	937	77	487	75	1,576					3,658	
WEAKLEY	2,103	188	2,313	298	4,902	2,209	187	1,023	160	3,579					8,481	
WHITE	1,955	185	2,244	299	4,683	2,171	185	1,152	179	3,687					8,370	
WILLIAMSON	4,507	421	3,952	396	9,276	4,851	417	1,755	191	7,214					16,490	
WILSON	6,590	534	6,385	513	14,022	6,932	529	2,646	280	10,387					24,409	
Other	4,700	414	4,169	172	9,455	4,735	389	1,652	94	6,869					16,324	
<b>Grand Total</b>	<b>443,965</b>	<b>39,266</b>	<b>457,223</b>	<b>48,930</b>	<b>989,384</b>	<b>463,181</b>	<b>36,355</b>	<b>190,487</b>	<b>27,151</b>	<b>717,174</b>					<b>1,706,558</b>	

Reports include some membership additions that are the result of retroactivity; however, additional retroactivity may still occur. The "Other" county category reflects recipients who are Tennessee residents for which their domicile is temporarily located outside of the state.



Notes: Cost amounts for Dental, Pharmacy, and TennCare Select are based on claims from our invoice tables with paid date in August 2022. These claims may have been incurred at any time in or before August 2022. The county information is based on the most recent county information for the recipient associated with each claim or capitation payment.

Sum of paid	Column Labels				
Row Labels	Capitation	Dental	Pharmacy	TennCare Select	Grand Total
ANDERSON	\$8,105,082.68	\$151,115.52	\$1,999,398.15	\$437,265.52	\$10,692,861.87
BEDFORD	\$5,906,033.53	\$127,055.24	\$1,500,678.93	\$104,468.26	\$7,638,235.96
BENTON	\$1,748,743.66	\$29,758.20	\$499,500.75	\$18,820.67	\$2,296,823.28
BLEDSON	\$1,392,827.21	\$27,319.69	\$404,509.75	\$14,053.63	\$1,838,710.28
BLOUNT	\$10,182,986.85	\$212,606.85	\$3,186,599.62	\$419,705.18	\$14,001,898.50
BRADLEY	\$10,386,198.30	\$277,368.14	\$3,458,569.79	\$487,696.36	\$14,609,832.59
CAMPBELL	\$6,142,055.50	\$104,617.47	\$1,597,186.83	\$108,240.43	\$7,952,100.23
CANNON	\$1,593,758.15	\$47,375.68	\$403,388.26	\$60,602.44	\$2,105,124.53
CARROLL	\$3,752,113.68	\$47,967.99	\$848,040.41	\$109,088.19	\$4,757,210.27
CARTER	\$6,645,984.14	\$96,949.71	\$1,497,432.82	\$152,458.48	\$8,392,825.15
CHEATHAM	\$3,231,391.43	\$77,310.51	\$938,475.34	\$115,815.22	\$4,362,992.50
CHESTER	\$1,711,957.93	\$28,445.48	\$409,319.60	\$12,076.62	\$2,161,799.63
CLAIBORNE	\$4,470,819.85	\$73,334.07	\$1,411,110.08	\$202,592.84	\$6,157,856.84
CLAY	\$1,120,841.97	\$16,184.46	\$208,317.64	\$31,095.42	\$1,376,439.49
COCKE	\$5,026,589.91	\$88,307.36	\$1,637,802.14	\$113,859.22	\$6,866,558.63
COFFEE	\$6,735,174.09	\$138,806.53	\$1,613,152.18	\$187,076.08	\$8,674,208.88
CROCKETT	\$1,875,494.09	\$25,907.05	\$394,905.59	\$99,398.25	\$2,395,704.98
CUMBERLAND	\$6,540,476.59	\$149,009.26	\$1,291,872.03	\$162,934.49	\$8,144,292.37
DAVIDSON	\$65,197,674.82	\$1,536,194.55	\$10,070,366.77	\$2,500,520.23	\$79,304,756.37
DECATUR	\$1,479,499.02	\$22,586.51	\$389,142.47	\$66,343.49	\$1,957,571.49
DEKALB	\$2,588,038.60	\$68,535.40	\$793,031.27	\$78,117.35	\$3,527,722.62
DICKSON	\$5,569,494.33	\$134,082.37	\$1,170,967.27	\$202,213.23	\$7,076,757.20
DYER	\$4,915,104.13	\$77,848.78	\$926,207.72	\$138,007.55	\$6,057,168.18
FAYETTE	\$3,238,266.35	\$56,652.87	\$594,642.61	\$366,204.94	\$4,255,766.77
FENTRESS	\$2,989,989.64	\$70,436.54	\$688,945.30	\$97,552.83	\$3,846,924.31
FRANKLIN	\$3,914,199.46	\$67,871.91	\$1,043,004.47	\$70,459.64	\$5,095,535.48
GIBSON	\$6,139,513.77	\$109,628.03	\$1,727,738.60	\$226,410.05	\$8,203,290.45
GILES	\$3,466,921.67	\$67,283.53	\$679,190.03	\$43,432.24	\$4,256,827.47
GRAINGER	\$2,749,255.08	\$47,454.58	\$774,206.40	\$84,831.13	\$3,655,747.19
GREENE	\$7,763,748.60	\$117,994.74	\$2,094,044.14	\$386,534.91	\$10,362,322.39
GRUNDY	\$2,179,347.37	\$31,123.09	\$487,741.84	\$38,395.41	\$2,736,607.71
HAMBLETON	\$7,220,248.13	\$149,287.43	\$2,059,591.82	\$386,659.50	\$9,815,786.88
HAMILTON	\$32,616,838.29	\$626,805.97	\$7,904,820.58	\$1,605,405.12	\$42,753,869.96
HANCOCK	\$1,072,955.57	\$17,269.62	\$359,745.69	\$49,642.92	\$1,499,613.80
HARDEMAN	\$3,214,979.64	\$57,027.82	\$831,680.99	\$173,180.97	\$4,276,869.42
HARDIN	\$3,700,674.01	\$39,468.08	\$962,469.06	\$82,105.72	\$4,784,716.87
HAWKINS	\$6,342,824.55	\$104,462.62	\$1,973,219.93	\$158,436.94	\$8,578,944.04
HAYWOOD	\$2,428,850.59	\$31,133.79	\$475,266.49	\$120,722.20	\$3,055,973.07
HENDERSON	\$3,287,325.56	\$58,312.74	\$710,842.88	\$188,932.25	\$4,245,413.43
HENRY	\$3,592,116.03	\$56,759.07	\$1,073,428.37	\$53,804.29	\$4,776,107.76
HICKMAN	\$2,741,244.22	\$75,597.25	\$598,583.19	\$95,851.79	\$3,511,276.45
HOUSTON	\$1,154,064.91	\$21,137.13	\$213,676.73	\$43,300.95	\$1,432,179.72
HUMPHREYS	\$2,184,138.87	\$42,047.69	\$502,214.19	\$73,537.92	\$2,801,938.67
JACKSON	\$1,571,785.24	\$28,565.05	\$275,494.64	\$93,434.85	\$1,969,279.78
JEFFERSON	\$6,250,525.61	\$120,258.04	\$1,835,778.63	\$199,239.29	\$8,405,801.57
JOHNSON	\$2,331,211.57	\$33,473.70	\$419,322.59	\$33,205.82	\$2,817,213.68
KNOX	\$36,900,720.05	\$749,407.13	\$9,591,643.08	\$1,626,897.77	\$48,868,668.03
LAKE	\$1,270,093.90	\$14,226.76	\$247,163.50	\$13,656.32	\$1,545,140.48

LAUDERDALE	\$3,362,798.27	\$57,937.85	\$742,568.22	\$94,482.16	\$4,257,786.50
LAWRENCE	\$5,706,975.13	\$128,243.18	\$1,108,595.03	\$98,781.04	\$7,042,594.38
LEWIS	\$1,749,485.47	\$27,981.57	\$256,535.81	\$34,429.29	\$2,068,432.14
LINCOLN	\$3,621,724.66	\$74,426.30	\$788,029.60	\$49,946.62	\$4,534,127.18
LOUDON	\$4,201,947.75	\$90,056.80	\$1,128,771.26	\$114,051.95	\$5,534,827.76
MACON	\$3,356,466.85	\$76,745.96	\$593,733.87	\$31,846.10	\$4,058,792.78
MADISON	\$11,730,787.98	\$193,475.91	\$2,533,088.02	\$580,961.60	\$15,038,313.51
MARION	\$3,218,968.93	\$69,587.33	\$818,654.45	\$69,694.47	\$4,176,905.18
MARSHALL	\$3,355,495.30	\$85,843.58	\$703,995.69	\$64,776.20	\$4,210,110.77
MAURY	\$9,224,911.72	\$246,808.92	\$1,980,211.77	\$417,412.52	\$11,869,344.93
MCMINN	\$6,083,506.21	\$129,603.42	\$1,788,270.53	\$171,006.78	\$8,172,386.94
MCNAIRY	\$3,481,313.29	\$57,526.87	\$871,521.02	\$74,653.47	\$4,485,014.65
MEIGS	\$1,510,849.42	\$32,021.34	\$565,227.23	\$58,601.87	\$2,166,699.86
MONROE	\$5,167,504.50	\$115,612.65	\$1,231,758.88	\$293,448.01	\$6,808,324.04
MONTGOMERY	\$19,706,241.79	\$389,316.86	\$3,701,307.54	\$753,085.35	\$24,549,951.54
MOORE	\$459,219.94	\$9,330.28	\$64,532.60	\$1,718.05	\$534,800.87
MORGAN	\$2,150,838.81	\$37,686.75	\$519,982.25	\$109,500.07	\$2,818,007.88
OBION	\$3,509,142.94	\$47,203.29	\$956,561.59	\$131,636.51	\$4,644,544.33
OUT-OF-ST CO	\$1,071,014.32	\$13,539.11	\$146,284.99	\$252,284.43	\$1,483,122.85
OUT-OF-ST NO	\$144.32			-\$6.06	\$138.26
OVERTON	\$2,573,987.27	\$51,668.91	\$462,726.07	\$58,321.77	\$3,146,704.02
PERRY	\$1,133,771.29	\$20,787.13	\$162,904.76	\$16,565.70	\$1,334,028.88
PICKETT	\$809,418.67	\$9,457.70	\$70,119.54	\$11,545.08	\$900,540.99
POLK	\$1,917,955.11	\$46,366.84	\$518,995.12	\$38,098.05	\$2,521,415.12
PUTNAM	\$10,063,872.23	\$232,632.55	\$1,961,484.51	\$495,381.69	\$12,753,370.98
RHEA	\$4,357,486.79	\$82,063.01	\$1,054,340.64	\$133,438.71	\$5,627,329.15
ROANE	\$5,522,067.25	\$88,953.71	\$1,474,719.59	\$255,847.50	\$7,341,588.05
ROBERTSON	\$6,392,652.61	\$177,599.94	\$1,379,951.31	\$137,721.12	\$8,087,924.98
RUTHERFORD	\$27,009,252.10	\$653,360.64	\$4,635,129.87	\$919,345.55	\$33,217,088.16
SCOTT	\$3,554,195.07	\$66,282.27	\$1,108,991.25	\$97,143.69	\$4,826,612.28
SEQUATCHIE	\$1,838,061.77	\$45,800.01	\$360,725.58	\$28,426.97	\$2,273,014.33
SEVIER	\$8,935,964.38	\$216,365.84	\$2,569,739.64	\$198,626.45	\$11,920,696.31
SHELBY	\$107,368,285.73	\$1,790,559.12	\$18,121,958.28	\$4,498,078.85	\$131,778,881.98
SMITH	\$2,182,273.86	\$49,302.28	\$386,088.16	\$85,041.17	\$2,702,705.47
STEWART	\$1,566,246.89	\$33,873.66	\$332,226.03	\$24,609.44	\$1,956,956.02
SULLIVAN	\$16,111,687.47	\$246,874.22	\$4,393,133.50	\$411,700.03	\$21,163,395.22
SUMNER	\$15,322,556.55	\$343,193.98	\$3,238,799.78	\$432,544.66	\$19,337,094.97
TIPTON	\$5,653,113.69	\$127,808.67	\$1,242,355.98	\$53,480.73	\$7,076,759.07
TROUSDALE	\$978,976.53	\$16,425.53	\$273,615.49	\$5,888.07	\$1,274,905.62
UNICOI	\$2,403,636.51	\$30,565.21	\$486,848.91	\$30,735.68	\$2,951,786.31
UNION	\$2,473,335.10	\$31,241.56	\$902,720.05	\$33,108.99	\$3,440,405.70
VAN BUREN	\$891,456.71	\$18,693.35	\$88,941.50	\$98,432.20	\$1,097,523.76
WARREN	\$5,647,565.59	\$124,207.57	\$1,431,994.31	\$149,836.97	\$7,353,604.44
WASHINGTON	\$12,446,420.85	\$191,637.33	\$3,000,193.37	\$683,385.23	\$16,321,636.78
WAYNE	\$1,751,546.32	\$24,182.60	\$322,359.71	\$64,087.99	\$2,162,176.62
WEAKLEY	\$3,554,597.40	\$49,364.58	\$796,039.91	\$220,611.74	\$4,620,613.63
WHITE	\$3,768,320.59	\$96,819.13	\$656,315.62	\$175,494.23	\$4,696,949.57
WILLIAMSON	\$6,547,862.94	\$152,218.59	\$1,130,726.75	\$293,797.38	\$8,124,605.66
WILSON	\$10,071,680.89	\$222,691.05	\$2,214,302.44	\$258,979.01	\$12,767,653.39
(blank)		\$19,510.55	\$60,655.98	\$21,366.38	\$101,532.91
<b>Grand Total</b>	<b>\$682,157,764.90</b>	<b>\$13,495,827.50</b>	<b>\$150,113,165.16</b>	<b>\$25,468,236.38</b>	<b>\$871,234,993.94</b>

**Attachment 2C**

**Payor List**

<b>Payor</b>
Aetna
Aetna Better Health KY
Ambetter TN
Amerigroup Community Care TN
Anthem BCBS GA/Elevance
Blue Cross and Blue Shield of Alabama
Blue Cross Blue Shield of Texas
BlueCross BlueShield of Tennessee
Bright Health
CareCentrix
CareSource
Catalyst Rx, Inc.
Catamaran, LLC
Cigna Corporation
CVS Caremark
Elevate
eviCore
Express Scripts, Inc. (ESI)
HealthSpring of Tennessee, Inc.
Magellan Pharmacy Solutions
Multiplan
OptumRX
Passport Health Plan
Perform RX
RxAdvance, Corporation
RxPreferred Benefits
Script Care LTD.
Humana Inc.
Oscar Insurance Corporation
UnitedHealthcare
WellCare Health Plans, Inc.
Viva Health Plan
Tricare East

**Attachment 4C-1**  
**Job Description**



**HOME INFUSION NURSE (RN)**

**Name:** \_\_\_\_\_

**Hire Date:** \_\_\_\_\_

**Position Summary:** The home infusion nurse coordinates and performs infusion nursing care for patients in the home setting; administers skilled nursing care; participates in teaching patients and caregivers home medical management; provides leadership by working cooperatively to establish priorities and goals of patient care. Continuing education necessary to maintain current licensure in all states licensed required by state or professional organization and attend all required internal inservices per year.

**Education/Experience:** Graduate of an accredited school of nursing, BSN preferred.  
 Current, unrestricted state license as a Registered Nurse..  
 Minimum of 2 years current nursing experience; infusion therapy, including patient assessment skills, venous access skills and emergency patient care, preferred.  
 A minimum of 1 year previous specialized home health experience desired.  
 CPR certification required.  
 Excellent interpersonal, communication and organization skills.  
 Must be able to assume a flexible work schedule and fulfill on call duties.

**Reports to:** Infusion Nurse Administrator

**Health Status Requirements:** Appropriate immunizations current  
 TB screen (as required by policy)  
 Hepatitis B vaccine or signed waiver  
 Other state required health tests allowable by law

**JOB DESCRIPTION KEY INDICATORS**

**MAJOR RESPONSIBILITIES**

Abides by company policies and procedures as well as INS standards of practice, OSHA guidelines, State Nurse Practice Act and state board laws/guidelines.

Provides infusion and other skilled nursing care to patients including, but not limited to: patient assessments, patient/caregiver teaching, development and revision of the plan of care, implementation of physician orders, monitoring patient response, response to emergency patient needs and psychosocial support.

Provides pre-discharge patient assessments in the hospital or clinic setting, when appropriate.

Completes all required patient care documentation and reports accurately.

Submits all required patient care documentation and reports in a timely manner.

Communicates to supervisor, physicians and other health care providers, as appropriate, any changes in the patient’s condition.

Takes on call responsibility as assigned to provide 24 hour availability and provides these services in accordance with established protocols,

Takes professional responsibility for self-protection during required work in potentially hazardous situations (e.g. handling of blood and body fluids).

Represents self in a professional and ethical manner at all times

**JOB DESCRIPTION KEY INDICATORS**

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Participates in the activities of the company's quality assurance program (e.g. HOPE Program).

Attends scheduled patient care conferences, inservices, departmental meetings/calls, as requested.

Maintains professional licensure, certification and health requirements as well as demonstrating clinical competence of orientation programs, etc.

Participates in the orientation of other nurses as requested.

Supports the account executives and clinical liaisons by providing educational programs or visits to referrals sources, as requested.

Assists in effective communication between the patient and the company, to include documentation of suggestions, complaints, and requests

Performs other duties as required.

**WORK STANDARDS**

Understands and adheres to all external accreditation review standards, applicable state, local and Federal laws and / or regulations including maintaining patient confidentiality through abiding by HIPAA laws/regulations.

Understands and adheres to company policies and procedures.

Establishes and maintains positive working relationships with internal and external customers as well as all company employees.

Displays a neat, clean, and professional appearance at all times.

Meets expectations for customer/patient satisfaction and anticipates customer/patient needs.

Handles customer/patient complaints in a fair and empathetic manner.

Promotes PHI culture by providing quality, comprehensive services to all customers through a team approach.

**CONTINUING EDUCATION**

Completes continuing education necessary to maintain current licensure in all states licensed.

Completes continuing education and training as assigned by supervisor.

**TECHNICAL**

Competent with office computer program, if applicable (i.e. DripSync, CPR+).

Competent at partner programs (i.e. Word, Excel, PowerPoint).

Effective written and oral communication skills.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Title: \_\_\_\_\_

**Attachment 4C-2**  
**Nashville Pharmacy**  
**License**





State of Tennessee  
Department of Health

12684802

52409

TENNESSEE BOARD OF PHARMACY  
PHARMACY  
PARAGON INFUSION  
601 GRASSMERE PARK DRIVE  
SUITE 19A  
NASHVILLE TN 37211

*This is to certify that all requirements of the State of Tennessee  
have been met.*

ID NUMBER: 0000007079

EXPIRATION DATE: 07/31/2023

STERILE COMPOUNDING

B+C

ASSISTANT COMMISSIONER HEALTH LICENSURE & REGULATION

*Rosa Queceyro*

COMMISSIONER

**Attachment 5C**  
**Quality Policies and Job**  
**Requirements**

**HOPE**

**Program Overview**

**Revised: 02/01/20**

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**POLICY STATEMENT**

**1.0 HOPE Program: Overview**

1.1 HOPE Program Mission Statement

Paragon Healthcare, Inc. and Wholly Owned Subsidiaries as Applicable (“the company”) is a diversified services organization comprised of a resolute team of professionals dedicated to providing the highest quality of healthcare services in an ethical and patient-focused environment.

Our *Goal* is to be the most efficient, cost-effective healthcare system with the best patient outcomes.

1.2 Goals of the HOPE Program

HOPE is an acronym for "Healthcare Outcomes for Paragon Excellence". The HOPE Program has the following goals:

- We will provide the best possible outcomes for our clients.
- We will use a comprehensive outcomes reporting program to continually evaluate patient outcomes and look for ways to improve them.
- We will be proactive in looking for ways to achieve the best outcomes and avoid potential problems.
- We will accomplish these goals by monitoring and trending critical clinical indicators.
- We will use risk event reporting, equipment monitoring reports and regular meetings to help us achieve our goals.
- We will benchmark our outcomes at each center internally and against others in the company centers. Trending over time is used to watch for significant changes in outcomes measures.

1.3 Program Objectives

To define a standardized system of performance improvement for all The Company locations

To foster a work environment both at the corporate and center levels which focuses on continuously improving performance and meeting customer needs

To create ongoing indicators of performance which describe and measure key aspects of patient care, organizational performance, and customer satisfaction

To identify areas needing improvement across the entire spectrum of company operations and services, by educating our employees on performance improvement principles and soliciting input from our staff and our customers on a continuing basis

**HOPE****Program Overview****Revised: 02/01/20**

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To develop a framework for making changes made to areas of concern, and evaluating the results that follow those changes

To document our commitment to achieving the best patient outcomes and providing the best patient care

To use appropriate benchmarking to identify potential areas of improvement

To measure patient satisfaction and respond to customer concerns; to set priorities based on patient needs and expectations

To include appropriate quality control activities

To include infection control measures to ensure employee, patient and public safety

To include quality assessment measures

To serve as a reference for the company's performance improvement plan for all company locations

#### 1.4 Scope of Care and Services

The Company and its affiliates provide comprehensive healthcare services, either directly or through contractual arrangement, to meet the needs and expectations of patients, physicians, and payers. The Company will monitor the processes and outcomes related to patient care and services, whether the service is direct or by contractual arrangement.

Patient services are given in the home setting and may also take place in alternate locations such as a physician's office, clinic, infusion suite, or other outpatient setting. Services are provided to all patients, regardless of race, color, religion, sex, gender identity, sexual orientation, national origin or age, regardless of physical or mental disability, veteran status, genetic information or payment source.

Services may be short or long term, depending on the patient's medical condition.

The services offered by the individual Company branches/sites may vary by location, depending on the patient needs in each community. Each site's manager is responsible for defining and meeting the needs of their patients to achieve the best patient outcomes. The care, services and infusion therapies that may be provided to our patients may include, but are not limited to:

**HOPE****Program Overview****Revised: 02/01/20**

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1.4.1 Infusion Therapies

1. Antibiotics, antifungals, antivirals
2. Biologics medications
3. Total parenteral nutrition
4. Enteral therapy
5. Hemophilia therapies
6. Pain management medications
7. Hydration
8. Anti-emetics
9. Immune globulin
10. Inotropic therapy
11. Steroid therapy
12. Iron overload therapy
13. Intravenous catheter line maintenance
14. Other therapies

1.4.2 Care and Services

Provided Directly by The Company Staff

1. Nutritional assessment and support
2. Pharmacy admixture
3. Pharmacy clinical monitoring
4. Medical supply management
5. Delivery services
6. Durable medical equipment (DME)
7. Infusion and enteral equipment management
8. Reimbursement services
9. Administration of Medication
10. Patient Care Management
11. Co-pay assistant programs
12. Other services

Provided Indirectly through Sub-Contractual Agreements

1. Infusion therapy nursing and skilled nursing, where licensed to do so
2. Physical therapy
3. Occupational therapy

1.5 Indicators

**HOPE****Program Overview**

Revised: 02/01/20

The Company HOPE Program encompasses the entire organization. The program focuses on those critical patient and organizational (business) indicators that have been identified by the managers and our accrediting organization(s). The program may be expanded to include further assessments of performance, as the need is determined. A list of indicators follows. For a more complete description of each indicator, refer to the following sections of this policy.

1.5.1 Business Indicators (~~reported per month~~):**Home Infusion Therapy (HIT)**

New patient admissions  
 Patients discharged  
 Total referrals, including cancelled  
 Number of prescriptions filled  
 Number of doses dispensed  
 Other indicators as requested

**Infusion Centers (IVC)**

Referrals  
 Patient Census

1.5.2 Clinical Indicators

1. Central venous catheter infections
2. Peripheral venous catheter infections
3. Midline catheter infections
4. PICC infections
5. Adverse drug reactions
6. Unscheduled Hospitalization related or unrelated to prescribed therapy
7. Interruption of therapy (any reason)
8. Discontinuation of therapy prior to prescribed completion
9. Equipment /HME failure requiring removal or replacement of equipment from location of therapy administration
10. An allergic or anaphylactic reaction to prescribed infusion therapy
11. Unscheduled delivery of medication, supplies, equipment, etc.
12. Medication errors resulting in patient receiving improper medication
13. Patient Complaints/ Dissatisfied Patient
  - a. Level 1 Complaint – escalated to manager or BREACH
  - b. Complaint about Paragon Clinical Services
  - c. Complaint about Delivery Time
  - d. Complaint about Home Health / Nursing
14. Patient infection unrelated to current diagnosis

**HOPE**

**Program Overview**

**Revised: 02/01/20**

15. Employee Infections - those that are communicable or would keep staff from face to face contact with patient and/ or entering pharmacy clean room. (eg: flu, pink eye, skin/rash, GI, TB, shingles, etc)
16. HEMO: Minor bleed not requiring treatment (including factor infusion)
17. HEMO: Minor bleed requiring use of home active dose(s); no other treatment
18. HEMO: Major bleed requiring medical intervention, other than home active doses
19. HEMO: Development or suspected development of an inhibitor
20. SPECIALTY Cold Chain problem
21. SPECIALTY RPh denial of services
22. SPECIALTY Billing error

1.5.3 Other Elements:

Quality assessment reports  
 Patient satisfaction surveys  
 Staff Satisfaction surveys  
 Provider / Referral Source surveys

1.6 HOPE Program Summary

This program was initiated in January 2009. The goals of this program are to standardize an outcomes program in all The Company centers, to include critical patient care elements in the program, to stratify the application of the program to various levels of patient service, and to streamline the data collection process by utilizing the EMR system as much as possible. Also, it is recognized that staff commitment to the outcomes program is critical to the success of the program, so efforts have been made to make the program as simple as possible, yet comprehensive in nature.

The Outcomes Program focuses primarily on the infusion patient, because this patient population is most at risk for life-threatening adverse events such as sepsis and anaphylaxis. However, patients in every category are monitored for equipment malfunctions, risk events, and patient complaints.

Business indicators are reported as a monthly total unless otherwise requested.

Each center of the company collects monthly data for the indicators listed in section 1.5 above. This data is reported to the home office. Specific reporting instructions for each indicator are contained in the following sections of this policy.

At the local center level, all staff members are encouraged to carefully consider whether any other problem areas exist, outside of the business indicator list in section 1.5. It is expected that if

**HOPE****Program Overview****Revised: 02/01/20**

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any are identified, the local center will review with site manager and determine if FADE project implementation is needed.

Performance Improvement activities include an annual evaluation of the organization. The annual evaluation is summarized in a written report which will include:

- The effectiveness, quality and appropriateness of care/service provided to the clients/patients
- Effectiveness of the overall administrative and fiscal operations
- Effectiveness of all programs including care/service provided under contractual arrangements
- Utilization of personnel
- Review and revision of policies and procedures and forms used by the organization
- The annual Performance Improvement Report



**Nursing****Standards of Practice****Revised:\*\*/\*\*/\*\*****POLICY STATEMENT**

The Company will provide Home Infusion Therapy services that are in compliance with acceptable professional standards for infusion nursing as well as all state and federal laws and regulations.

APPLICABLE DOCUMENTS/REFERENCES: State Rules/Regulations, State Nurse Practice Act, The Company policies and procedures, INS Standards and IgNS Standards.

**PURPOSE**

To identify and define the accepted standards of practice The Company is committed to following in providing Infusion Nursing services, while in the home, suite or clinic.

**PROCEDURE**

1. The Company nursing staff will practice within the guidelines of their stated discipline.
2. All staff will be knowledgeable regarding laws and regulations governing Home Infusion Therapy services and home health services.
3. All staff will be knowledgeable of The Company's policy and procedures and/or job description prior to providing direct patient care.
4. Staff will have access to applicable rules/regulations via electronic access and/or written documents such as the following:
  - a. State Nurse Practice Act
  - b. The Company Policy and Procedures
  - c. Infusion Nurses Society Standards
  - d. Immunoglobulin Nurse Society Standards

**Nursing****Competency Validation****Revised:****01/04/21****POLICY STATEMENT**

Purpose of this policy is to establish guidelines for management of infusion patients and monitor for potential complications by promoting safe and consistent patient care by establishing a baseline evaluation of skilled nursing by documenting competency. This will be performed upon hire and repeated annually thereafter to determine need for teaching and/or remediation in evaluated areas.

APPLICABLE DOCUMENTS/REFERENCES: RN Checklist Competency

**PROCEDURE**

1. RN providing support/care must hold an active license in the state which he/she will be practicing professional nursing.
2. RN must complete a competency evaluation prior to delivering patient care. Competence includes knowledge, application, critical thinking skills, decision making skills, and psychomotor skills and will address specific populations such as age-specific needs.
3. RN is required to adhere to mandatory continuing education requirements for disease specific therapies, where applicable.
4. RN is required to maintain a current CPR certification.
5. RN is responsible for attaining and maintaining competence with infusion therapy and all skills associated with such therapies, within his/her scope of practice.
6. The organization is responsible for assessment and validation of RN initial competencies (prior to patient care being performed) and on an ongoing basis. If scope of practice changes or new procedures/technology/equipment is introduced, the organization will provide education and training.
7. Competency validation will be documented and maintained in the employee records.
8. Contracted employees, including third party nurses, will be required to adhere to Paragon's policy and procedure requirements including but not limited to competency validation and outcome monitoring.
9. Paragon does not validate competencies of third party nursing and therefore those agencies must be able to provide proof of competency validation.
10. RN checklist competency form to be reviewed and updated annually and as needed to include any special education, experience, or licensure-certification requirement necessary to administer specific pharmaceuticals and/or perform special treatments.

**CareMax Pharmacy of Loudon Inc. (Middle)**  
**Certificate of Need Application CN2210-040**  
**Application to Establish a Home Care Organization to Initiate and Provide Home**  
**Health Infusion Services**  
**Supplemental Response #1**  
**November 10, 2022**

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CareMax Pharmacy of Loudon Inc., referred henceforth as “Paragon,” has provided the following responses to the HFC staff’s request for supplemental information regarding the above referenced CON application.

**1. Item 7A., Ownership**

**Does the applicant share common ownership of 5% of more with any other licensed health care entities in Tennessee?**

Response: Paragon operates two licensed pharmacies in Tennessee, one each in Knoxville and Nashville. There are no other licensed health care entities in Tennessee with which Paragon shares common ownership of 5% or more.

**2. Item 1E., Overview**

**Please briefly describe a typical visit, including length of time, standard services covered, frequency of visits with a physician, how refill orders are processed, and how other services that may be needed will be provided (e.g. homemaker aide assistance, etc.).**

Response: A typical home infusion visit can last from 45 minutes to ten hours, depending on the medication to be infused and the time that medication takes to infuse. Upon arrival, the administering nurse takes the patient’s vitals and performs a quick physical assessment, then starts a peripheral (short) IV or access port to access the patient’s bloodstream to administer the appropriate medication. Vital signs are required at specific time intervals prior to increasing the rate of the infusion and are monitored throughout the entire infusion to ensure that the patient is tolerating the medication appropriately. Once the infusion is complete, the nurse removes the IV access and monitors the patient for at least another 30 minutes before leaving the patient’s home.

The frequency of physician visits is determined by the patient’s physician, not by Paragon. Any refill orders are processed in the same way as the original prescription. When a physician’s office sends a prescription to Paragon’s pharmacy, the prescription is filled and delivered via third party (FedEx, UPS,

local medical courier service, etc.) to the patient's home. The infusion therapy nurse does not deliver the medications to the home.

It should also be noted that a home health agency (HHA) limited to providing infusion care, as Paragon proposes, does not enter a patient's home to evaluate a patient's need for other services such as physical therapy, occupational therapy, speech therapy, medical social worker, or aides, because infusion therapy nurses are fulfilling a specific order to infuse a specific medication as often as the prescription indicates. As such, home infusion nursing does not involve orders to admit and evaluate patients for home care needs like a traditional HHA performs. Based on the needs of a particular patient, Paragon can and will treat patients in parallel with other agencies. In other words, patients can be receiving care from another HHA for non-infusion services and can continue receiving those services while Paragon also provides the infusion therapy.

**In which other states does the applicant provide home infusion therapy services through its own licensed home health agency?**

Response: Paragon provides home infusion therapy services through its own licensed HHA in Texas and Colorado. Of note, Paragon provides infusion nursing services in Georgia and Alabama, but those states do not require a home health license to provide the service. Irrespective of state licensure requirements, all Paragon HHAs are accredited by ACHC.

**Which home health agencies in the service area does the applicant currently work with to deliver home infusion services of its pharmaceuticals?**

Response: Please see Attachment 2S for a list of home health agencies in the service area that Paragon currently works with to deliver home infusion of its pharmaceuticals.

**Please clarify if the applicant will be providing home infusion services that includes controlled substances?**

Response: Paragon will not provide home infusion services that include controlled substances.

**What are the risks of a patient experiencing a reaction to the medication because of a first dose administered by a home health agency in the home?**

Response: Paragon will only provide the first dose of a medication in a patient's home if possible reactions can be managed by medication alone, and do not require medical equipment such as oxygen. Paragon is able to provide necessary

medications in the event of an allergic reaction, including epinephrine (EPI pen), Benadryl, and other medications for specific reactions. The infusion nurse administering the medication has special training in responding to expected reactions, including the knowledge of when a reaction necessitates calling emergency services.

**If a patient is new, typically are the first infusion doses administered in a controlled setting such as a hospital, infusion center, MD office, clinic, etc.?**

Response: Paragon will typically administer the first infusion dose in the patient's home, if appropriate, based on the possible reactions and the management of such reactions. If a medication requires medical equipment or oxygen to manage a possible reaction, Paragon will recommend that the first dose be administered in a facility setting.

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

**Please discuss the extent to which TennCare patients are eligible for infusion services, both pharmaceutical and infusion center, through the applicant's existing facilities. What percentage of the patient base for the applicant's other entities are Medicare or TennCare patients?**

Response: TennCare patients are eligible for infusion therapy services, both through the pharmacy and in the infusion center, and Paragon's existing pharmacies and infusion centers in Tennessee accept and serve TennCare patients.

To date in 2022, 37.1 percent and 28.6 percent of Paragon's patients in Tennessee were Medicare and TennCare, respectively. The balance of patients were commercial, other managed care, pharmacy benefit manager (PBM), out of network, or self-pay.

### **4. Item 5N., HHAs in the Proposed Service Area**

**Attachment 1N-5 Service Area Utilization is noted. However, it appears that three home health agencies reported providing infusion visits in 2021 which are not listed in the table:**

- **Amedisys Home Health - State ID 33103 (Hamilton County)**
- **Maxim Healthcare Services - State ID 33433 (Hamilton County)**
- **Coram CVS Specialty Infusion Services - State ID 47442 (Knox County)**

**Please update the table with the number of infusion visits provided by these agencies in the service area in 2021.**

**There also appear to be errors in the (non-infusion provider) utilization data for the following agencies:**

- **33083 – Guardian Home Care LLC (Hamilton) is missing from the table**

**Please revise and resubmit Attachment 1N-5 (labeled as Attachment 1N-5R).**

Response: Please see Attachment 1N-5R.

While Amedisys Home Health, Maxim Healthcare Services, and Coram CVS/Specialty Infusion Services are listed as providing infusion visits for the state of Tennessee, none of these three agencies provided home health services to patients within the proposed service area in 2021, and all reported serving five or fewer patients within the proposed service area for each of the last three years. As such, they have been denoted appropriately, as requested in #5 of the Criteria and Standards for Home Health Services. As they were in Paragon’s original application, these three agencies are highlighted yellow in Attachment 1N-5R.

**Please update Attachments 1N-9-1 and 1N-9-2 with the three agencies listed above. Please revise and resubmit Attachments 1N-9-1 and 1N-9-2 (labeled as Attachments 1N-9-1R and 1N-9-2R).**

Response: Please see Attachment 1N-9-1R and 1N-9-2R.

**5. Item 6N., Applicant’s Historical and Projected Utilization**

**Please show historical utilization in tables 6N-1 and 6N-2 for the Middle Tennessee service area specifically.**

Response: Please see the tables below.

**Table 6N-1R: Paragon patients residing in the 12 service area counties in Middle Tennessee who received infusion therapy medications from Paragon’s Tennessee pharmacies**

2020	2021	2022 <sup>^</sup>	CAGR*
2	15	102	614.1%

<sup>^</sup>Annualized based on 10 months of actual 2022 data (85 patients)

\*Compound annual growth rate

Please note that the sum of the numbers in the table above and the sum of the numbers in the corresponding table in the East Tennessee application will not equal the numbers in the original application, as those figures inadvertently included patients for which a county of residence was not listed; in each year, approximately 10 percent of Paragon’s patient records do not include ZIP code

information. While most of those patients likely do reside in the proposed service area, they have been conservatively excluded in Table 6N-1R. However, the total number of patients and the total growth rate over the three-year period is still similar and supports the projected growth rate.

**Table 6N-2R: Paragon patients from Nashville pharmacy appropriate for home infusion therapy for whom care from a traditional HHA was unavailable**

2020	2021	2022 <sup>^</sup>	CAGR*
0	2	13	NA

<sup>^</sup>Annualized based on 10 months of actual 2022 data (11 patients)

\*Compound annual growth rate cannot be calculated for the 2020-2022 time period

Please note that the totals shown above in Table 6N-2R are not necessarily limited to the Middle Tennessee service area counties. While Paragon maintains data for the counties of residence for its patients, the data regarding patients that were unable to be served by traditional HHAs are limited to the pharmacy serving the patient (i.e., Knoxville or Nashville), not the patient’s county of residence. Paragon has historically served some patients residing in the proposed Middle Tennessee service area counties from its Knoxville pharmacy, and vice versa. As such, Paragon believes the data above are not an appropriate proxy for the number of patients to be served by each of its proposed HHAs. For that reason, Paragon used the approach in the original application of dividing the patients to be served evenly across its two proposed HHAs, as described in more detail below. Given the huge increase in the volume of patients receiving infusion therapy medications from Paragon’s Nashville pharmacy (614.1%), reflecting the ramp up of volume following the opening of the Nashville pharmacy, Paragon believes the methodology presented in the application results in much more conservative and reasonable projections compared to relying on its historical trajectory.

**Please explain the growth in historical patients who are identified as being appropriate for home infusion therapy services being so much greater (88.7%) than the growth in patients receiving infusion therapy medications.**

Response: To clarify, the growth in patients appropriate for home infusion therapy reflects a growth in patients appropriate for home infusion therapy for which Paragon was unable to find an existing HHA willing and able to serve the patient. In other words, it is the dramatic growth in this specific patient population, those for which Paragon could not find another HHA to serve them, that drives the need for Paragon to obtain a CON and HHA license in order to serve these patients. Patients that existing HHAs are able to serve will continue to be referred to those agencies as a first preference. Paragon is seeking to meet only that need that is currently unmet – for its patients who cannot be cared for by traditional HHAs.

**It is noted that the utilization projections, projected costs and revenue, and payor mixes are nearly identical for both this project and the companion proposal for East Tennessee. Please provide additional detail supporting the reasonableness of these projections.**

Response: As stated above, Paragon's existing pharmacies in Knoxville and Nashville have historically served infusion patients in counties beyond the proposed service areas. In other words, patients residing in service area counties for Paragon's proposed Nashville-based HHA have been served through both its Knoxville and Nashville pharmacies. When contemplating the development of a HHA to serve its patients who cannot be referred to existing traditional home health agencies, Paragon considered a single agency licensed to serve all service area counties proposed in the two applications. Of note, other recently-approved HHAs proposing to provide only infusion therapy services have employed this approach. However, given the counties from which Paragon has not historically served patients and does not propose to serve in either of its applications, as well as the logistics involved in serving the number of counties proposed, Paragon believes that the most effective approach is to operate two separate HHAs.

Additionally, the Nashville pharmacy only recently opened – approximately one year ago, and its volume is still in the “ramp up” phase. As such, Paragon believes that the specific experience of that pharmacy is not as useful in projecting utilization for the service area, as its first year volume is small compared to Knoxville. But, volume in Paragon's Nashville pharmacy is expected to grow rapidly. While Paragon does have data for its pharmacy patients by county of residence, the data showing the total number of patients who were unable to be served by traditional HHAs shows the pharmacy location serving the patient, not the patient's county of residence.

The population of the Middle Tennessee service area is also considerably larger than the East Tennessee service area. In particular, while the total population of Middle Tennessee is 16.9 percent larger ( $2,346,478 \div 2,005,565 = 1.169$ ), the target population is 27.1 percent larger ( $1,989,983 \div 1,565,549 = 1.271$ ). As such, given the strong growth in volume as the Nashville pharmacy ramps up, as well as the higher total and target population of the Middle Tennessee service area, Paragon believes the HHA volume will be similar between the two offices once they are licensed and operational.

Regarding the projected costs, they are similar because the only difference between the projects is the lease outlay costs, which are only slightly different between the two sites. The revenue is identical for the two applications because the utilization is projected to be the same (i.e., the same number of patients and



visits), which drives revenue. The payor mixes are also identical because the balance of commercial and other payors that comprise the non-Medicare, non-TennCare patient populations are expected to be similar. As noted in the original application, Paragon will serve Medicare and TennCare patients if they cannot be served by traditional HHAs; however, since Paragon will not be Medicare or TennCare certified, it will not bill those programs for nursing care provided through the HHA. Thus, Medicare/TennCare are not listed in the payor mix for the proposed HHA.

#### 6. Item 4C., Availability and Accessibility of Human Resources

**Please discuss whether the applicant will require its nursing staff to obtain any additional specific training requirements such as completion of the Certified Registered Nurse Infusion (CRNI) exam through the Infusion Nurses Society (INS).**

Response: Paragon does not require home infusion nursing staff to be certified as CRNI at the patient level.

#### 7. Item 8C., Proposed Charges

**Please discuss the costs to patients of receiving the infusion therapy services in the infusion center setting vs. the proposed home infusion setting.**

Response: The cost to patients of receiving infusion therapy services in the infusion center is greater than in the proposed home infusion setting. Specifically, Paragon does bill Medicare and TennCare for patients it serves in an infusion center, and those patients are also responsible for any co-pays when care is provided in an infusion center. Moreover, in the infusion center setting, patients and their caregivers incur the costs of traveling, both in terms of the travel costs, as well as the additional loss of time for work or other activities.

#### 8. Item 8Q., Staffing Chart

**Please clarify how on-call after hour's coverage will be handled. In your response, please clarify if the call center will be located in-state or out-of-state.**

Response: Patients requiring 24/7 assistance receive such care from their local Paragon pharmacy, which is able to provide telephonic triage via an on-call pharmacy technician, pharmacist, or RN, as needed. As such, the call center is in-state and specific to the pharmacy filling the prescription for the patient.

**Please clarify if the applicant will employ non-patient care positions, a Director of Nursing, and a Medical Director.**

Paragon expects that one of the RNs hired to provide the home infusion therapy service will serve as the Director of Nursing to supervise the program, including the other RNs providing infusion therapy. The Medical Director will not be an employed (FTE) position but will be an independent local physician with whom Paragon contracts for medical director services.

**Please clarify how 2.35 FTE Nurses will cover an average of 3.76 nursing visits per day in Year 1 while covering a 12-county service area. In your response please indicate whether the nurses will be based in the Nashville (parent office), or field based.**

As a non-traditional HHA limited to providing infusion therapy services for patients of pharmacies owned by Paragon Healthcare, Inc., Paragon will be able to schedule the required visits efficiently. Specifically, unlike traditional HHAs, Paragon will know in advance the specific requirements of its patients, such as the frequency of infusion therapy visits for each particular patient and the length of time required for each infusion. Infusions will be scheduled such that the nurse has a long infusion and one or more short infusions on the same day in the same area, not multiple longer infusions. Similarly, patients will be scheduled in the same area so that nurses do not have to drive from one end of the service area to the other in a single day. Moreover, 2.35 FTEs may be covered by multiple RNs that work part time and live in different parts of the service area. Some may be based in Nashville, but others may live in other areas. The type of care provided will not require the nurses to be in the HHA office prior to serving patients. This is the method used successfully by Paragon in the other states in which it provides home infusion therapy services. This approach, combined with a relatively small number of patients, will allow the nurses to know their patients well and serve them more efficiently. Finally, the limited nature of the service, along with the length of the visit, which is typically longer than a traditional home health visit, results in a smaller administrative burden. Nurses often complete any charting or other administrative tasks as they monitor the patient during the infusion therapy visit.

*Please respond to the following service specific criteria questions as an attachment labeled Attachment 1N-Supplemental #1.*

**9. Item 1N., Project Specific Criteria (Home Health), Item #3**

**Attachment 1N-3 is noted. However, the following rows appear to contain errors:**

- Macon County
- Maury County

**Please revise and resubmit Attachment 1N-3 (labeled as Attachment 1N-3R).**

Response: Please see Attachment 1N – Supplemental #1.

**10. Item 1N., Project Specific Criteria, County Need Standard (Home Health), Item #4**

**It is noted that no letters of support are provided in response to Criterion #4. Does the applicant intend to provide any letters of support identifying instances of the following?**

- 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.

Response: Please see Attachment 1N – Supplemental #1.

**INDEX OF SUPPLEMENTAL ATTACHMENTS**

**Attachment 2S.** Home Health Agencies in Service Area that Work with Paragon

**Attachment 1N-5R.** Service Area Utilization

**Attachment 1N-9-1R.** Infusion Charge per Visit

**Attachment 1N-9-2R.** Infusion Visits and Hours

**Attachment 1N – Supplemental #1.** Service Specific Criteria Questions

**Attachment 10S-1.** Home Health Agencies by Licensed County (Macon and Maury Only)

**Attachment 10S-2.** Joint Annual Reports Data – Macon County

**Attachment 10S-3.** Joint Annual Reports Data – Maury County

**Attachment 2S**  
**Home Health Agencies in Service Area**  
**that Work with Paragon**

<b>Agency</b>
AccentCare
Adoration Home Health
All Heart Home Care
Amedisys Home Health
Cumberland Medical
Deaconess Home Care
Elk Valley Healthcare
Encompass Home Health
Enhabit Home Health
Home First Home Health
Intrepid Home Health
Kindred at Home
Macon Community Hospital
Maury Regional OP
NHC
Quality Home Health
Southern TN RHS
Suncrest Home Health
Tennessee Quality Health Care
Tennova Home Health
Vanderbilt Home Health
Willowbrook Home Health

**Attachment 10S-1**  
**Home Health Agencies by Licensed**  
**County (Macon and Maury Only)**

**Home Health Agencies In:**

*Source: Department of Health Licensure - 9/23/2021*

**Macon County**

***Number of Agencies Licensed for County: 28***

Cumberland River Homecare	(Clay)
Adoration Home Health Nashville South	(Davidson)
Adoration Home Health, LLC	(Davidson)
Advanced Nursing Solutions	(Davidson)
Amedisys Home Health (10 Ave)	(Davidson)
Amedisys Home Health (Glen Echo Rd)	(Davidson)
Brookdale Home Health Nashville	(Davidson)
Coram CVS Specialty Infusion Services	(Davidson)
Elk Valley Health Services Inc	(Davidson)
Home Care Solutions, Inc	(Davidson)
Home Health Care of Middle Tennessee	(Davidson)
Intrepid USA Healthcare Services	(Davidson)
Optum Women's and Children's Health, LLC	(Davidson)
Pentec Health	(Davidson)
Suncrest Home Health	(Davidson)
Vanderbilt Community & Home Services	(Davidson)
Vanderbilt HC w/ Option Care IV Services	(Davidson)
Willowbrook Home Health Care Agency	(Davidson)
Implanted Pump Management	(Knox)
Cookeville Regional Home Health	(Putnam)
NHC Homecare	(Rutherford)
Accredo Health Group, Inc	(Shelby)
Optum Infusion Services	(Shelby)
Highpoint Homecare	(Sumner)
HomeFirst Home Healthcare	(Warren)
American National Home Health	(Wilson)
Deaconess Homecare I	(Wilson)
Kindred at Home	(Wilson)



**Home Health Agencies In:**

*Source: Department of Health Licensure - 9/23/2021*

**Maury County**

***Number of Agencies Licensed for County: 32***

Adoration Home Health Nashville South	(Davidson)
Adoration Home Health, LLC	(Davidson)
Advanced Nursing Solutions	(Davidson)
Amedisys Home Health (10 Ave)	(Davidson)
Amedisys Home Health (Glen Echo Rd)	(Davidson)
Amedisys Home Health Services	(Davidson)
Brookdale Home Health Nashville	(Davidson)
Coram CVS Specialty Infusion Services	(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)
Kindred at Home	(Davidson)
Optum Women's and Children's Health, LLC	(Davidson)
Pentec Health	(Davidson)
Vanderbilt Community & Home Services	(Davidson)
Vanderbilt HC w/ Option Care IV Services	(Davidson)
Willowbrook Home Health Care Agency	(Davidson)
Tennessee Quality Homecare - Southwest	(Decatur)
Encompass Health Home Health	(Franklin)
St. Thomas Home Health	(Hickman)
Implanted Pump Management	(Knox)
Deaconess Homecare	(Lincoln)
Maury Regional Home Services	(Maury)
NHC Homecare	(Maury)
Quality First Home Care	(Maury)
Amedisys Home Health Care	(Rutherford)
Accredo Health Group, Inc	(Shelby)
Optum Infusion Services	(Shelby)
Maxim Healthcare Services, Inc.	(Williamson)
Deaconess Homecare I	(Wilson)

**Attachment 10S-2**  
**Joint Annual Reports Data -**  
**Macon County**

Facility ID Info						Utilization - Macon
						Total
JAR Year	Facility ID	Lic Number	State ID	Facility Name	County	Total
2021	370	70	19324	Suncrest Home Health	Davidson	164
2021	377	46	19584	Home Health Care of Middle Tennessee, LLC	Davidson	1
2021	381	254	19674	Amedisys Home Health	Davidson	56
2021	383	259	19694	Willowbrook Home Health Care Agency, Inc.	Davidson	7
2021	385	622	19714	Adoration Home Health, LLC	Davidson	256
2021	386	295	19724	AbilisHealth Nashville LLC	Davidson	39
2021	387	624	19734	Coram CVS Speciality Infusion Services	Davidson	3
2021	512	633	47452	Implanted Pump Management LLC	Knox	1
2021	453	197	71014	Cookeville Regional Home Health	Putnam	2
2021	455	205	74054	NHC Homecare	Robertson	14
2021	474	347	79456	Accredo Health Group, Inc.	Shelby	2
2021	486	258	83114	Highpoint Homecare	Sumner	50
2021	499	282	95034	Deaconess Homecare I	Wilson	2
2021	500	41	95074	Gentiva Health Services	Wilson	22
2021	501	600	95084	American National Home Health	Wilson	8
					<b>TOTAL</b>	<b>627</b>

**Attachment 10S-3**  
**Joint Annual Reports Data -**  
**Maury County**

Facility ID Info						Utilization - Maury
						Total
JAR Year	Facility ID	Lic Number	State ID	Facility Name	County	Total
2021	351	620	01042	Professional Case Management of Tennessee	Anderson	2
2021	368	49	19084	Gentiva Health Services	Davidson	29
2021	374	42	19494	Elk Valley Health Services, LLC	Davidson	2
2021	375	289	19504	Brookdale Home Health Nashville	Davidson	26
2021	377	46	19584	Home Health Care of Middle Tennessee, LLC	Davidson	111
2021	378	323	19614	Friendship Home Health Agency, LLC	Davidson	2
2021	379	471	19654	Optum Womens and Childrens Health, LLC	Davidson	12
2021	381	254	19674	Amedisys Home Health	Davidson	1
2021	383	259	19694	Willowbrook Home Health Care Agency, Inc.	Davidson	136
2021	385	622	19714	Adoration Home Health, LLC	Davidson	184
2021	386	295	19724	AbilisHealth Nashville LLC	Davidson	2
2021	387	624	19734	Coram CVS Speciality Infusion Services	Davidson	18
2021	517	635	19754	Intrathecal Care Solutions dba Advanced Nursing So	Davidson	3
2021	509	194	19854	Ascension at Home Saint Thomas	Davidson	1
2021	506	604	19994	Vanderbilt HC Option Care IV Services	Davidson	5
2021	389	221	20045	Tennessee Quality Care - Home Health	Decatur	1
2021	396	83	26024	Caresouth HHA Holdings of Winchester, LLC	Franklin	78
2021	407	115	33083	Guardian Home Care, LLC	Hamilton	5
2021	423	125	41034	Saint Thomas Home Health	Hickman	42
2021	443	181	60024	NHC Homecare	Maury	299
2021	444	180	60044	Maury Regional Home Services	Maury	730
2021	446	90	60084	Quality First Home Care	Maury	281
2021	457	208	75024	NHC Homecare	Rutherford	3
2021	459	5	75064	Amedisys Home Health Care	Rutherford	751
2021	474	347	79456	Accredo Health Group, Inc.	Shelby	5
2021	510	634	79856	Optum Infusion Services LLC	Shelby	7
				<b>TOTAL</b>		<b>2736</b>

**AFFIDAVIT**

STATE OF NORTH CAROLINA

COUNTY OF Durham

NAME OF FACILITY: CareMax Pharmacy of Loudon, Inc

I, Daniel Carter, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

D Carter / Vice President  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 9<sup>th</sup> day of November, 2022, witness my hand at office in the County of Durham, State of Tennessee.

Wendolyn Filmore-Mitchell  
NOTARY PUBLIC

My commission expires 6-10-, 2025.

HF-0043

Revised 7/02

