Original Application

Intrathecal Care Solutions, LLC dba Advanced Nursing Solutions ("ANS")

Nashville (Davidson Co.)

CN1804-019

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

APR 18 PM 12:01

CERTIFICATE OF NEED APPLICATION

SECTION A: APPLICANT PROFILE

1. Name of Facility, Agency, or Institution

Intrathecal Care Solutions, LLC dba Advanced Nursing Solutions
Name

555 Marriott Drive, Suite 315, Office #347 — Street or Route
Davidson — County

Nashville — City
TN — State
37214 — Zip Code

Website address: www.AISCaregroup.com

*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.*

2. Contact Person Available for Responses to Questions

DeJarnette Trice — Name
Corporate Counsel — Title

Advanced Infusion Solutions — Company Name
dtrice@aiscaregroup.com — Email address

623 Highland Colony Pkwy, Ste. 100 — Street or Route
Ridgeland — City
MS — State
39157 — Zip Code

Association with Owner	Phone Number	Fax Number
Corporate Counsel	769-300-4313	888-298-2220

NOTE: ***Section A*** is intended to give the applicant an opportunity to describe the project. ***Section B*** addresses how the project relates to the criteria for a Certificate of Need by addressing: Need, Economic Feasibility, Contribution to the Orderly Development of Health Care, and Quality Measures.

Please answer all questions on ***8½" X 11" white paper, clearly typed and spaced, single or double-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 A.1, A.2, etc. The last page of the application should be a completed signed and notarized affidavit.***

3. SECTION A: EXECUTIVE SUMMARY

A. Overview

Please provide an overview not to exceed three pages in total explaining each numbered point.

1) Description – Address the establishment of a health care institution, initiation of health services, bed complement changes, and/or how this project relates to any other outstanding but unimplemented certificates of need held by the applicant;

AIS Healthcare offers comprehensive infusion services throughout the country. AIS Healthcare's services include intrathecal medication (Advanced Infusion Solutions), immunoglobulin medication (Advanced InfusionCare) and nursing services (Advanced Nursing Solutions). Our services assist physicians and hospitals in delivering an outstanding level of care for patients requiring home care and ancillary care services. Our goal is to provide optimal therapeutic outcomes.

Intrathecal Care Solutions, LLC dba Advanced Nursing Solutions (ANS) provides the specialty home intrathecal infusion nursing services for the AIS Healthcare brand and intends to expand its services to patients in Tennessee. ANS is the applicant for this Certificate of Need application.

Historically, AIS has compounded specialty pharmaceuticals and shipped those drugs to Tennessee so patients' implanted intrathecal infusion pumps could be refilled. Having seen a need for highly trained and qualified nurses to perform this specialized intrathecal care, ANS was created to provide highly trained nurses with experience in this specialty. ANS is submitting this certificate of need in order to expand those services to all counties in Tennessee. ANS will provide administration and management of refills for implanted intrathecal infusion pumps within patient homes, skilled nursing facilities, ambulatory infusion centers, and/or within existing physician practices, as medically indicated and pursuant to a physician's order. ANS will also provide similar infusion services for immunoglobulin patients. Although the need for intrathecal infusion services in the home is growing, we believe there are very few providers that offer the services we provide to our patients, and thus, a large number of competition is unlikely.

For our intrathecal infusion patients, the only services that will be provided to patients in their homes would be the administration of medication refill and pump programming/maintenance for implanted intrathecal infusion pumps. These patients have an implanted intrathecal pump (performed operatively by a physician) and will have received at least one reservoir fill of the implanted pump in the physician's office before any refills at home. The physician will issue an order for the reservoir refill, program maintenance and programming. The implanted intrathecal pump slowly delivers medication to the patients, allowing certain drugs to work effectively at smaller doses and diminished the risk of dependence and other adverse effects.

RDA 1651

All of the nurses providing these pump refills would be either registered nurses or advanced practice nurses, licensed in Tennessee, who have received specialized education and training in the administration of intrathecal pump medications and immunoglobulin therapies (intravenous and subcutaneous). ANS's nurses would only go to the patient's homes/skilled nursing facility to perform these refills at the frequency indicated in the physician's order (i.e. Some patients receive refills every other day, some weekly, monthly, etc.). ANS intends to employ the nurses who will be performing these refills and infusions. ANS has established a physical location within Tennessee to coordinate the in-home/in-office infusion for the entire State, although ANS will hire nurses residing in different areas of the staff to ensure we have service adequacy. No advanced medical equipment would be required for these services.

ANS does not have any outstanding CONs open with the State of Tennessee.

2) Ownership structure;

Advanced Vascular Solutions owns 100% interest in ANS. Advanced Infusion Solutions Acquisitions, LLC owns 100% interest in AVS.

3) Service area;

ANS would like to provide our services in every county in Tennessee.

4) Existing similar service providers;

See Attachment: Section A-Executive Summary—4 - Existing Similar Service Providers.

5) Project cost;

The estimated cost of the project is $48,936.

6) Funding;

ANS will use cash reserves to fund the project.

7) Financial Feasibility including when the proposal will realize a positive financial margin; and

This project does not require expensive start-up costs such as construction and renovations. ANS will not undergo a project that requires construction, modification and/or renovation. ANS anticipates spending: $22,000 in legal, administrative or consulting fees; $4,000 in fixed and moveable equipment; $6,936 for the leased space; and $15,000 for the CON filing fee. In total, we estimate that the project will cost $48,936.00. ANS projects we will realize a positive financial margin within the first year of operation.

8) Staffing.

ANS anticipates employing 6 nurses for this project. However, ANS will ensure that it is properly staffed by Tennessee licensed registered nurses in order to meet the demands of its business in Tennessee.

B. 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, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the

orderly development of adequate and effective health care in the service area. This section should provide rationale for each criterion using the data and information points provided in Section B. of this application. Please summarize in one page or less each of the criteria:

1) Need;

The global home healthcare infusion market is mainly driven by increasing geriatric population, rising healthcare costs and technological advancements in healthcare devices. With rising health awareness among people and an increasing number of people diagnosed with chronic, rare and immunological diseases, the demand for home healthcare market is expected to grow in the near future.

Intrathecal pumps are highly efficacious, but there are substantial complexities associated with intrathecal infusions, including the need for highly trained and skilled clinicians.

2) Economic Feasibility;

Our services create economic feasibility for both physicians and patients. Physicians who are currently performing these refill and infusion services in their offices have expressed a desire to transfer care to the patient's home setting to increase the focus on patient need, convenience for the patients and reduce the scheduling constraints that these sometimes time-intensive procedures place on their practices. Our services eliminate patients' costs of travelling to and from the doctor's office, and patients can receive quality services in the comfort of their homes.

3) Appropriate Quality Standards; and

ANS offers quality care to its patients and continually monitors its standards and ways to improve its services. ANS provides highly trained nurses with experience in these specialties. We ensure our nurses have experience in intrathecal infusion and immunological nursing services, and each nurse must complete a robust training program before nurses provide patient care. The ANS Plan of Treatment policy and Coordination of Care outline the steps the ANS nurses follow when caring for their patients. These processes have been developed to meet the needs of monitoring and serving the patient's intrathecal infusion pump.

4) Orderly Development to adequate and effective health care.

ANS believes our services will add to the orderly development to adequate and effective health care in Tennessee, specifically for the growing population of patients needing implanted pain pump management therapy. Through its pharmacy partner, ANS already has identified healthcare providers who will benefit from the services we provide. See Attachment: Section B-Contribution to the Orderly Development of Health Care –A. Our services will positively contribute to health care because physicians and their patients will have access to one of the fastest-growing and trusted providers in intrathecal and immunological (Ig) infusion in the country. ANS purposely specializes in a limited number of services to ensure the focus remains on offering quality skilled nursing services. Additionally, ANS's pharmacy partner, Advanced Infusion Solutions (AIS), is the nation's largest provider of intrathecal infusion pharmaceutical medication. AIS uses state of the art sterilization processes as an additional step that impacts patient safety. ANS only uses AIS drugs for its intrathecal patients, thus providing quality services from a nationally recognized pharmacy trusted among the provider community.

In terms of competition, our research shows currently there are not many options for intrathecal or immunoglobulin infusion nursing services in Tennessee, thus, ANS's

entrance does not overly saturate the market. Additionally, as the need for these services increase based on the number of patients currently on or projected to have intrathecal and immunoglobulin infusion needs, ANS believes the need for companies who offer nurses with the specialized skills necessary to care for these patients will rise as well. AIS does not project any negative outcomes associated with this project.

ANS provides specialty trained nurses able to provide intrathecal pump management and medication refills, as well as infusion services in the patient's home and/or skilled nursing facility.

ANS is accredited by the Accreditation Commission for Health Care (ACHC). ANS will seek accreditation of its Tennessee location once applicable licenses are obtained in the State. The quality of our nursing services meets ACHC standards. We also comply with all state and federal quality standards expected of our company.

C. Consent Calendar Justification – N/A

If Consent Calendar is requested, please provide the rationale for an expedited review.

A request for Consent Calendar must be in the form of a written communication to the Agency's Executive Director at the time the application is filed.

4. SECTION A: PROJECT DETAILS

Owner of the Facility, Agency or Institution

A. Advanced Vascular Solutions, LLC — 877-433-4006

Name — Phone Number

623 Highland Colony Pkwy, Ste. 100 — Rankin

Street or Route — County

Ridgeland — MS — 39157

City — State — Zip Code

B. Type of Ownership of Control (Check One)

A.	Sole Proprietorship	_____	F.	Government (State of TN or Political Subdivision)	_____
B.	Partnership	_____	G.	Joint Venture	_____
C.	Limited Partnership	_____	H.	Limited Liability Company	X
D.	Corporation (For Profit)	_____	I.	Other (Specify)_____	_____
E.	Corporation (Not-for-Profit)	_____			

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 web-site at https://tnbear.tn.gov/ECommerce/FilingSearch.aspx.
See Attachment: Section A-Project Details-- 4.A.

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. **Advanced Vascular Solutions, LLC owns 100% interest in ANS. Advanced Infusion Solutions Acquisitions, LLC owns 100% interest in AVS.**
See Attachment: Section A-Project Details -- 4.B.

5. Name of Management/Operating Entity (If Applicable) – N/A

Name

Street or Route — County

City — State — Zip Code

Website address: _____

For new facilities or existing facilities *without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment methodology and schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract.*

6A. Legal Interest in the Site of the Institution (Check One)

A.	Ownership	_____	D.	Option to Lease	_____
B.	Option to Purchase	_____	E.	Other (Specify) _____	_____
C.	Lease of_____Years	X		_____	

Check appropriate line above: *For applicants or applicant's parent company/owner that currently own the building/land for the project location, attach a copy of the title/deed. For applicants or applicant's parent company/owner that currently lease the building/land for the project location, attach a copy of the fully executed lease agreement. For projects where the location of the project has not been secured, attach a fully executed document including Option to Purchase Agreement, Option to Lease Agreement, or other appropriate documentation. Option to Purchase Agreements must include anticipated purchase price. Lease/Option to Lease Agreements must include the actual/anticipated term of the agreement and actual/anticipated lease expense. The legal interests described herein must be valid* on the date of the Agency's consideration of the certificate of need application.

See Attachment: Section A-Project Details-- 6.A

6B. Attach **a copy of the site's plot plan, floor plan, and if applicable, public transportation route to and from the site** on an 8 1/2" x 11" sheet of white paper, single or double-sided. ***DO NOT SUBMIT BLUEPRINTS***. Simple line drawings should be submitted and need not be drawn to scale.
See Attachment Section A-Project Details-- 6.B

1) Plot Plan **must include**:

   a. Size of site (***in acres***);

   b. Location of structure on the site;

   c. Location of the proposed construction/renovation; and

   d. Names of streets, roads or highway that cross or border the site.

   There is a bus stop near the location called Metro Transit. The major intersection is Elm Hill Pike. The office is close to Interstates 24 and 40. Currently there is construction at the other end of Marriott Drive however, it is not a barrier to our location.

2) Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. On an 8 ½ by 11 sheet of paper or as many as necessary to illustrate the floor plan.

3) 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.
   The office serves as the base of operations for our business, no patients will be seen at this location. Patients will only be seen at their home, skilled nursing facility or other outpatient location as directed by physician/prescriber.

7. Type of Institution (Check as appropriate--more than one response may apply)

A. Hospital (Specify)_____ _____
B. Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty _____
C. ASTC, Single Specialty _____
D. Home Health Agency X
E. Hospice _____
F. Mental Health Hospital _____
G. Intellectual Disability Institutional Habilitation Facility ICF/IID _____
H. Nursing Home _____
I. Outpatient Diagnostic Center _____
J. Rehabilitation Facility _____
K. Residential Hospice _____
L. Nonresidential Substitution-Based Treatment Center for Opiate Addiction _____
M. Other (Specify)_____ _____

Check appropriate lines(s).

8. Purpose of Review (Check appropriate lines(s) – more than one response may apply)

A. New Institution X
B. Modifying an ASTC with limitation still required per CON _____
C. Addition of MRI Unit _____
D. Pediatric MRI _____
E. Initiation of Health Care Service as defined in T.C.A. §68-11-1607(4) X
(Specify) **Home-Intrathecal Infusion; Pump Refill/ Maintenance; immunoglobulin Therapy**
F. Change in Bed Complement _____
[Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation]
G. Satellite Emergency Dept. _____
H. Change of Location _____
I. Other (Specify)_____ _____

9. Medicaid/TennCare, Medicare Participation

MCO Contracts [Check all that apply]

___AmeriGroup____United Healthcare Community Plan____BlueCare ___TennCare Select

Medicare Provider Number _____

Medicaid Provider Number _____

Certification Type _____

If a new facility, will certification be sought for Medicare and/or Medicaid/TennCare?

Medicare __Yes _X_No __N/A Medicaid/TennCare___Yes _X__No ___N/A

10. **Bed Complement Data- N/A**

A. **Please indicate current and proposed distribution and certification of facility beds.**

	Current Licensed	*Beds Staffed*	*Beds Proposed*	**Beds Approved*	***Beds Exempted*	*TOTAL Beds at Completion*
1) Medical						
2) Surgical						
3) ICU/CCU						
4) Obstetrical						
5) NICU						
6) Pediatric						
7) Adult Psychiatric						
8) Geriatric Psychiatric						
9) Child/Adolescent Psychiatric						
10) Rehabilitation						
11) Adult Chemical Dependency						
12) Child/Adolescent Chemical Dependency						
13) Long-Term Care Hospital						
14) Swing Beds						
15) Nursing Home – SNF (Medicare only)						
16) Nursing Home – NF (Medicaid only)						
17) Nursing Home – SNF/NF (dually certified Medicare/Medicaid)						
18) Nursing Home – Licensed (non-certified)						
19) ICF/IID						
20) Residential Hospice						
TOTAL						

**Beds approved but not yet in service* ***Beds exempted under 10% per 3 year provision*

B. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the applicant facility's existing services. **N/A**

C. Please identify all the applicant's outstanding Certificate of Need projects that have a licensed bed change component. If applicable, complete chart below. **N/A**

CON Number(s)	CON Expiration Date	Total Licensed Beds Approved

11. Home Health 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	☐	☐	■	Lauderdale	☐	☐	■
Bedford	☐	☐	■	Lawrence	☐	☐	■
Benton	☐	☐	■	Lewis	☐	☐	■
Bledsoe	☐	☐	■	Lincoln	☐	☐	■
Blount	☐	☐	■	Loudon	☐	☐	■
Bradley	☐	☐	■	McMinn	☐	☐	■
Campbell	☐	☐	■	McNairy	☐	☐	■
Cannon	☐	☐	■	Macon	☐	☐	■
Carroll	☐	☐	■	Madison	☐	☐	■
Carter	☐	☐	■	Marion	☐	☐	■
Cheatham	☐	☐	■	Marshall	☐	☐	■
Chester	☐	☐	■	Maury	☐	☐	■
Claiborne	☐	☐	■	Meigs	☐	☐	■
Clay	☐	☐	■	Monroe	☐	☐	■
Cocke	☐	☐	■	Montgomery	☐	☐	■
Coffee	☐	☐	■	Moore	☐	☐	■
Crockett	☐	☐	■	Morgan	☐	☐	■
Cumberland	☐	☐	■	Obion	☐	☐	■
Davidson	☐	☐	■	Overton	☐	☐	■
Decatur	☐	☐	■	Perry	☐	☐	■
DeKalb	☐	☐	■	Pickett	☐	☐	■
Dickson	☐	☐	■	Polk	☐	☐	■
Dyer	☐	☐	■	Putnam	☐	☐	■
Fayette	☐	☐	■	Rhea	☐	☐	■
Fentress	☐	☐	■	Roane	☐	☐	■
Franklin	☐	☐	■	Robertson	☐	☐	■
Gibson	☐	☐	■	Rutherford	☐	☐	■
Giles	☐	☐	■	Scott	☐	☐	■
Grainger	☐	☐	■	Sequatchie	☐	☐	■
Greene	☐	☐	■	Sevier	☐	☐	■
Grundy	☐	☐	■	Shelby	☐	☐	■
Hamblen	☐	☐	■	Smith	☐	☐	■
Hamilton	☐	☐	■	Stewart	☐	☐	■
Hancock	☐	☐	■	Sullivan	☐	☐	■
Hardeman	☐	☐	■	Sumner	☐	☐	■
Hardin	☐	☐	■	Tipton	☐	☐	■
Hawkins	☐	☐	■	Trousdale	☐	☐	■
Haywood	☐	☐	■	Unicoi	☐	☐	■
Henderson	☐	☐	■	Union	☐	☐	■
Henry	☐	☐	■	Van Buren	☐	☐	■
Hickman	☐	☐	■	Warren	☐	☐	■
Houston	☐	☐	■	Washington	☐	☐	■
Humphreys	☐	☐	■	Wayne	☐	☐	■
Jackson	☐	☐	■	Weakley	☐	☐	■
Jefferson	☐	☐	■	White	☐	☐	■
Johnson	☐	☐	■	Williamson	☐	☐	■
Knox	☐	☐	■	Wilson	☐	☐	■
Lake	☐	☐	■				

12. Square Footage and Cost per Square Footage Chart – N/A

Unit/Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage		
					Renovated	New	Total
Unit/Department GSF Sub-Total							
Other GSF Total							
Total GSF							
*Total Cost							
**Cost Per Square Foot							
Cost per Square Foot Is Within Which Range *(For quartile ranges, please refer to the Applicant's Toolbox on www.tn.gov/hsda)*					☐ Below 1st Quartile ☐ Between 1st and 2nd Quartile ☐ Between 2nd and 3rd Quartile ☐ Above 3rd Quartile	☐ Below 1st Quartile ☐ Between 1st and 2nd Quartile ☐ Between 2nd and 3rd Quartile ☐ Above 3rd Quartile	☐ Below 1st Quartile ☐ Between 1st and 2nd Quartile ☐ Between 2nd and 3rd Quartile ☐ Above 3rd Quartile

* The Total Construction Cost should equal the Construction Cost reported on line A5 of the Project Cost Chart.

** Cost per Square Foot is the construction cost divided by the square feet. Please do not include contingency costs.

13. MRI, PET, and/or Linear Accelerator – N/A

1. Describe the acquisition of any Magnetic Resonance Imaging (MRI) scanner that is adding a MRI scanner in counties with population less than 250,000 or initiation of pediatric MRI in counties with population greater than 250,000 and/or
2. Describe the acquisition of any Positron Emission Tomographer (PET) or Linear Accelerator if initiating the service by responding to the following:

A. Complete the chart below for acquired equipment. **N/A**

☐ Linear Accelerator	Mev_____ Types: ☐ SRS ☐ IMRT ☐ IGRT ☐ Other _____ Total Cost*: _____ ☐ By Purchase ☐ By Lease Expected Useful Life (yrs) ____ ☐ New ☐ Refurbished ☐ If not new, how old? (yrs) _____	
☐ MRI	Tesla:_____ Magnet: ☐ Open ☐ Short Bore ☐ Breast ☐ Extremity ☐ Other _____ Total Cost*: _____ ☐ By Purchase ☐ By Lease Expected Useful Life (yrs) ____ ☐ New ☐ Refurbished ☐ If not new, how old? (yrs) _____	
☐ PET	☐ PET only ☐ PET/CT ☐ PET/MRI Total Cost*: _____ ☐ By Purchase ☐ By Lease Expected Useful Life (yrs) ____ ☐ New ☐ Refurbished ☐ If not new, how old? (yrs) _____	

* As defined by Agency Rule 0720-9-.01(13)

B. In the case of equipment purchase, include a quote and/or proposal from an equipment vendor. In the case of equipment lease, provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments along with the fair market value of the equipment. **N/A**

C. Compare lease cost of the equipment to its fair market value. Note: Per Agency Rule, the higher cost must be identified in the project cost chart. **N/A**

D. Schedule of Operations:

Location	Days of Operation (*Sunday through Saturday*)	Hours of Operation (*example: 8 am – 3 pm*)
Fixed Site *(Applicant)*	***Monday through Friday***	**8:00 am – 5:30 pm**
Mobile Locations *(Applicant)*	_____	_____
(Name of Other Location)	_____	_____
(Name of Other Location)		

E. Identify the clinical applications to be provided that apply to the project.

F. If the equipment has been approved by the FDA within the last five years provide documentation of the same. **N/A**

SECTION B: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with T.C.A. § 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, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of health care." Further standards for guidance are provided in the State Health Plan developed pursuant to T.C.A. § 68-11-1625.

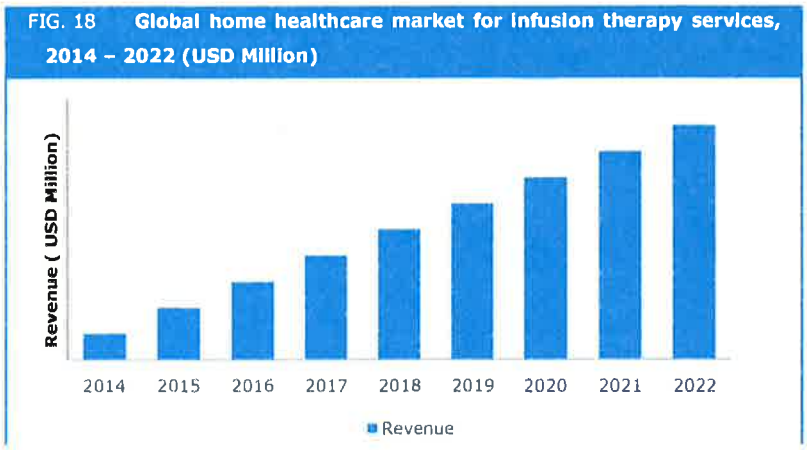
The following questions are listed according to the four criteria: (1) Need, (2) Economic Feasibility, (3) Applicable Quality Standards, and (4) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. *Please type each question and its response on an 8 1/2" x 11" white paper, single-sided or double sided*. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer, unless specified otherwise. ***If a question does not apply to your project, indicate "Not Applicable (NA)."***

QUESTIONS

SECTION B: NEED

A. Provide a response to each criterion and standard in Certificate of Need Categories in the State Health Plan that are applicable to the proposed project. Criteria and standards can be obtained from the Tennessee Health Services and Development Agency or found on the Agency's website at http://www.tn.gov/hsda/article/hsda-criteria-and-standards.

The global home healthcare infusion market is mainly driven by increasing geriatric population, rising healthcare costs and technological advancements in healthcare devices. With rising health awareness among people and an increasing number of people diagnosed with chronic, rare and immunological diseases, the demand for home healthcare market is expected to grow in the near future. The population of geriatric people is growing rapidly across the world. Rapid job growth in home healthcare services is expected in open alluring avenues for the market growth over the next few years. (https://www.zionmarketresearch.com/sample/home-healthcare-market)



The National Institutes of Health ("NIH") estimates that approximately 100 million Americans suffer from chronic pain. Among these chronic pain sufferers are nearly 25 million who say the pain is severe enough to impact their quality of life on a daily basis. Of those, the NIH estimates that nearly 10 million take opioids to manage their long-term chronic pain and over 2 million of those Americans are on a long-term regimen of oral

opioids. Intrathecal pumps were introduced to the market in 1991 and have proven to be a safe and effective therapy for those patients suffering from both chronic pain as well as spasticity. Unlike the systemic delivery mechanism used by oral narcotics, intrathecal infusion uses targeted drug delivery which involves piercing the blood/brain barrier on the spinal column to insert a catheter through which a continuous infusion of pain medication is provided directly to the spinal area associated with the pain. While highly efficacious, there are substantial complexities associated with intrathecal infusions, including the need for highly trained and skilled clinicians.

Determination of Need & Use Rate of Existing HHAs

Please refer to the Joint Annual Report of Health Agencies – 2017 Final report.
(See Attachment: Section B- General Criteria for Certificate of Need -- A.)
The attachment shows a comparison of the population-based need projection versus the actual utilization for a period of three years (2017-2020).

The JAR reports project a need for additional HHA services in Tennessee counties. Furthermore, while JAR reports measure the need for home health agency services in Tennessee, it does not isolate the limited and specialized services we offer. Therefore, it is difficult to determine gaps in service for Tennessee patients and whether these HHAs provide intrathecal infusion services, which is a highly specialized and more complex infusion than most infusion therapy types.

Statistical data provided in the JAR reports may not accurately reflect patients' accessibility to intrathecal infusion services in their county. It is possible that the use rate of existing HHAs related to intrathecal and immunologic services is significantly lower, thus necessitating the need for additional services in the market.

Data collected from the Tennessee JAR reports (and the absence of isolated data related to our specialty type) as well as national growth trends in home infusion supports the determination of need for our services in Tennessee. Please see Attachment: Section B-General Criteria for Certificate of Need--A.1 (for a list of competitors and A.2 (JAR Reports).

County Need Standard

For intrathecal infusion, the target patient group will be from anesthesiologists, pain management physicians, neurologists and oncologists in the state of Tennessee; Worker's Compensation companies and their case managers will also likely refer patients. Most of these physicians are located in metropolitan areas which provide a larger patient base. Patients travel to these areas for services that are not provided in their local area. Our services will eliminate patients' need to commute from more rural areas to physicians' metropolitan-based office areas in order to receive nursing services.

For infusion and specialty care, the target patients will be referred from the following specialists: immunology, gastroenterology, hematology/oncology, infectious disease, internal medicine, neurology and family practice.

The services would be available to all residents of the geographic area as requested by their physician. Services are provided per physician's orders in the patient's home, skilled nursing facility, rehabilitation centers, infusion suites and other outpatient settings.

Current Service Area Utilization

See Attachment: Section B-General Criteria for Certificate of Need--A.1 (List of Competitors)

See Attachment: Section B-General Criteria for Certificate of Need--A.2 (Jar Reports)

The JAR Reports show data regarding HHAs that are currently providing infusion nursing services. The list of competitors provides a detailed list of the number of patients seen by HHAs for Infusion Therapy - Pain Management and Infusion Therapy – Other in the following categories:

- **Patients Served and Gross Revenue By Revenue Source**
  - **TRICARE**
  - **Commercial**
  - **Pay**
  - **Home and Community Based Waiver Programs**
  - **TN Commission on Aging and Disability**
  - **Charity Care**
  - **Federal Department of Labor (EEOICP)**
  - **Other**
  - **Total All Revenue Sources**

As previously mentioned, while the JAR reports show that some Tennessee home health agencies provide some infusion services, it is difficult to determine whether these HHAs provide intrathecal infusion services, which is a highly specialized and more complex infusion therapy type. Therefore, the statistical data provided in the JAR reports may not accurately reflect patients' accessibility to intrathecal infusion services in their county. It is possible that the use rate of existing HHAs is significantly lower, thus necessitating the need for more services in the market.

Adequate Staffing

ANS uses a variety of methods to recruit employees. The human resources department actively recruits candidates throughout the healthcare spectrum by utilizing job board advertisements, employee referrals, direct calling methods, and newspapers advertisements. The interviews and traits profile testing are conducted to ensure candidates are a great match for the position. A background check is a condition precedent before a candidate can on-board with the company. The on-boarding process includes orientation to the company, review of all policies and procedures, on-line classes and nurse specific hands-on training with skill check validation. Ninety-percent (90%) of the qualified personnel will be direct employees for immunologic care and 100% will be direct employees for intrathecal care. The nursing division turn-over rate is six-percent (6%).

Community Linkage Plan

Patients will be transferred or referred to alternative care entities when specifically, defined conditions exist. ANS will have agreements or arrangements with facilities to coordinate alternate care for patients as required. Agreements will meet the credentialing and training requirements of the entity.
Agreements and Arrangements will include the following:

a. **Nursing services for in-patient or out-patient hospital, patient's home, long-term care facility, rehabilitation facility and hospice will be provided with written agreements**

b. **Specialized diagnostic services, such as an MRI facility, will be provided with written agreements.**

c. **Other home health agencies will be engaged to provide skilled or non-skilled patient care as required by patient need. Referral or transfer will be coordinated directly with agency and will be a patient specific referral or transfer of services.**

d. **Emergency medical services will be provided through 911 emergency system**

e. **Local health department arrangements will be instituted to report required infection or communicable diseases, as well as all state mandated reporting, such as abuse or neglect.**

f. **Pharmacy services for the intrathecal care will be provided by AIS. Alternate pharmacy services will be coordinated through the prescribing physician.**

A written *Additional Services or Transfer Summary* detailing the services will be provided to the patient. This may include a summary of care, patient's current physical and psychosocial status, instructions provided to patient, current medication list, advance directives, any continuing symptom management needs, and reasons for transfer.

TennCare MCO and Financial Viability

For business reasons, ANS has decided not to seek Medicare-certification in any jurisdiction. TennCare currently requires Medicare certification from all home health agencies in order to enroll in its network, and thus, ANS would be prohibited from enrolling in the network.

ANS has financial viability and has enough cash reserve to fund this project.

Proposed Charges

The average charge per skilled nursing visit is $175 for the first 2 hours and $100 for subsequent hours.

Access

Our services will improve access to care for patients who need intrathecal or immunological infusion therapy services. Providing quality care services offered in the home increases access to care for these patients. Additionally, this can greatly benefit patients who do not live in close proximity of their doctor's offices, who do not have their own source of transportation or who do not have access to public transportation. With our services, patients do not have to worry about the potential logistical challenges associated with receiving their infusion refill in the physician's office.

Quality Control and Monitoring

Quality control and monitoring is multi-faceted. The nursing Quality Performance Improvement (QPI) program includes patient safety, patient and HCP satisfaction, infection control and staff competencies.

See Attachment: Section B-General Criteria for Certificate of Need—A.3 (Quality Control & Monitoring)

Data Requirements

ANS agrees to provide the Department of Health and/ or HSDA with all reasonably requested information and data related to our services offered under this certificate of need, in the time and format requested.

B. Describe the relationship of this project to the applicant facility's long-range development plans, if any, and how it relates to related previously approved projects of the applicant.

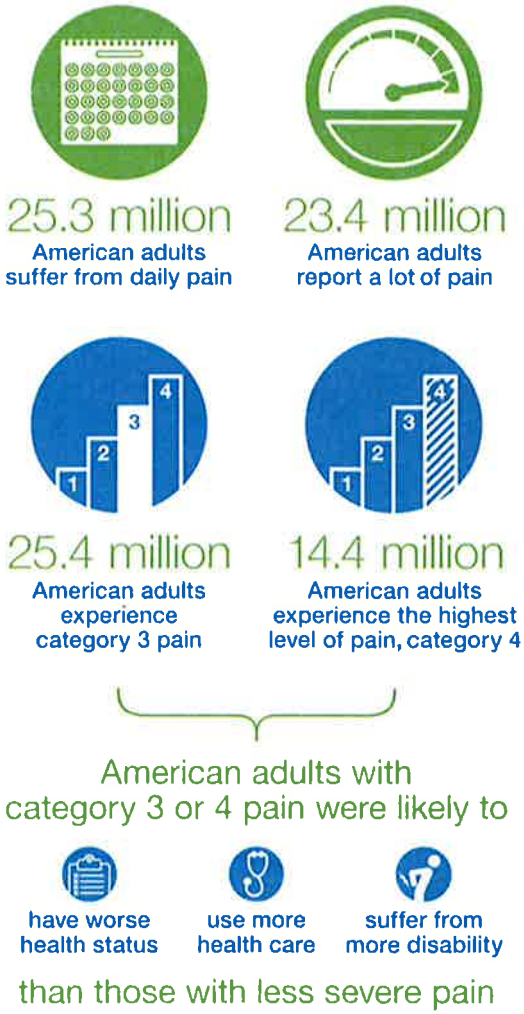
ANS's level of care to patients is a reflection of its motto – Patient. Care. First. Our long-term goal is to ensure that our infusion patients receive the care and attention they deserve. Home care patients appreciate the familiarity of the same nurses, and our business model accommodates patients in this manner. Patients routinely receive the same care from the same nurses. Additionally, we will partner with local physicians who prefer to have their patients' refills and infusions occur in the comfort of patients' homes. In doing so, we also invest in Tennessee by employing Tennesseans who provide services to patients in their own communities.

C. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map for the Tennessee portion of the service area using the map on the following page, clearly marked 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.

ANS proposes serving all ninety-five (95) counties in Tennessee.

The need for broad service area is based in the fact that patients requiring these specialty services are located throughout the cities and counties across Tennessee. ANS must base our service location on the location of the patient, not the location of the physician's office. The aging population and need for home care are growing in both rural and metropolitan service areas. Many patients travel from rural areas to metropolitan areas to receive their infusion services in the physician's office. Therefore, it is impossible to pre-determine the location of each patient requiring our services, but we are willing to accommodate their needs in any county in which they reside.

The population of the United States experiencing chronic pain is at an all-time high. See chart below from NIH.



Estimates of Pain Prevalence and Severity in Adults: U.S. 2012. (Nahin RL/Journal of Pain 2015/NHIS/NCCIH/NIH

Please complete the following tables, if applicable:

Historical Utilization - **N/A.**

Service Area Counties	**Historical Utilization-County Residents**	**% of total procedures**
County #1		
County #2		
Etc.		
Total		100%

Projected utilization- **See Attachment: Section B - Need--C.**

Service Area Counties	**Projected Utilization-County Residents**	**% of total procedures**
County #1		
County #2		
Etc.		
Total		100%

All Counties

County Level Map

D. 1). a) Describe the demographics of the population to be served by the proposal.

Our target Population is 18+. Most of our patients are 30-70 years old.

b) Using current and projected population data from the Department of Health, the most recent enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, complete the following table and include data for each county in your proposed service area.

Projected Population Data: http://www.tn.gov/health/article/statistics-population

TennCare Enrollment Data: http://www.tn.gov/tenncare/topic/enrollment-data

Census Bureau Fact Finder: http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

Demographic Variable/Geographic Area	Department of Health/Health Statistics							Bureau of the Census				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 Population
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, hospice agency projects typically primarily serve the Age 65+ population; projects for child and adolescent psychiatric services will serve the Population Ages 0-19. 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 2016, then default Projected Year is 2020.*

See Attachment: Section B-Need-D.1

2) Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

Our services are provided to patients who need intrathecal or immunological infusion services. Patients who need our services typically have chronic pain (i.e., intrathecal infusion patients) or long-term health complications that require intravenous immunoglobulin or subcutaneous immunoglobulin infusion services. Patients with health disparities that necessitate the services we provide can be among some of the most vulnerable populations, including the elderly and persons with disabilities. However, the need for infusion services crosses any barriers for one segment of the population, thus it may be necessary for people of any age, gender, race or socioeconomic status.

E. 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 doesn't apply to projects that are solely relocating a service. **N/A**

F. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three years and the projected 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.

Past Utilization-N/A

Future Utilization- See Prior Attachment: Section B-Need-C (Projected Utilization Table). Please also refer to Section B – Need – C.1 which shows a city and county projection of potential patients based on AIS Healthcare's historical data.

SECTION B: ECONOMIC FEASIBILITY

A. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.

1) All projects should have a project cost of at least $15,000 (the minimum CON Filing Fee). (See Application Instructions for Filing Fee)

   The cost of the project will be $48,936.00.

2) The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.

   The annual cost of the lease space is $6,936.00.

3) The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.

   ANS projects that the annual cost of fixed and moveable equipment will be $4,000.00.

4) Complete the Square Footage Chart on page 8 and provide the documentation. Please note the Total Construction Cost reported on line 5 of the Project Cost Chart should equal the Total Construction Cost reported on the Square Footage Chart. Please see Square Footage Chart. **N/A**

5) For projects that include new construction, modification, and/or renovation—documentation must be provided from a licensed architect or construction professional that support the estimated construction costs. Provide a letter that includes the following:

   a) A general description of the project;

   b) An estimate of the cost to construct the project;

   c) A description of the status of the site's suitability for the proposed project; and

   d) Attesting the physical environment will conform to applicable federal standards, manufacturer's specifications and licensing agencies' requirements including the AIA Guidelines for Design and Construction of Hospital and Health Care Facilities in current use by the licensing authority.

   N/A - ANS will not undergo a project that requires construction, modification and/or renovation.

APR 5 '18 AM 10:21

PROJECT COST CHART

A.	Construction and equipment acquired by purchase:	
1.	Architectural and Engineering Fees	
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	$22,000
3.	Acquisition of Site	
4.	Preparation of Site	
5.	Total Construction Costs	
6.	Contingency Fund	
7.	Fixed Equipment (Not included in Construction Contract)	$ 2,000
8.	Moveable Equipment (List all equipment over $50,000 as separate attachments)	$ 2,000
9.	Other (Specify) _____	
B.	Acquisition by gift, donation, or lease:	
1.	Facility (inclusive of building and land)	$ 6,936
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)	
E.	CON Filing Fee	$15,000
F.	Total Estimated Project Cost (D+E) **TOTAL**	**$48,936**

B. Identify the funding sources for this project.

Check the applicable item(s) below and briefly summarize how the project will be financed. ***(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment Section B-Economic Feasibility-B.)***

___ 1) Commercial loan – Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;

___ 2) Tax-exempt bonds – Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;

___ 3) General obligation bonds – Copy of resolution from issuing authority or minutes from the appropriate meeting;

___ 4) Grants – Notification of intent form for grant application or notice of grant award;

X 5) Cash Reserves – Appropriate documentation from Chief Financial Officer of the organization providing the funding for the project and audited financial statements of the organization; and/or

___ 6) Other – Identify and document funding from all other sources.

C. Complete Historical Data Charts on the following two pages—*Do not modify the Charts provided or submit Chart substitutions!-N/A*

Historical Data Chart represents revenue and expense information for the last *three (3)* years for which complete data is available. Provide a Chart for the total facility and Chart just for the services being presented in the proposed project, if applicable. **Only complete one chart if it suffices.**

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

- N/A

HISTORICAL DATA CHART

□ Total Facility
□ Project Only

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in_____(Month).

	Year_____	Year_____	Year_____
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits)	_____	_____	_____
B. Revenue from Services to Patients			
1. Inpatient Services	$_____	$_____	$_____
2. Outpatient Services	_____	_____	_____
3. Emergency Services	_____	_____	_____
4. Other Operating Revenue (Specify)_____	_____	_____	_____
Gross Operating Revenue	$_____	$_____	$_____
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	$_____	$_____	$_____
2. Provision for Charity Care	_____	_____	_____
3. Provisions for Bad Debt	_____	_____	_____
Total Deductions	$_____	$_____	$_____
NET OPERATING REVENUE	$_____	$_____	$_____
D. Operating Expenses			
1. Salaries and Wages			
a. Direct Patient Care	_____	_____	_____
b. Non-Patient Care	_____	_____	_____
2. Physician's Salaries and Wages	_____	_____	_____
3. Supplies	_____	_____	_____
4. Rent			
a. Paid to Affiliates	_____	_____	_____
b. Paid to Non-Affiliates	_____	_____	_____
5. Management Fees:			
a. Paid to Affiliates	_____	_____	_____
b. Paid to Non-Affiliates	_____	_____	_____
6. Other Operating Expenses	_____	_____	_____
Total Operating Expenses	$_____	$_____	$_____
E. **Earnings Before Interest, Taxes and Depreciation**	$_____	$_____	$_____
F. Non-Operating Expenses			
1. Taxes	$_____	$_____	$_____
2. Depreciation	_____	_____	_____
3. Interest	_____	_____	_____
4. Other Non-Operating Expenses	_____	_____	_____
Total Non-Operating Expenses	$_____	$_____	$_____
NET INCOME (LOSS)	$_____	$_____	$_____

Chart Continues Onto Next Page

NET INCOME (LOSS)	$_____	$_____	$_____
G. Other Deductions			
1. Annual Principal Debt Repayment	$_____	$_____	$_____
2. Annual Capital Expenditure	_____	_____	_____
Total Other Deductions	$_____	$_____	$_____
NET BALANCE	$_____	$_____	$_____
DEPRECIATION	$_____	$_____	$_____
FREE CASH FLOW (Net Balance + Depreciation)	$_____	$_____	$_____

☐ Total Facility

☐ Project Only

- N/A

HISTORICAL DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	Year____	Year___	*Year*_____
1. Professional Services Contract	$_____	$_____	$_____
2. Contract Labor	_____	_____	_____
3. Imaging Interpretation Fees	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
Total Other Expenses	**$_____**	**$_____**	**$_____**

D. Complete Projected Data Charts on the following two pages – ***Do not modify the Charts provided or submit Chart substitutions!***

The Projected Data Chart requests information for the two years following the completion of the proposed services that apply to the project. Please complete two Projected Data Charts. One Projected Data Chart should reflect revenue and expense projections for the ***Proposal Only*** (*i.e.*, if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility). The second Chart should reflect information for the total facility. **Only complete one chart if it suffices.**

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

▪ Total Facility
□ Project Only

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in January (Month).

	Year 2019	Year 2020
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits)	Visits	Visits
B. Revenue from Services to Patients		
1. Inpatient Services	$	$
2. Outpatient Services		
3. Emergency Services		
4. Other Operating Revenue (Specify)		
Gross Operating Revenue	**$ 750,000**	**$ 825,000**
C Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$ 370,000	$ 407,000
2. Provision for Charity Care		
3. Provisions for Bad Debt		
Total Deductions	$ 370,000	$ 407,000
NET OPERATING REVENUE	$ 380,000	$ 418,000
D. Operating Expenses		
1. Salaries and Wages		
a. Direct Patient Care	158,000	165,000
b. Non-Patient Care		
2. Physician's Salaries and Wages		
3. Supplies	35,000	42,000
4. Rent		
a. Paid to Affiliates	7,000	9,000
b. Paid to Non-Affiliates		
5. Management Fees:		
a. Paid to Affiliates		
b. Paid to Non-Affiliates		
6. Other Operating Expenses	4,000	4,000
Total Operating Expenses	$ 204,000	$ 220,000
E. **Earnings Before Interest, Taxes and Depreciation**	$ 176,000	$ 198,000
F. Non-Operating Expenses		
1. Taxes	$ 50,000	$ 53,000
2. Depreciation		
3. Interest		
4. Other Non-Operating Expenses		
Total Non-Operating Expenses	$ 50,000	$ 53,000
NET INCOME (LOSS)	$ 126,000	$ 145,000

Chart Continues Onto Next Page

NET INCOME (LOSS)	$ 126,000	$ 145,000
G. Other Deductions		
1. Estimated Annual Principal Debt Repayment	$_____	$_____
2. Annual Capital Expenditure	_____	_____
Total Other Deductions	$_____	$_____
NET BALANCE	$ 126,000	$ 145,000
DEPRECIATION	$_____	$_____
FREE CASH FLOW (Net Balance + Depreciation)	$ 126,000	$ 145,000

■ Total Facility

□ Project Only

PROJECTED DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	Year_____	Year_____
1. Professional Services Contract	$_____	$_____
2. Contract Labor	_____	_____
3. Imaging Interpretation Fees	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
Total Other Expenses	**$_____**	**$_____**

E. 1) Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project. Please complete the following table.

	Previous Year	Current Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge *(Gross Operating Revenue/Utilization Data)*	N/A	N/A	750,000	825,000	N/A – CY not available
Deduction from Revenue *(Total Deductions/Utilization Data)*	N/A	N/A	370,000	407,000	N/A – CY not available
Average Net Charge *(Net Operating Revenue/Utilization Data)*	N/A	N/A	380,000	418,000	N/A – CY not available

2) 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. **Revenue is generated from onsite nursing services.**

3) Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s). **Refer to Attachment: Section B-General Criteria for Certificate of Need-A.2, (Schedule D-Finances of each JAR Report)**

F. 1) Discuss how projected utilization rates will be sufficient to support the financial performance. Indicate when the project's financial breakeven is expected and demonstrate the availability of sufficient cash flow until financial viability is achieved. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For all projects, provide financial information for the corporation, partnership, or principal parties that will be a source of funding for the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment Section B-Economic Feasibility-F1. NOTE: Publicly held entities only need to reference their SEC filings. **N/A-New Institution**

2) Net Operating Margin Ratio – Demonstrates how much revenue is left over after all the variable or operating costs have been paid. The formula for this ratio is: (Earnings before interest, Taxes, and Depreciation/Net Operating Revenue).

Utilizing information from the Historical and Projected Data Charts please report the net operating margin ratio trends in the following table:

Year	2nd Year previous to Current Year	1st Year previous to Current Year	Current Year	Projected Year 1	Projected Year 2
Net Operating Margin Ratio	N/A	N/A	N/A	46%	47%

3) Capitalization Ratio (Long-term debt to capitalization) – Measures the proportion of debt financing in a business's permanent (Long-term) financing mix. This ratio best measures a business's true capital structure because it is not affected by short-term financing decisions. The formula for this ratio is: (Long-term debt/ (Long-term debt+Total Equity (Net assets)) x 100).
N/A
For the entity (applicant and/or parent company) that is funding the proposed project please provide the capitalization ratio using the most recent year available from the funding entity's audited balance sheet, if applicable. The Capitalization Ratios are not expected from outside the company lenders that provide funding. **47.3**

G. 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. Additionally, report the estimated gross operating revenue dollar amount and percentage of projected gross operating revenue anticipated by payor classification for the first year of the project by completing the table below.

Applicant's Projected Payor Mix, Year 1

Payor Source	Projected Gross Operating Revenue	As a % of total
Medicare/Medicare Managed Care	0	0%
TennCare/Medicaid	0	0%
Commercial/Other Managed Care	578,000	77%
Self-Pay	172,000	23%
Charity Care	0	0%
Other (Specify)_____	0	0%
Total	750,000	100 %

H. Provide the projected 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. Additionally, please identify projected salary amounts by position classifications and compare the clinical staff salaries to prevailing wage patterns in the proposed service area as published by the Department of Labor & Workforce Development and/or other documented sources.

Position Classification	Existing FTEs (2018)	Projected FTEs Year 1	Average Wage (Contractual Rate)	Area Wide/Statewide Average Wage
a) Direct Patient Care Positions				
Position 1	RN	1	$32-$38	$27.27/hour
Position 2	RN	1	$32-$38	$27.27/hour
Position 3	RN	.5	$32-$38	$27.27/hour
Position 4	RN	.2	$32-$38	$27.27/hour
Position 5	RN	.2	$32-$38	$27.27/hour
Position 6	RN	.2	$32-$38	$27.27/hour
Total Direct Patient Care Positions	RN	6	$32-$38	$27.27/hour

b) Non-Patient Care Positions				
Position 1				
Position 2				
Position "etc."				
Total Non-Patient Care Positions				
Total Employees *(A+B)*				
c) Contractual Staff				
Total Staff *(a+b+c)*				

I. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

1) Discuss the availability of less costly, more effective and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, justify why not, including reasons as to why they were rejected. An alternative to this project would be for patients to receive refills in the physician's office. Currently, this does not prove to be the lost costly, more effective and/or efficient alternative method of providing nursing infusion services. ANS believes our home infusion method of delivering nursing services is the most advantageous way of delivering infusion services to patients.

2) Document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. N/A

SECTION B: CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

A. List all existing health care providers (i.e., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, that may directly or indirectly apply to the project, such as, transfer agreements, contractual agreements for health services.

See Attachment: Section B-Contribution to the Orderly Development of Health Care –A.

B. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact to consumers and existing providers in the service area. Discuss any instances of competition and/or duplication arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

1) Positive Effects

The positive effects will be that physicians and their patients will have access to one of the fastest-growing and trusted providers in intrathecal and immunological infusion. ANS purposely specializes in a limited number of services to ensure the focus remains on offering quality skilled nursing services. Additionally, ANS partners with Advanced Infusion Solutions (AIS) which is the nation's largest provider of intrathecal infusion pharmaceutical medication. Advanced Infusion Solutions also has vested in its patients' safety by investing in state of the art terminal sterilization which drastically reduces the likelihood of a negative drug outcome for the patient. ANS only uses AIS drugs for its intrathecal patients, thus providing quality services from a nationally recognized pharmacy trusted among the provider community. ANS only uses

pharmacy services from Advanced InfusionCare for immunological infusion medication.

In terms of competition, our research shows currently there are not many options for intrathecal or immunologic infusion nursing services in Tennessee, thus, ANS's entrance does not overly saturate the market. Additionally, as the need for these services increase based on the number of patients currently on or projected to have intrathecal and Ig infusion needs, ANS believes the need for companies who offer nurses with the specialized skills necessary to care for these patients will rise as well.

2) Negative Effects

We do not project this will cause any negative effects to the health care system. Instead, we believe this project will answer a need for quality, skilled infusion nursing services to the medical professionals and patients who seek to receive care in the comfort of their home or convenience of their local skilled nursing facilities or infusion centers.

As for existing home health agencies, our research does not indicate that our entrance into the market would saturate the market or greatly impact business opportunities for other home health agencies. Our services are limited to nursing infusion services. We are not competing for business in many of the therapy types and services offered by traditional home health agencies, and we are not a Medicare-certified home health agency.

C. 1) 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 and/or requirements of accrediting agencies, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

ANS provides specialty trained nurses who provide intrathecal pump management and medication refills and infusion services in the patient's home and/or skilled nursing facility. We ensure our nurses have experience in intrathecal and infusion services, and each nurse must complete a robust training program before nurses provide patient care. The training program includes a minimum of 40 hours of didactic training, skills training and lab and field hands-on training with a preceptor. ANS is accredited by Accreditation Commission for Health Care (ACHC) in its current location, and ANS will seek accreditation for its Tennessee office at the completion of this project. Additionally, patients have accessibility to its clinical team 24 hours a day, 7 days a week in the event that an emergency arises. Our nurses provide the level of care expected by our company and by ACHC accreditation.

ANS will ensure that it is properly staffed by Tennessee licensed registered nurses in order to meet the demands of its business in Tennessee. ANS uses a variety of methods to recruit employees. Once we solicit and solidify candidates, we perform the interview process and traits profile testing to insure we have the appropriate match for the position. Once the candidate accepts the offer we perform all the regulatory background checks, etc. to ensure we meet state and federal requirements for our clinicians. The on-boarding process includes orientation to the company, reviewing of all policies and procedures, on line classes and nurse specific hands on training with skill check validation.

2) Verify that the applicant has reviewed and understands all licensing and/or certification as required by the State of Tennessee and/or accrediting agencies such as the Joint Commission for medical/clinical staff. 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.

ANS verifies that we have reviewed and understand all licensing and/or certification as required by the State of Tennessee and/or accrediting agencies.

3) Discuss the applicant's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).

ANS currently does not train students because of the years of experience required to perform our services and because of the risk and liability associated with our specialty.

D. Identify the type of licensure and certification requirements applicable and verify the applicant has reviewed and understands them. Discuss any additional requirements, if applicable. Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Licensure: ANS is submitting this CON in order to qualify for submission of a Tennessee issued license for home health. ANS has reviewed and understands the standards of the Tennessee home health agency license.

Certification Type (e.g. Medicare SNF, Medicare LTAC, etc.):

N/A

Accreditation (i.e., Joint Commission, CARF, etc.):

ANS will seek ACHC accreditation for its Tennessee location once our HHA application processes are complete.

1) If an existing institution, describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility and accreditation designation.

ANS is not an existing facility in the State of Tennessee, but we do have licenses in other states that are in good standing. ANS currently has licenses in Kansas and Arizona. We have provisional licenses in Indiana and Kentucky. Please See Attachment: Section B-Contribution to the Orderly Development of Health Care—D.1 which provides a copy of our licenses in these states.

2) For existing providers, please provide a copy of the most recent statement of deficiencies/plan of correction and document that all deficiencies/findings have been corrected by providing a letter from the appropriate agency.

ANS has not received a statement of deficiency from any state licensing agencies.

3) Document and explain inspections within the last three survey cycles which have resulted in any of the following state, federal, or accrediting body actions: 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.

ANS has not had surveys which resulted in suspension, penalties, termination revocation/denial of accreditation or other similar actions.

a) Discuss what measures the applicant has or will put in place to avoid similar findings in the future.

N/A

E. Respond to all of the following and for such occurrences, identify, explain and provide documentation:

1) Has any of the following:

a) 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);
Advanced Vascular Solutions owns 100% interest in ANS. Advanced Infusion Solutions Acquisitions, LLC owns 100% interest in AVS.).

b) 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

c) Any physician or other provider of health care, or administrator employed by any entity in which any person(s) or entity with more than 5% ownership in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%.

2) Been subjected to any of the following:

a) Final Order or Judgment in a state licensure action;
No

b) Criminal fines in cases involving a Federal or State health care offense;
No

c) Civil monetary penalties in cases involving a Federal or State health care offense;
No

d) Administrative monetary penalties in cases involving a Federal or State health care offense;
No

e) 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; and/or
No

f) Suspension or termination of participation in Medicare or Medicaid/TennCare programs.
No

g) Is presently subject of/to an investigation, regulatory action, or party in any civil or criminal action of which you are aware.
No

h) Is presently subject to a corporate integrity agreement.
No

F. Outstanding Projects: **N/A**

1) Complete the following chart by entering information for each applicable outstanding CON by applicant or share common ownership; and

Outstanding Projects					
			*Annual Progress Report(s)		
CON Number	Project Name	Date Approved	Due Date	Date Filed	Expiration Date

* Annual Progress Reports – HSDA Rules require that an Annual Progress Report (APR) be submitted each year. The APR is due annually until the Final Project Report (FPR) is submitted (FPR is due within 90 ninety days of the completion and/or implementation of the project). Brief progress status updates are requested as needed. The project remains outstanding until the FPR is received.

2) Provide a brief description of the current progress, and status of each applicable outstanding CON. **N/A**

G. Equipment Registry – For the applicant and all entities in common ownership with the applicant. **N/A**

1) Do you own, lease, operate, and/or contract with a mobile vendor for a Computed Tomography scanner (CT), Linear Accelerator, Magnetic Resonance Imaging (MRI), and/or Positron Emission Tomographer (PET)? **No.**

2) If yes, have you submitted their registration to HSDA? If you have, what was the date of submission? **N/A**

3) If yes, have you submitted your utilization to Health Services and Development Agency? If you have, what was the date of submission? **N/A**

SECTION B: QUALITY MEASURES

Please verify that the applicant will report annually using forms prescribed by the Agency concerning

continued need and appropriate quality measures as determined by the Agency pertaining to the certificate of need, if approved.

If approved, ANS will report annually using forms prescribed by the Agency concerning continued need and appropriate quality measures as determined by the Agency pertaining to the certificate of need.

SECTION C: STATE HEALTH PLAN QUESTIONS

T.C.A. §68-11-1625 requires the Tennessee Department of Health's Division of Health Planning to develop and annually update the State Health Plan (found at http://www.tn.gov/health/topic/health-planning). The State Health Plan guides the State in the development of health care programs and policies and in the allocation of health care resources in the State, including the Certificate of Need program. The 5 Principles for Achieving Better Health are from the State Health Plan's framework and inform the Certificate of Need program and its standards and criteria.

Discuss how the proposed project will relate to the 5 Principles for Achieving Better Health found in the State Health Plan.

A. The purpose of the State Health Plan is to improve the health of the people of Tennessee.

The services we provide our patients meet the State Health Plan's purpose of improving the health outcome of Tennesseans. Historically, intrathecal pumps have been used as a therapy of last resort for the most severe patients (i.e., intrathecal infusion pumps are usually implanted after a patient has proved non-responsive to non-invasive surgical procedures and/or a significant regimen of oral narcotics). Therefore, only persons suffering from the worst cases of pain undergo the surgical procedure to have the pain pump implanted into their lower abdominal region. Unlike the systemic delivery mechanism used by oral narcotics, infusion uses drug delivery which involves targeting the spinal area associated with the pain. Intrathecal infusion therapy has a long history of positive clinical outcomes whereby patients who are otherwise incapacitated by pain are able to manage their pain, restore functionality, and lead a more normal, productive life.

Additionally, our services offer significant benefits in terms of opioid safety and diversion. The Tennessee Chronic Pain Guidelines ("Guidelines") published by the TN Department of Health provides that Tennessee had the second highest per capita prescription rate for opioids in the US in 2015. The Guidelines advise chronic pain is a significant health problem with over 116 million US adults suffering from chronic pain. Unlike the systemic delivery mechanism used by oral narcotics, intrathecal infusion uses targeted drug delivery which involves piercing the blood/brain barrier on the spinal column to insert a catheter through which a continuous infusion of pain medication is provided directly to the spinal area associated with the pain. Because of this targeted delivery directly to the intrathecal space in the spine, intrathecal infusion therapy dosages are typically about 1/300th of the equivalent dose that would be required for oral narcotics. In addition to the clinical benefits from intrathecal infusion therapy, there are also significant benefits in terms of safety and diversion. Patients cannot divert drugs from a pump that is implanted in their body, thus dramatically reducing the risk of drug diversion and all of the economic burdens that it places on the U.S. economy and the State of Tennessee. Additionally, the refill process must be performed by a qualified clinician, which precludes any access to the pain medication by the patient or anyone else in the household.

B. People in Tennessee should have access to health care and the conditions to achieve optimal health.

Our services will improve access to care for patients who have implanted pain pumps or need other infusion services. Providing quality care and services in patient's home as opposed to the doctor's office increases access to care for these patients. Patients do not have to worry about the logistics necessary to get the healthcare they need. Additionally, this can greatly benefit patients who do not live in close proximity of their doctor's offices, who do not have their own source of transportation or who do not have access to public transportation.

C. Health resources in Tennessee, including health care, should be developed to address the health of people in Tennessee while encouraging economic efficiencies.

Our services will encourage economic efficiencies for both patients and doctors. Our services complement the current Tennessee health care system because home health agencies rarely have the specialized expertise to refill intrathecal infusion pumps. Physicians who are currently performing these refill services in their offices have expressed a desire to transfer care to the patient's home setting to increase the focus on patient need, convenience for the patients and reduce the scheduling constraints that these sometimes time-intensive procedures place on their practices. The ANS nurse is the liaison between the patient, their physician and the other elements of the health care system to meet the needs/goals of the patient's care. Our model ensures patients receive optimal healthcare for their intrathecal and immunologic infusion needs. ANS's highly skilled nurses specialize in intrathecal appropriate and beneficial clinical treatment plans. We are in the midst of launching a state of the art call center to assist with coordination of care. Customer service representatives at the call center will coordinate pharmacist consultations for physicians and prescribers, assist the patient with pain/spasticity care management plus provide appointment and refill reminders.

D. People in Tennessee should have confidence that the quality of health care is continually monitored and standards are adhered to by providers.

ANS offers quality care to its patients and continually monitors its standards and ways to improve its services. ANS provides highly trained nurses with experience in this specialty. We ensure our nurses have experience in intrathecal infusion services, and each nurse must complete an extensive training program before nurses provide patient care which includes a minimum of 40 hours of didactic training, skills training and lab and field hands-on training with a preceptor. ANS has a successful model of providing care of the patient's intrathecal infusion pump as demonstrated by the various policies and procedures dedicated to this process. ANS provides specialized training in the refill and maintenance of intrathecal infusion pumps to all its registered nurses. ANS' philosophy is to have the appropriate number of nurses available 24/7 to care for patients requiring intrathecal infusion pump care services. The ANS Plan of Treatment policy and Coordination of Care outline the steps the ANS nurses follow when caring for their patients. These processes have been developed to meet the needs of monitoring and serving the patient's intrathecal infusion pump.

The attached Coordination of Care describes the circle of care ANS provides for our patients. The ANS nurse is the liaison between the patient, their physician and the other elements of the health care system to meet the needs/goals of the patient's care.
See Attachment: Section C-State Health Plan Question—D.1

Additionally, ANS is accredited by Accreditation Commission for Health Care (ACHC) in the area of infusion therapy nursing in its other locations, and upon issuance of a license in Tennessee, ANS will add our Tennessee location to its list of accredited sites. As an ACHC accredited provider, ANS is required to monitor its policies and procedures on a

regular basis ensuring our high standards are consistently met.
Please See Attachment: Section C –State Health Plan Question –D.2 which lists the standards for Infusion Nursing accreditation designation with ACHC.

E. The state should support the development, recruitment, and retention of a sufficient and quality health workforce.

ANS uses a variety of methods to recruit employees. We have an in-house HR Department that actively recruits candidates throughout the healthcare spectrum. They use word of mouth, direct calling methods, newspapers and job boards such as Career Builder, etc. Once we solicit and solidify candidates, we perform the interview process and traits profile testing to insure we have the appropriate match for the position. Once the candidate accepts the offer we perform all the regulatory background checks, etc. to insure we meet state and federal requirements for our clinicians.

PROOF OF PUBLICATION

Attach the full page of the 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.

NOTIFICATION REQUIREMENTS

(Applies only to Nonresidential Substitution-Based Treatment Centers for Opiate Addiction)

Note that T.C.A. §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 a 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."

Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.

Please provide documentation of these notifications.

DEVELOPMENT SCHEDULE

T.C.A. §68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates 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 which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole

discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. **Complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.**
2. **If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph,* please state below any request for an extended schedule 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.

Phase	Days Required	Anticipated Date [Month/Year]
1. Initial HSDA decision date		August 22, 2018
2. Architectural and engineering contract signed		
3. Construction documents approved by the Tennessee Department of Health		
4. Construction contract signed		
5. Building permit secured		
6. Site preparation completed		
7. Building construction commenced		
8. Construction 40% complete		
9. Construction 80% complete		
10. Construction 100% complete (approved for occupancy		
11. *Issuance of License		December, 22, 2018
12. *Issuance of Service		June 22, 2018
13. Final Architectural Certification of Payment		
14. Final Project Report Form submitted (Form HR0055)		

***For projects that *DO NOT* involve construction or renovation, complete Items 11 & 12 only.**

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

APR 6 '18 AM 10:21

AFFIDAVIT

STATE OF MS

COUNTY OF ~~Rankin~~ Madison

Michael Ford, 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 Services and Development Agency, and T.C.A. §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.

[signature], COO
SIGNATURE/TITLE

Sworn to and subscribed before me this 5th day of April (Month), 2018 (Year) a Notary Public in and for the County/State of Madison / MS.

[signature]
NOTARY PUBLIC

My commission expires March 8 (Month/Day), 2019 (Year).

STATE OF MISSISSIPPI
NOTARY PUBLIC
ID # 111676
DANETTE LINDSEY
Commission Expires
March 8, 2019
MADISON COUNTY

Letter of Intent UPS Tracking

QUICK START

Home (/us/en/Home.page?) > Tracking (/us/en

Tracking

AIS

Tracking Number 1 Other Tr

MICHAEL FORD
(601) 988-1700
ADVANCED INFUSION SOLUTIONS
625 HIGHLAND COLONY PKWY
RIDGELAND MS 39157-8817

LTR 1 OF 1

SHIP TO:
HEALTH SERVICES &DEVELOPMENT AGENCY
502 DEADERICK STREET
ANDREW JACKSON BUILDING, 9TH FLOOR
NASHVILLE TN 37243

1Z3Y90640150850981

TN 371 9-02

UPS NEXT DAY AIR 1

TRACKING #: 1Z 3Y9 064 01 5085 0981

BILLING: P/P

Delivered On:

Thursday, 04/05/2018 at 9:32 A.M.

Left At:

Mail Room

Received By:

HARTMAN

Proof of Delivery

What time will your package be delivered to your home? Get **FREE** estimated Delivery Windows on most UPS packages.

Conti

W6 20.0.20 Zebra ZP 450 93.0A 10/2017

SEE NOTICE ON REVERSE regarding UPS Terms, and notice of limitation of liability. Where allowed by law, shipper authorizes UPS to act as forwarding agent for export control and customs purposes. If exported from the US, shipper certifies that the commodities, technology or software were exported from the US in accordance with the Export Administration Regulations. Diversion contrary to law is prohibited.

I am already a UPS My Choice® Member

Shipment Progress

What's This?

Section A

Attachment: Section A-Executive Summary-- 4.

Existing Similar Service Providers

Facility ID Info				Patients Served and Gross Revenue By Revenue Source -- TRICARE				Patients Served and Gross Revenue By Revenue Source -- Commercial				Patients Served and Gross Revenue By Revenue Source -- Self Pay				Patients Served and Gross Revenue By Revenue Source -- Home and C ommunity Based Waiver Programs				Patients Served and Gross Revenue By Revenue Source -- TN C ommission on Aging and Disability				Patients Served and Gross Revenue By Revenue Source -- Charity Care				Patients Served and Gross Revenue By Revenue Source -- Federal Department of Labor (EEOICP)				Patients Served and Gross Revenue By Revenue Source -- Other				Patients Served and Gross Revenue By Revenue Source -- Total All Revenue Sources								
				Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Totals				
	State ID	Facility Name	County	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Patients	Visits	Hours	Gross Revenue	Percent of Total
	13032	Suncrest Home Health	Claiborne	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	203	0	0	0	443	0	0	1937	35510	59404	5715923	100
	14024	Cumberland River Homecare	Clay	0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		1	0	1	0	390	10288	105445	6590015	100
	19324	Suncrest Home Health	Davidson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	43	0	0	5437	72976	76970	9264856	100
	19544	Home Care Solutions	Davidson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14	9	0	0	14	9	0	0	1475	43618	38570	6516442	100
	19734	Coram CVS Speciality Infusion Services	Davidson	52	276	3	4	240	1228																											294	1510	3	4	35	297	1514	70915	100
No Jar report Available	19994	Vanderbilt Affiliated Walgreens Services	Davidson			40				430				1																						0	0	1505	0	296	1505	0	195644	100
	21024	Suncrest Home Health	DeKalb	0		0		0	0	0	0	0	0	0	0	0	0	0	0					0		0						0	0	14	0	0	1	14	0	5047	79715	101263	5367277	100
	30051	Procare Home Health Services	Greene	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	50	0	50	0	18949	17836	216274	6518176	100
	33433	Maxim Healthcare Services	Hamilton									18	6																			22	49	42	31	40	84	42	33	113	515	176315	6004439	100
	40075	Henry County Medical Center Home Health	Henry	0		0		0		0		0		0										0		0						0		0		8	0	0	0	417	8613	0	839108	100
	60024	NHC Homecare	Maury	0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		200	0	0	0	2897	76067	0	14200206	100
	79526	Still Waters Home Health Agency	Shelby	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	701	17129	22970	1283276	100
	79556	Coram CVS/Speciality Infusion Service	Shelby	40	92	10	14	105	96	108	756																									145	188	118	770	35	263	958	80905	100

Attachment: Section A-Project Details-- 4.A.

LLC Agreement

TN SOS

THE INTERESTS CREATED BY THIS
LIMITED LIABILITY COMPANY AGREEMENT HAVE NOT BEEN REGISTERED
UNDER THE SECURITIES ACT OF 1933, AS AMENDED

AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT

OF

INTRATHECAL CARE SOLUTIONS. LLC
a Missouri Limited Liability Company

January 13, 2017

AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
INTRATHECAL CARE SOLUTIONS, LLC
A Missouri Limited Liability Company

THIS AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT (this "Agreement") of Intrathecal Care Solutions, LLC (the "Company") is entered into by Advanced Vascular Solutions, LLC, a Mississippi limited liability company, as the sole member of the Company (the "Member") effective as of January 13, 2017. To the extent additional members are hereafter admitted to the Company, all such members are referred to as the "Members."

RECITALS

WHEREAS, the Company was formed on December 23, 2009 pursuant to the Act (defined below);

WHEREAS, the Company has in effect a certain Operating Agreement of the Company (the "Prior Agreement");

WHEREAS, the Member has acquired all equity interests of the Company pursuant to that certain Purchase Agreement, dated January 31, 2017, by and among the Member, the Company, and Tom Nicholson, RN; and

WHEREAS, the Member desires to enter into this Agreement to amend and restate in its entirety the Prior Agreement and for the other purposes and in accordance with the terms and conditions set forth below.

NOW, THEREFORE, in consideration of the covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Definitions. When used herein, the following terms shall have the meanings set forth below (applicable to both the singular and plural) unless the context otherwise requires:

1.1 "Act" means the Missouri Limited Liability Company Act, Mo. Rev. Stat. Section 347.010 et seq., as now adopted or as may be hereafter amended.

1.2 "Affiliate" means, when used with reference to a specified Person: (i) any Person that, directly or indirectly, through one or more intermediaries, controls or is controlled by or is under common control with the specified Person; (ii) any Person that is an officer of, partner in, member of, or trustee of, or serves in a similar capacity with respect to the specified Person or of which the specified Person is an officer, partner, or trustee, or with respect to which the specified Person serves in a similar capacity; (iii) any Person that, directly or

indirectly, is the beneficial owner of 10% or more of any class of equity securities of, or otherwise has a substantial beneficial interest (10% or more) in, the specified Person, or of which the specified Person is directly or indirectly the owner of 10% or more of any class of equity securities, or in which the specified Person has a substantial beneficial interest (10% or more); and (iv) any relative or spouse of the specified Person.

1.3 "Agreement" means this Amended and Restated Limited Liability Company Agreement and all amendments and exhibits hereto.

1.4 "Certificate" means the Certificate of Formation of the Company in a form complying with the Act.

1.5 "Company" shall mean Intrathecal Care Solutions, LLC, an existing Missouri limited liability company.

1.6 "Company Expenses" mean, collectively, (i) any costs, fees or expenses incurred or payable by the Company or the Managers (or its Affiliates) in connection with the operation of the Company's business or the maintenance of the Company's assets and (ii) any amounts which the Company is obligated to pay to or on behalf of an Indemnifiable Person pursuant to Section 13.1.

1.7 "Indemnifiable Person" means (i) any Member, any Affiliate of a Member, or any officers, directors, trustees, shareholders, members, managers, beneficiaries, partners, employees, representatives or agents of any Member or its Affiliates, (ii) any Person who is elected to serve as a Manager or officer of the Company, or (iii) any employee or agent of the Company that is designated as a Indemnifiable Person by the Managers.

1.8 "Managers" mean the Person or Persons identified in Section 9.1 herein who shall manage the business and affairs of the Company pursuant to the terms and conditions of this Agreement and who shall have all of the rights and powers which may be possessed by a "manager" under the Act, and such rights and powers as are otherwise conferred by law or by this Agreement or are necessary, advisable or convenient to the management of the business and affairs of the Company.

1.9 "Manager Consent" means (i) if there are no Managers, the consent of the Member, (ii) if there is only one Manager, the determination by such Person, (iii) if there are two Managers, the determination of both Managers, and (iv) if there are three or more Managers, the vote of the majority of such Persons.

1.10 "Member" means Advanced Vascular Solutions, LLC, a Mississippi limited liability company and, in the event additional members are hereafter admitted to the Company, all such additional members.

1.11 "Membership Interest" means a Member's rights in the Company.

1.12 "Person" includes any natural person, corporation, trust, association, joint stock company, partnership, limited liability company, limited liability

partnership, joint venture and other entity and any government or agency, instrumentality or political subdivision thereof.

1.13 "Section" means, except as otherwise indicated, the applicable section or subsection of this Agreement.

1.14 "Terminating Dissolution" shall have the meaning assigned to such term in Section 11.1.

1.15 "Transfer" means, with respect to a Membership Interest, any sale, assignment, conveyance or other transfer of such Membership Interest (or any interest therein), whether voluntary or involuntary, including a transfer by operation of law.

2. Organization.

2.1 Formation. The Company was formed as a limited liability company pursuant to the Act upon the filing of the Certificate in the Office of the Secretary of State of Missouri.

2.2 Name. The name of the Company is "Intrathecal Care Solutions, LLC."

2.3 Filings. The Managers shall execute or cause to be executed all instruments, certificates, notices and documents, and shall do or cause to be done all such filings, recordings, publications and other acts as may be necessary or appropriate from time to time to comply with all applicable requirements for the formation and operation and, when appropriate, termination of a limited liability company in the State of Mississippi.

3. Principal Place of Business. The principal place of business of the Company shall be located at such place or places as may be determined by the Managers from time to time.

4. Purpose. The purpose of the Company is to conduct any lawful business that the Managers, by Manager Consent, reasonably deem necessary or desirable. In connection with the foregoing purposes, the Company shall have, and may exercise, all of the rights and powers now or hereafter conferred by the laws of the State of Mississippi on limited liability companies formed thereunder.

5. Term. The term of the Company commenced on the date the Certificate was filed with the Office of the Secretary of State of Missouri and shall continue until the Company is dissolved, liquidated and terminated pursuant to Section 11 hereof.

6. Member and Capital Contributions.

6.1 Member. The address of the Member is 3033 East First Avenue, Suite #700, Denver, CO 80206.

6.2 **Additional Members**. Additional Persons may be admitted as Members with the consent of the Member upon the execution of this Agreement by such Person.

6.3 **Contributions; Return of Distributions**. The Member may make capital contributions in such amounts and at such times as the Member shall determine are necessary and appropriate. Except as provided in the Act or applicable law, the Member shall not be required to return any distribution made by the Company to it.

6.4 **Limited Liability**. Except to the extent provided by law, the Member shall not be bound by, or personally liable for, the expenses, liabilities or obligations of the Company.

7. **Allocations; Tax Treatment**.

7.1 **Allocations**. All items of income, gain, loss, deduction and credit for federal and state income tax and book purposes shall be allocated to the Member.

7.2 **Tax Treatment of Company**. Solely for federal and state income tax purposes, it is intended that the Company will be disregarded as an entity separate from the Member as set forth in Section 301.7701-3(b)(l)(ii) of the Treasury Regulations promulgated pursuant to the Internal Revenue Code of 1986, as amended.

8. **Distributions**.

8.1 **Distributions**. All distributions shall be made to the Member.

8.2 **Limitation on Distributions**. No distribution shall be made to the extent that such distribution would violate the Act or any other applicable law.

9. **Management of the Company**.

9.1 **Management**. The business and affairs of the Company shall be managed by or under the authority of the Manager, who shall be Advanced Vascular Solutions, LLC. The Manager shall have all of the rights and powers which may be possessed by a "manager" under the Act, and such rights and powers as are otherwise conferred by law or by this Agreement or are necessary, advisable or convenient to the management of the business and affairs of the Company. The Manager may be replaced upon the written determination of the Member.

9.2 **Manager Consent**. Any actions, consents or determinations required or permitted to be taken or effected by the Managers hereunder may only be taken by Manager Consent. The number of Managers may be increased or decreased by the Member in its sole discretion.

9.3 **Officers**. The Managers may appoint a President, Secretary, Chief Financial Officer, Treasurer, one or more Vice Presidents, one or more Assistant Secretaries, and such other officers as may be appointed in accordance with the provisions of this Section 9.3. Any number of offices may be held by the same person. Any such officers shall serve at the

pleasure of the Managers, subject to the rights, if any, of an officer under any contract of employment or other agreement. Each such appointed officer shall have the power and authority as would normally be vested in a person holding such title or such lesser or greater power and authority as the Managers may establish from time to time. Except to the extent provided by law, no officer shall be personally liable for any debt, obligation or liability of the Company.

9.4 **Removal and Resignation of Officers**. Subject to the rights, if any, of an officer under any contract of employment or other agreement, any officer may be removed, either with or without cause, by Manager Consent at any time upon written notice. Any officer may resign at any time by giving written notice to the Company. Any resignation shall take effect at the date of the receipt of that notice or at any later time specified in that notice; and, unless otherwise specified in that notice, the acceptance of the resignation shall not be necessary to make it effective. Any resignation is without prejudice to the rights, if any, of the Company under any contract to which the officer is a party.

9.5 **Expenses**. The Company shall pay all Company Expenses.

10. **Transfer of Membership Interest**.

10.1 **Transfer**. The Member may Transfer all or any portion of its Membership Interest.

10.2 **Pledge of Membership Interest**. Any provision to the contrary contained in this Agreement, the Certificate or any agreement to which the Company is a party or otherwise bound notwithstanding, the Membership Interests (for purposes hereof, "membership interests" shall be deemed to be inclusive of "limited liability company interests" under the Act issued hereunder or covered hereby and all associated rights and powers may be pledged or assigned to any lender or lenders (or an agent therefor) as collateral for the indebtedness, liabilities and obligations of the Company and/or any of its subsidiaries or affiliates to such lender or lenders, and any such pledged or assigned membership interests and all associated rights and powers shall be subject to such lender's or lenders' rights under any collateral documentation governing or pertaining to such pledge or assignment. The pledge or assignment of such membership interests shall not, except as otherwise may result due to an exercise of rights and remedies under such collateral documentation, cause a Member to cease to be a Member or to have the power to exercise any rights or powers of a Member and, except as provided in such collateral documentation, such lender or lenders shall not have any liability solely as a result of such pledge or assignment. Without limiting the generality of the foregoing, the right of such lender or lenders (or an agent therefor) to enforce and exercise their rights and remedies under such collateral documentation hereby is acknowledged by all of the Members and any such action taken in accordance therewith shall be valid and effective for all purposes under this Agreement, the Certificate (in each case, regardless of any restrictions or procedures otherwise herein or therein contained) and applicable law (including the Act), and any assignment, sale or other disposition of the membership interests by such lender or lenders (or an agent therefor) pursuant to any such collateral documentation in connection with the exercise of any such lender's or lenders' rights and powers shall be valid and effective for all purposes, including, without limitation, under Sections 347.113, 347.115 & 347.119 of the Act, this Agreement, the Certificate and other applicable law, to transfer all right, title and interest (and

rights and powers) of the applicable Member to itself or themselves, any other lender or any other person or entity, including a nominee, an agent or a purchaser at a foreclosure (each an "Assignee") in accordance with such collateral documentation and applicable law (including, without limitation, the rights and powers to participate in the management of the business and the business affairs of the Company, to replace, appoint, direct and substitute any manager of the Company, to vote as a "member", to amend and restate this Agreement, to access information and review the Company's books and records, to compel dissolution, to share profits and losses, to receive, cause and declare distributions, and to receive allocation of income, gain, loss, deduction, credit or similar items, and all other economic, control and "member status" rights) and such Assignee shall automatically be a Member of the Company with all rights and powers of a Member (and, if elected, of a manager) and as a "member" under the Act. No such assignment, sale or other disposition shall constitute an event of dissolution or withdrawal under Section 11 or any other provision hereunder or otherwise. Further, no lender or any such Assignee shall be liable for the obligations of any Member assignor to make contributions. Each of the Members approves all of the foregoing and each of the Members agree that no further approval, consent, notice or other action shall be required for the exercise of any rights or remedies under such collateral documentation (except as may be expressly provided in such collateral documentation).

10.3 **Article 8 Opt-In**. The Company hereby irrevocably elects that all Membership Interests in the Company shall be securities governed by Article 8 of the Uniform Commercial Code as in effect in the State of Missouri and each other applicable jurisdiction. So long as any pledge of any Membership Interests is in effect, each certificate evidencing Membership Interests in the Company shall bear the following legend: "THIS CERTIFICATE EVIDENCES AN INTEREST IN INTRATHECAL CARE SOLUTIONS, LLC AND SHALL BE A SECURITY GOVERNED BY ARTICLE 8 OF THE UNIFORM COMMERCIAL CODE AS IN EFFECT IN THE STATE OF MISSOURI AND, TO THE EXTENT PERMITTED BY APPLICABLE LAW, EACH OTHER APPLICABLE JURISDICTION." So long as any pledge of any Membership Interests is in effect, this Section shall not be amended and any purported amendment to this provision shall not take effect until all outstanding certificates have been surrendered for cancellation all outstanding certificates have been surrendered for cancellation.

No provision of this Article 10 shall be amended or otherwise modified or waived, and any purported amendment to or modification or waiver of any such provision shall be null and void, without the prior written consent of any pledgee or its successors and assigns.

11. Dissolution and Winding Up of the Company.

11.1 **Dissolution of the Company**. The Company shall be dissolved upon the first to occur of any of the following events (each a "Terminating Dissolution"):

(a) a determination by the Member to dissolve the Company; or

(b) the entry of a decree of judicial dissolution under the Act.

11.2 **Winding Up of the Company**. Upon a Terminating Dissolution of the Company, the Managers shall wind up the business and affairs of the Company in an orderly manner. Company assets not previously distributed to the Member, or the proceeds therefrom to the extent the Managers elect to liquidate the same, to the extent sufficient therefor, shall be applied and distributed in the following order:

(a) To the payment and discharge of all of the Company's debts and liabilities (other than in respect of the Member's Membership Interest);

(b) To the establishment of any reserve which the Managers may deem reasonably necessary for any contingent liabilities or obligations of the Company; such reserve may be paid over by the Managers to any bank or other acceptable party, as escrow agent, to be held for disbursement in payment of any of the aforementioned liabilities and, at the expiration of such reasonable period as shall be determined by the Managers, for distribution of the balance, in the manner hereinafter provided in this Section 11.2; and

(c) The balance of such assets or proceeds shall be distributed to the Member.

12. **Books of Account and Accounting; Reports; Banking**.

12.1 **Books of Account and Accounting**. The Company's books and records shall be maintained at the principal place of business of the Company or at the offices of any provider of administrative or similar services to the Company as the Managers may select. The financial and accounting books and records of the Company may be maintained in accordance with such accounting procedures and principles as the Managers may deem appropriate.

12.2 **Banking**. The Managers shall open and thereafter maintain one or more separate bank accounts in the name of the Company in which there shall be deposited all the funds of the Company. No funds of any other Person shall be deposited in such account, and the funds in such account shall be used solely for the business of the Company.

13. **Miscellaneous**.

13.1 **Exculpation and Indemnification**.

(a) **Exculpation**. No Indemnifiable Person shall have any liability or obligation to the Company or any Member arising out of or relating to any act or omission of such Indemnifiable Person (or of any other Indemnifiable Person), except for:

(i) The amount of a financial benefit by a member or manager to which the member or manager is not entitled;

(ii) An intentional infliction of harm on the limited liability company or the members;

(iii) An intentional violation of criminal law;

(iv) A violation of Section 347.109;

(v) The amount of a distribution in violation of Section 347.141; or

(vi) Any act or omission that constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing.

(b) **Indemnification**. For the purposes of this Section 13.1(b), "proceeding" means any threatened, pending or completed claim, demand, action or proceeding, whether civil, criminal, administrative, legislative or investigative; and "expenses" includes without limitation attorneys' fees and any expenses of establishing a right to indemnification under this Section 13.1(b). Except as expressly provided in this Section 13.1(b), the Company shall, to the fullest and broadest extent permitted by law, indemnify and hold harmless each Indemnifiable Person against losses, damages, liabilities or expenses, of any kind or nature, incurred by him, her, or it in connection with, or while acting (or omitting to act) on behalf of, the Company. Without limiting the generality of the foregoing, the Company hereby agrees to indemnify each Indemnifiable Person, and to save and hold him, her, or it harmless, from and in respect of (i) all fees, costs and expenses incurred in connection with or resulting from any demand, claim, action or proceeding against such Indemnifiable Person or the Company which arises out of or in any way relates to the Company or its properties, business or affairs, and (ii) all such demands, claims, actions and proceedings and any losses or damages resulting therefrom, including judgments, fines and amounts paid in settlement or compromise of any such demand, claim, action or proceeding; provided, however, that this indemnity shall not extend to conduct by an Indemnifiable Person proved to constitute actual fraud or willful malfeasance or to the extent prohibited under Section 347.088 of the Act. Unless the Managers otherwise determine, the Company shall pay the expenses incurred by any Indemnifiable Person in connection with any proceeding in advance of the final disposition of such proceeding, upon receipt by the Company of an undertaking of such Indemnifiable Person to repay such payment if there shall be a final adjudication or determination that such Indemnifiable Person is not entitled to indemnification as provided herein.

13.2 Other Activities of the Member. Without otherwise limiting the Member's fiduciary duties except as provided herein, the Member and its Affiliates have other business interests and activities which may be in direct or indirect conflict or competition with the business of the Company, and shall have no obligation to offer any interest in such activities to the Company. The Company shall not have any right or interest in such activities, or the income or profits derived therefrom, and such activities, even if competitive with the business of the Company, shall not be deemed wrongful or improper. Notwithstanding the fact that the Member or its Affiliates may have other business interests in direct or indirect competition with the Company, the Company shall not be prohibited from engaging in or continuing to engage in activities which may be competitive with such other interests of the Member or its Affiliates.

13.3 Section Headings. Section and other headings contained in this Agreement are for reference purposes only and are in no way intended to describe, interpret, define or limit the scope, extent or intent of this Agreement or any provision hereof.

13.4 **Severability**. Each provision of this Agreement is intended to be severable. If any term or provision hereof is illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity of the remainder of this Agreement.

13.5 **Amendment of Agreement**. This Agreement may be amended by the Member, provided that no such amendment shall reduce or diminish the right of any Indemnifiable Person to indemnification hereunder, except as required by law.

13.6 **Governing Law**. Notwithstanding the place where this Agreement may be executed, all the terms and provisions hereof shall be construed under the laws of the State of Missouri.

13.7 **Interpretation**. Masculine, feminine and neuter pronouns used herein shall each include the other, and the use of the singular or plural includes the other unless the context clearly otherwise requires. In addition, "or" is not exclusive unless the context clearly otherwise requires.

(Signature page follows)

[SIGNATURE PAGE TO AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT]

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby, has duly executed this Amended and Restated Limited Liability Company Agreement as of the date first written above.

"MEMBER"

ADVANCED VASCULAR SOLUTIONS, LLC

By: BOND PHARMACY, INC.

By: _____
Name: Simon D. Castellanos
Title: Chief Executive Officer

File Number: 200935790271
LC1021172
Date Filed: 12/23/2009
Robin Carnahan
Secretary of State

State of Missouri

Robin Carnahan, Secretary of State

Articles of Organization

1. The name of the limited liability company is:

   Intrathecal Care Solutions, LLC

2. The purpose(s) for which the limited liability company is organized:

   The transaction of any lawful business for which a limited liability company may be organized under the Missouri Limited Liability Company Act, Chapter 347 RSMo.

3. The name and address of the limited liability company's registered agent in Missouri is:

   Harold Thomas Nicholson — *Name*
   4212 NE Kennesaw Ridge, Lees Summit MO 64064-1379 — *Address*

4. The management of the limited liability company is: [X] Manager [ ] Member

5. The duration (period of existence) for this limited liability company is:

   Perpetual

6. The name(s) and street address(es) of each organizer:

   Harold T Nicholson, 4212 NE Kennesaw Ridge, Lees Summit MO 64064-1379

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Harold T Nicholson
(Organizer Name)

State of Missouri

Robin Carnahan
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

Intrathecal Care Solutions, LLC
LC1021172

filed its Articles of Organization with this office on the December 23, 2009, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, ROBIN CARNAHAN, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the December 23, 2009, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this December 23, 2009.

Secretary of State

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

DEJARNETTE TRICE
SUITE 100
623 HIGHLAND COLONY PARKWAY
RIDGELAND, MS 39157

December 28, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0261856

Issuance Date: 12/28/2017
Copies Requested: 1

Document Receipt

Receipt # : 003717136	Filing Fee:	$20.00
Payment-Credit Card - State Payment Center - CC #: 3717946659		$20.00

Regarding:	**Intrathecal Care Solutions, LLC**		
Filing Type:	Limited Liability Company - Foreign	Control # :	932582
Formation/Qualification Date:	11/16/2017	Date Formed:	12/23/2009
Status:	Active	Formation Locale:	MISSOURI
Duration Term:	Perpetual	Inactive Date:	

CERTIFICATE OF AUTHORIZATION

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

Intrathecal Care Solutions, LLC

* is a Limited Liability Company formed in the jurisdiction set forth above and is authorized to transact business in this State;

* 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 appointed a registered agent and registered office in this State;

* has not filed an Application for Certificate of Withdrawal.

Tre Hargett
Secretary of State

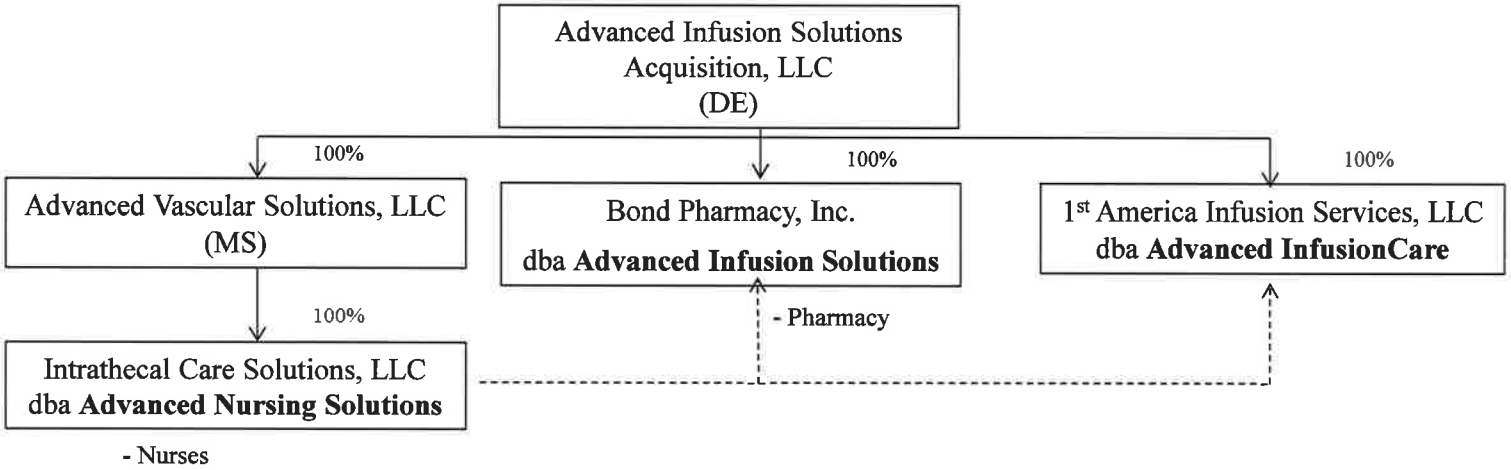
Processed By: Cert Web User

Verification #: 025761628

Attachment: Section A-Project Details-- 4.B.

Org Chart

AIS Org Structure Chart
February 2018



480622918.2

Attachment: Section A-Project Details—6.A

Lease

Regus

Online Office Agreement

Agreement Date : September 7, 2017 **Confirmation No : 8053009**

Business Center Details	
TN, Nashville - Highland Ridge II	
Address	555 Marriott Drive Suite 315 Nashville Tennessee 37214 United States of America
Sales Manager	Justin Lavery

Client Details	
Company Name	Intrathecal Care Solutions / DBA Advanced Nursing Solutions
Contact Name	David Cheek
Address	623 Highland Colony Parkway Suite 100 Ridgeland Mississippi 39157 United States of America
Phone	6606704701
Email	pcarter@alspaincare.com

Office Payment Details (exc. tax and exc. services)

Office Number	Number of people	Price per Office
347	1	$ 578.00

Initial Payment :		
	First month's fee :	$ 578.00
	Service Retainer :	$ 1,156.00
	Total Initial Payment :	**$ 1,734.00**

Service Provision :	**Start Date**	October 1, 2017

Comments:

* Month-to-Month Agreement

Terms and Conditions

We are Regus Management Group, LLC, the "Provider". This Agreement incorporates our terms of business set out on attached Terms and Conditions, attached House Rules and Service Price Guide (where available) which you confirm you have read and understood. We both agree to comply with those terms and our obligations as set out in them. This agreement is binding from the agreement date and may not be terminated once it is made, except in accordance with its terms. Note that the Agreement does not come to an end automatically. See "Cancellation" section of your terms and conditions

AGREEMENT TO ARBITRATE; CLASS ACTION WAIVER: Any dispute or claim relating in any way to this agreement shall be resolved by binding arbitration administered by the American Arbitration Association in accord with its Commercial Arbitration Rules (available at www.adr.org), except that you or the Provider may assert claims in small claims court and the Client and the Provider may pursue court actions to remove you, or prevent your removal, from the Center if you do not leave when this agreement terminates. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, or formation of this agreement. The arbitrator shall not conduct arbitration as a class or representative action. The Client and the Provider acknowledge that this agreement is a transaction in interstate commerce governed by the Federal Arbitration Act. The Client and the Provider agree to waive any right to pursue any dispute relating to this agreement in any class, private attorney general, or other representative action.

☑ **I accept the terms and conditions**

PDF Download the terms and conditions

PDF Download the house rules

☐ **We and our preferred partners would like to keep you informed of the latest product news, special offers and other marketing information. If you would like to receive this information then select this box.**

Confirm by typing your name in the box below

Name : David Cheek on behalf of Intrathecal Care Solutions / DBA Advanced Nursing Solutions

Signed on September 12, 2017

I confirm these details are correct to the best of my knowledge

This website is secure. Your personal details are protected at all times.

Print Agreement

Regus

Copyright ©Regus Group Companies 2009. All rights reserved. Reproduction in whole or in part in any form or medium without express written permission of Regus plc is prohibited.

1. This Agreement

1.1 Nature of this agreement: This agreement is the commercial equivalent of an agreement for accommodation(s) in a hotel. The whole of the Center remains in the Provider's possession and control. THE CLIENT ACCEPTS THAT THIS AGREEMENT CREATES NO TENANCY INTEREST, LEASEHOLD ESTATE OR OTHER REAL PROPERTY INTEREST IN THE CLIENT'S FAVOUR WITH RESPECT TO THE ACCOMMODATION(S). The Provider is giving the Client the right to share with the Provider the use of the Center on these terms and conditions, as supplemented by the House Rules, so that the Provider can provide the services to the Client. This Agreement is personal to the Client and cannot be transferred to anyone else without prior consent from the Provider unless such transfer is required by law. The Provider will not unreasonably withhold its consent to assignment to a parent, subsidiary or affiliate of Client provided that Client and assignee execute the Provider's form of Assignment of License Agreement which will require assignee to assume all Client obligations and will not release the Client. This agreement is composed of the front page describing the accommodation(s), the present terms and conditions, the House Rules and the Service Price Guide (where available).

1.2 Comply with House Rules: The Client must comply with any House Rules which the Provider imposes generally on users of the Center. The House Rules vary from country to country and from Center to Center and these can be requested locally.

1.3 AUTOMATIC RENEWAL: THIS AGREEMENT LASTS FOR THE PERIOD STATED IN IT AND **THEN WILL BE EXTENDED AUTOMATICALLY FOR SUCCESSIVE PERIODS EQUAL TO THE CURRENT TERM BUT NO LESS THAN 3 MONTHS** (UNLESS LEGAL RENEWAL TERM LIMITS APPLY) UNTIL TERMINATED BY THE CLIENT OR BY THE PROVIDER PERSUANT TO SECTION 1.4. UNTIL BROUGHT TO AN END BY THE CLIENT OR BY THE PROVIDER. ALL PERIODS SHALL RUN TO THE LAST DAY OF THE MONTH IN WHICH THEY WOULD OTHERWISE EXPIRE. THE FEES ON ANY RENEWAL WILL BE AT THE THEN PREVAILING MARKET RATE. THIS CLAUSE DOES NOT APPLY TO MONTH TO MONTH AGREEMENTS.

1.4 **CANCELLATION:** EITHER THE PROVIDER OR THE CLIENT CAN TERMINATE THIS AGREEMENT AT THE END DATE STATED IN IT, OR AT THE END OF ANY EXTENSION OR RENEWAL PERIOD, BY GIVING AT LEAST THREE MONTHS WRITTEN NOTICE TO THE OTHER. HOWEVER, IF THIS AGREEMENT, EXTENSION OR RENEWAL IS FOR THREE MONTHS OR LESS AND EITHER THE PROVIDER OR THE CLIENT WISHES TO TERMINATE IT, THE NOTICE PERIOD IS TWO MONTHS IF THIS AGREEMENT, EXTENSION OR RENEWAL IS FOR TWO MONTHS OR LESS, NOTICE MUST BE GIVEN WITHIN ONE WEEK OF THE START DATE OF THE CURRENT TERM.IF THE CLIENT IS ON A MONTH TO MONTH AGREEMENT EITHER PARTY MAY TERMINATE THIS AGREEMENT BY GIVING NO LESS THAN ONE MONTHS' NOTICE TO THE OTHER (EFFECTIVE FROM THE START OF ANY CALENDAR MONTH).

1.5 Ending this agreement immediately: To the maximum extent permitted by applicable law, the Provider may put an end to this agreement immediately by giving the Client notice and without need to follow any additional procedure if (a) the Client becomes insolvent, bankrupt, goes into liquidation or becomes unable to pay its debts as they fall due, or (b) the Client is in breach of one of its obligations which cannot be put right or which the Provider have given the Client notice to put right and which the Client has failed to put right within fourteen (14) days of that notice, or (c) its conduct, or that of someone at the Center with its permission or invitation, is incompatible with ordinary office use and (i) such conduct is repeated despite the Client having been given a warning or (ii) such conduct is material enough (in the Provider's opinion) to warrant immediate termination.

If the Provider puts an end to this agreement for any of these reasons it does not put an end to any outstanding obligations, including additional services used, requested or required under the agreement and the monthly office fee for the remainder of the period for which this agreement would have lasted if the Provider had not ended it.

1.6 If the Center is no longer available: In the event that the Provider is permanently unable to provide the services and accommodation(s) at the Center stated in this agreement then this agreement will end and the Client will only have to pay monthly office fees up to the date it ends and for the additional services the Client has used. The Provider will try to find suitable alternative accommodation(s) for the Client at another Provider Center.

1.7 When this agreement ends the Client is to vacate the accommodation(s) immediately, leaving the accommodation(s) in the same condition as it was when the Client took it. Upon the Client's departure or if the Client, at its option, chooses to relocate to different rooms within the Center, the Provider will charge an Office Restoration Service fee to cover normal cleaning and testing and to return the accommodation(s) to its original state. This fee will differ by country and is listed in the House Rules. The Provider reserves the right to charge additional reasonable fees for any repairs needed above and beyond normal wear and tear. If the Client leaves any property in the Center the Provider may dispose of it at the Client's cost in any way the Provider chooses without owing the Client any responsibility for it or any proceeds of sale. If the Client continues to use the accommodation(s) when this agreement has ended the Client is responsible for any loss, claim or liability the Provider incurs as a result of the Client's failure to vacate on time. The Provider may, at its discretion, permit the Client an extension subject to a surcharge on the monthly office fee.

1.8 Employees: While this agreement is in force and for a period of six months after it ends, neither the Provider nor the Client may knowingly solicit or offer employment to any of the other's staff employed in the Center. This obligation applies to any employee employed at the Center up to that employee's termination of employment, and for three months thereafter. It is stipulated that the breaching party shall pay the non-breaching party the equivalent of six months' salary for any employee concerned. Nothing in this clause shall prevent either party from employing an individual who responds in good faith and independently to an advertisement which is made to the public at large.

1.9 Notices: All formal notices must be in writing, which may include by email, to the address first written above.

1.10 Confidentiality: The terms of this agreement are confidential. Neither the Provider nor the Client must disclose them without the other's consent unless required to do so by law or an official authority. This obligation continues for a period of 3 years after this agreement ends.

1.11 Applicable law: This agreement is interpreted and enforced in accordance with the law of the place where the relevant Center is located. All dispute resolution proceedings will be conducted in the country, state or province where the Center is located. If any provision of these terms and conditions is held void or unenforceable under the applicable law, the other provisions shall remain in force. In the case of Japan all agreements will be interpreted and enforced by the Tokyo District Court, and in the case of France, any dispute regarding this agreement will be settled by the relevant courts of the Paris jurisdiction.

2. Services and Obligations

2.1 Office accommodation(s): The Provider is to provide the number of serviced office accommodation(s) for which the Client has agreed to pay in the Center stated in this agreement. This agreement lists the accommodation(s) the Provider has initially allocated for the Client's use. The Client will have a non-exclusive right to the rooms allocated to it. Occasionally the Provider may need to allocate different accommodation(s), but these accommodation(s) will be of reasonably equivalent size and the Provider will notify the Client with respect to such different accommodation(s) in advance.

2.2 Office Services: The Provider is to provide during normal opening hours the services, if requested, described in the relevant service description (which is available on request). If the Provider decides that a request for any particular service is excessive, it reserves the right to charge an additional fee.

2.3 THE PROVIDER'S IT: WHILST THE PROVIDER HAS INTERNET SECURITY PROTOCOLS, THE PROVIDER DOES NOT MAKE ANY REPRESENTATIONS AS TO THE SECURITY OF THE PROVIDER'S NETWORK (OR THE INTERNET) OR OF ANY INFORMATION THAT THE CLIENT PLACES ON IT. The Client should adopt whatever security measures (such as encryption) it believes are appropriate to its circumstances. The Provider cannot guarantee that a particular degree of availability will be attained in connection with the Client's use of the Provider's network (or the Internet). The Client's sole and exclusive remedy shall be the remedy of such failure by the Provider within a reasonable time after written notice.

3. Providing the Services

3.1 Access to the accommodation(s): The Provider may need to enter the Client's accommodation(s) and may do so at any time. However, unless there is an emergency or the Client has given notice to terminate, the Provider will attempt to notify the Client verbally or electronically in advance when the Provider needs access to carry out testing, repair or works other than routine inspection, cleaning and maintenance. The Provider will also endeavor to respect reasonable

security procedures to protect the confidentiality of the Client's business.

3.2 Availability at the start of this agreement: If for any reason the Provider cannot provide the accommodation(s) stated in this agreement by the date when this agreement is due to start it has no liability to the Client for any loss or damages but the Client may cancel this agreement without penalty. The Provider will not charge the Client the monthly office fee for accommodation(s) the Client cannot use until it becomes available. The Provider may delay the start date of this agreement provided it provides to the Client alternative accommodation(s) that shall be at least of equivalent size to the accommodation(s) stated in this agreement.

4. Accommodation(s)

4.1 The Client must not alter any part of its accommodation and must take good care of all parts of the Center, its equipment, fixtures, fittings and furnishings which the Client uses. The Client is liable for any damage caused by it or those in the Center with the Client's permission or at the Client's invitation whether express or implied, including but not limited to all employees, contractors, agents or other persons present on the premises.

4.2 Office equipment: The Client must not install any cabling, IT or telecom connections without the Provider's consent, which the Provider may refuse at its absolute discretion.

As a condition to the Provider's consent, the Client must permit the Provider to oversee any installations (for example IT or electrical systems) and to verify that such installations do not interfere with the use of the accommodation(s) by other Clients or the Provider or any landlord of the building.

4.3 Insurance: It is the Client's responsibility to arrange insurance for its own property which it brings in to the Center and for its own liability to its employees and to third parties. The Provider strongly recommends that the Client put such insurance in place.

5. Use

5.1 The Client must only use the accommodation(s) for office purposes. Office use of a "retail" or "medical" nature, involving frequent visits by members of the public, is not permitted.

5.2 The Client must not carry on a business that competes with the Provider's business of providing serviced office accommodation(s) or its ancillary services.

5.3 The Client's name and address: The Client may only carry on that business in its name or some other name that the Provider previously agrees.

5.4 Use of the Center Address: The Client may use the Center address as its business address. Any other uses are prohibited without the Provider's prior written consent.

6. Compliance

6.1 Comply with the law: The Client and the Provider must comply with all relevant laws and regulations in the conduct of its business in relation to this agreement. The Client must do nothing illegal in connection with its use of the Business Center. The Client must not do anything that may interfere with the use of the Center by the Provider or by others, (including but not limited to political campaigning or immoral activity), cause any nuisance or annoyance, increase the insurance premiums the Provider has to pay, or cause loss or damage to the Provider (including damage to reputation) or to the owner of any interest in the building which contains the Center the Client is using. Both the Client and the Provider shall comply at all times with all relevant anti-bribery and anti-corruption laws. The Provider confirms that in providing the services it has not employed or used any labor in contravention of the requirements of any anti-slavery laws.

6.2 If the Provider has been advised by any government authority or other legislative body that it has reasonable suspicion that the Client is conducting criminal activities from the Center then the Provider shall be entitled to terminate this agreement with immediate effect.

6.3 The Client acknowledges that (a) the terms of this clause are a material inducement in the Provider's execution of this agreement and (b) any violation by the Client of this clause shall constitute a material default by the Client hereunder, entitling the Provider to terminate this agreement, without further notice or procedure.

6.4 The Provider may collect and process personal data from and of the Client to administer contractual relationship, ensure compliance with applicable laws and regulations, and enable the Provider to provide its services and to manage its business. The Client acknowledges and accepts that such personal data may be transferred or made accessible to all entities of the Provider's group, wherever located, for the purposes of providing the services herein.

7. The Provider's Liability

7.1. The extent of the Provider's liability: To the maximum extent permitted by applicable law, the Provider is not liable to the Client in respect of any loss or damage the Client suffers in connection with this agreement, with the services or with the Client's accommodation(s) unless the Provider has acted deliberately or negligently in causing that loss or damage. the Provider is not liable for any loss as a result of the Provider's failure to provide a service as a result of mechanical breakdown, strike, termination of the Provider's interest in the building containing the Center or otherwise unless the Provider does so deliberately or is negligent. In no event shall the Provider be liable for any loss or damage until the Client provides the Provider written notice and gives the Provider a reasonable time to put it right. If the Provider is liable for failing to provide the Client with any service under this agreement then subject to the exclusions and limits set out immediately below the Provider will pay any actual and reasonable expenses the Client has incurred in obtaining that service from an alternative source. If the Client believes the Provider has failed to deliver a service consistent with these terms and conditions the Client shall provide the Provider written notice of such failure and give the Provider a reasonable period to put it right.

7.2. EXCLUSION OF CONSEQUENTIAL LOSSES, ETC.: THE PROVIDER WILL NOT IN ANY CIRCUMSTANCES HAVE ANY LIABILITY FOR LOSS OF BUSINESS, LOSS OF PROFITS, LOSS OF ANTICIPATED SAVINGS, LOSS OF OR DAMAGE TO DATA, THIRD PARTY CLAIMS OR ANY CONSEQUENTIAL LOSS UNLESS THE PROVIDER OTHERWISE AGREES IN WRITING. THE PROVIDER STRONGLY ADVISES THE CLIENT TO INSURE AGAINST ALL SUCH POTENTIAL LOSS, DAMAGE, EXPENSE OR LIABILITY.

7.3. Financial limits to the Provider's liability: In all cases, the Provider's liability to the Client is subject to the following limits:

- Without limit for personal injury or death;
- Up to a maximum of £1 million / USD$2 million / €1.3 million (or local equivalent) for any one event or series of connected events for damage to the Client's personal property;
- Up to a maximum equal to 125% of the total fees paid between the date the Client moved into its accommodation(s) and the date on which the claim in question arises or £50,000 / USD$100,000 / €66,000 (or local equivalent) whichever is the higher, in respect of any other loss or damage.

8. Fees

8.1 Taxes and duty charges: The Client agrees to pay promptly (i) all sales, use, excise, consumption and any other taxes and license fees which it is required to pay to any governmental authority (and, at the Provider's request, will provide to the Provider evidence of such payment) and (ii) any taxes paid by the Provider to any governmental authority that are attributable to the accommodation(s), including, without limitation, any gross receipts, rent and occupancy taxes, tangible personal property taxes, stamp tax or other documentary taxes and fees.

8.2 Service Retainer/Deposit: The Client will be required to pay a service retainer/deposit equivalent to two months' of the monthly office fee (plus VAT/Tax where applicable) upon entering into this agreement unless a different amount is specified on the front of this agreement. This will be held by the Provider without generating interest as security for performance of all the Client's obligations under this agreement. The service retainer/deposit or any balance will be returned to the Client when the Client has settled its account which includes deducting outstanding fees and other costs due to the Provider.

8.3 The Provider may require the Client to pay an increased retainer if outstanding fees exceed the service retainer/deposit held and/or the Client frequently fails to pay the Provider when due.

8.4 Payment: The Provider is continually striving to reduce its environmental impact and supports its clients in doing the same. Therefore the Provider will send all invoices electronically (where allowed by law) and the Client will make payments via an automated method such as Direct Debit or Credit Card, wherever local banking systems permit unless another form of payment is offered to the Client as a qualified and current Key Account. All amounts payable by the

Client under this agreement may be assigned to other members of the Provider's group.

8.5 Late payment: If the Client does not pay fees when due, a fee will be charged on all overdue balances. This fee will differ by country and is listed in the House Rules. If the Client disputes any part of an invoice the Client must pay the amount not in dispute by the due date or be subject to late fees. The Provider also reserves the right to withhold services (including for the avoidance of doubt, denying the Client access to its accommodation(s)) while there are any outstanding fees and/or interest or the Client is in breach of this agreement.

8.6 Insufficient Funds: The Client will pay a fee for any returned check or any other declined payments due to insufficient funds. This fee will differ by country and is listed in the House Rules.

8.7 If this agreement is for a term of more than 12 months, the Provider will increase the monthly office fee on each anniversary of the start date. This increase will be by the local Consumer Price Index or such other broadly equivalent index where a consumer price index is not available locally. If there is a negative index rate, prices will not be decreased. Renewals are calculated separately from annual indexation increases. Month to Month agreements will use the above stated index or the current month to month office price, whichever is the greater.

8.8 Standard services: The monthly office fee and any recurring services requested by the Client are payable monthly in advance. Unless otherwise agreed in writing, these recurring services will be provided by the Provider at the specified rates for the duration of this Agreement (including any renewal). Specific due dates will differ by country and are listed in the House Rules. Where a daily rate applies, the charge for any such month will be 30 times the daily fee. For a period of less than a month the fee will be applied on a daily basis.

8.9 Pay-as-you-use and Additional Variable Services: Fees for pay-as-you-use services, plus applicable taxes, in accordance with the Provider's published rates which may change from time to time, are invoiced in arrears and payable the month following the calendar month in which the additional services were provided. Specific due dates will differ by country and are listed in the House Rules.

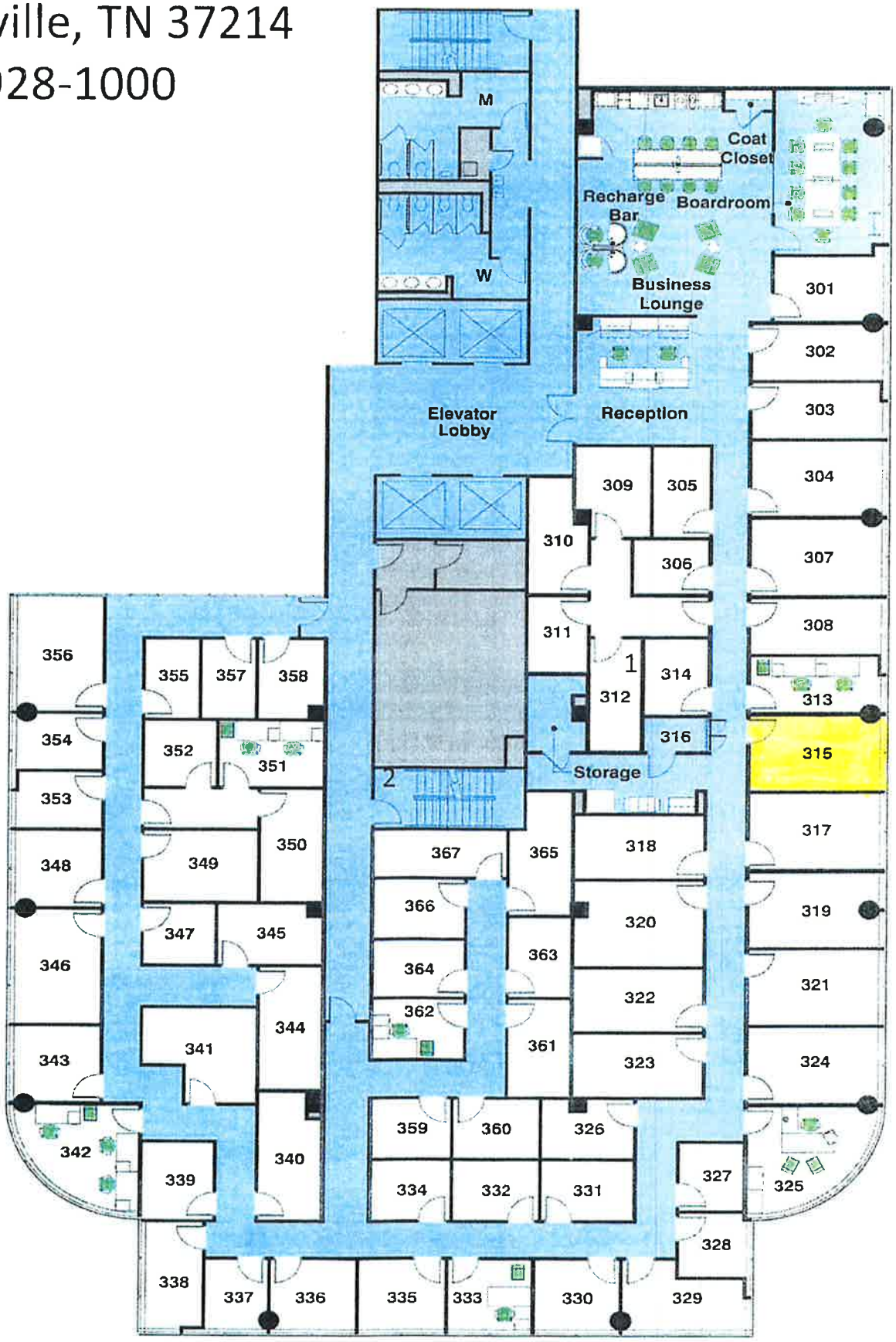
8.10 Discounts, Promotions and Offers: If the Client benefited from a special discount, promotion or offer, the Provider may discontinue that discount, promotion or offer without notice if the Client breaches these terms and conditions or becomes past due on two or more occasions.

Attachment: Section A-Project Details—6.B

Floor Plan

Highland Ridge II

555 Marriott Drive, Suite 315
Nashville, TN 37214
615-928-1000



Section B

Attachment: Section B-General Criteria For Certificate of Need –A.

Joint Annual Report of Health Agencies-2017 Final

Joint Annual Report of Home Health Agencies - 2017 Final*
Comparison of Population Based Need Projection vs. Actual Utilization (2020 vs. 2017)**

Service Area	Agencies Report Serving	Total Patients Served	Estimated 2017 Pop.	Use Rate	Projected 2020 Pop.	Projected Capacity	Projected Need (.015 x 2020 Pop.)	Need or (Surplus) for 2020
Tennessee	1,530	171,797	6,886,441	0.0249471389	7,112,424	177,435	106,686	(70,748)
Anderson	20	2,375	78,026	0.0304385718	79,061	2,407	1,186	(1,221)
Bedford	20	1,563	50,301	0.0310729409	51,961	1,615	779	(835)
Benton	12	773	16,700	0.0462874251	16,741	775	251	(524)
Bledsoe	12	301	13,333	0.0225755644	13,481	304	202	(102)
Blount	20	2,786	134,882	0.0206550911	139,725	2,886	2,096	(790)
Bradley	19	2,815	106,600	0.0264071295	109,706	2,897	1,646	(1,251)
Campbell	21	1,106	41,559	0.0266127674	41,787	1,112	627	(485)
Cannon	14	873	14,562	0.0599505562	14,838	890	223	(667)
Carroll	15	1,543	28,744	0.0536807682	28,782	1,545	432	(1,113)
Carter	12	1,811	59,848	0.0302599920	60,733	1,838	911	(927)
Cheatham	25	850	41,038	0.0207125104	41,692	864	625	(238)
Chester	13	505	18,450	0.0273712737	18,978	519	285	(235)
Claiborne	16	1,174	34,038	0.0344908632	34,713	1,197	521	(677)
Clay	8	236	7,884	0.0299340436	7,875	236	118	(118)
Cocke	14	1,237	37,163	0.0332857950	37,663	1,254	565	(689)
Coffee	18	2,773	56,423	0.0491466246	57,865	2,844	868	(1,976)
Crockett	11	623	14,936	0.0417113016	15,080	629	226	(403)
Cumberland	15	1,672	62,847	0.0266042930	65,575	1,745	984	(761)
Davidson	32	12,462	689,338	0.0180782142	714,756	12,922	10,721	(2,200)
Decatur	14	629	11,992	0.0524516344	12,077	633	181	(452)
DeKalb	15	962	19,796	0.0485956759	20,206	982	303	(679)
Dickson	20	1,318	54,315	0.0242658566	56,210	1,364	843	(521)
Dyer	11	2,225	39,458	0.0563890719	39,872	2,248	598	(1,650)
Fayette	18	793	45,626	0.0173804410	48,510	843	728	(115)
Fentress	9	722	18,957	0.0380861951	19,309	735	290	(446)
Franklin	17	1,311	42,255	0.0310259141	42,681	1,324	640	(684)
Gibson	18	2,044	51,668	0.0395602694	52,438	2,074	787	(1,288)
Giles	11	908	30,385	0.0298831660	30,691	917	460	(457)
Grainger	19	975	24,073	0.0405018070	24,577	995	369	(627)
Greene	19	2,135	73,075	0.0292165583	74,656	2,181	1,120	(1,061)
Grundy	14	475	13,999	0.0339309951	14,088	478	211	(267)
Hamblen	18	2,640	65,774	0.0401374403	67,028	2,690	1,005	(1,685)
Hamilton	18	8,700	359,331	0.0242116600	368,666	8,926	5,530	(3,396)
Hancock	10	434	6,970	0.0622668580	7,007	436	105	(331)
Hardeman	14	836	27,287	0.0306372998	27,278	836	409	(427)
Hardin	15	1,141	26,618	0.0428657300	26,783	1,148	402	(746)
Hawkins	18	1,905	59,043	0.0322646207	59,784	1,929	897	(1,032)
Haywood	12	538	18,348	0.0293219969	18,128	532	272	(260)
Henderson	14	1,272	29,595	0.0429802331	30,298	1,302	454	(848)
Henry	11	1,355	33,605	0.0403213807	34,055	1,373	511	(862)
Hickman	18	664	26,619	0.0249445885	27,363	683	410	(272)
Houston	12	234	8,943	0.0261657162	9,157	240	137	(102)
Humphreys	14	631	19,042	0.0331372755	19,185	636	288	(348)
Jackson	10	344	12,191	0.0282175375	12,375	349	186	(164)
Jefferson	21	1,609	56,406	0.0285253342	58,372	1,665	876	(790)
Johnson	8	657	18,876	0.0348061030	19,112	665	287	(379)
Knox	25	9,452	472,075	0.0200222422	488,993	9,791	7,335	(2,456)
Lake	7	434	8,377	0.0518085233	8,579	444	129	(316)
Lauderdale	12	1,045	28,799	0.0362859822	29,186	1,059	438	(621)
Lawrence	12	1,479	43,344	0.0341223699	43,849	1,496	658	(838)
Lewis	9	350	12,834	0.0272713106	13,072	356	196	(160)

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment

January 2018

Joint Annual Report of Home Health Agencies - 2017 Final*
Comparison of Population Based Need Projection vs. Actual Utilization (2020 vs. 2017)**

Service Area	Agencies Report Serving	Total Patients Served	Estimated 2017 Pop.	Use Rate	Projected 2020 Pop.	Projected Capacity	Projected Need (.016 x 2020 Pop.)	Need or (Surplus) for 2020
Lincoln	14	1,110	34,891	0.0318133616	35,469	1,128	532	(596)
Loudon	24	1,536	55,192	0.0278301203	57,923	1,612	869	(743)
McMinn	17	871	54,783	0.0158990928	55,724	886	836	(50)
McNairy	23	2,598	27,337	0.0950360318	27,760	2,638	416	(2,222)
Macon	18	1,343	23,639	0.0568128939	24,202	1,375	363	(1,012)
Madison	13	1,295	104,031	0.0124482126	106,352	1,324	1,595	271
Marion	16	597	29,649	0.0201355864	30,129	607	452	(155)
Marshall	18	3,094	33,491	0.0923830283	34,648	3,201	520	(2,681)
Maury	17	717	89,512	0.0080100992	92,944	744	1,394	650
Meigs	17	386	12,285	0.0314204314	12,462	392	187	(205)
Monroe	16	1,414	48,511	0.0291480283	50,062	1,459	751	(708)
Montgomery	23	3,163	206,595	0.0153101479	221,620	3,393	3,324	(69)
Moore	9	65	6,869	0.0094628039	7,056	67	106	39
Morgan	18	445	23,626	0.0188351816	24,288	457	364	(93)
Obion	12	1,445	31,655	0.0456483968	31,559	1,441	473	(967)
Overton	10	667	23,678	0.0281696089	24,291	684	364	(320)
Perry	6	332	8,315	0.0399278413	8,466	338	127	(211)
Pickett	7	218	5,223	0.0417384645	5,264	220	79	(141)
Polk	13	476	17,538	0.0271410651	17,812	483	267	(216)
Putnam	15	3,035	80,838	0.0375442243	84,087	3,157	1,261	(1,896)
Rhea	17	683	34,262	0.0199346214	35,216	702	528	(174)
Roane	21	1,758	55,813	0.0314980381	56,301	1,773	845	(929)
Robertson	28	1,597	75,017	0.0212885079	78,659	1,675	1,180	(495)
Rutherford	32	5,155	323,441	0.0159379918	350,488	5,586	5,257	(329)
Scott	14	709	22,976	0.0308582869	23,224	717	348	(368)
Sequatchie	17	367	16,125	0.0227596899	16,943	386	254	(131)
Sevier	18	1,862	102,998	0.0180780209	108,468	1,961	1,627	(334)
Shelby	27	17,580	964,804	0.0182213175	981,022	17,876	14,715	(3,160)
Smith	15	814	20,378	0.0399450388	20,833	832	312	(520)
Stewart	12	351	14,118	0.0248618785	14,402	358	216	(142)
Sullivan	15	5,572	159,191	0.0350019788	159,749	5,592	2,396	(3,195)
Sumner	30	4,207	181,647	0.0231603054	190,261	4,407	2,854	(1,553)
Tipton	17	1,122	68,247	0.0164402831	71,196	1,170	1,068	(103)
Trousdale	16	261	8,477	0.0307891943	8,739	269	131	(138)
Unicoi	10	638	18,921	0.0337191480	19,150	646	287	(358)
Union	14	390	20,020	0.0194805195	20,320	396	305	(91)
Van Buren	9	203	5,661	0.0358593888	5,686	204	85	(119)
Warren	16	2,063	41,019	0.0502937663	41,446	2,084	622	(1,463)
Washington	15	3,723	135,611	0.0274535252	140,905	3,868	2,114	(1,755)
Wayne	10	753	17,491	0.0430507118	17,642	760	265	(495)
Weakley	14	1,175	36,205	0.0324540809	36,360	1,180	545	(635)
White	17	1,519	27,781	0.0546776574	28,541	1,561	428	(1,132)
Williamson	33	3,572	220,746	0.0161814937	241,597	3,909	3,624	(285)
Wilson	27	3,221	131,486	0.0244969046	138,561	3,394	2,078	(1,316)

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

Population Data Source: The University of Tennessee Center for Business and Economic Research Projection Data Files, reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment.
Note: Population data may not match University of Tennessee data exactly due to rounding.

Attachment: Section B-General Criteria For Certificate of Need –A.1

List of Competitors

Facility ID Info				Patients Served and Gross Revenue By Revenue Source -- TRICARE				Patients Served and Gross Revenue By Revenue Source -- Commercial				Patients Served and Gross Revenue By Revenue Source -- Self Pay				Patients Served and Gross Revenue By Revenue Source -- Home and Community Based Waiver Programs				Patients Served and Gross Revenue By Revenue Source -- TN Commission on Aging and Disability				Patients Served and Gross Revenue By Revenue Source -- Charity Care				Patients Served and Gross Revenue By Revenue Source -- Federal Department of Labor (EEOICP)				Patients Served and Gross Revenue By Revenue Source -- Other				Patients Served and Gross Revenue By Revenue Source -- Total All Revenue Sources								
				Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Infusion Therapy - Pain Management		Infusion Therapy Other		Totals				
	State ID	Facility Name	County	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Visits	Hours	Patients	Visits	Hours	Gross Revenue	Percent Tested
	13032	Suncrest Home Health	Claiborne	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	203	0	0	0	443	0	0	1937	35510	59404	5715923	100
	14024	Cumberland River Homecare	Clay	0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		1	0	1	0	390	10288	105445	6590015	100
	19324	Suncrest Home Health	Davidson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	43	0	0	5437	72976	76970	9264856	100
	19544	Home Care Solutions	Davidson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14	9	0	0	14	9	0	0	1475	43618	38570	6516442	100
	19734	Coram CVS Speciality Infusion Services	Davidson	52	276	3	4	240	1228																											294	1510	3	4	35	297	1514	70915	100
No Jar report Available	19994	Vanderbilt Affiliated Walgreens Services	Davidson			40				430				1																						0	0	1505	0	296	1505	0	195644	100
	21024	Suncrest Home Health	DeKalb	0		0		0	0	0	0	0	0	0	0	0	0	0	0					0		0						0	0	14	0	0	1	14	0	5047	79715	101263	5367277	100
	30051	Procare Home Health Services	Greene	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	50	0	50	0	18949	17836	216274	6518176	100
	33433	Maxim Healthcare Services	Hamilton									18	6																			22	49	42	31	40	84	42	33	113	515	176315	6004439	100
	40075	Henry County Medical Center Home Health	Henry	0		0		0		0		0		0										0		0						0		0		8	0	0	0	417	8613	0	839108	100
	60024	NHC Homecare	Maury	0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		200	0	0	0	2897	76067	0	14200206	100
	79526	Still Waters Home Health Agency	Shelby	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	701	17129	22970	1283276	100
	79556	Coram CVS/Speciality Infusion Service	Shelby	40	92	10	14	105	96	108	756																									145	188	118	770	35	263	958	80905	100

Attachment: Section B-General Criteria For Certificate of Need –A.2

Jar Reports

Tennessee Department of Health

Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Pkwy
Nashville, TN 37243
Telephone: (615)741-1954 - Fax: (615)253-1688

Joint Annual Report of Home Health

Contacts

Lonnie Matthews
Email: Lonnie.Matthews@tn.gov
Call: (615)741-5845

Trent Sansing
Email: Trent.Sansing@tn.gov
Call: (615)253-4702

Cheryl Hines
Email: Cheryl.Hines@tn.gov
Call: (615)532-7888

2017

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	16
G.	Notes	17
Submit	Submit	18

SCHEDULE A - IDENTIFICATION

1. Legal Name: **Suncrest Home Health**
   Did the agency's name change during the reporting period? ○ **YES** ◉ **NO**
   If yes, Prior Name of your facility False

2. Address of Facility Street: 409 Cawood Lane
   City: Tazewell State: Tennessee Zip: 37879
   County: Claiborne

3. Telephone Number (865)475-4138 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

4. Name of Preparer Christy West
   First Name Last Name

   Preparer Title RNs - Administrative

   Telephone Number (865)475-4138 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

   Email Address christywest@almostfamily.com

5. Administration
   Name of Facility Administrator Shannon Hancock
   First Name Last Name

   Name of Facility Medical Doctor Shannon Hancock
   First Name Last Name

6. Reporting Period:
   Is the Reporting Period July 1 through June 30 of the year specified above? ◉ **YES** ○ **NO**
   Beginning Date 07/01/2016 Ending Date 06/30/2017

1. Owner
   A. Type

For - Profit	Non - Profit	Government
○ **Proprietorship**	○ **Non-Religious Corporation or Association**	○ **City**
○ **General Partnership**	○ **Religious Corporation or Association**	○ **County**
○ **Limited Partnership (LP)**	○ **Limited Liability Company (LLC)**	○ **State**
○ **Limited Liability Partnership (LLP)**		○ **Federal**
○ **Limited Liability Company (LLC)**		○ **Other Government (Specify)**
● **Corporation**		

   B. Legal Name: Tennessee Nursing Services of Morristown Inc.
   Street: 409 Cawood Lane
   City: Tazewell
   State: Tennessee Zip: 37879

2. Structure
   Type
   - ● **Free Standing**
   - ○ **Hospital Affiliated**
   - ○ **Hospital Based**
   - ○ **Nursing Home Based**
   - ○ **Public Health Department**
   - ○ **Rural Health Clinic Based**

   Name of Organization: Almost Family

Schedule C - Licensure, Accreditations, Memberships, and Participations

1. Licensure:
   A. License Number: 93
   B. Most recent survey date (yyyy): 2017

2. Accreditation:

A.	Yes ◉	No ○	The Joint Commission	Approval Date (yyyy): 2016 Expiration Date (yyyy): 2019
B.	Yes ○	No ◉	Community Health Accreditation Program (CHAP)	Approval Date (yyyy): Expiration Date (yyyy):
C.	Yes ○	No ◉	Accreditation Commission for Health Care (ACHC)	Approval Date (yyyy): Expiration Date (yyyy):
D.	Yes ○	No ◉	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):
E.	Yes ○	No ◉	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):

3. Participations:
   A. Yes ◉ No ○ Medicare
   B. Yes ◉ No ○ TennCare

   If yes, indicate the MCOs with whom you have contracts.

Yes ◉	No ○	Amerigroup
Yes ◉	No ○	BlueCare
Yes ◉	No ○	United Health Care Community Plan
Yes ◉	No ○	TennCare MCO (Not Specified)
Yes ◉	No ○	TennCare Select
Yes ◉	No ○	Other (Specify One) Infusion Company (Private Duty)

1. Charity Care:
   Number of Patients _____ Total Cost _____

2. Average Charges by Discipline:
   Do you provide private duty? **Yes** ◉ **No** ○

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Home Health Aide Services	95	95	95	95	34	21
Homemaker Services	0	0	0	0	0	19
Medical Social Services	184	184	184	184	0	0
Occupational Therapy	140	140	140	140	0	0
Physical Therapy	140	140	140	140	0	0
Skilled Nursing Care	138	138	138	138	72	38
Infusion Therapy - Pain Management	138	138	138	138	0	75
Infusion Therapy Other	138	138	138	138	0	75
Speech Therapy	140	140	140	140	0	0
Other (Specify):	0	0	0	0	0	0

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare Visits	Medicare Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		1069	0		
Homemaker Services		0	0		
Medical Social Services		169	0		
Occupational Therapy		1424	0		
Physical Therapy		6874	0		
Skilled Nursing Care		4199	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		273	0		
Other		0	0		
Total	1063	14008	0	2092639	37

Medicare Advantage

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		361	0		
Homemaker Services		0	0		
Medical Social Services		302	0		
Occupational Therapy		729	0		
Physical Therapy		4233	0		
Skilled Nursing Care		2799	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		108	0		
Other		0	0		
Total	546	8532	0	927869	16

United Health Care Community Plan (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	12371		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		1048	2884		
Infusion Nursing Greater than 2 Hours		0	46		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	63	1048	15301	451173	8

Amerigroup (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		427	869		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		3	0		
Physical Therapy		16	0		
Skilled Nursing Care		1972	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	40	2418	869	59728	1

Schedule D - Finances (continued)

Blue Care (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		1491	26731		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		29	0		
Skilled Nursing Care		7044	15324		
Infusion Nursing Greater than 2 Hours		0	194		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	142	8564	42249	1251501	22

TennCare Select (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

TennCare, MCO (not specified) (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Other State Medicaid (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

CoverKids (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

TRICARE

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		1	0		
Physical Therapy		16	0		
Skilled Nursing Care		17	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		22	0		
Other		0	0		
Total	3	56	0	6063	0

Commercial

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		40	0		
Homemaker Services		0	0		
Medical Social Services		8	0		
Occupational Therapy		74	0		
Physical Therapy		352	0		
Skilled Nursing Care		329	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		14	0		
Other		0	0		
Total	55	817	0	838420	15

Self Pay

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	74		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		1	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	2	1	74	1777	0

Home and Community Based Waiver Programs

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	708		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	5	0	708	14169	0

TN Commission on Aging and Disability

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Charity Care

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Federal Department of Labor (EEOICP)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Other

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		66	0		
Infusion Nursing Greater than 2 Hours		0	203		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	18	66	203	72584	1

Total All Revenue Sources

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		3388	40045		
Homemaker Services		0	708		
Medical Social Services		479	0		
Occupational Therapy		2231	0		
Physical Therapy		11520	0		
Skilled Nursing Care		17475	18208		
Infusion Nursing Greater than 2 Hours		0	443		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		417	0		
Other		0	0		
Total	1937	35510	59404	5715923	100

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	13
No further care needed; reached maximum functional potential (Goals met)	570
Death	22
Patient Request	130
Transfer to hospital from home health agency	86
Transfer to nursing home from home health agency	19
Transfer out of service area	7
Transfer to hospice services from home health agency	45
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	42
Patient non-compliant (ex. Patient not remaining home bound)	17
Transfer to assisted living facility from home health agency	20
Hospitalized at the end of certification period	0
Transfer to school system	0
Transfer to outpatient care	1
Patient denied service due to lack of resources/room	0
Other (Specify)	0
Unknown	18
Total Discharges	990
Total Discharges by Number of Days (Length of Stay)	67877

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 1810

3. Utilization:
Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Anderson																		0
Bedford																		0
Benton																		0
Bledsoe																		0
Blount																		0
Bradley																		0
Campbell	0	0	11	12	11	0	0	1	22	0	0	0	0	0	18	0	5	23
Cannon																		0
Carroll																		0
Carter																		0
Cheatham																		0
Chester																		0
Claiborne	0	3	212	138	215	0	3	90	260	0	0	1	2	0	301	0	49	353
Clay																		0
Cocke	0	3	33	45	36	0	0	36	45	0	0	0	0	0	67	0	14	81
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson																		0
Decatur																		0
DeKalb																		0
Dickson																		0
Dyer																		0
Fayette																		0
Fentress																		0
Franklin																		0
Gibson																		0
Giles																		0

Tennessee Department of Health

Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Pkwy
Nashville, TN 37243
Telephone: (615)741-1954 - Fax: (615)253-1688

Joint Annual Report of Home Health

Contacts

Lonnie Matthews
Email: Lonnie.Matthews@tn.gov
Call: (615)741-5845

Trent Sansing
Email: Trent.Sansing@tn.gov
Call: (615)253-4702

Cheryl Hines
Email: Cheryl.Hines@tn.gov
Call: (615)532-7888

2017

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	16
G.	Notes	17
Submit	Submit	18

SCHEDULE A - IDENTIFICATION

1. Legal Name: **Cumberland River Homecare**
   Did the agency's name change during the reporting period? ○ **YES** ◉ **NO**
   If yes, Prior Name of your facility

2. Address of Facility Street: 100 Old Jefferson Street
   City: Celina State: Tennessee Zip: 38551
   County: Clay

3. Telephone Number (931)243-3680 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

4. Name of Preparer Dana Durm
   First Name Last Name

   Preparer Title Administrators

   Telephone Number (931)783-2940 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

   Email Address didurm@crmchealth.org

5. Administration
   Name of Facility Administrator Dana Durm
   First Name Last Name

   Name of Facility Medical Doctor Harry Horne
   First Name Last Name

6. Reporting Period:
   Is the Reporting Period July 1 through June 30 of the year specified above? ◉ **YES** ○ **NO**
   Beginning Date 07/01/2016 Ending Date 06/30/2017

Schedule B - Organization Structure

1. Owner
   A. Type

For - Profit	Non - Profit	Government
○ **Proprietorship**	○ **Non-Religious Corporation or Association**	● **City**
○ **General Partnership**	○ **Religious Corporation or Association**	○ **County**
○ **Limited Partnership (LP)**	○ **Limited Liability Company (LLC)**	○ **State**
○ **Limited Liability Partnership (LLP)**		○ **Federal**
○ **Limited Liability Company (LLC)**		○ **Other Government (Specify)**
○ **Corporation**		

   B. Legal Name: Cookeville Regional Health Systems dba Cumberland River Homecare
   Street: 1 Medical Center Boulevard
   City: Cookeville
   State: Tennessee Zip: 38501

2. Structure
   Type
   - ○ **Free Standing**
   - ○ **Hospital Affiliated**
   - ● **Hospital Based**
   - ○ **Nursing Home Based**
   - ○ **Public Health Department**
   - ○ **Rural Health Clinic Based**

   Name of Organization: Cumberland River Hospital

Schedule C - Licensure, Accreditations, Memberships, and Participations

1. Licensure:
   A. License Number: 135
   B. Most recent survey date (yyyy): 2016

2. Accreditation:

A.	Yes ○	No ○	The Joint Commission	Approval Date (yyyy): 2016 Expiration Date (yyyy): 2019
B.	Yes ○	No ○	Community Health Accreditation Program (CHAP)	Approval Date (yyyy): Expiration Date (yyyy):
C.	Yes ○	No ○	Accreditation Commission for Health Care (ACHC)	Approval Date (yyyy): Expiration Date (yyyy):
D.	Yes ○	No ○	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):
E.	Yes ○	No ○	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):

3. Participations:
   A. Yes ○ No ○ Medicare
   B. Yes ○ No ○ TennCare

   If yes, indicate the MCOs with whom you have contracts.

Yes ○	No ○	Amerigroup
Yes ○	No ○	BlueCare
Yes ○	No ○	United Health Care Community Plan
Yes ○	No ○	TennCare MCO (Not Specified)
Yes ○	No ○	TennCare Select
Yes ○	No ○	Other (Specify One)

1. Charity Care:
   Number of Patients 1 Total Cost 1822

2. Average Charges by Discipline:
   Do you provide private duty? **Yes** ☐ **No** ☐

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Home Health Aide Services	58					45
Homemaker Services	0					70
Medical Social Services	190					
Occupational Therapy	139					
Physical Therapy	127					
Skilled Nursing Care	114					50
Infusion Therapy - Pain Management	0					
Infusion Therapy Other	0					
Speech Therapy	146					
Other (Specify):	0					

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		484			
Homemaker Services		0			
Medical Social Services		21			
Occupational Therapy		100			
Physical Therapy		1839			
Skilled Nursing Care		1143			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		7			
Other		0			
Total	151	3594	0	467107	7

Schedule D - Finances (continued)

Medicare Advantage

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		145			
Homemaker Services		0			
Medical Social Services		2			
Occupational Therapy		30			
Physical Therapy		279			
Skilled Nursing Care		459			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	25	915	0	100526	2

United Health Care Community Plan (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		6			
Occupational Therapy		62			
Physical Therapy		392			
Skilled Nursing Care		401			
Infusion Nursing Greater than 2 Hours		1			
Infusion Nursing Less than 2 Hours		1			
Speech Therapy		1			
Other		1			
Total	30	865	0	112506	2

Amerigroup (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		27	632		
Homemaker Services		0			
Medical Social Services		6			
Occupational Therapy		100			
Physical Therapy		340			
Skilled Nursing Care		176	3546		
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		22			
Other		0			
Total	45	671	4178	291427	4

Blue Care (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

TennCare Select (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		19	88845		
Homemaker Services		0			
Medical Social Services		11			
Occupational Therapy		535			
Physical Therapy		2184			
Skilled Nursing Care		180	1923		
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		54			
Other		0			
Total	87	2983	90768	4912080	75

TennCare, MCO (not specified) (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Schedule D - Finances (continued)

Other State Medicaid (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

CoverKids (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

TRICARE

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Schedule D - Finances (continued)

Commercial

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		167			
Homemaker Services		0			
Medical Social Services		7			
Occupational Therapy		15			
Physical Therapy		811			
Skilled Nursing Care		241	10499		
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		3			
Total	51	1244	10499	704547	11

Self Pay

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other					
Total	0	0	0	0	0

Home and Community Based Waiver Programs

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Schedule D - Finances (continued)

TN Commission on Aging and Disability

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Charity Care

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		16			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	1	16	0	1822	0

Federal Department of Labor (EEOICP)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Schedule D - Finances (continued)

14024 - Cumberland River Homecare

Other					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Total All Revenue Sources					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		842	89477		
Homemaker Services		0	0		
Medical Social Services		53	0		
Occupational Therapy		842	0		
Physical Therapy		5845	0		
Skilled Nursing Care		2616	15968		
Infusion Nursing Greater than 2 Hours		1	0		
Infusion Nursing Less than 2 Hours		1	0		
Speech Therapy		84	0		
Other		4	0		
Total	390	10288	105445	6590015	100

Schedule E - Utilization

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	0
No further care needed; reached maximum functional potential (Goals met)	177
Death	5
Patient Request	14
Transfer to hospital from home health agency	23
Transfer to nursing home from home health agency	12
Transfer out of service area	4
Transfer to hospice services from home health agency	3
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	16
Patient non-compliant (ex. Patient not remaining home bound)	14
Transfer to assisted living facility from home health agency	0
Hospitalized at the end of certification period	0
Transfer to school system	0
Transfer to outpatient care	0
Patient denied service due to lack of resources/room	0
Other (Specify) Change in payor, unsafe environment	12
Unknown	0
Total Discharges	280
Total Discharges by Number of Days (Length of Stay)	113

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 342

3. Utilization:
Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Anderson																		0
Bedford																		0
Benton																		0
Bledsoe																		0
Blount																		0
Bradley																		0
Campbell																		0
Cannon																		0
Carroll																		0
Carter																		0
Cheatham																		0
Chester																		0
Claiborne																		0
Clay	2	2	94	66	98	7	0	38	119	0	4	1	0	0	159	0	0	164
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland	9	2	12	34	23	25	3	19	10	0	0	1	2	0	54	0	0	57
Davidson																		0
Decatur																		0
DeKalb																		0
Dickson																		0
Dyer																		0
Fayette																		0
Fentress	2	1	5	5	8	3	1	5	4	0	0	0	0	0	13	0	0	13
Franklin																		0
Gibson																		0
Giles																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Grainger																		0
Greene																		0
Grundy																		0
Hamblen																		0
Hamilton																		0
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman																		0
Houston																		0
Humphreys																		0
Jackson	2	5	41	37	48	8	6	27	44	0	0	0	0	0	85	0	0	85
Jefferson																		0
Johnson																		0
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon																		0
McMinn																		0
McNairy																		0
Macon	0	1	9	14	10	5	1	10	8	0	0	0	0	0	24	0	0	24
Madison																		0
Marion																		0
Marshall																		0
Maury																		0
Meigs																		0
Monroe																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Montgomery																		0
Moore																		0
Morgan																		0
Obion																		0
Overton	4	2	4	23	10	10	0	14	9	0	0	0	0	0	33	0	0	33
Perry																		0
Pickett	3	0	1	2	4	3	0	2	1	0	0	0	0	0	6	0	0	6
Polk																		0
Putnam	8	1	7	14	16	11	2	6	11	0	0	0	0	0	30	0	0	30
Rhea																		0
Roane																		0
Robertson																		0
Rutherford																		0
Scott																		0
Sequatchie																		0
Sevier																		0
Shelby																		0
Smith																		0
Stewart																		0
Sullivan																		0
Sumner																		0
Tipton																		0
Trousdale																		0
Unicoi																		0
Union																		0
Van Buren																		0
Warren																		0
Washington																		0
Wayne																		0
Weakley																		0
White	1	0	0	1	1	2	0	0	0	0	0	0	0	0	2	0	0	2
Williamson																		0
Wilson																		0
Unknown																		0
Other States																		0
Total	31	14	173	196	218	74	13	121	206	0	4	2	2	0	406	0	0	414

Year 2017

Schedule F - Personnel
Type of Employee by Service

14024 - Cumberland River Homecare

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Place a zero if the value is unknown. Full Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	Type	Number of Employees Total in FTE
Office Staff:	Administrator	0.50
	Assistant Administrator	0.00
	Clinical Director/In-Office Clinical Staff	4.00
	Office Personnel (Clerical)	1.00
	Financial/Billing Personnel	1.00
	Other Administrative Personnel (Marketing/Community Education, etc.)	0.25
Field Staff:	Registered Nurses	4.50
	Licensed Practical Nurses	38.50
	Certified Nurses Aides	2.50
	Physical Therapy Services	2.25
	Occupational Therapy	0.25
	Speech/Language Pathology Services	0.25
	Medical Social Services	0.25
	Respiratory Therapists	0.00
	Home Health Aides	1.00
	Homemakers	0.00
	Nutritionists/Dieticians	0.00
	Other Health	0.00
	Other Non-Health	0.00
	Total (Office and Field Staff)	56.25

SCHEDULE G - NOTES

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

Notes:

Year 2017

JAR Home Health - Submit

14024 - Cumberland River Homecare

By Checking the Box, you have validated that your JAR has been reviewed and approved ☑

By Checking the Box, you have validated that you will Submit the JAR with Errors ☐

Date Submitted: 10/12/2017 11:58:17 AM

Date Finalized: 10/20/2017 11:29:47 AM

Tennessee Department of Health

Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Pkwy
Nashville, TN 37243
Telephone: (615)741-1954 - Fax: (615)253-1688

Joint Annual Report of Home Health

Contacts

Lonnie Matthews
Email: Lonnie.Matthews@tn.gov
Call: (615)741-5845

Trent Sansing
Email: Trent.Sansing@tn.gov
Call: (615)253-4702

Cheryl Hines
Email: Cheryl.Hines@tn.gov
Call: (615)532-7888

2017

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	16
G.	Notes	17
Submit	Submit	18

SCHEDULE A - IDENTIFICATION

1. Legal Name: **Suncrest Home Health**
   Did the agency's name change during the reporting period? ○ YES ◉ NO
   If yes, Prior Name of your facility

2. Address of Facility Street: 1210 Briarville Road, Building D
   City: Madison State: Tennessee Zip: 37115
   County: Davidson

3. Telephone Number (615)865-9841 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

4. Name of Preparer Paula Farrell
   First Name Last Name

   Preparer Title Administrators

   Telephone Number (615)451-6878 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

   Email Address pfarrell@suncresthealth.com

5. Administration
   Name of Facility Administrator Paula Farrell
   First Name Last Name

   Name of Facility Medical Doctor Donald Vollmer
   First Name Last Name

6. Reporting Period:
   Is the Reporting Period July 1 through June 30 of the year specified above? ◉ YES ○ NO
   Beginning Date 07/01/2016 Ending Date 06/30/2017

Schedule B - Organization Structure

1. Owner
   A. Type

For - Profit	Non - Profit	Government
○ **Proprietorship**	○ **Non-Religious Corporation or Association**	○ **City**
○ **General Partnership**	○ **Religious Corporation or Association**	○ **County**
○ **Limited Partnership (LP)**	○ **Limited Liability Company (LLC)**	○ **State**
○ **Limited Liability Partnership (LLP)**		○ **Federal**
○ **Limited Liability Company (LLC)**		○ **Other Government (Specify)**
◉ **Corporation**		

   B. Legal Name: SunCrest Healthcare of Middle TN
   Street: 1210 Briarville Road
   City: Madison
   State: Tennessee Zip: 37115-5136

2. Structure
   Type
   - ◉ **Free Standing**
   - ○ **Hospital Affiliated**
   - ○ **Hospital Based**
   - ○ **Nursing Home Based**
   - ○ **Public Health Department**
   - ○ **Rural Health Clinic Based**

   Name of Organization: SunCrest Healthcare of Middle TN

Schedule C - Licensure, Accreditations, Memberships, and Participations

1. Licensure:
   A. License Number: 70
   B. Most recent survey date (yyyy): 2017

2. Accreditation:

A.	Yes ○	No ○	The Joint Commission	Approval Date (yyyy): 2016 Expiration Date (yyyy): 2019
B.	Yes ○	No ○	Community Health Accreditation Program (CHAP)	Approval Date (yyyy): Expiration Date (yyyy):
C.	Yes ○	No ○	Accreditation Commission for Health Care (ACHC)	Approval Date (yyyy): Expiration Date (yyyy):
D.	Yes ○	No ○	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):
E.	Yes ○	No ○	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):

3. Participations:
   A. Yes ○ No ○ Medicare
   B. Yes ○ No ○ TennCare

   If yes, indicate the MCOs with whom you have contracts.

Yes ○	No ○	Amerigroup
Yes ○	No ○	BlueCare
Yes ○	No ○	United Health Care Community Plan
Yes ○	No ○	TennCare MCO (Not Specified)
Yes ○	No ○	TennCare Select
Yes ○	No ○	Other (Specify One)

1. Charity Care:
   Number of Patients 3 Total Cost 945

2. Average Charges by Discipline:
   Do you provide private duty? **Yes** ◉ **No** ○

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Home Health Aide Services	75	75	75	75	28	21
Homemaker Services	0	0	0	0	21	20
Medical Social Services	175	175	175	175	0	0
Occupational Therapy	170	170	170	170	0	0
Physical Therapy	170	170	170	170	0	0
Skilled Nursing Care	145	145	145	145	72	49
Infusion Therapy - Pain Management	145	145	145	145	150	75
Infusion Therapy Other	0	0	0	0	0	0
Speech Therapy	170	170	170	170	170	0
Other (Specify):	0	0	0	0	0	0

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare Visits	Medicare Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		1638	0		
Homemaker Services		0	0		
Medical Social Services		660	0		
Occupational Therapy		4970	0		
Physical Therapy		16758	0		
Skilled Nursing Care		12898	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		534	0		
Other					
Total	3223	37458	0	3819666	41

Schedule D - Finances (continued)

Medicare Advantage

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		302	0		
Homemaker Services		0	0		
Medical Social Services		427	0		
Occupational Therapy		3156	0		
Physical Therapy		9251	0		
Skilled Nursing Care		7980	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		403	0		
Other		0	0		
Total	1229	21519	0	2521792	27

United Health Care Community Plan (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		683	2411		
Homemaker Services		0	0		
Medical Social Services		30	0		
Occupational Therapy		141	0		
Physical Therapy		674	0		
Skilled Nursing Care		4479	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		30	0		
Other		0	0		
Total	233	6037	2411	554838	6

Amerigroup (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	7377		
Homemaker Services		0	0		
Medical Social Services		33	0		
Occupational Therapy		114	0		
Physical Therapy		579	0		
Skilled Nursing Care		2298	4106		
Infusion Nursing Greater than 2 Hours		0	43		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		13	0		
Other		0	0		
Total	181	3037	11526	521419	6

Schedule D - Finances (continued)

Blue Care (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		10	11418		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		1737	23942		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	101	1747	35360	1018044	11

TennCare Select (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

TennCare, MCO (not specified) (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Other State Medicaid (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

CoverKids (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

TRICARE

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		886	304		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	12	886	304	43134	0

Commercial

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		1	0		
Homemaker Services		0	0		
Medical Social Services		25	0		
Occupational Therapy		245	0		
Physical Therapy		787	0		
Skilled Nursing Care		848	58		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		30	0		
Other		0	0		
Total	385	1936	58	246602	3

Self Pay

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		31	2970		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		12	0		
Skilled Nursing Care		108	26		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	14	151	2996	64316	1

Home and Community Based Waiver Programs

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	24065		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	34	0	24065	428309	5

TN Commission on Aging and Disability

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Charity Care

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		1	0		
Occupational Therapy		0	0		
Physical Therapy		4	0		
Skilled Nursing Care		4	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	3	9	0	945	0

Federal Department of Labor (EEOICP)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Schedule D - Finances (continued)

19324 - Suncrest Home Health

Other					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		196	250		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	22	196	250	45791	0

Total All Revenue Sources					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		3520	21510		
Homemaker Services		31	27035		
Medical Social Services		1176	0		
Occupational Therapy		8626	0		
Physical Therapy		28065	0		
Skilled Nursing Care		30548	28382		
Infusion Nursing Greater than 2 Hours		0	43		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		1010	0		
Other		0	0		
Total	5437	72976	76970	9264856	100

Schedule E - Utilization

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	23
No further care needed; reached maximum functional potential (Goals met)	1518
Death	58
Patient Request	244
Transfer to hospital from home health agency	374
Transfer to nursing home from home health agency	47
Transfer out of service area	41
Transfer to hospice services from home health agency	63
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	131
Patient non-compliant (ex. Patient not remaining home bound)	87
Transfer to assisted living facility from home health agency	15
Hospitalized at the end of certification period	0
Transfer to school system	0
Transfer to outpatient care	31
Patient denied service due to lack of resources/room	0
Other (Specify) Independent Caregiver	7
Unknown	26
Total Discharges	2665
Total Discharges by Number of Days (Length of Stay)	72

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 2650

3. Utilization:
Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Anderson																		0
Bedford																		0
Benton																		0
Bledsoe																		0
Blount																		0
Bradley																		0
Campbell																		0
Cannon																		0
Carroll																		0
Carter																		0
Cheatham	0	0	0	2	0	1	1	0	0	0	0	0	0	0	0	0	2	2
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson	4	68	963	575	1035	3	4	482	1121	2	23	473	12	7	1078	3	12	1610
Decatur																		0
DeKalb																		0
Dickson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dyer																		0
Fayette																		0
Fentress																		0
Franklin																		0
Gibson																		0
Giles																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Grainger																		0
Greene																		0
Grundy																		0
Hamblen																		0
Hamilton																		0
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman																		0
Houston																		0
Humphreys																		0
Jackson																		0
Jefferson																		0
Johnson																		0
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon																		0
McMinn																		0
McNairy																		0
Macon	1	17	155	93	173	1	17	80	168	0	2	2	0	0	262	0	0	266
Madison																		0
Marion																		0
Marshall																		0
Maury																		0
Meigs																		0
Monroe																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Montgomery	1	1	2	2	4	1	0	1	4	0	0	0	1	0	5	0	0	6
Moore																		0
Morgan																		0
Obion																		0
Overton																		0
Perry																		0
Pickett																		0
Polk																		0
Putnam																		0
Rhea																		0
Roane																		0
Robertson	0	4	25	16	29	0	0	15	30	0	0	3	1	0	34	0	7	45
Rutherford	1	12	16	15	29	0	0	11	33	0	0	5	0	0	39	0	0	44
Scott																		0
Sequatchie																		0
Sevier																		0
Shelby																		0
Smith	0	1	4	5	5	0	0	4	6	0	0	1	0	0	9	0	0	10
Stewart																		0
Sullivan																		0
Sumner	2	19	306	215	327	0	1	99	442	2	1	128	1	0	410	0	0	542
Tipton																		0
Trousdale	1	0	16	16	17	0	0	10	23	0	0	4	0	0	28	0	1	33
Unicoi																		0
Union																		0
Van Buren																		0
Warren																		0
Washington																		0
Wayne																		0
Weakley																		0
White																		0
Williamson	0	9	181	84	190	1	0	36	237	1	3	24	0	0	246	0	0	274
Wilson	1	12	19	22	32	2	2	11	39	0	0	3	3	0	48	0	0	54
Unknown																		0
Other States																		0
Total	11	143	1687	1045	1841	9	25	749	2103	5	29	643	18	7	2159	3	22	2886

Year 2017

Schedule F - Personnel
Type of Employee by Service

19324 - Suncrest
Home Health

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Place a zero if the value is unknown. Full Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	Type	Number of Employees Total in FTE
Office Staff:	Administrator	1.00
	Assistant Administrator	1.00
	Clinical Director/In-Office Clinical Staff	17.00
	Office Personnel (Clerical)	13.00
	Financial/Billing Personnel	1.00
	Other Administrative Personnel (Marketing/Community Education, etc.)	6.00
Field Staff:	Registered Nurses	13.00
	Licensed Practical Nurses	24.00
	Certified Nurses Aides	12.00
	Physical Therapy Services	16.00
	Occupational Therapy	5.00
	Speech/Language Pathology Services	1.50
	Medical Social Services	1.50
	Respiratory Therapists	0.00
	Home Health Aides	1.00
	Homemakers	8.00
	Nutritionists/Dieticians	0.00
	Other Health	0.00
	Other Non-Health	0.00
	Total (Office and Field Staff)	121.00

SCHEDULE G - NOTES

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

Notes:

Year 2017

JAR Home Health - Submit

19324 - Suncrest Home Health

By Checking the Box, you have validated that your JAR has been reviewed and approved ☑

By Checking the Box, you have validated that you will Submit the JAR with Errors ☐

Date Submitted: 10/13/2017 11:05:15 AM

Date Finalized: 10/23/2017 11:30:42 AM

Tennessee Department of Health

Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Pkwy
Nashville, TN 37243
Telephone: (615)741-1954 - Fax: (615)253-1688

Joint Annual Report of Home Health

Contacts

Lonnie Matthews
Email: Lonnie.Matthews@tn.gov
Call: (615)741-5845

Trent Sansing
Email: Trent.Sansing@tn.gov
Call: (615)253-4702

Cheryl Hines
Email: Cheryl.Hines@tn.gov
Call: (615)532-7888

2017

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	16
G.	Notes	17
Submit	Submit	18

SCHEDULE A - IDENTIFICATION

1. Legal Name: **Home Care Solutions**
   Did the agency's name change during the reporting period? ○ YES ◉ NO
   If yes, Prior Name of your facility False

2. Address of Facility Street: 2525 Perimeter Place, Suite 117
   City: Nashville State: Tennessee Zip: 37214
   County: Davidson

3. Telephone Number (615)365-0300 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

4. Name of Preparer Jodi Bordelon
   First Name Last Name

   Preparer Title Other

   Telephone Number (337)233-1307 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

   Email Address LRA@LHCGROUP.COM

5. Administration
   Name of Facility Administrator Margaret Tierney
   First Name Last Name

   Name of Facility Medical Doctor Benjamin Hill
   First Name Last Name

6. Reporting Period:
   Is the Reporting Period July 1 through June 30 of the year specified above? ◉ YES ○ NO
   Beginning Date 07/01/2016 Ending Date 06/30/2017

Schedule B - Organization Structure

1. Owner
   A. Type

For - Profit	Non - Profit	Government
○ **Proprietorship**	○ **Non-Religious Corporation or Association**	○ **City**
○ **General Partnership**	○ **Religious Corporation or Association**	○ **County**
○ **Limited Partnership (LP)**	○ **Limited Liability Company (LLC)**	○ **State**
○ **Limited Liability Partnership (LLP)**		○ **Federal**
● **Limited Liability Company (LLC)**		○ **Other Government (Specify)**
○ **Corporation**		

   B. Legal Name: LHC HomeCare of Tennessee, LLC
   Street: 2525 Perimeter Place Drive, Suite 117
   City: Nashville
   State: Tennessee Zip: 37214

2. Structure
   Type
   - ● **Free Standing**
   - ○ **Hospital Affiliated**
   - ○ **Hospital Based**
   - ○ **Nursing Home Based**
   - ○ **Public Health Department**
   - ○ **Rural Health Clinic Based**

   Name of Organization: Tennessee Health Care Group, LLC

Schedule C - Licensure, Accreditations, Memberships, and Participations

1. Licensure:
   A. License Number: 56
   B. Most recent survey date (yyyy): 2017

2. Accreditation:

A.	Yes ◉	No ○	The Joint Commission	Approval Date (yyyy): 2016 Expiration Date (yyyy): 2019
B.	Yes ○	No ◉	Community Health Accreditation Program (CHAP)	Approval Date (yyyy): Expiration Date (yyyy):
C.	Yes ○	No ◉	Accreditation Commission for Health Care (ACHC)	Approval Date (yyyy): Expiration Date (yyyy):
D.	Yes ○	No ◉	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):
E.	Yes ○	No ◉	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):

3. Participations:
   A. Yes ◉ No ○ Medicare
   B. Yes ◉ No ○ TennCare

   If yes, indicate the MCOs with whom you have contracts.

Yes ◉	No ○	Amerigroup
Yes ○	No ◉	BlueCare
Yes ○	No ◉	United Health Care Community Plan
Yes ○	No ◉	TennCare MCO (Not Specified)
Yes ○	No ◉	TennCare Select
Yes ○	No ◉	Other (Specify One)

1. Charity Care:
   Number of Patients 0 Total Cost 0

2. Average Charges by Discipline:
   Do you provide private duty? **Yes** ○ **No** ●

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Home Health Aide Services	185	0	0	0		
Homemaker Services	0	0	0	0		
Medical Social Services	300	0	0	0		
Occupational Therapy	300	0	0	0		
Physical Therapy	300	0	0	0		
Skilled Nursing Care	300	0	0	0		
Infusion Therapy - Pain Management	0	0	0	0		
Infusion Therapy Other	0	0	0	0		
Speech Therapy	300	0	0	0		
Other (Specify):	0	0	0	0		

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		400	312		
Homemaker Services		0	0		
Medical Social Services		666	530		
Occupational Therapy		4452	3519		
Physical Therapy		15334	12677		
Skilled Nursing Care		14940	14173		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		1678	1331		
Other		0	0		
Total	1165	37470	32542	5657541	87

Schedule D - Finances (continued)

Medicare Advantage

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		23	18		
Homemaker Services		0	0		
Medical Social Services		53	44		
Occupational Therapy		670	615		
Physical Therapy		2363	2188		
Skilled Nursing Care		1897	2160		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		239	179		
Other		0	0		
Total	261	5245	5204	770868	12

United Health Care Community Plan (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Amerigroup (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		8	6		
Occupational Therapy		7	6		
Physical Therapy		34	29		
Skilled Nursing Care		74	83		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		7	7		
Other		0	0		
Total	10	130	131	27706	0

Schedule D - Finances (continued)

Blue Care (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

TennCare Select (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

TennCare, MCO (not specified) (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Other State Medicaid (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

CoverKids (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

TRICARE

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		37	35		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	3	37	35	3399	0

Schedule D - Finances (continued)

Commercial

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		3	4		
Homemaker Services		0	0		
Medical Social Services		1	1		
Occupational Therapy		37	42		
Physical Therapy		201	180		
Skilled Nursing Care		192	193		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		4	2		
Other		0	0		
Total	25	438	422	1	0

Self Pay

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Home and Community Based Waiver Programs

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

TN Commission on Aging and Disability

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Charity Care

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Federal Department of Labor (EEOICP)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Schedule D - Finances (continued)

Other

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		1	1		
Occupational Therapy		37	28		
Physical Therapy		141	111		
Skilled Nursing Care		105	87		
Infusion Nursing Greater than 2 Hours		14	9		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	11	298	236	56927	1

Total All Revenue Sources

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		426	334		
Homemaker Services		0	0		
Medical Social Services		729	582		
Occupational Therapy		5203	4210		
Physical Therapy		18073	15185		
Skilled Nursing Care		17245	16731		
Infusion Nursing Greater than 2 Hours		14	9		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		1928	1519		
Other		0	0		
Total	1475	43618	38570	6516442	100

Schedule E - Utilization

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	0
No further care needed; reached maximum functional potential (Goals met)	843
Death	19
Patient Request	2
Transfer to hospital from home health agency	190
Transfer to nursing home from home health agency	67
Transfer out of service area	0
Transfer to hospice services from home health agency	46
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	0
Patient non-compliant (ex. Patient not remaining home bound)	0
Transfer to assisted living facility from home health agency	0
Hospitalized at the end of certification period	0
Transfer to school system	0
Transfer to outpatient care	0
Patient denied service due to lack of resources/room	0
Other (Specify)	0
Unknown	0
Total Discharges	1167
Total Discharges by Number of Days (Length of Stay)	132424

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 1233

3. Utilization:
Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Anderson			11	11	11			5	17			2			20			22
Bedford				1					1						1			1
Benton																		0
Bledsoe																		0
Blount		1	7	6	8			7	7	1					13			14
Bradley																		0
Campbell																		0
Cannon																		0
Carroll																		0
Carter																		0
Cheatham			3	10	3			5	8			2			11			13
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson		1	162	67	163			46	184		5	69	3	1	152			230
Decatur																		0
DeKalb																		0
Dickson		1	231	122	232			38	316			8			340	5	1	354
Dyer																		0
Fayette																		0
Fentress																		0
Franklin																		0
Gibson																		0
Giles																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Grainger																		0
Greene																		0
Grundy																		0
Hamblen																		0
Hamilton																		0
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman		3	62	33	65			17	81			2			95	1		98
Houston			6	3	6			1	8						9			9
Humphreys		4	144	75	148			19	204			11			205	7		223
Jackson																		0
Jefferson																		0
Johnson																		0
Knox			48	31	48			10	69		1	7			71			79
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon			49	31	49			10	70	2		1			77			80
McMinn			2		2			1	1						2			2
McNairy																		0
Macon			5	4	5				9						9			9
Madison																		0
Marion																		0
Marshall																		0
Maury																		0
Meigs			2	1	2				3			1			2			3
Monroe			8	9	8			3	14			1			16			17

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Montgomery			5	7	5			1	11						12			12
Moore																		0
Morgan			4	3	4				7						7			7
Obion																		0
Overton																		0
Perry																		0
Pickett																		0
Polk																		0
Putnam																		0
Rhea				2					2						2			2
Roane			40	23	40			10	53	1		2			60			63
Robertson			14	2	14				16			1	1		13	1		16
Rutherford			46	22	46			12	56	1		7			60			68
Scott																		0
Sequatchie																		0
Sevier			1		1				1						1			1
Shelby																		0
Smith																		0
Stewart																		0
Sullivan																		0
Sumner			75	28	75			14	89	1	1	15	1		85			103
Tipton																		0
Trousdale				1					1						1			1
Unicoi																		0
Union																		0
Van Buren																		0
Warren																		0
Washington																		0
Wayne																		0
Weakley																		0
White																		0
Williamson			35	10	35			7	38			1	1		43			45
Wilson			2	1	2				3						3			3
Unknown																		0
Other States																		0
Total	0	10	962	503	972	0	0	206	1269	6	7	130	6	1	1310	14	1	1475

Schedule F - Personnel
Type of Employee by Service

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Place a zero if the value is unknown. Full Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	Type	Number of Employees Total in FTE
Office Staff:	Administrator	1.00
	Assistant Administrator	0.00
	Clinical Director/In-Office Clinical Staff	0.00
	Office Personnel (Clerical)	3.20
	Financial/Billing Personnel	0.00
	Other Administrative Personnel (Marketing/Community Education, etc.)	0.00
Field Staff:	Registered Nurses	5.20
	Licensed Practical Nurses	10.20
	Certified Nurses Aides	0.20
	Physical Therapy Services	15.00
	Occupational Therapy	3.40
	Speech/Language Pathology Services	2.40
	Medical Social Services	0.60
	Respiratory Therapists	0.00
	Home Health Aides	1.20
	Homemakers	0.00
	Nutritionists/Dieticians	0.00
	Other Health	13.00
	Other Non-Health	0.00
	Total (Office and Field Staff)	55.40

SCHEDULE G - NOTES

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

Notes:

JAR Home Health - Submit

By Checking the Box, you have validated that your JAR has been reviewed and approved ☑

By Checking the Box, you have validated that you will Submit the JAR with Errors ☑

Date Submitted: 10/13/2017 8:54:48 AM

Date Finalized: 10/23/2017 1:58:19 PM

Tennessee Department of Health

Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Pkwy
Nashville, TN 37243
Telephone: (615)741-1954 - Fax: (615)253-1688

Joint Annual Report of Home Health

Contacts

Lonnie Matthews
Email: Lonnie.Matthews@tn.gov
Call: (615)741-5845

Trent Sansing
Email: Trent.Sansing@tn.gov
Call: (615)253-4702

Cheryl Hines
Email: Cheryl.Hines@tn.gov
Call: (615)532-7888

2017

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	16
G.	Notes	17
Submit	Submit	18

SCHEDULE A - IDENTIFICATION

1. Legal Name: **Coram CVS Speciality Infusion Services**
   Did the agency's name change during the reporting period? ○ **YES** ◉ **NO**
   If yes, Prior Name of your facility False

2. Address of Facility Street: 2970 Sidco Drive
   City: Nashville State: Tennessee Zip: 37204
   County: Davidson

3. Telephone Number (615)445-3098 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

4. Name of Preparer Tara Hefner
   First Name Last Name

   Preparer Title RNs - Administrative

   Telephone Number (615)445-3098 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

   Email Address tara.hefner@coramhc.com

5. Administration
   Name of Facility Administrator Annette Washington
   First Name Last Name

   Name of Facility Medical Doctor NA NA
   First Name Last Name

6. Reporting Period:
   Is the Reporting Period July 1 through June 30 of the year specified above? ◉ **YES** ○ **NO**
   Beginning Date 07/01/2016 Ending Date 06/30/2017

Schedule B - Organization Structure

1. Owner
   A. Type

For - Profit	Non - Profit	Government
○ **Proprietorship**	○ **Non-Religious Corporation or Association**	○ **City**
○ **General Partnership**	○ **Religious Corporation or Association**	○ **County**
○ **Limited Partnership (LP)**	○ **Limited Liability Company (LLC)**	○ **State**
○ **Limited Liability Partnership (LLP)**		○ **Federal**
○ **Limited Liability Company (LLC)**		○ **Other Government (Specify)**
● **Corporation**		

   B. Legal Name: Coram Alternative Site Services,Inc
   Street: One CVS drive,MC 1160
   City: Woonsocket
   State: Rhode Island Zip: 02895

2. Structure
   Type
   - ● **Free Standing**
   - ○ **Hospital Affiliated**
   - ○ **Hospital Based**
   - ○ **Nursing Home Based**
   - ○ **Public Health Department**
   - ○ **Rural Health Clinic Based**

   Name of Organization: Coram Cvs Specialty Infusion Services

Schedule C - Licensure, Accreditations, Memberships, and Participations

1. Licensure:
   A. License Number: 624
   B. Most recent survey date (yyyy): 2017

2. Accreditation:

A.	Yes ○	No ●	The Joint Commission	Approval Date (yyyy): 2015 Expiration Date (yyyy): 2018
B.	Yes ○	No ●	Community Health Accreditation Program (CHAP)	Approval Date (yyyy): Expiration Date (yyyy):
C.	Yes ○	No ●	Accreditation Commission for Health Care (ACHC)	Approval Date (yyyy): Expiration Date (yyyy):
D.	Yes ○	No ●	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):
E.	Yes ○	No ●	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):

3. Participations:
   A. Yes ○ No ● Medicare
   B. Yes ● No ○ TennCare

   If yes, indicate the MCOs with whom you have contracts.

Yes ○	No ●	Amerigroup
Yes ●	No ○	BlueCare
Yes ○	No ●	United Health Care Community Plan
Yes ○	No ●	TennCare MCO (Not Specified)
Yes ○	No ●	TennCare Select
Yes ○	No ●	Other (Specify One)

Schedule D - Finances

1. Charity Care:
   Number of Patients 0 Total Cost

2. Average Charges by Discipline:
   Do you provide private duty? **Yes** ○ **No** ○

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Home Health Aide Services						
Homemaker Services						
Medical Social Services						
Occupational Therapy						
Physical Therapy						
Skilled Nursing Care						
Infusion Therapy - Pain Management	1					
Infusion Therapy Other	1					
Speech Therapy						
Other (Specify):						

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

Schedule D - Finances (continued)

Medicare Advantage

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

United Health Care Community Plan (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Amerigroup (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

Blue Care (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours		2	6		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy					
Other					
Total	1	2	6	192	0

TennCare Select (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TennCare, MCO (not specified) (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

Other State Medicaid (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

CoverKids (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TRICARE

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours		52	276		
Infusion Nursing Less than 2 Hours		3	4		
Speech Therapy					
Other					
Total	6	55	280	33055	47

Schedule D - Finances (continued)

Commercial

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours		240	1228		
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	28	240	1228	37668	53

Self Pay

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Home and Community Based Waiver Programs

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

TN Commission on Aging and Disability

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Charity Care

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Federal Department of Labor (EEOICP)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

19734 - Coram CVS Speciality Infusion Services

Other					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Total All Revenue Sources					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		294	1510		
Infusion Nursing Less than 2 Hours		3	4		
Speech Therapy		0	0		
Other		0	0		
Total	35	297	1514	70915	100

Schedule E - Utilization

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	0
No further care needed; reached maximum functional potential (Goals met)	14
Death	0
Patient Request	0
Transfer to hospital from home health agency	0
Transfer to nursing home from home health agency	0
Transfer out of service area	0
Transfer to hospice services from home health agency	0
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	0
Patient non-compliant (ex. Patient not remaining home bound)	0
Transfer to assisted living facility from home health agency	0
Hospitalized at the end of certification period	0
Transfer to school system	0
Transfer to outpatient care	0
Patient denied service due to lack of resources/room	0
Other (Specify)	0
Unknown	0
Total Discharges	14
Total Discharges by Number of Days (Length of Stay)	2002

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 35

Schedule E - Utilization (continued)

3. Utilization:
Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Anderson																		0
Bedford																		0
Benton																		0
Bledsoe																		0
Blount																		0
Bradley																		0
Campbell																		0
Cannon																		0
Carroll																		0
Carter																		0
Cheatham																		0
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson		2	2	6	4			7	3						10			10
Decatur																		0
DeKalb																		0
Dickson																		0
Dyer																		0
Fayette																		0
Fentress																		0
Franklin			1		1			1							1			1
Gibson		1			1			1							1			1
Giles																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Grainger																		0
Greene																		0
Grundy																		0
Hamblen																		0
Hamilton																		0
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman																		0
Houston																		0
Humphreys																		0
Jackson																		0
Jefferson																		0
Johnson																		0
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon																		0
McMinn																		0
McNairy																		0
Macon			1		1			1							1			1
Madison																		0
Marion																		0
Marshall				1					1						1			1
Maury		2	1		3			3							3			3
Meigs																		0
Monroe																		0

Schedule E - Utilization (continued)

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Montgomery		1	1		2			1	1						2			2
Moore																		0
Morgan																		0
Obion																		0
Overton																		0
Perry																		0
Pickett																		0
Polk																		0
Putnam																		0
Rhea																		0
Roane																		0
Robertson	1	1			2		1	1							2			2
Rutherford			2	1	2			2	1						3			3
Scott																		0
Sequatchie																		0
Sevier																		0
Shelby																		0
Smith																		0
Stewart																		0
Sullivan																		0
Sumner			2	2	2			4							4			4
Tipton																		0
Trousdale																		0
Unicoi																		0
Union																		0
Van Buren																		0
Warren				1				1							1			1
Washington																		0
Wayne																		0
Weakley																		0
White																		0
Williamson		1	2	2	3			4	1						5			5
Wilson			1		1				1						1			1
Unknown																		0
Other States																		0
Total	1	8	13	13	22	0	1	26	8	0	0	0	0	0	35	0	0	35

Year 2017

Schedule F - Personnel
Type of Employee by Service

19734 - Coram CVS Speciality Infusion Services

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Place a zero if the value is unknown. Full Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	Type	Number of Employees Total in FTE
Office Staff:	Administrator	1.00
	Assistant Administrator	1.00
	Clinical Director/In-Office Clinical Staff	1.00
	Office Personnel (Clerical)	2.00
	Financial/Billing Personnel	0.00
	Other Administrative Personnel (Marketing/Community Education, etc.)	0.00
Field Staff:	Registered Nurses	1.00
	Licensed Practical Nurses	0.00
	Certified Nurses Aides	0.00
	Physical Therapy Services	0.00
	Occupational Therapy	0.00
	Speech/Language Pathology Services	0.00
	Medical Social Services	0.00
	Respiratory Therapists	0.00
	Home Health Aides	0.00
	Homemakers	0.00
	Nutritionists/Dieticians	0.00
	Other Health	0.00
	Other Non-Health	0.00
	Total (Office and Field Staff)	6.00

SCHEDULE G - NOTES

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

Notes:

Schedule A- we dont have a medical director. Every patient has a following MD

Schedule D #2- we are not MC providers number 1 entered in hours/ visits to progress to next page

Schedule F- Administrator, Asst.Admin and Clinical Director are all RNs. We have 4 total RNs in the agency

Year 2017

JAR Home Health - Submit

19734 - Coram CVS Speciality Infusion Services

By Checking the Box, you have validated that your JAR has been reviewed and approved ☑

By Checking the Box, you have validated that you will Submit the JAR with Errors ☑

Date Submitted: 10/13/2017 11:17:13 AM

Date Finalized: 11/3/2017 11:32:36 AM

Tennessee Department of Health

Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Pkwy
Nashville, TN 37243
Telephone: (615)741-1954 - Fax: (615)253-1688

Joint Annual Report of Home Health

Contacts

Lonnie Matthews
Email: Lonnie.Matthews@tn.gov
Call: (615)741-5845

Trent Sansing
Email: Trent.Sansing@tn.gov
Call: (615)253-4702

Cheryl Hines
Email: Cheryl.Hines@tn.gov
Call: (615)532-7888

2017

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	16
G.	Notes	17
Submit	Submit	18

SCHEDULE A - IDENTIFICATION

1. Legal Name: **Suncrest Home Health**
   Did the agency's name change during the reporting period? ○ YES ● NO
   If yes, Prior Name of your facility

2. Address of Facility Street: 471 West Broad Street
   City: Smithville State: Tennessee Zip: 37166
   County: DeKalb

3. Telephone Number (615)597-7777 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

4. Name of Preparer Elaine Watkins
   First Name Last Name

   Preparer Title Administrators

   Telephone Number (615)525-3511 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

   Email Address ewatkins@suncresthealth.com

5. Administration
   Name of Facility Administrator Elaine Watkins
   First Name Last Name

   Name of Facility Medical Doctor
   First Name Last Name

6. Reporting Period:
   Is the Reporting Period July 1 through June 30 of the year specified above? ● YES ○ NO
   Beginning Date 07/01/2016 Ending Date 06/30/2017

1. Owner
   A. Type

For - Profit	Non - Profit	Government
○ **Proprietorship**	○ **Non-Religious Corporation or Association**	○ **City**
○ **General Partnership**	○ **Religious Corporation or Association**	○ **County**
○ **Limited Partnership (LP)**	◉ **Limited Liability Company (LLC)**	○ **State**
○ **Limited Liability Partnership (LLP)**		○ **Federal**
○ **Limited Liability Company (LLC)**		○ **Other Government (Specify)**
○ **Corporation**		

   B. Legal Name: SunCrest Healthcare of East Tennesse, LLC
   Street: 345 South Jefferson Ave, Ste201
   City: Cookeville
   State: Tennessee Zip: 38541

2. Structure
   Type
   - ◉ **Free Standing**
   - ○ **Hospital Affiliated**
   - ○ **Hospital Based**
   - ○ **Nursing Home Based**
   - ○ **Public Health Department**
   - ○ **Rural Health Clinic Based**

   Name of Organization: SunCrest Home Health

1. Licensure:
   A. License Number: 60
   B. Most recent survey date (yyyy): 2017

2. Accreditation:

A.	Yes ◉	No ○	The Joint Commission	Approval Date (yyyy): 2016 Expiration Date (yyyy): 2019
B.	Yes ○	No ◉	Community Health Accreditation Program (CHAP)	Approval Date (yyyy): Expiration Date (yyyy):
C.	Yes ○	No ◉	Accreditation Commission for Health Care (ACHC)	Approval Date (yyyy): Expiration Date (yyyy):
D.	Yes ○	No ◉	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):
E.	Yes ○	No ◉	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):

3. Participations:
   A. Yes ◉ No ○ Medicare
   B. Yes ◉ No ○ TennCare

   If yes, indicate the MCOs with whom you have contracts.

Yes ◉	No ○	Amerigroup
Yes ◉	No ○	BlueCare
Yes ◉	No ○	United Health Care Community Plan
Yes ◉	No ○	TennCare MCO (Not Specified)
Yes ◉	No ○	TennCare Select
Yes ○	No ◉	Other (Specify One)

1. Charity Care:
   Number of Patients 7 Total Cost 5775

2. Average Charges by Discipline:
   Do you provide private duty? **Yes** ◉ **No** ○

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Home Health Aide Services	61	48	64	64	28	21
Homemaker Services	0	0	0	0	20	18
Medical Social Services	147	129	227	227	0	0
Occupational Therapy	114	98	156	156	0	0
Physical Therapy	119	100	155	155	0	0
Skilled Nursing Care	121	99	142	142	72	39
Infusion Therapy - Pain Management	0	0	0	0	0	0
Infusion Therapy Other	0	0	0	0	0	0
Speech Therapy	128	78	169	169	0	0
Other (Specify):	0	0	0	0	0	0

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		7320			
Homemaker Services		0			
Medical Social Services		555			
Occupational Therapy		3416			
Physical Therapy		25595			
Skilled Nursing Care		24150			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		897			
Other					
Total	3633	61933	0	730304	14

Medicare Advantage

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		295	0		
Homemaker Services		0	0		
Medical Social Services		81	0		
Occupational Therapy		229	0		
Physical Therapy		1603	0		
Skilled Nursing Care		2161	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		38	0		
Other					
Total	568	4407	0	788532	15

United Health Care Community Plan (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		51	13623		
Homemaker Services		0	0		
Medical Social Services		18	0		
Occupational Therapy		79	0		
Physical Therapy		342	0		
Skilled Nursing Care		154	3335		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		8	0		
Other					
Total	96	652	16958	614251	11

Amerigroup (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		113	11194		
Homemaker Services		0	0		
Medical Social Services		14	0		
Occupational Therapy		67	0		
Physical Therapy		378	0		
Skilled Nursing Care		1418	5915		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		64	0		
Other					
Total	97	2054	17109	718904	13

Schedule D - Finances (continued)

Blue Care (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		9	12573		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		344	16810		
Infusion Nursing Greater than 2 Hours		0	1		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other					
Total	53	353	29384	868958	16

TennCare Select (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		17	0		
Occupational Therapy		41	0		
Physical Therapy		229	0		
Skilled Nursing Care		232	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		4	0		
Other					
Total	41	523	0	2701	0

TennCare, MCO (not specified) (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

Other State Medicaid (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

CoverKids (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

TRICARE

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		657	40		
Homemaker Services		0	1634		
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other					
Total	24	657	1674	53337	1

Schedule D - Finances (continued)

Commercial

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		566	0		
Homemaker Services		0	0		
Medical Social Services		130	0		
Occupational Therapy		645	0		
Physical Therapy		3659	0		
Skilled Nursing Care		3629	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		220	0		
Other					
Total	446	8849	0	881678	16

Self Pay

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	2030		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		1	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	6	1	2030	42742	1

Home and Community Based Waiver Programs

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	34108		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	59	0	34108	622849	12

TN Commission on Aging and Disability

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

Charity Care

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		10			
Physical Therapy		11			
Skilled Nursing Care		16			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other					
Total	7	37	0	5775	0

Federal Department of Labor (EEOICP)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

Other

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		58	0		
Skilled Nursing Care		177	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		14	0		
Speech Therapy		0	0		
Other		0	0		
Total	17	249	0	37246	1

Total All Revenue Sources

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		9011	37430		
Homemaker Services		0	37772		
Medical Social Services		815	0		
Occupational Therapy		4487	0		
Physical Therapy		31875	0		
Skilled Nursing Care		32282	26060		
Infusion Nursing Greater than 2 Hours		0	1		
Infusion Nursing Less than 2 Hours		14	0		
Speech Therapy		1231	0		
Other		0	0		
Total	5047	79715	101263	5367277	100

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	6935
No further care needed; reached maximum functional potential (Goals met)	910
Death	95
Patient Request	339
Transfer to hospital from home health agency	331
Transfer to nursing home from home health agency	92
Transfer out of service area	50
Transfer to hospice services from home health agency	100
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	97
Patient non-compliant (ex. Patient not remaining home bound)	46
Transfer to assisted living facility from home health agency	0
Hospitalized at the end of certification period	0
Transfer to school system	0
Transfer to outpatient care	0
Patient denied service due to lack of resources/room	0
Other (Specify) F2F, caregiver proficient, max potential	217
Unknown	0
Total Discharges	9212
Total Discharges by Number of Days (Length of Stay)	25860

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 2323

3. Utilization:
Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Anderson																		0
Bedford																		0
Benton																		0
Bledsoe																		0
Blount																		0
Bradley																		0
Campbell																		0
Cannon		21	380	205	401	1		112	493			9			594		3	606
Carroll																		0
Carter																		0
Cheatham																		0
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson																		0
Decatur																		0
DeKalb	2	11	459	249	472			124	597			16			705			721
Dickson																		0
Dyer																		0
Fayette																		0
Fentress																		0
Franklin																		0
Gibson																		0
Giles																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Grainger																		0
Greene																		0
Grundy																		0
Hamblen																		0
Hamilton																		0
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman																		0
Houston																		0
Humphreys																		0
Jackson																		0
Jefferson																		0
Johnson																		0
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon																		0
McMinn																		0
McNairy																		0
Macon																		0
Madison																		0
Marion																		0
Marshall																		0
Maury																		0
Meigs																		0
Monroe																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Montgomery																		0
Moore																		0
Morgan																		0
Obion																		0
Overton																		0
Perry																		0
Pickett																		0
Polk																		0
Putnam	1	11	554	392	566	1	1	200	756		2	10	2		944			958
Rhea																		0
Roane																		0
Robertson																		0
Rutherford																		0
Scott																		0
Sequatchie																		0
Sevier																		0
Shelby																		0
Smith	2		136	91	138			36	193			10			217		2	229
Stewart																		0
Sullivan																		0
Sumner																		0
Tipton																		0
Trousdale																		0
Unicoi																		0
Union																		0
Van Buren																		0
Warren	2	7	707	303	716	2	1	3	1013	3		24	4	967			21	1019
Washington																		0
Wayne																		0
Weakley																		0
White	2	10	566	350	578	2	1	450	475	1		2			925			928
Williamson																		0
Wilson		21	493	347	514		1	6	854		4	71	1	2	781		2	861
Unknown																		0
Other States																		0
Total	9	81	3295	1937	3385	6	4	931	4381	4	6	142	7	969	4166	0	28	5322

Schedule F - Personnel
Type of Employee by Service

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Place a zero if the value is unknown. Full Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	Type	Number of Employees Total in FTE
Office Staff:	Administrator	1.00
	Assistant Administrator	0.00
	Clinical Director/In-Office Clinical Staff	13.00
	Office Personnel (Clerical)	9.00
	Financial/Billing Personnel	0.00
	Other Administrative Personnel (Marketing/Community Education, etc.)	5.00
Field Staff:	Registered Nurses	15.00
	Licensed Practical Nurses	11.00
	Certified Nurses Aides	4.00
	Physical Therapy Services	16.00
	Occupational Therapy	1.00
	Speech/Language Pathology Services	0.50
	Medical Social Services	1.00
	Respiratory Therapists	0.00
	Home Health Aides	4.00
	Homemakers	0.00
	Nutritionists/Dieticians	0.00
	Other Health	0.00
	Other Non-Health	0.00
	Total (Office and Field Staff)	80.50

SCHEDULE G - NOTES

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

Notes:

Year 2017

JAR Home Health - Submit

21024 - Suncrest Home Health

By Checking the Box, you have validated that your JAR has been reviewed and approved ☑

By Checking the Box, you have validated that you will Submit the JAR with Errors ☑

Date Submitted: 10/12/2017 2:28:10 PM

Date Finalized: 11/3/2017 12:45:10 PM

Tennessee Department of Health

Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Pkwy
Nashville, TN 37243
Telephone: (615)741-1954 - Fax: (615)253-1688

Joint Annual Report of Home Health

Contacts

Lonnie Matthews
Email: Lonnie.Matthews@tn.gov
Call: (615)741-5845

Trent Sansing
Email: Trent.Sansing@tn.gov
Call: (615)253-4702

Cheryl Hines
Email: Cheryl.Hines@tn.gov
Call: (615)532-7888

2017

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	16
G.	Notes	17
Submit	Submit	18

SCHEDULE A - IDENTIFICATION

1. Legal Name: **Procare Home Health Services**
   Did the agency's name change during the reporting period? ○ YES ◉ NO
   If yes, Prior Name of your facility False

2. Address of Facility Street: 705 Professional Plaza, Suite 1, P.O. Box 951
   City: Greeneville State: Tennessee Zip: 37745
   County: Greene

3. Telephone Number (423)434-5130 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

4. Name of Preparer Angela Proffitt
   First Name Last Name

   Preparer Title Financial and Accounting and Assts.

   Telephone Number (423)434-5130 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

   Email Address angiep@procaretn.com

5. Administration
   Name of Facility Administrator Sharon Weems
   First Name Last Name

   Name of Facility Medical Doctor Frank Johnson, Jr
   First Name Last Name

6. Reporting Period:
   Is the Reporting Period July 1 through June 30 of the year specified above? ◉ YES ○ NO
   Beginning Date 07/01/2016 Ending Date 06/30/2017

Schedule B - Organization Structure

1. Owner
   A. Type

For - Profit	Non - Profit	Government
○ **Proprietorship**	○ **Non-Religious Corporation or Association**	○ **City**
○ **General Partnership**	○ **Religious Corporation or Association**	○ **County**
○ **Limited Partnership (LP)**	○ **Limited Liability Company (LLC)**	○ **State**
○ **Limited Liability Partnership (LLP)**		○ **Federal**
○ **Limited Liability Company (LLC)**		○ **Other Government (Specify)**
◉ **Corporation**		

   B. Legal Name: Ashland Development, Inc
   Street: 2315 Silverdale Drive
   City: Johnson City
   State: Tennessee Zip: 37601

2. Structure
   Type
   - ◉ **Free Standing**
   - ○ **Hospital Affiliated**
   - ○ **Hospital Based**
   - ○ **Nursing Home Based**
   - ○ **Public Health Department**
   - ○ **Rural Health Clinic Based**

   Name of Organization: ProCare Home Health and Private Duty Services

Schedule C - Licensure, Accreditations, Memberships, and Participations

1. Licensure:
   A. License Number 87
   B. Most recent survey date (yyyy) 2015

2. Accreditation:
   A. **Yes** ○ **No** ● The Joint Commission — Approval Date (yyyy) ____ Expiration Date (yyyy) ____
   B. **Yes** ○ **No** ● Community Health Accreditation Program (CHAP) — Approval Date (yyyy) ____ Expiration Date (yyyy) ____
   C. **Yes** ○ **No** ● Accreditation Commission for Health Care (ACHC) — Approval Date (yyyy) ____ Expiration Date (yyyy) ____
   D. **Yes** ○ **No** ● Other (Specify) ____ — Approval Date (yyyy) ____ Expiration Date (yyyy) ____
   E. **Yes** ○ **No** ● Other (Specify) ____ — Approval Date (yyyy) ____ Expiration Date (yyyy) ____

3. Participations:
   A. **Yes** ● **No** ○ Medicare
   B. **Yes** ● **No** ○ TennCare

   If yes, indicate the MCOs with whom you have contracts.
   - **Yes** ● **No** ○ Amerigroup
   - **Yes** ● **No** ○ BlueCare
   - **Yes** ● **No** ○ United Health Care Community Plan
   - **Yes** ● **No** ○ TennCare MCO (Not Specified)
   - **Yes** ● **No** ○ TennCare Select
   - **Yes** ○ **No** ● Other (Specify One) ____

Schedule D - Finances

1. Charity Care:
   Number of Patients 0 Total Cost 0

2. Average Charges by Discipline:
   Do you provide private duty? **Yes** ○ **No** ○

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Home Health Aide Services	95	95	95	95	0	0
Homemaker Services	0	0	0	0	0	0
Medical Social Services	0	0	0	0	0	0
Occupational Therapy	175	175	175	175	0	0
Physical Therapy	175	175	175	175	0	0
Skilled Nursing Care	175	175	175	175	0	0
Infusion Therapy - Pain Management	175	175	175	175	0	0
Infusion Therapy Other	175	175	175	175	0	0
Speech Therapy	225	225	225	225	0	0
Other (Specify):	0	0	0	0	0	0

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		467			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		197			
Physical Therapy		2086			
Skilled Nursing Care		504			
Infusion Nursing Greater than 2 Hours		50			
Infusion Nursing Less than 2 Hours		50			
Speech Therapy		147			
Other					
Total	3501	3501	0	998116	15

Schedule D - Finances (continued)

Medicare Advantage

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		245	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		86	0		
Physical Therapy		964	0		
Skilled Nursing Care		286	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		9	0		
Other		0	0		
Total	1590	1590	0	409501	6

United Health Care Community Plan (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		40	15007		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		640	0		
Physical Therapy		1130	0		
Skilled Nursing Care		261	21241		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		532	0		
Other		0	0		
Total	2603	2603	36248	431839	7

Amerigroup (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		87	1372		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		210	0		
Physical Therapy		493	0		
Skilled Nursing Care		260	1966		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		265	0		
Other		0	0		
Total	1315	1315	3338	207995	3

Schedule D - Finances (continued)

Blue Care (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	20090		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		1830	0		
Physical Therapy		1419	0		
Skilled Nursing Care		193	82724		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		1694	0		
Other		0	0		
Total	5136	5136	102814	1762181	27

TennCare Select (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	9128		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		389	0		
Physical Therapy		206	0		
Skilled Nursing Care		10	46332		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		385	0		
Other		0	0		
Total	990	990	55460	1589848	24

TennCare, MCO (not specified) (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Other State Medicaid (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

CoverKids (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	

TRICARE

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Schedule D - Finances (continued)

Commercial

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		49	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		287	0		
Physical Therapy		1073	0		
Skilled Nursing Care		572	17301		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		263	0		
Other		0	0		
Total	2244	2244	17301	1019629	16

Self Pay

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	854		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	259		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	1113	0	1113	32894	1

Home and Community Based Waiver Programs

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		37	0		
Physical Therapy		164	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		256	0		
Other		0	0		
Total	457	457	0	66173	1

Schedule D - Finances (continued)

TN Commission on Aging and Disability

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Charity Care

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Federal Department of Labor (EEOICP)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Schedule D - Finances (continued)

30051 - Procare Home Health Services

Other					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Total All Revenue Sources					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		888	46451		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		3676	0		
Physical Therapy		7535	0		
Skilled Nursing Care		2086	169823		
Infusion Nursing Greater than 2 Hours		50	0		
Infusion Nursing Less than 2 Hours		50	0		
Speech Therapy		3551	0		
Other		0	0		
Total	18949	17836	216274	6518176	100

Schedule E - Utilization

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	4
No further care needed; reached maximum functional potential (Goals met)	313
Death	6
Patient Request	20
Transfer to hospital from home health agency	70
Transfer to nursing home from home health agency	3
Transfer out of service area	10
Transfer to hospice services from home health agency	6
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	21
Patient non-compliant (ex. Patient not remaining home bound)	7
Transfer to assisted living facility from home health agency	0
Hospitalized at the end of certification period	0
Transfer to school system	0
Transfer to outpatient care	2
Patient denied service due to lack of resources/room	0
Other (Specify) other	54
Unknown	5
Total Discharges	521
Total Discharges by Number of Days (Length of Stay)	50

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 716

3. Utilization:
Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Anderson																		0
Bedford																		0
Benton																		0
Bledsoe																		0
Blount																		0
Bradley																		0
Campbell																		0
Cannon																		0
Carroll																		0
Carter	12	19	27	43	58	18	13	29	41	1	0	2	0	0	98	0	0	101
Cheatham																		0
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson																		0
Decatur																		0
DeKalb																		0
Dickson																		0
Dyer																		0
Fayette																		0
Fentress																		0
Franklin																		0
Gibson																		0
Giles																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Grainger																		0
Greene	6	17	13	34	36	13	3	33	21	0	0	3	0	0	67	0	0	70
Grundy																		0
Hamblen																		0
Hamilton																		0
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman																		0
Houston																		0
Humphreys																		0
Jackson																		0
Jefferson																		0
Johnson	3	0	1	2	4	3	0	0	3	0	0	1	0	0	5	0	0	6
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon																		0
McMinn																		0
McNairy																		0
Macon																		0
Madison																		0
Marion																		0
Marshall																		0
Maury																		0
Meigs																		0
Monroe																		0

Schedule E - Utilization (continued)

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Montgomery																		0
Moore																		0
Morgan																		0
Obion																		0
Overton																		0
Perry																		0
Pickett																		0
Polk																		0
Putnam																		0
Rhea																		0
Roane																		0
Robertson																		0
Rutherford																		0
Scott																		0
Sequatchie																		0
Sevier																		0
Shelby																		0
Smith																		0
Stewart																		0
Sullivan	37	45	69	104	151	81	4	79	91	0	0	5	1	0	249	0	0	255
Sumner																		0
Tipton																		0
Trousdale																		0
Unicoi	7	3	11	18	21	13	0	12	14	0	0	0	0	0	39	0	0	39
Union																		0
Van Buren																		0
Warren																		0
Washington																		0
Wayne																		0
Weakley																		0
White																		0
Williamson																		0
Wilson																		0
Unknown																		0
Other States																		0
Total	65	84	121	201	270	128	20	153	170	1	0	11	1	0	458	0	0	471

Year 2017

Schedule F - Personnel
Type of Employee by Service

30051 - Procare Home Health Services

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Place a zero if the value is unknown. Full Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	Type	Number of Employees Total in FTE
Office Staff:	Administrator	1.00
	Assistant Administrator	0.00
	Clinical Director/In-Office Clinical Staff	0.00
	Office Personnel (Clerical)	3.00
	Financial/Billing Personnel	3.00
	Other Administrative Personnel (Marketing/Community Education, etc.)	5.00
Field Staff:	Registered Nurses	17.00
	Licensed Practical Nurses	87.00
	Certified Nurses Aides	24.00
	Physical Therapy Services	4.00
	Occupational Therapy	3.00
	Speech/Language Pathology Services	3.00
	Medical Social Services	0.00
	Respiratory Therapists	0.00
	Home Health Aides	1.00
	Homemakers	0.00
	Nutritionists/Dieticians	0.00
	Other Health	0.00
	Other Non-Health	0.00
	Total (Office and Field Staff)	151.00

SCHEDULE G - NOTES

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

Notes:

none

JAR Home Health - Submit

By Checking the Box, you have validated that your JAR has been reviewed and approved ☑

By Checking the Box, you have validated that you will Submit the JAR with Errors ☑

Date Submitted: 10/12/2017 1:29:04 PM

Date Finalized: 11/3/2017 1:54:07 PM

Tennessee Department of Health

Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Pkwy
Nashville, TN 37243
Telephone: (615)741-1954 - Fax: (615)253-1688

Joint Annual Report of Home Health

Contacts

Lonnie Matthews
Email: Lonnie.Matthews@tn.gov
Call: (615)741-5845

Trent Sansing
Email: Trent.Sansing@tn.gov
Call: (615)253-4702

Cheryl Hines
Email: Cheryl.Hines@tn.gov
Call: (615)532-7888

2017

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	16
G.	Notes	17
Submit	Submit	18

SCHEDULE A - IDENTIFICATION

1. Legal Name: **Maxim Healthcare Services**
   Did the agency's name change during the reporting period? ○ **YES** ◉ **NO**
   If yes, Prior Name of your facility False

2. Address of Facility Street: 6142 Shallowford Road, Suite 103
   City: Chattanooga State: Tennessee Zip: 37421
   County: Hamilton

3. Telephone Number (423)553-5530 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

4. Name of Preparer Ryan Scherer
   First Name Last Name

   Preparer Title Administrators

   Telephone Number (423)553-5530 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

   Email Address wischere@maxhealth.com

5. Administration
   Name of Facility Administrator Ryan Scherer
   First Name Last Name

   Name of Facility Medical Doctor John Langley
   First Name Last Name

6. Reporting Period:
   Is the Reporting Period July 1 through June 30 of the year specified above? ◉ **YES** ○ **NO**
   Beginning Date 07/01/2016 Ending Date 06/30/2017

Schedule B - Organization Structure

1. Owner
   A. Type

For - Profit	Non - Profit	Government
○ **Proprietorship**	○ **Non-Religious Corporation or Association**	○ **City**
○ **General Partnership**	○ **Religious Corporation or Association**	○ **County**
○ **Limited Partnership (LP)**	○ **Limited Liability Company (LLC)**	○ **State**
○ **Limited Liability Partnership (LLP)**		○ **Federal**
○ **Limited Liability Company (LLC)**		○ **Other Government (Specify)**
◉ **Corporation**		

   B. Legal Name: Maxim Healthcare Services, Inc.
   Street: 7227 Lee Deforest Dr.
   City: Columbia
   State: Maryland Zip: 21046-3236

2. Structure
   Type
   - ◉ **Free Standing**
   - ○ **Hospital Affiliated**
   - ○ **Hospital Based**
   - ○ **Nursing Home Based**
   - ○ **Public Health Department**
   - ○ **Rural Health Clinic Based**

   Name of Organization: Maxim Healthcare Services

Schedule C - Licensure, Accreditations, Memberships, and Participations

33433 - Maxim Healthcare Services

1. Licensure:
   A. License Number: 613
   B. Most recent survey date (yyyy): 2017

2. Accreditation:

A.	Yes ○	No ●	The Joint Commission	Approval Date (yyyy): Expiration Date (yyyy):
B.	Yes ○	No ●	Community Health Accreditation Program (CHAP)	Approval Date (yyyy): Expiration Date (yyyy):
C.	Yes ●	No ○	Accreditation Commission for Health Care (ACHC)	Approval Date (yyyy): 2017 Expiration Date (yyyy): 2020
D.	Yes ●	No ○	Other (Specify) TAHC	Approval Date (yyyy): 2017 Expiration Date (yyyy): 2018
E.	Yes ○	No ●	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):

3. Participations:
   A. Yes ● No ○ Medicare
   B. Yes ● No ○ TennCare

   If yes, indicate the MCOs with whom you have contracts.

Yes ●	No ○	Amerigroup
Yes ●	No ○	BlueCare
Yes ●	No ○	United Health Care Community Plan
Yes ○	No ●	TennCare MCO (Not Specified)
Yes ●	No ○	TennCare Select
Yes ○	No ●	Other (Specify One)

1. Charity Care:
   Number of Patients 0 Total Cost 0

2. Average Charges by Discipline:
   Do you provide private duty? **Yes** ◉ **No** ○

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Home Health Aide Services					30	20
Homemaker Services						
Medical Social Services						
Occupational Therapy						
Physical Therapy						
Skilled Nursing Care					80	35
Infusion Therapy - Pain Management						
Infusion Therapy Other					120	30
Speech Therapy						
Other (Specify):						

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare Visits	Medicare Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

Medicare Advantage

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care		10			
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	1	10	0	885	0

United Health Care Community Plan (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services			3355		
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care		5	486		
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	6	5	3841	103642	2

Amerigroup (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services			147		
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care		93	2127		
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	4	93	2274	85577	1

Schedule D - Finances (continued)

Blue Care (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TennCare Select (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	26211		
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care		12	141528		
Infusion Nursing Greater than 2 Hours			29		
Infusion Nursing Less than 2 Hours			2		
Speech Therapy					
Other					
Total	83	12	167770	5716796	95

TennCare, MCO (not specified) (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

Other State Medicaid (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

CoverKids (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TRICARE

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

Commercial

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services			304		
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care		287	1470		
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	11	287	1774	68776	1

Self Pay

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services			570		
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours		18	6		
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	2	18	576	13023	0

Home and Community Based Waiver Programs

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

TN Commission on Aging and Disability

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Charity Care

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Federal Department of Labor (EEOICP)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

33433 - Maxim Healthcare Services

Other

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care		26			
Infusion Nursing Greater than 2 Hours		22	49		
Infusion Nursing Less than 2 Hours		42	31		
Speech Therapy					
Other					
Total	6	90	80	15740	0

Total All Revenue Sources

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	30587		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		433	145611		
Infusion Nursing Greater than 2 Hours		40	84		
Infusion Nursing Less than 2 Hours		42	33		
Speech Therapy		0	0		
Other		0	0		
Total	113	515	176315	6004439	100

Schedule E - Utilization

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	6
No further care needed; reached maximum functional potential (Goals met)	9
Death	2
Patient Request	11
Transfer to hospital from home health agency	
Transfer to nursing home from home health agency	
Transfer out of service area	3
Transfer to hospice services from home health agency	1
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	
Patient non-compliant (ex. Patient not remaining home bound)	2
Transfer to assisted living facility from home health agency	
Hospitalized at the end of certification period	4
Transfer to school system	
Transfer to outpatient care	
Patient denied service due to lack of resources/room	
Other (Specify) Patient transferred to Choices Group Home	1
Unknown	
Total Discharges	39
Total Discharges by Number of Days (Length of Stay)	295

2. Patients Served:
Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 110

3. Utilization:
Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Anderson																		0
Bedford																		0
Benton																		0
Bledsoe																		0
Blount																		0
Bradley	0	2	8	10	10	1	4	12	3			3	1		14		2	20
Campbell																		0
Cannon																		0
Carroll																		0
Carter																		0
Cheatham																		0
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson																		0
Decatur																		0
DeKalb																		0
Dickson																		0
Dyer																		0
Fayette																		0
Fentress																		0
Franklin																		0
Gibson																		0
Giles																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Grainger																		0
Greene																		0
Grundy	2			0	2	2									2			2
Hamblen																		0
Hamilton	9	7	11	38	27	22	4	28	11		1	20	4		36	1	3	65
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman																		0
Houston																		0
Humphreys																		0
Jackson																		0
Jefferson																		0
Johnson																		0
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon																		0
McMinn	1	3	1	1	5	0	2	4				1			5			6
McNairy																		0
Macon																		0
Madison																		0
Marion		1	1	4	2	2	1	2	1						6			6
Marshall																		0
Maury																		0
Meigs	1		1	0	2	1			1						2			2
Monroe																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Montgomery																		0
Moore																		0
Morgan																		0
Obion																		0
Overton																		0
Perry																		0
Pickett																		0
Polk																		0
Putnam																		0
Rhea	1	1	1	3	3	3	1	2							6			6
Roane																		0
Robertson																		0
Rutherford																		0
Scott																		0
Sequatchie		1	1	1	2			3							3			3
Sevier																		0
Shelby																		0
Smith																		0
Stewart																		0
Sullivan																		0
Sumner																		0
Tipton																		0
Trousdale																		0
Unicoi																		0
Union																		0
Van Buren																		0
Warren																		0
Washington																		0
Wayne																		0
Weakley																		0
White																		0
Williamson																		0
Wilson																		0
Unknown																		0
Other States																		0
Total	14	15	24	57	53	31	12	51	16	0	1	24	5	0	74	1	5	110

Year 2017

Schedule F - Personnel
Type of Employee by Service

33433 - Maxim Healthcare Services

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Place a zero if the value is unknown. Full Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	Type	Number of Employees Total in FTE
Office Staff:	Administrator	1.00
	Assistant Administrator	0.00
	Clinical Director/In-Office Clinical Staff	4.00
	Office Personnel (Clerical)	3.00
	Financial/Billing Personnel	0.00
	Other Administrative Personnel (Marketing/Community Education, etc.)	4.00
Field Staff:	Registered Nurses	12.57
	Licensed Practical Nurses	57.74
	Certified Nurses Aides	14.71
	Physical Therapy Services	0.00
	Occupational Therapy	0.00
	Speech/Language Pathology Services	0.00
	Medical Social Services	0.00
	Respiratory Therapists	0.00
	Home Health Aides	0.00
	Homemakers	0.00
	Nutritionists/Dieticians	0.00
	Other Health	0.00
	Other Non-Health	0.00
	Total (Office and Field Staff)	97.02

SCHEDULE G - NOTES

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

Notes:

Unable to split BlueCare and TennCare select patients in reporting. All grouped under the TennCare select portion.

Year 2017

JAR Home Health - Submit

33433 - Maxim Healthcare Services

By Checking the Box, you have validated that your JAR has been reviewed and approved ☑

By Checking the Box, you have validated that you will Submit the JAR with Errors ☑

Date Submitted: 10/11/2017 6:25:07 AM

Date Finalized: 11/13/2017 10:34:02 AM

Tennessee Department of Health

Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Pkwy
Nashville, TN 37243
Telephone: (615)741-1954 - Fax: (615)253-1688

Joint Annual Report of Home Health

Contacts

Lonnie Matthews
Email: Lonnie.Matthews@tn.gov
Call: (615)741-5845

Trent Sansing
Email: Trent.Sansing@tn.gov
Call: (615)253-4702

Cheryl Hines
Email: Cheryl.Hines@tn.gov
Call: (615)532-7888

2017

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	16
G.	Notes	17
Submit	Submit	18

SCHEDULE A - IDENTIFICATION

1. Legal Name: **Henry County Medical Center Home Health**
   Did the agency's name change during the reporting period? ○ **YES** ◉ **NO**
   If yes, Prior Name of your facility

2. Address of Facility Street: 311 East Wood Street
   City: Paris State: Tennessee Zip: 38242
   County: Henry

3. Telephone Number (731)642-7600 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

4. Name of Preparer Jackie Bush
   First Name Last Name

   Preparer Title Administrators

   Telephone Number (731)642-7600 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

   Email Address jbush@hcmc-tn.org

5. Administration
   Name of Facility Administrator Jackie Bush
   First Name Last Name

   Name of Facility Medical Doctor Terry Harrison
   First Name Last Name

6. Reporting Period:
   Is the Reporting Period July 1 through June 30 of the year specified above? ◉ **YES** ○ **NO**
   Beginning Date 07/01/2016 Ending Date 06/30/2017

Schedule B - Organization Structure

1. Owner
   A. Type

For - Profit	Non - Profit	Government
○ **Proprietorship**	○ **Non-Religious Corporation or Association**	○ **City**
○ **General Partnership**	○ **Religious Corporation or Association**	● **County**
○ **Limited Partnership (LP)**	○ **Limited Liability Company (LLC)**	○ **State**
○ **Limited Liability Partnership (LLP)**		○ **Federal**
○ **Limited Liability Company (LLC)**		○ **Other Government (Specify)**
○ **Corporation**		

   B. Legal Name: Henry County Medical Center Home Health
   Street: 311 E. Wood St.
   City: Paris
   State: Tennessee Zip: 38242

2. Structure
   Type
   - ○ **Free Standing**
   - ● **Hospital Affiliated**
   - ○ **Hospital Based**
   - ○ **Nursing Home Based**
   - ○ **Public Health Department**
   - ○ **Rural Health Clinic Based**

   Name of Organization: Henry County Medical Center Hospital

Schedule C - Licensure, Accreditations, Memberships, and Participations

1. Licensure:
   A. License Number: 122
   B. Most recent survey date (yyyy): 2017

2. Accreditation:

A.	Yes ◉	No ○	The Joint Commission	Approval Date (yyyy): 2017 Expiration Date (yyyy): 2020
B.	Yes ○	No ◉	Community Health Accreditation Program (CHAP)	Approval Date (yyyy): Expiration Date (yyyy):
C.	Yes ○	No ◉	Accreditation Commission for Health Care (ACHC)	Approval Date (yyyy): Expiration Date (yyyy):
D.	Yes ○	No ◉	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):
E.	Yes ○	No ◉	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):

3. Participations:
   A. Yes ◉ No ○ Medicare
   B. Yes ◉ No ○ TennCare

   If yes, indicate the MCOs with whom you have contracts.

Yes ◉	No ○	Amerigroup
Yes ◉	No ○	BlueCare
Yes ◉	No ○	United Health Care Community Plan
Yes ◉	No ○	TennCare MCO (Not Specified)
Yes ○	No ◉	TennCare Select
Yes ○	No ◉	Other (Specify One)

Schedule D - Finances

1. Charity Care:
   Number of Patients 4 Total Cost 8686

2. Average Charges by Discipline:
   Do you provide private duty? **Yes** ○ **No** ●

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Home Health Aide Services	93					
Homemaker Services						
Medical Social Services	253					
Occupational Therapy	176					
Physical Therapy	176					
Skilled Nursing Care	188					
Infusion Therapy - Pain Management						
Infusion Therapy Other						
Speech Therapy	176					
Other (Specify):						

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		90			
Homemaker Services		0			
Medical Social Services		51			
Occupational Therapy		6			
Physical Therapy		2708			
Skilled Nursing Care		2361			
Infusion Nursing Greater than 2 Hours		8			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		90			
Other					
Total	249	5314	0	627801	75

Schedule D - Finances (continued)

Medicare Advantage

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		16			
Homemaker Services		0			
Medical Social Services		12			
Occupational Therapy		1			
Physical Therapy		671			
Skilled Nursing Care		675			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		27			
Other					
Total	65	1402	0	96060	11

United Health Care Community Plan (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		8			
Occupational Therapy		0			
Physical Therapy		161			
Skilled Nursing Care		195			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other					
Total	19	364	0	18102	2

Amerigroup (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		17			
Skilled Nursing Care		6			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		6			
Other					
Total	2	29	0	526	0

Schedule D - Finances (continued)

Blue Care (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		1			
Occupational Therapy		3			
Physical Therapy		69			
Skilled Nursing Care		60			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other					
Total	11	133	0	4825	1

TennCare Select (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

TennCare, MCO (not specified) (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

Schedule D - Finances (continued)

Other State Medicaid (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

CoverKids (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

TRICARE

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		1			
Skilled Nursing Care		25			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other					
Total	1	26	0	4093	0

Schedule D - Finances (continued)

Commercial

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		4			
Occupational Therapy		6			
Physical Therapy		587			
Skilled Nursing Care		357			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		7			
Other					
Total	52	961	0	70130	8

Self Pay

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		1			
Occupational Therapy		4			
Physical Therapy		39			
Skilled Nursing Care		27			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		8			
Other					
Total	5	79	0	1847	0

Home and Community Based Waiver Programs

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

Schedule D - Finances (continued)

TN Commission on Aging and Disability

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

Charity Care

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		2			
Occupational Therapy		0			
Physical Therapy		49			
Skilled Nursing Care		19			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		4			
Other					
Total	4	74	0	8686	1

Federal Department of Labor (EEOICP)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

Schedule D - Finances (continued)

Other

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		113			
Skilled Nursing Care		118			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other					
Total	9	231	0	7038	1

Total All Revenue Sources

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		106	0		
Homemaker Services		0	0		
Medical Social Services		79	0		
Occupational Therapy		20	0		
Physical Therapy		4415	0		
Skilled Nursing Care		3843	0		
Infusion Nursing Greater than 2 Hours		8	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		142	0		
Other		0	0		
Total	417	8613	0	839108	100

Schedule E - Utilization

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	3
No further care needed; reached maximum functional potential (Goals met)	328
Death	15
Patient Request	8
Transfer to hospital from home health agency	4
Transfer to nursing home from home health agency	3
Transfer out of service area	2
Transfer to hospice services from home health agency	12
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	3
Patient non-compliant (ex. Patient not remaining home bound)	1
Transfer to assisted living facility from home health agency	0
Hospitalized at the end of certification period	0
Transfer to school system	0
Transfer to outpatient care	3
Patient denied service due to lack of resources/room	0
Other (Specify) Transferred to another HHA, Admitted to other type of institution, Char	6
Unknown	0
Total Discharges	388
Total Discharges by Number of Days (Length of Stay)	15477

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 412

Schedule E - Utilization (continued)

3. Utilization:
Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Anderson																		0
Bedford																		0
Benton	0	0	28	30	28	0	0	19	39	0	1	0	0	0	57	0	0	58
Bledsoe																		0
Blount																		0
Bradley																		0
Campbell																		0
Cannon																		0
Carroll	0	3	22	13	25	0	0	18	20	0	0	2	0	0	36	0	0	38
Carter																		0
Cheatham																		0
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson																		0
Decatur																		0
DeKalb																		0
Dickson																		0
Dyer																		0
Fayette																		0
Fentress																		0
Franklin																		0
Gibson																		0
Giles																		0

Schedule E - Utilization (continued)

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Grainger																		0
Greene																		0
Grundy																		0
Hamblen																		0
Hamilton																		0
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry	0	5	178	117	183	0	1	70	229	0	1	14	0	0	283	2	0	300
Hickman																		0
Houston																		0
Humphreys	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	1
Jackson																		0
Jefferson																		0
Johnson																		0
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon																		0
McMinn																		0
McNairy																		0
Macon																		0
Madison																		0
Marion																		0
Marshall																		0
Maury																		0
Meigs																		0
Monroe																		0

Schedule E - Utilization (continued)

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Montgomery																		0
Moore																		0
Morgan																		0
Obion																		0
Overton																		0
Perry																		0
Pickett																		0
Polk																		0
Putnam																		0
Rhea																		0
Roane																		0
Robertson																		0
Rutherford																		0
Scott																		0
Sequatchie																		0
Sevier																		0
Shelby																		0
Smith																		0
Stewart	0	0	3	1	3	0	0	1	3	0	0	0	0	0	4	0	0	4
Sullivan																		0
Sumner																		0
Tipton																		0
Trousdale																		0
Unicoi																		0
Union																		0
Van Buren																		0
Warren																		0
Washington																		0
Wayne																		0
Weakley	0	0	6	5	6	0	0	1	10	0	0	0	0	0	11	0	0	11
White																		0
Williamson																		0
Wilson																		0
Unknown																		0
Other States																		0
Total	0	8	237	167	245	0	1	110	301	0	2	16	0	0	392	2	0	412

Year 2017

Schedule F - Personnel
Type of Employee by Service

40075 - Henry County Medical Center Home Health

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Place a zero if the value is unknown. Full Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	Type	Number of Employees Total in FTE
Office Staff:	Administrator	0.60
	Assistant Administrator	0.00
	Clinical Director/In-Office Clinical Staff	3.50
	Office Personnel (Clerical)	0.50
	Financial/Billing Personnel	1.00
	Other Administrative Personnel (Marketing/Community Education, etc.)	0.00
Field Staff:	Registered Nurses	2.50
	Licensed Practical Nurses	1.00
	Certified Nurses Aides	0.10
	Physical Therapy Services	3.50
	Occupational Therapy	0.10
	Speech/Language Pathology Services	0.20
	Medical Social Services	0.10
	Respiratory Therapists	0.00
	Home Health Aides	0.00
	Homemakers	0.00
	Nutritionists/Dieticians	0.00
	Other Health	0.00
	Other Non-Health	0.00
	Total (Office and Field Staff)	13.10

SCHEDULE G - NOTES

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

Notes:

Year 2017

JAR Home Health - Submit

40075 - Henry County Medical Center Home Health

By Checking the Box, you have validated that your JAR has been reviewed and approved ☑

By Checking the Box, you have validated that you will Submit the JAR with Errors ☑

Date Submitted: 10/13/2017 3:07:01 PM

Date Finalized: 11/13/2017 10:48:11 AM

Tennessee Department of Health

Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Pkwy
Nashville, TN 37243
Telephone: (615)741-1954 - Fax: (615)253-1688

Joint Annual Report of Home Health

Contacts

Lonnie Matthews
Email: Lonnie.Matthews@tn.gov
Call: (615)741-5845

Trent Sansing
Email: Trent.Sansing@tn.gov
Call: (615)253-4702

Cheryl Hines
Email: Cheryl.Hines@tn.gov
Call: (615)532-7888

2017

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	16
G.	Notes	17
Submit	Submit	18

1. Legal Name: **NHC Homecare**
   Did the agency's name change during the reporting period? ○ YES ● NO
   If yes, Prior Name of your facility

2. Address of Facility
   Street: 915 South James Campbell Boulevard
   City: Columbia State: Tennessee Zip: 38401
   County: Maury

3. Telephone Number (931)381-1234 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

4. Name of Preparer Lynne Walkup
   First Name Last Name

   Preparer Title Financial and Accounting and Assts.

   Telephone Number (615)890-2020 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

   Email Address lwalkup@nhccare.com

5. Administration
   Name of Facility Administrator Dawn Perrone
   First Name Last Name

   Name of Facility Medical Doctor James Couch
   First Name Last Name

6. Reporting Period:
   Is the Reporting Period July 1 through June 30 of the year specified above? ○ YES ● NO

   Beginning Date 01/01/2016 Ending Date 12/31/2016

1. Owner
   A. Type

For - Profit	Non - Profit	Government
○ **Proprietorship**	○ **Non-Religious Corporation or Association**	○ **City**
○ **General Partnership**	○ **Religious Corporation or Association**	○ **County**
● **Limited Partnership (LP)**	○ **Limited Liability Company (LLC)**	○ **State**
○ **Limited Liability Partnership (LLP)**		○ **Federal**
○ **Limited Liability Company (LLC)**		○ **Other Government (Specify)**
○ **Corporation**		

   B. Legal Name: NHC/OP, L.P.
   Street: 100 Vine Street
   City: Murfreesboro
   State: Tennessee Zip: 37130

2. Structure
   Type
   - ● **Free Standing**
   - ○ **Hospital Affiliated**
   - ○ **Hospital Based**
   - ○ **Nursing Home Based**
   - ○ **Public Health Department**
   - ○ **Rural Health Clinic Based**

   Name of Organization: NHC/OP, L.P. a wholly owned subsidiary of National Health Care Corporation

Schedule C - Licensure, Accreditations, Memberships, and Participations

1. Licensure:
   A. License Number 181

   B. Most recent survey date (yyyy) 2016

2. Accreditation:
   A. **Yes** ○ **No** ● The Joint Commission — Approval Date (yyyy) ____ Expiration Date (yyyy) ____
   B. **Yes** ○ **No** ● Community Health Accreditation Program (CHAP) — Approval Date (yyyy) ____ Expiration Date (yyyy) ____
   C. **Yes** ○ **No** ● Accreditation Commission for Health Care (ACHC) — Approval Date (yyyy) ____ Expiration Date (yyyy) ____
   D. **Yes** ○ **No** ● Other (Specify) ____ — Approval Date (yyyy) ____ Expiration Date (yyyy) ____
   E. **Yes** ○ **No** ● Other (Specify) ____ — Approval Date (yyyy) ____ Expiration Date (yyyy) ____

3. Participations:
   A. **Yes** ● **No** ○ Medicare
   B. **Yes** ○ **No** ● TennCare

   If yes, indicate the MCOs with whom you have contracts.
   - **Yes** ○ **No** ○ Amerigroup
   - **Yes** ○ **No** ○ BlueCare
   - **Yes** ○ **No** ○ United Health Care Community Plan
   - **Yes** ○ **No** ○ TennCare MCO (Not Specified)
   - **Yes** ○ **No** ○ TennCare Select
   - **Yes** ○ **No** ○ Other (Specify One) ____

1. Charity Care:
   Number of Patients 0 Total Cost 0

2. Average Charges by Discipline:
   Do you provide private duty? **Yes** ○ **No** ●

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Home Health Aide Services	50					
Homemaker Services	0					
Medical Social Services	144					
Occupational Therapy	166					
Physical Therapy	159					
Skilled Nursing Care	111					
Infusion Therapy - Pain Management	0					
Infusion Therapy Other	0					
Speech Therapy	184					
Other (Specify):	0					

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		5564			
Homemaker Services		0			
Medical Social Services		312			
Occupational Therapy		529			
Physical Therapy		19217			
Skilled Nursing Care		35375			
Infusion Nursing Greater than 2 Hours		200			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		200			
Other		0			
Total	1835	61397	0	11298868	80

Medicare Advantage

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

United Health Care Community Plan (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Amerigroup (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Blue Care (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

TennCare Select (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

TennCare, MCO (not specified) (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Other State Medicaid (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

CoverKids (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	

TRICARE

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Commercial

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		525			
Homemaker Services		0			
Medical Social Services		66			
Occupational Therapy		116			
Physical Therapy		5608			
Skilled Nursing Care		7983			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		84			
Other		0			
Total	1024	14382	0	2847968	20

Self Pay

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		1			
Homemaker Services		0			
Medical Social Services		4			
Occupational Therapy		0			
Physical Therapy		3			
Skilled Nursing Care		28			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		1			
Other		0			
Total	15	37	0	7409	0

Home and Community Based Waiver Programs

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

TN Commission on Aging and Disability

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Charity Care

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Federal Department of Labor (EEOICP)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		0			
Skilled Nursing Care		0			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	0	0	0	0	0

Schedule D - Finances (continued)

60024 - NHC Homecare

Other

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0			
Homemaker Services		0			
Medical Social Services		0			
Occupational Therapy		0			
Physical Therapy		39			
Skilled Nursing Care		212			
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		0			
Speech Therapy		0			
Other		0			
Total	23	251	0	45961	0

Total All Revenue Sources

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		6090	0		
Homemaker Services		0	0		
Medical Social Services		382	0		
Occupational Therapy		645	0		
Physical Therapy		24867	0		
Skilled Nursing Care		43598	0		
Infusion Nursing Greater than 2 Hours		200	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		285	0		
Other		0	0		
Total	2897	76067	0	14200206	100

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	53
No further care needed; reached maximum functional potential (Goals met)	973
Death	56
Patient Request	207
Transfer to hospital from home health agency	295
Transfer to nursing home from home health agency	133
Transfer out of service area	34
Transfer to hospice services from home health agency	121
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	114
Patient non-compliant (ex. Patient not remaining home bound)	35
Transfer to assisted living facility from home health agency	0
Hospitalized at the end of certification period	0
Transfer to school system	0
Transfer to outpatient care	0
Patient denied service due to lack of resources/room	0
Other (Specify) Other	663
Unknown	0
Total Discharges	2684
Total Discharges by Number of Days (Length of Stay)	276317

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 2855

3. Utilization:
Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Anderson																		0
Bedford	0	5	95	64	100	0	0	52	112	0	0	18	4	0	142	0	0	164
Benton																		0
Bledsoe																		0
Blount																		0
Bradley																		0
Campbell																		0
Cannon																		0
Carroll																		0
Carter																		0
Cheatham	0	0	26	16	26	0	0	7	35	0	0	0	0	0	42	0	0	42
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Decatur																		0
DeKalb																		0
Dickson	0	0	153	98	153	0	1	66	184	0	1	17	0	0	233	0	0	251
Dyer																		0
Fayette																		0
Fentress																		0
Franklin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gibson																		0
Giles	0	5	283	184	288	0	0	85	387	1	0	60	0	0	411	0	0	472

3. Utilization **(continued)**:

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Grainger																		0
Greene																		0
Grundy																		0
Hamblen																		0
Hamilton																		0
Hancock																		0
Hardeman																		0
Hardin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman	0	2	61	41	63	0	0	25	79	0	0	2	0	0	102	0	0	104
Houston	0	0	9	6	9	0	0	4	11	0	0	0	0	0	15	0	0	15
Humphreys	0	3	37	25	40	0	0	25	40	0	0	3	0	0	62	0	0	65
Jackson																		0
Jefferson																		0
Johnson																		0
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence	1	12	386	256	399	1	2	120	532	0	0	5	1	0	649	0	0	655
Lewis	0	1	21	14	22	0	0	15	21	0	0	0	0	0	36	0	0	36
Lincoln	0	0	31	20	31	0	0	12	39	0	0	0	0	0	51	0	0	51
Loudon																		0
McMinn																		0
McNairy																		0
Macon																		0
Madison																		0
Marion																		0
Marshall	0	4	196	128	200	0	0	72	256	1	1	16	3	0	307	0	0	328
Maury	0	8	281	184	289	0	1	91	381	2	1	46	2	0	422	0	0	473
Meigs																		0
Monroe																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Montgomery	0	0	9	6	9	0	0	6	9	0	0	0	0	0	15	0	0	15
Moore	0	0	7	5	7	0	0	2	10	0	0	2	0	0	10	0	0	12
Morgan																		0
Obion																		0
Overton																		0
Perry	0	1	7	5	8	0	0	4	9	0	0	1	0	0	12	0	0	13
Pickett																		0
Polk																		0
Putnam																		0
Rhea																		0
Roane																		0
Robertson																		0
Rutherford	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Scott																		0
Sequatchie																		0
Sevier																		0
Shelby																		0
Smith																		0
Stewart	0	0	1	1	1	0	0	1	1	0	1	0	0	0	1	0	0	2
Sullivan																		0
Sumner																		0
Tipton																		0
Trousdale																		0
Unicoi																		0
Union																		0
Van Buren																		0
Warren																		0
Washington																		0
Wayne	0	0	19	12	19	0	0	11	20	0	0	2	0	0	29	0	0	31
Weakley																		0
White																		0
Williamson	0	1	76	49	77	0	0	27	99	1	1	2	0	0	122	0	0	126
Wilson																		0
Unknown																		0
Other States																		0
Total	1	42	1698	1114	1741	1	4	625	2225	5	5	174	10	0	2661	0	0	2855

Year 2017

Schedule F - Personnel
Type of Employee by Service

60024 - NHC
Homecare

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Place a zero if the value is unknown. Full Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	Type	Number of Employees Total in FTE
Office Staff:	Administrator	4.00
	Assistant Administrator	0.00
	Clinical Director/In-Office Clinical Staff	5.00
	Office Personnel (Clerical)	34.37
	Financial/Billing Personnel	0.00
	Other Administrative Personnel (Marketing/Community Education, etc.)	0.00
Field Staff:	Registered Nurses	25.18
	Licensed Practical Nurses	13.85
	Certified Nurses Aides	3.53
	Physical Therapy Services	13.58
	Occupational Therapy	0.64
	Speech/Language Pathology Services	0.19
	Medical Social Services	0.29
	Respiratory Therapists	0.00
	Home Health Aides	0.00
	Homemakers	0.00
	Nutritionists/Dieticians	0.00
	Other Health	0.00
	Other Non-Health	0.00
	Total (Office and Field Staff)	100.63

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

Notes:

JAR Home Health - Submit

By Checking the Box, you have validated that your JAR has been reviewed and approved ☑

By Checking the Box, you have validated that you will Submit the JAR with Errors ☑

Date Submitted: 10/6/2017 11:30:22 AM

Date Finalized: 11/29/2017 2:20:54 PM

Tennessee Department of Health

Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Pkwy
Nashville, TN 37243
Telephone: (615)741-1954 - Fax: (615)253-1688

Joint Annual Report of Home Health

Contacts

Lonnie Matthews
Email: Lonnie.Matthews@tn.gov
Call: (615)741-5845

Trent Sansing
Email: Trent.Sansing@tn.gov
Call: (615)253-4702

Cheryl Hines
Email: Cheryl.Hines@tn.gov
Call: (615)532-7888

2017

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	16
G.	Notes	17
Submit	Submit	18

SCHEDULE A - IDENTIFICATION

1. Legal Name: **Still Waters Home Health Agency**
   Did the agency's name change during the reporting period? ○ YES ◉ NO
   If yes, Prior Name of your facility False

2. Address of Facility Street: 856 Willow Tree Circle
   City: Cordova State: Tennessee Zip: 38018
   County: Shelby

3. Telephone Number (901)794-7988 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

4. Name of Preparer Roque Estipona
   First Name Last Name

   Preparer Title Administrators

   Telephone Number (901)794-7988 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

   Email Address stillwatershha@gmail.com

5. Administration
   Name of Facility Administrator Roque Estipona
   First Name Last Name

   Name of Facility Medical Doctor Frank Chin
   First Name Last Name

6. Reporting Period:
   Is the Reporting Period July 1 through June 30 of the year specified above? ◉ YES ○ NO
   Beginning Date 07/01/2016 Ending Date 06/30/2017

Schedule B - Organization Structure

1. Owner
   A. Type

For - Profit	Non - Profit	Government
○ **Proprietorship**	○ **Non-Religious Corporation or Association**	○ **City**
○ **General Partnership**	○ **Religious Corporation or Association**	○ **County**
○ **Limited Partnership (LP)**	○ **Limited Liability Company (LLC)**	○ **State**
○ **Limited Liability Partnership (LLP)**		○ **Federal**
● **Limited Liability Company (LLC)**		○ **Other Government (Specify)**
○ **Corporation**		

   B. Legal Name: AtHome Therapy Solutions, PLLC DBA Still Waters Homehealth Agency
   Street: 3949 Herons Retreat Cove
   City: Lakeland
   State: Tennessee Zip: 38002

2. Structure
   Type
   ● **Free Standing**
   ○ **Hospital Affiliated**
   ○ **Hospital Based**
   ○ **Nursing Home Based**
   ○ **Public Health Department**
   ○ **Rural Health Clinic Based**

   Name of Organization: AtHome Therapy Solutions, PLLC DBA Still Waters Home Health Agency

Schedule C - Licensure, Accreditations, Memberships, and Participations

1. Licensure:
   A. License Number 616
   B. Most recent survey date (yyyy) 2016

2. Accreditation:
   A. **Yes** ○ **No** ● The Joint Commission — Approval Date (yyyy) ____ Expiration Date (yyyy) ____
   B. **Yes** ○ **No** ● Community Health Accreditation Program (CHAP) — Approval Date (yyyy) ____ Expiration Date (yyyy) ____
   C. **Yes** ○ **No** ● Accreditation Commission for Health Care (ACHC) — Approval Date (yyyy) ____ Expiration Date (yyyy) ____
   D. **Yes** ○ **No** ● Other (Specify) ____ — Approval Date (yyyy) ____ Expiration Date (yyyy) ____
   E. **Yes** ○ **No** ● Other (Specify) ____ — Approval Date (yyyy) ____ Expiration Date (yyyy) ____

3. Participations:
   A. **Yes** ● **No** ○ Medicare
   B. **Yes** ● **No** ○ TennCare

   If yes, indicate the MCOs with whom you have contracts.
   - **Yes** ● **No** ○ Amerigroup
   - **Yes** ● **No** ○ BlueCare
   - **Yes** ● **No** ○ United Health Care Community Plan
   - **Yes** ● **No** ○ TennCare MCO (Not Specified)
   - **Yes** ● **No** ○ TennCare Select
   - **Yes** ○ **No** ● Other (Specify One) ____

1. Charity Care:
   Number of Patients 0 Total Cost 0

2. Average Charges by Discipline:
   Do you provide private duty? **Yes** ○ **No** ○

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Home Health Aide Services	100	100	100	100		
Homemaker Services	0	0	0	0		
Medical Social Services	160	160	160	160		
Occupational Therapy	110	110	110	110		
Physical Therapy	110	110	110	110		
Skilled Nursing Care	110	110	110	110		
Infusion Therapy - Pain Management	110	110	110	110		
Infusion Therapy Other	110	110	110	110		
Speech Therapy	130	130	130	130		
Other (Specify):						

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare Visits	Medicare Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		2107	2728		
Homemaker Services		0	0		
Medical Social Services		66	64		
Occupational Therapy		2077	4315		
Physical Therapy		5944	8389		
Skilled Nursing Care		3207	3562		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		1	1		
Speech Therapy		272	448		
Other		0	0		
Total	479	13674	19507	1153364	90

Schedule D - Finances (continued)

Medicare Advantage

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		10	10		
Homemaker Services		0	0		
Medical Social Services		1	1		
Occupational Therapy		23	23		
Physical Therapy		12	11		
Skilled Nursing Care		13	13		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		6	7		
Other		0	0		
Total	2	65	65	4453	0

United Health Care Community Plan (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		67	67		
Homemaker Services		0	0		
Medical Social Services		2	2		
Occupational Therapy		54	54		
Physical Therapy		180	178		
Skilled Nursing Care		61	62		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		10	12		
Other		0	0		
Total	10	374	375	6228	0

Amerigroup (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		77	77		
Homemaker Services		0	0		
Medical Social Services		3	3		
Occupational Therapy		79	82		
Physical Therapy		180	180		
Skilled Nursing Care		136	136		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		9	9		
Other		0	0		
Total	24	484	487	9438	1

Schedule D - Finances (continued)

Blue Care (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		26	26		
Physical Therapy		78	78		
Skilled Nursing Care		12	12		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		9	9		
Other		0	0		
Total	7	125	125	2400	0

TennCare Select (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

TennCare, MCO (not specified) (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Schedule D - Finances (continued)

Other State Medicaid (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

CoverKids (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

TRICARE

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Schedule D - Finances (continued)

Commercial

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		12	12		
Homemaker Services		0	0		
Medical Social Services		2	2		
Occupational Therapy		112	112		
Physical Therapy		139	139		
Skilled Nursing Care		176	176		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		1	1		
Speech Therapy		17	17		
Other					
Total	22	459	459	26234	2

Self Pay

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Home and Community Based Waiver Programs

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

TN Commission on Aging and Disability

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Charity Care

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Federal Department of Labor (EEOICP)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		0	0		
Other		0	0		
Total	0	0	0	0	0

Schedule D - Finances (continued)

Other

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		182	186		
Homemaker Services		0	0		
Medical Social Services		11	11		
Occupational Therapy		222	222		
Physical Therapy		827	827		
Skilled Nursing Care		693	693		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		13	13		
Other		0	0		
Total	157	1948	1952	81159	6

Total All Revenue Sources

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		2455	3080		
Homemaker Services		0	0		
Medical Social Services		85	83		
Occupational Therapy		2593	4834		
Physical Therapy		7360	9802		
Skilled Nursing Care		4298	4654		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		2	2		
Speech Therapy		336	515		
Other		0	0		
Total	701	17129	22970	1283276	100

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	1
No further care needed; reached maximum functional potential (Goals met)	162
Death	7
Patient Request	0
Transfer to hospital from home health agency	21
Transfer to nursing home from home health agency	6
Transfer out of service area	1
Transfer to hospice services from home health agency	3
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	0
Patient non-compliant (ex. Patient not remaining home bound)	1
Transfer to assisted living facility from home health agency	0
Hospitalized at the end of certification period	7
Transfer to school system	0
Transfer to outpatient care	0
Patient denied service due to lack of resources/room	0
Other (Specify)	0
Unknown	0
Total Discharges	209
Total Discharges by Number of Days (Length of Stay)	7315

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 525

3. Utilization:
Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Anderson																		0
Bedford																		0
Benton																		0
Bledsoe																		0
Blount																		0
Bradley																		0
Campbell																		0
Cannon																		0
Carroll																		0
Carter																		0
Cheatham																		0
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson																		0
Decatur																		0
DeKalb																		0
Dickson																		0
Dyer																		0
Fayette																		0
Fentress																		0
Franklin																		0
Gibson																		0
Giles																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Grainger																		0
Greene																		0
Grundy																		0
Hamblen																		0
Hamilton																		0
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman																		0
Houston																		0
Humphreys																		0
Jackson																		0
Jefferson																		0
Johnson																		0
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon																		0
McMinn																		0
McNairy																		0
Macon																		0
Madison																		0
Marion																		0
Marshall																		0
Maury																		0
Meigs																		0
Monroe																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Montgomery																		0
Moore																		0
Morgan																		0
Obion																		0
Overton																		0
Perry																		0
Pickett																		0
Polk																		0
Putnam																		0
Rhea																		0
Roane																		0
Robertson																		0
Rutherford																		0
Scott																		0
Sequatchie																		0
Sevier																		0
Shelby	0	13	321	191	334	0	0	142	383	0	4	306	4	0	205	6	0	525
Smith																		0
Stewart																		0
Sullivan																		0
Sumner																		0
Tipton																		0
Trousdale																		0
Unicoi																		0
Union																		0
Van Buren																		0
Warren																		0
Washington																		0
Wayne																		0
Weakley																		0
White																		0
Williamson																		0
Wilson																		0
Unknown																		0
Other States																		0
Total	0	13	321	191	334	0	0	142	383	0	4	306	4	0	205	6	0	525

Schedule F - Personnel
Type of Employee by Service

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Place a zero if the value is unknown. Full Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	Type	Number of Employees Total in FTE
Office Staff:	Administrator	1.00
	Assistant Administrator	1.00
	Clinical Director/In-Office Clinical Staff	1.00
	Office Personnel (Clerical)	5.00
	Financial/Billing Personnel	1.00
	Other Administrative Personnel (Marketing/Community Education, etc.)	2.00
Field Staff:	Registered Nurses	2.00
	Licensed Practical Nurses	1.50
	Certified Nurses Aides	2.00
	Physical Therapy Services	3.50
	Occupational Therapy	1.00
	Speech/Language Pathology Services	0.50
	Medical Social Services	0.50
	Respiratory Therapists	0.00
	Home Health Aides	2.00
	Homemakers	0.00
	Nutritionists/Dieticians	0.00
	Other Health	0.00
	Other Non-Health	0.00
	Total (Office and Field Staff)	24.00

SCHEDULE G - NOTES

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

Notes:

N/A

Year 2017

JAR Home Health - Submit

79526 - Still Waters
Home Health Agency

By Checking the Box, you have validated that your JAR has been reviewed and approved ☑

By Checking the Box, you have validated that you will Submit the JAR with Errors ☐

Date Submitted: 10/13/2017 11:04:16 PM

Date Finalized: 11/30/2017 11:25:59 AM

Tennessee Department of Health

Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Pkwy
Nashville, TN 37243
Telephone: (615)741-1954 - Fax: (615)253-1688

Joint Annual Report of Home Health

Contacts

Lonnie Matthews
Email: Lonnie.Matthews@tn.gov
Call: (615)741-5845

Trent Sansing
Email: Trent.Sansing@tn.gov
Call: (615)253-4702

Cheryl Hines
Email: Cheryl.Hines@tn.gov
Call: (615)532-7888

2017

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	16
G.	Notes	17
Submit	Submit	18

SCHEDULE A - IDENTIFICATION

1. Legal Name: **Coram CVS/Speciality Infusion Service**
   Did the agency's name change during the reporting period? ○ **YES** ◉ **NO**
   If yes, Prior Name of your facility False

2. Address of Facility
   Street: 1680 Century Center Parkway
   City: Memphis State: Tennessee Zip: 38134
   County: Shelby

3. Telephone Number (901)386-3738 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

4. Name of Preparer Tara Hefner
   First Name Last Name

   Preparer Title RNs - Administrative

   Telephone Number (615)445-3098 (Only enter 10 consecutive digits, no special characters)
   Area Code Number

   Email Address tara.hefner@coramhc.com

5. Administration
   Name of Facility Administrator Adrain Bowie
   First Name Last Name

   Name of Facility Medical Doctor NA NA
   First Name Last Name

6. Reporting Period:
   Is the Reporting Period July 1 through June 30 of the year specified above? ◉ **YES** ○ **NO**
   Beginning Date 07/01/2016 Ending Date 06/30/2017

Year 2017

Schedule B - Organization Structure

79556 - Coram CVS/Speciality Infusion Service

1. Owner

A. Type

For - Profit

- ○ **Proprietorship**
- ○ **General Partnership**
- ○ **Limited Partnership (LP)**
- ○ **Limited Liability Partnership (LLP)**
- ○ **Limited Liability Company (LLC)**
- ◉ **Corporation**

Non - Profit

- ○ **Non-Religious Corporation or Association**
- ○ **Religious Corporation or Association**
- ○ **Limited Liability Company (LLC)**

Government

- ○ **City**
- ○ **County**
- ○ **State**
- ○ **Federal**
- ○ **Other Government (Specify)**

B. Legal Name: Coram Alternative Site Services,Inc

Street: One CVS Drive,MC 1160

City: Woonsocket

State: Rhode Island

Zip: 02895

2. Structure

Type

- ◉ **Free Standing**
- ○ **Hospital Affiliated**
- ○ **Hospital Based**
- ○ **Nursing Home Based**
- ○ **Public Health Department**
- ○ **Rural Health Clinic Based**

Name of Organization: Coram CVS Specialty Infusion

Schedule C - Licensure, Accreditations, Memberships, and Participations

1. Licensure:
   A. License Number: 627
   B. Most recent survey date (yyyy): 2017

2. Accreditation:

A.	Yes ◉	No ○	The Joint Commission	Approval Date (yyyy): 2015 Expiration Date (yyyy): 2018
B.	Yes ○	No ◉	Community Health Accreditation Program (CHAP)	Approval Date (yyyy): Expiration Date (yyyy):
C.	Yes ○	No ◉	Accreditation Commission for Health Care (ACHC)	Approval Date (yyyy): Expiration Date (yyyy):
D.	Yes ○	No ◉	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):
E.	Yes ○	No ◉	Other (Specify)	Approval Date (yyyy): Expiration Date (yyyy):

3. Participations:
   A. Yes ○ No ◉ Medicare
   B. Yes ◉ No ○ TennCare

   If yes, indicate the MCOs with whom you have contracts.

Yes ○	No ◉	Amerigroup
Yes ○	No ◉	BlueCare
Yes ○	No ◉	United Health Care Community Plan
Yes ○	No ◉	TennCare MCO (Not Specified)
Yes ○	No ◉	TennCare Select
Yes ◉	No ○	Other (Specify One) Tricare

Schedule D - Finances

1. Charity Care:
   Number of Patients 0 Total Cost

2. Average Charges by Discipline:
   Do you provide private duty? **Yes** ○ **No** ●

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit - Direct Only	Charge Per Visit - Direct & Indirect	Charge Per Episode of Care - Direct Only	Charge Per Episode of Care - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
Home Health Aide Services						
Homemaker Services						
Medical Social Services						
Occupational Therapy						
Physical Therapy						
Skilled Nursing Care						
Infusion Therapy - Pain Management	1					
Infusion Therapy Other	1					
Speech Therapy						
Other (Specify):						

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	0	0	0	0	0

Schedule D - Finances (continued)

Medicare Advantage

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

United Health Care Community Plan (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Amerigroup (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

79556 - Coram CVS/Speciality Infusion Service

Blue Care (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TennCare Select (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TennCare, MCO (not specified) (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

79556 - Coram
CVS/Speciality Infusion
Service

Other State Medicaid (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

CoverKids (Medicaid/TennCare)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TRICARE

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours		40	92		
Infusion Nursing Less than 2 Hours		10	14		
Speech Therapy					
Other					
Total	3	50	106	15606	19

Schedule D - Finances (continued)

Commercial

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours		105	96		
Infusion Nursing Less than 2 Hours		108	756		
Speech Therapy					
Other					
Total	32	213	852	65299	81

Self Pay

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Home and Community Based Waiver Programs

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

TN Commission on Aging and Disability

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Charity Care

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Federal Department of Labor (EEOICP)

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Schedule D - Finances (continued)

79556 - Coram CVS/Speciality Infusion Service

Other

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Total All Revenue Sources

Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		0	0		
Skilled Nursing Care		0	0		
Infusion Nursing Greater than 2 Hours		145	188		
Infusion Nursing Less than 2 Hours		118	770		
Speech Therapy		0	0		
Other		0	0		
Total	35	263	958	80905	100

Schedule E - Utilization

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	
No further care needed; reached maximum functional potential (Goals met)	17
Death	
Patient Request	
Transfer to hospital from home health agency	
Transfer to nursing home from home health agency	
Transfer out of service area	
Transfer to hospice services from home health agency	
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	
Patient non-compliant (ex. Patient not remaining home bound)	
Transfer to assisted living facility from home health agency	
Hospitalized at the end of certification period	
Transfer to school system	
Transfer to outpatient care	
Patient denied service due to lack of resources/room	
Other (Specify)	
Unknown	
Total Discharges	17
Total Discharges by Number of Days (Length of Stay)	1492

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source 35

3. Utilization:
Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Anderson																		0
Bedford																		0
Benton																		0
Bledsoe																		0
Blount																		0
Bradley																		0
Campbell																		0
Cannon																		0
Carroll																		0
Carter																		0
Cheatham																		0
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson																		0
Decatur																		0
DeKalb																		0
Dickson																		0
Dyer																		0
Fayette																		0
Fentress																		0
Franklin																		0
Gibson			0	1	0	1		0				0			1			1
Giles																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Grainger																		0
Greene																		0
Grundy																		0
Hamblen																		0
Hamilton																		0
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman																		0
Houston																		0
Humphreys																		0
Jackson																		0
Jefferson																		0
Johnson																		0
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon																		0
McMinn																		0
McNairy																		0
Macon																		0
Madison																		0
Marion																		0
Marshall																		0
Maury																		0
Meigs																		0
Monroe																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	Total
Montgomery																		0
Moore																		0
Morgan																		0
Obion	1				1	1									1			1
Overton																		0
Perry																		0
Pickett																		0
Polk																		0
Putnam																		0
Rhea																		0
Roane																		0
Robertson																		0
Rutherford																		0
Scott																		0
Sequatchie																		0
Sevier																		0
Shelby		5	11	14	16	1	1	21	7			6			24			30
Smith																		0
Stewart																		0
Sullivan																		0
Sumner																		0
Tipton		1	1		2			2							2			2
Trousdale																		0
Unicoi																		0
Union																		0
Van Buren																		0
Warren																		0
Washington																		0
Wayne																		0
Weakley																		0
White																		0
Williamson																		0
Wilson																		0
Unknown																		0
Other States																		0
Total	1	6	12	15	19	3	1	23	7	0	0	6	0	0	28	0	0	34

Year 2017

Schedule F - Personnel
Type of Employee by Service

79556 - Coram
CVS/Speciality
Infusion Service

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Place a zero if the value is unknown. Full Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	Type	Number of Employees Total in FTE
Office Staff:	Administrator	1.00
	Assistant Administrator	1.00
	Clinical Director/In-Office Clinical Staff	0.00
	Office Personnel (Clerical)	0.00
	Financial/Billing Personnel	0.00
	Other Administrative Personnel (Marketing/Community Education, etc.)	0.00
Field Staff:	Registered Nurses	1.00
	Licensed Practical Nurses	0.00
	Certified Nurses Aides	0.00
	Physical Therapy Services	0.00
	Occupational Therapy	0.00
	Speech/Language Pathology Services	0.00
	Medical Social Services	0.00
	Respiratory Therapists	0.00
	Home Health Aides	0.00
	Homemakers	0.00
	Nutritionists/Dieticians	0.00
	Other Health	0.00
	Other Non-Health	0.00
	Total (Office and Field Staff)	3.00

SCHEDULE G - NOTES

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

Notes:

Schedule A- We do not have a medical director. Each patient has a following MD

Schedule C- we are not TNcare providers. Error validation states TNcare must be checked if Tricare is a payor. Tncare checked for Tricare only

Schedule D- We are not medicare providers. The number 1 was entered in infusion to progress to next pages only

Schedule F- Administrator & Asst Admin. are both RNs. We have 3 RNs in agency or 3 FTEs

Year 2017

JAR Home Health - Submit

79556 - Coram
CVS/Speciality Infusion
Service

By Checking the Box, you have validated that your JAR has been reviewed and approved ☑

By Checking the Box, you have validated that you will Submit the JAR with Errors ☑

Date Submitted: 10/13/2017 11:52:25 AM

Date Finalized: 11/30/2017 11:33:26 AM

Attachment: Section B-General Criteria For Certificate of Need –A.3

Quality Management Program for Quality Assurance & Continuous Performance Improvement

Annual Quality & Performance Improvement Report

PDCA Process

Nursing QPI Report for 2017: Month December: 2017

AIS-Advanced Infusion Solutions

Quality Management Program

for

Quality Assurance and Continuous Performance Improvement

Date Effective: 3/16/17
Date Last Revised: 03/05/17
Date Last Reviewed:03/16/17

Number: 915
Section: QPI
Reviewer: P&P Review Committee

Purpose

The Quality Management program is designed to ensure that the AIS's environment and work practices reflect relevant regulatory requirements, current pharmacy and nursing (home refill and home infusion) standard practices, and innovative processes, thus resulting in an environment of excellence in quality output of medications and services. Combined efforts within this plan strive to systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, to resolve identified problems, and to prevent and detect drug diversion.

The Quality Management program is also designed to incorporate the Continuous Performance Improvement (PI) plan. AIS continually monitors performance to improve services provided to customers, with the ultimate goal to improve clinical outcomes of the population served.

Policy

The Quality Management Program is never an afterthought. It is a purposefully evolving system encompassing and focusing on these subsystems:

- Facilities
  - Environmental Monitoring
  - Facility Management Systems
- People
  - Training and Competency
  - Customer Service
  - Safety
- Processes
  - Inventory Management of supplies and drugs
  - Quality Assurance and Documentation
  - Process Analysis and Risk Management Tools
  - Preventative Actions

- Strategic Review of Single Points of Failure
- Continuous Process and Performance Improvements

Each of the above subsystems involves and is monitored not only through the Quality Management Program, but by an intimate teamwork process involving all departments, guided by Senior Management. AIS recognizes that each employee is ultimately responsible for providing ***Quality Excellence in Intrathecal Medications*** to our customers.

The Quality Management Unit communicates with Senior Management regularly and works daily within all departments and subsystems, conferring with departmental leadership regarding insight into decisions regarding appropriate nursing practices and acceptability or rejection of medications dispensed to our customers.

Responsibility for this program, including patient complaints, reportable issues, and sentinel events, lies with all stakeholders, including Board of Directors, Senior Leadership, including Chief Executive Officer (CEO), Pharmacist in Charge (PIC), Chief Nursing Officer (CNO), and Chief Compliance Officer (CCO), Quality, and other employees.

The AIS Pharmacy complies with current USP <797> standards for sterile compounding. All AIS sites dispensing medications are expected to comply with this policy, whether performing low, medium, or high risk compounding. Site specific policies and procedures may also apply. The Nursing program has an additional policy, AIS-NUR-037, which lists specifics related to Nursing Quality and PI.

An integral part of this program is the collection and analysis of data to maintain outcome tracking and benchmarking mechanisms. The Quality and Performance Improvement (QPI) Committee meets monthly to review reports on practices and improvements relevant to the subsystems listed above. The QPI Committee then reports to the Senior Executive Compliance Committee (SECC) monthly with a dashboard and specifics, as needed. SECC and the CEO then report quarterly to the Board of Directors.

Records generated as components of this program are maintained specifically for this program as peer review documents and are not subject to subpoena or discovery in an arbitration or civil proceeding.

Some states have specific Quality requirements that are jointly evaluated by Compliance, Quality, and Senior Management prior to inclusion within the Quality Management Program. These requirements are evaluated at least annually to determine potential impact on the program.

Definitions

1. **Training and Competency:** refers to the initial (new employee), ongoing (annual), and corrective action specific trainings related to tasks or skills which potentially affect the quality of our service or medication.
2. **Environmental Monitoring:** refers to environmental monitoring related to the cleanroom environment (air sampling, surface testing, cleaning, systems, and particle counting).
3. **Facility Management Systems:** refers to facility monitoring of temperature, humidity, and air exchanges.

4. **Inventory Management of critical supplies and drugs:** refers to supplies required in the compounding of stock solutions and patient-specific medications.
5. **Medication Error:** In the least sense, refers to variation from a prescription or drug order not authorized by the prescriber, but may also include errors related to required elements by regulatory or accrediting agencies.
6. **Quality Assurance and Documentation:** refers to all quality checks, reviews, and consultations.
7. **Process Analysis and Risk Management Tools:** refers to investigations, Root Cause Analysis (RCA), RCA tools, risk assessments, and audits (both internal and external).
8. **Preventative Actions:** refers to corrective actions, improvements, or innovations that impact or affect processes. Proactive Pest Control for the facility is also included in this category.
9. **Continuous Performance Improvement:** refers to special projects, regulatory initiatives, or change management processes.
10. **PDCA Process:** refers to the simple Continuous Performance Improvement model that cycles through the Plan, Do, Check, and Act steps.
11. **Customer Service:** refers to complaints, documentation of those complaints, and corrective actions, if necessary.
12. **Safety:** refers to basic safety guidelines as required by OSHA, JCAHO, DEA, and other regulating and accrediting agencies.
13. **JIRA:** refers to a software program where Quality related issues are documented.

Procedures

A. Specific policies and procedures may be found within the department or service where tasks are performed. Deviation, external complaints, and events requiring investigation or Root Cause Analysis are documented and managed within JIRA, as:

- **Quality Related Events (QREs)** – See ***AIS-QPI-918 Quality Related Event Reporting*** for reporting instructions:
  - External
  - Internal
- **Root Cause Analyses** – See ***AIS-QPI-917 Root Cause Analysis*** for reporting instructions and investigation/analysis guidelines;
- **PDCA Plan and Report** – Performance Improvement initiatives (either small or large) will use the ***PDCA Plan and Report*** form, report to the QPI Committee, and document in JIRA accordingly. Consult Quality, the PIC, the VP of Operations, or the VP of Information Systems for assistance and oversight with Performance Improvement initiatives.

  - Note: Blank copies of this form are readily available for use by AIS; however, duplicating and dispensing copies of any of the PI records (current and past) is not permitted. Requests for copies must be in writing, and must be approved by the VP of Pharmacy, the Chief Nursing Officer, the VP of Operations, or the VP of Information Systems (according to the discipline(s) involved) and the CEO and VP of Compliance.

B. Monthly QPI Committee Meetings: During the monthly QPI Committee Meetings, reports will be reviewed according to identified subsystems, recognizing that additional subsystems may be identified and added, as needed. Quality and Performance Improvement will be discussed:

- Areas that require ongoing monitoring by data collection;
- Areas identified by the committee that warranted investigation and/or improvement as requested by the committee, SECC, or the Board;
- Strategic reviews of identified single points of failure within specific processes;
- Results of current and ongoing PI projects, noting that some PI projects will be incorporated into Quality subsystems reports, as requested by the committee, SECC, or the Board;
- RCAs will be discussed separately during the monthly Root Cause Analysis Committee Meeting; however, there may occasionally be reason to address specific issues during the QPI Committee that relate to current or past RCAs;
- Pertinent and relevant Recall procedures or alerts;
- Any requested changes to the Quality Management plan for the following year.

C. Goals of the Quality Management and Performance Improvement program include:

- To identify potential areas of improvement by:
  - Reviewing current outcome and patient perception data and discussing results;
  - Reviewing all serious adverse drug reactions, mediation errors, and errors related to nursing care:
  - Reviewing all patient/customer grievances;
  - Reviewing prescription errors;
  - Evaluation of problems with storage or expiration dates of supplies or medications;
  - Reviewing Risk Reports;
  - Encouraging staff members to brainstorm improvement opportunities:
  - Assessing employee or staff (both professional and nonprofessional) learning needs;
  - Adjusting staffing levels and workflow;
  - Evaluating technological support needs;
  - Reviewing variances or risks associated with equipment monitoring or maintenance;
  - Reviewing failures for sterility or potency testing;
  - Reviewing timeliness of current reporting practices;
  - Performing reviews of the pharmacy's medication management system; and
  - Performing review of safety and efficiency in nursing and pharmacy practices.
- To document improvement strategies taken by:
  - Producing data to verify improvement;

    - Improved scores and findings during internal and external audits;
    - Showing changes in processes by Flow Diagrams and/or procedures; or
    - Reporting and verifying noticeable changes in outcomes.
- To evaluate the effectiveness of improvements over time by:
    - Reporting improvements in customer satisfaction;
    - Reporting and verifying financial savings;
    - Demonstrating reduction in waste;
    - Demonstrating reduction in reported deviations; and
    - Demonstrating reduction in risk.

Dates Revised: Reviewers: Rx review committee

08/12/16: Reviewed.
06/14/16: Removed signature page; Reviewed.
06/14/16: Incorporated SECC meeting as a platform for the PI discussions.
04/30/15: Formatted to new PnP standard template. Pharmacy owner, Organizational leader and manager replaced with "PIC", regular predetermined intervals of meeting replaced with "quarterly". Removed all cross-references. Reviewed.
03/02/17: Prepared Quality Management Program and integrated/revised PHA-915 Performance Improvement Program. Changed department to QPI rather than PHA. Integrated Nursing Quality into Quality Management Program to clarity and consistency.

Annual Quality and Performance Improvement Report

Quality

- QREs
- RCAs
- Quality Reports
    - Pharmacy
    - Nursing
    - Other

Performance Improvement

- PI Projects
    - Pharmacy
    - Nursing
    - Other
- Infectious Disease Monitoring

AIS

Advanced Infusion Solutions (AIS)

PDCA Process

Date Effective: 12/16/14
Date Last Revised: 03/24/17
Date last Reviewed: 03/24/17

Number: 927
Section: QPI
Reviewer: Policy Review Committee

Purpose

AIS continually monitors performance to improve services. The ultimate goal is to improve the clinical outcomes of the population it serves. The Continuous Performance Improvement processes are part of the Quality Management Plan; see AIS-QPI-915.

To improve performance AIS must identify potential areas for improvement. Opportunities may be identified, including the review of risk reports, on call reports, internal brainstorming, responding to complaints or grievances, the formal failure mode and effects analysis (FMEA), or requests by Leadership and BOD.

Policy

An integral part of a well-rounded and robust performance improvement program is the collection and analysis of outcome data. AIS uses the recognized PDCA model for most Performance Improvement initiatives; AIS-QPI-926 is used for most of these small and medium sized projects. When other templates are required, the Quality Office works with the responsible individuals to document appropriately.

Procedure

1. Use the PDCA plan for your proposed project:
   A. Plan:
      i. Identify opportunities;
      ii. Identify desire outcomes, recognizing that these may not come to fruition immediately or at all.

   B. Do:
      i. Test your ideas on a small scale, if possible;
      ii. Watch and document the response.

   C. Check:
      i. Check to see what worked well and what did not;
      ii. Analyze and identify what your learned;

iii. What needs to change or be altered to meet your goals?

D. Act:
   i. Correct actions/methods/procedures based on outcomes so far;
   ii. Standardize your changes for wider practice.

2. Continue this process until desire outcomes are attained. If it becomes apparent that desired or acceptable outcomes are not attainable, work with the Quality Office to determine your next course of action.

3. Report periodically (monthly, when possible) to the QPI Committee.

Dates Revised: Reviewer: P&P review committee

02/02/17: PI plan (AIS-PHA-915) incorporated into Quality Mgmt plan (AIS-QPI-915); PDCA process (AIS-QPI-927 adopted and replaced AIS-PHA-915); review scheduled for 3.17.

08/12/16: Reviewed.

06/14/16: Removed signature page; Reviewed.

06/14/16: Incorporated SECC meeting as a platform for the PI discussions.

04/30/15: Formatted to new PnP standard template. Pharmacy owner, Organizational leader and manager replaced with "PIC", regular predetermined intervals of meeting replaced with "quarterly". Removed all cross-references. Reviewed.

Nursing QPI Report for 2017: Month December: 2017				
Patient Safety Metrics	**Site: Ridgeland/National IT Nursing**	**Site: Clinton**	**Site: Valdosta**	**Overall comments**
Real Time Telemetry	100% compliance with validation and documentation. LYNX nursing documentation portal launched in late October. No programming errors identified for the quarter.	N/A	100% compliance in validation for the month of November	
New: Nurse/Pharmacist Chart Completion Audits	• 2 late nursing notes; new IT nurse in Georgia. RN converting from Ig infusion to cross train in IT. • 100% returned telemetry in 24 hours.	Michael Hicks, RPh reviewing pharmacy care plans Audit 5% of census quarterly (per audit checklist). Audit process begins January 2018. Kay Vincent, RN to oversee.	Deva Sandroni reviewing pharmacy care plans TBD Audit 5% of census quarterly (per audit checklist). Audit process begins January 2018. Kay Vincent, RN to oversee.	Chart Audits for completeness. Continue audit to 10% of visits as of May 2017. Personalizing pharmacy care plans, as well as problem identification and goals New Home Refill Pharmacist in training. ACHC corrective action includes audit of 10% of home refill charts monthly to be conducted by PIC/VP Pharmacy. Completed by PIC Michael Hicks and Deva Sandroni.
Fall Risk Assessment	100%	100%	100%	
Handwashing	100%	100%	100%	
Staff Training/ Competency	**Site: Ridgeland/National IT Nursing**	**Site: Clinton**	**Site: Valdosta**	**Overall comments**
Customer/Patient Complaints/Grievances	On patient complaint. New IVCO patient. Change from IVCO to AIS, communication channels not clear to patient's satisfaction. Patient was refilled before alarm date and is satisfied with AIS nurse	None	None	
Infectious Disease Monitoring	No patient or employee infections reported in October-November	No patient or employee infections reported in October-November	No patient or employee infections reported in October-November	

Processes	Site: Ridgeland and IT Nationally	Site: Clinton	Site: Valdosta	Comments
Pharmacy Care Plan	As above	As above	As above	
Satisfaction Surveys Patients Referral (HCP sources	Patient Satisfaction Surveys 100% satisfaction 15 patients (contacted 7 days post refill). New admissions and annually	Mail back from admission packet. Plan for phone surveys in Q-1 2018 due to low response of paper surveys.	Mail back from admission packet. Plan for phone surveys in Q-1 2018 due to low response of paper surveys.	10 surveys completed last 2 weeks of September for states of Missouri, Kansas, Georgia and Mississippi. Satisfaction >4.5 out of 5.0. 4 referral sources did not know their sales reps. 5/Q Clinton; 7-10/quarter Georgia. Discuss Ridgeland/IT plan of action.
Facilities				
Safety: Fire extinguishers, smoke detectors and fire drill	Completed October 2017	Completed September 2017	Completed September 2017	
Vendor Audits -	N/A	HHA audits 2018	HHA audits 2018	

Attachment: Section B- Need –C.

Projected Utilization Table

Code List with Descriptions

Utilization Chart - Tennessee

Service Area	Population Estimate 2018 18+	Population Estimate 2022	Projected % Increase		Projected Utilization-County Residents	Year 1-2 Estimated total procedures (5%)	Year 3-4 Estimated total procedures (7.5%)	Year 5-6 Estimated total procedures (8%)
	Total	Total	65+	Total				
Tennessee	**6,960,524**	**7,263,893**	**15.8%**	**4.4%**	**106,686**	**5334**	**8001**	**8535**
Anderson	78,387	79,730	11.9%	1.7%	1,186	59	**89**	**95**
Bedford	50,860	53,067	14.0%	4.3%	779	39	**58**	**62**
Benton	16,711	16,737	11.4%	0.2%	251	13	**19**	**20**
Bledsoe	13,394	13,714	12.8%	2.4%	202	10	**15**	**16**
Blount	136,505	142,908	15.8%	4.7%	2,096	105	**157**	**168**
Bradley	107,651	111,750	13.6%	3.8%	1,646	82	**123**	**132**
Campbell	41,654	42,438	13.6%	1.9%	627	31	**47**	**50**
Cannon	14,658	15,241	17.7%	4.0%	223	11	**17**	**18**
Carroll	28,753	28,898	10.2%	0.5%	432	22	**32**	**35**
Carter	60,154	61,276	12.7%	1.9%	911	46	**68**	**73**
Cheatham	41,269	42,699	20.7%	3.5%	625	31	**47**	**50**
Chester	18,633	19,296	13.3%	3.6%	285	14	**21**	**23**
Claiborne	34,263	35,103	14.9%	2.5%	521	26	**39**	**42**
Clay	7,876	7,862	9.8%	-0.2%	118	6	**9**	**9**
Cocke	37,335	38,358	15.5%	2.7%	565	28	**42**	**45**
Coffee	56,909	58,799	13.8%	3.3%	868	43	**65**	**69**
Crockett	14,982	15,167	10.5%	1.2%	226	11	**17**	**18**
Cumberland	63,778	67,303	14.8%	5.5%	984	49	**74**	**79**
Davidson	698,061	730,404	14.1%	4.6%	10,721	536	**804**	**858**
Decatur	12,029	12,257	12.7%	1.9%	181	9	**14**	**14**
DeKalb	19,936	20,472	14.1%	2.7%	303	15	**23**	**24**
Dickson	54,959	57,402	17.5%	4.4%	843	42	**63**	**67**
Dyer	39,607	40,125	11.6%	1.3%	598	30	**45**	**48**
Fayette	46,608	50,128	26.9%	7.6%	728	36	**55**	**58**
Fentress	19,082	19,600	14.9%	2.7%	290	15	**22**	**23**
Franklin	42,395	43,318	14.1%	2.2%	640	32	**48**	**51**
Gibson	51,934	52,612	9.0%	1.3%	787	39	**59**	**63**
Giles	30,492	30,883	14.8%	1.3%	460	23	**35**	**37**
Grainger	24,244	25,157	16.7%	3.8%	369	18	**28**	**30**
Greene	73,620	75,644	13.9%	2.7%	1,120	56	**84**	**90**
Grundy	14,040	14,139	16.3%	0.7%	211	11	**16**	**17**
Hamblen	66,195	67,853	9.7%	2.5%	1,005	50	**75**	**80**
Hamilton	362,471	374,738	13.8%	3.4%	5,530	277	**415**	**442**
Hancock	6,981	7,024	14.1%	0.6%	105	5	**8**	**8**
Hardeman	27,284	27,260	10.4%	-0.1%	409	20	**31**	**33**
Hardin	26,680	26,866	10.6%	0.7%	402	20	**30**	**32**
Hawkins	59,311	61,102	14.6%	3.0%	897	45	**67**	**72**
Haywood	18,274	17,974	15.6%	-1.6%	272	14	**20**	**22**
Henderson	29,836	30,752	13.3%	3.1%	454	23	**34**	**36**
Henry	33,771	34,334	12.0%	1.7%	511	26	**38**	**41**
Hickman	26,876	27,854	16.9%	3.6%	410	21	**31**	**33**
Houston	9,014	9,294	12.6%	3.1%	137	7	**10**	**11**
Humphreys	19,090	19,251	12.3%	0.8%	288	14	**22**	**23**
Jackson	12,251	12,479	16.4%	1.9%	186	9	**14**	**15**
Jefferson	57,073	59,626	16.2%	4.5%	876	44	**66**	**70**
Johnson	18,952	19,437	11.4%	2.6%	287	14	**22**	**23**
Knox	477,780	499,078	14.3%	4.5%	7,335	367	**550**	**587**
Lake	8,441	8,701	11.0%	3.1%	129	6	**10**	**10**
Lauderdale	28,930	29,420	10.9%	1.7%	438	22	**33**	**35**
Lawrence	43,518	44,327	12.0%	1.9%	658	33	**49**	**53**
Lewis	12,912	13,215	16.2%	2.3%	196	10	**15**	**16**
Lincoln	35,104	35,821	14.0%	2.0%	532	27	**40**	**43**
Loudon	56,118	59,673	17.2%	6.3%	869	43	**65**	**70**
McMinn	55,100	56,300	14.1%	2.2%	836	42	**63**	**67**
McNairy	27,486	28,030	12.2%	2.0%	416	21	**31**	**33**
Macon	23,838	24,562	14.9%	3.0%	363	18	**27**	**29**
Madison	104,799	107,903	15.8%	3.0%	1,595	80	**120**	**128**
Marion	29,810	30,405	17.2%	2.0%	452	23	**34**	**36**
Marshall	33,885	35,224	18.9%	4.0%	520	26	**39**	**42**

Maury	90,666	95,170	20.8%	5.0%	1,394	70	**105**	**112**
Meigs	12,345	12,757	18.9%	3.3%	187	9	**14**	**15**
Monroe	49,048	51,330	18.3%	4.7%	751	38	**56**	**60**
Montgomery	211,602	230,440	21.8%	8.9%	3,324	166	**249**	**266**
Moore	6,923	7,169	16.6%	3.6%	106	5	**8**	**8**
Morgan	23,848	24,705	14.2%	3.6%	364	18	**27**	**29**
Obion	31,625	31,482	9.1%	-0.5%	473	24	**35**	**38**
Overton	23,885	24,682	14.6%	3.3%	364	18	**27**	**29**
Perry	8,362	8,550	14.2%	2.2%	127	6	**10**	**10**
Pickett	5,237	5,348	12.2%	2.1%	79	4	**6**	**6**
Polk	17,627	17,977	12.7%	2.0%	267	13	**20**	**21**
Putnam	81,972	85,783	14.6%	4.6%	1,261	63	**95**	**101**
Rhea	34,582	35,833	14.9%	3.6%	528	26	**40**	**42**
Roane	55,990	57,022	15.0%	1.8%	845	42	**63**	**68**
Robertson	76,231	81,065	21.3%	6.3%	1,180	59	**89**	**94**
Rutherford	332,411	368,752	26.1%	10.9%	5,257	263	**394**	**421**
Scott	23,058	23,383	12.5%	1.4%	348	17	**26**	**28**
Sequatchie	16,399	17,478	21.0%	6.6%	254	13	**19**	**20**
Sevier	104,829	112,052	18.9%	6.9%	1,627	81	**122**	**130**
Shelby	970,212	989,768	15.6%	2.0%	14,715	736	**1104**	**1177**
Smith	20,534	21,119	16.0%	2.8%	312	16	**23**	**25**
Stewart	14,210	14,593	17.5%	2.7%	216	11	**16**	**17**
Sullivan	159,393	160,464	10.3%	0.7%	2,396	120	**180**	**192**
Sumner	184,532	195,970	18.8%	6.2%	2,854	143	**214**	**228**
Tipton	69,239	73,141	20.7%	5.6%	1,068	53	**80**	**85**
Trousdale	8,564	8,908	15.9%	4.0%	131	7	**10**	**10**
Unicoi	19,003	19,299	12.1%	1.6%	287	14	**22**	**23**
Union	20,124	20,688	18.3%	2.8%	305	15	**23**	**24**
VanBuren	5,668	5,804	20.3%	2.4%	85	4	**6**	**7**
Warren	41,167	41,726	11.6%	1.4%	622	31	**47**	**50**
Washington	137,400	143,946	15.4%	4.8%	2,114	106	**159**	**169**
Wayne	17,551	17,818	9.1%	1.5%	265	13	**20**	**21**
Weakley	36,300	36,332	9.9%	0.1%	545	27	**41**	**44**
White	28,037	29,016	14.2%	3.5%	428	21	**32**	**34**
Williamson	225,526	257,635	31.3%	14.2%	3,624	181	**272**	**290**
Wilson	133,865	145,698	23.2%	8.8%	2,078	104	**156**	**166**
					ESTIMATED PROCEDURES	5334	8001	8535

* 2017 Revised UTCBER Population Projection Series.

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.

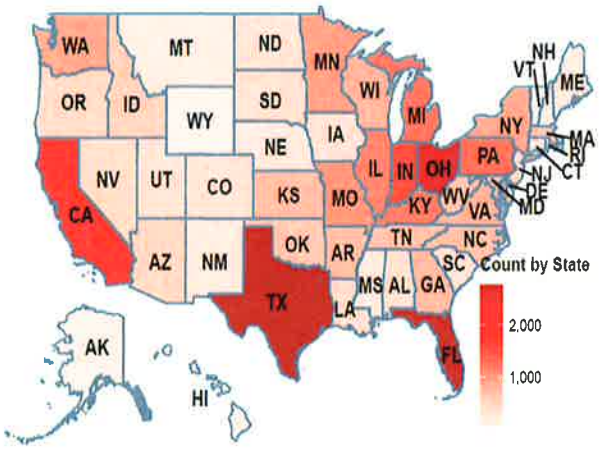
Note: These data will not match the University of Tennessee Data exactly due to rounding.

Source: - Projected Utilization Column I. Joint Annual Report of Home Health Agencies - 2017 Final. Comparison of Population Based Need Projection vs. Actual Utilization (2020 vs. 2017)**

Opioid prescriptions in Kentucky went down 11 percent between 2013 and 2015, according to the Pew Research Center, though doctors still prescribed more than 10.6 million controlled substances between June 2015 and July 2016, according to the Kentucky Office of Drug Control Policy's 2016 report. HEALTH & HUMAN SERVICES Kentucky OKs Nation's Toughest Limits on Pain Pills

CODE	BUCKET	PRACTITIONERS	PATIENTS	CLAIMS	PROCEDURES	CODE DESCRIPTION
ANY	ANY	6,098	32,005	117,473	118,993	
ANY	Implanted_Pump	6,098	32,005	117,473	118,993	
62362	Implanted_Pump	1,801	7,379	8,183	8,230	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62367	Implanted_Pump	1,247	3,219	5,127	5,158	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill
62368	Implanted_Pump	2,915	9,867	25,916	26,222	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
62369	Implanted_Pump	1,704	9,377	27,087	27,337	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill
62370	Implanted_Pump	2,909	16,364	51,855	52,046	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)

This map shows a visual representation of the claim counts from the LexisNexis PxDx Medical Claims data



LexisNexis | 2520 Renaissance Blvd.| King of Prussia, PA 19406 | © 2015 All Rights Reserved

This report provides primary and secondary specialty level statistics from the LexisNexis PxDx Medical Claims data warehouse. All counts are unique and unprojected. Counts are from the most recent 12 months o LexisNexis claims data and are for the United States only.

PRIMARY SPECIALTY	SECONDARY SPECIALTY	PRACTITIONERS	FACILITIES	CLAIMS	PATIENTS	PROCEDURES
ANY	ANY	6,098	2,477	117,473	32,005	118,993
ANY		5,048	2,092	89,207	25,533	90,448
Anesthesiology	ANY	1,173	972	32,333	9,679	32,832
Pain Medicine	ANY	721	736	27,528	8,190	27,783
Anesthesiology		848	701	22,072	6,708	22,498
Physical Medicine & Rehabilitation	ANY	768	526	20,651	6,238	20,953
Physical Medicine & Rehabilitation		681	469	18,839	5,710	19,091
ANY	Anesthesiology	327	417	13,811	4,325	13,939
Pain Medicine	Anesthesiology	324	413	13,701	4,310	13,829
Pain Medicine		354	380	12,859	3,918	12,975
ANY	Pain Medicine	363	422	11,403	3,701	11,471
Nurse Practitioner		531	341	10,241	3,885	10,353
Nurse Practitioner	ANY	531	341	10,241	3,885	10,353
Anesthesiology	Pain Medicine	309	361	9,902	3,210	9,954
Physician Assistant		367	275	8,349	2,517	8,410
Physician Assistant	ANY	367	275	8,349	2,517	8,410
Neurology	ANY	395	267	6,640	2,221	6,702
Surgery, Neurological	ANY	746	625	5,949	4,030	6,091
Surgery, Neurological		728	610	5,806	3,935	5,936

Section B – Need – C.1

Potential Patients Based on Historical Data

County	City	State	Potential Patients Based on Historical Data *
Anderson	Andersonville	TN	1
Anderson	Clinton	TN	8
Anderson, Roane	Oak Ridge	TN	2
Bedford	Bell Buckle	TN	1
Bedford	Unionville	TN	1
Bedford	War Trace	TN	1
Beford	Shelbyville	TN	8
Benton	Big Sandy	TN	1
Benton	Camden	TN	2
Benton	Holladay	TN	1
Blount	Friendsville	TN	1
Blount	Louisville	TN	3
Blount	Maryville	TN	10
Blount, Sevier	Seymour	TN	11
Bradley	Cleveland	TN	6
Bradley	Mc Donald	TN	2
Campbell	La Follette	TN	2
Campbell	Pioneer	TN	1
Cannon	Bradyville	TN	1
Cannon	Woodbury	TN	2
Carroll	Yuma	TN	1
Carroll, Henry, Weakley	McKenzie	TN	2
Carter	Elizabethton	TN	4
Carter	Hampton	TN	1
Carter	Roan Mountain	TN	1
Cheatham	Ashland City	TN	2
Cheatham	Kingston Springs	TN	1
Cheatham	Pleasant View	TN	3
Cheatman	Chapmansboro	TN	2
Chester	Enville	TN	2
Claiborne	New Tazewell	TN	1
Claiborne	Speedwell	TN	2
Clairborne	Tazewell	TN	1
Clay	Celina	TN	1
Cocke	Bybee	TN	1
Cocke	Cosby	TN	2
Cocke	Newport	TN	5
Coffee	Beechgrove	TN	1
Coffee	Manchester	TN	5
Coffee, Franklin	Thullahoma	TN	1
Coffee, Franklin	Tullahoma	TN	8
Coocke	Parrottsville	TN	1
Crockett	Bells	TN	2
Crockett	Friendship	TN	2

County	City	State	Potential Patients Based on Historical Data *
Cumberland	Crossville	TN	11
Davidson	Antioch	TN	4
Davidson	Goodlettsville	TN	6
Davidson	Hermitage	TN	10
Davidson	Nashville	TN	35
Davidson	Old Hickory	TN	6
Davidson	Whites Creek	TN	1
Decatur	Parsons	TN	3
Decatur	Sugar Tree	TN	1
Dekalb	Alexandria	TN	1
Dekalb	Dowelltown	TN	1
Dekalb	Smithville	TN	8
Dickson	Charlotte	TN	1
Dickson	Cumberland Furnace	TN	2
Dickson	White Bluff	TN	1
Dyer	Dyersburg	TN	3
Dyer	Newbern	TN	2
Fayette	Moscow	TN	2
Fayette	Rossville	TN	2
Fayette	Somerville	TN	2
Fayette	Williston	TN	1
Franklin	Belvidiere	TN	1
Franklin	Cowan	TN	1
Franklin	Estill Springs	TN	3
Franklin	Huntland	TN	2
Franklin	Sewanee	TN	1
Franklin	Winchester	TN	6
Franklin, Grundy, Marion	Monteagle	TN	1
Gibson	Dyer	TN	2
Gibson	Medina	TN	1
Gibson	Trenton	TN	2
Gibson/Madison	Humboldt	TN	4
Giles	Lynnville	TN	1
Giles	Prospect	TN	1
Giles	Pulaski	TN	4
Giles,Lincoln	Ardmore	TN	2
Grainger	Blaine	TN	1
Grainger	Washburn	TN	1
Greene	Afton	TN	1
Greene	Chucky	TN	1
Greene	Greeneville	TN	5
Greene	Midway	TN	1
Greene	Mosheim	TN	1
Gringer	Ruthledge	TN	4

County	City	State	Potential Patients Based on Historical Data *
Grundy	Tracy City	TN	1
Hamblen	Morristown	TN	9
Hamblen	Russellville	TN	3
Hamblen, Jefferson	Talbott	TN	4
Hamilton	Apsion	TN	1
Hamilton	Bakewell	TN	1
Hamilton	Chattanooga	TN	15
Hamilton	Georgetown	TN	1
Hamilton	Harrison	TN	2
Hamilton	Hixson	TN	2
Hamilton	Ooltewah	TN	2
Hamilton	Signal Mountain	TN	3
Hamilton	Soddy Daisy	TN	2
Hancock	Sneedville	TN	1
Hardeman	Bolivar	TN	1
Hardeman	Hickory Valley	TN	1
Hardeman	Middleton	TN	2
Hardeman	Saulsbury	TN	1
Hardeman	Whiteville	TN	1
Hardin	Savannah	TN	1
Hawkins	Bulls Gap	TN	1
Hawkins	Mooresburg	TN	2
Hawkins	Rogersville	TN	2
Haywood	Brownsville	TN	3
Henderson	Huron	TN	1
Henderson	Lexington	TN	3
Henderson	Sardis	TN	1
Henry	Cottage Grove	TN	1
Hickman	Bon Aqua	TN	2
Hickman	Centerville	TN	2
Houston	Stewart	TN	1
Humphreys	New Johnsonville	TN	2
Jefferson	Dandridge	TN	2
Jefferson	Jefferson City	TN	7
Jefferson	New Market	TN	1
Jefferson	Strawberry Plains	TN	4
Jefferson	White Pine	TN	2
Johnson	Butler	TN	1
Johnson	Mountain City	TN	3
Knox	Corryton	TN	2
Knox	Heiskell	TN	1
Knox	Knoxville	TN	55
Knox	Loudon	TN	3
Knox	Mascot	TN	
Knox	Powell	TN	3

County	City	State	Potential Patients Based on Historical Data *
Lake	Ridgely	TN	2
Lauderdale	Halls	TN	3
Lauderdale	Henning	TN	1
Lauderdale	Ripley	TN	4
Lawrence	Ethridge	TN	1
Lawrence	Five Points	TN	1
Lawrence	Lawrenceburg	TN	9
Lawrence	Leoma	TN	3
Lawrence	Loretto	TN	1
Lawrence	Summertown	TN	1
Lewis	Hohenwald	TN	1
Lincoln	Fayettevile	TN	11
Lincoln	Flintville	TN	1
Lincoln	Petersburg	TN	1
Lincoln	Taft	TN	1
Loudon	Greenback	TN	2
Loudon	Lenoir City	TN	7
Macon	Lafayette	TN	6
Macon	Red Boiling Springs	TN	2
Madison	Beech Bluff	TN	1
Madison	Jackson	TN	19
Madison	Madison	TN	3
Marion	South Pittsburg	TN	1
Marshall	Lewisburg	TN	7
Maury	Columbia	TN	11
Maury	Culleoka	TN	1
Maury	Hampshire	TN	1
Maury, Williamson	Spring Hill	TN	3
McMinn	Athens	TN	2
McMinn	Etowah	TN	1
McMinn	Riceville	TN	1
McNairy	Bethel Springs	TN	1
McNairy	Finger	TN	1
McNairy	Selmer	TN	2
Meigs	Decatur	TN	2
Monroe	Madisonville	TN	1
Monroe	Tellico Plains	TN	2
Monroe	Vonore	TN	2
Monroe, McMinn	Sweetwater	TN	2
Montgomery	Clarksville	TN	33
Montgomery	Palmyra	TN	2
Moore	Lynchburg	TN	1
Morgan	Oakdale	TN	2
Morgan	Wartburg	TN	1

County	City	State	Potential Patients Based on Historical Data *
Obion	South Fulton	TN	2
Obion	Troy	TN	1
Obion	Union City	TN	2
Overton	Hilham	TN	1
Overton	Livingston	TN	1
Overton	Rickman	TN	1
Perry	Linden	TN	2
Polk	Benton	TN	2
Polk	Reliance	TN	1
Putnam	Baxter	TN	2
Putnam	Cookeville	TN	10
Rhea	Dayton	TN	1
Rhea	Graysville	TN	1
Roane	Kingston	TN	2
Roane, Anderson, Morgan	Oliver Springs	TN	6
Roane/Morgan	Harriman	TN	2
Robertson	Cedar Hill	TN	1
Robertson	Greenbrier	TN	8
Robertson	Springfield	TN	9
Robertson, Sumner	White House	TN	8
Russell	Swords Creek	TN	1
Rutherford	Christiana	TN	2
Rutherford	Eagleville	TN	1
Rutherford	La Vergne	TN	7
Rutherford	Lavergne	TN	3
Rutherford	Mufreesboro	TN	29
Rutherford	Smyra	TN	13
Scott	Oneida	TN	3
Sequatchie	Dunlap	TN	1
Sevier	Gatlinburg	TN	1
Sevier	Kodak	TN	3
Sevier	Pigeon Forge	TN	2
Sevier	Sevierville	TN	10
Shelby	Arlington	TN	7
Shelby	Barlett	TN	10
Shelby	Collierville	TN	5
Shelby	Cordova	TN	6
Shelby	Eads	TN	4
Shelby	Germantown	TN	8
Shelby	Lakeland	TN	1
Shelby	Memphis	TN	38
Shelby	Millington	TN	3

County	City	State	Potential Patients Based on Historical Data *
Stewart	Cumberland City	TN	1
Stewart	Dover	TN	3
Stewart	Indian Mound	TN	1
Sullivan	Blountville	TN	4
Sullivan	Bluff City	TN	2
Sullivan	Bristol	TN	11
Sullivan	Piney Flats	TN	1
Sullivan/Hawkins	Kingsport	TN	13
Sumner	Bethpage	TN	2
Sumner	Castalin Springs	TN	3
Sumner	Gallatin	TN	26
Sumner	Hendersonville	TN	18
sumner	Portland	TN	10
Sumner	Westmoreland	TN	7
Tipton	Atoka	TN	2
Tipton	Brighton	TN	1
Tipton	Covington	TN	1
Tipton	Drummonds	TN	1
Trousdale	Hartsville	TN	1
Unicoi	Erwin	TN	4
Unicoi	Unicoi	TN	4
Union	Maynardville	TN	1
Union	Maynardville	TN	2
Union	Sharps Chapel	TN	1
Van Buren	Spencer	TN	2
Warren	McMinnville	TN	4
Warren	Morrison	TN	1
Washington	Gray	TN	2
Washington	Johnson Citry	TN	19
Washington	Jonesborough	TN	9
Washington	Limestone	TN	2
Wayne	Waynesboro	TN	1
Weakley	Gleason	TN	1
Weakley	Martin	TN	1
White	Doyle	TN	2
White	Sparta	TN	3
Willamson	Franklin	TN	12
Williamson	Brentwood	TN	5
Williamson	Fairview	TN	2
Williamson	Nolensville	TN	2
Williamson	Thompson Station	TN	2
Wilson	Lebanon	TN	7
Wilson	Mount Juliet	TN	10
Wilson	Watertown	TN	1
		Estimated Total	1024

County	City	State	Potential Patients Based on Historical Data *

* These numbers are based on historical data. ANS makes no warranties that these number reflect actual patient concentration areas.

Attachment: Section B-Need –D.1

Table: Demographic Variable / Geographic Area Data- All Counties

Demographic Variable/Geographic Area	Department of Health/Health Statistics**							Bureau of the Census*				TennCare-	
	Total Population-Current Year-2018	Total Population-Projected Year-2020	Total Population-% Change	*Target Population-Current Year	*Target Population-Project Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age-2016	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total Population
Anderson	78,387	79,061	0.9	62,000	62,772	1.2	20.60	43.3	44,241	12,747	17.2%		
Bedford	50,860	51,961	2.2	37,735	38,657	2.4	25.60	36.9	43,819	7,423	16.3%		
Benton	16,711	16,741	0.2	13,666	13,764	0.7	17.78	46.6	33,611	3,614	22.6%		
Bledsoe	13,394	13,481	0.6	10,825	10,935	1.0	18.88	43.0	38,535	3,050	23.7%		
Blount	136,505	139,725	2.4	108,596	111,741	2.9	20.04	43.0	49,532	16,793	13.6%		
Bradley	107,651	109,706	1.9	83,908	85,865	2.3	21.73	39.3	43,721	18,291	18.4%		
Campbell	41,654	41,787	0.3	33,167	33,459	0.9	19.93	43.5	33,628	8,821	22.4%		
Cannon	14,658	14,838	1.2	11,739	11,956	1.8	19.42	42.1	43,654	2,208	16.2%		
Carroll	28,753	28,782	0.1	22,648	22,726	0.3	21.05	42.9	36,212	5,441	19.8%		
Carter	60,154	60,733	1.0	48,587	49,243	1.4	18.92	44.	33,177	13,110	23.9%		
Cheatham	41,269	41,692	1.0	32,140	32,717	1.8	21.52	40.2	53,179	5,061	12.9%		
Chester	18,633	18,978	1.9	14,720	15,098	2.6	20.48	37.1	42,376	2,911	17.9%		
Claiborne	34,263	34,713	1.3	27,727	28,307	2.1	18.45	42.3	33,428	6,771	22.3%		
Clay	7,876	7,785	0.0	6,337	6,350	0.2	18.43	47.4	28,147	1,904	24.8%		
Cocke	37,335	37,663	0.9	29,961	30,348	1.3	19.42	44.5	31,081	9,081	26.1%		

Demographic Variable/Geographic Area	Department of Health/Health Statistics**							Bureau of the Census*				TennCare-	
	Total Population-Current Year-2018	Total Population-Projected Year-2020	Total Population-% Change	*Target Population-Current Year	*Target Population-Project Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age-2016	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total Population
Coffee	56,909	57,865	1.7	43,634	44,534	2.1	23.03	40.1	45,456	8,437	15.9%		
Crockett	14,982	15,080	0.7	11,412	11,526	1.0	23.36	39.6	38,043	2,602	18.3%		
Cumberland	63,778	65,575	2.8	53,032	54,808	3.3	16.42	50.1	40,123	9,075	16.0%		
Davidson	698,061	714,756	2.4	528,965	539,109	1.9	24.57	34.2	50,484	114,238	17.7%		
Decatur	12,029	12,077	0.4	9,619	9,705	0.9	19.64	45.5	38,180	2,399	20.9%		
Dekalb	19,936	20,206	1.4	15,626	15,897	1.7	21.33	40.9	37,640	4,152	22.2%		
Dickson	54,959	56,210	2.3	42,109	43,271	2.8	23.01	40.0	47,137	8,019	15.9%		
Dyer	39,607	39,872	0.7	30,291	30,563	0.9	23.34	40.3	42,833	6,915	18.6%		
Fayette	46,608	48,510	4.1	36,749	38,496	4.8	20.64	44.4	55,972	5,774	15.0%		
Fentress	19,082	19,309	1.2	15,154	15,440	1.9	20.03	44.3	31,714	4,107	23.3%		
Franklin	42,395	42,681	0.7	33,998	34,523	1.5	19.11	41.9	44,837	6,397	16.2%		
Gibson	51,934	52,438	1.0	39,562	40,041	1.2	23.68	40.3	38,854	9,039	18.7%		
Giles	30,492	30,691	0.7	24,175	24,434	1.1	20.38	42.9	40,635	4,721	16.7%		
Grainger	24,244	24,577	1.4	19,320	19,677	1.8	19.94	44.2	37,522	4,578	20.2%		
Greene	73,620	74,656	1.4	59,408	60,547	1.9	18.90	44.0	36,711	12,373	18.6%		

Demographic Variable/Geographic Area	Department of Health/Health Statistics**							Bureau of the Census*				TennCare-	
	Total Population-Current Year-2018	Total Population-Projected Year-2020	Total Population-% Change	*Target Population-Current Year	*Target Population-Project Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age-2016	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total Population
Grundy	14,040	14,088	0.3	11,189	11,309	1.1	19.72	43.0	28,467	3,718	28.0%		
Hamblen	66,195	67,028	1.3	50,192	51,586	1.3	23.03	40.5	39,270	13,112	21.2%		
Hamilton	362,471	368,666	1.7	283,457	288,264	1.7	21.81	39.3	49,434	50,631	14.8%		
Hancock	6,981	7,007	0.4	5,594	5,641	0.8	19.45	44.3	27,973	1,757	27.3%		
Hardeman	27,284	27,278	0.0	22,014	22,135	0.5	18.85	39.9	33,566	5,285	23.7%		
Hardin	26,680	26,783	0.4	21,390	21,579	0.9	19.43	45.1	37,244	5,634	22.2%		
Hawkins	59,311	59,784	0.8	47,294	48,045	1.6	19.64	43.8	37,883	10,706	19.2%		
Haywood	18,274	18,128	-0.8	13,990	13,950	-0.3	23.04	40.4	35,094	3,744	21.0%		
Henderson	29,836	30,298	1.5	22,947	23,400	2.0	22.76	40.4	41,478	5,703	20.7%		
Henry	33,771	34,055	0.8	26,925	27,278	1.3	19.90	45.1	38,378	6,151	19.4%		
Hickman	26,876	27,363	1.8	21,460	21,965	2.4	19.72	40.4	37,546	5,181	22.9%		
Houston	9,014	9,157	1.6	7,055	7,210	2.2	21.26	43.5	40,680	1,675	20.9%		
Humphreys	19,090	19,185	0.5	15,033	15,217	1.2	20.68	41.7	40,995	3,308	18.5%		
Jackson	12,251	12,375	1.0	10,104	10,278	1.7	16.94	46.1	32,676	2,835	25.0%		
Jefferson	57,072	58,372	2.3	45,484	46,760	2.8	19.89	42.7	43,673	7,724	15.2%		

Demographic Variable/Geographic Area	Department of Health/Health Statistics**							Bureau of the Census*				TennCare-	
	Total Population-Current Year-2018	Total Population-Projected Year-2020	Total Population-% Change	*Target Population-Current Year	*Target Population-Project Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age-2016	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total Population
Johnson	18,952	19,112	0.8	15,734	15,968	1.5	16.45	44.8	30,180	4,313	26.9%		
Knox	477,780	488,993	2.3	372,202	381,171	2.4	22.05	37.3	50,366	70,612	16.2%		
Lake	8,441	8,579	1.6	7,234	7,392	2.2	13.84	40.7	29,893	1,413	29.2%		
Lauderdale	28,930	29,186	0.9	22,299	22,606	1.4	22.54	37.6	32,353	6,014	24.7%		
Lawrence	43,518	43,849	0.8	33,251	33,665	1.2	23.22	39.9	40,457	8,136	19.5%		
Lewis	12,912	13,072	1.2	10,160	10,371	2.1	20.66	43.6	36,920	2,384	20.4%		
Lincoln	35,104	35,469	1.0	27,369	27,797	1.6	21.63	42.9	41,038	6,123	18.5%		
Loudon	56,118	57,923	3.2	45,920	47,612	3.7	17.80	47.2	52,995	6,767	13.5%		
McMinn	55,100	55,724	1.1	43,501	44,132	1.5	20.80	42.9	38,661	10,012	19.5%		
McNairy	27,486	27,760	1.0	21,565	21,900	1.6	21.11	42.9	31,956	5,916	23.1%		
Macon	23,838	24,202	1.5	18,318	18,701	2.1	22.72	39.6	34,098	4,167	18.6%		
Madison	104,799	106,352	1.5	79,760	81,151	1.7	23.70	37.8	44,237	18,345	19.4%		
Marion	29,810	30,129	1.1	23,795	24,190	1.7	19.71	43.2	41,477	5,374	19.2%		
Marshall	33,885	34,648	2.3	26,086	26,833	2.9	22.56	39.6	44,900	4,655	15.1%		
Maury	90,666	92,944	2.5	69,267	71,249	2.9	23.34	39.1	49,597	12,413	14.7%		

Demographic Variable/Geographic Area	Department of Health/Health Statistics**							Bureau of the Census*				TennCare-	
	Total Population-Current Year-2018	Total Population-Projected Year-2020	Total Population-% Change	*Target Population-Current Year	*Target Population-Project Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age-2016	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total Population
Meigs	12,345	12,462	0.9	10,073	10,242	1.7	17.81	43.9	35,209	2,160	18.8%		
Monroe	49,048	50,062	2.1	38,893	29,979	2.8	40.12	43.1	37,054	8,575	19.2%		
Montgomery	211,602	221,620	4.7	149,533	156,218	4.5	29.51	30.3	51,528	28,232	15.2%		
Moore	6,923	7,056	1.9	5,604	5,754	2.7	18.45	46.5	49,496	644	10.4%		
Morgan	23,848	24,288	1.8	19,441	19,921	2.5	17.98	41.1	39,728	4,415	23.6%		
Obion	31,625	31,559	-0.2	24,919	24,940	0.1	20.97	42.5	38,933	6,399	21.1%		
Overton	23,885	24,291	1.7	18,772	19,179	2.2	21.04	42.6	35,065	4,340	20.0%		
Perry	8,362	8,466	1.2	6,626	6,742	1.8	20.36	43.3	31,274	2,216	28.6%		
Pickett	5,237	5,264	0.5	4,357	4,443	2.0	15.60	49.8	39,014	827	16.5%		
Polk	17,627	17,812	1.0	14,103	14,288	1.3	19.78	44.6	41,520	2,918	17.8%		
Putman	81,972	84,087	2.6	64,190	65,846	2.6	21.69	36.1	36,350	17,180	24.0%		
Rhea	34,582	35,216	1.8	26,899	27,610	2.6	21.60	40.3	38,355	7,160	22.9%		
Roane	55,990	56,301	0.6	45,510	45,977	1.0	18.33	46.3	42,299	8,449	16.2%		
Robertson	76,231	78,659	3.2	54,400	59,488	3.6	24.37	38.5	56,331	7,067	10.5%		
Rutherford	332,411	350,488	5.7	247,473	261,598	5.4	25.36	32.9	58,032	35,764	12.6%		

Demographic Variable/Geographic Area	Department of Health/Health Statistics**							Bureau of the Census*				TennCare-	
	Total Population-Current Year-2018	Total Population-Projected Year-2020	Total Population-% Change	*Target Population-Current Year	*Target Population-Project Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age-2016	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total Population
Scott	23,058	23,224	0.7	17,598	17,805	1.2	23.33	38.8	30,897	6,000	27.7%		
Sequatchie	16,399	16,943	3.3	12,946	13,442	3.8	20.66	42.5	46,541	2,328	16.1%		
Sevier	104,829	108,468	3.5	83,498	86,676	3.8	20.09	42.4	42,586	14,285	15.3%		
Shelby	970,212	981,022	1.1	720,465	728,710	1.1	25.72	35.1	46,854	196,471	21.4%		
Smith	20,534	20,833	2.2	16,001	16,348	1.5	21.53	41.2	44,272	3,050	16.2%		
Stewart	14,210	14,402	2.2	11,369	11,618	1.4	19.33	43.4	41,835	2,520	19.2%		
Sullivan	159,393	159,749	0.2	128,541	129,225	0.5	19.10	44.5	40,983	25,982	16.8%		
Sumner	184,532	190,261	3.1	141,250	146,486	3.7	23.01	39.5	58,972	16,543	9.7%		
Tipton	69,239	71,196	2.8	52,243	54,039	3.4	24.10	37.3	54,650	8,378	13.8%		
Trousdale	8,564	8,739	2.0	6,661	6,829	2.5	21.86	39.0	47,667	1,043	13.3%		
Unicoi	19,003	19,150	0.8	15,430	15,615	1.2	18.46	45.6	35,390	3,687	21.0%		
Union	20,124	20,320	1.0	15,654	15,892	1.5	21.79	41.5	38,540	4,420	23.5%		
Van Buren	5,668	5,686	0.3	4,654	4,694	0.9	17.45	45.8	42,813	1,058	19.1%		
Warren	41,167	41,446	0.7	31,588	31,909	1.1	23.01	39.9	36,245	8,158	20.7%		
Washington	137,400	140,905	2.6	110,132	113,097	2.7	19.74	39.7	44,444	20,810	17.1%		

Demographic Variable/Geographic Area	Department of Health/Health Statistics**							Bureau of the Census*				TennCare-	
	Total Population-Current Year-2018	Total Population-Projected Year-2020	Total Population-% Change	*Target Population-Current Year	*Target Population-Project Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age-2016	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total Population
Wayne	17,551	17,642	0.5	14,491	14,667	1.2	16.86	41.9	34,008	2,796	18.9%		
Weakley	36,300	36,360	0.2	29,283	29,385	0.3	19.18	37.5	38,040	5,962	19.1%		
White	28,037	28,541	1.8	22,286	22,815	2.4	20.06	43.5	35,989	4,662	18.1%		
Williamson	225,526	241,597	7.1	168,033	182,015	8.3	24.66	39.0	100,140	10,547	5.2%		
Wilson	133,865	138,561	3.5	103,160	107,612	4.3	22.33	40.3	63,426	11,266	9.1%		
Service Area Total	6,960,524	7,112,424	2.2	5,367,165	5,496,968	2.4	22.71	38.6	48,547	1,100,169	17.2%		
State of TN Total	6,960,524	7,112,424	2.2	5,367,165	5,496,968	2.4	22.71	38.6	48,547	1,100,169	17.2%		

Acknowledgement: Population data was provided by the Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

*2016 factfinder.census.gov
Source: U.S. Census Bureau, 2012-2016 American Community Survey
**2017 Revised UTCBER Population Projections Series
Source: The University of Tennessee Center for Business and Economic Research Population Data Files, Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment.
Note: These data will not match the University of Tennessee Data exactly due to rounding.

Attachment: Section B-Contribution To The Orderly Development of Health Care –A.

List of Existing Health Care Providers

Location Name	Location Address	Location City	Location Zip
Advanced Spine of Healthstar	420 West Morris Blvd	Morristown	37813
Anesthes. & Pain Mgmt.	186 Airport Plaza Blvd, Ste. E	Alcoa	37701
Anesthes. & Pain Mgmt.	2606 Greenway Dr	Knoxville	37918
Anesthesia Medical Group (Dickson)	766 Highway 46 South	Dickson	37055
Anesthesia Medical Group (Nash)	2201Murphy Ave., Suite 101	Nashville	37203
Anesthesia Pain Management	2345 Murfreesboro Hwy.	Manchester	37355
Anesthesia Pain Management Services	2345 Murfreesboro Hwy	Manchester	37355
Broadway Neck & Spine	1124 North Broadway	Knoxville	37917
Chattanooga Pain Surgery Center	1016 Executive Dr	Hixson	37343
CHI Memorial Hopital	2525 DeSales Avenue	Chattanooga	37404
Consultants in Pain Management	2000 Stein Drive	Chattanooga	37421
Consultants in Pain Management	419 South Kingston St.	Wartburg	37887
Cool Springs Surgery Center (Vertex)	2009 Mallory Lane #100	Franklin	37067
CPS (Camden)	176 Briarwood Ave	Camden	38320
CPS (Clarksville)	776 Weatherly Drive	Clarksville	37043
CPS (Columbia)	1040 N James Campbell Blvd	Columbia	38401
CPS (Cookeville)	851 South Willow	Cookeville	38501
CPS (Dickson)	10400 Ramsey Way	Dickson	37055-1087
CPS (Franklin)	4601 Carothers Pkwy	Franklin	37067
CPS (Gallatin)	405 Steam Plant Rd	Gallatin	37066
CPS (Germantown)	8000 Wolf River Blvd	Germantown	38138
CPS (Hendersonville)	353 New Shackle Island Road	Hendersonville	37075
CPS (Hermitage)	3901 Central Pike, Suite 259	Hermitage	37076
CPS (Knoxville)	4713 Papermill Dr	Knoxville	37909
CPS (Lenoir)	460 Medical Park Dr, Ste 104	Lenoir City	37772
CPS (Mt. Juliet)	5002 Crossings Circle	Mt. Juliet	37122
CPS (Murfreesboro)	522 Brandies Circle	Murfreesboro	37128
CPS (Oak RIdge)	200 New York Ave, Ste 150	Oak Ridge	37830
CPS (Payne)	8000 Wolf River Blvd	Germantown	38138
CPS (Portland)	121 Village Dr	Portland	37148
CPS (Skyline)	3443 Dickerson Pike	Nashville	37207
CPS (Springfield)	300 Northcrest Drive, Suite 308	Springfield	37172
CPS (Tullahoma)	1802 N Jackson St	Tullahoma	37388
CPS (White House)	301 Richard Wilks	White House	37188
CPS Centennial (A)	2400 Patterson St	Nashville	37203
CPS Centennial (B)	2400 Patterson Street	Nashville	37203
cps oak ridge	103 Station Dr	Maryville	37804
Dr. Sunita K. Jain	2100 Exeter Rd	Germantown	38138
East TN Brain & Spine (KINGSPORT)	444 Clinchfield St	Kingsport	37660
East TN Brain and Spine Center	701 Med Tech Parkway	Johnson City	37604
Encore Pain Spec (Knoxville)	11416 Grigsby Chapel Rd	Knoxville	37934
Encore Pain Spec (Oakridge)	103 Donner Dr	Oakridge	37830
Family Medical Clinic	640 Highway 51 Bypass East	Dyersburg	38024
Fort Sanders Regional Medical Center	1901 Clinch Avenue	Knoxville	37916
Harton Regional Hospital	1801 North Jackson Street	Tullahoma	37388
Howell Allen Clinic	4230 Harding Road	Nashville	37205
Jackson Madison County General Hospital	620 Skyline	Jackson	38301
Knoxville Neurology Specialist	501 20th St	Knoxville	37916
Life Care Center of Morgan	419 Kingston St.	Wartburg	37887
Memphis Interventional Pain Group	99 Market Center Dr	Collierville	38017
Memphis Neurology	7645 Wolf River Circle	Germantown	38138
Methodist University Hospital	1265 Union Ave.	Memphis	38104
Mid-South Pain & Anesthesia Clinic	6005 Park Avenue	Memphis	38119
Murfreesboro Medical Clinic- Spine, Joint & Pain	1272 Garrison Dr.	Murfreesboro	37129
Nashville Pain & Wellness Ctr (B)	8115 Isabella Ln	Brentwood	37027

Nashville Pain & Wellness Ctr (D)	7105 Ramsey Way	Dickson	37055
Neurosurgical Associates (Arendall)	345 23rd Avenue North Suite 320	Nashville	37203
Neurosurgical Associates (Freeman)	2400 Patterson St	Nashville	37203
Neurosurgical Associates (MtJ)	40 West Caldwell Street,	Mount Juliet	37122
New Life Medical Group	15 Stonebridge Blvd	Jackson	38305
Pain Consultants of East TN (KNOX)	1128 E Weisgarber Rd	Knoxville	37909
Pain Consultants of East TN (OAK)	575 Oak Ridge Turnpike	Oak Ridge	37830
Pain Medicine Associates PC	101 Med Tech Pkwy	Johnson City	37604
Pain Surgery Center	1016 Executive Dr., Ste 101	Hixson	37343
Park Ridge Medical Center	2333 McCallie Ave.	Chattanooga	37404
Phoenix Neurosurgery, PLLC	5673 S Rex Rd	Memphis	38119
Physical Medicine & Rehab Assoc. (KNOX)	1901 Clinch Ave	Knoxville	37916
Semmes-Murphey Clinic	6325 Humphreys Blvd.	Memphis	38120
Siskin Spine & Rehab Specialists	One Siskin Plaza	Chattanooga	37403
Southern Pain Institute	739 President Place	Smyrna	37167
Specialists in Pain Management	2339 McCallie Ave	Chattanooga	37404
Spine & Pain Physician Surgery Ctr	1177 Rock Springs Rd, Ste 130	Smyrna	37167
Spine Joint & Neuromuscular Rehab (CS)	1605 Westgate Circle # 200	Brentwood	37027
Spine Joint & Neuromuscular Rehab (HM)	5651 Frist Blvd	Hermitage	37076
Spine Joint & Neuromuscular Rehab (MB)	833 Memorial Blvd	Murfreesboro	37129
SRMC Pain Clinic (Sumner)	555 Hartsville Pike	Gallatin	37066
St. Thomas Medical Partners -Neurology	4230 Harding Road	Nashville	37205
Sweetwater Neurology	2060 Lakeside Centre Way	Knoxville	37922
The Medical Rehab Clinic	2001 Laurel Ave	Knoxville	37916
Tullahoma Surgery Center	725 Kings Ln	Tullahoma	37388
Vertex Spine	100 Covey Dr	Franklin	37067
West TN Pain Specialists (Dyersburg)	1718 Parr Avenue	Dyersburg	38024
WMA Pain Management	350 Blountville Hwy	Bristol	37620

Nashville Pain & Wellness Ctr (D)	7105 Ramsey Way	Dickson	37055
Neurosurgical Associates (Arendall)	345 23rd Avenue North Suite 320	Nashville	37203
Neurosurgical Associates (Freeman)	2400 Patterson St	Nashville	37203
Neurosurgical Associates (MtJ)	40 West Caldwell Street,	Mount Juliet	37122
New Life Medical Group	15 Stonebridge Blvd	Jackson	38305
Pain Consultants of East TN (KNOX)	1128 E Weisgarber Rd	Knoxville	37909
Pain Consultants of East TN (OAK)	575 Oak Ridge Turnpike	Oak Ridge	37830
Pain Medicine Associates PC	101 Med Tech Pkwy	Johnson City	37604
Pain Surgery Center	1016 Executive Dr., Ste 101	Hixson	37343
Park Ridge Medical Center	2333 McCallie Ave.	Chattanooga	37404
Phoenix Neurosurgery, PLLC	5673 S Rex Rd	Memphis	38119
Physical Medicine & Rehab Assoc. (KNOX)	1901 Clinch Ave	Knoxville	37916
Semmes-Murphey Clinic	6325 Humphreys Blvd.	Memphis	38120
Siskin Spine & Rehab Specialists	One Siskin Plaza	Chattanooga	37403
Southern Pain Institute	739 President Place	Smyrna	37167
Specialists in Pain Management	2339 McCallie Ave	Chattanooga	37404
Spine & Pain Physician Surgery Ctr	1177 Rock Springs Rd, Ste 130	Smyrna	37167
Spine Joint & Neuromuscular Rehab (CS)	1605 Westgate Circle # 200	Brentwood	37027
Spine Joint & Neuromuscular Rehab (HM)	5651 Frist Blvd	Hermitage	37076
Spine Joint & Neuromuscular Rehab (MB)	833 Memorial Blvd	Murfreesboro	37129
SRMC Pain Clinic (Sumner)	555 Hartsville Pike	Gallatin	37066
St. Thomas Medical Partners -Neurology	4230 Harding Road	Nashville	37205
Sweetwater Neurology	2060 Lakeside Centre Way	Knoxville	37922
The Medical Rehab Clinic	2001 Laurel Ave	Knoxville	37916
Tullahoma Surgery Center	725 Kings Ln	Tullahoma	37388
Vertex Spine	100 Covey Dr	Franklin	37067
West TN Pain Specialists (Dyersburg)	1718 Parr Avenue	Dyersburg	38024
WMA Pain Management	350 Blountville Hwy	Bristol	37620

Attachment: Section B-Contribution To The Orderly Development of Health Care –D.1

Licenses in Other States

PROPERTY OF THE

ARIZONA DEPARTMENT OF HEALTH SERVICES

Intrathecal Care Solutions, LLC, dba
Advanced Nursing Solutions
1166 East Warner Road #101Q
Gilbert, AZ 85296

This facility is licensed to operate as a(n) Outpatient Treatment Center

From: January 1, 2018

To: December 31, 2018

Issued: December 13, 2017

Recommended By: William Alcock, Bureau Chief

License: OTC8490

Issued By: Colby Bower, Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

ADHS (Rev. 8/02)

Nelleda L. Faria, RN, BSN, MBA
Risk Manager
Health Facilities Program
1000 SW Jackson, Suite 330
Topeka, KS 66612-1365

Nelleda.faria@ks.gov
Phone: 785-296-4714
Fax: 785-559-4250
www.kdhe.ks.gov/bhfr/index.html

Susan Mosier, MD, Secretary | Department of Health & Environment | Sam Brownback, Governor

August 21st, 2017

Intrathecal Care Solutions, LLC
Attention: Tom Nicholson, RN, Administrator
9300 W 110th St., Suite 200
Overland Park, KS 66210

Re: Intrathecal Care Solutions, LLC – Approval Letter — Corrected

Dear Tom Nicholson, RN, Administrator:

The Kansas Department of Health and Environment is in receipt of all of the documentation that you submitted for licensure of **Intrathecal Care Solutions, LLC** in Overland Park, Kansas. Your home health agency license has been approved effective today August 21st, 2017.

You may begin accepting patients at your agency today.
The permanent home health agency license will be processed and mailed to you as soon as the Secretary of KDHE signs it.
The license number is listed below:

Intrathecal Care Solutions, LLC
Your home health agency license # is A-046-189-2.
Congratulations!

Sincerely,

Nelleda L. Faria, RN, BSN, MBA, PMP, CPHRM
Health Facility Surveyor- Risk Manager/ OASIS Education Coordinator
KDHE/BCHS/Health Facilities Program
1000 SW Jackson St., Suite 330
Topeka, KS. 66612-1365
Ph: 785-296-4714
Fax: 785-559-4250
Nelleda.faria@ks.gov

PRIVACY & CONFIDENTIALITY NOTICE: This communication, including any attachments, may contain confidential information and is intended only for the individual or entity to which it is addressed. Any review, dissemination, or copying of this communication by anyone other than the intended recipient is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and delete and destroy all copies of the original message.

PROVISIONAL LICENSE

Cabinet for Health and Family Services

certifies that	**Intrathecal Care Solutions, LLC**
is authorized to operate	**Advanced Nursing Solutions**
located at	**Professional Towers, 4010 Dupont Circle Louisville, KY 40207**
Pending License Number	**720437**

Pursuant to KRS Chapter 216B and the regulations promulgated thereunder, **effective December 28, 2017,** this ***provisional*** license is valid unless action is taken by the Cabinet for failure to meet applicable standards and requirements. This ***provisional*** license is not transferable and is limited to the above location and for the services indicated below.

Mobile Health Service

Intrathecal Nursing Services

Serving the Following Kentucky Counties:
Statewide

Steven D. Davis
Inspector General

Kentucky
UNBRIDLED SPIRIT

Indiana State Department of Health

PROVISIONAL

Home Health Agency License

This is to certify that:

INTRATHECAL CARE SOLUTIONS, LLC d/b/a
ADVANCED NURSING SOLUTIONS
4918 TEMPLE DRIVE, SUITE D
EVANSVILLE, IN

a Home Health Agency, along with all off premise locations listed on the supplemental license, has fulfilled the requirements for licensure and is subject to provisions of IC 16-27, 410 IAC 17 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 17-014235-2 is effective March 12, 2018 and expires June 10, 2018.

Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION

State Form 44840 (R6/5-05)

Section C

Attachment: Section C-State Health Plan Question –D.1

Policy & Procedure Manuals

Coordination of Care and Plan of Treatment

Plan of Care-Pain

Plan of Care-Spasticity

Plan of Care-Pain & Spasticity

Clinical Administrator

Scope of Service

Nursing Service Purpose, Philosophy & Objectives

Intrathecal & Infusion Nurse Competence & Competency Validation

Coordination of Care and Plan of Treatment

Date Effective: 1/9/2018
Date Last Reviewed: 3/1/2017
Date Reviewed: 1/9/2018

Number: AIS-NUR-027
Section: Nursing
Reviewer: Policy Committee

Policy:

To provide coordination of care between the patient's healthcare team, to include the physician/prescriber, pharmacist, hospice agencies, skilled nursing facilities and other home health agencies providing the patient with continuum of care.

Procedure:

- Upon initial home visit the IT or infusion nurse will make the determination if prescribed services can be adequately provided at the patient's place of residence based on patient safety and home safety assessment. If services cannot be provided, patient and physician will be notified at the initial evaluation.
- All patients receiving care from AIS HealthCare will have a written Plan of Treatment, reviewed and signed by their physician upon admission and with changes to therapy. Patients receiving opioid and non-opioid therapies will be reviewed according physician prescription.
- Coordination of Care documentation includes the following:
  - Plan of Treatment(POT), including:
    - Current Physician's Orders
  - Statement of Medical Necessity (SMN), as required, will be signed by the physician upon patient's admission and with any intrathecal drug change and/or annually from the admission date.
  - Skilled Nursing Visit (SNV) documentation
  - Upon assessment of any change in patient's status that may require physician intervention, the IT or infusion nurse will notify the physician and/or authorized agent. If verbal orders are received the AIS nurse will document orders and send to physician for signature.
  - When company representative receives notification of patient status changes from other agencies regarding intrathecal or infusion therapy, the AIS nurse will assess and discuss with the ordering physician and/or authorized agent.
  - All verbal communication regarding patients is documented in the Progress Notes adhering to the confidentially policy.
  - Physicians, patients and other agencies involved with patient's care are provided with 24-hour contact information.
  - An IT or infusion nurse will be on-call at all times when company office is closed (i.e. after hours, weekends and holidays).
  - On-call nurse will receive report prior to and at completion of on-call duty.
  - The nurse collaborates and communicates necessary medication adjustments with the AIS HealthCare intake department and pharmacy

Coordination of Care and Plan of Treatment

Date Effective: 1/9/2018
Date Last Reviewed: 3/1/2017
Date Reviewed: 1/9/2018

Number: AIS-NUR-027
Section: Nursing
Reviewer: Policy Committee

Policy:

To provide coordination of care between the patient's healthcare team, to include the physician/prescriber, pharmacist, hospice agencies, skilled nursing facilities and other home health agencies providing the patient with continuum of care.

Procedure:

- Upon initial home visit the IT or infusion nurse will make the determination if prescribed services can be adequately provided at the patient's place of residence based on patient safety and home safety assessment. If services cannot be provided, patient and physician will be notified at the initial evaluation.
- All patients receiving care from AIS HealthCare will have a written Plan of Treatment, reviewed and signed by their physician upon admission and with changes to therapy. Patients receiving opioid and non-opioid therapies will be reviewed according physician prescription.
- Coordination of Care documentation includes the following:
  - Plan of Treatment(POT), including:
    - Current Physician's Orders
  - Statement of Medical Necessity (SMN), as required, will be signed by the physician upon patient's admission and with any intrathecal drug change and/or annually from the admission date.
  - Skilled Nursing Visit (SNV) documentation
  - Upon assessment of any change in patient's status that may require physician intervention, the IT or infusion nurse will notify the physician and/or authorized agent. If verbal orders are received the AIS nurse will document orders and send to physician for signature.
  - When company representative receives notification of patient status changes from other agencies regarding intrathecal or infusion therapy, the AIS nurse will assess and discuss with the ordering physician and/or authorized agent.
  - All verbal communication regarding patients is documented in the Progress Notes adhering to the confidentially policy.
  - Physicians, patients and other agencies involved with patient's care are provided with 24-hour contact information.
  - An IT or infusion nurse will be on-call at all times when company office is closed (i.e. after hours, weekends and holidays).
  - On-call nurse will receive report prior to and at completion of on-call duty.
  - The nurse collaborates and communicates necessary medication adjustments with the AIS HealthCare intake department and pharmacy

HOME HEALTH CERTIFICATION AND PLAN OF CARE - Pain

1. Patient's HI Claim No.	2. Start Of Care Date	3. Certification Period From: To:	4. Medical Record No.	5. Provider No.

6. Patient's Name and Address

7. Provider's Name, Address and Telephone Number

8. Date of Birth

9. Sex M F

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

11. ICD-10-CM	Principal Diagnosis	Date
12. ICD-10-CM	Surgical Procedure	Date
13. ICD-10-CM	Other Pertinent Diagnoses	Date

14. DME and Supplies

Intrathecal Refill Kit
Chloraprep
Sterile gloves
Alcohol
Sharp's container
Programmer
Sterile 2x2 gauge
Barriers

15. Safety Measures

1) Fall Precaution

Infection Control Measures

16. Nutritional Req.

17. Allergies:

18.A. Functional Limitations

1 ☐ Amputation
2 ☐ Bowel/Bladder (Incontinence)
3 ☐ Contracture
4 ☐ Hearing
5 ☐ Paralysis
6 ☐ Endurance
7 ☐ Ambulation
8 ☐ Speech
9 ☐ Legally Blind
A ☐ Dyspnea With Minimal Exertion
B ☐ Other (Specify)

18.B. Activities Permitted

1 ☐ Complete Bedrest
2 ☐ Bedrest BRP
3 ☐ Up As Tolerated
4 ☐ Transfer Bed/Chair
5 ☐ Exercises Prescribed
6 ☐ Partial Weight Bearing
7 ☐ Independent At Home
8 ☐ Crutches
9 ☐ Cane
A ☐ Wheelchair
B ☐ Walker
C ☐ No Restrictions
D ☐ Other (Specify)

19. Mental Status:

1 ☐ Oriented
2 ☐ Comatose
3 ☐ Forgetful
4 ☐ Depressed
5 ☐ Disoriented
6 ☐ Lethargic
7 ☐ Agitated
8 ☐ Other

20. Prognosis:

1 ☐ Poor
2 ☐ Guarded
3 ☐ Fair
4 ☐ Good
5 ☐ Excellent

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)

1) RN to administer naloxone 0.4 mg every 2-3 min subcutaneous up to 8mg if suspected opioid overdose, in conjunction with calling 911 and/or local emergency services. Administration to be initiated if respiratory rate falls below 8 per minute
2) AIS to provide intrathecal care only.
3) AIS to provide 24-hour on call for patient and provider
4) AIS RN to refill, maintain, and trouble shoot intrathecal infusion device
5) Additional or N/A: _____
6) Additional or N/A: _____
7) Additional or N/A: _____
8) Manufacture_____ Make_____ Model_____ Mode_____ Volume_____

22. Goals/Rehabilitation Potential/Discharge Plans

1) Patient/CG will verbalize an understanding of disease process/prognosis and therapeutic regiment.
2) Patient/CG will verbalize understanding of intrathecal medication side effects.
3) Patient will remain free of any sign and symptom of overdose, under dose and /or withdrawal.
4) Patient will remain free of infection related to intrathecal infusion pump.
5) Patient/CG understand potential/cause for alarm and who to notify.
6) Patient will establish or maintain an acceptable level of pain.
7) Pain will not will not interfere with patient's ability to perform ADLs at baseline.
8) No discharge plans anticipated due to chronic disorder.
   Unless the following situation occur
   - Explantation of intrathecal device
   - No prescribing provider available
   -
   - Long term use of saline in intrathecal device
   - Motor stall and/or permanent pump stop

9) Other_____

23. Nurse's Signature and Date of Verbal SOC Where Applicable:

25. Date HHA Received Signed POT

24. Physician's Name and Address

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

27. Attending Physician's Signature and Date Signed

HOME HEALTH CERTIFICATION AND PLAN OF CARE - SPASTICITY

1. Patient's HI Claim No.	2. Start Of Care Date	3. Certification Period From: To:	4. Medical Record No.	5. Provider No.

6. Patient's Name and Address

7. Provider's Name, Address and Telephone Number

8. Date of Birth

9. Sex M F

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

11. ICD-10-CM	Principal Diagnosis	Date
12. ICD-10-CM	Surgical Procedure	Date
13. ICD-10-CM	Other Pertinent Diagnoses	Date

14. DME and Supplies

Intrathecal Refill Kit
Chloraprep
Sterile gloves
Alcohol
Sharp's container
Programmer
Sterile 2x2 gauge
Barriers

15. Safety Measures

1) Fall Precaution

Infection Control Measures

16. Nutritional Req.

17. Allergies:

18.A. Functional Limitations

1 ☐ Amputation
2 ☐ Bowel/Bladder (Incontinence)
3 ☐ Contracture
4 ☐ Hearing
5 ☐ Paralysis
6 ☐ Endurance
7 ☐ Ambulation
8 ☐ Speech
9 ☐ Legally Blind
A ☐ Dyspnea With Minimal Exertion
B ☐ Other (Specify)

18.B. Activities Permitted

1 ☐ Complete Bedrest
2 ☐ Bedrest BRP
3 ☐ Up As Tolerated
4 ☐ Transfer Bed/Chair
5 ☐ Exercises Prescribed
6 ☐ Partial Weight Bearing
7 ☐ Independent At Home
8 ☐ Crutches
9 ☐ Cane
A ☐ Wheelchair
B ☐ Walker
C ☐ No Restrictions
D ☐ Other (Specify)

19. Mental Status:

1 ☐ Oriented
2 ☐ Comatose
3 ☐ Forgetful
4 ☐ Depressed
5 ☐ Disoriented
6 ☐ Lethargic
7 ☐ Agitated
8 ☐ Other

20. Prognosis:

1 ☐ Poor
2 ☐ Guarded
3 ☐ Fair
4 ☐ Good
5 ☐ Excellent

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)

1) AIS to provide intrathecal care only.
2) AIS to provide 24 hour on call for patient and provider
3) AIS RN to refill, maintain, and trouble shoot intrathecal infusion device
4) Additional or N/A: _____
5) Additional or N/A: _____
6) Additional or N/A: _____
7) Manufacture_____ Make_____ Model_____ Mode_____ Volume_____

22. Goals/Rehabilitation Potential/Discharge Plans

1) Patient/CG will verbalize an understanding of disease process/prognosis and therapeutic regiment.
2) Patient/CG will verbalize understanding of intrathecal medication side effects.
3) Patient will remain free of any sign and symptom of overdose, under dose and /or withdrawal.
4) Patient will remain free of infection related to intrathecal infusion pump.
5) Patient/CG understand potential/cause for alarm and who to notify.
6) Patient will establish or maintain an acceptable level of tone.
7) Spasticity will not will not interfere with patient's ability to perform ADLs at baseline.
8) No discharge plans anticipated due to chronic disorder.
9) Spasms/stiffness will be controlled/relieved
   Unless the following situation occur
   - Long term use of saline in intrathecal device
   - Motor Stall and/or permanent pump stop

   No prescribing provider available
   Explantation of intrathecal device

10) Other_____

23. Nurse's Signature and Date of Verbal SOC Where Applicable:

25. Date HHA Received Signed POT

24. Physician's Name and Address

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

27. Attending Physician's Signature and Date Signed

HOME HEALTH CERTIFICATION AND PLAN OF CARE – Pain and Spasticity

1. Patient's HI Claim No.	2. Start Of Care Date	3. Certification Period From: To:	4. Medical Record No.	5. Provider No.

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number

8. Date of Birth	9. Sex M F	10. Medications: Dose/Frequency/Route (N)ew (C)hanged

11. ICD-10-CM	Principal Diagnosis	Date
12. ICD-10-CM	Surgical Procedure	Date
13. ICD-10-CM	Other Pertinent Diagnoses	Date

14. DME and Supplies

Intrathecal Refill Kit	Sterile gloves	Sharp's container	Sterile 2x2 gauge
Chloraprep	Alcohol	Programmer	Barriers

15. Safety Measures

1) Fall Precaution Infection Control Measures

16. Nutritional Req. 17. Allergies:

18.A. Functional Limitations

1 ☐	Ampulation	5 ☐	Paralysis	9 ☐	Legally Blind
2 ☐	Bowel/Bladder (Incontinence)	6 ☐	Endurance	A ☐	Dyspnea With Minimal Exertion
3 ☐	Contracture	7 ☐	Ambulation	B ☐	Other (Specify)
4 ☐	Hearing	8 ☐	Speech		

18.B. Activities Permitted

1 ☐	Complete Bedrest	6 ☐	Partial Weight Bearing	A ☐	Wheelchair
2 ☐	Bedrest BRP	7 ☐	Independent At Home	B ☐	Walker
3 ☐	Up As Tolerated	8 ☐	Crutches	C ☐	No Restrictions
4 ☐	Transfer Bed/Chair	9 ☐	Cane	D ☐	Other (Specify)
5 ☐	Exercises Prescribed				

19. Mental Status:

1 ☐	Oriented	3 ☐	Forgetful	5 ☐	Disoriented	7 ☐	Agitated
2 ☐	Comatose	4 ☐	Depressed	6 ☐	Lethargic	8 ☐	Other

20. Prognosis: 1 ☐ Poor 2 ☐ Guarded 3 ☐ Fair 4 ☐ Good 5 ☐ Excellent

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)

1) RN to administer naloxone 0.4 mg every 2-3 min subcutaneous up to 8mg if suspected opioid overdose, in conjunction with calling 911 and/or local emergency services. Administration to be initiated if respiratory rate falls below 8 per minute
2) AIS to provide intrathecal care only.
3) AIS to provide 24 hour on call for patient and provider
4) AIS RN to refill, maintain, and trouble shoot intrathecal infusion device
5) Additional or N/A:_____
6) Additional or N/A:_____
7) Additional or N/A:_____
8) Manufacture_____ Make_____ Model_____ Mode_____ Volume_____

22. Goals/Rehabilitation Potential/Discharge Plans

1) Patient/CG will verbalize an understanding of disease process/prognosis and therapeutic regiment.
2) Patient/CG will verbalize understanding of intrathecal medication side effects.
3) Patient will remain free of any sign and symptom of overdose, under dose and /or withdrawal.
4) Patient will remain free of infection related to intrathecal infusion pump.
5) Patient/CG understand potential/cause for alarm and who to notify.
6) Patient will establish or maintain an acceptable level of pain.
7) Pain/Spasticity will not interfere with patient's ability to perform ADLs at baseline.
8) Spasms/stiffness will be controlled/relieved.
9) No discharge plans anticipated due to chronic disorder.
   Unless the following situation occur
   - Long term use of saline in intrathecal device
   - Motor Stall and/or permanent pump stop
   -
   - No prescribing provider available
   - Explantation of intrathecal device

10) Other_____

23. Nurse's Signature and Date of Verbal SOC Where Applicable:

25. Date HHA Received Signed POT

24. Physician's Name and Address

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

27. Attending Physician's Signature and Date Signed

Clinical Administrator

Date Effective: 3/1/2017
Date Last Reviewed: 3/1/2017
Date Reviewed: 3/1/2017

Number: AIS-NUR-022
Section: Nursing
Reviewer: Policy Committee

PURPOSE:

To ensure that a qualified individual is responsible for overseeing all clinical nursing care/services.

POLICY:

1. The Nursing Manager/Supervisor/Executive Director of Nursing:

    a. Is responsible for the clinical nursing direction of the field team and/or facility.

    b. Acts as a liaison between the governing body and staff.

    c. Ensures that orientation is provided for new staff, regularly scheduled inservice programs, and opportunities for continuing education are provided.

    d. Ensures the completion, maintenance, and submission of such reports and records as required by secretary of health and environment.

    e. Ensures that each patient admitted to service receives in writing the patient's bill of rights.

    e. Takes reasonable steps to assure that:

        i. Services are available

        ii. Care/services provided by agency personnel and contracted agency personnel are coordinated and integrated.

        iii. Policies and procedures, which guide and support the provision of care/services, are developed, updated, implemented and distributed to staff.

        iv. Recommendations for needed resources are made.

2. The Nursing Manager/Supervisor/Executive Director of Nursing is qualified and possesses appropriate clinical training and experience, as verified by:

    a. Review of education, training and previous work experience.

    b. Verification of licensure, education.

    c. Interview for understanding of care/service being provided as well as population being served.

    d. Management experience and clinical knowledge.

3. Supervision of clinical care/services is available twenty-four hours a day, seven days a week by the Nursing Manager/Supervisor/Director of Nursing or his/her designees.

4. The Nursing Supervisors/Supervisor/Executive Director of Nursing is responsible for the oversight of daily nursing operations through consultation and collaboration with other operational staff.

   a. Staffing is reviewed in combination with the patient census, acuity, etc.

   b. If staffing is problematic, the Nursing Managers/Supervisor/Executive Director of Nursing or Clinical Coordinator review options which include, but are not limited to use of overtime by ICS employees.

   c. Any issue not resolved is brought to the attention of the Nursing Manager/Supervisor/Director of Nursing.

5. The Nursing Manager/Supervisor/Executive Director of Nursing has access to qualified clinical consultation for services outside his/her expertise, through the use of the Chief Nurse Officer and/or other resources as appropriate.

Scope of Service

Date Effective: 3/1/2017
Date Last Reviewed: 3/1/2017
Date Reviewed: 3/1/2017

Number: AIS-NUR-020
Section: Nursing
Reviewer: Policy Committee

Purpose

To describe the professional standards of practice and the scope of clinical services.
To describe the process for selecting and maintaining qualified staff and to provide the clinician with basic practice parameters under which they are expected to perform.

Policy

Section I: Professional Standards of Practice

1. All professional employees shall be expected to perform their duties in accordance with accepted standards of practice for their discipline.
2. Clinical Nursing Standards of Practice shall include:
    a. State Boards of Nursing regulations and Nurse Practice Acts
    b. Advanced Infusion Solutions Nursing policies and procedures
    c. Infusion Nurses Society (INS) Standards of Practice and Oncology Nurses Society, (ONS) Standards of practice and Home Health Nursing Standards of Practice (ANA) are used as guidelines for clinical practice, not every standard is adopted for policy use.
    d. Federal, State and local laws and regulations.
3. All licensed clinicians will administer and/or monitor the response to medications in accordance with the Nursing Practice Act. All FDA approved and investigational medications for labeled and off label uses will be administered per physician order subsequent to evaluation of clinical appropriateness.

Section II: Scope of Services

Each Advanced Infusion Solutions facility may have the capability to provide the following therapies. From time to time additional drug classifications or therapies may be added to the categories as they become available or as indications are supported through current research and literature.

Pain management
Spasticity (Movement Disorder) management
Infusion Therapies and management

Goals of Services:

1. Completion of Service/Therapy as ordered by prescriber
2. Facilitate positive outcomes of service and maintain patient safety
3. Provide quality services while maintaining cost efficiency
4. Coordination with nursing staff, pharmacy and outside nursing agencies
5. Communication with prescribing practitioner
6. Consultation to staff and referral sources
7. Inservices to healthcare providers, as appropriate
8. Participation in performance improvement program
9. Twenty-four-hour availability
10. Other duties as applicable to job description
11. Patient assessment
12. Patient/caregiver education and training
13. Medications: monitoring administration, interactions and adverse effects
14. Ongoing monitoring of patient
15. Ongoing patient follow-up and documentation of compliance

Selecting and Maintaining Qualified Registered Staff

1. Nurses Selection and maintaining qualified RN staff is conducted with assistance from Human Resources. Through application and interview process candidates are selected.
2. Registered Nurse are on boarded through a formal infusion nurse orientation and competency management program.
3. The RN is provided with basic practice parameters under which they are expected to perform through this orientation training and competency validation, annual training and competency validation, job description, policy and procedures.
4. Annual nurse competencies are defined and ongoing training is conducted as required.

Advanced Infusion Solutions (AIS)
Policy & Procedure Manual

Nursing Service Purpose, Philosophy and Objectives

Date Effective: 3/1/2017
Date Last Reviewed: 3/1/2017
Date Reviewed: 3/1/2017

Number: AIS-NUR-036
Section: Nursing
Reviewer: Policy Committee

Policy

It is the policy of Advanced Infusion Solutions to provide excellent, coordinated and comprehensive patient care, taking into consideration the physical, emotional and psychosocial requirements/needs of the patient/significant others.

Patient care will be delivered in a safe environment and in an efficient, cost effective manner to support each patient in achieving their optimal level of wellness.

Practice and Philosophy

1. Acknowledging every patient is an individual, each with unique needs.
2. Committing to patient care by striving to address multiple needs, including physical, emotional and spiritual needs.
3. Nursing care must be individualized for each patient.
4. Preserving human dignity by treating each individual with compassion and respect.
5. Nursing care is an integral part of the total health care and is administered in cooperation with medical staff, allied health disciplines, the patient and patient's significant others.
6. Utilizing both professional and non-professional personnel working together as a health care team.
7. Supporting health care education programs which contribute to improved patient outcomes.
8. Improving employee performance by on-going evaluations and providing educational programs.
9. Employing nurses who are compassionate, motivated, disciplined and professionally competent to carry out the institution's mission and philosophy.
10. Promoting an environment conducive to staff involvement in decision making activities that enhance the quality of care delivered.
11. Needing, encouraging and utilizing research and research findings.
12. Realizing continuous assessment of our performance and productivity is necessary to evaluate goals attained through the Performance Improvement program.
13. Monitoring quality patient care and refining processes by professional nurses.
14. To follow the American Nurses Association's Code of Ethics.

Advanced Infusion Solutions (AIS)
Policy & Procedure Manual

Intrathecal and Infusion Nurse Competence and Competency Validation

Date Effective: 3/1/17
Date Last Reviewed: 3/1/17
Date Reviewed: 3/1/17

Number: AIS-NUR-025
Section: Clinic Nursing
Reviewer: Policy Committee

PUPROSE:

1. IT and infusion nurses will be competent in the safe delivery of nursing care and infusion/IT therapy within his/ her scope of practice.
2. IT and infusion nurses shall be responsible and accountable for obtaining and maintaining competency with therapy provided at location.
3. Competency training shall be performed initially upon hire and then yearly and/or as indicated. Training shall be performed with the input and or assistance of all pump manufacturers as indicated.
4. Annual and new competency validation shall be documented and maintained in company personnel file.
5. Organizational policies, procedures, and or practice guidelines will be followed and included in the competency validation.

POLICY:

1. Competency validation is verified by supervisor or trainer observation in the work environment, through manufacturer or company in-servicing, and to include supervisor/trainer personal "check off" of skills.
2. Each nurse will be observed performing a pump refill yearly in the practice setting.
3. Each infusion nurse will be observed performing infusion services yearly in the practice setting.
4. No nurse will be independent with the procedure until the competency validation is obtained.
5. Pump procedures vary with each manufacturer. Each brand of pump will require validation and competency based on the location and service.
5. A pump manufacturer will provide in-servicing and ongoing support to each nurse as needed.
6. IT and infusion nurses will demonstrate knowledge, skills, behaviors, and ability to perform the assigned job.
7. The introduction of new technology or equipment will require separate competencies.
8. Annual competency/educational refresher course led by AIS Director, Trainer or manufacturer representative will be conducted.

Annual Competencies may include and are not limited to the following:

Renewal Date	Owner	Competency
January	IT Nursing	Medtronic skills lab and check-off competency
January	IT Nursing	Flowonix skills lab and check-off competency
January	Nursing	Infusion pump training and certification
January	IT Nursing/Pharmacy	Medication Information Sheets for patients review
January	Nursing	Handwashing skills checkoff
Field Ride	Nursing	Sterile field competency checkoff
Field Ride	Nursing	Vehicle and bag inspection annually and will field rides (Supply checklist, universal precautions, etc)
Field Ride	Nursing	Standards of care for infusion therapy and care
January	Nursing	Universal Precautions Training
January	Nursing	Emergency Procedures Training
January	Pharmacy	Pharmacy Training Modules (Medication specific for IT)
January	Compliance	Corporate Compliance and Code of Conduct Training
January	Nursing	Policy, Prcedure and Form review
January	Pharmacy	Critical Point training: Sterile compounding and nursing implications
Field Ride	IT Nursing	Refill check-off and competency
January	IT Nursing	Spasticity Assessment
January	IT Nursing	Pain Assessment
January	Nursing	Falls Risk Assessent
January	Nursing	Equipment validation and replacement
January	Human Resources	TB testing
Varied	Human Resources	License renewal
Annual	Human Resources	CPR Certification

Attachment: Section C –State Health Plan Question—D.2

ACHC Standards

ACHC

FOR PROVIDERS
BY PROVIDERS.

ACHC STANDARDS

Program

Pharmacy

Services

Infusion Nursing Services

Date Downloaded: [2/27/2018]

Copyright © 2016 Accreditation Commission for Health Care

ACHC

FOR PROVIDERS.
BY PROVIDERS.™

ACHC ACCREDITATION STANDARDS

[DMEPOS ACCREDITATION] [PHARMACY ACCREDITATION]

The following packet contains the 2018 ACHC Accreditation Standards.

Release Date: February 1, 2018
Effective Date: June 1, 2018

ACHC is committed to providing healthcare organizations with relevant, comprehensive standards that facilitate the highest level of performance. In order to ensure each standard is clear, concise, relevant, and meets all regulatory requirements, ACHC conducts an annual review of all standards by compiling feedback from providers, industry consultants, and regulatory bodies. Based on the annual review, ACHC has made the following changes:

1. Some standards have been deleted; deletions are effective February 1, 2018
2. Some standards have been updated to add clarity; these standards are effective February 1, 2018, since there were no intent changes
3. Some standards have been changed; these standards are effective June 1, 2018.

ACHC has taken additional steps to address healthcare market needs of specialization and differentiation by offering a series of Distinctions to complement ACHC Accreditation. Providers must have ACHC or PCAB Pharmacy Accreditation to be eligible for a Distinction.

Distinction services available:

- Distinction in Oncology (ONC)
- Distinction in Infectious Diseases Specific to HIV (HIV)
- Distinction in Hazardous Drug Handling (HDH)

Accreditation for Community Retail pharmacies provides a limited amount of durable medical equipment and supplies. Community Retail is available for retail stores that sell prescription medications to the consumer and need Medicare recognition as a DMEPOS supplier.

Items included in this accreditation are:

- DM02 Commodes/Urinals
- DM05 Blood Glucose Monitors
- DM08 Heat and Cold Applications (sale only)
- DM22 Transcutaneous Electrical Nerve Stimulators (TENS)
- M01 Canes and Crutches
- M04 Seat Lift Mechanisms
- M05 Walkers

- M06 Wheelchairs-Standard Manual
- M06a Wheelchairs-Standard Manual Related Accessories
- M10 Wheelchair Seating/Cushions
- OR03 Orthoses: Off-the-Shelf
- OR04 Penile Pumps
- PD06 Ostomy Supplies
- PD08 Tracheostomy Supplies
- PD09 Urological Supplies
- PE03 Enteral Nutrients
- R07 Nebulizer Equipment and Supplies
- S01 Surgical Dressings

In addition to the codes above, a Community Retail-accredited provider can also provide diabetic shoes and breast prostheses and accessories by selecting the following services:

- PD01 Breast Prostheses and Accessories
- S02 Diabetic Shoes/Inserts-Off- the-Shelf
- S03 Diabetic Shoes-Custom

The attached DME/Pharmacy Accreditation Packet contains:

- Preliminary Evidence Report (PER) Initial Checklist
- ACHC Accreditation Standards for DME/Pharmacy/Community Retail

To review crosswalks for a particular program please visit:

- To review crosswalks for a particular program, log in to Customer Central (cc.achc.org) and click on Resources, Education Library, then Educational Tools.

PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST

[DMEPOS ACCREDITATION]

This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for initial Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS/Community Retail (CR)) accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

Required items to be submitted to the Accreditation Commission for Health Care (ACHC):

- ☐ Accreditation application
- ☐ Non-refundable deposit
- ☐ Organization's information packet that is given to the clients when the client is provided equipment, services or products
  - Medicare providers must demonstrate that they are giving the beneficiaries all of the required information that is outlined in the CMS Quality and Supplier Standards. This would be not applicable to any non-Medicare providers.
  - It is preferred that this information be provided to ACHC in digital format
- ☐ Organizational chart by position titles

Confirmation of the following (initial in spaces provided):

_____ I attest that this organization possesses all policies and procedures as required by the ACHC Accreditation Standards

_____ Organization has 5 client/patient files, or can provide 5 mock files at the time of survey if equipment or supplies have not been provided

_____ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of _____ (date)

I, having the authority to represent this organization, verify that _____ (organization's legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives on site may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements. I agree that during my accreditation with ACHC that if I receive any citation(s) from a federal or state agency that I will notify ACHC within ten (10) calendar days.

_____ (Name)

_____ (Title)

_____ (Date)

_____ (Signature)

PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST

[PHARMACY ACCREDITATION]

This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for initial Pharmacy accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

Required items to be submitted to the Accreditation Commission for Health Care (ACHC):

- ☐ Accreditation application
- ☐ Non-refundable deposit
- ☐ Organization's information packet that is given to the clients when the client is provided equipment, services or products
  - Medicare providers must demonstrate that they are giving the beneficiaries all of the required information that is outlined in the CMS Quality and Supplier Standards. This would not be applicable to any non-Medicare providers
  - It is preferred that this information be provided to ACHC in digital format
- ☐ Organizational chart by position titles
- ☐ Any current citation(s) from a federal or state agency (e.g. FDA, Board of Pharmacy, etc.)
- ☐ If the pharmacy performs sterile compounding, provide the procedures that outline the process of compounding
  - These can be in the form of policies that match the ACHC Accreditation Standards or can be the complete procedures that are followed for the compounding process

Confirmation of the following (initial in spaces provided):

_____ I attest that this organization possesses all policies and procedures as required by the ACHC Accreditation Standards

_____ Organization has 5 client/patient files, or can provide 5 mock files at the time of survey if equipment or supplies have not been provided

_____ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of _____ (date)

I, having the authority to represent this organization, verify that _____ (organization's legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives on site may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements. I agree that during my accreditation with ACHC that if I receive any citation(s) from a federal or state agency that I will notify ACHC within ten (10) calendar days.

_____ (Name)

_____ (Title)

_____ (Date)

_____ (Signature)

ACHC ACCREDITATION STANDARDS

Customized for Infusion Nursing Services

Section 1: ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure including federal, state and local licenses that affect the day-to-day operations of the business should be addressed. This section includes the leadership structure including board of directors, advisory committees, management and employees. Also included is information about leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

Standard DRX1-1A: The organization is an established entity with legal authority to operate and has the appropriate licensure, Articles of Incorporation, or other documentation of legal authority.

Interpretation: The organization is an established entity with legal authority to operate and has the appropriate articles of incorporation or other documentation of legal authority.

Legal authority is granted to one individual, members of a limited liability corporation (LLC), a board of directors, usually referred to as the governing body, and as allowed in state statutes for the appropriate type and structure of the organization. The entity, individual or organization has a copy of the appropriate documentation or authorization to conduct business.

If state or applicable local law requires a license or permit the organization posts the current copy in a prominent location accessible to public view in all locations/branches and/or in accordance with appropriate regulations or laws.

Evidence: Copy of all current applicable license(s)/permit(s) for each location

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX1-1B: The organization is an established entity with legal authority to operate and has the appropriate licensure, articles of incorporation, or other documentation of legal authority.

Interpretation: The organization will display all licenses and/or permits required in the operation of the pharmacy services in an area of public view:

- Resident state board of pharmacy permit/license
- Non-resident board of pharmacy permit/license as required, if applicable
- DEA registration
- State controlled substance license, if applicable
- Pharmacist(s) licenses
- Nonresident pharmacist license
- Pharmacy technician(s) licenses/certificates, if applicable
- Device dispensing permit, if applicable
- Clinical Laboratory Improvement Amendment (CLIA) certificate, if applicable
- Biohazard generator permit or appropriate contract, as required

Evidence: License and/or Permits

Services applicable: AIC, CRDS, CRTL, IRN, IRX, SRX, SRXONLY

Standard DRX1-2A: The organization is directed by a governing body/owner (if no governing body is present, owner suffices), that assumes full legal authority and responsibility for the operation of the organization. The governing body/owner duties and accountabilities are clearly defined.

Interpretation: A governing body/owner assumes full legal authority and responsibility for the organization's management, provision of all services, fiscal operations, and continuous performance improvements that are consistent with acceptable standards of practice. Activities of the governing body/owner include, but are not limited to:

- Decision making
- Appointing a qualified Administrator
- Establishing or approving written policies and procedures governing overall operations
- Human resource management
- Performance Improvement (PI)
- Oversight of the management and fiscal affairs of the organization
- Annual review of the policies and procedures

Although many governing bodies/owners delegate authority for some of these functions to individual personnel members, the ultimate

responsibility continues to rest with the governing body/owner. In situations where the Board of Directors serves as the governing body for a large, multi-service organization, board activities will address the overall organization; however, oversight of the organization's program is documented in some manner such as in reports to the board or in board meeting minutes.

If the organization has a governing body, the members receive an orientation to their responsibilities and accountabilities. The organization has a list of governing body members that includes name, address and telephone number.

Evidence: Written Policies and Procedures
Evidence: Board of Directors Meetings Minutes
Evidence: Response to Interviews
Evidence: Observation

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX1-3A: Written policies and procedures are established and implemented by the organization in regard to conflicts of interest and the procedure for disclosure.

Interpretation: Written policies and procedures define conflicts of interest and the procedure for disclosure and conduct in relationships with personnel, customers, and clients/patients. The policies and procedures include the required conduct of any affiliate or representative of the following:

- Governing body/owner
- Personnel having an outside interest in an entity providing services to the organization
- Personnel having an outside interest in an entity providing services to the client/patient

In the event of proceedings that require input, voting, or decisions, the individual with the conflict of interest is excluded from the activity.

Governing board members and personnel demonstrate understanding of conflict of interest policies and procedures.

These criteria would not apply to a single owner who serves as the governing body.

Evidence: Written Policies and Procedures
Evidence: Response to Interviews

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX1-4A: There is an individual who is designated as responsible for the overall operation and services of the organization. The manager/leader organizes and directs the organization's ongoing functions; maintains ongoing liaison among the governing body/owner and personnel; employs qualified personnel and ensures adequate personnel education and evaluations; ensures the accuracy of public information materials and activities; and implements an effective budgeting and accounting system.

Interpretation: This individual is responsible for all programs and services and is accountable to the governing body/owner. A job description specifies the responsibilities and authority of this individual.

The resume/application verifies that the individual who holds this position possesses the appropriate education and experience requirements as defined by the governing body/owner and any applicable state and federal laws and regulations.

There is an individual authorized in writing to act in the absence of the manager/leader. The duties that the individual assumes during the absence of the manager/leader are written into the job description and included in the individual's orientation.

Evidence: Observation
Evidence: Administrator Resume/Application
Evidence: Orientation Records
Evidence: Personnel Files

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX1-5A: Responsibility and accountability for programs are defined. The organizational chart shows the relationship of all positions within the organization with identifiable lines of authority.

Interpretation: The services furnished by the organization, the administrative control, and the lines of authority for delegating responsibility down to the client/patient care level are clearly defined in writing.

The governing body/owner and all positions are identified on the organizational chart. The organizational chart shows the hierarchy of positions and their related responsibilities for each program or service the organization provides.

Evidence: Organizational Chart
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX1-7A: The organization is in compliance with all applicable federal, state, and local laws and regulations.

Interpretation: This standard requires compliance with all laws and regulations including but not limited to:

- Local and state licensure
- The Americans with Disabilities Act (ADA)
- Equal Employment Opportunity Act (EEO)
- Fair Labor Standards Act (FLSA)
- Title VI of the Civil Rights Act of 1964
- Occupational Safety and Health Administration (OSHA)
- U.S. Food and Drug Administration (FDA), if applicable
- Drug Enforcement Administration (DEA), if applicable
- Department of Transportation (DOT), if applicable
- State Department of Agriculture, if applicable
- Medicare regulations
- Medicaid regulations
- Health Insurance Portability and Accountability Act (HIPAA)
- Organization's policies and procedures
- ACHC Accreditation Process
- Other laws and regulations as applicable to the care/service provided

Copies of all required federal and state posters are placed in a prominent location for easy viewing by personnel.

Evidence: Written Policies and Procedures
Evidence: Copies of required Posters in a Prominent Location
Evidence: Observation

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX1-8A: The organization complies with accepted professional standards of practice.

Interpretation: Accepted standards of practice are utilized by the organization to guide the provision of care/service.

Evidence: Observation

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX1-9A: Organizations that provide and bill for services under the Medicare/Medicaid program will comply with the Centers for Medicare & Medicaid Services (CMS) Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier and Quality Standards.

Interpretation: The organization demonstrates knowledge of both CMS DMEPOS Supplier and Quality Standards. Compliance is demonstrated through the implementation of standards in all aspects of the day- to-day operations of the organization.

Evidence: Observation
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX

Standard DRX1-10A: The organization informs the accrediting body and other state/federal regulatory agencies, as appropriate, of negative outcomes from sanctions, regulatory inspections and/or audits.

Interpretation: Negative outcomes affecting accreditation, licensure, or Medicare/Medicaid certification are reported to ACHC within 30 days. The report includes all actions taken and plans of correction.

Incidents that are reported to ACHC include, but are not limited to:

- License suspension
- License probation; conditions/restrictions to license
- Non-compliance with Medicare/Medicaid regulations identified during survey by another regulatory body
- Revocation of Medicare/Medicaid/third-party provider number

- Any open investigation by any regulatory or governmental authority

Evidence: Governing Meeting Minutes, if applicable
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, MSP, RTS, SRX, SRXONLY

Standard DRX1-11A: The organization is in compliance with disclosure of ownership and management information.

Interpretation: The organization discloses the following information to ACHC and other appropriate state or federal agencies at time of initial application and within 30 days of any change in ownership or management:

- The name and address of all persons with an ownership or control interest of 5% or greater
- The name and address of each person who is an officer, a director, an agent, or a managing employee of the organization
- The name and business address of the corporation, association, or other company that is responsible for the management of the organization, and the name and address of the Chief Executive Officer (CEO) and the Chairman of the Board of Directors of that corporation, association, or other company responsible for management of the organization

Evidence: Observation
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX

Section 2: PROGRAM/SERVICE OPERATIONS

The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, protected health information (PHI), cultural diversity, and compliance with fraud and abuse-prevention laws.

Standard DRX2-1A: Written policies and procedures are established and implemented in regard to the organization's descriptions of care/services and how the information is distributed to personnel, clients/patients, and the community.

Interpretation: Written policies and procedures include, but are not limited to:

- Types of care/service available
- Charges or client/patient responsibility for care/service and/or products before or at time of delivery
- Eligibility criteria
- Hours of operation, including on-call availability
- Contact information and referral procedures

Written descriptions of care/services with detailed information are available. Marketing and instructional materials use lay language and provide a more general description of care/services offered.

Clients/patients will receive information about the scope of services that the organization provides. The client/patient receives this information prior to or at the time of initiating care/service with evidence documented in the client/patient record.

Evidence: Written Policies and Procedures
Evidence: Marketing Materials Including Electronic Media
Evidence: Admission/New Client/patient packet
Evidence: Client/patient Records
Evidence: Observation

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX2-2A: Written policies and procedures are established and implemented by the organization in regard to the creation and distribution of the Client/Patient Rights and Responsibilities statement. (Standard DRX2-2A is in regard to the creation and distribution of the statement of the Client/Patient Rights and Responsibilities and the ACHC standard reference next to the client/patient right is the standard that demonstrates the implementation of the client/patient right.)

Interpretation: Written policies and procedures outline the client/patient rights and responsibilities. The organization provides the client/patient with a written notice of the client's/patient's rights and responsibilities in advance of furnishing care to the client/patient or during the initial evaluation visit before the initiation of care. The policies and procedures state that if a client/patient cannot read the statement of rights and responsibilities, it is read and a copy given to the client/patient in a language the client/patient understands. For a minor or a client/patient needing assistance in understanding these rights and responsibilities, both the client/patient and the parent, legal guardian, or other responsible person are fully informed of these rights and responsibilities. If required to do so an organization will provide written information concerning its Advance Directives prior to providing care/service. Documentation of receipt and understanding of the information is signed, dated, and maintained in the client/patient record.

The written statement of Client/Patient Rights and Responsibilities includes, but is not limited to:

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care (DRX2-1A)
- Be informed, in advance both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible (DRX3-4B)
- Receive information about the scope of services that the organization will provide and specific limitations on those services (DRX2-1A)
- Participate in the development and periodic revision of the plan of care (DRX5-4A)
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented (DRX2-6A)
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable(DRX2-6A)
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality (DRX2-2B)
- Be able to identify visiting personnel members through proper identification (DRX2-2B)
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property (DRX2-3A)
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal (DRX2-4A)
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated (DRX2-4A)
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI) (DRX2-5A)
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records (DRX2-5A)

- Choose a healthcare provider, including an attending physician, if applicable (DRX2-2B)
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable (DRX2-2B)
- Be informed of any financial benefits when referred to an organization (DRX2-2B)
- Be fully informed of one's responsibilities (DRX2-2B)

When additional state or federal regulations exist regarding the client's/patient's rights, the organization's Client/Patient Rights and Responsibilities statement must include those components. The client/patient has the right to be informed and exercise their rights. If the client/patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the client/patient are exercised by the person appointed to act on the client/patient's behalf. If a state court has not adjudged a client/patient incompetent, any legal representative designated by the client/patient in accordance with state law may exercise the client/patient's rights to the extent allowed by state law.

The organization protects and promotes the exercise of these rights. The organization also develops a statement of client/patient responsibilities.

Personnel are provided training during orientation and at least annually thereafter concerning the organization's policies and procedures on the client/patient rights and responsibilities.

It is preferred that the client/patient rights and responsibilities be reviewed with the client/patient on an annual basis.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records
Evidence: Statement of Client's/Patient's Rights and Responsibilities
Evidence: Response to Interviews

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX2-2B: The organization protects and promotes exercising of the client's/patient's rights.

Interpretation: Personnel honor the client/patient right to:

- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Choose a health care provider, including an attending physician
- Receive appropriate care without discrimination in accordance with physician's orders
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

Evidence: Observation

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX2-2C: Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier Standards are distributed to each Medicare recipient of care/service provided.

Interpretation: A copy of the DMEPOS Supplier Standards or the CMS approved "notice of the Supplier Standards and where they can be found on line" must be distributed to the client/patient (for Medicare beneficiaries who are receiving equipment and/or supplies under Medicare Part B) with documentation of receipt. This evidence may be provided either by obtaining client/patient signatures or by noting in the client/patient record that the DMEPOS Supplier Standards were provided.

Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX

Standard DRX2-3A: Written policies and procedures are established and implemented by the organization for reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, sexual, and physical abuse, including injuries of unknown source and misappropriation of client/patient property by anyone furnishing services on behalf of the organization.

Interpretation: The client/patient has the right to be free of mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of client/patient property.

The organization ensures this right and investigates all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of client/patient property by anyone furnishing services on behalf of the organization. These are reported immediately to the Administrator or appropriate designee.

The organization immediately investigates all alleged violations involving anyone furnishing services on behalf of the organization and

takes action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations are conducted in accordance with established policies and procedures.

The organization takes appropriate corrective action in accordance with state law if the alleged violation is verified by the organization's administration or an outside body having jurisdiction, such as ACHC, the state survey agency, or a local law enforcement agency. The organization ensures that verified violations are reported to ACHC as well as state and local bodies having jurisdiction within five working days of becoming aware of the verified violation, unless state regulations are more stringent.

Evidence: Written Policies and Procedures
Evidence: Incident Reports/Investigation Results
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX2-4A: Written policies and procedures are established and implemented requiring that at the initiation of care the organization informs the client/patient on how to report grievances/complaints and how they are investigated and resolved.

Interpretation: The client/patient has the right to voice grievances/complaints regarding treatment or care that is (of fails to be) furnished and lack of respect of property by anyone who is furnishing care/service on behalf of the organization, and must not be subjected to discrimination or reprisal for doing so.

The organization ensures this right and investigates all grievances/complaints. Written policies and procedures include, but are not limited to:

- The appropriate person to be notified of the grievance/complaint
- Time frames for investigation activities, to include after hours
- Reporting of information
- Review and evaluation of the collected information
- Communication with the client/patient
- Documentation of all activities involved with the grievance/complaint, investigation, analysis and resolution

The organization investigates and attempts to resolve all client/patient grievances/complaints and documents the results within a time frame defined in the organization's policies and procedures.

The organization maintains records of grievances/complaints and their outcomes and submits a summary report to the governing body/ owner. This information is included in the Performance Improvement (PI) annual report.

Personnel are oriented and familiar with the client/patient grievance/complaint policies and procedures. Personnel assist in implementing the resolution process when needed.

For pharmacies that receive ACHC Community Retail Accreditation, this standard only applies to clients/patients who receive Community Retail-accredited product codes.

Evidence: Written Policies and Procedures
Evidence: Grievance/Complaint Log
Evidence: Governing Body Meeting Minutes, if applicable
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX2-4B: Within five (5) calendar days of receiving a beneficiary's complaint, a Medicare supplier shall notify the beneficiary using either oral, telephone, e-mail, fax, or letter format, that it has received the complaint and that it is investigating. Within 14 days, the supplier shall provide written notification to the beneficiary of the results of its investigation and response. The supplier shall maintain documentation of all complaints that it receives, copies of the investigations, and responses to beneficiaries.

Interpretation: The organization will maintain records of all grievances/complaints, client/patient notifications, investigations and outcomes, and report these to leadership through the Performance Improvement (PI) committee.

Evidence: Grievance/Complaint Records and/or Files
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX

Standard DRX2-4C: The organization provides the client/patient with written information concerning how to contact the organization, appropriate state agencies, and ACHC concerning grievances/complaints at the time of admission.

Interpretation: The organization provides all clients/patients with written information listing a telephone number, contact person, and the organization's process for receiving, investigating, and resolving grievances/complaints about its services/care.

When required by state regulations, the agency advises the clients/patients in writing of the telephone number for the appropriate state regulatory body's hotline, the hours of operations, and the purpose of the hotline. This may be a separate information sheet given to the client/patient or incorporated with the client/patient rights and responsibilities information. ACHC's telephone number must be provided. The ACHC phone number requirement is not applicable to an organization if this is its first ACHC survey.

Evidence: Client/Patient Records
Evidence: Admission/New Client/Patient Packet

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX2-5A: Written policies and procedures are established and implemented by the organization in regard to securing and releasing confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI).

Interpretation: The client/patient has the right to a confidential client/patient record. The organization ensures this right and follows all policies and procedures to secure client/patient information.

Confidentiality policies and procedures include, but are not limited to:

- A definition of PHI and confidential information, and the types of information that are covered by the policy, including electronic information, telephone and cell phone communications, and verbal and faxed information
- Persons/positions authorized to release PHI/EPHI and confidential information
- Conditions that warrant its release
- Persons to whom it may be released
- Signature of the client/patient or someone legally authorized to act on the client's/patient's behalf
- A description of what information the client/patient is authorizing the organization to disclose
- Securing client/patient records and identifying who has authority to review or access clinical records
- When records may be released to legal authorities
- The storage and access of records to prevent loss, destruction, or tampering of information
- The use of confidentiality/privacy statements and who is required to sign a confidentiality/privacy statement

The organization has clearly established written policies and procedures that address the areas listed above are clearly communicated to staff.

There is a signed confidentiality statement for all personnel and the governing body/owner as required in the organization's policies and procedures. Personnel and the governing body/owner abide by the confidentiality statement and the organization's policies and procedures. The organization designates an individual responsible for seeing that the confidentiality and privacy policies and procedures are adopted and followed.

The individual contacting the client/patient for the first time will provide written information and will discuss confidentiality/privacy of client/patient-specific information as included in the Client/Patient Rights and Responsibilities statement. Client/patient records contain signed release of information statements/forms when the organization bills a third-party payor or shares information with others outside the organization as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws and regulations.

In accordance with the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act, any breaches to confidentiality of client/patient PHI must be investigated and the affected individuals must be notified that their health information was breached.

Evidence: Written Policies and Procedures
Evidence: Signed Confidentiality Agreements
Evidence: Observation
Evidence: Response to Interviews
Evidence: Client/Patient Records

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX2-5C: The organization has Business Associate Agreements (BAAs) for all business associates that may have access to Protected Health Information (PHI) as required by Health Insurance Portability and Accountability Act (HIPAA) and other applicable law and regulations.

Interpretation: A copy of all BAAs will be on file at the organization for all non-covered entities as defined by HIPAA.

Examples of non-covered entities include, but are not limited to:

- A Certified Public Account (CPA) firm whose accounting services to a health care provider involves access to PHI.
- An attorney whose legal services to a health plan involve access to PHI

- A consultant who has access to PHI
- An independent medical transcriptionist who provides transcription services to a physician

A BAA is not required with persons or organizations (e.g., janitorial service or electrician) whose functions or services do not involve the use or disclosure of PHI and where any access to PHI by such persons would be incidental, if at all.

Evidence: Business Associate Agreements

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX2-6A: Written policies and procedures are established by the organization in regard to the client's/patient's rights to accept or refuse care or treatment, client/patient resuscitation, and the right to formulate an Advance Directive.

Interpretation: Clients/patients have the right to be informed of their rights under state law to formulate an Advance Directive and to refuse care or treatment after the consequences of refusing care or treatment are fully presented.

Written policies and procedures describe the client/patient rights under law to make decisions regarding medical care, including the right to accept or refuse care/service and the right to formulate an Advance Directive.

Written policies and procedures include, but are not limited to:

- Determining the existence of an Advance Directive
- Educating clients/patients and families about Advance Directives
- Facilitating Advance Directives
- Rendering of care/service in the absence or presence of an Advance Directive
- Education of personnel

Advance Directive information is provided to the client/patient prior to the initiation of care/services. The client's/patient's decision regarding an Advance Directive is documented in the client/patient record.

Client/patient care/service is not prohibited based on whether or not the individual has an Advance Directive.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: AIC, CRCS, IRN

Standard DRX2-7A: Written policies and procedures are established and implemented by the organization in regard to identification, evaluation, and discussion of ethical issues.

Interpretation: The organization provides care/service within an ethical framework that is consistent with applicable professional and regulatory bodies. Written policies and procedures address the mechanisms utilized to identify, address, and evaluate ethical issues.

Examples of forums utilized to consider and discuss ethical issues include:

- Ethics committee
- Ethics forums
- Professional expert access
- Performance Improvement (PI) committee

The organization monitors and reports all ethical issues and actions to the governing body/organizational leaders as outlined in policies and procedures.

All personnel receive training during initial orientation and annually, that includes examples of potential ethical issues and the process to follow when an ethical issue is identified.

Evidence: Written Policies and Procedures
Evidence: Governing Body Meeting Minutes, if applicable
Evidence: Response to Interviews

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX2-8A: Written policies and procedures are established and implemented by the organization in regard to the provision of care/service to clients/patients with communication or language barriers.

Interpretation: Personnel can communicate with the client/patient in the appropriate language or form understandable to the client/patient. Mechanisms are in place to assist with language and communication barriers. This may include the availability of bilingual personnel,

interpreters, or assistive technologies. Personnel can communicate with the client/patient by using special telephone devices for the deaf or other communication aids such as picture cards or written materials in the client's/patient's language.

All personnel are knowledgeable regarding the written policies and procedures for the provision of care/service to clients/patients with communication barriers.

Evidence: Written Policies and Procedures
Evidence: Observation
Evidence: Response to Interviews

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX2-8B: Written policies and procedures are established and implemented for the provision of care/service to clients/patients from various cultural backgrounds, beliefs, and religions.

Interpretation: Written policies and procedures describe the mechanism the organization utilizes to provide care for clients/patients of different cultural backgrounds, beliefs, and religions. The policies and procedures also describe any actions expected for personnel providing care to clients/patients who have different cultural backgrounds, beliefs, and religions.

Different cultural backgrounds, beliefs, and religions impact the client's/patient's lifestyles, habits, and view of health, healing and illness. Personnel identify differences in their own beliefs and the client's/patient's beliefs and find ways to support the client/patient. Personnel make efforts to understand how the clients'/patients' cultural beliefs impact their perception of their illness

All personnel are provided with annual education and resources to increase their cultural awareness of the clients/patients they serve.

Evidence: Written Policies and Procedures
Evidence: Observation

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX2-9A: Written policies and procedures are established and implemented by the organization in regard to a Compliance Program aimed at preventing fraud and abuse.

Interpretation: The organization has an established Compliance Program that provides guidance for the prevention of fraud and abuse. The Compliance Program identifies and discusses numerous compliance risk areas particularly susceptible to fraud and abuse.

The Compliance Program details actions the organization takes to prevent violations of fraud and abuse. The guidelines include, but are not limited to:

- Implementing written policies and procedures and standards of conduct
- Designating a Compliance Officer (as defined in a job description) and Compliance Committee
- Conducting effective training and education programs
- Developing open lines of communication between the Compliance Officer and/or Compliance Committee and organization personnel for receiving complaints and protecting callers from retaliation
- Performing internal audits to monitor compliance
- Establishing and publicizing disciplinary guidelines for failing to comply with the policies and procedures, applicable statutes, and regulations
- Promptly responding to detected offenses through corrective action

Evidence: Written Policies and Procedures
Evidence: Performance Improvement Activities
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX2-10D: Infusion Nursing (IRN) services are provided according to the client/patient's plan of care with access available 24 hours a day, 7 days a week.

Interpretation: The organization provides IRN services 24 hours a day, 7 days a week as necessary to meet client/patient needs. An on-call system is used to provide this coverage during evenings, nights, weekends, and holidays.

Evidence: On-Call Schedule

Services applicable: IRN

Section 3: FISCAL MANAGEMENT

The standards in this section apply to the financial operations of the company. These standards will address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

Standard DRX3-1A: The organization's annual budget is developed in collaboration with management and personnel and under the direction of the governing body/owner.

Interpretation: There is an annual operating budget that includes all anticipated income and expenses related to items that would, under generally accepted accounting principles, be considered income and expense items. However, it is not required that an item-by-item identification of the components of each type of anticipated income or expense be prepared in connection with any budget.

The organization has a budget that includes projected revenue and expenses for all programs and care/services it provides. The budget is reflective of the organization's care/service and programs.

The organization's leaders and the individuals in charge of the day-to-day program operations are involved in developing the budget and in planning and review of periodic comparisons of actual and projected expenses and revenues for the care/service.

The budget is reviewed and updated at least annually by the governing body/owner and the organization's leadership personnel.

Evidence: Current Annual Budget
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX3-2A: The organization implements financial practices that ensure accurate accounting and billing.

Interpretation: These practices include, but are not limited to:

- Receipt and tracking of revenue
- Billing of clients/patients and third-party payors
- Notifying the client/patient of changes in reimbursement from third-party payors
- Collection of accounts
- Reconciling of accounts
- Extension of credit, if applicable
- Financial hardship, if applicable
- Defining consequences of non-payment; if applicable
- Assignment of revenue to the appropriate program
- Retaining of financial records per applicable laws and regulations

Evidence: Observation

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX3-4A: The organization develops care/service rates and has method(s) for conveying charges to the client/patient, the public, and referral sources.

Interpretation: Current charges for care/services are available for reference by personnel when conveying information to the client/patient, public, and referral sources.

Personnel responsible for conveying charges are oriented and provided with education concerning the conveying of charges.

Evidence: List of Care/Services with Corresponding Charges
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX3-4B: The client/patient is advised orally and in writing of the charges for care/service at, or prior to the receipt of care/services. The client/patient also has the right to be informed of changes in payment information as soon as possible but no later than 30 days after the agency becomes aware of the change. Clients/patients who are eligible for Medicare or Medicaid are informed when Medicare/Medicaid assignment is or is not accepted.

Interpretation: The client/patient will be provided written information concerning the charges for care/service at or prior to the receipt of care/service. Client/patient records contain written documentation that the client/patient was informed of the charges, the expected reimbursement for third-party payors, and the client's/patient's financial responsibility.

Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX

Standard DRX3-5A: Financial hardship forms are completed if the client/patient is unable to pay.

Interpretation: Financial hardship forms are completed on all clients/patients if they are unable to pay for the equipment, supplies, drugs (if applicable), or care/services that have been provided. The completion of these forms is coordinated between the organization and the client/patient when needed.

Evidence: Client/Patient Records

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX

Standard DRX3-6A: The organization ensures proper billing procedures; this would include any prescription, documentation, or other requirements specified by the payor.

Interpretation: Documentation demonstrates compliance with Medicare, Medicaid, and/or third-party payor requirements specific to the equipment and/or service provided.

For Specialty pharmacy organizations, electronic claims comply with the National Council for Prescription Drug Program (NCPDP) standard transactions.

Evidence: Client/Patient Records or other documentation
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Section 4: HUMAN RESOURCE MANAGEMENT

The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contract personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records including skill assessments and competencies.

Standard DRX4-1A: Written policies and procedures are established and implemented that describe the procedures to be used in the management of personnel files and confidential personnel records.

Interpretation: The written policies and procedures include, but are not limited to:

- Positions having access to personnel files
- Proper storage
- The required contents
- Procedures to follow for employees who wish to review their personnel file
- Time frames for retention of personnel files

The organization has all of its employees' personnel records available for inspection by federal, state, regulatory, and accreditation agencies.

Evidence: Written Policies and Procedures
Evidence: Personnel Files
Evidence: Observation

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX4-1B: Prior to or at the time of hire, all personnel will complete the appropriate documentation.

Interpretation: Prior to or at the time of hire all personnel complete the appropriate documentation that includes, but is not limited to:

- Position application
- Dated and signed withholding statements
- Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)

Evidence: Personnel Files

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX4-1C: All personnel files at a minimum contain evidence of the following items. (Informational Standard Only)

Interpretation: Please refer to the standard listed for a detailed description of these requirements.

Description:	Standard:
Position application	DRX4-1B
Dated and signed Withholding Statements	DRX4-1B
Form I-9 (employee eligibility verification which confirms citizenship or legal authorization to work in the United States)	DRX4-1B
Personnel credentialing	DRX4-2B, DRX4-5A(RTS), DRX1-7E(Fitter), DRX4-5D(CRCS), DRX4-5E (HME), DRX4-5C(HME/Fitter),
Tuberculosis (TB) Screening	DRX4-2C
Hepatitis B vaccination	DRX4-2D
Job description	DRX4-2E
Motor vehicle license, if applicable	DRX4-2F
Criminal background check	DRX4-2H
National sex offender	DRX4-2H
Office of Inspector General (OIG) exclusion list	DRX4-2H
Personnel policies review or employee handbook	DRX4-2I
Annual performance evaluation	DRX4-2J
Verification of qualifications	DRX4-13B(IRN), DRX4-14B(AIC, IRN, IRX, SRX, SRXONLY)
Orientation	DRX4-6A
Confidentiality agreement	DRX2-5A
Competency assessments	DRX4-7A
Annual evaluation of job duties	DRX4-7A

- Personnel includes, but is not limited to: support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory personnel, contract personnel, and volunteers
- For contract staff the organization must have access to all of the above items, except position application, withholding statements, I-9 and personnel handbook. The remainder of items must be available for review during survey but do not need to be kept on site

AIC - Ambulatory Infusion Center
CRCS - Clinical Respiratory Care Services
CRTL- Community Retail
CRDS – Community Retail with Fitter Services
Fitter - Fitter services
HME - Home Medical Equipment
IRN - Infusion Nursing
IRX - Infusion Pharmacy
RTS – Complex Rehabilitation and Assistive Technology Supplier
SRX - Specialty Pharmacy
SRXONLY - Specialty Pharmacy with no DMEPOS

Evidence: None Required/Informational Standard

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX4-2B: Personnel are qualified for the positions they hold by meeting the education, training, and experience requirements defined by the organization. Personnel credentialing activities are conducted at the time of hire and upon renewal to verify qualifications of all personnel.

Interpretation: Personnel hired for specific positions within the organization meet the minimum qualifications for those positions in accordance with the organization's policies and procedures and job descriptions.

Education, training, and experience are verified prior to employment. This can be accomplished by obtaining copies of resumes, applications, references, diplomas, licenses, certificates, and workshop attendance records.

All clinical professionals who furnish services directly, under an individual contract, or under arrangements with an organization must be legally authorized (i.e., licensed, certified, or registered) in accordance with applicable federal, state, and local laws and must act only within the scope of their state license, state certification, or registration. All personnel qualifications must be kept current at all times.

The personnel file or other personnel records contain validation that credentialing information is obtained at time of hire and in accordance with specific state practice act requirements.

Credentialing information includes a procedure for the review of professional occupational licensure, certification, registration or other training as required by state boards and/or professional associations for continued credentialing.

Credentials are verified through the appropriate licensing or credentialing organizations.

For pharmacies that receive ACHC Community Retail Accreditation, this standard only applies to clients/patients who receive Community Retail-accredited product codes.

Evidence: Personnel Files

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX4-2C: Written policies and procedures are established and implemented in regard to all direct care personnel having an initial Tuberculosis (TB) testing and the organization's need to conduct an annual TB risk assessment.

Interpretation: Upon hire Tuberculosis testing is performed on all direct care personnel. The testing could be a skin or blood test. The annual risk assessment is used to determine the need, type, and frequency of screening/testing for direct care personnel.

Evidence: Written Policies and Procedures
Evidence: Personnel Files or other Confidential Employee Records

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, RTS, SRX, SRXONLY

Standard DRX4-2D: Written policies and procedures are established and implemented that describe the process for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in federal Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) standards.

Interpretation: The Hepatitis B vaccination program and post-vaccination antibody titer are performed in accordance with CDC and OSHA guidelines. Personnel sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.

The following are circumstances under which an organization is exempted from making the vaccination available:

- The complete Hepatitis B vaccination series was previously received
- Antibody testing shows the employee to be immune
- The vaccine cannot be given to the individual for medical reasons or the individual cannot receive antibody testing

Evidence: Written Policies and Procedures
Evidence: Personnel Files or other Confidential Employee Records

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, RTS, SRX, SRXONLY

Standard DRX4-2E: There is a job description for each position within the organization that is consistent with the organizational chart with respect to function and reporting responsibilities.

Interpretation: The job description lists:

- Job duties
- Reporting responsibilities
- Minimum job qualifications, experience, education, and training
- Requirements for the job
- Physical and environmental requirements with or without reasonable accommodation

The organization's job descriptions are consistent with the organizational chart with respect to function and reporting responsibilities. Review of the job description with personnel is conducted as part of the orientation process and whenever the job description changes. There is documentation of receipt of the job description at orientation and whenever the job description changes. (e.g., signed job description, orientation check list, or electronic verification)

For pharmacies that receive ACHC Community Retail Accreditation, this standard only applies to clients/patients who receive Community Retail-accredited product codes.

Evidence: Job Descriptions
Evidence: Personnel Files
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX4-2F: Organizations that use motor vehicles that require a special class of driver's license, such as a Commercial Driver's License (CDL) verify through a Motor Vehicle Records (MVRs) check that the employee has a valid license at time of hire and annually.

Interpretation: There is evidence that all personnel required to have a CDL or other specialized driver's license has an MVR check through the state department of motor vehicles or other state-recognized site at time of hire and annually.

Evidence: Personnel Files

Services applicable: CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX

Standard DRX4-2H: Written policies and procedures are established and implemented in regard to background checks being completed on personnel who have direct client/patient care and/or access to client/patient records. Background checks include: Office of Inspector General (OIG) exclusion list, criminal background record, and national sex offender registry.

Interpretation: The organization obtains a criminal background check, OIG exclusion list check, and national sex offender registry check on all organization employees who have direct client/patient contact. Organization contracts require that all contracted entities obtain criminal background check, OIG exclusion list check, and national sex offender registry check on contracted employees who have direct client/patient contact.

The organization obtains a criminal background check and OIG exclusion list check on all organization employees who have access to client/patient records. Organization contracts require that all contracted entities obtain criminal background checks and OIG exclusion list check on contracted employees who have access to client/patient records.

Criminal background checks are obtained in accordance with state requirements. In the absence of state requirements, criminal

background checks are to be obtained within three months of the date of employment for all states where that individual has lived or worked in the past three years.

It is preferred that the organization recheck criminal background history and the sex offender registry on all personnel who provide direct client/patient care/service at least every three years.

The organization has policies and procedures regarding special circumstances, if any, for hiring a person convicted of a crime. The policies and procedures include, but are not limited to:

- Documentation of special considerations
- Restrictions
- Additional supervision

The OIG exclusion list check applies to organizations that accept federal reimbursement dollars, but should preferably be performed for all organizations.

Evidence: Written Policies and Procedures
Evidence: Personnel Files

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX4-2I: Written personnel policies and procedures and/or an employee handbook are established and implemented describing the activities related to personnel management.

Interpretation: Information in the personnel policies and procedures and/or employee handbook includes, but is not limited to:

- Wages
- Benefits
- Complaints and grievances
- Recruitment, hiring, and retention of personnel
- Disciplinary action/termination of employment
- Professional boundaries and conflict of interest
- Performance expectations and evaluations

The personnel policies and procedures and/or employee handbook are reviewed at least annually, updated as needed, and are in accordance with applicable laws and regulations. Personnel policies and procedures show evidence of non-discriminatory practices.

Wages
Information is available on overtime, on-call, holiday pay, and exempt versus non-exempt status.

Benefits
An explanation of benefits is shared with all eligible personnel. Organizations that provide no benefits to some categories of personnel communicate this fact in writing to affected personnel. For example, the contract/agreement with personnel who are utilized on an "as needed" basis may address that benefits are not available to persons employed in that classification.

Complaints and Grievances
Written grievance information addresses options available to personnel who have work-related complaints, including steps involved in the grievance process.

Recruitment, Hiring and Retention of Personnel
The organization has written policies and procedures on recruitment, hiring, and retention of personnel that demonstrate non-discriminatory practices.

Disciplinary Action and Termination of Employment
Disciplinary action and termination of employment policies and procedures define time frames for probationary actions, conditions warranting termination, steps in the termination process, and the appeal process.

Professional Boundaries
Written policies and procedures are established and implemented that define professional boundaries.

Conflicts of Interest
Written policies and procedures are established and implemented that define a conflict of interest.

Performance Expectations and Evaluations
The organization's policies and procedures outline general performance expectations of all personnel (e.g., dress code, and professional conduct), along with the schedule for performance evaluations.

Written documentation is kept verifying that the employee has reviewed and has access to personnel policies and procedures.

For pharmacies that receive ACHC Community Retail Accreditation, this standard only applies to clients/patients who receive Community Retail-accredited product codes.

Evidence: Written Policies and Procedures and/or Employee Handbook
Evidence: Personnel Files
Evidence: Observation

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX4-2J: Written policies and procedures are established and implemented in regard to written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.

Interpretation: Written policies and procedures are established and implemented addressing individual performance evaluations for all personnel. These policies and procedures describe how performance evaluations are conducted, who conducts them, and when they are to be conducted. The policies and procedures also identify any deviations to their policy.

Personnel evaluations are completed, shared, reviewed, and signed by the supervisor and employee no less frequently than every 12 months.

For pharmacies that receive ACHC Community Retail Accreditation, this standard only applies to clients/patients who receive Community Retail-accredited product codes.

Evidence: Written Policies and Procedures
Evidence: Personnel Files
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX4-6A: Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation.

Interpretation: The orientation policies and procedures include, but are not limited to:

- Review of the individual's job description, duties performed, and the individual's role in the organization
- Organizational chart
- Record keeping and reporting
- Confidentiality and privacy of Protected Health Information (PHI)
- Client's/patient's rights
- Advance Directives, if applicable to the service(s) provided
- Conflict of interest
- Written policies and procedures
- Emergency plan
- Training specific to job requirements
- Additional training for special populations, if applicable (e.g., nursing homes, pediatrics, or disease processes with specialized care)
- Cultural diversity
- Communication barriers
- Ethical issues
- Professional boundaries
- Performance Improvement (PI) Plan
- Compliance Program
- Conveying of charges for care/service
- Occupational Safety and Health Administration (OSHA) requirements, safety, and infection control
- Orientation to equipment, if applicable as outlined in job description
- Incident/variance reporting
- Handling of client/patient complaints/grievances
- ACHC Accreditation Standards

The organization creates and completes a checklist or other methods to verify that the topics have been reviewed with all personnel.

For pharmacies that receive ACHC Community Retail Accreditation, this standard only applies to clients/patients who receive Community Retail-accredited product codes.

Evidence: Written Policies and Procedures
Evidence: Personnel Files
Evidence: Response to Interviews
Evidence: Observation

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX4-7A: Written policies and procedures are established and implemented requiring the organization to design a competency assessment program on the care/service provided for all personnel who set up, train and/or educate the use of medications, equipment, and/or supplies.

Interpretation: The organization designs and implements a competency assessment program based on the care/service provided for all personnel who set up, train and/or educate the use of medications, equipment, and/or supplies. Competency assessment is an ongoing process and focuses on the primary care/service being provided and is conducted initially during orientation, prior to providing a new task, and annually thereafter. Validation of skills is specific to the employee's role and job responsibilities.

Policies and procedures for determining that personnel who set up, train and/or educate the use of medications, equipment, and/or supplies are competent to provide quality care/service are in place and may be accomplished through observation, supervisory visits, knowledge-based tests, and self-assessment. All competency assessments and training are documented. A self-assessment tool alone is not acceptable. Peer review of clinical personnel competency by like disciplines is acceptable if defined by the organization. There is a plan in place for addressing performance and education of personnel when they do not meet competency requirements.

For pharmacies that receive ACHC Community Retail Accreditation, this standard only applies to personnel who provide Community Retail-accredited product codes.

Evidence: Written Policies and Procedures
Evidence: Competency Assessment
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, MSP, RTS, SRX, SRXONLY

Standard DRX4-8A: A written education plan is developed and implemented that defines the content, frequency of evaluations, and amount of on-going in-service training for each classification of personnel.

Interpretation: The education plan includes training provided during orientation as well as ongoing in-service education. Organizations provide this training directly or arrange for personnel to attend sessions offered by outside sources.

The ongoing in-service education plan is a written document that outlines the education to be offered for personnel throughout the year. The plan is based on a reliable and valid assessment of needs relevant to individual job responsibilities. Education activities also include a variety of methods for providing personnel with current relevant information to assist with their learning needs. These methods include provision of journals, reference materials, books, internet learning, in-house lectures, and demonstrations, and access to external learning opportunities.

The organization has an ongoing education plan that annually addresses, but is not limited to:

- Emergency/disaster training
- How to handle grievances/complaints
- Infection control training
- Cultural diversity
- Communication barriers
- Ethics training
- Workplace (Occupational Safety and Health Administration [OSHA]), client/patient safety, and components of DRX7-2A
- Client/patient rights and responsibilities
- Compliance Program

There is written documentation confirming attendance at on-going education programs.

For pharmacies that receive ACHC Community Retail Accreditation, this standard only applies to clients/patients who receive Community Retail-accredited product codes.

Evidence: Written Policies and Procedures
Evidence: Response to Interviews
Evidence: Training/In-service Logs

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX4-9C: Supervision is available during all hours that care/service is provided.

Interpretation: There is administrative and clinical supervision of personnel in all care/service areas provided 24 hours per day, 7 days a week, as applicable. Supervision is consistent with state laws and regulations.

Evidence: Observation
Evidence: On-Call Schedules, if applicable
Evidence: Response to Interviews

Services applicable: AIC, CRCS, IRN, IRX, SRX, SRXONLY

Standard DRX4-11C: An organization that uses outside personnel to provide care/services on behalf of the organization has a written contract/agreement for care/services which is kept on file within the organization.

Interpretation: Arranged care/services are supported by written agreements that require that all care/services are:

- Authorized by the organization
- Furnished in a safe and effective manner by qualified personnel

Organizations that utilize personnel on an hourly or per visit basis have a written contract/agreement that includes, but is not limited to:

- The care/services to be furnished
- Compliance with organizational policies and procedures, including personnel qualifications, orientation, competencies, and required background checks
- Responsibilities of each party
- The manner in which care/services will be controlled, coordinated, and evaluated by the primary organization
- The procedures for submitting documentation
- Procedures for the payment, including the amount, for care/services furnished under the contract
- Duration of contract/agreement
- Overall responsibility for supervision of personnel
- Other applicable laws and regulations

In addition, the organization maintains current copies of professional liability insurance certificates for all contract personnel providing direct care/service and/or other organizations providing shared responsibility for care/service.

The organization has an established process to review and renew contract/agreements as required by the contract.

Evidence: Written Contracts/Agreements
Evidence: Professional Liability Insurance Certificates

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX4-12A: A Registered Nurse (RN) or Pharmacist is responsible for supervision of all Infusion Nursing (IRN) services.

Interpretation: All IRN services must be provided under the direction of an RN with infusion nursing services training and education or a licensed and experienced Pharmacist with access to infusion nursing practice consultation.

Evidence: Personnel Files
Evidence: Observation

Services applicable: IRN

Standard DRX4-13A: Infusion Nursing (IRN) services are provided by a qualified Registered Nurse (RN), or a Licensed Practical Nurse (LPN) and/or Licensed Vocational Nurse (LVN) supervised by an RN in accordance with the state's Nurse Practice Act and and/or job descriptions.

Interpretation: RNs, LPNs and LVNs function in accordance with professional standards, the state's Nurse Practice Act and according to the organization's policies and procedures and/or job descriptions.

Accepted standards of practice for Infusion Nursing providers are typically developed by government agencies, professional organizations and associations. Examples include, but are not limited to,

- American Society for Parenteral and Enteral Nutrition (ASPEN)
- Intravenous Nursing Society (INS)
- Oncology Nursing Society (ONS)

The RN supervises the care provided by the LPN/LVN. There is a process for assessing LPN/LVN practice and a method for ensuring that client/patient care needs are met.

Supervision includes:

- Client/patient record reviews
- Case conferences
- A visit to the client's/patient's home by the RN, with or without the LPN/LVN present, at least every 60 days, unless state laws requires more frequently

Current copies of applicable rules and regulations, the state's Nurse Practice Act, and professional practice standards are available to nursing personnel.

Evidence: Observation
Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: IRN

Standard DRX4-13B: Written policies and procedures are established and implemented relating to special education, experience, or certification requirements for nursing personnel to administer pharmaceuticals and/or perform special treatments.

Interpretation: Written policies and procedures define any special education, experience, or licensure/certification requirements necessary for nursing personnel to administer pharmaceuticals and/or perform special treatments.

Personnel files contain documentation of completion of all special education, experience, or licensure/certification requirements. Qualifications may vary based upon state's Board of Nursing requirements for Licensed Practical Nurses (LPNS) and Registered Nurses (RNs).

Evidence: Written Policies and Procedures
Evidence: Personnel Files

Services applicable: IRN

Standard DRX4-14A: All Pharmacy services are provided by qualified personnel and administered in accordance with each state board of pharmacy rules and regulations, and the organization's policies and procedures and job descriptions, for states into which medications are dispensed.

Interpretation: Pharmacists and pharmacy technicians function in accordance with the organization's policies and procedures and job descriptions, accepted ethical and professional practice standards, and in accordance with all applicable federal, state and local laws and guidelines set by the board of pharmacy.

If medications are dispensed in other states, the Pharmacist has the appropriate license for those states that require non-resident Pharmacists to be licensed. Current copies of applicable rules and regulations are available.

Evidence: Personnel Records

Services applicable: AIC, IRN, IRX, SRX, SRXONLY

Standard DRX4-14C: Written policies and procedures are established and implemented in regard to a Registered Pharmacist supervising pharmacy technicians in accordance with the organization's policies and procedures and the state board of pharmacy rules and regulations.

Interpretation: The pharmacy follows the state board of pharmacy regulations and the organization's policies and procedures that demonstrate supervision of services provided by pharmacy technicians.

Written policies and procedures identify the method and frequency for assessing pharmacy technicians by the Registered Pharmacist to ensure that care/services are provided appropriately.

Evidence: Written Policies and Procedures
Evidence: Personnel Files

Services applicable: AIC, IRN, IRX, SRX, SRXONLY

Section 5: PROVISION OF CARE AND RECORD MANAGEMENT

The standards in this section apply to documentation and requirements for the service recipient/client/patient record. These standards also address the specifics surrounding the operational aspects of care/services provided.

Standard DRX5-1A: Written policies and procedures are established and implemented relating to the required content of the client/patient record. An accurate record is maintained for each client/patient.

Interpretation: Written policies and procedures define the required content of the client/patient record. The content includes, but is not limited to:

- Identification data
- Names of family/legal guardian/emergency contact
- Name of primary caregiver(s)
- Source of referral
- Name of physician responsible for care
- Diagnosis
- Physician's orders
- Signed release of information and other documents for Protected Health Information (PHI)
- Admission and informed consent documents
- Assessment of the home, if applicable
- Initial assessments
- Ongoing assessments, if applicable
- Signed notice of receipt of Client/Patient Rights and Responsibilities statement
- Notice of receipt of the Medicare DMEPOS Supplier Standards, if applicable

It is preferred that the organization has written policies and procedures and a mechanism to maintain all client/patient records in an electronic format. The electronic medical record (EMR) is in compliance with federal and state EMR requirements.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Record

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX5-1B: Written policies and procedures are established and implemented relating to the required contents of client/patient records for clinical respiratory and pharmacy services.

Interpretation: Written policies and procedures define the required content of the client/patient record.

The content includes, but is not limited to:

- Physician's orders that include medications, dietary, treatment and activity orders (as appropriate to the level of care/service the client/patient is receiving)
- Advance Directives, if applicable
- Admission and discharge dates from a hospital or other institution, if applicable
- Names of power of attorney and/or healthcare power of attorney, if applicable
- Evidence of coordination of care/service provided by the organization with others who may be providing care/service, if applicable
- Signed and dated clinical and progress notes
- Copies of summary reports sent to physicians, if applicable
- Client/patient/family response to care/service provided
- A discharge summary, if applicable
- Initial plan of care
- Updated plan of care

Evidence: Written Policies and Procedures
Evidence: Client/Patient Record
Evidence: Responses to Interview

Services applicable: AIC, CRCS, CRSRX, IRN, IRX, SRX, SRXONLY

Standard DRX5-1C: Written policies and procedures are established and implemented that address access, storage, removal, retention and destruction of client/patient records and information.

Interpretation: Written policies and procedures are consistent with Health Insurance Portability and Accountability Act (HIPAA) standards that include, but are not limited to:

- Who can have access to client/patient records
- Personnel authorized to enter information and review the records
- Any circumstances and the procedure to be followed to remove client/patient records from the premises or designated electronic storage areas
- A description of the protection and access of computerized records and information
- Back-up procedures, that include, but are not limited to:
    - Electronic transmission procedures
    - Storage of back-up disks and tapes
    - Methods to replace information if necessary
- Conditions for release of information

All active client/patient records are kept in a secure location. Current electronic client/patient records are stored in an appropriate secure manner to maintain the integrity of the client/patient data through routine back-ups on or offsite. Client/patient record information is safeguarded against loss or unauthorized use. An organization has written consent from the client/patient to release information not authorized by law.

All client/patient records are retained for a minimum of seven years from the date of the most recent discharge, the death of the client/patient, or per state law. Records of minor clients/patients are retained until at least seven years following the client's/patient's eighteenth birthday or according to state laws and regulations. The organization's policies and procedures provide retention requirements even if the organization discontinues operations.

The organization has specific written policies and procedures delineating how to destroy client/patient records. The destruction of client/patient records delegated to an outside commercial entity is covered by a written contract and Business Associates Agreement (BAA) to protect all Protected Health Information (PHI).

Portions of client/patient records may be copied and removed from the premises to ensure that appropriate personnel have information readily accessible to enable them to provide the appropriate level of care.

The organization has specific written policies and procedures delineating how these copies will be transported and stored to preserve confidentiality of information.

The client/patient record, whether in hard copy or electronic form, is made readily available on request by an appropriate authority.

Evidence: Written Policies and Procedures
Evidence: Observation

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX5-1D: Client/patient records contain documentation of all care/services provided. All entries are legible, clear, complete, and appropriately authenticated and dated in accordance with accepted standards of practice.

Interpretation: The client/patient record contains documentation of all care/service provided, directly or by contract, and has entries dated and signed by the appropriate personnel. Each home visit, treatment, or care/service is documented in the client/patient record and signed by the individual who provided the care/service. Signatures are legible, legal, and include the proper designation of any credentials.

Stamped physician or clinical personnel signatures on orders, treatments, or other documents that are part of the client's/patient's record are not accepted.

Evidence: Client/Patient Records

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX5-2A: Written policies and procedures are established that describe the process for evaluation/assessment and the plan of care for Pharmacy services.

Interpretation: Written policies and procedures describe the process for a client/patient evaluation/assessment, the development of the plan of care and the frequency and process for the plan of care review. A Registered Nurse (RN), Pharmacist or qualified professional, per state licensure rules or regulations, conducts an initial evaluation assessment to determine eligibility, care, and support needs of the client/patient. The plan of care should be appropriate for the type of care/service that is needed. Care planning is directed toward driving positive client/patient outcomes.

Evidence: Written Policies and Procedures

Services applicable: AIC, IRN, IRX, SRX, SRXONLY

Standard DRX5-2B: All clients/patients receive an evaluation/assessment of their needs prior to initiation of Pharmacy services.

Interpretation: A Pharmacist, Registered Nurse (RN) or other qualified professional, per state licensure rules or regulations, conducts an initial evaluation/assessment to determine eligibility, care, and support needs of the client/patient. The evaluation/assessment should be appropriate for the type of care/service that is needed. The evaluation/assessment is documented whether services continue or not.

The evaluation/assessment includes, but is not limited to:

Client/patient information:
- Client/patient demographics

Physical health component:
- Appropriateness of in-home therapy, if applicable
- Identification of health problems
- Review of medications
- Dosing
- Frequency
- Method
- Special dietary requirements
- Other needed information that could impact the level of care/services required to meet the client's/patient's needs
- Principle diagnosis and other pertinent diagnoses
- Allergies

The social component:
- Identification of the responsible party
- An emergency contact

The environmental component:
- Identification of safety or health hazards
- Presence of adequate living arrangements
- Home environmental assessments including the potential for safety and security hazards (i.e., throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire risks).

The economic component:
- A review of the financial resources available to pay for the services/care provided

Functional limitations:
- Documentation of all functional limitations

The mental component:
- Orientation/memory
- Reasoning/judgment

Evidence: Client/Patient Record
Evidence: Observation

Services applicable: AIC, IRN, IRX, SRX, SRXONLY

Standard DRX5-2C: There is a written plan of care for each client/patient accepted for Pharmacy Services.

Interpretation: The plan of care is developed during the initial evaluation/assessment conducted by a Pharmacist, Registered Nurse (RN) or other qualified professional, per state licensure rules or regulations. Care planning is directed toward driving positive client/patient outcomes.

The initial plan of care includes, but is not limited to:

- Start of care date
- Client/patient demographics
- Principle diagnosis and other pertinent diagnoses
- Problems/needs
- Medications: dose/frequency/route
- Allergies
- Orders for specific clinical services, treatments, and procedures (specify amount/frequency/duration)
- Equipment and supplies
- Expected client/patient outcomes/goals
- Interventions
- Monitoring
- Functional limitations (if applicable)
- Diet and nutritional needs (if applicable)

- Safety measures (if applicable)

Care planning is directed toward driving positive client/patient outcomes by identifying the client's/patient's needs, interventions, and treatments/orders.

Physician's orders are needed to provide any care/services requiring the administration of medication, treatment(s), on-going assessments, or other activities governed by state law.

Evidence: Client/Patient Record

Services applicable: AIC, IRN, IRX, SRX, SRXONLY

Standard DRX5-2G: Services are delivered in accordance with the written plan of care.

Interpretation: The client/patient record reflects that the care/services are delivered in accordance with the plan of care and directed at achievement of established goals. The documentation also shows effective communication and coordination between all personnel and other healthcare professionals involved in a client's/patient's care.

Evidence: Client/Patient Records

Services applicable: AIC, CRCS, IRN, IRX, SRX, SRXONLY

Standard DRX5-2I: For pharmacy services, there is evidence that the plan of care is reviewed.

Interpretation: There is documentation in the client/patient record that reflects the plan of care is reviewed prior to dispensing medication and based on therapy protocols for:

- Appropriateness (care being provided is still needed)
- Effectiveness (client/patient outcomes/response to care)
- Determining if all needed care/services are being provided
- Change in client's/patient's condition

Included in this review is a discussion with the client/patient to determine the level of satisfaction with the care/services provided. Notation of a review may be made in the client/patient record and/or in meeting minutes (team meetings or case conferences).

The organization follows program policies and procedures and any applicable laws and rules for the frequency of the plan of care review. Review of the plan of care can occur more frequently if indicated by the client's/patient's needs.

The plan of care should be reviewed:

- Prior to dispensing medication and based on therapy protocols
- When there are changes in client's/patient's response to therapy
- When physician's orders change
- At the request of client/patient
- As defined in the organization's policies and procedures

Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: AIC, CRSRX, IRN, IRX, SRX, SRXONLY

Standard DRX5-4A: The organization shows evidence of the client/patient participation in the plan of care/service.

Interpretation: The client/patient has a right to be involved in the development of the plan of care/service and any changes in that plan. The degree of involvement may vary depending on the status of the client/patient. At a minimum, the client/patient agrees to the plan of care/service prior to the beginning of services and as subsequent changes occur.

Methods used to document the clients/patients participation include, but are not limited to:

- The plan of care/service may be signed by the client/patient
- A notation may be made in the client/patient record that the client/patient participated in the development of the plan of care/service

There may be documentation in the client/patient record that the plan of care/service was reviewed and accepted by the client/patient.

Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX5-4B: There is evidence of changes in the plan of care based on reassessment data.

Interpretation: Changes are noted on the plan of care and/or in the progress notes based on:

- Client's/patient's requests
- Client's/patient's condition
- Client's/patient's response to therapy
- When physician's orders indicate changes

There is evidence of communication to the physician regarding the client's/patient's condition. If new or revised client/patient or treatment goals are indicated, they must be reflected in a revised plan of care. Revised plans of care shall be approved by the client's/patient's physician.

Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRSRX, IRN, IRX, SRX, SRXONLY

Standard DRX5-5A: Written policies and procedures are established and implemented that describe the process for client/ patient education.

Interpretation: Written policies and procedures describe client/patient education. The policies and procedures include, but are not limited to:

- Treatment and disease management education
- Proper use, safety hazards, and infection control issues related to the use and maintenance of any equipment provided
- Plan of care
- How to notify the company of problems, concerns, and complaints
- Emergency preparedness information

Written and verbal instructions are provided to the client/patient regarding the safe use and care of any equipment/supplies provided. Receipt of instructions must be documented in the client/patient record.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: AIC, CRSRX, IRN, IRX, SRX, SRXONLY

Standard DRX5-5E: Client/patient and/or caregiver education focus on goal and outcome achievement as established in the plan of care.

Interpretation: Client/patient education is an integral part of services provided. Assessment of the client/patient knowledge deficits and learning abilities are evaluated during the initiation of care/services.

Client/patient education/instruction proceeds in accordance with the client's/patient's willingness and ability to learn.

The client/patient record must indicate education to the client/patient about appropriate actions to take if a medication or treatment reaction occurs when a healthcare professional is not present.

The client/patient record includes documentation of all teaching, client's/patient's response to teaching, and the client's/patient's level of progress/achievement of goals/outcomes. Written instructions, if applicable, are provided to the client/patient.

Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, RTS, SRX, SRXONLY

Standard DRX5-6A: Written policies and procedures are established and implemented for the use of infusion supplies in the provision of care to the client/patient.

Interpretation: Written policies and procedures include, but are not limited to:

- Storage and transportation of supplies used to provide Infusion Nursing (IRN) services

- Requirements for dispensing of any disposable supply used in the provision of care including cleaning requirements
- Manufacturer's recalls

The IRN services personnel implement the policies and procedures for the use of infusion supplies in the provision of care to the client/patient. All supplies dispensed are documented.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records
Evidence: Observation
Evidence: Responses to Interviews

Services applicable: IRN

Standard DRX5-7C: A Registered Nurse (RN) or Registered Pharmacist reviews all client/patient medications, both prescription and non-prescription, on an ongoing basis as part of the care/services to a client/patient.

Interpretation: An RN or Registered Pharmacist reviews all of the client's/patient's prescription medication, over-the-counter drugs, herbal remedies, and other alternative treatments that could affect drug therapy on an ongoing basis.

Qualified personnel review and are accountable for evaluating the following, which includes, but is not limited to:

- Effectiveness of drug therapy
- Drug side effects
- Immediate desired effects
- Unusual and unexpected effects
- Actual or potential drug interactions
- Duplicate drug therapy
- Non-adherence to drug therapy
- Allergic reactions
- Changes in the client's/patient's condition that contraindicates continued administration of the medication

A medication profile includes, but is not limited to:

- All current client/patient medications (prescribed and over the counter)
- Date prescribed or taken
- Name of medication
- Dose
- Route
- Frequency
- Date discontinued
- Drug and/or food allergies

Conclusions of the medication review and other pertinent information are documented in the client/patient record.

In addition, the RN or Registered Pharmacist are able to anticipate those effects that may rapidly endanger a client's/patient's life or wellbeing and instruct the client/patient, as necessary, in following the prescribed regimen.

The physician is notified promptly regarding any medication discrepancies, side effects, problems, or reactions.

Evidence: Client/Patient Records

Services applicable: IRN

Standard DRX5-10A: Written policies and procedures are established and implemented in regard to the verification of credentials of the referring physician or other licensed independent practitioners approved by law to prescribe medical services, treatments, and/or pharmaceuticals being conducted prior to providing care/service.

Interpretation: Written policies and procedures describe the process for verification of referring practitioner's credentials. Periodic assessments of the current physician's and other licensed independent practitioner's credentials are obtained from the state and federal boards. The organization has a mechanism to ensure that orders are only accepted from currently credentialed practitioners.

This standard is applicable when an organization is required to have a physician's, nurse practitioner's and/or physician assistant's order to provide care/service.

Evidence: Written Policies and Procedures
Evidence: Response to Interviews

Services applicable: AIC, CRDS, CRTL, IRN, IRX, SRX, SRXONLY

Standard DRX5-12A: Written policies and procedures are established and implemented for addressing client/patient needs that cannot be met by the organization. Clients/patients are referred to other agencies when appropriate. The prescribing physician and/or referral source is notified within five days if the equipment or services ordered cannot be provided.

Interpretation: Care/service needs that cannot be met by the organization will be addressed by referring the client/patient to other organizations when appropriate.

The organization maintains a referral log or other tool to record when clients/patients are referred to another organization. Referral sources are notified when client's/patient's needs cannot be met and are not being accepted by the organization. The prescribing physician and/or referral source is notified within five days if the equipment or services ordered cannot be provided.

Personnel are knowledgeable about other care/services available in the community.

Evidence: Written Policies and Procedures
Evidence: Observation
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX5-15A: Written policies and procedures are established and implemented that describe the process for transfer of a client/patient.

Interpretation: Written policies and procedures define the circumstances when a client/patient would be transferred to another organization.

Reasons for client/patient transfer may include the client/patient moves outside of the organization's geographic service area, the client/patient requires care not provided by the organization, or the organization is not a preferred provider by the client's/patient's insurance company.

A transfer summary is completed. A copy is maintained in the client/patient record and a copy is forwarded to the receiving organization. A transfer summary includes, but is not limited to:

- Date of transfer, client/patient identifying information, and emergency contact
- Destination of client/patient transferred
- Date and name of person receiving report
- Client's/patient's physician and phone number
- Diagnosis related to the transfer
- Significant health history
- Transfer orders and instructions
- A brief description of services provided and ongoing needs that cannot be met
- Status of client/patient at the time of transfer

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records

Services applicable: IRN

Standard DRX5-15B: Written policies and procedures are established and implemented that describe the process for discharge of a client/patient.

Interpretation: Written policies and procedures define the circumstances when a client/patient would be discharged. Reasons for client/patient discharge may include client/patient moves outside of the organization's geographic service area, the client's/patient's condition improves and therefore the client/patient no longer needs the care provided, the physician discontinues the order for care/services, the client/patient declines the care/service and requests discontinuation of services, or the client/patient expires.

The client/patient record must reflect discharge planning activities, coordination with other care providers, the client's/patient's response and understanding of these activities, client/patient care instructions, and at least a 48-hour notice prior to discharge, unless there is imminent danger, and then the discharge should be processed as soon as possible.

A copy of the discharge summary is maintained in the client/patient record and a copy is made available to the primary physician upon request. The discharge summary includes, but is not limited to:

- Date of discharge
- Client/patient identifying information
- Client's/patient's physician and phone number
- Diagnosis

- Reason for discharge
- A brief description of care/services provided
- Status of client/patient at the time of discharge
- Any instructions given to the client/patient

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records

Services applicable: IRN

Standard DRX5-17A: Written policies and procedures are established and implemented that identify the drugs and routes that are not approved for administration by the organization's personnel.

Interpretation: Written policies and procedures identify the drugs and/or routes not approved by the governing board for administration by nursing personnel.

The policies and procedures also address any blood or blood products that may or may not be administered.

Evidence: Written Policies and Procedures
Evidence: Observation

Services applicable: AIC, IRN

Standard DRX5-17B: Written policies and procedures are established and implemented in regard to the requirements for administration of the first dose of a medication in the home setting.

Interpretation: The organization may elect not to administer the first dose of a medication in the home or may have specific written requirements for the first dose. The organization defines when first dose is appropriate based on the medication route and potential reaction.

The following are reviewed prior to administering the first dose in the home:

- The history of being allergic to this class of medication
- Orders have been received outlining the steps to take and the medication(s) to be given should an anaphylactic reaction occur
- Giving the first dose in the hospital, physician's office, or other medical facility has been considered and has been rejected
- The location and phone numbers for emergency support have been identified and a procedure to utilize these facilities has been developed
- The nurse administering the medication stays with the client/patient at least one hour after the administration of the medication to ensure the client/patient has tolerated the medication well
- The appropriate monitoring of the client/patient after the first dose is administered

The medication that is being administered to the client/patient is considered a first dose medication when the client/patient has never received this medication before.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records

Services applicable: AIC, IRN

Section 6: QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled and corrective measures being developed from the data and outcomes.

Standard DRX6-1A: The organization develops, implements, and maintains an effective, ongoing, organization-wide Performance Improvement (PI) program. The organization measures, analyzes, and tracks quality indicators that enable the organization to assess processes of care, services and operations. Organization-wide Performance Improvement (PI) efforts address priorities for improved quality of care/service, client/patient safety, and that all improvement actions are evaluated for effectiveness.

Interpretation: Each organization develops a program that is specific to its needs. The methods used by the organization for reviewing data include, but are not limited to:

- Current documentation (e.g., review of client/patient records, incident reports, complaints, and client/patient satisfaction surveys)
- Client/patient care/services
- Direct observation in the care/service setting
- Operating systems
- Interviews with clients/patients and/or personnel

The data collected by the organization for self-assessment includes, but is not limited to:

- Adverse events
- Client/patient complaints
- Client/patient records
- Satisfaction surveys
- Billing and coding errors
- At least one important aspect related to care/service provided

Evidence: Written Policies and Procedures/PI Plan
Evidence: Observation

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX6-1B: The organization ensures the implementation of an organization-wide Performance Improvement (PI) plan by the designation of a person responsible for coordinating PI activities.

Interpretation: Duties and responsibilities relative to PI coordination include:

- Assisting with the overall development and implementation of the PI Plan
- Assisting in the identification of goals and related client/patient outcomes
- Coordinating, participating in, and reporting activities and outcomes

The owner, manager, supervisor or other designated personnel may be responsible for coordinating PI activities, and these duties are included in the individual's job description.

Evidence: Job Description

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX6-1C: There is evidence of personnel involvement in the Performance Improvement (PI) process.

Interpretation: Personnel receive training related to PI activities and their involvement. Training includes, but is not limited to:

- The purpose of PI activities
- Person responsible for coordinating PI activities
- Individual's role in PI
- PI outcomes resulting from previous activities

Personnel are involved in the evaluation process through carrying out PI activities, evaluating findings, recommending action plans, and/or receiving reports of findings.

Evidence: Observation
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX6-1D: There is an annual Performance Improvement (PI) report written.

Interpretation: There is a comprehensive, written annual report that describes the PI activities, findings, and corrective actions that relate to the care/service provided. In a large multi-service organization, the report may be part of a larger document addressing all of the organization's programs.

While the final report is a single document, improvement activities must be conducted at various times during the year. Data for the annual PI report may be obtained from a variety of sources and methods, (e.g., audit reports, client/patient questionnaires, feedback from referral sources, and outside survey reports).

Evidence: Performance Improvement Annual Report

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX6-1E: Organizations compile Performance Improvement (PI) data on a regular basis and summaries in a written report quarterly.

Interpretation: There are written quarterly reports that describe the PI activities, findings, and corrective actions that relate to the care/ service provided.

While the quarterly reports are a single document, improvement activities must be conducted at various times during that quarter. Data for the quarterly PI report may be obtained from a variety of sources and methods (e.g., audit reports, client/patient questionnaires, feedback from referral sources, and outside survey reports).

Evidence: Performance Improvement Quarterly Reports

Services applicable: AIC, IRN, IRX, SRX, SRXONLY

Standard DRX6-2A: Each performance improvement (PI) activity or study contains the required items.

Interpretation: Each PI activity/study includes the following items:

- A description of indicator(s) to be monitored/activities to be conducted
- Frequency of activities
- Designation of who is responsible for conducting the activities
- Methods of data collection
- Acceptable limits for findings or thresholds
- Who will receive the reports
- Written plan of correction when thresholds are not met
- Plans to re-evaluate if findings fail to meet acceptable limits
- Any other activities required under state or federal laws or regulations

The above criteria are used to develop each required PI activity.

Evidence: Performance Improvement Activities/Studies

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX6-3A: Performance Improvement (PI) activities include an assessment of processes that involve risks, including infections and communicable diseases.

Interpretation: Data collected from standard DRX7-1D regarding infections and communicable diseases in both personnel and clients/ patients is reviewed at least quarterly to detect trends and to create an action plan to decrease occurrences.

Evidence: Performance Improvement Reports
Evidence: Incident/Variance Reports

Services applicable: AIC, IRN, IRX

Standard DRX6-3B: Performance Improvement (PI) activities include ongoing monitoring of at least one important aspect related to the care provided.

Interpretation: The organization conducts monitoring of at least one important aspect of the care/service provided by the organization. An important aspect of care/service reflects a dimension of activity that may be high volume (occurs frequently or affects a large number of clients/patients), high risk (causes a risk of serious consequences if the care/service is not provided correctly), or problem-prone (has tended to cause problems for personnel or clients/patients in the past).

Examples of activities include, but are not limited to:

- Delivery of care/service (e.g., timeliness and incorrect product deliveries)
- Medication administration
- Clinical procedures

Evidence: Performance Improvement Reports

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX6-3C: Performance Improvement (PI) activities include satisfaction surveys.

Interpretation: The PI Plan identifies the process for conducting satisfaction surveys for the following:

- Client/patient
- Personnel
- Referral sources

Evidence: Performance Improvement Reports

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX6-3D: Performance Improvement (PI) activities include a review of the client/patient records.

Interpretation: The client/patient record review is conducted by all disciplines or members of the client/patient care/service team. An adequate sampling of open and closed records is selected to determine the completeness of documentation.

Evidence: Performance Improvement Reports

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX6-3E: Performance Improvement (PI) activities include the ongoing monitoring of client/patient grievances/ complaints.

Interpretation: PI activities include ongoing monitoring of client/patient complaints and the action(s) needed to resolve complaints and improve client/patient care/service.

Evidence: Performance Improvement Reports

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX6-3F: Written policies and procedures are established and implemented by the organization to identify, monitor, report, investigate, and document all adverse events, incidents, accidents, variances, or unusual occurrences that involve client/patient care/service.

Interpretation: Written policies and procedures describe the process for identifying, reporting, monitoring, investigating, and documenting all adverse events, incidents, accidents, variances, or unusual occurrences. Policies and procedures include, but are not limited to:

- Action to notify the supervisor or after-hours personnel
- Time frame for verbal and written notification
- Appropriate documentation and routing of information
- Guidelines for notifying the physician, if applicable
- Follow-up reporting to the administration/board/owner

Written policies and procedures identify the person responsible for collecting incident data and monitoring trends, investigating all incidents, taking necessary follow-up actions, and completing appropriate documentation.

The organization investigates all adverse events, incidents, accidents, variances, or unusual occurrences that involve client/patient services (resulting from the equipment and/or supplies provided) and develops a plan of correction to prevent the same or similar event from occurring again. Events include, but are not limited to:

- Unexpected death
- A serious injury
- Significant adverse drug reaction, if applicable
- Significant medication error, if applicable
- Other undesirable outcomes as defined by the organization
- Adverse client/patient care outcomes
- Client/patient injury (witnessed and un-witnessed) including falls that are related to equipment and/or supplies provided
- Equipment failure

Written policies and procedures address the organization's compliance with the Food and Drug Administration's (FDA's) Medical Device Tracking program and facilitation of any recall notices submitted by the manufacturer, if applicable.

There is a standardized form developed by the organization used to report incidents. The organization documents all incidents, accidents, variances, and unusual occurrences. The investigation is initiated within 24 hours after an organization becomes aware of an incident resulting in a client's/patient's hospitalization or death. For other occurrences, the organization investigates within 72 hours after being made aware of the incident, accident, variances, or unusual occurrences.

This data is included in the PI Plan. The organization assesses and utilizes the data for reducing further safety risks.

Evidence: Written Policies and Procedures
Evidence: Incident/Variance Reports
Evidence: Performance Improvement Reports

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX6-3G: Performance Improvement (PI) activities include ongoing monitoring of billing and coding errors.

Interpretation: The organization tracks the number of billing inconsistencies found through client/patient record reviews as well as errors found through Medicare and third-party payor claim denials.

Evidence: Performance Improvement Reports

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX6-3I: The organization monitors all care/service provided under contract/agreement to ensure that care/services are delivered in accordance with the terms of the contract/agreement.

Interpretation: The organization has implemented a process for monitoring all care/service provided under a contract/agreement. Processes include, but are not limited to:

- Satisfaction surveys
- Record reviews
- On-site observations and visits
- Client/patient comments and other performance improvement activities

Data and outcomes from monitoring activities are reported to the organization's leadership to ensure the overall quality of the care provided to the client/patient.

Evidence: Performance Improvement Activates
Evidence: Governing Body Meeting Minutes or Leadership Meeting Documentation

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX6-6A: There is evidence of involvement of the governing body/owner.

Interpretation: The governing body/owner and leaders are ultimately responsible for all actions and activities of the organization; therefore, their role in the evaluation process and the responsibilities delegated to personnel must be clearly documented.

There is evidence that the results of Performance Improvement (PI) activities are communicated to the governing body/owner and organizational leaders.

The organization's leaders allocate resources for implementation of the PI Program.

Resources include, but are not limited to:

- Training and education programs regarding PI
- Personnel time

- Information management systems

Evidence: Board of Director Meeting Minutes
Evidence: Response to Interviews

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Section 7: RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

The standards in this section apply to the surveillance, identification, prevention, control and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.

Standard DRX7-1A: Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases and the compliance with regulatory standards.

Interpretation: The organization maintains and documents an effective infection control program that protects clients/patients and personnel by preventing and controlling infections and communicable diseases.

The organization's infection control program identifies risks for the acquisition and transmission of infectious agents in all care/service settings. There is a system to communicate with all personnel and clients/patients about infection prevention and control issues including their role in preventing the spread of infections and communicable diseases through daily activities.

Written policies and procedures are established and implemented that include accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.

Accepted standards of practice for health care providers are typically developed by government agencies, professional organizations and associations. Examples include, but are not limited to:

- The Centers for Disease Control and Prevention (CDC)
- The Agency for Healthcare Research and Quality (AHRQ)
- State Practice Acts
- Commonly accepted health standards established by national organizations, boards, and councils (e.g., Association for Professionals in Infection Control and Epidemiology [APIC]; and American Nurses Association [ANA])

Written policies and procedures include, but are not limited to:

- General infection control measures appropriate for care/service provided
- Hand washing
- Use of standard precautions and personal protective equipment (PPE)
- Needle-stick prevention and sharps safety, if applicable
- Appropriate cleaning/disinfecting procedures
- Infection surveillance, monitoring, and reporting of employees and clients/patients
- Disposal and transportation of regulated waste, if applicable
- Precautions to protect immune-compromised clients/patients
- Employee health conditions limiting their activities
- Assessment and utilization of data obtained about infections and the infection control program

Written policies and procedures detail Occupational Safety and Health Administration (OSHA) Blood borne Pathogen and Tuberculosis (TB) Exposure Control Plan training for all direct care personnel. The exposure control plans are reviewed annually and updated to reflect significant modifications in tasks or procedures that may result in occupational exposure. The TB Exposure Control Plan includes engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent (e.g., use of safer medical devices and appropriate respiratory protection devices). Plans are available to personnel at the workplace during the work shift.

The TB Exposure Control Plan includes a current organizational assessment indicating the prevalence rate of TB in the communities serviced by the organization, as well as the TB rate of the client/patients serviced by the organization.

The organization assigns individual(s) who are responsible for implementing the infection control activities and personnel education.

The organization provides infection control education to employees, and contracted providers regarding both basic and high-risk infection control procedures as appropriate to the care/services provided. Clients/patients are educated on infection control procedures as related to the product and/or service they receive.

All personnel demonstrate infection control procedures in the process of providing care/service to clients/patients as described in OSHA and CDC standards and as adopted into program care/service policies and procedures.

Evidence: Written Policies and Procedures
Evidence: Observation
Evidence: Response to Interviews
Evidence: Client/Patient Records

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX7-1D: The organization reviews and evaluates the effectiveness of the infection control program.

Interpretation: The organization monitors infection statistics of both clients/patients and personnel and implements other activities (such as infection tracking records or logs) to ensure that personnel follow infection control procedures and report infections.

Infection control tracking is used to collect and trend data on infections of both personnel and clients/patients. The organization identifies what infections will be reported using criteria appropriate to the populations served and in accordance with applicable law and regulations.

Surveillance data is analyzed for trends and related factors that may contribute to the correlations between personnel, clients/patients, and infection control practices.

Data is utilized to assess the effectiveness of the infection control program. Corrective action plans and steps for improvement are to be implemented as needed. Data and action plans must be included in the Performance Improvement (PI) reports and communicated to leadership and personnel.

The organization reports all communicable diseases, as required by the local county health department, to the local, county or state department of health.

Evidence: Reports of Infection Tracking Records or Logs
Evidence: Performance Improvement Reports

Services applicable: AIC, CRCS, IRN, IRX, SRX, SRXONLY

Standard DRX7-2A: Written policies and procedures are established and implemented that address the education of personnel concerning safety.

Interpretation: Written policies and procedures include types of safety training as well as the frequency of training. Safety training is conducted during orientation and at least annually for all personnel.

Safety training activities include, but are not limited to:

- Body mechanics
- Safety management:
    - Fire
    - Evacuation
    - Security
    - Office equipment
    - Environmental hazards
- Personnel safety techniques

Evidence: Written Policies and Procedures
Evidence: Observation
Evidence: Response to Interviews

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX7-2B: Written policies and procedures are established and implemented that address client/patient safety in the home.

Interpretation: Written policies and procedures are established and implemented that address client/patient safety in the home. The safety training activities include, but are not limited to:

- Compliance monitoring measures relating to the client's/patient's medication, if applicable
- Safety measures relating to oxygen use, if applicable
- Client/patient medical equipment safety, if applicable
- Basic home safety measures (e.g., household chemicals, throw rugs, furniture layout, cluttered stairways, blocked exits, bathroom safety, and electrical safety)

Personnel receive training on home safety during orientation and at least once annually.

Evidence: Written Policies and Procedures
Evidence: Response to Interviews

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS

Standard DRX7-4A: Written policies and procedures are established and implemented that outline the process for meeting client/patient needs in a disaster or crisis situation.

Interpretation: Written policies and procedures describe a process to organize and mobilize personnel adequate to secure resources needed to meet client/patient needs in the event of a disaster or crisis. The process includes:

- A system to identify alternative methods for contacting personnel
- Mobilizing resources to meet critical needs
- Alternative methods, resources, and travel options for the provision of care/service
- Safety of personnel
- Identified time frames for initiation of the plan
- Specific measures for anticipated emergencies typical or appropriate for the geographical area served (e.g., hurricanes, tornadoes, floods, earthquakes, chemical spills, and inclement weather)
- A system to identify and prioritize clients/patients based upon their need so that care/service is ensured for clients/patients whose health and safety might be at risk

The organization has, at a minimum, an annual practice drill to evaluate the adequacy of its plan.

The emergency plan also describes access to "911" Emergency Medical Services (EMS) services in the event of needed emergency care/ services for clients/patients and personnel.

The organization educates all personnel about the process to meet client/patient needs in a disaster or crisis situation.

Evidence: Written Policies and Procedures
Evidence: Disaster Drill Log
Evidence: Observation
Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, RTS, SRX, SRXONLY

Standard DRX7-4C: The organization provides education to client/patient/caregiver regarding emergency preparedness.

Interpretation: This education includes information regarding:

- How to contact the organization
- How to handle the equipment, if applicable
- How to handle a missed treatment or delivery

Evidence: Client/Patient Education Material
Evidence: Client/Patient Records

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX7-5B: Written policies and procedures are established and implemented that address the organization's fire safety and emergency power systems.

Interpretation: Written policies and procedures or a fire safety plan addresses fire safety and management for all office and worksite environments.
The written policies and procedures include, but are not limited to:

- Providing emergency power to critical areas such as:
  - Alarm systems, if applicable
  - Illumination of exit routes
  - Emergency communication systems
- Testing of emergency power systems (at least annually)
- A no-smoking policy and how it will be communicated
- Maintenance of:
  - Smoke detectors
  - Fire alarms
  - Fire extinguishers
- Fire drills:
  - Conducted at least annually
  - Evaluated and results communicated to all personnel

Personnel are trained on the fire safety plan and emergency power systems.

Evidence: Written Policies and Procedures
Evidence: Observation

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX7-6A: Written policies and procedures are established and implemented for the acceptance, transportation, pickup, and/or disposal of hazardous chemicals and/or contaminated materials used in the provision of client/patient care/ service.

Interpretation: Written policies and procedures include safe methods of handling, labeling, storage, transportation, disposal, and pickup of hazardous wastes, hazardous chemicals, and/or contaminated materials used in the home/organization. The organization follows local, state, and federal guidelines.

Evidence: Written Policies and Procedures
Evidence: Observation

Services applicable: AIC, CRCS, HME, IRN, IRX, RTS, SRX, SRXONLY

Standard DRX7-6B: Written policies and procedures are established and implemented for following Occupational Safety and Health Administration's (OSHA's) Hazard Communication Standard that describes appropriate labeling of hazardous chemicals and/or materials, instructions for use, and storage and disposal requirements.

Interpretation: Written policies and procedures and their implementation follow the OSHA's Hazard Communication Standard detailing:

- The labeling of containers of hazardous chemicals and/or materials with the identity of the material and the appropriate hazard warnings
- Current Safety Data Sheets (SDS) must be accessible to personnel
- The proper use, storage, and disposal of hazardous chemicals and/or materials
- The use of appropriate personal protective equipment (PPE)

Written policies and procedures address how personnel handle an exposure to a hazardous product while in the home environment.

Evidence: Written Policies and Procedures
Evidence: Observation

Services applicable: AIC, CRCS, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX7-7A: Written policies and procedures are established and implemented in regard to the tracking and safe disposal of medications, product recalls, and the external reporting of medication and product defects.

Interpretation: Written policies and procedures include, but are not limited to:

- Tracking medications and products
- External reporting of medication or product defects
- Safe disposal of recalled medications or products that are in stock or have been dispensed to clients/patients

Records are maintained to identify each client/patient who has received recalled medications or products.

Documentation includes, but is not limited to:

- The manufacturer of each client's/patient's medication
- Lot numbers
- Expiration dates

There is evidence of external reporting of medication or product defects. Client's/patient's physicians are notified when medications are recalled.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records
Evidence: Response to Interviews
Evidence: Observation

Services applicable: AIC, IRN, SRX, SRXONLY

Standard DRX7-9A: Written policies and procedures are established and implemented relating to on-site storage and purchasing of pharmaceuticals.

Interpretation: Written policies and procedures that are established and implemented include, but are not limited to:

- Medications purchased only by licensed wholesale/distribution suppliers or drug manufacturers
- A process to identify counterfeit drugs
- A process of removing any unacceptable drugs
- Storage of pharmaceuticals (separated from food items or other sources of contamination)
- Monitoring of storage rooms, temperature and humidity
- Monitoring of pharmaceutical storage refrigerators and freezers temperatures
- Accessibility pharmaceuticals including out of stock drugs and back orders
- Pharmaceutical labeling of the appropriate storage requirements
- Security and accountability of medication inventory
- Storage and management of controlled pharmaceuticals

Pharmaceuticals are stored in accordance with manufacturer's requirements. Temperatures are monitored wherever pharmaceuticals are stored to ensure the requirements are met. Prescription and legend drugs are stored in the licensed pharmacy, which is accessible only under the supervision of licensed Pharmacist(s). There is a contingency plan that addresses situations where storage conditions fall outside of established ranges.

Evidence: Written Policies and Procedures
Evidence: Observation
Evidence: Temperature/Cleaning Logs
Evidence: Response to Interviews

Services applicable: AIC, IRN, SRX, SRXONLY

Standard DRX7-9B: Written policies and procedures are established and implemented regarding the use of delivery containers that ensure pharmaceuticals are maintained under appropriate conditions of sanitation, light and temperature in the course of deliveries.

Interpretation: The organization has written policies and procedures that address the following:

- Medications are packaged to maintain stability
- Medications are packaged to maintain the appropriate conditions for sanitation, light, and temperature
- Cleaning and disinfection of reusable container

The organization ensures pharmaceuticals are maintained under appropriate conditions of sanitation, light and temperatures in the course of deliveries. Where appropriate, the organization uses delivery containers such as coolers and ice packs to maintain the storage conditions in accordance with manufacturer's requirements.

The organization has an alternate method(s) for medication delivery in case of carrier problems or distribution disruption.

Shipping methods are tested periodically to ensure that containers stay within specified temperature requirements.

Evidence: Observation
Evidence: Shipping Records
Evidence: Response to Interviews
Evidence: Written Policies and Procedures

Services applicable: AIC, IRN, SRX, SRXONLY

Standard DRX7-9C: The organization ensures that pharmaceuticals are stored under appropriate conditions of sanitation, light, and temperature in the client's/patient's home.

Interpretation: Pharmaceuticals dispensed to the client/patient are clearly labeled as to the appropriate storage condition requirements.

The organization educates the client/patient on the appropriate conditions for the storage of pharmaceuticals in the home environment.

When necessary, the Pharmacist intervenes, as indicated, to ensure that appropriate conditions are achieved or maintained.

Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: CRSRX, IRN, SRX, SRXONLY

Standard DRX7-11A: Written policies and procedures are established and implemented for identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel.

Interpretation: Written policies and procedures describe the process for reporting, monitoring, investigating, and documenting a variance. Policies and procedures include, but are not limited to:

- Action to notify the supervisor or after-hours personnel
- Time frame for verbal and written notification
- Appropriate documentation and routing of information
- Guidelines for medical care
- Follow-up reporting to the administration/board/owner

Written policies and procedures address compliance with OSHA guidelines regarding the recording of work-related injuries and illnesses that are diagnosed by a physician or licensed healthcare professional and any work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.11, as applicable to the organization.

Written policies and procedures identify the person responsible for collecting incident data and monitoring trends, investigating all incidents, taking necessary follow-up actions, and completing appropriate documentation.

Incidents to be reported include, but are not limited to:

- Personnel injury or endangerment
- Motor vehicle accidents when conducting agency business
- Environmental safety hazards
- Equipment safety hazards, malfunctions, or failures
- Unusual occurrences

There is a standardized form developed by the organization used to report incidents. The organization documents all incidents, accidents, variances, and unusual occurrences. The investigation is initiated within 24 hours after an organization becomes aware of an incident resulting in an employee's hospitalization or death. The organization investigates other occurrences within 72 hours after being made aware of the incident, accident, variances, or unusual occurrences.

The reports are distributed to management and the governing body/owner and are reported as required by applicable laws and regulations. This data is included in the PI Program. The organization assesses and utilizes the data for reducing further safety risks.

The organization educates all personnel on its policies and procedures for documenting and reporting incidents/variances.

Evidence: Written Policies and Procedures
Evidence: Incident Reports
Evidence: Response to Interviews
Evidence: OSHA 300, 300A and 301 Forms, if applicable
Evidence: PI reports

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MSP, RTS, SRX, SRXONLY

Standard DRX7-12A: Written policies and procedures are established and implemented for the use of equipment/supplies in the provision of care to the client/patient.

Interpretation: Written policies and procedures include, but are not limited to:

- Storage and transportation of equipment used to provide care/services
- Electrical safety of the equipment
- Use of cleaning and disinfecting agents
- Cleaning of equipment after each use
- Maintenance and repair of equipment used by the organization's personnel
- Calibration per manufacturer's guidelines, if applicable
- Requirements for dispensing of any disposable supply used in the provision of care/service
- Manufacturer's recalls

Personnel implement the policies and procedures for the use of the organization's equipment/supplies in the provision of care to the client/patient. The cleaning and maintenance of equipment used in the provision of care is documented. Supplies used in the provision of care are also documented.

Evidence: Written Policies and Procedures
Evidence: Maintenance Logs
Evidence: Observation
Evidence: Response to Interviews

Services applicable: IRN, IRX, SRX, SRXONLY

Standard DRX7-12E: Personnel implement the organization's policies and procedures relating to back-up equipment for use during power failures in the client/patient home.

Interpretation: Client/patient home medical equipment backup systems comply with the organization's policies and procedures and state laws, as applicable.

Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: CRCS, HME, IRN, IRX, RTS, SRX

Standard DRX7-17A: Written policies and procedures are established and implemented for participating in clinical research/ experimental therapies and/or administering investigational drugs.

Interpretation: Written policies and procedures include, but are not limited to:

- Informing clients/patients of their responsibilities
- Informing clients/patients of their right to refuse investigational drugs or experimental therapies
- Informing clients/patients of their right to refuse to participate in research and clinical studies
- Notifying clients/patients that they will not be discriminated against for refusal to participate in research and clinical studies
- Stating which personnel can administer investigational medications/treatments
- Describing personnel's role in monitoring a client's/patient's response to investigational medications/treatments
- Identifying the responsibility for obtaining informed consent
- Defining the use of experimental and investigational drugs and other atypical treatments and interventions

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records

Services applicable: AIC, IRN, IRX, SRX, SRXONLY

Standard DRX7-19A: The organization follows procedures for waived tests under the Clinical Laboratory Improvement Amendment (CLIA) and state regulations when personnel perform waived tests. The organization obtains and maintains a current certificate of waiver from the Department of Health and Human Services. The organization also ensures that referral laboratories are certified in the appropriate services areas.

Interpretation: Organizations that conduct waived tests under CLIA will obtain and maintain a current certificate of waiver from the Department of Health and Human Services. Examples of several waived tests are blood glucose monitoring, fecal occult blood, and dipstick urinalysis.

If an organization refers specimens for lab testing to an outside laboratory, the referral lab is CLIA-certified. The agency has a copy of the CLIA certificate of the lab they utilize for specimen testing.

Evidence: Current Certificate of Waiver

Services applicable: AIC, IRN, IRX

Standard DRX7-19B: Written policies and procedures are established and implemented that define utilization purposes and personnel training requirements for using waived tests.

Interpretation: The organization has policies and procedures that address how waived tests will be utilized in client/patient care for screening, treatment, or diagnostic purposes.

The organization identifies which personnel may perform waived tests and conducts appropriate training for these individuals.

Evidence: Written Policies and Procedures
Evidence: Training Logs/Files

Services applicable: AIC, IRN, IRX

Standard DRX7-19C: Written policies and procedures are established and implemented for the use of equipment in the performance of conducting waived tests. The organization performs required maintenance on the equipment used for waived tests.

Interpretation: Policies and procedures for the use of equipment in the performance of conducting waived tests include:

- Instructions for using the equipment
- The frequency of conducting equipment calibration, cleaning, testing, and maintenance
- Quality control procedures

Evidence: Written Policies and Procedures
Evidence: Calibration and Maintenance Logs
Evidence: Quality Control Logs

Services applicable: AIC, IRN, IRX

Standard DRX7-21A: Written policies and procedures are established and implemented to ensure that the appropriate care/ services are provided to the correct client/patient.

Interpretation: There is a process to verify the identity of the client/patient and the treatment the client/patient is to receive.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: AIC, CRSRX, IRN, IRX, SRX, SRXONLY

Appendix A: Reference Guide for Required Documents, Policies and Procedures
Customized for: IRN

Standard #	Documents, Policies and Procedures	Agency Notes
DRX1-2A	Written Policies and Procedures	
DRX1-3A	Written Policies and Procedures	
DRX1-7A	Written Policies and Procedures	
	Observation	
DRX2-1A	Written Policies and Procedures	
DRX2-2A	Written Policies and Procedures	
DRX2-3A	Written Policies and Procedures	
DRX2-4A	Written Policies and Procedures	
DRX2-5A	Written Policies and Procedures	
DRX2-6A	Written Policies and Procedures	
DRX2-7A	Written Policies and Procedures	
DRX2-8A	Written Policies and Procedures	
DRX2-8B	Written Policies and Procedures	
DRX2-9A	Written Policies and Procedures	
DRX4-1A	Written Policies and Procedures	
DRX4-2C	Written Policies and Procedures	
DRX4-2D	Written Policies and Procedures	
DRX4-2H	Written Policies and Procedures	
DRX4-2I	Written Policies and Procedures and/or Employee Handbook	
DRX4-2J	Written Policies and Procedures	
DRX4-6A	Written Policies and Procedures	
DRX4-7A	Written Policies and Procedures	
DRX4-8A	Written Policies and Procedures	
DRX4-13B	Written Policies and Procedures	
DRX5-1A	Written Policies and Procedures	
DRX5-1B	Written Policies and Procedures	
DRX5-1C	Written Policies and Procedures	
DRX5-2A	Written Policies and Procedures	
DRX5-5A	Written Policies and Procedures	
DRX5-6A	Written Policies and Procedures	
DRX5-10A	Written Policies and Procedures	
DRX5-12A	Written Policies and Procedures	
DRX5-15A	Written Policies and Procedures	
DRX5-15B	Written Policies and Procedures	
DRX5-17A	Written Policies and Procedures	
DRX5-17B	Written Policies and Procedures	
DRX6-1A	Written Policies and Procedures/PI Plan	
DRX6-3F	Written Policies and Procedures	
DRX7-1A	Written Policies and Procedures	
DRX7-2A	Written Policies and Procedures	
DRX7-2B	Written Policies and Procedures	
DRX7-4A	Written Policies and Procedures	
DRX7-5B	Written Policies and Procedures	
DRX7-6A	Written Policies and Procedures	
DRX7-6B	Written Policies and Procedures	
DRX7-7A	Written Policies and Procedures	

DRX7-9A	Written Policies and Procedures	
DRX7-9B	Written Policies and Procedures	
DRX7-11A	Written Policies and Procedures	
DRX7-12A	Written Policies and Procedures	
DRX7-17A	Written Policies and Procedures	
DRX7-19B	Written Policies and Procedures	
DRX7-19C	Written Policies and Procedures	
DRX7-21A	Written Policies and Procedures	

PROOF OF PUBLICATION

SERVICES

TREE SERVICE
•Topping
•Tree and Stump Removal •Insured
Call Haynes
731-414-6456
Milan

WANT YARDS TO MOW and trim. Quality work, reasonable rates. Call for free estimate 731-333-9917.

43-3p

MOBILE HOME PARTS, INC.
75 Riverport Dr., Jackson, TN
731-422-6226

Windows	Doors	Tubs
Faucets	Hardware	Showers
Gutters	Metal	Anchors
Tiedowns	Tires	Underpinning

Heat & Air Parts / Furnaces
We offer Repair & Install Service Including heating and air!
Mon.- Fri. • 8 am - 5:00 pm

Will haul away most unwanted washers, dryers, ranges, refrigerators FREE.
(731) 414-9355

Need Some Gravel??
•Any Kind
•Delivered & Spread
•Also fill sand, red or white
•Dozer and backhoe work
•Dirt & Top Soil
Jerry's Trucking
Atwood, TN.
662-7442
676-2840

NOTICE TO FURNISHERS OF LABOR AND MATERIALS TO
Highway Markings Inc
PROJECT NO. [illegible]
CONTRACT NO. [illegible]
COUNTY Obion
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 05/11/18.

The Mirror-Exchange now accepts
Call your ad in today!!

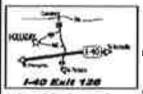
Humboldt General Sessions Court Report

General Sessions
Sebastian Reams – driving on suspended DL with priors
Jennifer Flores – theft under $1,000 (2 counts)
Charlynn Bush – DUI
Benjamin Grant – domestic assault
Brandy Edgin – possession of drug paraphernalia
Kristy McCurry – simple possession of Schedule VI
John Blackwell – theft up to $1,000

Civil
Tammie Porter vs Devin Wilson
Speedee Cash vs Kenessha Graves
Speedee Cash vs Clarissa Dupree
Speedee Cash vs Britney Powell
Speedee Cash vs Meghan Jackson
Speedee Cash vs William T. Brown
Speedee Cash vs Sherika Harrison
Speedee Cash vs Dana Waible
Humboldt Housing Authority vs Bradley Heimbach and Dani Freshour
Christopher Glenn vs Cody Hatfield
Christopher Glenn vs Brandy Flowers
Heights Finance Corporations vs Felicia Ryzner
Sarah Cunningham vs Ashley Ward
Elroy Hicks vs Christa Dodd

Divorces
Kim Blundell vs Richard Blundell

SELL IT FAST IN THE CLASSIFIEDS!

Fri. & Sat., April 20 & 21
62nd Annual! Old Time Bluegrass & Fiddlers' Jamboree
$6,000 in Cash Prizes!
Sat. - Registration 12:30 p.m.
Contest Starts 1:00 p.m.


Holladay School, Holladay, TN
at Exit 126 off Interstate 40
Friday -Variety Show - 7 p.m.
Talent from Benton & Surrounding Counties
BBQ Served Sat. 11:30 a.m. to 6:00 p.m.
PARADE STARTS AT 10:30 A.M.
ADMISSION - Fri. Night $4
Sat. Adults $7 • Students $4
NO ALCOHOL ALLOWED
For more information (731) 847-2274 or (731) 584-6874 • E-mail: wholladay@tds.net
www.holladaybluegrass.com

Purchase Yours Now!
Help us provide FREE mammograms in your community!

The Pink Ribbon license plate is available for purchase at all County Clerk offices. The cost is $35 over and above the regular county registration fee.

KomenMemphis.org

"Early detection is the best protection."

FOR RENT

FOR RENT-mobile home, security deposit required. Also, R.V. lots available. Call 694-2494.

tfn

FOR RENT-2BR/1BA, $160/week, water & utilities included, $200 deposit. Call 467-0226.

tfn

FOR RENT-3BR house at 190 Church St. Trezevent, $550; 4BR, 2BA at 3062 Anderson $600. Call 686-7006 or 420-0255.

14-1c

FOR RENT
2 & 3 bedrooms, 1 bath apartments.
Call
697-6704

RENT TO OWN-2BR, 1BA mobile home in the country, Cades, 1 acre, $450/month. 731-414-5111.

tfn

HERITAGE ESTATES APARTMENTS
•2 BR/1BA apt.
•Stove, refrigerator, dishwasher included
•Washer, dryer connections
•Upstairs has vaulted ceiling
•Energy efficient
•All electric
•Courtyard
•12 month available
NO PETS!
$475month
$200 deposit
Located at corner of Phelps & Telecom Drive, Milan.
467-0226

YARD SALE

YARD SALE at Milan Masonic Lodge, 1099 E. Van Hook, sponsored by Eastern Star Chapter No 261. Friday, April 6, 8:00 a.m.-5:00 p.m. and Saturday, April 7, 8:00 a.m.-12:00 noon.

46-1p

GARAGE SALE-Saturday, April 7th, 7am-noon. Boutique women's clothes, boys clothes 5/6, girls clothes 14, shoes, jewelry and other household items. 6003 Creekside Dr. Milan.

46-1p

The deadline for classified ads is Monday @ noon for Tuesday's paper.

TOWN OF ATWOOD WATER CUSTOMERS
The Atwood Water System 2017 Water Quality Report will be published in the Milan Mirror on April 10, 2018. THIS REPORT WILL NOT BE DIRECT MAILED TO CUSTOMERS. You may request a copy by calling 731-662-7689.

Position Available
The City of Milan is taking applications for an Assistant Accounting Clerk. Eligible applicants must meet the requirements set within the city's personnel policy. Applications for this position will be received through April 10th at Milan City Hall, 1061 S. Main, Milan, TN 38358. The City of Milan is an Equal Opportunity Employer and does not discriminate on the basis of race, color, age, ethnicity, religion, national origin, pregnancy, sexual orientation, gender identity, genetic information, sex, marital status, disability, or status as a U.S. veteran.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED
[illegible]

HOMES FOR SALE

INVESTOR SPECIAL
300 Bryant Rd.
Atwood, TN. 2bd, 2bath, 1120 sq. ft. $33,000
Make a Cash Offer and have the ability to close quick. Call or text 731-613-8113. If no answer, leave a message.
Thanks and God Bless!

PUBLIC NOTICE

Invitation to send closed bids until April 17 to;
Privitt's Wrecker Service
117B Dawson Bottom Rd.
Humboldt, Tn 38343

2000 Chevy Impala
2G1WF52E7Y9298241

Invitation to send closed bids until April 10 to;
Dover's Wrecker Service
1002 N. Central Ave
Humboldt, TN 38343

2000 GMC Envoy
1GKDT13W3Y22960532002

Mercury Mountaineer
4M2ZU66E52ZJ33153

HELP WANTED

HELP WANTED - Looking for someone that is dependable, can complete various maintenance tasks, must have a flexible schedule and can work weekends if needed. Call 731-487-8490.

tfn

HELP WANTED-Construction workers, roofing, siding, carpentry, etc. Call Dennis at 731-225-6442.

45-2p

FOR SALE

TRACTOR FOR SALE-1952 8N Ford tractor, looks good, runs good; 245 Massey Ferguson, runs good. Priced to sell quickly. Also have several pieces of equipment: plow, disc, etc. And building lots for sale on gravel road. 742-4107

tfn

For Sale

3400 sq. ft. commercial building located next to Trenton Post Office
$65,000
Call 731-499-3321.

SELL IT FAST IN THE CLASSIFIEDS!

Commercial/Investment Property For Sale $79,900

105 W. Front Street – Bradford, TN 38316

Building has ample storage and office space. Approx 1,671 sq ft. Ideal for a restaurant, deli, hair salon, offices, clothing store, gift shop, or other retail business.

If you are looking for an investment property, the current owners are willing to sign a long-term lease to stay in the building.
Contact Lamesa Forrester today for details and a private showing at 731-571-2700.

Certified Nurse Aid Class

NHC Healthcare is accepting applications for CNA Class. Class will run April 16-April 27, Monday through Friday 8am-4:30pm.

Apply in person. Seats are limited!
NHC Healthcare
8017 Dogwood Lane
Milan, TN
EOE

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

July 1, 2018

DeJarnette Trice
Advanced Infusion Solutions
623 Highlands Colony Pkwy, Suite 100
Ridgeland, MS 39157

RE: Certificate of Need Application – Intrathecal Care Solutions, LLC d/b/a Advanced Nursing Solutions- CN1804-019
The establishment of a home care organization intending to offer intrathecal and immunological infusion nursing services in patient's homes. The applicant has common ownership with Advanced Infusion Solutions (AIS), located in Mississippi, which compounds specialty pharmaceuticals and ships those drugs to Tennessee patients with implanted intrathecal infusion pumps. The principal office will be located at 555 Marriott Drive, Suite 315-Office #347, Nashville (Davidson County), TN 37214. The applicant is owned by Advanced Vascular Solutions which is owned by Advanced Infusion Solutions Acquisitions, LLC. The estimated project cost is $48,936.

Dear Ms. Trice:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need. Please be advised that your application is now considered to be complete by this office.

Your application is being forwarded to Trent Sansing at the Tennessee Department of Health for Certificate of Need review by the Division of Policy, Planning and Assessment. You may be contacted by Mr. Sansing or someone from his office for additional clarification while the application is under review by the Department. Mr. Sansing's contact information is Trent.Sansing@tn.gov or 615-253-4702.

In accordance with Tennessee Code Annotated, §68-11-1607, et seq., as amended by Public Chapter 780, the 60-day review cycle for this project began on July 1, 2018. The first 60 days of the cycle are assigned to the Department of Health, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the 60-day period, a written report from the Department of Health or its representative will be forwarded to this office for Agency review. You will receive a copy of their findings. The Health Services and Development Agency will review your application on October 24, 2018.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,

Melanie M. Hill
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

MEMORANDUM

TO: Trent Sansing, CON Director
Office of Policy, Planning and Assessment
Division of Health Statistics
Andrew Johnson Tower, 2nd Floor
710 James Robertson Parkway
Nashville, Tennessee 37243

FROM: Melanie M. Hill
Executive Director

DATE: July 1, 2018

RE: Certificate of Need Application
Intrathecal Care Solutions, LLC d/b/a Advanced Nursing Solutions- CN1804-019

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a sixty (60) day review period to begin on July 1, 2018 and end on September 1, 2018.

Should there be any questions regarding this application or the review cycle, please contact this office.

Enclosure

cc: DeJarnette Trice

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the Multiple newspapers - see Attachment A (Name of Newspaper) which is a newspaper of general circulation in All Counties - See Attachment B (County), Tennessee, on or before April 3 (Month / day), 2018 (Year), for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Intrathecal Care Solution, LLC dba Advanced Nursing Solutions ("ANS") (Name of Applicant) N/A (Facility Type-Existing)

owned by: Advanced Vascular Solutions, LLC with an ownership type of limited liability company

and to be managed by: ANS intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]: This project includes the establishment of a new home care organization healthcare institution. Advanced Nursing Solutions is a specialty nursing provider intending to offer intrathecal and immunological infusion nursing services in patients' homes in the State of Tennessee. The home care organization will be located at 555 Marriott Drive, Suite 315 - Office #347, Nashville, TN 37214. The projected cost of the project is $48,936.00. ANS proposes entering into all 95 counties (see Attachment B).

The anticipated date of filing the application is: April 6, 20 18

The contact person for this project is Pam Carter (Contact Name) Chief Nursing Officer (Title)

who may be reached at: Advanced Nursing Solutions (Company Name) 623 Highland Colony Parkway, Suite 100 (Address)

Ridgeland	MS	39157	877 / 443-4006
(City)	(State)	(Zip Code)	(Area Code / Phone Number)

(Signature) 04.04.18 (Date) pcarter@aiscaregroup.com (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

ATTACHMENT A - TENNESSEE PUBLICATION NEWSPAPERS

NEWSPAPER NAME	MAIN COUNTY	OTHER REPRESENTED COUNTIES
Alamo - The Crockett County Times	CROCKETT	
Athens - The Daily Post-Athenian	MCMINN	Meigs County
Bolivar - Bulletin-Times	HARDEMAN	
Brownsville Press	HAYWOOD	
Byrdstown - Pickett County Press	PICKETT	
Camden - The Camden Chronicle	BENTON	
Carthage - Carthage Courier	SMITH	
Celina - Citizen-Statesman	CLAY	
Centerville - Hickman County Times	HICKMAN	
Chattanooga - Chattanooga Times Free Press	HAMILTON	Marion, Sequatchie, Bledsoe, Rhea, Bradley and Polk Counties
Columbia - The Daily Herald	MAURY	
Cookeville - Herald-Citizen	PUTNAM	
Crossville - Crossville Chronicle	CUMBERLAND	
Dyersburg - State Gazette	DYER	
Elizabethton - Elizabethton Star	CARTER	
Erwin - The Erwin Record	UNICOI	
Fayetteville - The Elk Valley Times	LINCOLN	
Gainesboro - Jackson County Sentinel	JACKSON	
Greeneville - Greeneville Sun	GREENE	
Hartsville - The Hartsville Vidette	TROUSDALE	
Henderson - Chester County Independent	CHESTER	
Hohenwald - Lewis County Herald	LEWIS	
Huntingdon - Carroll County News-Leader	CARROLL	
Jackson - The Jackson Sun	MADISON	
Jamestown - Fentress Courier	FENTRESS	
Johnson City - Johnson City Press	WASHINGTON	
Kingsport - Kingsport Times-News	SULLIVAN	
Kingston - Roane County News	ROANE	
Knoxville - Knoxville News-Sentinel	KNOX	Anderson, Union, Grainger, Jefferson, Sevier, Blount, and Loudon Counties
Lafayette - Macon County Times	MACON	
LaFollette - LaFollette Press	CAMPBELL	
Lawrenceburg - The Democrat Union	LAWRENCE	
Lewisburg- Marshall County Tribune	MARSHALL	
Lexington - Lexington Progress	HENDERSON	
Linden - Buffalo River Review	PERRY	
Livingston - Overton County News	OVERTON	
Lynchburg - The Moore County News	MOORE	
Martin - Weakley County Press	WEAKLEY	
McMinnville - Southern Standard	WARREN	Van Buren County
Memphis - The Commercial Appeal	SHELBY	Tipton and Fayette Counties
Milan - The Mirror-Exchange	GIBSON	
Morristown - Citizen Tribune	HAMBLEN	
Mountain City - The Tomahawk	JOHNSON	

Display Column Widths, TPS Member Papers, updated 3/4/2014

NEWSPAPER NAME	MAIN COUNTY	OTHER REPRESENTED COUNTIES
Nashville - The Tennessean	DAVIDSON	Robertson, Sumner, Wilson, Rutherford, Cheatham, Dickson, Stewart, Houston and Montgomery Counties
Nashville - Williamson AM	WILLIAMSON	
Newport - Newport Plain Talk	COCKE	
Oneida - Independent Herald	SCOTT	
Paris - Paris Post-Intelligencer	HENRY	
Parsons - The News Leader	DECATUR	
Pulaski - Pulaski Citizen	GILES	
Ripley - The Lauderdale County Enterprise	LAUDERDALE	
Rogersville - The Rogersville Review	HAWKINS	Hancock County
Savannah - The Courier	HARDIN	
Selmer - Independent Appeal	MCNAIRY	
Shelbyville - Shelbyville Times-Gazette	BEDFORD	
Smithville - Smithville Review	DEKALB	
Sparta - The Expositor	WHITE	
Sweetwater - The Advocate & Democrat	MONROE	
Tazewell - Claiborne Progress	CLAIBORNE	
Tiptonville - The Lake County Banner	LAKE	
Tracy City - Grundy County Herald	GRUNDY	
Tullahoma - Tullahoma News	COFFEE	
Union City - Union City Daily Messenger	OBION	
Wartburg - Morgan County News	MORGAN	
Waverly - The News Democrat	HUMPHREYS	
Waynesboro - The Wayne County News	WAYNE	
Winchester - The Herald Chronicle	FRANKLIN	
Woodbury - Cannon Courier	CANNON	

ATTACHMENT B - LIST OF TENNESSEE COUNTIES

01 Anderson	20 Decatur	39 Henderson	58 Marion	77 Sequatchie
02 Bedford	21 Dekalb	40 Henry	59 Marshall	78 Sevier
03 Benton	22 Dickson	41 Hickman	60 Maury	79 Shelby
04 Bledsoe	23 Dyer	42 Houston	61 Meigs	80 Smith
05 Blount	24 Fayette	43 Humphreys	62 Monroe	81 Stewart
06 Bradley	25 Fentress	44 Jackson	63 Montgomery	82 Sullivan
07 Campbell	26 Franklin	45 Jefferson	64 Moore	83 Sumner
08 Cannon	27 Gibson	46 Johnson	65 Morgan	84 Tipton
09 Carroll	28 Giles	47 Knox	66 Obion	85 Trousdale
10 Carter	29 Grainger	48 Lake	67 Overton	86 Unicoi
11 Cheatham	30 Greene	49 Lauderdale	68 Perry	87 Union
12 Chester	31 Grundy	50 Lawrence	69 Pickett	88 Van Buren
13 Claiborne	32 Hamblen	51 Lewis	70 Polk	89 Warren
14 Clay	33 Hamilton	52 Lincoln	71 Putnam	90 Washington
15 Cocke	34 Hancock	53 Loudon	72 Rhea	91 Wayne
16 Coffee	35 Hardeman	54 McMinn	73 Roane	92 Weakley
17 Crockett	36 Hardin	55 McNairy	74 Robertson	93 White
18 Cumberland	37 Hawkins	56 Macon	75 Rutherford	94 Williamson
19 Davidson	38 Haywood	57 Madison	76 Scott	95 Wilson