



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 hsda.staff@tn.gov

**REPORT OF HOME HEALTH ACCREDITATION
FOR
CON EXEMPTION IN ECONOMICALLY DISTRESSED COUNTIES**

Instructions: This form must be filed with the Health Facilities Commission by any person who established a health care institution or initiates any service specified in T.C.A. 68-11-1607 (a) (3) pursuant to the exemption provided in T.C.A. 68-11-1607 (r) or T.C.A. 68-11-1607 (r) within two (2) years of licensure. This form may be mailed to the Commission office or emailed to hsda.staff@tn.gov.

1. **REPORTING DATE:** _____

2. **DATE OF LICENSURE:** _____
(ATTACH COPY OF LICENSE)

3. **COUNTY/COUNTIES:** _____

4. **NAME AND ADDRESS OF PROVIDER**

(Name)

(Street Address)

(City) (State) (Zip)

5. **CONTACT PERSON OR AUTHORIZED AGENT REPORTING EXEMPTION**

(Name) (Title)

(Company) (Email Address)

(Mailing Address) (Telephone Number)

(City) (State) (Zip) (Fax Number)

6. **DESCRIPTION OF CON EXEMPTED ACTIVITY:**

7. **ACCREDITATION**

Please Check

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

8. **ACCREDITATION DATE:** _____ **ACCREDITATION EXPIRATION DATE:** _____
Please attach proof of accreditation.

Signature

Date

Printed Name