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Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission: Board for Licensing Health Care Facilities
Division:
Contact Person: Caroline R. Tippens, Assistant General Counsel
Address: 665 Mainstream Drive, Nashville, TN
Zip: 37243
Phone: (615) 741-1611
Email: Caroline.Tippens@tn.gov

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	ADA Coordinator
Address:	710 James Robertson Parkway, Andrew Johnson Building, 5th Floor, Nashville, Tennessee 37243
Phone:	(615) 741-6350
Email:	Tina.M.Harris2@tn.gov

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Metro Center
Address 2:	665 Mainstream Drive, Iris Conference Room
City:	Nashville, Tennessee
Zip:	37228
Hearing Date :	10/02/19
Hearing Time:	9:00 a.m. <input checked="" type="checkbox"/> CST/CDT <input type="checkbox"/> EST/EDT

Additional Hearing Information:

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Revision Type (check all that apply):

- Amendment
- New
- Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
1200-24-05	Plans and Specifications
Rule Number	Rule Title
1200-24-05-.01	Definitions
1200-24-05-.03	Fees

Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to

<https://sos.tn.gov/products/division-publications/rulemaking-guidelines>.

Rule 1200-24-05-.01 Definitions is amended by deleting paragraphs (5) and (7) in their entirety and substituting instead the following language, so that as amended, the new paragraphs shall read:

- (5) Health care facility. Includes any hospital, nursing home, home for the aged, birthing center, ambulatory surgical treatment center, residential HIV supportive living facility, adult care home level 2, assisted care living facility, outpatient diagnostic center, prescribed child care center, end stage renal dialysis clinic, residential hospice, or traumatic brain injury residential home required to be licensed in accordance with Tennessee Code Annotated § 68-11-201.
- (7) Occupancy type. Business occupancy, residential occupancy, health care occupancy as defined by the current approved edition of the Life Safety Code (NFPA 101) by the Board for Licensing Health Care Facilities.

Authority: T.C.A. §§ 68-11-202, 68-11-204, 68-11-206, 68-11-209, and 68-11-216.

Rule 1200-24-05-.03 Fees is amended by the adding new paragraphs (5), (6) and (7) and by renumbering the remaining paragraphs accordingly, so that as amended, the new paragraphs shall read:

- (5) An additional fee of fifteen dollars (\$15.00) per building project for receiving plans or specifications electronically shall be applied.
- (6) For those making payment by card, an internet payment processing fee, not to exceed two and one half percent (2.5%) of the total fee, to be used solely to defray the costs of any payments processed electronically shall be applied.
- (7) For those making electronic check (e-check) payments, an internet payment processing fee, not to exceed one dollar (\$1.00), to be used solely to defray the costs of any payments processed electronically shall be applied.

Authority: T.C.A. §§ 68-11-202, 68-11-204, 68-11-206, 68-11-209, 68-11-216, and 68-11-804.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: July 18, 2019

Signature: Caroline Tippens

Name of Officer: Caroline R. Tippens

Assistant General Counsel

Title of Officer: Department of Health

Subscribed and sworn to before me on: _____

Notary Public Signature: Suzanne Meckhouse

My commission expires on: _____



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Filed with the Department of State on: 7/18/19

Tre Hargett

Tre Hargett
Secretary of State

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