

STATE OF TENNESSEE DEPARTMENT OF HEALTH DIVISION OF HEALTH LICENSURE & REGULATION OFFICE OF HEALTH CARE FACILITIES 665 MAINSTREAM DRIVE, SECOND FLOOR NASHVILLE, TENNESSEE 37243 TELEPHONE (615) 741-7221 FAX (615) 741-7051

Board for Licensing Health Care Facilities Interpretative Guidelines

SUBJECT: Home Health Agency rule 1200-08-26-.06(3)(b) regarding evidence of

review of plan of care must include physician's signature

DATE: April 1, 2020

RULES: During the COVID-19 crisis, the above rule is interpreted to allow evidence

of review of plan of care to include electronic signature or verbal authorization. This wavier would remain in effect until the June 2020

Board meeting.