

EVALUATION DATED JANUARY 18, 2024, FOR CERTIFICATE OF NEED APPLICATION PROPOSING TO PROVIDE MEDICARE AND MEDICAID-CERTIFIED HOME HEALTH SERVICES TO THE RESIDENTS OF SNOHOMISH COUNTY, SUBMITTED BY ACCENTCARE, INC. DBA ACCENTCARE HOME HEALTH OF SNOHOMISH COUNTY, LLC

APPLICANT DESCRIPTION

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC (AccentCare) is a Washington Limited Liability Company¹ that is 100% owned by AccentCare, Inc. and headquartered at 17855 Dallas Parkway, Suite 200, Dallas, Texas 75287-6857. [source: Application, p1 and pp4-6] For this project, AccentCare, Inc. is the applicant.

AccentCare, Inc. describes itself as “...a national leader in home health services, personal care services and hospice care, with innovative partnerships and care models that advance the industry forward. We connect the entire home care continuum — from personal care, medical and non-medical home health, hospice and palliative care, rehabilitation therapy and care management services.” AccentCare, Inc. states it has more than 29,000 employees nationally and more than 250 locations, throughout 29 states and the District of Columbia. All of its in-home service agencies are Community Health Accredited Partner (CHAP) or Joint Commission-accredited. [sources: AccentCare, Inc. website and Application, Exhibit 3] In Washington State AccentCare, Inc. holds three in-home services credentials, detailed below.

**Department’s Table 1
AccentCare, Inc.’s Washington State Active In-Home Services Credentials**

WA Credential	Service Type	King	Pierce	Snohomish	Spokane
IHS.FS.00000111	Home Care	X	X	X	X
IHS.FS.61428561	Hospice	X			
IHS.FS.61446658	Hospice			X	

[source: Department of Health’s internal Integrated Licensing and Regulatory System]

Also in Washington State, AccentCare, Inc. holds five certificates of need and one certificate of need applications pending a department decision – this review. These certificates and applications are listed in the following table.

**Department’s Table 2
AccentCare, Inc.’s Washington State Certificate of Need Approvals and Applications**

CN Application	CN Certificate	Service Type	King	Pierce	Snohomish
#21-54	#1913	Hospice			X
#21-38	#1916E	Hospice	X		
#22-31	#1947	Hospice		X	
#23-22	#1986	Home Health	X		
#24-01	#1992	Home Health		X	

¹ AccentCareHome Health of Snohomish County’s Washington Secretary of State unified business identifier is 605-180-057.

#23-38	This review	Home Health			X
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[source: Department of Health’s internal CN Facility and Application Files]

If a Certificate of Need is issued for this project, the department recognizes that the in-home service license would be issued to AccentCare Home Health of Snohomish County, LLC. For this review, the applicant is AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC, and will be referenced in this evaluation as *AccentCare*.

PROJECT DESCRIPTION

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

AccentCare is proposing to establish an agency that will provide Medicare and Medicaid-certified home health services to the residents of Snohomish County to be known as AccentCare Home Health of Snohomish County, LLC. The new agency would have offices at 3400 188th Street Southwest, in Lynnwood, [98037] within Snohomish County. [source: Application, p8]

AccentCare stated the home health agency will include the following services either directly or through contract:

- | | |
|--------------------------------|------------------------|
| Skilled nursing | RightPath Programs |
| Physical therapy | ○ COPD |
| Occupational therapy | ○ Cardiac care |
| Speech therapy | ○ Diabetes |
| Medical social services | ○ Joint rehabilitation |
| Home health aide | ○ Late life depression |
| Nutritional counseling | ○ Palliative care |
| IV therapy | |
| Applied behavior analysis | AdvancedCare at Home |
| Durable medical equipment | ○ Telemonitoring |
| Bereavement services | ○ Remote monitoring |
| Respiratory therapy | ○ Virtual visits |
| Dementia care | ○ Call center services |
| Behavioral health | |
| Personal care support services | |
| Cognitive behavior therapy | |

[source: Application, p8 and pp11-20]

If approved, AccentCare anticipates it will begin providing Medicare and Medicaid-certified home health services to Snohomish County residents in January 2025.² For this project, full calendar year one is 2025 and year three is 2027. [source: September 18, 2023, Screening Responses, pp2-3]

The estimated capital expenditure for this project is \$92,000 for office furnishings, supplies for staff, electronics and telecom equipment, and associated sales tax. There is no construction for this project. [source: Application, p50-51 and p54]

APPLICABILITY OF CERTIFICATE OF NEED LAW

This application is subject to Certificate of Need review as the construction, establishment, or other development of a health care facility under RCW 70.38.105(4)(a) and WAC 246-310-020(1)(a).

² This timeline assumes a CN approval in August 2023.

EVALUATION CRITERIA

WAC 246-310-200(1)(a)-(d) identifies the four determinations that the department must make for any application. WAC 246-310-200(2) provides additional direction in how the department is to make its determinations.

In the event Chapter 246-310 WAC does not contain service or facility standards in sufficient detail to make the required determinations, WAC 246-310-200(2)(b) identifies the types of standards the department may consider in making its required determinations.

To obtain Certificate of Need approval, the applicant must demonstrate compliance with the criteria found in WAC 246-310-210 (need) including applicable portions of the 1987 Washington State Health plan; 246-310-220 (financial feasibility); 246-310-230 (structure and process of care); 246-310-240 (cost containment).

TYPE OF REVIEW

This application was reviewed under the regular review timeline outlined in WAC 246-310-160. The following table shows a summary of the timeline used for the review of this project.

APPLICATION CHRONOLOGY

Action	AccentCare
Letter of Intent Received	April 14, 2023
Application Received	June 30, 2023
Department’s pre-review activities <ul style="list-style-type: none"> • DOH 1st Screening Letter Sent • Applicant's Responses Received 	August 3, 2023 September 18, 2023
Beginning of Review	October 12, 2023
Public Hearing	None requested or conducted
Public Comments Deadline	November 16, 2023
Rebuttal Comments Deadline	December 4, 2023
Department's Anticipated Decision Date	January 18, 2024
Department's Actual Decision Date	January 18, 2024

AFFECTED PERSONS

Affected persons are defined under WAC 246-310-010(2). In order to qualify as an affected person someone must first qualify as an *interested person* defined under WAC 246-310-010(34). During the review of this application, two entities requested interested person status. Below is a review of each entity’s interested and affected person status.

Health Trends

Health Trends is a business located in Seattle performs a variety of consulting services for the health care sector throughout the Pacific Northwest, including participation in the Certificate of Need process. Health Trends submitted a request for interested person status on July 10, 2023. Although Health Trends represents many health organizations, on its own, it does not qualify for interested person status and, therefore, cannot qualify for affected person status.

Providence Health & Services – Washington dba Providence Hospice and Home Care of Snohomish County

Providence Health & Services – Washington operates Providence Hospice and Home Care of Snohomish County, an existing home health agency located 1615 75th Street Southwest, Suite 210, in Everett, within Snohomish County [98203]. The in-home services agency is licensed³ and CN-approved to provide Medicare and Medicaid home health services to residents of Snohomish County.⁴ Providence Home Services requested interested person status on May 9, 2023. Providence Home Services qualifies for interested person status for this Snohomish County review. However, since Providence Home Services did not submit any comments during the review of this project, Providence Home Services does not qualify as an affected person for this project.

SOURCE INFORMATION REVIEWED

- AccentCare’s Certificate of Need application received June 30, 2023
- AccentCare’s screening response received September 18, 2023
- Public comment received on or before November 16, 2023
- 1987 Washington State Health Plan
- Office of Financial Management Population Data 2022
- Department of Health Integrated Licensing and Regulatory System database [ILRS]
- Licensing and/or survey data provided by the Department of Health’s Office of Health Systems Oversight
- Licensing data provided by the Medical Quality Assurance Commission, Nursing Quality Assurance Commission, and Health Systems Quality Assurance Office of Customer Service
- CMS QCOR Compliance website: https://qcor.cms.gov/index_new.jsp
- Washington Secretary of State corporation data

CONCLUSION

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

For the reasons stated in this evaluation, the application submitted by AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC proposing to establish a Medicare and Medicaid-certified home health agency to serve the residents of Snohomish County is consistent with applicable criteria of the Certificate of Need Program, provided AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC agrees to the following in its entirety.

Project Description:

This Certificate of Need approves AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC to establish a Medicare and Medicaid-certified home health agency in Lynnwood to serve the residents of Snohomish County, Washington. Home health services provided to Snohomish County residents include skilled nursing; physical, occupational, respiratory, and speech therapies; medical social work; home health aide; medical director; nutritional counseling; IV therapy services; applied behavior analysis; durable medical equipment; bereavement services; dementia care; behavioral health services; personal care; and cognitive behavioral therapy. Services may be provided directly or under contract.

³ Providence’s Washington State In-Home Services license # IHS.FS.00000418.

⁴ Providence purchased Hospice of Snohomish County, which had grandfathered status as a Medicare-Certified, Medicaid-eligible home health and hospice agency that operated prior to being subject to Certificate of need.

Conditions:

1. Approval of the project description as stated above. AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC will obtain and maintain Medicare and Medicaid certification.
3. AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC shall finance the project using its member's funds as described in the application.
4. Prior to providing Medicare and Medicaid-certified home health services to Snohomish County residents, AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC will provide the Certificate of Need Program with a listing of its ancillary and support vendors.
5. Prior to providing Medicare and Medicaid-certified home health services to Snohomish County residents, AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC will provide the Certificate of Need Program with a listing of its credentialed staff for review. The listing shall include each staff person's name and professional license number.
6. The service area for this Medicare and Medicaid-certified home health agency is Snohomish County. AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC must provide home health services to the entire area for which this Certificate of Need is granted.

Approved Costs:

This project's capital costs are \$92,000 for office furnishings, supplies for staff, electronics and telecom equipment, and associated sales tax.

CRITERIA DETERMINATIONS

A. Need (WAC 246-310-210)

Based on the source information reviewed and agreement to the conditions identified in the conclusion sections of this evaluation, the department determines this applicant **meets the applicable need, availability, and accessibility criteria in WAC 246-310-210.**

(1) The population served or to be served has need for the project and other services and facilities of the type proposed are not or will not be sufficiently available or accessible to meet that need.

WAC 246-310-210(1) does not contain specific need criteria as identified in WAC 246-310-200(2)(a)(i). To assist with the determination of numeric need for home health agencies, the department uses the numeric methodology contained in the 1987 Washington State Health Plan.

Home Health Numeric Methodology-1987 Washington State Health Plan (SHP)

The SHP methodology is a five-step process outlined below that projects the number of home health agencies that will be needed in a planning area. [source: SHP, pB-35]

Step one: Project the population of the planning area, broken down by age cohort

Age Cohort
0-64
65-79
80+

Step two: Project the number of home health patients

This is done by multiplying each projected population age cohort by its corresponding use rate identified in the SHP.

Age Cohort	Use Rate
0-64	0.005
65-79	0.044
80+	0.183

Step three: Project number of patient visits

This is done by multiplying each age cohort's projected number of home health patients (calculated in the previous step) by its corresponding number of visits identified in the SHP.

Age Cohort	Use Rate	Visits
0-64	0.005	10
65-79	0.044	14
80+	0.183	21

Step four: Determine the projected home health agencies needed

This is done by dividing the total projected number of visits by 10,000, which is the amount the SHP considers the *target minimum operating volume for a home health agency*. The resulting number represents the maximum projected number of agencies needed in a planning area. The SHP specifies that fractions are rounded down to the nearest whole number.

Step five: Subtract the existing number of home health agencies in a planning area

The fifth and final step in the numeric methodology is to subtract the existing number of home health agencies providing services to a planning area from the projected number of agencies needed. This results in the net number of agencies needed for the planning area.

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

AccentCare provided a numeric methodology based on the five steps identified in the SHP, the outcome is summarized in the following table. [source: Application, pp24-29]

**Department’s Table 3
AccentCare’s Numeric Need Methodology for Year 2027**

Estimated home health agency gross need	24.99
Subtract # of home health agencies in the supply	(13)
Net need for Medicare and Medicaid home health agencies	11.99
Total net need	11

As shown in the table, AccentCare estimates a net need for 11 home health agencies by the end of year 2027.

There were no public comments or rebuttal comments submitted for the AccentCare project related to this sub-criterion.

Department Evaluation

The department’s evaluation of the numeric methodology is presented following the discussion of Universal’s project under this sub-criterion.

Department Evaluation of Numeric Need for the Snohomish County Home Health Projects

This section outlines the steps from the SHP methodology and applies them to Snohomish County. [source: SHP, pB-35]

Step one: Project the population of the planning area, broken down by age cohort

**Department’s Table 4
Numeric Need Methodology for Snohomish County
Step One – Project Planning Area Population by Age Cohort**

Age Cohort	2025	2026	2027
0-64	730,209	734,203	738,197
65-79	120,926	125,076	129,226
80+	29,948	32,661	34,831

[source: OFM “Projections of the Population by Age and Sex for Growth Management, 2022 GMA Projections - Medium Series”]

Step two: Project the number of home health patients

This is done by multiplying each projected population age cohort by its corresponding use rate identified in the SHP.

Department's Table 5
Numeric Need Methodology for Snohomish County
Step Two – Projected Number of Home Health Patients

Age Cohort	Use Rate	2025	2026	2027
0-64	0.005	100,168	100,648	101,126
65-79	0.044	169,649	175,478	179,308
80+	0.183	297,261	307,079	330,756

Step three: Project number of patient visits

This is done by multiplying each age cohorts' projected number of home health patients (calculated in the previous step) by its corresponding number of visits identified in the SHP.

Department's Table 6
Numeric Need Methodology for Snohomish County
Step Three – Projected Number of Home Health Visits

Age Cohort	Use Rate	Visits	2025	2026	2027
0-64	0.005	10	36,510	36,710	36,910
65-79	0.044	14	74,490	77,047	79,603
80+	0.183	21	115,090	125,516	133,857
Totals			226,091	239,273	250,370

Step four: Determine the projected home health agencies needed

This is done by dividing the total projected number of visits by 10,000, which is the amount the SHP considers the *target minimum operating volume for a home health agency*. The resulting number represents the maximum projected number of agencies needed in a planning area. The SHP specifies that fractions are rounded down to the nearest whole number.

Department's Table 7
Numeric Need Methodology for Snohomish County
Step Four – Projected Number of Home Health Agencies Needed

Age Cohort	Use Rate	Visits	2025	2026	2027
0-64	0.005	10	36,510	36,710	36,910
65-79	0.044	14	74,490	77,047	79,603
80+	0.183	21	115,090	125,516	133,857
Totals			226,091	239,273	250,370
Target Minimum Operating Volume			10,000	10,000	10,000
Number of Agencies			22.61	23.93	25.04
Number of Gross Agencies Needed			22	23	25

Step five: Subtract the existing number of home health agencies in a planning area

The fifth and final step in the numeric methodology is to subtract the existing number of home health agencies providing services to a planning area from the projected number of agencies needed. This results in the net number of agencies needed for the planning area. Following is a

brief description of how the department determines what agencies should be included or excluded from the numeric need methodology's supply.

It is important to note is that the department adheres to the definition in the 1987 Washington State Health Plan (SHP) for a home health agency which states, "*Home health agency means an entity coordinating or providing the organized delivery of home health services. Home health services means the provision of nursing services along with at least one other therapeutic service or with a supervised home health aide service to ill or disabled persons in their residences on a part-time or intermittent basis, as approved by a physician.*" [source: SHP, pB-34]

Several factors are used to determine whether an agency is appropriately considered part of the supply for any county. The first used by the department is its internal database.⁵ At initial licensure, renewal, or through a separate request, agencies list or edit their service areas, number of home health full-time employees, services provided, and agency website. Each of these is used to help determine if an agency is available and accessible to the entirety of Snohomish County residents.

The second factor is the Certificate of Need Program's records of which agencies are Certificate of Need approved. Medicare and Medicaid-certified. and available and accessible to all residents of a county.

Another factor used is an agency's response to the department's home health utilization survey. In 2022, and 2023 the department sent utilization surveys to all licensed home health agencies. The survey requested historical admissions and visits for the preceding years, 2021, and 2022 respectively.

An additional factor used in this assessment is each agency's public website. First, the department checks if there is a website that can be verifiably linked to the licensee. Second, the department checks if services listed as available on the website are in line with the SHP discussed earlier. Lastly, the department checks if it appears as though the agency serves Snohomish County in its entirety. When there is no website located, listed, or functioning that does not necessarily exclude the agency from the supply; however, the department would rely on other previously detailed methods to verify services and service area(s).

The attached analysis in Appendix A (listing which agencies are sufficiently available and accessible) was used to determine which agencies should be counted in the Snohomish County home health supply. The department started with a listing of all licensed in-home services agencies and eliminated any licenses that had a status of closed, denied licensure, expired, revoked, or suspended. This left in-home services licenses with a status of active or pending. Then, agencies that did not list home health as an agency service category on their state license or that were not serving Snohomish County were excluded. Next, the department applied the SHP definition of home health agency, by examining each agency's services listed on its license and determining if the licensed agency fits the SHP definition on this basis. Based on these factors, 67 home health agencies with in-home services licenses remain.

⁵ Integrated Licensing and Regulatory System (ILRS).

The department’s findings on these remaining 67 agencies are detailed as Appendix A, including the rationale outlining each agency’s inclusion or exclusion from the supply for the numeric methodology for Snohomish County. A summary is in the following table.

**Department’s Table 8
Summary of Determining the Existing Home Health Supply for Snohomish County**

CN-approved or grandfathered agencies	8 agencies are counted.
Website research shows services are limited to a special population or to only parts of Snohomish County	15 agencies are excluded on this basis, which includes one CN-grandfathered agency, counted above.
Website research shows services exclude the agency from the SHP definition of a home health agency	33 agencies are excluded on this basis.
No recent surveys were submitted, or website located	9 agencies are excluded on this basis.
Agencies whose applications were pending	0 agencies are excluded on this basis.

Of the original 67 agencies, exclusion of the 57 from Table 8 results in 10 remaining agencies. The following table shows the remaining 10 licenses that represent the existing supply of active CN-approved home health agencies serving the residents of Snohomish County.

**Department’s Table 9
The Existing Home Health Supply for Snohomish County**

Agency Name	WA DOH License Number
Assured Home Health/LHCG LXIII, LLC	IHS.FS.60497952
Assured Home Health/Health At Home Seattle Metro	IHS.FS.61186662
Eden Home Health	IHS.FS.60491681
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418
Signature Healthcare at Home	IHS.FS.00000220
Evergreen Health	IHS.FS.00000278
Bethany Home Health LLC	IHS.FS.60966822
Josephine at Home	IHS.FS.60923101
Avail Home Health	IHS.FS.00000231
CenterWell Home Health	IHS.FS.00000295

A summary of the department’s numeric methodology is presented in the following table. The complete methodology and supporting data are provided as Appendix B attached to this evaluation.

Department's Table 10
Numeric Need Methodology for Snohomish County
Step Five – Subtract the Existing Supply

Age Cohort	Use Rate	Visits	2025	2026	2027
0-64	0.005	10	36,510	36,710	36,910
65-79	0.044	14	74,490	77,047	79,603
80+	0.183	21	115,090	125,516	133,857
Totals			226,091	239,273	250,370
Target Minimum Operating Volume			10,000	10,000	10,000
Number of Agencies			22.61	23.93	25.04
Number of Gross Agencies Needed			22	23	25
Number of Existing Agencies			10	10	10
Net Agencies Needed			12	13	15

As shown in the preceding tables, both the department's and the applicants' need methodologies project need for additional home health agencies in Snohomish County in projection year 2027. Based solely on the numeric methodology, numeric need for additional Snohomish County home health agencies is demonstrated.

In addition to the numeric need methodology, the department must determine whether other services and agencies of the type proposed are not or will not be sufficiently available and accessible to meet that need.

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

AccentCare provided the following statements related to this sub-criterion. [source: Application, p30]
“Furthermore, not all services are readily available from all providers, and many home health agencies do not provide IV services or applied behavioral analysis. Having multiple providers with a variety of services and specialties ensures the needs of the community are met.

AccentCare's programs and service offerings augment and enhance service of existing providers to ensure home care needs are met by a variety of patients. AccentCare Snohomish County will work with institutional providers, the medical community, and the general public to ensure that home health care services are available when needed. Letters from the community attesting to the support of AccentCare's proposal will be provided during the public comment period. Furthermore, the proposed agency will make efforts to enroll minorities and traditionally underserved populations as described within this application”

Additionally, when asked about existing barriers to home health services AccentCare provided the following response. [source: Application, pp31-36]

“Snohomish County has unmet home health care need and a diverse population which can restrict patient access by having too few providers. Reaching residents across the area and from all walks of life takes innovation and diligence, in addition to increased resources and manpower in the form of additional home health agencies. AccentCare of Snohomish County has an array of innovative programs and services to identify and serve those in need. Access barriers to home health services include the following factors:

- *Limited availability of Medicare and Medicaid home health*
- *Limited service offerings from existing home health providers*

- *Limited availability from existing home health providers such as*
 - *Not serving all age groups*
 - *Not serving all locations*
- *Lack of access to general health services or a primary care provider*
- *Racial disparities*
- *Staffing shortages*
- *Poverty or lack of insurance*
- *Language barriers and low health literacy*

Furthermore, in the wake of the COVID-19 pandemic, residents are often fearful to reach out for medical care or other services and often opt for in-home care rather than extended institutional care, such as in a rehabilitation facility. The limited number of home health agencies is a barrier to the increasing need for in-home services. Across the nation, AccentCare affiliates were able to admit Covid positive patients, helping hospitals by admitting them at home with home health care, avoiding the isolation from family that results from hospitalization. Daily monitoring of staff health, education about proper use of personal protection equipment (PPE) and securing adequate supplies of PPE to keep staff safe ensures staff are cared for, alongside the patients they serve.

Access is restricted by a range of factors, including the low number of available Medicare and Medicaid certified home health agencies in relation to the calculated need, and the number that provide a limited number of services or that serve a specific age range or geographic locations. Having another Medicare and Medicaid certified home health agency with wide ranging programs and services and ability to provide outreach to traditionally underserved populations, such as minorities, low income and indigent populations, and those living in rural areas, will help to break down these barriers.

AccentCare Snohomish County breaks barriers by developing targeted programs to expand access and offer additional services where they are most needed by complementing, rather than competing with existing service providers. See upcoming Question 10 on how home healthcare will be available and accessible to underserved populations.”

Public Comments

The department received comments on AccentCare’s project. The following is an excerpt from the comment related to this sub-criterion.

Megumi Azekawa, MM, MT-BC, Founder & Director, Puget Sound Music Therapy, LLC [source: November 8, 2023, public comment packet]

“This is a letter of support on behalf of AccentCare and their initiative to bring additional services in home health care to our community of Snohomish County. I have had then pleasure of being associated with them for many years as they have maintained their efforts to offer resources and additional programs, which is a great need in Washington. I am the co-chair of the Washington State Music Therapy Task Force, a state music therapy advocacy group that promotes public awareness of music therapy and also work as a music therapist for a variety of client populations. I am very aware of the multitude of needs that we are facing in our neighborhoods. AccentCare does immersive research to understand our community needs, and proposing to provide support with an acute awareness of how they can help.

Snohomish County is truly lacking in services and resources compared to the surrounding counties and there are specific needs of certain populations that aren't being met, including the LGBTQ+

community. AccentCare is partnered with SAGE - Advocacy Services for LGBTQ+ Elders and is a platinum certified provider. They put in the work to understand this population and each staff member in AccentCare goes through training with SAGE to increase their knowledge and understanding of how better to serve them. This would be a huge benefit to our LGBTQ+ neighbors, to know they will be supported and taken care of by their allies.

AccentCare has put specific attention to how the COVID19 pandemic has effected the residents of Washington. Not only has it caused physical issues such as long-covid and other long-term illnesses but it has effected people emotionally and has been a huge cause of depression and anxiety. AccentCare has implemented a behavioral health program and will hire a registered nurse and social worker trained to manage patients with these needs and implement this into their care plan. After what we have faced over the last three years this attention to not only physical but mental needs is paramount. This is the kind of organization we want to work alongside.

I am also a big fan of AccentCare's Namaste program. This program was established as a part of AccentCare hospice services to support those suffering from dementia and Alzheimer's. This is a unique person-centered care that provides detailed attention to personal care. This experience enhances the quality of life for those participating in the service and provides an enhanced humanized opportunity to feel taken care of when these patients aren't able to speak for themselves.

Department Evaluation

AccentCare is proposing to locate its agency in office space in Lynnwood, within Snohomish County. AccentCare has researched and identified populations that currently lack and/or face barriers to accessing timely home health services. The detailed discussion provided by this applicant is not quoted here, but is available in the application pdf pages 34-39. Barriers include limited availability of Medicare and Medicaid agencies, limited services of existing agencies, limited availability of existing providers to all ages and locations, lack of access to general health services, racial disparities, staffing shortages, poverty, lack of insurance, language barriers, lack of health literacy, and fear of institutional (inpatient) care. AccentCare intends to overcome these barriers by ensuring staff are properly equipped, staff health is monitored, providing unique and targeted programs and services, outreach to traditionally underserved groups, and by seeking to complement the services of existing providers rather than compete. If its application is approved, AccentCare would be required to be available to all residents of Snohomish County.

Comments in support of AccentCare's project included that of a music therapist and from a social worker, who both see a need for Medicare and Medicaid-certified home health services for Snohomish County. Also that AccentCare's specialized programs would help additional patients access care.

Typically, the department reviews the number of home health visits by agencies counted in the supply against the projected number of visits to further assess availability and accessibility. Historical visit information is only available to the department through its use of annual surveys. Since only five of the agencies counted in the supply returned completed surveys with year 2022 data, the department did not conduct this analysis for this project. Rather, the department takes into consideration the lack of public comments from existing Snohomish County home health providers that oppose the addition of a new provider to Snohomish County.

The numeric methodology supports need for additional home health agencies in Snohomish County. The numeric methodology and preceding analysis demonstrate that AccentCare could be approved since AccentCare provided a reasonable rationale for its project. Based on the information received, the department concludes that AccentCare has demonstrated need for its proposed project and, subject to agreement to a condition that AccentCare would be available to all residents of Snohomish County, **meets this sub-criterion.**

(2) All residents of the service area, including low-income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly are likely to have adequate access to the proposed health service or services.

To evaluate this sub-criterion, the department evaluates an applicant's admission policies, willingness to serve Medicare and Medicaid patients, and willingness to serve patients that cannot afford to pay for services.

The admission policy provides the overall guiding principles of the facility as to the types of patients that are appropriate candidates to use the facility and assurances regarding access to treatment. The admission policy must also include language to ensure all residents of the planning area would have access to the proposed services. This is accomplished by providing an admission policy that states patients would be admitted without regard to race, ethnicity, national origin, age, sex, pre-existing condition, physical, or mental status.

Medicare certification is a measure of an applicant's willingness to serve the elderly. With limited exceptions, Medicare is coverage for individuals age 65 and over. Medicaid certification is a measure of an applicant's willingness to serve low income persons and may include individuals with disabilities.

Charity care shows a willingness of a provider to provide services to individuals who do not have private insurance, do not qualify for Medicare, do not qualify for Medicaid, or are under insured.

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

In response to this sub-criterion, this applicant provided copies of the following policies.

Availability of Services – Acceptance, Admission, Ongoing and Discharge – Executed [source: Application, Exhibit 14]

Stated purpose: *To ensure uniform quality of patient care and service for all patients throughout the organization and to ensure that patients have access to the resources they need to meet their health care needs.*

This policy outlines the procedures to be used to ensure home health services are available when needed, and also includes the following policy statement: *It is the policy of this agency that all patients, regardless of race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, or place of national origin have the right to receive the same quality of care throughout the organization and to have access to the home health resources they need to meet their health care needs.*

Admission of Patients/Patient Identifiers – Executed [source: Application, Exhibit 14]

Stated policy: *It is the policy of the agency to make decisions regarding the admission of a patient for care in the home based on the following criteria:* then lists the criteria.

Stated purpose: *To ensure that a uniform level of care and services is offered to all patients, the agency has the resources to provide the necessary home care. Patients have adequate resources, including reimbursement requirements to meet their health care needs in the home.*

This policy includes its regulatory references, CHAP standards, definitions, procedure, admission criteria, nondiscrimination language, and state-specific information. The applicant further explained the following statement in this policy, “*Patients’ healthcare requirements at home must meet their payer guidelines. The Agency may refuse services if unable to make satisfactory financial arrangements with the patient.*” [source: September 18, 2023, screening response, p9]

“*This section of the policy is intended to address any payer guidelines that may apply (e.g., for a patient to be homebound). Additionally, satisfactory financial arrangements may include patients with payors (e.g., Medicare), private pay patients, or patients eligible under the charity care policy.*”

Patient’s Rights, Responsibilities and Consent – Executed [source: Application, Exhibit 14]

Stated purpose: *To ensure that patients and staff are informed of patient rights, responsibilities, consent, and patient’s rights are respected.*

This policy details its regulatory references, the agency’s procedure to ensure that patients and their representatives are aware of their rights, outlines rights and responsibilities for patients, includes non-discrimination language, and state-specific requirements.

Section 504: Non-Discrimination & Grievance Procedure – Executed [source: Application, Exhibit 14]

Stated policy: *This agency does not discriminate based on disability and follows an internal grievance procedure providing prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act.*

Any person who believes she or he has been subjected to discrimination based on disability may file a grievance under this procedure. It is against the law to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

The policy includes its references, definition, procedure, contact information, and the following non-discrimination language. *For the purposes of complying with the rules and regulations set forth and enforced by the Office for Civil Rights, this agency informs the public, patients, and employees that the agency does not discriminate on the basis of age, disability, national origin, ancestry, gender, gender identity and/or expression, sexual orientation, or source of payment.*

Indigent and Charity Care Policy – Executed [source: Application, Exhibit 14]

Stated purpose: *To provide guidelines to be considered when establishing patient eligibility for uncompensated or discounted services for uninsured or underinsured indigent and charity patients.*

The policy includes its regulatory references, outlines the process one would use to access charity care or financial assistance, eligibility requirements, and state-specific information, which includes Washington State.

Patient Transfer and Discharge/Notice of Medicare Non-Coverage (NOMNC) Notice – Executed
[source: Application, Exhibit 14]

Stated purpose: *To outline the discharge/transfer process and coordination process to ensure patient participation, physician, podiatrist/NPP notification, and facilitate a patient's a discharge/transfer from home health.*

This policy includes its regulatory and CHAP references, procedure depending on the various reasons for transfer or discharge, criteria for transfer or discharge, notification process, and state-specific information.

Contracts for Clinical Services – Executed [source: Application, Exhibit 14]

State purpose: *To ensure the provision of clinical services and maintain an adequate number of qualified professionals to provide professional services.*

This policy includes its regulatory references, CHAP and The Joint Commission (TJC) standards, its purpose, and procedure.

In addition to the policies discussed above, AccentCare provided several other policies discussing patient-care issues such as, emergency management, privacy, and communication for patients with limited English proficiency as well as internal policies detailing specific positions' educational requirements and/or job description and policy development, among others. While not separately discussed here, all policies were reviewed as part of this evaluation process.

AccentCare further provided the following statements demonstrating its commitment to being available and accessible to all residents of the planning area.

“AccentCare Snohomish County will serve all residents of Snohomish County, regardless of location within the county. The proposed agency will establish its administrative office proximate to the most populous areas of Snohomish County to ensure availability and accessibility to the entire geography of the county. Enrolled patients receive home health services in their own homes. The location of the business office is the repository for medical records, staff training and staff conferences for the purpose of care team meetings. All care staff are dispatched generally from their homes to provide in-home care to patients. All staff use computer technology to communicate with the office as well as each other. Patients are able to access a call center for additional support.” [source: Application, p9]

“AccentCare Home Health of Snohomish County, LLC intends to enroll as a provider in both Titles XVIII and XIX of the Social Security Act to attain Medicare and Medicaid certification.” [source: Application, p23]

This applicant provided the following information regarding assumptions used to determine the projected payer mix. [source: Application, p53]

“The table below presents the revenues by payer. The information below shows the percentage of gross revenues as well as the percentage of patient days by payor that is consistent throughout the forecast period. The payor mix is similar to recent approved CN applications for Josephine Caring Community (CN#21-14) and Bethany Home Health (CN#21-15), as well as AccentCare's own experience in operating home health agencies around the country. Additional detail and assumptions are provided in Exhibit 12.”

Applicant's Table

Payor	Percentage of Gross Revenue	Percentage by Patient
Medicare	80.0%	80%
Medicaid	3.0%	3.0%
Commercial/Other	15.0%	15.0%
Charity	1.0%	1.0%
Self-pay	1.0%	1.0%
Total Gross Patient Service Revenues	100.0%	100.0%

[source: Application, p53]

When for additional detail about the “Commercial/Other” category of AccentCare’s projected payers above, AccentCare provided the following response. [source: September 18, 2023, screening response, p4]

“In addition to commercial insurance, government payors, such as VA, Tri-Care and Worker’s Compensation, categorically fall under commercial coverage and represent the “other” payors within the “Commercial/Other” category.”

There were no public comments or rebuttal comments received for the AccentCare project related to this sub-criterion.

Department Evaluation

AccentCare states its services will be available and accessible to all Snohomish County residents. To substantiate this statement AccentCare provided multiple policies relevant to this sub-criterion.

The *Admission of Patients/Patient Identifiers Policy* describes the policy’s procedure, admission criteria, nondiscrimination language. This policy functions in conjunction with AccentCare’s *Availability of Services – Acceptance, Admission, Ongoing and Discharge Policy, Patient’s Bill of Rights, Responsibilities and Consent Policy, Section 504: Non-Discrimination & Grievance Procedure, Indigent and Charity Care Policy*, and *Patient Transfer and Discharge/Notice*. These policies include information used to set clear guidelines and protect patients from unfair treatment in accordance with applicable laws.

Through its projection period, AccentCare anticipates Medicare revenue will average 80% of gross revenue; Medicaid 3% of gross revenue, while commercial/VA/LNI revenue will average 15% of gross revenue, self-payers 1%, and the remaining 1% is projected to be charity care. AccentCare also provided sound assumptions related to these projections as well as pro forma financial statements which show each of these revenue types are anticipated in projections.

As mentioned above AccentCare also provided a copy of its *Indigent and Charity Care Policy* which will be used at its proposed agency. The policy states its purpose, procedure to apply for charity care, and eligibility criteria. The pro forma financial statements provided by AccentCare also include projected charity care as a deduction from gross revenue.

If approved, the department will require AccentCare's home health services to be available and accessible to all residents of the planning area. With agreement to this condition and based on the information provided and lack of any comment demonstrating AccentCare will not provide adequate access to all residents of Snohomish County, the department concludes that the AccentCare project **meets this sub-criterion.**

(3) The applicant has substantiated any of the following special needs and circumstances the proposed project is to serve.

(a) The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers providing a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas.

(b) The special needs and circumstances of biomedical and behavioral research projects designed to meet a national need and for which local conditions offer special advantages.

(c) The special needs and circumstances of osteopathic hospitals and non-allopathic services.

(4) The project will not have an adverse effect on health professional schools and training programs. The assessment of the conformance of a project with this criterion shall include consideration of:

(a) The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided.

(b) If proposed health services are to be available in a limited number of facilities, the extent to which the health professions schools serving the area will have access to the services for training purposes.

(5) The project is needed to meet the special needs and circumstances of enrolled members or reasonably anticipated new members of a health maintenance organization or proposed health maintenance organization and the services proposed are not available from nonhealth maintenance organization providers or other health maintenance organizations in a reasonable and cost-effective manner consistent with the basic method of operation of the health maintenance organization or proposed health maintenance organization.

Department Evaluation

The criteria under WAC 246-310-210(3), (4), and (5) do not apply to this application.

B. Financial Feasibility (WAC 246-310-220)

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines the applicant **meets the applicable financial feasibility criteria in WAC 246-310-220.**

(1) The immediate and long-range capital and operating costs of the project can be met.

WAC 246-310-220(1) does not contain specific financial feasibility criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that direct what the operating revenues and expenses should be for projects of this type and size. Therefore, using its experience and expertise the department evaluates if each applicant's pro forma income statements reasonably project the proposed project is meeting its immediate and long-range capital and operating costs by the end of the third complete year of operation.

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

AccentCare’s proposal to offer Snohomish County residents Medicare and Medicaid-certified home health services includes operating out of office space in Lynnwood, within Snohomish County. AccentCare provided the assumptions used to determine the projected number of patients and visits for the proposed agency. These assumptions are restated here.

“AccentCare Snohomish County’s financial forecast and projected admissions and visits are similar in to other AccentCare Home Health programs and their startup experience nationwide as well as other recently approved home health programs, Bethany Home Health, LLC’s CN21-15 and Josephine Caring Community’s CN21-14, in Snohomish County. Project variables which are expected to be comparable to these projects include total admissions, visits, payer mix, revenues, expenses, as well as FTE by type. The projections are also consistent with the Washington State Home Health Need Methodology, approaching the 10,000-visit benchmark by year 3.” [source: Application, p30]

Based on these assumptions, AccentCare provided the following projections for utilization of the home health agency.

Applicant’s Table

UTILIZATION	Pre-Open (Q4 2024)	2025	2026	2027
Total ADC	0	55	83	101
Visits/Admit	0	18	18	18
Patients	0	300	450	550
Visits				
Skilled Nursing	0	2,700	4,050	4,950
Physical Therapy	0	1,728	2,592	3,168
Occupational Therapy	0	540	810	990
Speech Therapy	0	108	162	198
Home Health Aid	0	270	405	495
Medical Social Worker	0	54	81	99
Total Visits	0	5,400	8,100	9,900

[source: September 18, 2023, screening response, Attachment 2]

**Department’s Table 11
AccentCare’s Home Health Agency’s Projected Utilization**

	Full Year 1 2025	Full Year 2 2026	Full Year 3 2027
Unduplicated Patients	350	450	550
Total Visits	6,300	8,100	9,900
Visits Per Patient	18.00	18.00	18.00

AccentCare provided the following assumptions used to determine the financial feasibility for the proposed Snohomish County project.

“All Assumptions except pre-opening expenses are for all years of the proforma: 2025, 2026, and 2027” [source: September 18, 2023, screening response, Attachment 2]

Applicant's Tables

Gross Revenue per Visit: All Years of Proforma	Calculation Method	Assumption
Skilled Nursing	Gross Revenue per Visit	\$257
Physical Therapy	Gross Revenue per Visit	\$219
Occupational Therapy	Gross Revenue per Visit	\$226
Speech Therapy	Gross Revenue per Visit	\$256
Medical Social Services	Gross Revenue per Visit	\$241
Home Health Aid	Gross Revenue per Visit	\$131

Gross Revenue Payer Mix	Calculation Method	Assumption
Medicare	% of Gross Revenue	80%
Medicaid	% of Gross Revenue	3%
Commercial	% of Gross Revenue	15%
Charity	% of Gross Revenue	1%
Self-Pay	% of Gross Revenue	1%

Deductions from Patient Service Revenue	Calculation Method	Assumption
Medicare	% of Gross Revenue, by payer	7%
Medicaid	% of Gross Revenue, by payer	55%
Commercial	% of Gross Revenue, by payer	35%
Charity	% of Gross Revenue, by payer	100%
Self-Pay	% of Gross Revenue, by payer	98%

Operating Expenses	Calculation Method	Assumption
Salaries	See Staffing Worksheet	
Benefits	% of Salaries	20%
Medical Director		\$2,500 upfront stipend and then \$228/hour for 10 hours per month once operational
Rent	Lease	\$25,000 per year
Mileage	% of Clinical Salaries & Benefits	3.5%
Medical Supplies	% of Net Revenue	1.6%
Outside Services / Consulting	% of Net Revenue	0.1%
Technology	% of Net Revenue	0.8%
Travel and Entertainment	% of Net Revenue	0.8%
Telecommunications	% of Net Revenue	1.0%
Recruiting and Human Capital	% of Net Revenue	0.3%
Marketing	% of Net Revenue	0.2%
Insurance Expense	% of Net Revenue	0.3%
Office Related	% of Net Revenue	0.6%
Other G&A Expenses (incl. Legal)	% of Net Revenue	0.1%
Pre-opening expenses	Marketing, Recruitment, and MD stipend -- all accounted for in Partial Year 1 (Jul-Dec 2024) expenses	\$83,572

Non-Operating Expenses	Calculation Method	Assumption
Other Allocated (overhead, corporate)	% of Net Revenue	5.5%
Depreciation	See Depreciation Worksheet	See Depreciation Worksheet

Applicant's Tables continued

# of Months			0	12	12	12
Visits			PY 2024	2025	2026	2027
	Skilled Nursing		0	2,700	4,050	4,950
	Physical Therapy		0	1,728	2,592	3,168
	Occupational Therapy		0	540	810	990
	Speech Therapy		0	108	162	198
	Home Health Aid		0	270	405	495
	Medical Social Services		0	54	81	99
	TOTAL		0	5,400	8,100	9,900
Clinical FTEs (based on National staffing grid)			PY 2024	2025	2026	2027
	Skilled Nursing					
	RN		0.0	1.0	2.0	3.0
	LVN		0.0	1.0	1.5	2.0
	Behavioral RN		0.0	0.5	0.5	1.0
	Physical Therapy					
	Physical Therapist		0.0	1.0	1.0	1.0
	PT Assistant		0.0	0.5	1.0	1.0
	Occupational Therapy					
	Occupational Therapist		0.0	1.0	1.0	1.0
	Certified OT Assistant		0.0	0.0	1.0	1.0
	Speech Therapist		0.0	0.1	0.1	0.1
	Home Health Aid		0.0	0.5	0.5	0.5
Social Worker		0.0	0.5	0.5	0.5	
TOTAL		0.0	6.1	9.1	11.1	
Non Clinical FTEs			PY 2024	2025	2026	2027
	Executive Director / Administrator		0.0	1.0	1.0	1.0
	Director of Clinical Services		0.0	1.0	1.0	1.0
	Office Coordinator		0.0	1.0	1.0	1.0
	Scheduler		0.0	1.0	1.0	1.0
TOTAL		0.0	4.0	4.0	4.0	
Salaries (does not include benefits)		Salaries per FTE	PY 2024	2025	2026	2027
	Skilled Nursing					
	RN	\$87,600	\$0	\$87,600	\$175,200	\$262,800
	LVN	\$62,400	\$0	\$62,400	\$93,600	\$124,800
	Behavioral RN	\$87,600	\$0	\$43,800	\$43,800	\$87,600
	Physical Therapy					
	Physical Therapist	\$109,920	\$0	\$109,920	\$109,920	\$109,920
	PT Assistant	\$69,888	\$0	\$34,944	\$69,888	\$69,888
	Occupational Therapy					
	Occupational Therapist	\$98,160	\$0	\$98,160	\$98,160	\$98,160
	Certified OT Assistant	\$69,888	\$0	\$0	\$69,888	\$69,888
	Speech Therapist	\$109,920	\$0	\$10,992	\$10,992	\$10,992
	Home Health Aid	\$39,562	\$0	\$19,781	\$19,781	\$19,781
	Social Worker	\$78,240	\$0	\$39,120	\$39,120	\$39,120
	Executive Director / Administrator	\$112,000	\$0	\$112,000	\$112,000	\$112,000
Director of Clinical Services	\$104,000	\$0	\$104,000	\$104,000	\$104,000	
Office Coordinator	\$44,429	\$0	\$44,429	\$44,429	\$44,429	
Scheduler	\$45,000	\$0	\$45,000	\$45,000	\$45,000	
TOTAL SALARIES		\$0	\$812,146	\$1,035,778	\$1,198,378	

Applicant's Tables continued

	Capital Expenditures	Useful Life (Years)	Annual Depreciation
Furnishings	\$46,958	15	\$3,131
Patient Care Kit	\$4,842	5	\$968
Electronics & Telecom (10 Yr depreciable life)	\$15,000	10	\$1,500
Electronics & Telecom (5 Yr depreciable life)	\$25,200	5	\$5,040

	PY 2024	2025	2026	2027
<i># of Months</i>	0	12	12	12
Depreciation (Furnishings)	\$0	\$3,131	\$3,131	\$3,131
Depreciation (Patient Care Kit)	\$0	\$968	\$968	\$968
Depreciation (10-yr depreciable life E&T)	\$0	\$1,500	\$1,500	\$1,500
Depreciation (5-yr depreciable life E&T)	\$0	\$5,040	\$5,040	\$5,040
TOTAL DEPRECIATION	\$0	\$10,639	\$10,639	\$10,639

Expenses listed by state and required identification for CON application	Identification (or bucket) in Our Model
Depreciation and Amortization	Depreciation
Advertising	Marketing
Medical Supplies	Medical Supplies
Travel (meals, patient care, other) Other, detail what is included (airfare, lodging, rental car, taxis, lodging)	Travel & Entertainment
Dues and Subscriptions	Office Related
Equipment Rental	Office Related
Licenses and Fees	Office Related
Supplies	Office Related
Repairs and Maintenance	Office Related
Allocated Costs	Other Allocated
Education and Training	Other Operating
Insurance	Other Operating
Legal and Professional	Other Operating
Payroll Taxes	Other Operating
Postage	Other Operating
Purchased Services (utilities, other)	Rent
B & O Taxes	Rent
Rental/Lease	Rent
Employee Benefits	Salaries & Benefits
Salaries and Wages (DNS, RN, OT, clerical, etc.)	Salaries & Benefits
Information Technology/Computers	Technology
Telephone/Pagers	Telecommunications
Interest	Not Applicable

[source: September 18, 2023, screening response, Attachment 2]

This applicant provided the following additional clarification regarding specific line items in its financial statements.

“On the Income Statement, under “Other Operating Expenses”, SAGE Care Certification and interpreter/translation services are included in the “Outside Services/Consulting” category.”
 [source: September 18, 2023, screening response, p8]

“Under Non-Operating Expenses, “Other Allocated”, estimated as 5.5% of revenues as a national average for AccentCare, includes centralized functions for our local operations/teams. It includes items such as intake management, authorization management, clinical coding, telehealth management, triage management, plan of care review management, clinical quality support, scheduling, HR support, and other items. A full list of what is included in and excluded from the AccentCare Management Services Agreement (MSA) is included in Exhibit 2 on page 104 of the

application behind the MSA. A copy of the list is repeated as Attachment 1 to this screening response.” [source: September 18, 2023, screening response, p3]

“The Management Services Agreement found in Exhibit 2 includes items such as accounting, facilities development, HR support, purchasing, and other items and represents 10% of net revenue. A full list of what is included in and excluded from the AccentCare Management Services Agreement is included on page 104 of the application at the end of Exhibit 2, and these costs are accounted for under “MSA Expenses” on page 239.” [source: September 18, 2023, screening response, p8]

“The “Other Allocated (overhead, corporate)” estimate of 5.5% of net revenue in Exhibit 12 includes allocations for shared services not covered by the MSA such as intake, authorization, triage, plan of care reviews, clinical quality support, recruiting, and other items.” [source: September 18, 2023, screening response, p9]

As stated above, once the CN application is approved, AccentCare will move forward with the formation of an official business associate agreement between AccentCare Home Health of Snohomish County, LLC and Sound Physicians to provide virtual physician visits. No other agreements are required, and no costs are incurred as a result of this agreement or relationship. Rather, Sound Physicians conducts virtual visits for AccentCare’s patients and bills directly to the patient for the care administered..” [source: September 18, 2023, screening response, p7]

Based on these assumptions, AccentCare provided its projected revenue, expenses, and net income for the agency for projection years 2025 through 2027, which are summarized in the following table. [source: September 18, 2023, screening response, Attachment 2]

**Department’s Table 12
AccentCare’s Home Health Agency’s
Projected Revenues and Expenses Summary
Years 2025 through 2027**

	Full Year 1 2025	Full Year 2 2026	Full Year 3 2027
Net Revenue	\$1,087,432	\$1,631,146	\$1,993,622
Total Expenses	\$1,289,173	\$1,682,060	\$1,960,766
Net Profit / (Loss)	(\$201,743)	(\$50,914)	\$32,856

In the above table *Net Revenue* includes gross revenue minus charity care, bad debt, and contractual allowances; and *Total Expenses* includes all operating and non-operating expenses.

AccentCare additionally submitted projected balance sheets for the proposed agency. The following table summarizes projection years of the project. [source: September 18, 2023, screening response, Attachment 3]

Department's Table 13
AccentCare's Home Health Agency's Balance Sheet Summary
Years 2025 through 2027

ASSETS	December 31, 2025	December 31, 2026	December 31, 2027
Current Assets	\$129,133	\$193,699	\$236,743
Property & Equipment	\$81,361	\$70,722	\$60,083
Other Assets	\$25,000	\$25,000	\$25,000
Total Assets	\$235,493	\$289,421	\$321,826
LIABILITIES	December 31, 2025	December 31, 2026	December 31, 2027
Current Liabilities	\$30,200	\$39,704	\$46,381
Long Term Liabilities	\$125,000	\$100,000	\$75,000
Net Assets	\$80,294	\$149,717	\$200,445
Total Liabilities & Capital	\$235,493	\$289,421	\$321,826

Additionally, the applicant provided pro forma financial statements for AccentCare, Inc. that include this Snohomish County home health project's projections. The combined information is summarized in the following table. [source: Application, Exhibit 12]

Department's Table 14
AccentCare, Inc. Including Proposed Snohomish County Home Health Operations
Combined Revenue and Expense Statement
Full Years 2022 through 2027 (in 1,000s)

	Full Year 2022 Historical	Full Year 2023 Projected	Full Year 2024 Projected	Full Year 2025 Projected	Full Year 2026 Projected	Full Year 2027 Projected
Net Revenue	\$1,566,703	\$1,691,574	\$1,819,667	\$1,987,897	\$2,167,964	\$2,363,892
Total Expenses	\$1,681,885	\$1,792,069	\$1,845,127	\$1,965,358	\$2,101,792	\$2,266,186
Net Profit / (Loss)	(\$115,182)	(\$100,495)	(\$25,460)	\$22,539	\$66,172	\$97,706

For the combined summary above, *Net Revenue* is gross revenue minus deductions for contractual allowances, bad debt, and charity care. *Total Expenses* include all expenses associated with the operations of the parent, AccentCare, Inc.

AccentCare also provided consolidated historical balance sheets for its parent company, Horizon Acquisition Co. Inc., which is included in the company's organizational chart. [sources: Application, p6 and Exhibit 18]

AccentCare provided copies of agreements associated with this project which include financial commitment. Including an executed lease with four amendments and memorandum of understanding for the proposed agency. The lease agreement is between Seasons Hospice and Palliative Care of Snohomish County, LLC, and Alaska Electrical Pension Fund Real Estate Title Holding Corporation, and was originally to be effective January 1, 2020. The original lease expires December 31, 2025. The fourth amendment to this lease extended its commencement date to September 1, 2023, and extends the lease term to September 1, 2028. This amendment also includes one 16-month renewal option. The lease and its amendments include associated costs and

additional terms. Since AccentCare intends to share this office space with an affiliate the applicant provided an internal memorandum of understanding detailing the terms of the shared office space. [sources: Application, Exhibit 17]

Another agreement that ties the applicant to financial obligations is an executed *Limited Liability Company Operating Agreement*. The agreement is between AccentCare, Inc. and AccentCare Home Health of Snohomish County, LLC. The amended and restated agreement includes its terms and was executed on April 20, 2023. [sources: Application, Exhibit 15. and September 18, 2023, screening response, Attachment 3]

Another agreement with financial obligations is an executed *Management Services Agreement*. The agreement is between AccentCare, Inc. and *its subsidiaries and joint ventures*. The agreement was effective on May 3, 2023, and although there are several portions of the agreement with redacted sections, it does specify its *Compensation for Management Services* and *Term*. [source: Application, Exhibit 2]

Additionally, the applicant included the following summary of the redacted sections in response to screening. [source: September 18, 2023, screening response, p6]

“Summary of Redacted Information

Information regarding additional entities for which AccentCare provides Management Services and the ownership of those entities.

Explanation for Redaction

No information relevant for the CON review has been redacted. The terms of the agreement between Seasons Snohomish County and AccentCare including, for example, services and compensation, is available for review. Additionally, related entity information has been provided in Exhibit 3.”

An additional agreement with financial terms associated with Snohomish County home health services is the executed *Medical Director Agreement*. The agreement is between AccentCare Home Health of Snohomish County, LLC and Balakrishnan Natarajan, M.D. The agreement was effective May 1, 2023, and outlines roles and responsibilities for both the agency and the physician, includes *Compensation and Benefits*, and its *Term and Termination* details. [source: Application, Exhibit 16]

Public Comment

No comment was submitted related to this sub-criterion.

Department Evaluation

Utilization Assumptions

An applicant’s utilization assumptions are the foundation for the financial review under this sub-criterion. The department first reviewed the assumptions used by AccentCare to determine the projected number of patients and visits for the proposed agency. AccentCare based its assumed admissions and visits on its affiliates’ national start-up experience and research of several CN-approved Washington State home health projects. AccentCare then calculated gross revenue by type of visit. The department concludes these assumptions and resulting projected utilization are reasonable.

Pro Forma Financial Statements

The new agency proposed by AccentCare is planned to function independently from AccentCare's other operations. However, the department considers not only the new agency's financial feasibility, but also that of its parent. AccentCare provided the following statements to demonstrate compliance with this standard.

- Consolidated financial statements for its parent company, Horizon Acquisition Co. Inc. [source: Application, Exhibit 18]
- Pro forma revenue and expense statements of the new agency. [source: September 18, 2023, screening response, Attachment 2]
- Pro forma balance sheet for the new agency. [source: September 18, 2023, screening response, Attachment 2]
- Pro forma revenue and expense statements for AccentCare, Inc. [source: Application, Exhibit 12]

The applicant provided pro forma financial statements, including its revenue and expense statement, and balance sheet statements, which allows the department to evaluate the financial viability of the proposed project.

These various statements were helpful for the department to determine the potential impacts of this project on existing operations. The department first examined the financial feasibility of the Snohomish County project alone. AccentCare based its anticipated revenue and expenses for its proposed agency on assumptions for this project included earlier in this section. These assumptions were based on the experience of its affiliates and Washington State research AccentCare conducted and referenced in its application. Based on this research and assumptions, AccentCare expects net losses for the new agency in its first two calendar years, which will decrease from \$201,743 in losses to \$50,914 in losses by the second full year of operation, then become \$32,856 in profit by the end of its third full year of operation (2027).

A review of the larger organization's revenue and expense statement for the same projection period summarized in Table 16 shows by the project's first full year (2025) the parent is profitable by more than \$22.5 million. Although significant historical and initial years' losses are shown for the parent, this appears to be attributable to substantial investments by the parent into its operations nationally. Its consolidated financial statements show a significant decrease in *Cash and cash equivalents* between December 31, 2020, to December 31, 2021. This appears to be partially attributable to a transaction that closed mid-2021, wherein the applicant entered into an equity purchase agreement to acquire Southeastern Health Care at Home. Southeastern is a large, 12-location, provider of post-acute care. The agency's initial start-up years' operational loss is not expected to affect the overall financial health of the parent, which has a great deal of liquid capital and anticipated growing profitability from years 2025 forward.

As summarized earlier in this section, the applicant provided several agreements with costs associated, each of these included terms and was included as an expense in the agency's income statement. One agreement not included is any documentation of the 'intercompany funding' mechanism that appears as a liability on the applicant's balance sheets. AccentCare stated that "*The intercompany funding provided by the parent company is represented as a long-term, interest-free payable to the parent company offset by equivalent receivables in the parent company financial records. This liability is converted to an equity contribution over time in lieu of direct cash repayment of the parent company investment in AccentCare Home Health of Snohomish County, LLC. As a result, this estimated \$25,000 annual conversion from liability to equity is not treated as expense and is excluded from the income statement.*" [source: September 18, 2023,

screening response, Attachment 2] Although the financial stability of an agency and its impact on a parent’s finances are key to this sub-criterion, it is commonplace for a parent to fund its subsidiary’s project. For these internal agreements the department has historically required an applicant to demonstrate agreement to such funding by a representative of the parent organization. AccentCare included as part of its Exhibit 18 such an acknowledgement and commitment to fund the proposed project.

Based on the information provided, the department concludes that the financial information provided reasonably represents the financial feasibility of the project. As a result, the department concludes that AccentCare’s Snohomish County project **meets this sub-criterion**.

(2) The costs of the project, including any construction costs, will probably not result in an unreasonable impact on the costs and charges for health services.

WAC 246-310-220(2) does not contain specific financial feasibility criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that direct what an unreasonable impact on costs and charges would be for projects of this type and size. Therefore, using its experience and expertise the department compared each proposed project’s costs with those previously considered by the department.

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

The estimated capital expenditure for this project is \$92,000 for office furnishings, supplies for staff, electronics and telecom equipment, and associated sales tax. There is no construction for this project. [source: Application, pp50 and 54]

Applicant’s Tables

Item	Cost
a. Land Purchase	
b. Utilities to Lot Line	
c. Land Improvements	
d. Building Purchase	
e. Residual Value of Replaced Facility	
f. Building Construction	
g. Fixed Equipment (not already included in the construction contract)	
h. Movable Equipment*	\$ 92,000
i. Architect and Engineering Fees	
j. Consulting Fees	
k. Site Preparation	
l. Supervision and Inspection of Site	
m. Any Costs Associated with Securing the Sources of Financing (include interim interest during construction)	
1. Land	
2. Building	
3. Equipment	
4. Other	
n. Washington Sales Tax	
Total Estimated Capital Expenditure	\$ 92,000
*Includes sales tax	

Item	Item Cost	Qty	Total
Conference Table	\$4,235	1	\$4,235
Conference Chairs	\$477	10	\$4,765
Employee Desk	\$1,452	9	\$13,068
Employee Desk Chair	\$484	9	\$4,356
Guest Chair	\$363	8	\$2,904
Filing Cabinet	\$1,089	5	\$5,445
Reception Area Guest Chair	\$787	4	\$3,148
Reception Area End Table	\$242	3	\$726
Reception Area Coffee Table	\$484	1	\$484
Kitchen Table	\$605	2	\$1,210
Kitchen Chairs	\$242	4	\$968
Patient Care Kit	\$807	6	\$4,842
Employee Workstations	\$807	7	\$5,649
Subtotal Furnishings			\$51,800
Electronics and Telecom			
Server, HPE ProLiant ML 150, G9	\$9,000	1	\$9,000
Firewall, Fortinet Fort iGate 100D	\$3,000	1	\$3,000
Network Switch 2xAdtran Netvana 1638p	\$3,200	1	\$3,200
One-time Low Voltage Wiring Installation	\$15,000	1	\$15,000
Xerox Work Center	\$10,000	1	\$10,000
Subtotal Electronics and Telecom			\$40,200
TOTAL			\$92,000

[source: Application, pp50 and 54]

AccentCare provided the following information related to these estimates. [source: Application, pdf 52]

“Unlike a patient treatment facility, AccentCare Snohomish County’s primary location is an office for staff and patient records. Services will occur at the patients’ homes. Office furniture, electronics and telecommunication devices comprise capital cost for the project along with the cost of low voltage wiring of the office to support telecommunications. However, telecommunication devices, computers, cell phones, licenses, internet charges are expenses and appear as such in the operating statements. (Detail appears in Exhibit 12.)

Consumable items, such as office supplies and personal care, such as adult diapers, bandages, gauze, tape, and paper cups fall into the category of expenses. As such, the costs are written off in the year in which the costs were incurred. Most often, the patient and his or her family provide the disposable supplies.

Medical equipment, such as a hospital bed, also is expensed as the devices are rented for a short period of time when needed, and then returned to the DME provider. For the majority of patients who are elderly and whose care is reimbursed under the Medicare Program, some home care supporting equipment, such as walkers and portable toilets, may already be among the patients’ possessions.

*Given the home-based nature of home health care, the majority of costs lie in the category of expenses, incurred in the year in which they are incurred, and therefore, under **Generally Accepted Accounting Principles** are not capital costs.*

AccentCare Snohomish County requires no special or technical equipment unique to the provision of care. Each nurse receives a care kit, which includes but is not limited to a stethoscope, disposable syringes, glucose meter, blood pressure cuff, disposable thermometers, urine sample collection supplies, blood draw supplies, and other supplies. For the project forecast period, a total of \$4,842 is allocated for care kits.”

The anticipated start-up costs include marketing, recruitment, and Medical Director stipend for partial year 2024. These costs total \$51,072. [source: September 18, 2023, screening response, Attachment 3]

This applicant provided the following statement directly related to this sub-criterion. [source: Application, p52]

*“Several studies have demonstrated the cost efficiencies and improved patient outcomes associated with increased home health use. One such study, **Impact of Home Health Care on Health Care Resource Utilization Following Hospital Discharge: A Cohort Study**, found that “discharge from home health care was associated with significant reduction in healthcare utilization and decreased hazard of readmission and death.”²⁰ Another study in the *Journal of Home Health Care Management & Practice*, **Impact of Home Care Services on Patient and Economic Outcomes: A Targeted Review**, concluded that home-based services resulted in a positive impact on not only patient outcomes, satisfaction, and quality of life, but that home care services resulted in substantial cost reductions.²¹ This research highlights that increased use of home health care services not only improve patient care quality, but also are costeffective.*

With approval of AccentCare Snohomish County, a new service provider is added, increasing the number and diversity of home health agencies offering different types of services and programs. With greater numbers of home health agencies and offerings, Snohomish County residents are more likely to find a home health that meets their specific needs and preferences. Physicians and others in the healthcare delivery system are also more likely to refer a patient to home health when there are a greater number of home health agencies to educate the medical community and work with them to increase enrollment. Therefore, with increases in home health enrollment, overall costs for care are lowered in the planning area.”

There were no public comments or rebuttal comments submitted for the AccentCare project related to this sub-criterion.

Department Evaluation

The estimated capital expenditure for this project is \$92,000 with no construction. All the estimated capital costs are for office furnishings, supplies for staff, electronics and telecom equipment, and associated sales tax. The project’s start-up costs include marketing, recruitment, and Medical Director stipend for partial year 2024, totaling \$51,072. AccentCare provided detailed assumptions to justify the costs. The applicant also submitted a summary of two studies examining the impacts of home health use. One study found home health use reduced healthcare utilization, readmission, and death. The other concluded home-based services had positive impacts on patient outcomes, satisfaction, quality of life, and cost reductions.

AccentCare provided a letter dated May 1, 2023, from its Chief Financial Officer, Ryan Solomon, demonstrating its financial commitment to this project, including the projected capital expenditure and any start-up costs.

The department does not have an adopted standard on what constitutes an unreasonable impact on charges for health services. Medicare patients typically make up the largest percentage of patients served in home health care. For this project, the applicant projected that 80.0% of its patients would be eligible for Medicare while Medicaid is projected to be 3.0%, for a combined Medicare and Medicaid total of 83.0%. Gross revenue from Medicare and Medicaid is also projected to be 83.0% of total revenue. Thus, standard reimbursement amounts and related discounts are not likely to increase with the approval of this project.

AccentCare further states that it does not anticipate the costs of its project to impact charges for healthcare services, and that by establishing needed services there is a system-wide cost savings and improvement in outcomes. The department does not expect an unreasonable impact on costs and charges for healthcare services in Snohomish County as a result of this project. AccentCare’s project **meets this sub-criterion.**

(3) The project can be appropriately financed.

WAC 246-310-220(3) does not contain specific source of financing criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that direct how projects of this type and size should be financed. Therefore, using its experience and expertise the department compared each proposed project’s source of financing to those previously considered by the department.

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

AccentCare provided the following statements related to this sub-criterion.

“A letter from the Chief Financial Officer for AccentCare, Inc., the parent organization of AccentCare Home Health of Snohomish County, (found in Exhibit 18) commits to available funding for the home health agency’s capital costs, pre-opening expenses, and operating deficits in the initial year of operation. Included as an exhibit in this application are the audited financial statements for Horizon Acquisition Co., Inc. and subsidiaries. The home health agency has the option of using AccentCare, Inc. for purchasing equipment and furnishing the office in Snohomish County. The items above reflect the types of expenditures made in connection with start-up home health programs. The item costs reflect corporate pricing agreements with the AccentCare, Inc.’s vendors and are inclusive of applicable state and local sales taxes.” [source: Application, p51]

“The AccentCare Long-Range Plan Income Statement as presented in Exhibit 12 represents current earnings expectations as of the time of this application. As demonstrated, the company currently has nearly \$1.7B in revenue and \$80M in reconciled EBITDA (Earnings Before Interest, Taxes, Depreciation, and Amortization). This is anticipated to grow to nearly \$2.4B in revenue and \$250M in reconciled EBITDA in 2027. As such, the impact from the proposed Home Health operations in Snohomish County, although very important to expanding our footprint and presence around the country, is expected to be minimal to our overall/Enterprise financial position.” [source: September 18, 2023, screening response, pp8-9]

Public Comments

There were no public comments or rebuttal comments submitted for the AccentCare project related to this sub-criterion.

Department Evaluation

The combined total of capital expenditure and start-up costs for this project is \$87,739; initial years’ losses are estimated to total \$252,357. Combined costs and losses equal \$340,396. The applicant stated that all costs will be funded by the applicant, AccentCare, Inc. and provided a letter from its CFO demonstrating financial commitment to this project. This approach is appropriate because historical consolidated financial statements were provided to demonstrate assets are sufficient to cover these costs.

If this project is approved, the department would include a condition requiring the applicant to fund the project as described in the application. Based on AccentCare’s information, and subject to the applicant’s agreement to the condition described above, the department concludes that this project **meets this sub-criterion.**

C. Structure and Process (Quality) of Care (WAC 246-310-230)

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines the applicant meets **the applicable structure and process of care criteria in WAC 246-310-230.**

(1) A sufficient supply of qualified staff for the project, including both health personnel and management personnel, are available or can be recruited.

WAC 246-310-230(1) does not contain specific criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that direct what specific staffing patterns or numbers of FTEs that should be employed for projects

of this type or size. Therefore, using its experience and expertise the department concludes that the planning area would allow for the required coverage.

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

AccentCare provided assumptions used to determine the types and counts of FTEs needed for this project. These assumptions are quoted early in this evaluation under the financial feasibility section, and in the interest of brevity will not be restated here. [source: September 18, 2023, screening response, Attachment 2]

Based on these assumptions AccentCare provided a table showing its proposed staffing. This information is summarized in the following table. [source: September 18, 2023, screening response, Attachment 2]

**Department’s Table 15
AccentCare’s Home Health Agency’s
Proposed FTEs for Years 2025 through 2027**

Type of Staff	Full Year 1 2025	Full Year 2 2026	Full Year 3 2027
RN	1.0	2.0	3.0
LVN	1.0	1.5	2.0
Behavioral RN	0.5	0.5	1.0
Physical Therapist	1.0	1.0	1.0
PT Assistant	0.5	1.0	1.0
Occupational Therapist	1.0	1.0	1.0
Certified OT Assistant	0.0	1.0	1.0
Speech Therapist	0.1	0.1	0.1
Home Health Aide	0.5	0.5	0.5
Social Worker	0.5	0.5	0.5
Executive Director/Administrator	1.0	1.0	1.0
Director of Clinical Services	1.0	1.0	1.0
Office Coordinator	1.0	1.0	1.0
Scheduler	1.0	1.0	1.0
Total	10.1	13.1	15.1

AccentCare plans on contracting some of its clinical staffing positions including physical therapist, PT assistant, occupational therapist, certified OT assistant, speech therapist, social worker, and medical director. The contracted portion of the FTEs are not included in the preceding table. [sources: Application, p56 and September 18, 2023, screening response, Attachment 2]

AccentCare provided the following additional statements related to this sub-criterion. [source: Application, p57]

“AccentCare Snohomish County will contract with AccentCare Inc., a related entity that provides back-office functions to support billing and reimbursement, payroll and human resource functions, information technology services, and other general administrative services. This allows AccentCare to stay on the cutting edge of technologies, services, regulations, and best practices while local employees focus on providing high-quality care for area patients.”

AccentCare proposes to establish a new agency and has not begun its operations. AccentCare has a contract with an intended medical director. However, this applicant has not yet identified any of its

other credentialed staff. [source: Application, p58] AccentCare did provide a detailed timeline for recruitment, licensing, and certification which includes recruitment tasks, start and end dates for each task, and specifies which team member is responsible for each task. [source: Application, Exhibit 4]

AccentCare provided additional statements summarized here related to its recruitment and retention of staff. [source: Application, pp61-64]

Recruitment

- Including in job ads:
 - Facility information
 - Photographs and videos
 - FAQs
 - Current staff stories
- Using digital resources for:
 - Application submission
 - Application review
 - Vacancy posting
- Targeted ads and campaigns via:
 - Social
 - Email
 - Employee referrals
- In-person recruitment
- National job search websites
- Professional publications
- Vocational and professional technical school resources
- Job fairs
- Coordination with local colleges and universities
- Internal recruitment
- Sign-on bonus
- International recruitment services

Retention

- Flexibility in relocation to new operations
- Opportunities for internal advancement, including:
 - Career advancement
 - Part-time to full-time
- Internal surveys to stay current with what staff consider important
- Inclusive employment
- Holiday leave and coverage planning
- Competitive benefits including:
 - Medical and dental
 - Vision
 - Dependent care
 - Medical flexible spending accounts
 - Life insurance
 - Disability benefits
 - Retirement savings program
 - Paid time off and holidays
 - Accruing paid time off
 - Bonus days off based on attendance
 - Differential pay
 - Paid time for voting and jury duty
- Training and skills maintenance
- Educational opportunities
- Orientation period
- Internship opportunities
- Continuing education units

AccentCare also provided links to staff stories as well as policies that reinforce these recruitment and retention assertions. [source: Application, pp61-62 and Exhibit 14]

There were no public comments or rebuttal comments received for the AccentCare project related to this sub-criterion.

Department Evaluation

If approved, AccentCare would be a new provider of Medicare and Medicaid home health services for Snohomish County residents. To ensure its staffing ratios are reasonable, the applicant based them on ratios used in its affiliated home health agencies and recently CN-approved home health projects in the same or similar counties.

If approved, AccentCare proposes that its Snohomish County agency would be operational in January 2025. As shown in the table above, 10.1 FTEs are needed in full calendar year one (2025). By full calendar year two (2026), the number of FTEs increases to 13.1, and by the end of full year three (2027), the FTEs increase to 15.1. The applicant also clarified that its medical director and some of its therapy staff would be under contract and the contracted portion of the FTEs are not included in the table above. This approach is reasonable.

For recruitment and retention of staff, AccentCare intends to use the strategies its affiliates have successfully used in the past, and provided extensive information on these plans. The applicant further included links to interviews with its affiliates' staff which reinforce the use and success of such strategies. The approaches identified by AccentCare in its application are consistent with those of other applicants reviewed and approved by the department.

Based on the information provided in the application, the department concludes that AccentCare has the ability and expertise to recruit and retain a sufficient supply of qualified staff for this project. **This sub-criterion is met.**

(2) The proposed service(s) will have an appropriate relationship, including organizational relationship, to ancillary and support services, and ancillary and support services will be sufficient to support any health services included in the proposed project.

WAC 246-310-230(2) does not contain specific criteria as identified in WAC 246-310-200(2)(a)(i). There are known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that a facility must meet when it is to be Medicare certified and Medicaid eligible. Therefore, using its experience and expertise the department assessed each applicant's ability to establish and maintain appropriate relationships.

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

AccentCare provided the following statements related to this sub-criterion. [source: Application, pp67-68]

“Exhibit 14 includes three policies that describe how ancillary and support services function with the care team.

- ***Policy Development and Standards of Practice, policy #C 1.4***
- ***Contract Clinical Services, policy #C 3.2***
- ***Financial Management, policy #C 3.3.5***

AccentCare Snohomish County uses employees to deliver services, and contract personnel to supplement the skills that may not be routinely available among the employees when the plan of care requires such services. It is the policy of AccentCare Snohomish County to provide qualified care and services to meet the needs of the patients served. When care and services are provided through a contracted source, the Executive Director/Administrator is responsible to ensure

patients receive the same level of performance from that source as from the organization itself. These contracted services will be defined by a written agreement before individuals from that source will be permitted to provide services on behalf of AccentCare Snohomish County.

Because ancillary personnel serve under contracts, they augment the plan of care by adding some additional services specified in the plan of care. At all times, AccentCare employees are in control of the delivery of care, and retain control, thus assuring that the contracted personnel can meet the service demand. Contract employees are also discussed in previously mentioned policies, appearing in Exhibit 14.”

Additionally, this applicant provided the following information regarding patients’ access to services.

“AccentCare Snohomish County hours of operation are Monday-Friday 8:30-5:00 p.m. A call center and clinical team respond to patient/family and referral source needs 24 hours a day, seven days a week, year-round, even during times of administrative office closings due to inclement weather or emergencies.” [source: Application, p64]

AccentCare also provided its *Availability of Services – Acceptance, Admission, Ongoing and Discharge Policy* which includes as part of its *Procedure 9. A registered nurse is available by phone after regular business hours and may make an urgent need visit.* [source: Application, Exhibit 14]

Public Comments

The department received comments in support of AccentCare’s project. The following is an excerpt from the comments related to this sub-criterion.

Kathryn Pittelkau, MS, PACE Policy Program Manager, Home and Community Services [source: AccentCare November 8, 2023, comment packet, p3]

“This letter is on behalf of AccentCare, Inc. and their efforts to become licensed to provide home health services in Snohomish County. My name is Kathryn Pittelkau and I managed the Program of All-Inclusive Care for the Elderly (PACE) program for the state of Washington. I came into this role in 2019 and have worked closely with AccentCare Personal Care Services as they have contracted with three different PACE organizations.

DSHS recently implemented a consumer directed employer model for their individual providers and brought on a contractor called Consumer Direct Care Network Washington (CDWA). This transition has been a huge undertaking and AccentCare has demonstrated strong communication and flexibility in working with the new vendor. I appreciate the work that they do to support PACE organizations within the state of Washington.

Based on my interaction and work with AccentCare in the PACE program, I believe they would be a strong provider in Snohomish County, Washington. Please accept this letter of support.”

Department Evaluation

AccentCare is not currently a Medicare and Medicaid home health provider in Washington State; however, the parent organization does operate home health agencies in a number of other states.

AccentCare provided policies related to contracting services, standards of practice, and financial management that it would use at the new home health agency. Given that the facility is not yet operational, no list of potential vendors or vendor types was submitted. If this application is approved it would be subject to a condition that AccentCare provide a list identifying ancillary and support vendors necessary for the operation of the agency.

AccentCare provided a copy of its executed *Medical Director Agreement* with Balakrishnan Natarajan, M.D. The agreement was executed May 1, 2023, identifies the entities associated with the agreement, outlines roles and responsibilities for both the physician and the agency, and specifies its terms.

AccentCare provided a copy of its *Management Services Agreement* between AccentCare, Inc. and its subsidiaries and joint ventures. The agreement was executed on May 3, 2023, identifies the entities associated with the agreement, outlines roles and responsibilities for all entities, and specifies the agreement's terms. The agreement is used to ensure the new agency will have consulting services available from its parent.

The applicant also provided copies of its *Limited Liability Company Operating Agreement* between AccentCare, Inc. and AccentCare Home Health of Snohomish County LLC. The agreement was executed on April 20, 2023, identifies the entities associated with the agreement, outlines roles and responsibilities for all entities, and specifies the agreement's terms. The agreement further specifies the relationship of the new agency with its parent.

During the public comment period, comments in support of AccentCare's project were received by the department. One commenter wrote about their experience working with AccentCare affiliates during a difficult transition and remarked on AccentCare's affiliate's strong communication and flexibility.

Based on the information reviewed in the application and comments received, the department concludes that AccentCare has the experience and expertise to establish appropriate ancillary and support relationships for the new home health services in Snohomish County. If this project is approved, the department would include a condition as described above. With agreement to the specific condition, the department concludes **this sub criterion is met.**

(3) There is reasonable assurance that the project will be in conformance with applicable state licensing requirements and, if the applicant is or plans to be certified under the Medicaid or Medicare program, with the applicable conditions of participation related to those programs.

Chapter 246-310 WAC does not contain specific WAC 246-310-230(3) criteria as identified in WAC 246-310-200(2)(a)(i). There are no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that a facility must meet when it is to be Medicare certified and Medicaid eligible. Therefore, using its experience and expertise the department assessed each applicant's history in meeting these standards at other facilities owned or operated by each applicant.

As a part of this review, the department must conclude that the proposed services provided by an applicant would be provided in a manner that ensures safe and adequate care to the public.⁶ For in-

⁶ WAC 246-310-230(5).

home services agencies, the department reviews two different areas when evaluating this sub-criterion. One is a review of the Centers for Medicare and Medicaid Services (CMS) *Terminated Provider Counts Report* covering years 2021 through current. The department uses this report to identify facilities that were involuntarily terminated from participation in Medicare reimbursement.

The department also reviews an applicant's conformance with Medicare and Medicaid standards, with a focus on Washington State facilities. The department uses the CMS *Survey Activity Report* to identify Washington State facilities with a history of condition level findings. For CMS surveys, there are two levels of deficiencies: standard and condition.⁷

- Standard Level
A deficiency is at the Standard level when there is noncompliance with any single requirement (or several requirements) within a particular standard that is not of such character as to substantially limit a facility's capacity to furnish adequate care, or which would not jeopardize or adversely affect the health or safety of patients if the deficient practice recurred.
- Condition Level
Deficiency at the Condition level may be due to noncompliance with requirements in a single standard that, collectively, represent a severe or critical health or safety breach, or it may be the result of noncompliance with several standards within the condition. Even a seemingly small breach in critical actions, or at critical times, can kill or severely injure a patient, and such breaches would represent a serious or severe health or safety threat.

The applicant currently operates in-home services⁸ operations, as well as owns and/or operates post-acute facilities.⁹ Since the proposed project is for home health services, the focus of this review will be on the applicant's historical hospice and home health operations because they are either the same or functionally the most similar to the services proposed in this project.

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

In response to a question about the historical performance (criminal conviction, license revocation, or decertification) of any facilities or practitioners associated with the applicant and project AccentCare provided the following statement. [source: Application, p69]

"AccentCare Home Health of Snohomish County, LLC has no history. The entity is a newly created limited liability company formed for the purpose of obtaining a certificate of need for a home health agency that will operate in the state, serving residents of Snohomish County. No healthcare agency nor any principal or officer affiliated with the applicant have had any denials or revocations of licenses nor criminal convictions."

AccentCare also provided the following information in response to a question about the historical quality of the applicant. [source: Application, pp70-71]

"The CMS Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results for home health programs allow individual home health agencies to compare their results to the

⁷ Definitions of standard and condition level surveys: <https://www.compass-clinical.com/deciphering-tjc-condition-level-findings/>

⁸ Home health or hospice agencies

⁹ Nursing homes and assisted living facilities

national benchmark for the measure. As discussed previously in response to question 11 beginning on page 65, the average national scores for all AccentCare home health agencies are on par with that of the national average and Washington's average. Although the Applicant, AccentCare Home Health of Snohomish County, LLC is a new legal entity that will hold its own license and operate independently from other healthcare agencies of the owner entity, a quality review of all AccentCare, Inc. licensing and accreditation surveys for 2020-2022 reveal adherence to quality standards and timely implementation of corrective action plans followed by satisfactory compliance survey when necessary. No patterns of conditional-level findings were observed. As noted previously, a list of all facilities affiliated with AccentCare, Inc. is provided in Exhibit 3. Agencies that were acquired by AccentCare, Inc. during this timeframe are also identified by date in Exhibit 3.

The quality review noted in response to Question 21, above, did not disclose any pattern of conditional-level findings that would jeopardize the delivery of safe and adequate care. As with all AccentCare home health agencies, the proposed agency will utilize an electronic medical record (EMR) for ease of quality reporting. The proposed home health agency also intends to become accredited, leading to service that reflects the high-quality care.”

To address its practices for maintaining quality improvement standards and assessing customer satisfaction the applicant provided its *Performance Improvement Program and Annual Agency Evaluation Policy*, that describes AccentCare's quality improvement policies, initiatives, specialized software, and its employee satisfaction surveys. [source: Application, pp65-67 and Exhibit 14]

Performance Improvement Program and Annual Agency Evaluation Policy – Executed [source: Application, Exhibit 14]

Stated purpose: *The purpose of QAPI is to use measurable improvement in indicators for which there is evidence that improvement in those indicators will improve health outcomes, patient safety, quality of care, the agency's management, and business functions while adhering to state and federal regulatory requirements. The QAPI program covers all services and programs offered, including those provided under contract or arrangement.*

This policy includes its regulatory references, purpose, definitions, overview, procedure, program components, improvement focuses, targets of assessment, and lists what is included in its annual reports.

There were no public comments or rebuttal comments received for the AccentCare project related to this sub-criterion.

Department Evaluation

As stated in the *Applicant Description* section of this evaluation, AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC is the applicant for this review. As of the writing of this evaluation, this applicant owns and operates 116 in-home services agencies in 25 states and the District of Columbia. The table below shows the breakdown of count by state. [source: Application, Exhibit 3]

Department’s Table 16
AccentCare, Inc. Hospice or Home Health Agencies by State

State	# of Agencies	State	# of Agencies	State	# of Agencies
California	15	Massachusetts	5	Ohio	1
Colorado	3	Maryland	1	Oklahoma	1
Connecticut	1	Michigan	2	Oregon	2
D.C.	1	Minnesota	3	Pennsylvania	5
Delaware	1	Missouri	1	Tennessee	5
Florida	9	Mississippi	4	Texas	40
Georgia	4	Nebraska	1	Virginia	1
Illinois	2	New Jersey	1	Wisconsin	1
Indiana	2	New Mexico	1		

If this project is approved for Snohomish County, it would be the applicant’s third operational home health agency in Washington State. AccentCare currently has three hospice agencies that are CN-approved to operate in Washington State, however none of the approved projects have been completed as of the date of this evaluation. Below is a summary of the two areas reviewed for AccentCare and its healthcare agencies.

Terminated Provider Counts Report

Focusing on the years 2021 through 2023, none of AccentCare’s healthcare facilities were involuntarily terminated from participation in Medicare reimbursement. [source: CMS Quality, Certification, and Oversight Reports as of January 3, 2024]

Conformance with Medicare and Medicaid Standards

The department reviewed the survey history for the applicant using the Center for Medicare and Medicaid Services (CMS) Quality, Certification & Oversight Reports (QCOR) website. The review included full years 2021 through 2023. The following tables summarize the department’s findings.

**Department's Table 17
Summary of AccentCare's Hospice Surveys**

State	# of Agencies	Standard Surveys	Complaint Surveys	Number of Surveys with Specific Types of Deficiencies		
				No Deficiencies	Standard Only	Condition & Standard
California	8	5	4	8	1	0
Colorado	2	0	0	0	0	0
Connecticut	1	0	0	0	0	0
D.C.	1	0	0	0	0	0
Delaware	1	0	0	0	0	0
Florida	5	4	3	4	3	0
Georgia	1	1	1	0	2	0
Illinois	1	0	1	0	1	0
Indiana	1	0	1	1	0	0
Massachusetts	3	0	0	0	0	0
Maryland	1	0	1	1	0	0
Michigan	1	0	1	1	0	0
Minnesota	1	0	2	2	0	0
Missouri	1	1	2	2	0	1
Mississippi	1	0	4	4	0	0
New Jersey	1	0	0	0	0	0
Oregon	1	0	0	0	0	0
Pennsylvania	2	0	0	0	0	0
Tennessee	2	0	0	0	0	0
Texas	14	5	3	7	1	0
Wisconsin	1	0	3	2	0	1
Hospice Totals	50	16	26	32	8	2

[source: CMS Quality, Certification, and Oversight Reports as of January 3, 2024]

**Department's Table 18
Summary of AccentCare's Home Health Surveys**

State	# of Agencies	Standard Surveys	Complaint Surveys	Number of Surveys with Specific Types of Deficiencies		
				No Deficiencies	Standard Only	Condition & Standard
California	9	0	3	3	0	0
Colorado	1	0	0	0	0	0
Florida	4	0	0	0	0	0
Georgia	3	0	0	0	0	0
Illinois	1	0	0	0	0	0
Indiana	1	0	2	0	2	0
Massachusetts	2	0	0	0	0	0
Michigan	1	0	0	0	0	0
Minnesota	2	0	1	1	0	0
Mississippi	3	0	0	0	0	0
Nebraska	1	0	0	0	0	0
New Mexico	1	1	0	1	0	0
Ohio	1	0	0	0	0	0
Oklahoma	1	0	0	0	0	0
Oregon	1	0	0	0	0	0
Pennsylvania	3	0	0	0	0	0
Tennessee	3	0	0	0	0	0
Texas	27	1	2	3	0	0
Virginia	1	1	1	0	2	0
Home Health Totals	66	3	9	8	4	0

[source: CMS Quality, Certification, and Oversight Reports as of January 3, 2024]

The following table summarizes all of AccentCare's in-home service agencies' survey history for the last three full calendar years that was available to access.

**Department's Table 19
Summary of AccentCare's In-Home Service Agencies' Surveys
For Full Years 2021 through 2023**

Type of Agency	# of Agencies	Standard Surveys	Complaint Surveys	Number of Surveys with Specific Types of Deficiencies		
				No Deficiencies	Standard Only	Condition & Standard
Hospice	50	16	26	32	8	2
Home Health	66	3	9	8	4	0
Total	116	19	35	40	12	2
				74%	22%	4%

[source: CMS Quality, Certification, and Oversight Reports as of January 3, 2024]

All of the AccentCare agencies for which the department could locate survey information are in conformance with CMS standards as of January 3, 2024.

AccentCare identified the physician that would provide medical director services: Balakrishnan Natarajan, M.D.¹⁰ Using data from the Medical Quality Assurance Commission, the department confirmed that the physician holds an active medical license with no enforcement actions.

Given that AccentCare, Inc. would be establishing a new agency, no other staff have been identified. If this project is approved, the department would attach a condition requiring the applicant to provide the name and professional license number to the CN program prior to providing Medicare and Medicaid home health services in Snohomish County.

Based on the information reviewed, the department concludes that AccentCare has been operating in compliance with applicable state and federal licensing and certification requirements. The department also concludes there is reasonable assurance that the applicant's establishment of a home health agency in Washington State would not cause a negative effect on the compliance history of AccentCare. Subject to acceptance of the staffing condition referenced above, this project **meets this sub-criterion.**

(4) The proposed project will promote continuity in the provision of health care, not result in an unwarranted fragmentation of services, and have an appropriate relationship to the service area's existing health care system.

WAC 246-310-230(4) does not contain specific criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that direct how to measure unwarranted fragmentation of services or what types of relationships with a services area's existing health care system should be for projects of this type and size. Therefore, using its experience and expertise the department assessed the materials in each application.

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

AccentCare provided the following statements related to this sub-criterion.

“Active in the community, AccentCare Snohomish County's educational, promotional, and outreach efforts intersect with facilities, advocacy groups, institutions of higher learning, service providers, physicians, social workers, and insurers (including HMOs). Working relationships often occur from the following groups:

¹⁰ MD61027396

- Nursing homes
- Hospitals
- Assisted Living Facilities
- Health Maintenance Organizations
- Dialysis Centers
- Physicians and Group Practices
- Social Workers
- Hospice Agencies
- Social Services Organizations
- Individuals and Families

AccentCare Snohomish County recognizes the importance of establishing working relationships with health care facilities and practitioners in the service area, as it is expected that many of the home health's patients will be referred from these facilities and service providers. AccentCare plans to serve patients residing in Assisted Living Facilities, so working relationships with ALFs in Snohomish County will also be established. A list of hospitals, skilled nursing facilities, and assisted living facilities that AccentCare Snohomish County plans to establish working relationships with is included in Exhibit 20. Letters of support from individuals and facilities with which the applicant will establish working relationships will be provided during the public comment period..” [source: Application, pp68-69]

“AccentCare, as an experienced provider of home health and hospice services in nationwide, has care coordination processes and protocols and working agreements with other related community services, assuring continuity of care, and focusing on coordinated, integrated systems. AccentCare Snohomish County will expand on its existing community linkage plan to assure continuity of care of physicians, hospital and nursing home discharge planners, patients, and families. AccentCare Snohomish County's partnership with Sound Physicians, the AdvancedCare at Home Program, and educational relationships will promote continuity in the provision of health care services in the planning area. Additionally, AccentCare Snohomish County commits to cooperation and coordination with agencies that advocate for and serve underserved populations, such as federally qualified health centers, tribal organizations, and community-based organizations that support low-income individuals, Medicaid recipients, and minorities.

As discussed previously, AccentCare Snohomish County will utilize Medalogix, a predictive analysis software, to enhance prognostication for developing and updating care plans and making appropriate timely referrals to hospice. This enhances care quality and lowers costs by ensuring the right care at the right time.

...

Approval of the proposed home health agency would enable AccentCare to round out the continuum of care within the existing health care system in Snohomish County. AccentCare is in the process of licensing and obtaining Medicare and Medicaid certification of a hospice agency to serve Snohomish County. AccentCare Snohomish County's home health services will complement the existing hospice, ensuring a smooth transition of care for any home health patients that may require a shift to hospice care. This collaboration between the home health and the hospice results in a careful and comfortable continuum of care for patients. The goal of increasing continuity of care is to make this process as easy and efficient as possible for the patient and their loved ones. AccentCare Snohomish County also aims to cultivate relationships with other providers in the service area to build strong and lasting integration within Snohomish County's health care landscape.

Outreach is under way to establish relationships with existing health care facilities, physicians, and practitioners within Snohomish County to establish referral pathways. This will improve access to home health care throughout the county. As stated previously, the applicant will contract with physical, speech, and occupational therapists, and social workers for contracted services.

AccentCare Snohomish County will routinely interact with physicians, practitioners, discharge planners of hospitals and nursing homes, and others to ensure access to home health care throughout the county.” [source: Application, pp69-70]

Public Comments

The department received comments in support of AccentCare’s project. The following excerpt is representative of the comments received related to this sub-criterion. Additionally, listed here are the authors of similar comments all within AccentCare’s packet of public comment submitted on November 8, 2023.

- Jen Spence, MD, Medical Director, Ambulatory Care and Experience, Snoqualmie Valley Hospital
- Brendan McNamara, Chief Executive Officer, Telemedicine, Sound Physicians
- Evelyn Stagnaro, MM, MT-BC, Life One Music, LLC, Seattle Children’s Hospital Music Therapist

Megumi Azekawa, MM, MT-BC, Founder and Director, Puget Sound Music Therapy, LLC

“This is a letter of support on behalf of AccentCare and their initiative to bring additional services in home health care to our community of Snohomish County. I have had the pleasure of being associated with them for many years as they have maintained their efforts to offer resources and additional programs, which is a great need in Washington. I am the co-chair of the Washington State Music Therapy Task Force, a state music therapy advocacy group that promotes public awareness of music therapy and also work as a music therapist for a variety of client populations. I am very aware of the multitude of needs that we are facing in our neighborhoods. AccentCare does immersive research to understand our community needs, and proposing to provide support with an acute awareness of how they can help.

Snohomish County is truly lacking in services and resources compared to the surrounding counties and there are specific needs of certain populations that aren't being met, including the LGBTQ+ community. AccentCare is partnered with SAGE - Advocacy Services for LGBTQ+ Elders and is a platinum certified provider. They put in the work to understand this population and each staff member in AccentCare goes through training with SAGE to increase their knowledge and understanding of how better to serve them. This would be a huge benefit to our LGBTQ+ neighbors, to know they will be supported and taken care of by their allies.

AccentCare has put specific attention to how the COVID19 pandemic has effected the residents of Washington. Not only has it caused physical issues such as long-covid and other long-term illnesses but it has effected people emotionally and has been a huge cause of depression and anxiety. AccentCare has implemented a behavioral health program and will hire a registered nurse and social worker trained to manage patients with these needs and implement this into their care plan. After what we have faced over the last three years this attention to not only physical but mental needs is paramount. This is the kind of organization we want to work alongside.

I am also a big fan of AccentCare's Namaste program. This program was established as a part of AccentCare hospice services to support those suffering from dementia and Alzheimer's. This is a unique person-centered care that provides detailed attention to personal care. This experience enhances the quality of life for those participating in the service and provides an enhanced humanized opportunity to feel taken care of when these patients aren't able to speak for themselves.

As you can see from the extensive list of programs and services AccentCare offers, they would be an amazing addition to our community.”

Department Evaluation

Given that AccentCare does not currently provide Medicare and Medicaid-certified home health services in Snohomish County, the applicant provided examples of potential referral sources and partners for its proposed agency, as well as details on its affiliates’ existing network and reiterated how it intends to provide services to underserved portions of Snohomish County. This approach is acceptable for a new provider.

Public comments supporting this project were received related to this sub-criterion. These comments came from potential referral sources and a contractor. Each discusses AccentCare’s unique programing and how these services are needed in Snohomish County.

To evaluate this sub-criterion, the department also considers its own analysis and conclusions of this project as related to WACs 246-310-210, 220, and earlier portions 230. The department concluded this application was compliant with the need criterion under WAC 246-310-210 and the financial feasibility criterion under WAC 246-310-220. The application is also consistent with the previous sub-criterion addressed in the structure and process of care under WAC 246-310-230. Based on the information above, the department concludes that approval of the AccentCare project would likely not result in unwarranted fragmentation of home health services in the planning area, and the AccentCare project **meets this sub-criterion**.

(5) There is reasonable assurance that the services to be provided through the proposed project will be provided in a manner that ensures safe and adequate care to the public to be served and in accord with applicable federal and state laws, rules, and regulations.

Department Evaluation

This sub-criterion is addressed in sub-section (3) above and **is met**.

D. Cost Containment (WAC 246-310-240)

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines the applicant meets **the applicable cost containment criteria in WAC 246-310-240**.

(1) Superior alternatives, in terms of cost, efficiency, or effectiveness, are not available or practicable.

To determine if a proposed project is the best alternative in terms of cost, efficiency, or effectiveness, the department takes a multi-step approach. First, the department determines if an application has met the criteria of WAC 246-310-210 through 230. If a project fails to meet one or more of these criteria, then the project cannot be considered to be the best alternative in terms of cost, efficiency, or effectiveness as a result the application would fail this sub-criterion.

If a project has met the applicable criteria in WAC 246-310-210 through 230 criteria, the department then assesses the other options considered by the applicant. If the department determines the proposed project is better or equal to other options considered by the applicant and

the department has not identified any other better options, this criterion is determined to be met unless there are multiple applications.

If there are multiple applications, the department's assessment is to apply any service or facility superiority criteria contained throughout Chapter 246-310 WAC and the 1987 State Health Plan related to the specific project type.

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

Step One

For this project, AccentCare met the applicable review criteria under WAC 246-310-210, 220, and 230. Therefore, the department moves on to step two below.

Step Two

AccentCare considered the following several options. [source: Application, p72]

“The alternatives rejected by AccentCare Snohomish County include:

- ***Maintain the status quo and do nothing.*** *This fails to address the home health needs within Snohomish County and does nothing to contain health care costs.*
- ***Purchase an existing home health agency.*** *This alternative is unavailable. AccentCare Snohomish County has not been able to identify any Snohomish County Home Health Agencies for sale.*
- ***Joint Venture with an existing health care provider.*** *This alternative is unavailable. AccentCare Snohomish County has not been able to identify any Snohomish County Home Health Agencies willing to enter a Joint Venture to expand home health care.*

By establishing new home health agencies in areas where they are needed most, such as Snohomish County, Washington, the principals of AccentCare are able to continue the mission of expanding access to quality in-home care. As business opportunities increase, so do the benefits the companies offer to the communities they serve. The alternative of not pursuing this project results in lack of choice in home health providers and diminished access to home health care within Snohomish County.”

This applicant provided an alternatives analysis discussing patient access to healthcare services, capital cost, staffing impacts, and quality improvement. After this analysis, AccentCare provided the following conclusion. [source: Application, pp72-73]

“Overall, AccentCare Snohomish County's proposed home health program is consistent with the Department's need methodology, assures residents of Snohomish County with ongoing access to quality home health services, and improves job opportunities for nursing positions. The home health promotes cost containment within the healthcare delivery system for Snohomish County. The opportunity to expand home health service through acquisition or joint venture is unavailable, and maintaining the status quo limits availability, access and does not contain health care costs.

The option to expand AccentCare, Inc's in-home services license for Snohomish County hospice to include Snohomish County home health services was also considered. However, AccentCare generally keeps home health, hospice and personal care service lines separate, operating under separate licenses, as many states require separate licenses for hospice and for home health. Because home health and hospice services are so specialized, AccentCare also prefers separate provider entities with separate leadership.

If AccentCare were to provide home health care and hospice care on one license, the company would still incur the cost of applying for a CN for each service and would need to hire sufficient staff and rent sufficient office space to provide both home health care and hospice services. The only real cost savings is 25% of the renewal fee of the additional license category, currently \$464 to add hospice to a home health license at renewal if the agency has 6 to 15 FTEs. This amount is negligible, amounting to less than 1% of net revenues for the proposed home health agency.

Either business structure would have expected synergies by co-locating offices and having staff work together to coordinate services. Therefore, to provide operational consistencies across the organization, and given there are no real cost savings in having both services on one license, this alternative was rejected.”

When asked to discuss why its project should be considered the best available alternative for Snohomish County residents, AccentCare provided detailed information of which some excerpts are provided here. [source: Application, pp73-74]

“As stated above, no viable alternatives exist for establishing a new home health program within Snohomish County, given the abundance of need. There is no home health agency currently serving Snohomish County that is available for purchase or to enter a joint venture with, and not applying for a CN to establish a new home health agency limits patient access to home health in an area with significant need.

Patient Access. *As the need methodology earlier in this application demonstrates, the current capacity of home health agencies serving the market lower than the project need. The import of the methodology shows that without program expansion, existing providers’ program growth lags the future forecast, limiting patient access. Approval of a new home health agency spurs market growth through innovations and new services, thereby improving access and quality of care. **Maintaining the status quo does nothing to improve access. Likewise, expansion of home health service either through acquisition of an existing home health or through a joint venture is unavailable.***

*As discussed previously, racial and ethnic disparities in accessing home health care are seen in Snohomish County. AccentCare Snohomish County believes it can overcome many of the cultural barriers through its proposed outreach efforts, diversity in staffing, and programs developed to overcome such racial and ethnic barriers. This is based on the experience of AccentCare, Inc. affiliates throughout a diverse range of communities across the nation. **Therefore, with establishment of a new home health under AccentCare Snohomish County, access to home health care improves.***

Capital cost. *Capital costs are minimal to establish a new home health agency. Since care is provided at the patient’s location, the only capital costs are to furnish and equip a base office for employees. Therefore, capital costs have little impact on the project. Capital costs are addressed in Section III.B., Financial Feasibility, on pages 50-51, and in the Pro Forma provided in Exhibit 12.*

*Capital cost outlays are small relative to establishment of a new healthcare facility, as the service for home health care is delivered in home. AccentCare Snohomish County’s home health agency has sufficient financial resources through its parent organization, AccentCare, Inc., to furnish and equip office space and fund initial operating deficits during the start-up period. The program reaches a breakeven point during the first full year of operations, CY 2025. **Overall, this leads to***

improved access and quality of life while producing a cost savings. Maintaining the status quo limits access to home health and does nothing to lower healthcare costs.

Staffing. The applicant is able to staff the project with minimal impact to the service area as discussed in Section C, Structure and Process (Quality) of Care, Question #9, pages 61-64. The parent corporation's vast experience in operating home health agencies, including starting new agencies, demonstrates its ability to operate quality, efficient programs in a variety of markets.

Furthermore, AccentCare Snohomish County addresses staffing issues in Section C, Structure and Process (Quality) of Care, Question #9, pages 61-64, and is not repeated here. Recruitment and retention efforts, along with education and outreach efforts ensure strong workforce results with establishment of AccentCare Snohomish County. This improves operating efficiencies throughout the healthcare system. ***Therefore, the impact on staffing is positive as development opportunities increase for the healthcare workforce. Without the project, staffing issues continue.***

Quality Improvement. Home health care reflects a highly personalized and specialty managed regimen of services. AccentCare Snohomish County's highly skilled, licensed clinicians participate in over 200 mandatory learning modules and continued education to qualify to deliver care. Adherence to state licensing regulations, maintaining accreditation, and participation in the Medicare and Medicaid programs ensure quality. ***Through choice of a wide variety of home health programs with various services and offerings, many tailored to the needs of the patients, quality improves for the population served.***

Overall, AccentCare Snohomish County's proposed home health program is consistent with the Department's need methodology, assures residents of Snohomish County with ongoing access to quality home health services, and improves job opportunities for nursing positions. The home health promotes cost containment within the healthcare delivery system for Snohomish County. The opportunity to expand home health service through acquisition or joint venture is unavailable, and maintaining the status quo limits availability, access and does not contain health care costs.

There were no public comments or rebuttal comments received for the AccentCare project related to this sub-criterion.

Department Evaluation

The department concluded in the need section of this evaluation that Snohomish County could accommodate another 14 home health agencies in the projection year 2027. AccentCare provided a discussion of alternatives considered, including doing nothing, purchasing an existing agency, a joint venture, and expanding one of its existing in-home services licenses to include Snohomish County home health services. This applicant explained why each of the alternatives was rejected and why applying for CN-approval of the project proposed in this application is appropriate. The department did not identify any alternative that was a superior alternative in terms of cost, efficiency, or effectiveness that is available or practicable. **This sub-criterion is met.**

(2) In the case of a project involving construction:

- (a) The costs, scope, and methods of construction and energy conservation are reasonable;*
- (b) The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.*

Department Evaluation

This project does not involve construction; therefore, this sub-criterion does not apply to either project.

- (3) *The project will involve appropriate improvements or innovations in the financing and delivery of health services which foster cost containment and which promote quality assurance and cost effectiveness.*

AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC

AccentCare provided the following statement related to this sub criterion. [source: Application, p75] *“health agency or agencies within the planning area has a positive effect on cost containment. As the majority of home health care is reimbursed by Medicare and Medicaid, charges are limited by the reimbursement rates and program limits. As discussed previously in response to Section B, Financial Feasibility, Question #8, page 52, cost efficiencies and improved quality of life are demonstrated with increased home health use. The cited articles documenting cost containment and quality assurance appear in Exhibit 13 in the Appendix.*

The numerous programs and services of AccentCare Snohomish County described in detail in Section II, Project Description, in response to Question #7, pages 10-19, demonstrate the innovative ways in the delivery of home health service. The Applicant’s commitment to seeking CHAP accreditation and adherence to conditions of participation in the Medicare and Medicaid programs demonstrate the program’s ability to deliver quality care. Therefore, quality, choice, and cost-effective care results with approval of AccentCare Snohomish County. The new home health agency will increase the number of home health enrollments and provide a diverse array of services to improve quality of life for residents of Snohomish County.”

There were no public comments or rebuttal comments received for the AccentCare project related to this sub-criterion.

Department Evaluation

AccentCare provided sound and reasonable rationale for establishing Medicare and Medicaid-certified home health agency to serve the residents of Snohomish County. If approved, this project has the potential to improve delivery of necessary in-home services to Snohomish County residents. For the reasons stated above, the department concludes that this project has the potential to improve delivery of necessary in-home services to Snohomish County residents. **This sub-criterion is met.**

APPENDIX A

Home Health Method for Snohomish County
Certificate of Need Application 23-31
Updated January 2024

Agency	License Number	CN HH Files Research	County	ILRS Research # of	ILRS Research # of HH	ILRS Research Services	ILRS Research License 1st Issued	Internet Research	Site City	Contact Name/Owner	CN Survey Research 2022 Data	CN Survey Research 2021 Data	Conclusion	Exclusion Reason
Assured Home Health	IHS.FS.60497952	Grandfathered	MM Snohomish	3	76	SN, HHA, ST, MSS, OT, PT	9/10/2014	URL: https://lhcg.com/locations/assured	Mountlake Terrace	LHCG LXIII LLC	Not Reported	636 for 9839	Included	
Assured Home Health	IHS.FS.61186662	Grandfathered	MM Snohomish	3	13	SN, ST, PT, HHA, MSS, OT	7/7/2021	URL: https://lhcg.com/locations/assured	Redmond	Health at Home - Seattle Metro, LLC	Not Reported	45 for 916	Included	
Bethany Home Health LLC	IHS.FS.60966822	CN#1893	MM Snohomish	3	8.83	SN, ST, NC, PT, HHA.	7/22/2020	URL: https://bethanyhh.org/Limitations (if Everett)		Bethany Home Health LLC	75 for 1714	Not Reported	Included	
Eden Home Health	IHS.FS.60491681	Grandfathered	MM Snohomish	6	116	H/C, PC, RC, Trans, SN, HHA.	7/24/2014	URL: https://www.eden-health.com/Locations	Bellingham	Empres Home Health of Bellingham LLC	252 for 6014 visits	523 for 9669	Included	
Evergreen Health	IHS.FS.00000278	CN#1911	MM Snohomish	3	208.4	SN, HHA, DME, ST, RT, MSS		URL: https://www.evergreenhealth.com/hc	Kirkland	King County Public Hospital District #2	2892 for 69346	2859 for 62051 visits	Included	
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Grandfathered	MM Snohomish	1	233.3	SN, HHA, PT, OT, ST, MSS		URL: https://www.providence.org/location	Everett	Providence Health and Services - Washington	5246 for 89621	5309 for 90662	Included	
Signature Healthcare at Home	IHS.FS.00000220	Grandfathered	MM Snohomish	4	46	SN, ST, PT, HHA, OT, MSS		URL: https://signaturehc.com/everett	Limi Everett	A-One Home Health Services LLC	475 for 6530	Not Reported	Included	
Avail Home Health	IHS.FS.00000231		Licensed Only	28	112	SN, HHA, PC, H/C, RC, Trans		URL: https://www.availhome.com/Limitations	Yakima	Avail Home Health Inc	Not Reported	Not Reported	Included	
CenterWell Home Health	IHS.FS.00000295		Licensed Only	2	21.2	SN, HHA, ST, MSS, OT, PT		URL: https://www.centerwellhh.com/Limitations	Everett	Gentiva Certified Healthcare Corp	Not Reported	Not Reported	Included	
Josephine at Home	IHS.FS.60923101	CN#1891	Licensed Only	2	3	SN, ST, PT, HHA, OT, PC.	2/7/2019	URL: https://www.josephinecc.com/news/	Stanwood	Josephine Caring Community	Not Reported	Not Reported	Included	
Kaiser Permanente Home Health and Hospice	IHS.FS.00000305	Grandfathered	MM Snohomish	4	138.63	SN, HHA, ST, MSS, OT, PT		URL: https://wa-provider.kaiserpermanente.org	Seattle	Kaiser Foundation Health Plan of Washington	Not Reported	Not Reported	Not Included	Special Population
A Kind Heart Home Care Services	IHS.FS.60803191		Licensed Only	3	4.28	SN, HHA, PC, H/C, RT, Trans	3/27/2019	URL: https://akindheart.info/home-health-services/	Edmonds	A Kind Heart Inc.	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Accredo Health Group	IHS.FS.60034694		Licensed Only	42	8.25	IV, SN	9/25/2008	URL: https://www.accredo.com	Kent	Accredo Health Group Inc	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Alliance Nursing	IHS.FS.00000204		Licensed Only	19	44	SN, HHA		URL: http://alliancenursing.com/home-health	Woodinville	Alliance Nursing Inc	Not Reported	Not Reported	Not Included	Special Population
Amicable Health Care	IHS.FS.00000215		Licensed Only	3	3	St, PT, HHA, MSS, OT.		URL: https://www.amicablehealth.net/home-health/	Seatac	Amicable Health Care Inc	Not Reported	Not Reported	Not Included	Doesn't meet Definition
A-One Home Care	IHS.FS.00000219		Licensed Only	6	26.5	SN, HHA, IV, PC, H/C.		URL: https://www.aonemedicalservices.com/pages/services/home-health-aides-everett-	Everett	A-One Medical Services Inc	Not Reported	Not Reported	Not Included	Other
Apria Healthcare LLC	IHS.FS.00000222		Licensed Only	16	68	RT, DME		Durable Med Equip	Fife	Apria Healthcare LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Aristo Healthcare Services, LLC	IHS.FS.61100576		Licensed Only	3	5	SN, HHA, PC, H/C, RT, Trans	5/10/2022	URL: https://aristohealthcareservices.com/	Renton	Aristo Healthcare Services LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition

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Agency	License Number	CN HH Files Research	County	ILRS Research # of	ILRS Research # of HH	ILRS Research Services	ILRS Research License 1st Issued	Internet Research	Site City	Contact Name/Owner	CN Survey Research 2022 Data	CN Survey Research 2021 Data	Conclusion	Exclusion Reason
Atomic Home Health	IHS.FS.60973773		Licensed Only	7	34.8	SN, HHA, IV, RT, DME, PC.	8/27/2019	URL: https://atomichomehealth.com/Limit	Richland	Atomic Home Health, LLC	Not Reported	Not Reported	Not Included	Special Population
Aveanna Healthcare	IHS.FS.00000452		Licensed Only	39	30.05	Sn, HHA, PC, RC, H/C.		URL: https://www.aveanna.com/locations/	Yakima	Total Care Inc	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Aveanna Healthcare	IHS.FS.00000423		Licensed Only	14	88	SN, Trans		Not HHA	Vancouver	Pediatric Services of America LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Careforce	IHS.FS.61425657		Licensed Only	4	4	SN, HHA, MSS, IV, PC, HHA.	5/23/2023	URL: https://careforce.com/lynnwood-home-care/	Lynnwood	Careforce, LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Caring Hearts Agency	IHS.FS.61191482		Licensed Only	18	22	SN, HHA, PC, H/C, RC, Trans		URL: https://caringheartsthealth.net/Limita	Kennewick	B and M Home Care Services LLC	Not Reported	Not Reported	Not Included	Special Population
Childress Nursing Services	IHS.FS.60959298		Licensed Only	3	3	SN, ST, NC, PT, HHA.	2/25/2020	URL: https://www.childressnursing.com/Lin	Renton	Childress Nursing Services LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Chinook Home Health Care	IHS.FS.60450347		Licensed Only	21	19	SN, HHA, PC, H/C, RC, Trans	4/24/2014	URL: https://www.chinookhomehealthcare	Kennewick	Chinook Home Health Care LLC	Not Reported	Not Reported	Not Included	Limited Service Area
Coram CVS/Specialty Infusion Services	IHS.FS.00000265		Licensed Only	14	11.55	IV, SN, NC		Not HHA	Redmond	Coram Alternate Site Services Inc	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Critical Nurse Staffing LLC a/k/a CNSCares	IHS.FS.60852239		Licensed Only	39	39	SN, HHA, DME	4/24/2018	URL: https://cnscares.com/washington/Lir	Richland	Critical Nurse Staffing LLC	Not Reported	Not Reported	Not Included	Special Population
Day by Day Nursing Services	IHS.FS.60907239		Licensed Only	3	3.5	SN, PT, HHA, MSS, OT.	1/9/2020	URL: https://www.daybydaynursing.com/	Seattle	Jimenez, Angelina Espiritu	Not Reported	Not Reported	Not Included	Other
Dependable Staffing and Home Health Services	IHS.FS.60876098		Licensed Only	12	12	SN, HHA, IV, ABA, PC, BH/C.	9/20/2018	URL: https://dependablestaffingagency.cor	Federal Way	Dependable Staffing Agency LTD	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Envision Home Health	IHS.FS.60521160		Licensed Only	5	32.75	SN, HHA, ST, MSS, OT, PT	12/22/2014	URL: Limitations (if any): No Sno admits identified	Tacoma	Envision Home Health of Washington LLC	Not Reported	Not Separately Identified	Not Included	Limited Service Area
Everhome Healthcare	IHS.FS.00000184		Licensed Only	10	7	SN, ST, PT, OT	1/1/2007	URL: Limitations (if any):	Lynnwood	CHC Services LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Family Resource Home Care	IHS.FS.60857773		Licensed Only	6	18	SN, HHA, PC, RC, H/C.	5/23/2018	URL: Limitations (if any):	Liberty Lake	Geras LLC	Not Reported	No Sno Data Reported	Not Included	Limited Service Area
Guardian Angels Home Health Services LLC	IHS.FS.61357089		Licensed Only	9	12	SN, ST, NC, PT, HHA.	10/18/2022	URL: Limitations (if any): No Surveys, Unable to Verifv. appears to be an AFH	Yelm	Guardian Angels Home Health Services LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Harbor Health Solutions LLC	IHS.FS.60892797		Licensed Only	24	26	SN, HHA, PC, H/C	4/16/2019	URL: Limitations (if any):	Olympia	Harbor Health Solutions LLC	Not Reported	Not Reported	Not Included	Limited Service Area
Health People Inc,	IHS.FS.00000309		Licensed Only	3	5	SN, HHA, DME, PC, H/C, RC.		URL: Limitations (if any): No Surveys, Unable to Verifv	Kirkland	Health People Inc	Not Reported	Not Reported	Not Included	
Honey Healthcare	IHS.FS.61262521		Licensed Only	2	3	SN, HHA, DME, PC, H/C, RC.	3/23/2022	URL: Limitations (if any): No Surveys, Unable to Verifv	Mill Creek	Honey Healthcare LLC	Not Reported	Not Reported	Not Included	Other

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Husky Senior Care	IHS.FS.60082962		Licensed Only	4	4	SN, HHA, PC, H/C, RC, ST	4/1/2009	URL: https://www.huskyseniorcare.com/ser	Seattle	Husky Senior Care LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Infant Home Phototherapy	IHS.FS.00000342		Licensed Only	3	10	SN, DME		Not HH	Everett	Infant Home Phototherapy Inc	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Infusion Solutions Inc	IHS.FS.60164493		Licensed Only	7	19.86	SN, IV, DME	7/26/2010	Infusions	Bellingham	Infusion Solutions Inc	Not Reported	Not Reported	Not Included	Doesn't meet Definition
JandJ Integrity Home Health Care LLC	IHS.FS.60542117		Licensed Only	2	8.57	HHA, PC, H/C, RC, Trans	6/9/2015	Unable to verify services, no surveys	Lynnwood	JandJ Integrity Home Health Care LLC	Not Reported	Not Reported	Not Included	Other
Journey Nursing Services	IHS.FS.61114400		Licensed Only	6	9.74	SN, NC, PT, HHA, OT, IV	2/10/2021	URL: Limitations (if any): No surveys, staffing agency	Everett	Journey Nursing Services, LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Lincare Inc.	IHS.FS.00000048		Licensed Only	4	12	DME, RT	1/1/2003	DME	Mukilteo	Lincare Inc.	Not Reported	Not Reported	Not Included	Doesn't meet Definition
LTCI Home Care Inc	IHS.FS.61307052		Licensed Only	20	30	SN, HHA, PC, RC, Trans	12/6/2022	URL: Limitations (if any):	University Place	LTCI Home Care Inc	Not Reported	Not Reported	Not Included	Limited Service Area
Magenta Care	IHS.FS.61325814		Licensed Only	14	15	SN, H/C, ST, RT, OT, PT, IV	10/26/2022	URL: Limitations (if any): No Surveys, Unable to Verif	Kirkland	Magenta Care LLC	Not Reported	Not Reported	Not Included	Other
Maxim Healthcare Services	IHS.FS.00000375		Licensed Only	21	29	ST, HHA, ST, RT, OT, PT, IV	6/26/2003	URL: https://www.maximhealthcare.com/lc	Tacoma	Maxim Healthcare Services Inc	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Maxim Healthcare Services Inc	IHS.FS.00000373		Licensed Only	13	38	ST, HHA, RT, OT, PT, IV		URL: https://www.maximhealthcare.com/lc	Mountlake Terrace	Maxim Healthcare Services Inc	Not Reported	Not Reported	Not Included	Doesn't meet Definition
MGA Homecare	IHS.FS.61239698		Licensed Only	10	10	SN, HHA	2/10/2022	URL: Limitations (if any): Private Duty Nursing, No Surveys	Lynnwood	MGA Home Healthcare Washington, LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition
New Care Concepts	IHS.FS.00000142		Licensed Only	13	82	SN, RC	1/1/2006	Not HHA	Seattle	New Care Concepts Inc.	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Nogah Home Care	IHS.FS.60503577		Licensed Only	4	4	SN, PC, H/C, RC, Trans	11/26/2014	Not HHA	Seattle	Nogah Home Care LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Northside Home Health LLC	IHS.FS.61432863		Licensed Only	12	13	SN, PT, HHA, PC, H/C, RT		URL: Limitations (if any): No Surveys, Unable to Verif	Lynnwood	Northside Home Health LLC	Not Reported	Not Reported	Not Included	Other
Nuclear Care Partners LLC	IHS.FS.60670421		Licensed Only	39	37.84	SN, HHA	10/4/2016	URL: Limitations (if any):	Richland	Nuclear Care Partners LLC	Not Reported	Not Reported	Not Included	Special Population
Nursing Evolutions	IHS.FS.60318430		Licensed Only	4	18	SN, IV, PC	4/5/2013	Not HHA	Everett	Catherine Dambrosio PHD RN and Associates LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Option Care	IHS.FS.00000396		Licensed Only	6	19	SN, IV, NC		Not HHA	Everett	Option Care Enterprises Inc	Not Reported	93 for 912	Not Included	Doesn't meet Definition
Optum Women's and Children's Health LLC	IHS.FS.60073462		Licensed Only	42	39	SN, IV, NC	2/1/2009	Not HHA	Sea Tac	Optum Women's and Children's Health LLC	Not Reported	19 for 156	Not Included	Doesn't meet Definition

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Popes Kids Place	IHS.FS.60083889		Licensed Only	42	25	SN, PT, HHA, IV, PC, RC.	6/1/2009	URL: Limitations (if any):	Centralia	Popes Kids Place	Not Reported	Not Reported	Not Included	Special Population
Precision Home Health	IHS.FS.61034384		Licensed Only	1	1	Sn, ST, NC, PT, HHA.	10/1/2020	URL: Limitations (if any): No Surveys, Unable to Verifv	Lynnwood	Respect Nursing Care LLC	Not Reported	Not Reported	Not Included	Other
Professional Case Management of Washington LLC	IHS.FS.60474800		Licensed Only	14	73.02	SN, HHA, PC, H/C	7/21/2014	URL: Limitations (if any): No discharges, Unable to Verifv	Richland	Act for Health Inc.	Not Reported	0 for 365	Not Included	Doesn't meet Definition
Providence Home Medical Equipment	IHS.FS.60236808		Licensed Only	11	30	RT, DME	11/3/2011	DME	Portland	Providence Health & Services Oregon	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Providence Infusion and Pharmacy Services	IHS.FS.00000417		Licensed Only	22	67.5	DME, IV, SN		DME	Tukwila	Providence Health and Services - Washington	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Reliable Healthcare	IHS.FS.60851874		Licensed Only	6	78.34	SN, ST, PT, HHA, MSS, OT.	5/16/2018	URL: Limitations (if any): No Surveys, Unable to Verifv Sno	Richland	Reliable Healthcare LLC	Not Reported	Not Reported	Not Included	Limited Service Area
Right At Home	IHS.FS.00000096		Licensed Only	5	16	SN, HHA, IV, PC, H/C.	1/1/2004	URL: Limitations (if any): No Surveys, unable to Verifv	Seattle	Northwest Homecare and Staffing Services LLC	Not Reported	Not Reported	Not Included	Other
Ro Health	IHS.FS.60610351		Licensed Only	16	13.93	SN, HHA	1/21/2016	URL: Limitations (if any): Staffing Agency	Seattle	Ro Health LLC	Not Reported	Not Reported	Not Included	Doesn't meet Definition
Rotech	IHS.FS.00000427		Licensed Only	2	9.75	DME, RT		DME	Renton	Centennial Medical Equipment Inc	Not Reported	Not Reported	Not Included	Doesn't meet Definition
RWW Home and Community Rehab Services. Inc.	IHS.FS.60263077		Licensed Only	8	8	SN, ST, MSS, OT, PT, ABA	1/10/2012	URL: https://www.rehabwithoutwalls.com/	Lynnwood	RWW Home and Community Rehab Services, Inc.	Not Reported	Not Reported	Not Included	Special Population
Seattle Advocacy Specialists	IHS.FS.61205186		Licensed Only	5	6	SN, HHA, MSS, DME, PC.	10/26/2021	URL: Limitations (if any): No Surveys, Unable to Verifv	Seattle	Seattle Advocacy Specialists, Inc.	Not Reported	Not Reported	Not Included	Other
Seattle Childrens Hospital Home Care Services	IHS.FS.00000097		Licensed Only	39	68.96	SN, DME, RT, NC, IV	1/1/2004	URL: Limitations (if any): Peds	Bothell	Seattle Childrens Hospital	Not Reported	Not Reported	Not Included	Special Population
Unicare LLC	IHS.FS.60447793		Licensed Only	7	7	SN, HHA, PC, H/C, RC. Trans	5/8/2014	URL: Limitations (if any): No Surveys, Unable to Verifv	Lakewood	Unicare LLC	Not Reported	Not Reported	Not Included	Other

APPENDIX B

Home Health Method for Snohomish County

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Requested Counties	Gross Need	Total Existing Supply	Net Need*
Snohomish	23.93	10	14

*a negative number indicates a surplus

There are four worksheets - population, existing supply (2), and the methodology

The population worksheet contains population information from the Office of Financial Management (OFM)

The existing supply contains all active In-Home Service Agencies that are licensed to provide home health¹ services in Washington State.²

The methodology worksheet contains the numeric need projection, with 2025 as the project commencement year, projected out three years

¹a Washington State In-Home Services agencies license can include one or more services, including home care, home health, hospice, and hospice care centers. The lists of facilities within this workbook include only those agencies which include home health as one of their services. It may include agencies that provide one or more of the four services. Furthermore, an agency name with the words "home care," "home health," or "hospice" do not necessarily imply the level of service provided by the agency. If you have any questions or concerns regarding the inclusion of one or more listed agencies, please contact us.

²This list includes both CN-approved and state-licensed only home health agencies. Please note, while the department does count all agencies within a county, state-licensed only agencies are under no obligation to provide services across all counties listed on their license. It should also be noted that state-licensed only agencies are NOT authorized to provide service to Medicare/Medicaid populations, regardless of they agency's certification status.

Prepared by CN Program Staff - January 2024

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County: Snohomish

source: OFM "Projections of the Population by Age and Sex for Growth Management, 2022 GMA Projections - Medium Series"

Age	2020	2025	2030	2035	2040
Total	827,957	881,083	935,369	988,011	1,039,252
0-4	50,700	49,026	50,410	51,568	54,549
5-9	52,392	55,055	52,986	54,645	55,984
10-14	54,006	56,609	59,377	57,281	59,157
15-19	47,298	53,390	56,030	58,942	56,851
20-24	45,151	42,704	47,862	50,676	53,421
25-29	54,591	52,826	49,635	54,763	57,754
30-34	61,166	61,663	59,517	56,594	62,538
35-39	64,175	65,963	66,396	64,192	61,362
40-44	56,912	67,353	69,331	69,968	67,576
45-49	54,526	58,704	69,684	72,006	72,667
50-54	55,454	55,423	59,895	71,338	73,824
55-59	58,161	54,875	55,193	59,873	71,464
60-64	53,829	56,618	53,864	54,443	59,204
65-69	43,237	52,016	55,281	52,865	53,607
70-74	32,227	40,309	49,528	52,840	50,652
75-79	20,017	28,601	36,867	45,693	48,804
80-84	12,049	16,377	24,460	31,938	39,981
85+	12,066	13,571	19,053	28,386	39,857

Age	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
0-64	708,361	712,731	717,100	721,470	725,839	730,209	734,203	738,197	742,192	746,186	750,180
65-79	95,481	100,570	105,659	110,748	115,837	120,926	125,076	129,226	133,376	137,526	141,676
80+	24,115	25,282	26,448	27,615	28,781	29,948	32,661	34,831	37,002	39,172	43,513
Total	827,957	838,582	849,207	859,833	870,458	881,083	891,940	902,797	913,655	924,512	935,369

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County: Snohomish

Agency	License Number	Certification Status
Assured Home Health	IHS.FS.60497952	Grandfathered
Assured Home Health	IHS.FS.61186662	Grandfathered
Eden Home Health	IHS.FS.60491681	Grandfathered
Providence Hospice and Home Care of Snohc	IHS.FS.00000418	Grandfathered
Signature Healthcare at Home	IHS.FS.00000220	Grandfathered
Evergreen Health	IHS.FS.00000278	CN#1911
Bethany Home Health LLC	IHS.FS.60966822	CN#1893
Josephine at Home	IHS.FS.60923101	CN#1891
Avail Home Health	IHS.FS.00000231	0
CenterWell Home Health	IHS.FS.00000295	0

Total Home Health Agencies Serving Snohomish County: 10

Total M/M Certified: 8

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1987 State Health Plan Methodology - Home Health

County: Snohomish
Years: 2025-2027

2025	Age Cohort	* County Population	* SHP Formula	* Number of Visits	=	Projected Number of Visits	
	0-64	730,209	0.005	10		36,510	
	65-79	120,926	0.044	14		74,490	
	80+	29,948	0.183	21		115,090	
	Total Number of Expected Visits						226,091
	Number of Expected Visits per Agency (dictated by the SHP)						10,000
	Projected Number of Needed Agencies						22.61

2026	Age Cohort	* County Population	* SHP Formula	* Number of Visits	=	Projected Number of Visits	
	0-64	734,203	0.005	10		36,710	
	65-79	125,076	0.044	14		77,047	
	80+	32,661	0.183	21		125,516	
	Total Number of Expected Visits						239,273
	Number of Expected Visits per Agency (dictated by the SHP)						10,000
	Projected Number of Needed Agencies						23.93

2027	Age Cohort	* County Population	* SHP Formula	* Number of Visits	=	Projected Number of Visits	
	0-64	738,197	0.005	10		36,910	
	65-79	129,226	0.044	14		79,603	
	80+	34,831	0.183	21		133,857	
	Total Number of Expected Visits						250,370
	Number of Expected Visits per Agency (dictated by the SHP)						10,000
	Projected Number of Needed Agencies						25.04