



CERTIFICATE OF NEED APPLICATION HOME HEALTH AGENCY

Application is _____ made for a Certificate of Need in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310, rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

Signature and Title of Responsible Officer:

Date:

DocuSigned by:
Russell Hilliard
97DFC127E73B4CF...

11/29/2022

Dr. Russell Hilliard, PhD, LCSW, LCAT, MT-BC, CHRC, CHC
Senior Vice President, Market Expansion Initiatives

Email Address:

RussellHilliard@AccentCare.com

Telephone Number:

(954) 952-6194

Legal Name of Applicant:

AccentCare Home Health of King County, LLC

Provide a brief project description:

- New Agency
- Expansion of Existing Agency
- Other

Address of Applicant:

AccentCare, Inc.
17855 Dallas Parkway, Suite 200
Dallas, TX 75287-6857

Estimated Capital Expenditure:

\$92,000

Project Description and Location:

AccentCare Home Health of King County, LLC is applying for a certificate of need (CN) to establish a Medicare and Medicaid certified home health agency to serve residents of King County, Washington. Home health services include skilled nursing care, physical therapy, occupational therapy, speech therapy, respiratory therapy, durable medical equipment, IV services, medical social services, and home health aide services. AccentCare King County proposes an integrated service delivery system that includes the capability to provide home health care. The target population resides in King County.

Submitted to:


Department of Health
Certificate of Need Program
111 Israel Road SE
December 9, 2022

FILING FEE

AccentCare		Payment Number	Check Date	Check Number		
Vendor ID WASH004	Vendor Check Name WASHINGTON DEPARTMENT OF HEALTH	[REDACTED]	11/08/2022	[REDACTED]		
Voucher Number	Invoice Number	Invoice Date	Description	Outstanding Amt	Net Paid Amt	Net Check Amt
VCH000646268	CR110722	11/07/2022	KING COUNTY CON FILING FEE AC	\$24,666.00	\$24,666.00	\$24,666.00

TOTALS: \$24,666.00 \$24,666.00 \$24,666.00

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



accentCare.
Principles Care Together

[REDACTED]

JPMorgan Chase

[REDACTED]

	DATE	AMOUNT
Twenty Four Thousand Six Hundred Sixty Six Dollars and 00 Cents	Nov 8, 2022	\$24,666.00

PAY TO THE ORDER OF:
 WASHINGTON DEPARTMENT OF HEALTH
 P O BOX 47852
 CERTIFICATE OF NEED PROGRAM
 OLYMPIA, WA 98504 7852




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I. APPLICANT DESCRIPTION

1. Provide the legal name(s) and address(es) of the applicant(s).

Note: The term “applicant” for this purpose includes any person or individual with a ten percent or greater financial interest in the partnership or corporation or other comparable legal entity as defined in WAC 246-310-010(6).

The legal name of the applicant is **AccentCare Home Health of King County, LLC**. Throughout the application, reference to the “Home Health Agency”, the “Applicant” or “AccentCare King County” refers to AccentCare Home Health of King County, LLC.

2. Identify the legal structure of the applicant (LLC, PLLC, etc.) and provide the Unified Business Identifier (UBI).

The applicant, AccentCare Home Health of King County, LLC, is a for-profit, limited liability company, created on August, 25, 2022. A copy of the Certificate of Formation and application for the Certificate of Registration with the State of Washington appear in **Exhibit 2**. The Unified Business Identifier (UBI) is 604-965-803.

AccentCare Home Health of King County, LLC is the Applicant and intended licensee of the proposed home health agency. This entity is 100% wholly owned by **AccentCare, Inc.** AccentCare, Inc. owns and operates a number of post-acute healthcare providers throughout the country, including hospices, home health agencies, personal care service agencies and private duty nursing providers. An organizational chart showing the business structure AccentCare Home Health of King County, LLC is included herewith in response to Question 5. Information on the healthcare entities which fall under the AccentCare, Inc. umbrella is provided in response to Question 6. The broader organization represents a continuum of post-acute, home-based care. Additional information about the company is found at www.accentcare.com.

AccentCare, Inc., will provide oversight and back-office functions such as accounting functions, financing arrangements, risk management functions, human resource functions and training, oversight and management of information systems, and other general administrative services. AccentCare, Inc. provides such administrative services to its affiliates across the U.S. Although each home health agency has its own license in the state in which it operates and its own administrator, all of the AccentCare home health agencies benefit from the back-office support from AccentCare, Inc. (See the “Management Services Agreement”, attached as **Exhibit 3**, for a complete description of services.)

- 3. Provide the name, title, address, telephone number, and email address of the contact person for this application.**

Dr. Russell Hilliard, PhD, LCSW, LCAT, MT-BC, CHRC, CHC
Senior Vice President, Market Expansion Initiatives
AccentCare, Inc.
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(954) 952-6194
RussellHilliard@AccentCare.com

- 4. Provide the name, title, address, telephone number, and email address of the consultant authorized to speak on your behalf related to the screening of this application (if any).**

Tracy Merritt
Health Care Planning & Development Director
MSL Girvin Group, LLC
307 W. Park Avenue, Suite 211
Tallahassee, FL 32301
(850) 681-8705, Ext. 5509
tmerritt@MSLCPA.com

- 5. Provide an organizational chart that clearly identifies the business structure of the applicant(s).**

AccentCare Home Health of King County, LLC is 100% directly owned by AccentCare, Inc. AccentCare, Inc. owns and operates a number of healthcare providers throughout the country. An organizational chart showing the business structure of AccentCare Home Health of King County, LLC appears in the following figure:

AccentCare Home Health of King County, LLC Organizational Chart

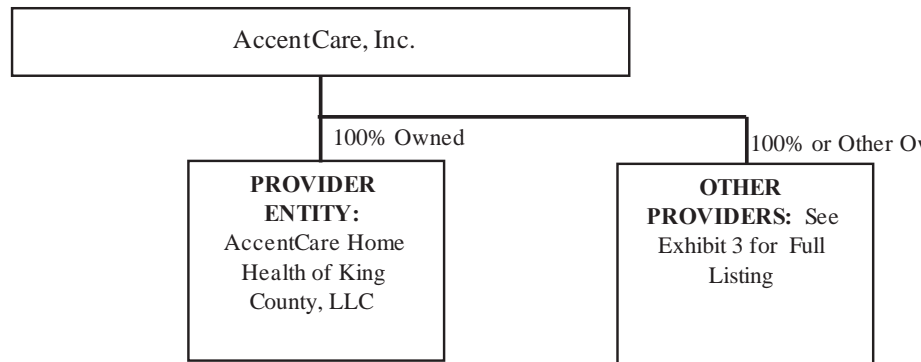


Figure 1. The organizational chart for AccentCare Home Health of King County, LLC shows that ownership of AccentCare Home Health of King County, LLC is 100% owned by AccentCare, Inc.

6. Identify all healthcare facilities and agencies owned, operated by, or managed by the applicant or its affiliates with overlapping decision-makers. This should include all facilities in Washington State as well as out-of-state facilities. The following identifying information should be included:

- **Facility and Agency Name(s)**
- **Facility and Agency Location(s)**
- **Facility and Agency License Number(s)**
- **Facility and Agency CMS Certification Number(s)**
- **Facility and Agency Accreditation Status**
- **If acquired in the last three full calendar years, list the corresponding month and year the sale became final**
- **Type of facility or agency (home health, hospice, other)**

AccentCare Home Health of King County, LLC, the applicant entity, is a developmental stage company with no operations at this time. The Applicant seeks a certificate of need for a home health program that will result in licensure as a home health agency for operations to begin. The applicant is wholly owned by AccentCare, Inc. AccentCare, Inc. owns 180 post-acute care facilities with 260 locations in 31 states, including home healthcare agencies, hospice agencies, personal care services and private duty nursing, all of which are listed in **Exhibit 4**. **Exhibit 4** also includes **AccentCare By the Numbers** brochures that highlight the locations, volume and partnerships throughout the U.S. Within the state of Washington, AccentCare has one personal care services agency and is in the process of licensing a new hospice agency in King County authorized by Certificate of Need #1916.

II. PROJECT DESCRIPTION

1. Provide the name and address of the existing agency, if applicable.

This criterion is not applicable. The Applicant does not own, operate or manage an existing home health agency in Washington State.

2. If an existing Medicare and Medicaid certified home health agency, explain how this proposed project will be operated in conjunction with the existing agency.

This criterion is not applicable. The Applicant does not own, operate or manage an existing home health agency in Washington State.

The parent company, AccentCare, Inc, is in the process of establishing a new hospice agency within King County. The proposed home health agency will be co-located at the same address as the hospice but will operate under a separate entity and license.

3. Provide the name and address of the proposed agency. If an address is not yet assigned, provide the county parcel number and the approximate timeline for assignment of the address.

The address of the proposed office for the home health agency is as follows:

**AccentCare Home Health of King County, LLC
15 South Grady Way
Renton, Washington 98057**

4. Provide a detailed description of the proposed project.

AccentCare Home Health of King County, LLC is applying for a certificate of need (CN) to establish a Medicare and Medicaid certified home health agency to meet the growing home health care needs for residents of King County, Washington. Home health services include skilled nursing care, physical therapy, occupational therapy, speech therapy, and medical social services. AccentCare Home Health of King County enhances the post acute care continuum in King County, complementing AccentCare's existing personal care services agency and a new hospice agency that is expected to open in 2023. The improved continuity of care will benefit residents of King County, the target population. Letters highlighting the need and support for this project are provided in [Exhibit 1](#).

Our Vision

We imagine a world where:

Patients and Clients receive the understanding, empathy and excellence they deserve.

Families experience compassionate support from a trusted guide at each step.

Team Members grow, thrive and find inspiration in a supportive work environment.

Communities and Strategic Partners succeed with the help of a comprehensive and responsive partner.

Our Purpose

Reimagining care, together.

Our Values

Act with integrity.

Be compassionate.

Commit to excellence.

“DSHS (Department of Social and Health Services) 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 provider. I appreciate the work that they do to support PACE organizations within the state of Washington.”

Kathryn Pittelkau, MS
PACE Policy Program Manager
Home and Community Services

“Having a home health in addition to hospice would provide a strong continuity of care for patients. As I have gotten to know members of the AccentCare team I have learned that they believe that the patient/families are the experts in their own care and they will go above and beyond in what they can provide. The home health behavioral health program will be incredibly beneficial and not many providers are willing to take on the complex needs of all patients. AccentCare is willing to do that and we need more providers in the community raising the bar for what is possible.”

Evelyn Stagnaro, MM, MT-BC
Life One Music, LLC
Seattle Children’s Hospital Music Therapist

5. Confirm that this agency will be available and accessible to the entire geography of the county proposed to be served.

AccentCare King County will serve all residents of King County, regardless of location within the county. The proposed agency will establish its administrative office proximate to the most populous areas of King 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.

6. With the understanding that the review of a Certificate of Need application typically takes at least six to nine months, provide an estimated timeline for project implementation, below:

The project establishes a new home health services agency for King County. Therefore, approximately 9-12 months are needed to prepare for licensure and certification, including furnishing and equipping office space, hiring executive and nursing staff, conducting training, and hold mock surveys prior to licensing and certification surveys. The table below shows the estimated timeline for project implementation.

Event	Anticipated Month/Year
CN Approval	August 2023
Design Complete (if applicable)	N/A
Construction Commenced (if applicable)	N/A
Construction Completed (if applicable)	N/A
Agency Prepared for Survey	May 2024
Agency Providing Medicare and Medicaid home health services in the proposed county.	July 2024

A detailed timeline of pre-opening activities, including staff recruitment and preparation for licensure and certification is provided in **Exhibit 5**.

7. **Identify the home health services to be provided by this agency by checking all applicable boxes below. For home health agencies, at least two of the services identified below must be provided.**

- | | |
|---|---|
| <input checked="" type="checkbox"/> Skilled Nursing | <input checked="" type="checkbox"/> Occupational Therapy |
| <input checked="" type="checkbox"/> Home Health Aide | <input checked="" type="checkbox"/> Nutritional Counseling |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Bereavement Counseling |
| <input checked="" type="checkbox"/> Speech Therapy | <input checked="" type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Respiratory Therapy | <input checked="" type="checkbox"/> IV Services |
| <input checked="" type="checkbox"/> Medical Social Services | <input checked="" type="checkbox"/> Applied Behavioral Analysis |
| <input checked="" type="checkbox"/> Other: See below. | |

AccentCare King County proposes to bring an array of programs to all patients served by its home health agency in King County. Staffed services include skilled nursing, Home Health Aide services, IV services, and applied behavioral analysis. Contracted services include physical therapy, occupational therapy, speech therapy, nutritional counseling, and medical social services.

The applicant is not a Durable Medical Equipment supplier but will ensure appropriate coordination of services and supplies to care for the patient. It is assumed that a patient would have access to equipment as prescribed by the physician or could be referred during the course of care. Similarly, the Home Health Agency would refer a patient in need of bereavement services to its affiliated hospice in King County that offers community bereavement services. As for respiratory therapy, AccentCare does not employ Respiratory Therapists. Respiratory therapy falls within the scope of nursing practice and is included in skilled nursing services.

In addition to the core services identified above, AccentCare King County offers RightPath® programs for COPD, Cardiac Care, Diabetes, Joint Rehabilitation, Late Life Depression, and Palliative Care as well as the AdvancedCare at Home™ program, a partnership with Sound Physicians, telemonitoring, and access to a call center. More information and brochures on the referenced services can be found in [Exhibit 6](#).

AccentCare's RightPath® Programs

AccentCare has developed several diagnosis-specific treatment pathways for its home health care programs. Based on expert clinical guidelines, physicians' orders, and patients' personal needs, the RightPath programs focus on optimizing at-home health so patients spend less time in the hospital. AccentCare's experienced care teams communicate frequently with patients, their families, and their physicians to develop personalized at-home treatment plans with exceptional outcomes so patients can live life more fully.

RightPath® programs provide the right care in the comfort of home. Through a team of skilled nurses, physical therapists, occupational therapists, and other specialized health professionals with disease management knowledge, RightPath focuses on patients' specific needs.

Each program delivers a comprehensive approach to care for the whole individual, educating patients on disease processes, offering telemonitoring for early assessment of signs and symptoms, and delivering customizable action plans to help patients manage symptoms.

RightPath Cardiac Care Program

Affecting more than 28 million Americans, heart disease often causes difficulty breathing and moving and increases a person's risk of a heart attack. The RightPath Program for Cardiac Care, based on expert clinical guidelines recommended by the American College of Cardiology Foundation and the American Heart Association, delivers care to patients diagnosed with cardiac or heart disease, including congestive heart failure, myocardial infarction, and coronary artery disease.

The program delivers nutrition guidelines, a clinical pathway to stop smoking, training for equipment management and the proper administration of infusible medications, aerobic and resistive exercise training to improve aerobic capacity and strengthen muscles for functional ability, and postoperative care. The clinical outcomes for the RightPath Program for Cardiac Care exceed the national averages for home health companies. Only 18 percent of patients are re-hospitalized within 30 days of discharge, while 70 percent of patients experience improvements in shortness of breath, and 69 percent experience improved ability to walk.

RightPath COPD Program

The RightPath Program for COPD is a step-by-step plan to help patients manage chronic obstructive pulmonary disorder (COPD), a condition that affects more than 15 million adults in the US. COPD causes shortness of breath and difficulty walking, and can lead to further health complications, such as infection, heart attack, or stroke.

Based on expert clinical guidelines recommended by the Global Initiative for Chronic Obstructive Lung Disease (GOLD), the RightPath Program for COPD helps individuals strategically manage COPD symptoms and mitigate adverse health effects by providing disease education, nutrition guidelines, and a clinical pathway to stop smoking. The program includes peak flow testing to measure and track airflow from the lungs. Patients learn techniques for enhancing aerobic capacity and strengthening muscles for functional ability, and receive training in properly administering inhaled therapies and managing medical equipment.

The clinical outcomes for the RightPath Program for COPD exceed the national averages for home health companies. Only 18 percent of patients are re-hospitalized within 30 days of discharge from the hospital, while 75 percent of patients experience improved shortness of breath and 69 percent experience improved ability to walk.

RightPath Diabetes Program

More than 29 million Americans live with diabetes. The RightPath Program for Diabetes helps individuals manage their disease and lessen the possibility of developing other long-term complications like loss of vision, nerve damage, kidney damage, and skin infections.

Based on expert clinical guidelines recommended by the American Diabetes Association, the RightPath Program for Diabetes equips patients with the knowledge they need to better manage their nutrition and blood glucose levels, incorporate physical activities into their lifestyle, and maximize the effectiveness of medications. The RightPath team of experts also works with patients to address psychological and behavioral changes and develop a self-management plan for changes in health status.

Clinical outcomes for the RightPath Program for Diabetes exceed the national averages for home health companies. Only 14 percent of RightPath patients are re-hospitalized within 30 days of discharge, while only 22 percent are hospitalized for 60-day acute care.

RightPath Late Life Depression Program

The RightPath Program for Late Life Depression (LLD) works with patients and their families to create customizable care plans for people over age 65 experiencing chronic depression for the first time. LLD is frequently triggered by major life events and can manifest in various ways, such as a sad mood, significant changes in appetite or weight, loss of energy, and a reduced ability to think or concentrate.

Based on expert clinical guidelines recognized by the American Psychiatric Association, the RightPath Program for LLD helps patients manage their depression by providing customizable action plans to alleviate symptoms, strategies to prevent relapse, and psychological and grief counseling. Treatment emphasizes cognitive behavior, problem-solving, and support therapies.

The clinical outcomes for the RightPath Program for LLD exceed the national averages for home health companies. Only 7 percent of patients are re-hospitalized within 30 days of discharge, compared to the national average of 19 percent.

RightPath Palliative Care Program

Based on expert clinical guidelines recommended by the National Consensus Project for Quality Palliative Care and the National Quality Forum, the RightPath Program for Palliative Care provides specialty care for individuals living with a chronic illness, such as heart failure or cancer. Focusing on quality of life, the program works to give patients relief from pain and symptoms while supporting their emotional, social, and spiritual well-being. Through an innovative model that blends curative and comfort care, the RightPath program bridges the gap between rehabilitative home health and hospice.

Experienced care teams help patients develop goals for care and create responsive care plans to support their changing needs during care transitions. The skilled interdisciplinary team helps patients manage symptoms through pharmacological and non-pharmacological therapies, and provides resources to help patients and their families cope and make decisions. Spiritual care and bereavement services help patients seamlessly transition from palliative care to end-of-life care. Support services are available 24 hours a day, 7 days a week.

RightPath Joint Rehabilitation Program

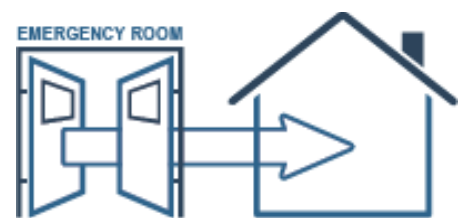
Around 7 million Americans live with a joint replacement, and postoperative care is just as important as the surgery. The RightPath Program for Joint Rehabilitation, based on expert clinical research and evidence-based practices, helps patients with joint replacements heal, regain activity, and reduce the risk of infection and blood clots. The program provides medication management, focused rehabilitation plans, pain management, and incision care after joint replacement surgery.

RightPath's experienced providers follow best practices for postoperative care and help ease the transition from in-patient to at-home care. Individualized treatment plans focus on maximizing recovery in a shorter time period through frequent rehabilitative therapy, expert wound management, and individualized support for the transition from hospital to home.

The clinical outcomes for the RightPath Program for Joint Rehabilitation exceed the national averages. Only 3 percent of patients are re-hospitalized within 30 days of discharge, while 94 percent of patients experience improved ability to move, 81 percent experience improvements in pain interfering with activity, and 95 percent report improved surgical wounds.

AdvancedCare at Home™

The AdvancedCare at Home program offers qualified emergency department patients the option of home healthcare, to avoid preventable hospital admissions. Emergency department physicians approve patients for discharge with intensive home health services, and dedicated AccentCare RN Case Managers expedite home health admission. Patients receive three- to five- day care plans supported by virtual visits with AccentCare physicians while they transition care to their primary care providers or other community physicians.



With AdvancedCare at Home, even complex patients can receive care safely and effectively in the home setting. Potential appropriate diagnoses include community-acquired pneumonia, cellulitis, urinary tract infections, exacerbation of asthma or congestive heart failure, syncope, neutropenic fever, and diabetes with hyperglycemia or wound infections. Around 97 percent of AdvancedCare at Home patients avoid 30- day hospitalization, and only 4 percent see a 30-day re-utilization of emergency department services.

Technology

AccentCare strives for innovation that accommodates patients' needs and preferences for high-quality clinical outcomes and patient satisfaction. It is committed using telehealth, including virtual visits and remote monitoring of biometrics. In 2018, AccentCare partnered with tech company Synzi to begin offering patients virtual home visits with wound care nurses. Today, AccentCare and Synzi offer a complete virtual platform that allows providers to conduct virtual visits, remotely monitor patients, and use secure messaging, text, and email for clinician-to-patient and clinician-to-clinician communications.

To complement its virtual platform, AccentCare has a dedicated Telehealth Team to support remote care that includes planned and on-demand patient visits and remote monitoring. Virtual visits increase the capacity for patient visits by more effectively deploying home health resources. The virtual medium also helps reduce hospitalization, emergency department utilization, and exposure to and spread of COVID-19.

AccentCare's virtual apps and telehealth support conveniently allow physicians to meet home health order requirements and accommodate compromised patients who may be reticent about leaving the safety of home. A partnership with Sound Physicians, a national leader in hospital medicine, also helps expand AccentCare's range of telemedicine services. AccentCare's telehealth services adhere to all Medicare requirements for home health.

Virtual Visits

In an exclusive partnership with Synzi, AccentCare offers virtual visits through a secure, HIPAA-compliant video platform. After an initial home visit to develop a plan of care, patients and caregivers receive setup assistance with downloading and using the Synzi app on smart devices in their homes. To attend virtual visits, patients log in to the app using their date of birth (HIPAA compliant) and simply accept the physician or provider's video call. Providers conduct video visits in accordance with each patient's plan of care. The patient's AccentCare case manager can also schedule visits with providers in advance. The MyCareTeam and MyPatient apps, available through Apple and Google Play, provide additional support for patients and clinicians.



Virtual physician support is also available for complex wound care, making the home setting viable for recovery. Virtual consultations with AccentCare nurse and wound care physicians enable optimized wound treatment and care plans. Patients may attend weekly/biweekly follow-up visits for nurse and physician collaboration.

Telemonitoring/Remote Monitoring

AccentCare supplements clinician home visits with telemonitoring for remote clinical observation, to enable timely changes in care plans. In partnership with Medtronic, a leader in creating and supplying medical devices, AccentCare provides remote devices and services to capture patients' vitals and flag changes in their condition. These devices record near-real time biometric data and enable a rapid response to changes in condition, for better care management.



Patients appropriate for telemonitoring have a new or unstable condition, such as asthma, congestive heart failure, COPD, diabetes, or hypertension. They may also be at risk for re-hospitalization or emergency room visits. Using telemonitoring increases the frequency of evaluations for these patients while reducing the rates of rehospitalization and emergency department use. It also reduces patients' anxiety due to uncertainty about their health and fear of exposure to other illnesses, such as COVID-19.

To establish telemonitoring, a nurse conducts a home visit and identifies the best-suited device for each patient. AccentCare then ships the device to the patient, with delivery ensured through shipment tracking. Upon receipt, a tele-nurse assists the patient/caregiver in proper device setup, and a dedicated Telehealth Team provides support in setting device parameters. The Telehealth Team receives and reviews custom reports from the patient's remote device daily, and provides remote problem-solving when feasible. Telemonitoring offers patients the benefit of live conferencing with medical professionals and improves real-time symptom management and compliance.

Partnership with Sound Physicians

AccentCare has developed collaborative relationships with provider organizations to address the needs of patients without a primary care doctor or routine medical care. AccentCare King County will partner with Sound Physicians, one of the nation's leaders in hospital medicine, to improve home health access and outcomes for patients who do not have a primary care physician (PCP) or a following physician. This partnership helps serve patients' clinical needs more efficiently by providing virtual physician services and a higher level of home health collaboration.



The program begins when the agency receives a hospital referral for a patient who does not have a PCP or a following physician. A home health clinician then facilitates an initial virtual home health visit with a Sound Physicians doctor. The physician conducts a virtual exam, asks questions, and certifies the patient is qualified for home health, in real-time collaboration with AccentCare King County clinicians. AccentCare King County then admits the patient to home health and begins care. The Sound Physicians doctor follows the patient for a full 60-day episode of care.

“With an expansive reach across the acute episode of care in multiple settings, Sound Physicians is a strategic partner and an ally for healthcare organizations looking to expand access, lower costs, and improve outcomes in the communities they serve...As AccentCare makes an effort to expand into Washington they work to recognize the unique needs of each community...working to decrease hospitalizations and increase access to care for those in need.”

Brenden McNamara
CEO, Telemedicine
Sound Physicians

The program enables an expedient transition from hospital to home, and typically ensures start of home care within 24 to 48 hours of discharge. Physicians have on-demand access to orders and medication records to foster rapid clinical response. Collaboration between AccentCare King County clinicians and Sound Physicians doctors allows skilled management of complex patients through real-time video collaboration among the home health clinician, patient, and physician. This extended support network helps reduce emergency department utilization and hospital readmissions. An excerpt from a letter of support from Sound Physicians can be seen to the left. The full letter, along with other letters of support, is included in **Exhibit 1**.

Dementia Care

Dementia is a general term for a group of conditions that cause symptoms of memory loss and other mental abilities that progress over time and interfere with one’s daily life. In 2020, there were over 55 million people with dementia and by the year 2050, that number is expected to grow to 139 million people.¹ Along with being the most common cause of dementia among older adults, Alzheimer’s disease is the fifth leading cause of death for people age 65 and older and is the seventh leading cause of death in the United States.²

AccentCare King County is equipped to help address dementia behaviors, while helping to ensure a safe environment to help the patient and their loved ones to remain in the comfort of home for as long as possible. Accentcare King County’s medical professionals will develop individualized, clinically sound care plans for the patient, while surrounding caregivers with guidance and support. AccentCare King County’s practices help to maximize the quality of life for the patient while maintaining their dignity. The following are examples of how AccentCare King County’s clinical team can offer support to patients experiencing dementia:

- Assessment and treatment of behavioral and psychological systems of dementia as well as physician manifestations
- Medication management
- Cognitive behavioral therapy

¹ Alzheimer’s Disease International, Dementia Statistics, accessed at <https://www.alzint.org/about/dementia-facts-figures/dementia-statistics/>.

² Centers for Disease Control and Prevention, Alzheimer’s Disease, accessed at <https://www.cdc.gov/dotw/alzheimers/index.html#:~:text=Alzheimer's%20disease%20is%20the%20most,of%20death%20for%20all%20adults.>

- Utilization of cognitive training, muscle memory, and validation therapy strategies
- Adoption of the patient’s perspective by providing a supportive social environment
- Caregiver training and support strategies

When a patient has access to home health care, it improves the quality of life for the patient’s family and loved ones as well. AccentCare King County will provide supportive counseling for caregivers who may feel overwhelmed and alone, in addition to training and support strategies to help cope with the potential stress of caring for a loved one with dementia. When the patient’s family and loved ones have support, they can spend less time worrying about how to provide care, and more time appreciating that their loved one is being cared for at home with professional assistance.

Behavioral Health

Mental health conditions such as depression and anxiety are common among individuals with chronic health problems. AccentCare King County believes in treating the whole patient. This is especially important for those who may be suffering from adjustment, anxiety, depression or dementia disorders. AccentCare’s caregivers perform a detailed assessment to develop affordable and personalized clinical, medical, and therapeutic care plans for every patient. While providing the much needed support to help address the patient’s emotional and social needs, AccentCare King County’s caregivers will also help the patient to maintain independence and quality of life in the comfort of home.

AccentCare King County’s Behavioral Health Nursing Services include:

- Medication management
- Supportive counseling
- Therapeutic techniques and education
- Cognitive behavioral therapy
- Coping strategies
- Grief therapy
- Interpersonal therapy
- Positive psychology therapy
- Problem solving therapy
- Relaxation therapy
- Family member support for physical and emotional stress common for caregivers

“In a time when there is a need for increased mental health resources AccentCare makes addressing the needs like grief & loss, mental health...As a part of their Behavioral Health program, AccentCare plans to provide resources to support grief, loss & depression through support groups and connection to allied health services...”

Jamie Grebosky, MD
SVP and CMO, Asante

AccentCare King County’s Personal Care Support Services include:

- Daily activity support to ensure health, hygiene, and home safety
- Companionship and conversation to minimize loneliness
- Medical appointment, errands, and social activities transport

Benefits from the abovementioned services include:

- Improvement in individual independence and quality of life
- Improvement in medication compliance and efficacy
- Reduction in emergent psychiatric care needs
- Disease management

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is a form of psychological treatment that explores the links between thoughts, emotions, and behaviors. CBT is a goal-orientated, time-based, structured treatment that is effective for a range of mental illnesses such as anxiety disorders and depression. This form of therapy is the most widely researched psychotherapy and has a strong evidence-based framework that supports the effectiveness of the treatment. As its name implies, Cognitive Behavioral Therapy is focused on learning to alter one's thoughts (cognitions) and actions (behaviors). The following are the main tenets of CBT:

- Based on ever-evolving formulations of patient problems and their conceptualization of each problem in cognitive terms
- Requires a sound therapeutic alliance
- Emphasizes collaboration and active participation
- Goal-oriented and problem focused
- Emphasizes the present
- Educative, teaches the patient to be their own therapist and relapse prevention
- Time-limited
- Structured
- Identifies, evaluates, and responds to dysfunctional thoughts and beliefs
- Uses a variety of techniques to change thinking, mood, and behavior

With CBT, straightforward anxiety and depression can typically be treated within 6 to 14 sessions. However, for those with more severe mental illnesses and rigid beliefs, the time frame can range from a few months to years if necessary. Structured treatment helps maximize efficiency and effectiveness. This process includes:

- Introduction: Conducting a mood check, a brief review of the week, and collaboratively setting an agenda for the next session.
- Middle: Reviewing homework and discussing problems on the agenda for the session.
- End: Eliciting feedback.

Therapists help patients identify key cognitions and adopt more realistic, rational perspectives. This is achieved through the process of guided discovery by questioning their thoughts to evaluate their thinking. Behavioral and problem-solving techniques are essential in CBT. The types of techniques the therapist will select will be influenced by the

conceptualization of the patient, the problem the patient is discussing, and the objectives for the session.

With CBT, the patient's current thinking patterns and problematic behaviors are identified. Several factors must be considered including the patient's life experiences, throughout childhood, and even through the therapy sessions. A conceptualization of the patient is formulated based on the information gathered to provide an accurate picture of the patient's whole situation. This conceptualization is refined each session as more information becomes available. It is important to have a strong trusting relationship between the therapist and patient. The therapist should be able to provide care, warmth, empathy, and competence. Teamwork is encouraged throughout the sessions and decisions of what to work on and how often are decided together.

Active participation from the patient is important for making a lasting impact in their treatment. The patient should set specific goals during the initial sessions. Goals are necessary to evaluate and respond to thoughts that interfere with those goals. This helps the patient easily identify and interrupt those thoughts.

The treatment should be focused on current problems and specific situations that are distressing to them. CBT only considers the past when the patient expresses a strong preference to do so or the patient gets stuck in dysfunctional thinking and trying to understand their childhood can potentially help modify their core beliefs. Teaching the patient to understand the process, how their thoughts influence emotions and behavior, how to identify and evaluate their thoughts and beliefs, and plan for behavioral changes is an essential part of CBT.

- 8. If this application proposes expanding the service area of an existing home health agency, clarify if the proposed services identified above are consistent with the existing services provided by the agency in other planning areas.***

This criterion is not applicable. The Applicant does not own, operate or manage an existing home health agency in Washington State.

- 9. If this application proposes expanding an existing home health agency, provide the county(ies) already served by the applicant and identify whether Medicare and Medicaid services are provided in the existing county(ies).***

This criterion is not applicable. The Applicant does not own, operate or manage an existing home health agency in Washington State.

- 10. Provide a general description of the types of patients to be served by the agency at project completion (e.g. age range, diagnoses, special populations, etc.)***

The target population to be served are all clinically appropriate patients who are referred for home health care. AccentCare King County will serve patients of all ages and diagnoses that qualify for home health services within King County, including the uninsured and under insured. While all ages will be served, the agency will primarily service the 65 and older population as it is the age group that encompasses the majority of home health patients.

The following table identifies the percentage of Medicare beneficiaries served by home health providers in the state of Washington for 2020, the most recent year available. The patient mix below by diagnosis is representative of what the proposed home health agency in King County will serve.

Table 1
2020 Percent of Home Health Medicare Beneficiaries by Diagnosis and Chronic Illness
For Home Health Agencies Based in King County

Condition	Percent of Beneficiaries with the Condition as a Primary Diagnosis	Percent of Beneficiaries with the Diagnosis as a Chronic Illness
Atrial Fibrillation		21.7%
Alzheimer's		39.3%
Asthma		11.6%
Cancer	2.7%	11.8%
Chronic Kidney Disease		58.3%
COPD	2.0%	21.3%
Depression		41.8%
Respiratory Failure	0.0%	
Dementia	3.9%	
Stroke	5.5%	11.9%
CHF	0.2%	39.6%
Hyperlipidemia		62.3%
Hypertension	6.0%	75.0%
IHD		45.0%
Osteoporosis		17.7%
Schizophrenia		4.6%
Rheumatoid/Osteo Arthritis		52.1%
Other Circulatory/Heart Conditions	6.1%	
Infection	4.0%	
Connective Tissue Disorders	8.2%	
Injury	18.0%	
Motor Nueral Disease	7.0%	
Diabetes	3.4%	40.1%
Skin Ulcers/Burns	3.9%	
Aftercare	9.3%	

Beneficiary Percentage Source: Medicare Fee-For-Service Post Acute Care Provider Public Use File, Calendar Year 2020 (See [Exhibit 7](#))

Underlying chronic conditions are common among residents utilizing home health care. The variety of services proposed by AccentCare will ensure that a wide range of patients will

benefit. AccentCare of King County will also provide outreach to ensure minority populations, a traditionally underserved group, receive equitable care.

As shown in the table below, King County has a large and growing percentage of minorities. The total population of King County grows at an annual rate of 1.3%, adding 154,501 persons over the next five years. The white race represents 60.4% of the population with 1,403,583 persons, with the proportion of whites decreasing to 56.8% of the total population by 2027. In contrast, the minority populations have higher compound annual growth rates and proportionately increase by 2027. Asians reflect the largest single minority group, with 481,206 persons representing 20.7% of the population, followed by Hispanics with 240,976 (10.4% of total), and African Americans with 162,125 (7.0% of total). All minority groups with the exception of Native Indian/Alaskans are expected to increase by at least 2% per year over the next five years, resulting in total five-year growth rates of 12.5% for Hispanics, 11% for African Americans, 18.5% for Asians, and 10% Hawaiian/Pacific Islanders. Persons identifying with more than one race account for over 136,000 persons and will increase by 2.5% per year. The table that follows shows the composition of the county.

Table 2
Racial and Ethnic Composition of King County Residents for Years 2022 and 2027

Race Category	Total 2022		Total 2027		Compound Annual	
	Population	Percent	Population	Percent	Growth Rate	Increase
White	1,403,583	60.4%	1,409,435	56.8%	0.1%	5,852
Asian	481,206	20.7%	577,439	23.3%	3.7%	96,233
Black/African	162,125	7.0%	181,021	7.3%	2.2%	18,896
Hawaiian/Pacific	19,124	0.8%	21,161	0.9%	2.0%	2,037
Indian/Alaskan	17,565	0.8%	17,883	0.7%	0.4%	318
Other Races	105,380	4.5%	118,631	4.8%	2.4%	13,251
Two or more Races	136,092	5.9%	154,006	6.2%	2.5%	17,914
Total	2,325,075	100.0%	2,479,576	100.0%	1.3%	154,501
Ethnic Category						
Hispanic	240,976	10.4%	272,169	11.0%	2.5%	31,193

Data provided by Claritas, LLC , (<https://www.claritas.com/>) **Pop-Facts Demographics Select**, DATA-DEMO-PFSE-ZIP, DATA-DEMO-PFSE-CTY, and DATA-DEMO-PFSE providing, age cohorts, race and ethnic categories by county and Zip Code for Washington for available projection period 2022 to 2027. (See **Exhibit 8**)

To initiate outreach efforts, identify unmet communities, and develop cultural competencies specific to the service area, AccentCare King County will ensure a diverse staff and provide outreach to Asian Americans, Hispanics, African Americans, and Native Americans. By forging alliances within their communities to educate residents and providers, promoting home health care and its benefits, specific needs can be met. Staff are trained to ensure cultural competence in the delivery of home health care.

“AccentCare is also aiming to be the preferred provider of the LGBTQ+ community and, should they be licensed, will be the only home health provider recognized by SAGE.”

**Jamie Grebosky, MD
SVP & CMO, Asante**

AccentCare will ensure interpreters or bilingual staff are available to serve those with limited English. The facility will also work with the Aging and Long-Term Support Administration, Tribal Affairs Division, to engage the American Indian populations within King County.

With respect to the LGBT (Lesbian, Gay, Bisexual and Transgender) community, all AccentCare home health programs seek platinum level of distinction in serving LGBT seniors, with **SAGE Care certification**. SAGE, Services and Advocacy for GLBT Seniors, a national organization, credentials agencies that train staff to be culturally competent in the care of LGBT seniors.

This minority group often receives negative reactions and offensive interactions from members of the public as well as providers of services. Such offenses result in some members of the LGBT community foregoing home health services based on applied stigmas. AccentCare King County assures access and availability of home health care to LGBT community’s members. **AccentCare King County intends to apply for SAGE Care certification to further expand the numbers of AccentCare home health agencies having that certification.**



AccentCare King County assures availability of services to people from all walks of life, regardless of race, religion, marital status, color, creed, gender, sexual orientation, pregnancy, childbirth, age, disability, national origin, or status with regard to public assistance. With diversity training, employees and volunteers approach all persons and referral sources as friends being introduced to home health and its benefits. AccentCare King County’s staff will reflect the population it serves, providing access to the diverse population.

- 11. Provide a copy of the letter of intent that was submitted according to WAC 246-310-080.**

A copy of the letter of intent is included in **Exhibit 9**.

- 12. Confirm that the agency will be licensed and certified by Medicare and Medicaid. If this application proposes the expansion of an existing agency, provide the existing agency’s license number and Medicare and Medicaid numbers.**

AccentCare Home Health of King 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. The applicant does not currently hold a home health agency license within Washington State. This proposal establishes a new home health agency.

III. CERTIFICATE OF NEED REVIEW CRITERIA

A. Need (WAC 246-310-210)

1. List all home health providers currently operating in the planning area.

The list of 81 total home health providers operating in King County, below, is grouped by the 32 included in the existing supply and the 49 excluded from the supply when determining need.

**Table 3
Home Health Providers Operating in King County**

Agencies Included in Existing Supply for King County	
Home Health Agency	License Number
Amedisys Home Health	IHS.FS.61035006
American Healthcare Services	IHS.FS.00000214
Amicable Health Care	IHS.FS.00000215
A-One Home Care	IHS.FS.00000219
Assured Home Health	IHS.FS.60497952
Atlas Home Health	IHS.FS.61117906
Avail Home Health	IHS.FS.00000231
Brookdale Home Health	IHS.FS.61186662
Careage Home Health	IHS.FS.60007888
CHI Franciscan Health at Home	IHS.FS.60506466
Eden Home Health	IHS.FS.60871865
Encore Home Health (Aleca Home Health)	IHS.FS.60922864
Envision Home Health	IHS.FS.60521160
Evergreen Health	IHS.FS.00000278
Family Resource Home Care	IHS.FS.60857773
Fedelta Care Solutions	IHS.FS.61028960
Haven Home Health Care	IHS.FS.61108148
ICHS PACE at Legacy House	IHS.FS.60904213
Kindred at Home (CenterWell Home Health)	IHS.FS.00000295
Kindred at Home (CenterWell Home Health)	IHS.FS.00000293
Kline Galland Community Based Services	IHS.FS.60103742
Multicare Home Health & Hospice	IHS.FS.60081744
Providence Elder Place	IHS.FS.00000415
Providence Home Services	IHS.FS.00000419
Puget Sound Home Health & Hospice	IHS.FS.60751653
Right at Home	IHS.FS.00000096
Sea Mar Home Health	IHS.FS.00000433
Signature Healthcare at Home	IHS.FS.00000220
Signature Healthcare at Home	IHS.FS.00000382
Wellspring Home Health, LLC	IHS.FS.61055973
Wesley Health and Homecare	IHS.FS.60276500

Table continued on next page.

Table 3, Continued...
Home Health Providers Operating in King County

Agencies Excluded from Existing Supply for King County	
Home Health Agency	License Number
A and K Health Care Services	IHS.FS.60844133
Advanced Health Care	IHS.FS.00000206
AdvisaCare	HIS.FS.00000156
Agape Healthcare Services LLC	IHS.FS.60908890
Ashley House	IHS.FS.00000227
Aveanna Healthcare	IHS.FS.00000452
Bethany Home Health LLC	IHS.FS.60966822
Brightstar Care of Pallyup	IHS.FS.61232505
Careforce	IHS.FS.00000243
Children's Country Home	IHS.FS.00000253
Childress Nursing Services	IHS.FS.60959298
Comfort of Care	IHS.FS.61105988
Critical Nurse Staffing LLC	IHS.FS.60852239
D.C.S. LLC	IHS.FS.60871359
Day by Day Nursing Services	IHS.FS.60907239
Estelita Su Homecare	IHS.FS.60542868
Everhome Healthcare	IHS.FS.00000184
Goldencare Home Health Agency	IHS.FS.60720687
Guardian Home Care	IHS.FS.60266397
Harbor Health Solutions LLC	IHS.FS.60892797
Home Care by Wesley	IHS.FS.00000028
Husky Senior Care	IHS.FS.60082962
Infinity Homehealth Solutions	IHS.FS.60955703
Journey Nursing Services	IHS.FS.61114400
Judson Park	IHS.FS.60291296
Kaiser Permanente Home Health and Hospice	IHS.FS.00000305
Light Within Home Health	IHS.FS.61143217
Maxin Healthcare Services	IHS.FS.00000375
Nuclear Care Partners LLC	IHS.FS.60670421
Nursing Evolutions	IHS.FS.60318430
PNW Pace Partners	IHS.FS.61160759
Popes Kids Place	IHS.FS.60083889
Precision Home Health	IHS.FS.61034384
Professional Care Management	IHS.FS.60474800
Providence at Home	IHS.FS.61127868
Reliable Healthcare	IHS.FS.60851874
Restoration Health Services	IHS.FS.61090653
Ro Health	IHS.FS.60610351
RWW Home and Community Rehab Services, Inc.	IHS.FS.60263077
Seattle Children's Hospital Home Care Services	IHS.FS.00000097
Serengeti Care	IHS.FS.60660148
Sofavi Home Health LLC	IHS.FS.60950400
Sound Options	IHS.FS.60863143

Table continued on next page.

Table 3, Continued...
Home Health Providers Operating in King County

Agencies Excluded from Existing Supply for King County	
Home Health Agency	License Number
Total Home Health Care LLC	IHS.FS.61135506
Transitions Care Management, LLC	IHS.FS.61057211
Tulamore, Inc.	IHS.FS.61043336
Unity Home Health, LLC	Not Currently Licensed
Universal Home Care LLC	IHS.FS.60631342
Visions Home Health Care	IHS.FS.00000134
Wilderness Shores Nursing	IHS.FS.60055610

Source: DOH September 2021 Evaluation of CN 21-35, Appendix A, Pages 80-90 and Washington State Department of Health website's Facility Search tool for In Home Services Agencies (<https://fortress.wa.gov/doh/facilitysearch/>)

2. Complete the numeric methodology.

AccentCare Home Health of King County's step by step methodology of the utilization projections is provided below. These calculations are based on the numeric methodology found in the 1987 Washington State Health Plan (see excerpts attached as **Exhibit 10**) and is consistent with the Department's previous evaluations of home health projects.

Step 1: Calculate Projected Population in King County by Age Cohort

Table 4
Projected Population of King County by Age Cohort

Age	CY2020	CY2021	CY2022	CY2023	Forecast	Forecast	Forecast	Forecast
					Year 1	Year 2	Year 3	Year 4
	CY2024	CY2025	CY2026	CY2027				
0-64	1,906,749	1,918,329	1,929,980	1,941,701	1,953,494	1,965,358	1,977,504	1,989,725
65-79	254,184	263,080	272,288	281,818	286,263	301,891	306,652	311,488
80+	70,746	73,730	77,135	80,697	85,987	88,322	94,112	100,282
Total	2,231,409	2,255,139	2,279,403	2,304,216	2,325,744	2,355,571	2,378,268	2,401,495

Source: OFM 2017 GMA Projections – Medium Series (January 2018 Release)

Step 2: Calculate the Projected Number of Home Health Patients in King County

Table 5
Projected Number of Home Health Patients of King County by Age Cohort

Age	Use Rate	Forecast							
		CY2020	CY2021	CY2022	CY2023	Year 1	Year 2	Year 3	Year 4
0-64	0.005	9,534	9,592	9,650	9,709	9,767	9,827	9,888	9,949
64-79	0.044	11,184	11,576	11,981	12,400	12,596	13,283	13,493	13,705
80+	0.183	12,897	13,493	14,116	14,768	15,736	16,163	17,223	18,352
Total		33,615	34,661	35,747	36,877	38,099	39,273	40,604	42,006

Source: Use rates specified in 1987 SHP, B-35

Step 3: Calculate Projected Home Health Visits for King County by Age Cohort

Table 6
Projected Number of Home Health Visits of King County by Age Cohort

Age	Visit Multiplier	Forecast							
		CY2020	CY2021	CY2022	CY2023	Year 1	Year 2	Year 3	Year 4
0-64	10	95,337	95,916	96,499	97,085	97,675	98,268	98,875	99,486
65-79	14	156,577	162,058	167,730	173,600	176,338	185,965	188,898	191,876
80+	21	270,839	283,346	296,430	310,119	330,449	339,421	361,673	385,382
Total		522,753	541,320	560,659	580,804	604,462	623,654	649,446	676,745

Source: Visit multiplier rates specified in 1987 SHP, B-35

Step 4: Calculate the Projected Home Health Agency Need

Table 7
Projected Number of Home Health Agencies of King County by Age Cohort

	Forecast							
	CY2020	CY2021	CY2022	CY2023	Year 1	Year 2	Year 3	Year 4
Gross Need	52.28	54.13	56.07	58.08	60.45	62.37	64.94	67.67
Supply	32	32	32	32	32	32	32	32
Net Need	20.00	22.00	24.00	26.00	28.00	30.00	32.00	35.00

Gross Need Source: The maximum number of agencies needed in a planning area is determined by dividing the total projected number of visits (Step 3) by 10,000 (as described in 1987 SHP, B-35)

Supply Source: DOH September 2021 Evaluation of CN 21-35, Page 13

Net Need Source: Calculated by subtracting the existing supply from the gross need. Any fractional numbers are rounded down to the nearest whole number per the 1987 SHP.

Shown in the **Table 7** above, the need methodology estimates a current (CY2022) net need of twenty-five (24.00) additional home health agencies, increasing to thirty-six (35.00) by CY2027. Unity Home Health, LLC's CN application was only recently approved and is not currently licensed, however, this agency is still including the the existing supply as licensure is expected soon. **Even with the approval and eventual licensure of this new home health agency, the need would remain insufficient at 28 agencies in 2024. Therefore, significant net need for home health agencies exists in the King County Planning Area.**

- 3. If applicable, provide a discussion identifying which agencies identified in response to Question 1 should be excluded from the numeric need methodology and why. Examples for exclusion could include but are not limited to: not serving the entire geography of the planning area, being exclusively dedicated to DME, infusion, or respiratory care, or only serving limited groups.***

This list of home health agencies was created starting with the Department's home health supply provided in the September 9, 2021 evaluation for CN21-35, with adjustments made for licensing changes since then by accessing information on the Washington State Department of Health website using the Facility Search tool for In-Home Services Agencies. At the time, the rationale for the exclusion of four agencies involved a pending license and therefore the inability to verify which services, if any, would be provided to King County residents. The four agencies with pending licenses at the time of the Department's evaluation for CN21-35 were Atlas Home Health, Comfort of Care, PNW Pace Partners, and Providence at Home. These four agencies were then reexamined to determine if they should still remain excluded from the supply for this application's numeric need methodology.

Atlas Home Health was the only one of the four agencies with previously pending licenses to be included in the supply for this application's numeric need methodology.

Comfort of Care remained excluded as services to King County residents were not verifiable due to contact information for the agency not being found. A web search identified an agency by the same name with a Waterbury Connecticut address, but, even if an affiliate, only provided personal care, home maker, and companion services.

PNW Pace Partners was excluded on the basis that the agency's services are not accessible to all King County residents. This information was verified by the agency's website. The website (<https://pnwpacepartners.org/>) has a tool that allows users to search by zip code verify whether or not services are available in their area. After conducting a search on all King County zip codes, it was verified that PNW Pace Partners does not provide services to all areas in King County.

Providence at Home was excluded on the basis that the agency does not provide any services to King County residents. This information was verified by speaking to an agency representative on the phone. The representative confirmed that this agency does not provide

any services for residents of King County. (*Providence Elder Place and Providence Home Services were included.*)

Additionally, while **AdvisaCare** was included in the Department’s supply in the evaluation for CN21-35, it was excluded in this application’s numeric need methodology because the agency’s license has expired 12/31/21, confirmed by the Washington State Department of Health website’s Facility Search tool for In Home Services Agencies (<https://fortress.wa.gov/doh/facilitysearch/>).

For all other agencies excluded from the numeric need methodology, the reasons for exclusion was determined based on the Department’s evaluation of CN21-35. The table below identifies the agencies excluded from the numeric need methodology along with the justification for the exclusion. A total of 49 agencies are excluded.

Table 8
Home Health Agencies Excluded from Existing Supply for King County

Reason for Exclusion	Home Health Agencies	License Number
The agency does meet the definition of a home health agency according to the SHP due to limitations in services.	Advanced Health Care	IHS.FS.00000206
	Agape Healthcare Services LLC	IHS.FS.60876117
	Aveanna Healthcare	IHS.FS.00000452
	Careforce	IHS.FS.00000243
	Childress Nursing Services	IHS.FS.60959298
	Estelita Su Homecare	IHS.FS.60542868
	Goldencare Home Health Agency	IHS.FS.60720687
	Guardian Home Care	IHS.FS.60266397
	Husky Senior Care	IHS.FS.60082962
	Journey Nursing Services	IHS.FS.61114400
	Maxin Healthcare Services	IHS.FS.00000375
	RWW Home and Community Rehab Services, Inc.	IHS.FS.60263077
	Sound Options	IHS.FS.60863143
	Transitions Care Management, LLC	IHS.FS.61057211
Wilderness Shores Nursing	IHS.FS.60055610	
The agency’s services are not accessible to all King County residents.	Ashley House	IHS.FS.00000227
	Brightstar Care	IHS.FS.60934498
	Childrens Country Home	IHS.FS.00000253
	Critical Nurse Staffing LLC	IHS.FS.60852239
	Kaiser Permanente Home Health and Hospice	IHS.FS.00000305
	Nuclear Care Partners LLC	IHS.FS.60670421
	Nursing Evolutions	IHS.FS.60318430
	PNW Pace Partners	IHS.FS.61160759
	Popes Kids Place	IHS.FS.60083889
	Professional Care Management	IHS.FS.60474800
	Providence at Home	IHS.FS.61127868
Seattle Childrens Hospital Home Care Services	IHS.FS.00000097	

Table continued on next page.

Table 8, Continued...
Home Health Agencies Excluded from Existing Supply for King County

Reason for Exclusion	Home Health Agencies	License Number
The services available to King County residents cannot be verified.	Comfort of Care	IHS.FS.61105988
	D.C.S. LLC	IHS.FS.60871359
	Day by Day Nursing Services	IHS.FS.60907239
	Harbor Health Solutions LLC	IHS.FS.60892797
	Light Within Home Health	IHS.FS.61143217
	Precision Home Health	IHS.FS.61034384
	Sofavi Home Health LLC	IHS.FS.60950400
	Total Home Health Care LLC	IHS.FS.61135506
	Tulamore, Inc.	IHS.FS.61043336
	Visions Home Health Care	IHS.FS.00000134
It is unlikely that the agency is able to serve the entirety of King County based on the licensed home health FTE count to service area ratio.	Bethany Home Health LLC	IHS.FS.60966822
	Everhome Healthcare	IHS.FS.00000184
	Home Care by Wesley	IHS.FS.00000028
	Infinity Homehealth Solutions	IHS.FS.60955703
	Reliable Healthcare	IHS.FS.60851874
	Serengeti Care	IHS.FS.60660148
	Universal Home Care LLC	IHS.FS.60631342
The most recent utilization survey for the year 2020 showed no admits or visits in King County. The services currently offered cannot be verified.	A and K Health Care Services	IHS.FS.60844133
Accessibility of services to all King County residents cannot be confirmed.	Judson Park	IHS.FS.60291296
Staffing agency; The most recent utilization survey for the year 2020 showed no admits or visits in King County.	Restoration Health Services	IHS.FS.61090653
Staffing agency	Ro Health	IHS.FS.60610351
License has expired.	AdvisaCare	IHS.FS.00000156

Source: DOH September 2021 Evaluation of CN 21-35, Appendix A, Pages 80-90; 2020 Home Health Agency CN Surveys; and web-based searches, including the Washington State Department of Health website's Facility Search tool, <https://fortress.wa.gov/doh/facilitysearch/>.

4. Explain why this application is not considered an unnecessary duplication of services for the proposed planning area. Provide any documentation to support the response.

The significant existance of unmet need for additional home health agencies signifies opportunity to enhance and augment service to King County. The state's home health need methodology, as calculated within this application, documents the number of existing home health care providers is well below the calculated number needed to meet demand. AccentCare Home Health of King County will bring a full continuum of services to support the healthcare delivery system as need for in-home care continues to grow for the large and growing population in King County, creating diversity among providers for greater outreach capabilities.

Based on the 2021 Home Health Agency surveys, 16 of the 32 home health agencies serving King County reported 16,300 admissions and 234,232 visits. Overall, 110 home health agencies reported in the state a total of 60,550 admissions and 1,130,770 visits. The statewide average was 550 admissions and 10,280 visits per agency, with visits close to the need methodology threshold of 10,000 visits per agency. If the remaining 16 King home health agencies are assumed to have 10,000 visits each (160,000 total) for 2021, the total number of King home health visits for those reporting and those not reporting would be 394,232. Subtracting this number from the 2021 visits of 541,320 calculated using the Need Methodology (see **Table 6** on page 28) results in 147,088 potential visits. Dividing the visits by 10,000 in accordance with the need methodology results in need for at least an additional 14.7 more home health agencies to serve King County. Therefore, even with some agencies reporting more than 10,000 visits each, the proposed home health agency would not be duplicative. The survey data for King County home health agencies is summarized below. The detail for all agencies in the state is included in **Exhibit 11**.

Table 9
Summary of 2021 Home Health Utilization in King County Based on Survey Reports

Home Health Agency	Admissions	Visits	Medicare (%) Payor Mix
Providence Home Services	4,831	76,759	71.2%
Providence ElderPlace	212	8,140	0.0%
Amedisys Washington, L.L.C. d/b/a Amedisys Home Health	222	2,407	89.6%
Health at Home- Seattle Metro, LLC	76	844	0.0%
Children's Country Home	1	0	100.0%
Eden Home Health of King County, LLC	528	9,092	25.0%
Envision Home Health of Washington	587	9,966	72.0%
EvergreenHealth	7,032	72,843	71.0%
HumanGood Washington	45	10,000	0.0%
LHCG LXIII, LLC d/b/a Assured Home Health	1,109	16,649	0.0%
MultiCare Home Health	419	7,329	85.0%
Optum Women's and Children's Health, LLC	37	209	0.0%
Restoration Home Health Services	0	0	0.0%
Sea Mar Home Health	130	2,963	48.0%
A-One Home Health Services, LLC	192	3,453	44.3%
Prime Home Health, LLC	879	13,578	59.9%
King County Total	16,300	234,232	
Washington Total	60,550	1,130,770	

Source: 2021 Home Health Agency Survey Reports from the Certificate of Need Office.

Furthermore, not all services are readily available from all providers, and many home health agencies do not provide IV services or applied behavioral analysis. For instance, Unity

Home Health, LLC who was awarded CN 22-38 on October 28, 2022 will not provide Speech Therapy, IV Services, or Applied Behavioral Analysis; and Light Within Home Health who was awarded CN 22-10 on October 28, 2022 will not provide DME, Bereavement Counseling or Applied Behavioral Analysis. Having multiple providers with a variety of services and specialties ensures the needs of the community are met.

"I have personally worked as a nurse at Providence for the past 23 years. I care greatly about the patients I serve and the people in this community. AccentCare has assessed the needs of King County and will be providing more programs through home health which can benefit patients and families, and provide a continuity of care before transitioning to hospice services. One of the growing needs across the state is the need for more access and resources to mental and behavioral health programs. AccentCare will be one of the few home health options that will have a behavioral health registered nurse..."

Mary Goetz, RN, CRRN
Charge Nurse IRF

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. As demonstrated in letters of support found in **Exhibit 1**, AccentCare King County will work with institutional providers, the medical community, and the general public to ensure that home health care services are available when needed. Furthermore, the proposed agency will make efforts to enroll minorities and traditionally underserved populations as described within this application.

- 5. For existing agencies, using the table below, provide the home health agency's historical utilization broken down by county for the last three full calendar years.**

This criterion is not applicable. The Applicant does not own, operate or manage an existing home health agency in Washington State.

- 6. Provide the projected utilization for the proposed agency for the first three full years of operation. For existing agencies, also provide the intervening years between historical and projected. Include all assumptions used to make these projections.**

The forecast below for King County shows the utilization projection for the initial partial year and the first three calendar years. AccentCare King County's financial forecast and projected admissions and visits are based on other AccentCare Home Health programs and their start-up experience nationwide as well as other recently approved home health programs in King County. The projections are also consistent with the Washington State Home Health Need Methodology, approaching the 10,000 visit benchmark by year 3. Given the calculated

need for several more home health agencies to serve King County, the demand is sufficient to support the utilization forecasted below.

**Table 10
Utilization Projections, AccentCare King County,
Initial Partial Year and First Three Calendar Years**

King County	7/1/24 – 12/31/24	CY 2025	CY 2026	CY 2027
Total number of admissions	117	350	450	550
Total number of visits	2,100	6,300	8,100	9,900
Projected number of visits/patient	18	18	18	18

Assumptions appear in the work papers in [Exhibit 12](#).

7. Identify any factors in the planning area that could restrict patient access to home health services.

King County has a large, 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 King 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 King 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.

❖ Low Income Populations, Staffing Shortages, and Residents without Sufficient Access to Primary Care Physicians

The Health Resources and Services Administration (HRSA) uses shortage designation criteria to determine whether a geographic area has shortages of primary care providers. HRSA, an agency of the US Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable.³ In King County, three geographic areas are designated as Health Professional Shortage Areas (HPSAs) for low-income populations. These areas have a deficit over 72 full-time equivalent (FTE) practitioners to achieve the target ratio of providers.

**Table 11
King County Primary Care HPSA Summary, 2021**

HPSA Area	HPSA Designation	FTE Deficit*	HPSA Score ⁴
North Seattle	Low Income Population	6.02	17
Southwest King County	Low Income Population	32.70	15
West Central King County	Low Income Population	33.43	15

Source: Health Resources and Services Administration.

*Represents the number of full-time equivalent (FTE) practitioners needed in the Health Professional Shortage Area (HPSA) to meet the population-to-practitioner target ratio.

Programs Tailored to Improve Physician Access: Sound Physicians

AccentCare has developed collaborative relationships with provider organizations to address the needs of patients without a primary care physician (PCP) or routine medical care. AccentCare King County will partner with Sound Physicians, one of the nation’s leaders in hospital medicine, to improve home health access and outcomes for patients without a PCP or

³ Health Resources and Services Administration Fact Sheet, <https://www.hrsa.gov>. updated September 30, 2020. Areas designated as shortage areas can be found using HRSA’s interactive HPSA Find tool, accessed at <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.

⁴ This attribute represents the Health Professional Shortage Area (HPSA) Score developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26; the higher the score, the greater the priority.

a following physician. This partnership helps serve patients' clinical needs more efficiently by providing virtual physician services and a higher level of home health collaboration. AccentCare affiliates have already implemented this program and found it beneficial to its patients. The Applicant will build on the lessons learned from this care collaboration model to improve access for residents of King County.

The program begins when the agency receives a hospital referral for a patient without a PCP or a following physician. A home health clinician then facilitates an initial virtual home health visit with a Sound Physicians doctor. The physician conducts a virtual exam, asks questions, and, if appropriate, certifies the patient is qualified for home health, in real-time collaboration with AccentCare King County clinicians. AccentCare King County then admits the patient to home health and begins care. The Sound Physicians doctor follows the patient for a full 60-day episode of care.

The program avoids delays in the transition from hospital to home, and typically allows home care to begin within 24 to 48 hours of hospital discharge. Physicians have on-demand electronic access to orders and medication records to foster rapid clinical response. Collaboration between AccentCare King County clinicians and Sound Physicians doctors allows management of complex patients through real-time video collaboration by the home health clinician, the patient, and the physician. This support network helps reduce emergency department utilization and hospital readmissions. ***For more information on Tacoma, Washington based Sound Physicians, please visit their website at www.soundphysicians.com.***

❖ **Minority Populations and Racial Disparities**

Racial and ethnic minorities have long been identified as experiencing health care disparity in terms of access and quality of life. Research studies reveal the most prevalent causes are lack of trust of the health care community, cultural differences, and lack of knowledge or understanding about available services. Evidence of racial and ethnic disparities in home health care in King County is shown in the data below. The numbers are significant, warranting attention and outreach efforts to assure equality in access.

Recall the population estimates from Table 2, where Whites represent 60.4% of the King County population in 2022, whereas Asians represent 21.5% of the population, Hispanics represent 10.4% of the population, and Blacks/African Americans represent 7.0%. The expectation is for home health admissions to reflect a similar proportion of service. However, that is not the case in King County.

The majority of home health patients are covered by Medicare. Therefore, looking at home health beneficiaries for the Medicare population provides a benchmark of service. The table below shows the data from the most recently available Medicare Fee-For-Service Post Acute Care Provider Public Use File showing the percentage of home health beneficiaries in King County by race. Rather than showing levels of service proportionate to the population, 84% of home health beneficiaries are whites, with 5.0% Asian, 2.0% Hispanic, and 5.0% Black/African American. Other unidentified minorities also show disparity in home health use.

The below data confirms that minorities, including Hispanics, the Black population, and Asians are not being served in numbers proportionate to their Caucasian counterparts.

Table 12
King County Home Health Beneficiaries by Race (2020)

Race Category	Percent of King County Population (2022)	Percent of King County Home Health Beneficiaries (2020)
White	60.4%	81.0%
Asian/Pacific	21.5%	5.1%
Hispanic	10.4%	1.5%
Black/African	7.0%	5.7%
Native Indian/Alaskan	0.8%	0.0%
Other Races	4.5%	1.8%

Beneficiary Percentage Source: Medicare Fee-For-Service Post Acute Care Provider Public Use File, Calendar Year 2020 ([Exhibit 7](#))

Population Data provided by Claritas, LLC , (<https://www.claritas.com/>) **Pop-Facts Demographics Select**, DATA-DEMO-PFSE-ZIP, DATA-DEMO-PFSE-CTY, and DATA-DEMO-PFSE providing, age cohorts, race and ethnic categories by county and Zip Code for Washington for available projection period 2022 to 2027. (See [Exhibit 8](#))

To initiate outreach efforts, identify unmet communities, and develop cultural competencies specific to the service area, AccentCare King County will ensure a diverse staff and provide outreach to Asian Americans, Hispanics, African Americans, and Native Americans. By forging alliances within their communities to educate residents and providers, promoting home health care and its benefits, specific needs can be met. Staff are trained to ensure cultural competence in the delivery of home health care.

AccentCare King County assures availability to people from all walks of life, regardless of race, religion, marital status, color, creed, gender, sexual orientation, pregnancy, childbirth, age, disability, national origin, or status with regard to public assistance. With diversity training, employees and volunteers approach all persons and referral sources as friends being introduced to home health and its benefits. AccentCare King County’s staff will reflect the population it serves, providing access to the diverse population.

❖ Residents with Low Health Literacy

Health literacy is the term used to describe a person’s ability to obtain, process, and understand basic health information and services required to make appropriate health decisions.⁵ Low levels of health literacy are associated with limited health knowledge, poor health outcomes, and behaviors such as limited use of preventive care.⁶ Low health literacy also

⁵ S.C. Ratzan and R.M. Parker, “Introduction,” in *National Library of Medicine Current Bibliographies in Medicine: Health Literacy*, edited by C.R. Selden, M. Zorn, S.C. Ratzan, and R.M. Parker (Bethesda, MD: National Institutes of Health; 2000), pp. v–vi.

⁶ N.D. Berkman, S.L. Sheridan, K.E. Donahue, et al., *Health Literacy Interventions and Outcomes: An Updated Systematic Review* (Rockville, MD: Agency of Healthcare Research and Quality, 2011).

contributes to higher costs of health care.⁷ Many elderly individuals, those with low levels of income and education, and racial and ethnic minority groups have low health literacy.⁸ According to the National Center for Education Statistics, 13 percent of King County adults have difficulty using and comprehending print materials.⁹ While some of these adults can read short texts and understand the material sufficiently to perform simple tasks (like filling out a short form), others may only understand very basic vocabulary in print related to familiar topics, while others are functionally illiterate.

Effective health literacy improvement programs have the most benefit for minorities and low-income individuals.¹⁰ Individuals with low health literacy may have difficulty understanding their care options and the resources available to them.

Health Literacy Outreach Program - AccentCare King County will provide community conversations, materials, and information geared toward those with low literacy, and will offer education about common illnesses residents face and post-acute care options.

AccentCare's outreach staff will partner with community organizations serving persons experiencing low income, language barriers and other access issues to healthcare to provide regular health literacy education. AccentCare's outreach staff will meet with community members in areas where free meals and food are offered and in homeless shelters, churches, and other community settings to provide monthly education. At the outreach events, AccentCare staff will work with trusted King County organizations to present information on home health services, including disease-specific programming.

❖ Residents Experiencing Depression

According to information published by the Kaiser Family Foundation, 33.5 percent of adults in Washington reported symptoms of anxiety and/or depression when surveyed in 2021.¹¹ This was higher than the national average of 31.6 percent. The data also show that 26.7 percent of Washington adults who reported symptoms of anxiety or depressive disorder had an unmet need for counseling or therapy, and more than half of adults with mild or moderate mental illness did not receive mental health treatment. The full fact sheet from Kaiser Family Foundation is in Attachment 4N.

⁷ K. Eichler, S. Wieser, and U. Brugger, "The Costs of Limited Health Literacy: A Systematic Review," *International Journal of Public Health* 54, no. 5 (2009): 313-324.

⁸ M. Kutner, E. Greenberg, Y. Jin, C. Paulsen, and S. White, *The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy (NCES 2006-483)* (Washington DC: US Department of Education, National Center for Education Statistics, 2006).

⁹ National Center for Education Statistics, US PIAAC Skills Map: State and County Indicators of Adult Literacy and Numeracy, accessed at <https://nces.ed.gov/surveys/piaac/skillsmap/>.

¹⁰ R.J. Jacobs, J.Q. Lou, R.L. Ownby, and J. Caballero, "A Systematic Review of eHealth Interventions to Improve Health Literacy," *Health Informatics Journal* 22, no. 2 (2016): 81-98.

¹¹ Mental Health and Substance Use State Fact Sheets-Washington, Kaiser Family Foundation, <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/washington>

Clinical Programming to Improve Care for Patients with Late Life Depression

AccentCare has developed several diagnosis-specific treatment pathways for its home health care programs. Based on expert clinical guidelines, physicians' orders, and patients' personal needs, the RightPath programs focus on optimizing at-home health so patients spend less time in the hospital. AccentCare's experienced care teams communicate frequently with patients, their families, and their physicians to develop personalized at-home treatment plans with exceptional outcomes so patients can live life more fully.

RightPath® programs provide the right care in the comfort of home. Through a team of skilled nurses, physical therapists, occupational therapists, and other specialized health professionals with disease management knowledge, RightPath focuses on each patient's specific needs. Each pathway is a comprehensive approach to care for the whole individual, educating patients on disease processes, offering telemonitoring for early assessment of signs and symptoms, and delivering a customized action plan.

The RightPath Program for Late Life Depression (LLD) works with patients and their families to create customizable care plans for people over age 65 experiencing chronic depression for the first time. LLD is frequently triggered by major life events and can manifest in various ways, such as a sad mood, significant changes in appetite or weight, loss of energy, and a reduced ability to think or concentrate.

Based on expert clinical guidelines recognized by the American Psychiatric Association, the RightPath Program for LLD helps patients manage their depression by providing customizable action plans to alleviate symptoms, strategies to prevent relapse, and psychological and grief counseling. Treatment emphasizes cognitive behavior therapy, problem-solving therapy, and support therapies.

The clinical outcomes for the RightPath Program for LLD exceed the national averages for home health companies. Only 7 percent of patients are re-hospitalized within 30 days of discharge, compared to the national average of 19 percent. Since not all home health agencies provide behavioral health services, this program will improve access to this patient population.

8. Explain why this application is not considered an unnecessary duplication of services for the proposed planning area. Provide any documentation to support the response.

This is a duplicated question. See response to question 4, above.

9. Confirm the proposed agency will be available and accessible to the entire planning area.

As stated in Section II. Project Description, Item 5, AccentCare King County confirms that its home health agency will be available and accessible to the entire planning area of King County with sufficient staff and resources allocated for project success.

10. Identify how this project will be available and accessible to underserved groups.

By establishing relationships with providers and community organizations throughout King County, traditionally underserved groups, such as minorities, access to home health care is improved. AccentCare King County has a variety of programs and services and training necessary to deliver care to a wide range of patients with competence and sensitivity. AccentCare King County **commits to the following under-served populations described below in detail.**

- **Minority populations, including Asian Americans, Black or African Americans, Hispanics, and the LGBT community**
- **Residents without Sufficient Access to Primary Care Physicians**
- **Residents with Low Health Literacy**
- **Low income persons and those at risk of Homelessness**
- **Residents Experiencing Depression**

❖ Commitment to Serving Minority Populations

Recall from **Table 12** that minority populations experience disparity when accessing home health care in King County. The large and growing minority populations of King County warrant outreach to ensure services are available when needed.

Several AccentCare programs located on the west coast, including operations in Oregon and California, also serve large Asian American populations. Because **AccentCare is an industry leader in serving Asian American populations**, they are well positioned to meet the needs of the Asian and Pacific American community residing in King County.

AccentCare will ensure interpreters or bilingual staff are available to serve those with limited English. The facility will also work with the Aging and Long-Term Support Administration, Tribal Affairs Division, to engage the American Indian populations within King County.

Including in the promotional materials information about accepting all persons eligible for home health care without regard to ability to pay sends an invitation to low income persons to openly ask for information, freeing them from concerns regarding money. AccentCare King County's commitment to all persons regardless of race, ethnicity, income, religion, gender, or physical or mental disability establishes an "open roadway" into care.

With respect to the LGBT (Lesbian, Gay, Bisexual and Transgender) community, all AccentCare home health programs seek platinum level of distinction in serving LGBT seniors, with **SAGE Care certification**. SAGE, Services and Advocacy for GLBT Seniors, a national organization, credentials agencies that train staff to be culturally competent in the care of LGBT seniors.



This minority group often receives negative reactions and offensive interactions from members of the public as well as providers of services. Such offenses result in some members of the LGBT community foregoing home health services based on applied stigmas. AccentCare King County assures access and availability of home health care to LGBT community's members. **AccentCare King County intends to apply for SAGE Care certification to further expand the numbers of AccentCare home health agencies having that certification.**

❖ Residents without Sufficient Access to Primary Care Physicians

AccentCare King County is committed to breaking down barriers to care, particularly with residents without sufficient access to primary care physicians. King County is home to three geographic areas designated as low-income populations with significant deficits in FTEs for primary care physicians.¹² These deficits result in significant disparities in access to primary care, with low-income residents of King County being impacted most heavily. To address these gaps in access to care, AccentCare King County will develop collaborative relationships with provider organizations, such as **Sound Physicians**, to address the needs of King County patients without a primary care physicians (PCP) or routine medical care.

❖ Residents with Low Health Literacy

Health literacy is the term used to describe a person's ability to obtain, process, and understand basic health information and services required to make appropriate health decisions.¹³ Low levels of health literacy are associated with limited health knowledge, poor health outcomes, and behaviors such as limited use of preventive care.¹⁴ Low health literacy also contributes to higher costs of health care.¹⁵ Many elderly individuals, those with low levels of income and education, and racial and ethnic minority groups have low health literacy.¹⁶ According to the National Center for Education Statistics, 13 percent of King County adults have difficulty using and comprehending print materials.¹⁷ While some of these adults can read short texts and understand the material sufficiently to perform simple tasks (like filling out a short form), others may only understand very basic vocabulary in print related to familiar topics, while others are functionally illiterate.

¹² Health Resources and Services Administration Fact Sheet, <https://www.hrsa.gov>, updated September 30, 2020. Areas designated as shortage areas can be found using HRSA's interactive HPSA Find tool, accessed at <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.

¹³ S.C. Ratzan and R.M. Parker, "Introduction," in *National Library of Medicine Current Bibliographies in Medicine: Health Literacy*, edited by C.R. Selden, M. Zorn, S.C. Ratzan, and R.M. Parker (Bethesda, MD: National Institutes of Health; 2000), pp. v–vi.

¹⁴ N.D. Berkman, S.L. Sheridan, K.E. Donahue, et al., *Health Literacy Interventions and Outcomes: An Updated Systematic Review* (Rockville, MD: Agency of Healthcare Research and Quality, 2011).

¹⁵ K. Eichler, S. Wieser, and U. Brugger, "The Costs of Limited Health Literacy: A Systematic Review," *International Journal of Public Health* 54, no. 5 (2009): 313–324.

¹⁶ M. Kutner, E. Greenberg, Y. Jin, C. Paulsen, and S. White, *The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy* (NCES 2006–483) (Washington DC: US Department of Education, National Center for Education Statistics, 2006).

¹⁷ National Center for Education Statistics, US PIAAC Skills Map: State and County Indicators of Adult Literacy and Numeracy, accessed at <https://nces.ed.gov/surveys/piaac/skillsmap/>.

Effective health literacy improvement programs have the most benefit for minorities and low-income individuals.¹⁸ Individuals with low health literacy may have difficulty understanding their care options and the resources available to them. AccentCare’s outreach staff is committed to working with community organizations and leaders to address low health literacy within King County and will work towards breaking down barriers to healthcare that result from it. AccentCare’s policy on facilitating communication for patients with limited English proficiency and/or sensory deficits appears in **Exhibit 13**.

❖ Residents Experiencing Depression

According to information published by the Kaiser Family Foundation, 33.5 percent of adults in Washington reported symptoms of anxiety and/or depression when surveyed in 2021.¹⁹ This was higher than the national average of 31.6 percent. The data also show that 26.7 percent of Washington adults who reported symptoms of anxiety or depressive disorder had an unmet need for counseling or therapy, and more than half of adults with mild or moderate mental illness did not receive mental health treatment. Many home health agencies do not provide behavioral health services, a need that often goes overlooked. AccentCare King County recognizes the importance of improving care for patients with late life depression and commits to implement clinical programming and customizable care plans best suited for these patients.

“AccentCare will be one of the few home health options that will have a behavioral health registered nurse and social worker to assist patients with grief/bereavement, depression and anxiety.”

Mary Goetz RN, CRRN
Charge Nurse IRF
Providence Regional Medical Center Everett

Of utmost importance in maintaining the pathway into care is having a call center. With 24 hour, seven days a week capability, the patient understands that he or she matters, that his or her concern is important, and that AccentCare King County exists to address their needs as a partner in care. Referral patterns will be established with providers in the health care delivery system, as well as with community based organizations that help identify those in need.

11. Provide a copy of the following policies:

- **Admissions policy**
- **Charity care or financial assistance policy**
- **Patients Rights and Responsibilities policy**
- **Non-discrimination policy**
- **Any other policies directly related with patient access (involuntary discharge)**

¹⁸ R.J. Jacobs, J.Q. Lou, R.L. Ownby, and J. Caballero, “A Systematic Review of eHealth Interventions to Improve Health Literacy,” *Health Informatics Journal* 22, no. 2 (2016): 81–98.

¹⁹ Mental Health and Substance Use State Fact -W Kaiser Family Foundation, <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/washington>

Suggested additional policies include any others believed to be directly related to patient access.

Exhibit 13 contains the policies identified below.

- Availability of Services – Acceptance, Admission, Ongoing and Discharge (Policy# C 2.4)
- Admission of Patients/Patient Identifiers (Policy# HH 2.1.3)
- Indigent and Charity Care (Policy# C 3.3.4)
- Indigent Care and Charity Care Form (Policy# C 3.3.4.1)
- Patient Rights, Responsibilities, and Consent (Policy# HH 2.0.1)
- Notice of Information Privacy Practices (Policy# H-010)
- Non-Discrimination (Policy# C 2.4.1)
- Policy Development and Standards of Practice (Policy# C 1.4)
- Patient Transfer and Discharge/NOMNC Notice (Policy# HH 2.1.7)
- Facilitating Communication for Patients with Limited English Proficiency and/or Sensory Deficits (Policy# C 1.6.1)
- Guidelines for Emergency Management (Policy# C 2.11.A)
- Emergency Care Protocols (Policy# HH 2.2.7)

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

The information that follows in this section of the application addresses all the schedules and tables as defined in this section of the application. **The supporting worksheets appear in Exhibit 12.**

1. **Provide documentation that demonstrates the immediate and long-range capital and operating costs of the project can be met. This should include but is not limited to:**
 - **Utilization projections. These should be consistent with the projections provided under the Need section. Include all assumptions.**
 - **Pro Forma revenue and expense projections for at least the first three full calendar years of operation using at a minimum the following Revenue and Expense categories identified at the end of this question. Include all assumptions.**
 - **Pro Forma balance sheet for the current year and at least the first three full calendar years of operation. Include all assumptions.**
 - **For existing agencies proposing addition of another county, provide historical revenue and expense statements, including the current year. Ensure these are in the same format as the pro forma projections. For incomplete years, identify whether the data is annualized.**

A complete methodology and assumptions for utilization projections was provided previously in response to the Certificate of Need Review Criteria (WAC 246-310-210) beginning on page 25. The forecast is repeated below for consistency.

**Table 13
Utilization Projections, AccentCare King County,
Initial Partial Year and First Three Calendar Years**

King County	7/1/24- 12/31/24	CY 2025	CY 2026	CY 2027
Total ADC	21	64	88	101
Visits/Admit	18	18	18	18
Patients	117	350	450	550
Visits				
Skilled Nursing	1,050	3,150	4,050	4,950
Physical Therapy	672	2,016	2,592	3,168
Occupational Therapy	210	630	810	990
Speech Therapy	42	126	162	198
Home Health Aid	105	315	405	495
Medical Social Worker	21	63	81	99
Total Visits	2,100	6,300	8,100	9,900

Assumptions appear in the work papers in Exhibit 12.

AccentCare King County admissions and patient days are similar to other AccentCare Home Health programs and their start-up experience nationwide as well as other recently approved home health programs in King County. (See **Exhibit 12** for assumptions and documentation.) The Financial forecast and visits are estimated based on other AccentCare Home Health programs as well as other recently approved home health programs in King County.

The pro forma revenue and expense projections for the partial first year and three full calendar years of operation appear below.

Table 14
Revenue and Expenses for AccentCare King County
Initial Partial Year and First Three Calendar Years

Revenue	July 2024 - Dec 2024	2025	2026	2027
Revenue per Visit, by Service				
Skilled Nursing	\$257	\$257	\$257	\$257
Physical Therapy	\$219	\$219	\$219	\$219
Occupational Therapy	\$226	\$226	\$226	\$226
Speech Therapy	\$256	\$256	\$256	\$256
Home Health Aid	\$131	\$131	\$131	\$131
Medical Social Worker	\$241	\$241	\$241	\$241
Gross Revenue, by Service				
Skilled Nursing	\$270,196	\$810,588	\$1,042,185	\$1,273,781
Physical Therapy	\$147,307	\$441,921	\$568,184	\$694,447
Occupational Therapy	\$47,368	\$142,103	\$182,704	\$223,305
Speech Therapy	\$10,763	\$32,290	\$41,516	\$50,742
Home Health Aid	\$13,788	\$41,363	\$53,181	\$65,000
Medical Social Worker	\$5,070	\$15,211	\$19,557	\$23,903
Total Gross Revenue, by Service	\$494,492	\$1,483,476	\$1,907,326	\$2,331,177
Gross Revenue, by Payer				
Medicare	\$395,594	\$1,186,781	\$1,525,861	\$1,864,941
Medicaid	\$14,835	\$44,504	\$57,220	\$69,935
Commercial	\$74,174	\$222,521	\$286,099	\$349,677
Charity	\$4,945	\$14,835	\$19,073	\$23,312
Self-pay	\$4,945	\$14,835	\$19,073	\$23,312
Total Gross Revenue, by Payer	\$494,492	\$1,483,476	\$1,907,326	\$2,331,177
Contractual Adjustments, Bad Debt, and Charity				
Medicare	\$27,692	\$83,075	\$106,810	\$130,546
Medicaid	\$8,159	\$24,477	\$31,471	\$38,464
Commercial	\$25,961	\$77,882	\$100,135	\$122,387
Charity	\$4,945	\$14,835	\$19,073	\$23,312
Self-pay	\$4,846	\$14,538	\$18,692	\$22,846
Total Adjustments (incl Bad Debt/Charity)	\$71,602	\$214,807	\$276,181	\$337,554
Net Revenue by Payer				
Medicare	\$367,902	\$1,103,706	\$1,419,051	\$1,734,396
Medicaid	\$6,676	\$20,027	\$25,749	\$31,471
Commercial	\$48,213	\$144,639	\$185,964	\$227,290
Charity	\$0	\$0	\$0	\$0
Self-pay	\$99	\$297	\$381	\$466
TOTAL NET REVENUE	\$422,890	\$1,268,669	\$1,631,146	\$1,993,622
Net as % of Gross	85.5%	85.5%	85.5%	85.5%
Net Revenue per Visit	\$201	\$201	\$201	\$201

Table continued on the next page

Table 14, Continued...

**Revenue and Expenses for AccentCare King County
Initial Partial Year and First Three Calendar Years**

Expenses	July 2024 - Dec 2024	2025	2026	2027
Salaries and Benefits - Clinical				
RN	\$52,560	\$105,120	\$210,240	\$315,360
LVN	\$37,440	\$74,880	\$112,320	\$149,760
Behavioral RN	\$26,280	\$52,560	\$52,560	\$105,120
Physical Therapy	\$86,918	\$173,837	\$215,770	\$215,770
Occupational Therapy	\$58,896	\$117,792	\$201,658	\$201,658
Speech Therapy	\$6,595	\$13,190	\$13,190	\$13,190
Home Health Aid	\$11,869	\$23,737	\$23,737	\$23,737
Medical Social Worker	\$23,472	\$46,944	\$46,944	\$46,944
Total Salaries & Benefits - Clinical	\$304,030	\$608,060	\$876,419	\$1,071,539
Salaries and Benefits - Administrative				
Administrator	\$67,200	\$134,400	\$134,400	\$134,400
Director of Clinical Services	\$62,400	\$124,800	\$124,800	\$124,800
Office Coordinator	\$26,657	\$53,315	\$53,315	\$53,315
Scheduler	\$27,000	\$54,000	\$54,000	\$54,000
Total Salaries and Benefits - Administrative	\$13,703	\$27,406	\$27,406	\$27,406
Total Salaries and Benefits	\$196,960	\$393,921	\$393,921	\$393,921
Other Operating Expenses				
Mileage	\$10,641	\$21,282	\$30,675	\$37,504
Medical Supplies	\$6,678	\$20,033	\$25,757	\$31,480
Rent	\$12,500	\$25,000	\$25,000	\$25,000
Office Related	\$503	\$1,510	\$1,941	\$2,373
Recruiting	\$3,305	\$9,915	\$12,748	\$15,581
Marketing	\$3,308	\$9,923	\$12,758	\$15,593
Telecommunications	\$4,031	\$12,094	\$15,550	\$19,005
Technology	\$1,232	\$3,697	\$4,753	\$5,809
Travel and Entertainment	\$734	\$2,203	\$2,833	\$3,462
Outside Services	\$1,195	\$3,585	\$4,609	\$5,634
Other Operating	\$2,741	\$8,223	\$10,572	\$12,922
Tenant Improvement	\$274	\$823	\$1,059	\$1,294
Pre-opening expenses	\$57,500	\$0	\$0	\$0
Total Other Operating Expenses	\$104,643	\$118,288	\$148,254	\$175,656
Non-operating Expenses				
Other Allocated	\$23,259	\$69,777	\$89,713	\$109,649
Depreciation	\$7,462	\$14,925	\$14,925	\$14,925
Total Non-operating Expenses	\$30,721	\$84,701	\$104,638	\$124,574
Total Expenses	\$636,355	\$1,204,971	\$1,523,231	\$1,765,690
Net Income	(\$213,465)	\$63,698	\$107,914	\$227,933
Net Income Margin %	(50.5%)	5.0%	6.6%	11.4%

The required worksheets and assumptions for the revenues and expenses appear in [Exhibit 12](#).

The table below shows the corresponding categories listed in this model and the expense categories identified by the state's application form:

Table 15
Expense Categories Used in Financial Proforma for AccentCare King County

Expenses Listed by State	Expense Category in AccentCare King County Model
Depreciation and Amortization	Depreciation
Medical Supplies	Medical Supplies
Travel (patient care, other) Other, detail what is included	Mileage & Other Operating
Interest	Not Applicable
Advertising	Office Related
Dues and Subscriptions	Office Related
Equipment Rental	Office Related
Licenses and Fees	Office Related
Supplies	Office Related
Telephone/Pagers	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

The pro forma balance sheet for the partial first year and three full calendar years of operation appears below.

Table 16
AccentCare King County Balance Sheet

Assets	July 2024 - Dec 2024	2025	2026	2027
Current Assets				
Cash and Cash Equivalents	\$0	\$0	\$0	\$0
Accounts Receivable	\$105,722	\$158,584	\$203,893	\$249,203
Less Allowance for Bad Debts	(\$5,286)	(\$7,929)	(\$10,195)	(\$12,460)
Accounts Receivable (Net)	\$100,436	\$150,654	\$193,699	\$236,743
Total Current Assets	\$100,436	\$150,654	\$193,699	\$236,743
Property and Equipment				
Fixed Assets	\$122,000	\$122,000	\$122,000	\$122,000
Less Accumulated Depreciation	(\$7,462)	(\$22,387)	(\$37,312)	(\$52,236)
Total Property and Equipment	\$114,538	\$99,613	\$84,688	\$69,764
Other Assets	\$25,000	\$25,000	\$25,000	\$25,000
TOTAL ASSETS	\$239,974	\$275,267	\$303,387	\$331,506
Liabilities and Capital	July 2024 - Dec 2024	2025	2026	2027
Current Liabilities				
Accounts Payable & Accrued Expenses	\$26,161	\$14,786	\$18,532	\$21,957
Accrued Compensation	\$16,700	\$16,700	\$21,172	\$24,424
Total Current Liabilities	\$42,860	\$31,486	\$39,704	\$46,381
Long-term Liabilities	\$125,000	\$100,000	\$75,000	\$50,000
TOTAL LIABILITIES	\$167,860	\$131,486	\$114,704	\$96,381
Net Assets	\$72,114	\$143,782	\$188,683	\$235,125
TOTAL LIABILITIES AND CAPITAL (NET ASSETS)	\$239,974	\$275,267	\$303,387	\$331,506

Assumptions appear in the work papers in [Exhibit 12](#).

Table 17
AccentCare King County Statement of Cash Flows

	July 2024			
	- Dec			
Cash Flow from Operating Activities	2024	2025	2026	2027
Net Income from Operations	(\$213,465)	\$63,698	\$107,914	\$227,933
Adjustments to Reconcile Net Income to Cash Provided by Operations				
Depreciation and Amortization	\$7,462	\$14,925	\$14,925	\$14,925
Change in Accounts Receivable	(\$100,436)	(\$50,218)	(\$43,044)	(\$43,044)
Change in Accounts Payable & Accrued Expenses	\$42,860	(\$11,375)	\$8,218	\$6,677
Change in Accrued Compensation	\$16,700	\$0	\$4,473	\$3,252
Total Adjustments	(\$33,414)	(\$46,668)	(\$30,353)	(\$33,115)
Net Cash Provided by Operations	(\$246,879)	\$17,030	\$77,561	\$194,818
	July 2024			
	- Dec			
Cash Flow from Investing Activities	2024	2025	2026	2027
Cash Flow from Investing Activities	\$0	\$0	\$0	\$0
Net Cash Provided by Investing Activities	\$0	\$0	\$0	\$0
	July 2024			
	- Dec			
Cash Flow from Financing Activities	2024	2025	2026	2027
Cash Flow from Financing Activities				
Cash (to)/From Affiliates	\$246,879	(\$17,030)	(\$77,561)	(\$194,818)
Net Cash Provided by Financing Activities	\$246,879	(\$17,030)	(\$77,561)	(\$194,818)
Net Increase (Decrease) in Cash	\$0	\$0	\$0	\$0
Cash Balance at Beginning of Year	\$0	\$0	\$0	\$0
Cash Balance at End of Year	\$0	\$0	\$0	\$0

Assumptions appear in the work papers in [Exhibit 12](#).

2. Provide the following agreements/contracts:

- **Management agreement**
- **Operating agreement**
- **Medical Director agreement**
- **Joint Venture agreement**

The following agreements and contracts are all valid through at least the first three full years following completion or have a clause with automatic renewals. AccentCare of King County will not have a joint venture agreement.

- **Management Services Agreement**

AccentCare Home Health of King County, LLC is a single purpose entity, created to open and operate a home health agency in King County, Washington. It shares a common mission,

vision and values with the other AccentCare home health programs and their founders, and will have an Management Services Agreement with AccentCare, Inc.

Through the Management Services Agreement, AccentCare King County start-up and ongoing operations can take advantage of existing operational knowledge and mechanisms that do not need to then be duplicated at the program level. This is demonstrated in the Management Services Agreement that appears in **Exhibit 3**.

- **Operating Agreement**

AccentCare Home Health of King County, LLC has an Operating Agreement with AccentCare, Inc., the limited liability's sole member. A copy of the Operating Agreement is provided in **Exhibit 14**.

- **Medical Director Agreement**

AccentCare King County will contract with Balakrishnan Natarajan, M.D. to serve as Medical Director for the proposed home health. A graduate of Northwestern University Medical School, Dr. Natarajan is the Chief Medical Officer for AccentCare Hospice and has been with AccentCare (formerly, Seasons Hospice) since 2005. Board-certified in internal medicine, hospice and palliative care, and sports medicine, Dr. Natarajan has authored book chapters and articles in peer-reviewed journals. He has also lectured across the United States and around the world, including at the Annual Meeting of the American College of Physicians. Dr. Natarajan currently serves on the board of directors for the National Hospice & Palliative Care Organization.

The Medical Director is a contractor of AccentCare King County. The terms and conditions for the Medical Director appear in the contract in **Exhibit 15**. Prior to licensure, Dr. Natarajan provides consultation to the planned home health agency. This position serves an administrative role requiring approximately 1 hour of service per week, consistent with the experience of other AccentCare Home Health agencies in operation, and meets the conditions of participation for Medicare and Medicaid services.

3. Provide documentation of site control. This could include either a deed to the site or a lease agreement for the site.

If this is an existing home health agency and the proposed services would be provided from an existing main or branch office, provide a copy of the deed or lease agreement for the site. If a lease agreement is provided, the agreement must extend through at least the third full year following the completion of the project. Provide any amendments, addenda, or substitute agreements to be created as a result of this project to demonstrate site control.

If this is a new home health agency site, documentation of site control includes one of the following:

- a. An executed purchase agreement or deed for the site.***
- b. A draft purchase agreement for the site. The draft agreement must include a document signed by both entities committing to execute the agreement as submitted following CN approval.***
- c. An executed lease agreement for at least three years with options to renew for not less than a total of two years.***
- d. A draft lease agreement. For Certificate of Need purposes, draft agreements are acceptable if the draft identifies all entities entering into the agreement, outlines all roles and responsibilities of the entities, identifies all costs associated with the agreement, includes all exhibits referenced in the agreement. The draft agreement must include a document signed by both entities committing to execute the agreement as submitted following CN approval.***

The project establishes a new home health agency for King County and therefore does not have a current location at which it operates. The proposed agency will share office space with the existing office of AccentCare's other providers, including the hospice program under development in King County. The proposed office site for AccentCare King County is identified as follows:

**AccentCare Home Health of King County, LLC
15 S. Grady Way
Renton, Washington 98057**

Additional detail about the proposed location appears in the lease provided in **Exhibit 16**. The lease agreement provides an initial location from which to establish the proposed home health agency in the event a Certificate of Need is issued.

- 4. Complete the table below with the estimated capital expenditure associated with this project. Capital expenditure is defined under WAC 246-310-010(10). If you have other line items not listed in the table, include the definition of the line item. Include all assumptions used to create the capital expenditure estimate.***

In the table below only capitalized cost are included, those that furnish and equip the proposed office space. Any sales tax applicable to the equipment is included in that line item. Expenses, such as legal and consulting fees, are not included.

Table 18
Summary of Capital Costs for AccentCare King

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
<i>*Includes sales tax</i>	

Unlike a patient treatment facility, AccentCare King 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 King 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.

- 5. Identify the entity responsible for the estimated capital costs identified above. If more than one entity is responsible, provide a breakdown of percentages and amounts for each.**

A letter from the Chief Financial Officer for AccentCare, Inc., the parent organization of AccentCare Home Health of King County, (found in **Exhibit 16**) 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 King 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.

- 6. Identify the amount of start-up costs expected to be needed for this project. Include any assumptions that went into determining the start-up costs. Start-up costs should include any non-capital expenditure expenses incurred prior to the facility opening or initiating the proposed service. If no start-up costs are expected, explain why.**

Start-up costs and assumptions are detailed in the financial schedules included in **Exhibit 12**. Capital expenditures include furnishing and equipping office space. Pre-opening expenses include office rent, salaries for staff and their orientation and training, and advertising are identified, and reflect pre-opening expenses of similar projects. The cash assets allow the applicant to cover pre-opening costs, costs incurred prior to obtaining Medicare certification, and the projected losses for the initial partial year (July 1, 2024 – December 31, 2024) and first full year of operation (CY 2025). The home health agency breaks even in calendar year 2025, showing a profit of \$63,698.

- 7. Identify the entity responsible for the estimated start-up costs identified above. If more than one entity is responsible, provide a breakdown of percentages and amounts for each.**

A letter from the Chief Financial Officer for AccentCare, Inc. on behalf of AccentCare Home Health of King County, LLC demonstrates AccentCare has \$22 million dollars in cash and

cash equivalents available to fund the home health's non-capital expenditures prior to opening and initiating service. The CFO's letter is found in **Exhibit 17**.

8. Explain how the project would or would not impact costs and charges for healthcare services in the planning area.

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 cost-effective.

With approval of AccentCare King 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, King 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.

Copies of the above referenced articles are included in **Exhibit 18** in the Appendix.

9. Explain how the costs of the project, including any construction costs, will not result in an unreasonable impact on the costs and charges for health services in the planning area.

The project is not expected to impact costs and charges for healthcare services in the planning area. The majority of home health care is reimbursed by Medicare and Medicaid. Therefore, reimbursement is primarily determined by government payors.

For AccentCare King County, **Exhibit 12**, provides the relevant information **by type of service and payor, patient charges by service and payor, and net revenues by payor and setting**.

²⁰ Xiao, R., Miller, J. A., Zafirau, W. J., Gorodeski, E. Z., & Young, J. B. (2018). Impact of Home Health Care on Health Care Resource Utilization Following Hospital Discharge: A Cohort Study. *The American journal of medicine*, 131(4), 395–407.e35. <https://doi.org/10.1016/j.amjmed.2017.11.010>

²¹Lizano-Díez I, Amaral-Rohter S, Pérez-Carbonell L, Aceituno S. Impact of Home Care Services on Patient and Economic Outcomes: A Targeted Review. *Home Health Care Management & Practice*. 2022;34(2):148-162. doi:10.1177/10848223211038305

10. Provide the projected payer mix by revenue and by patients by county as well as for the entire agency using the example table below. Medicare and Medicaid managed care plans should be included within the Medicare and Medicaid lines, respectively. If “other” is a category, define what is included in “other.”

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. This is based on the past experience of similar home health care agencies. Additional detail and assumptions are provided in **Exhibit 12**.

**Table 19
AccentCare King County’s Percentage of Gross Revenue and Patient Days by Payor**

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

11. If this project proposes the addition of a county for an existing agency, provide the historical payer mix by revenue and patients for the existing agency. The table format should be consistent with the table shown above.

The criterion is not applicable. The project establishes a new home health agency to serve King County.

12. Provide a listing of equipment proposed for this project. The list should include estimated costs for the equipment. If no equipment is required, explain.

The table below provides a detailed list of capital expenditures for the initial office location to start the home health agency.

Table 20
Detail of Capital Expenditures for AccentCare King County

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 Work Stations	\$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

The estimates in the table above reflect modest costs for equipping a business office in the Renton area of King County. The annual depreciation expense of \$10,639 accounts for \$4,099 for furnishings, with items depreciated over a 15 year period, and the care kits' depreciated over a five year period. Depreciation for the electronics and telecommunications equipment cover a five year period with the low voltage wiring depreciated on a 10 year basis, for a total of \$6,540.

Building improvements are estimated at \$30,000 and are depreciated over a seven year period for a total of \$4,286. The initial investment in office furnishings, electronics and telecommunication devices in the first year are expected to serve throughout the first three full years, with no additional items required during the forecast period.

The pro forma analysis and utilization forecast establish that these costs do not have a material impact on either the capital or operating costs and charges of the proposed home health program.

- 13. Identify the source(s) of financing (loan, grant, gifts, etc.) and provide supporting documentation from the source. Examples of supporting documentation include: a letter from the applicant's CFO committing to pay for the project or draft terms from a financial institution.**

A letter from the Chief Financial Officer for AccentCare, Inc. on behalf of AccentCare Home Health of King County, LLC demonstrates AccentCare has \$22 million dollars in cash and cash equivalents available to fund the home health's non-capital expenditures prior to opening and initiating service. The CFO's letter found in **Exhibit 17** further provides the 2021 and 2020 audited financial statements for Horizon Acquisitions Co., Inc. and Subsidiaries, which demonstrates that sufficient reserves are available to fund the proposed project.

- 14. If this project will be debt financed through a financial institution, provide a repayment schedule showing interest and principal amount for each year over which the debt will be amortized.**

This criterion is not applicable. The project will not be debt financed.

- 15. Provide the most recent audited financial states for:**

- **The applicant, and**
- **Any parent entity responsible for financing the project.**

Exhibit 17 contains the audited financial statements for the parent company, Horizon Acquisition Co., Inc. and Subsidiaries for the years ending on December 31, 2021 and 2020. As a new entity, AccentCare Home Health of King County, LLC has no operations or audited financial statements.

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

1. Provide a table that shows FTEs [full time equivalents] by category for the county proposed in this application. All staff categories should be defined.

AccentCare King County initiates the home health agency with a core staffing that grows over time as the admissions increase. The proposed home health staffing will meet or exceed all licensure, Medicare, Medicaid and accreditation standards. Staffing increases appear in the table below, consistent with the growth in average daily census. Full-Time Equivalents (FTE's) are employees, while contracted positions are shown to demonstrate the level of service provided based on census.

Table 21
FTEs for AccentCare King County by Program Year

Department	FTEs 7/1/24 - 12/31/24	FTEs CY 2025	FTEs CY 2026	FTEs CY 2027
Average Daily Census=	21	64	83	101
RN Case Manager	1.00	1.00	2.00	3.00
LVN	1.00	1.00	1.50	2.00
RN Pysch	0.50	0.50	0.50	1.00
Physical Therapist*	1.00	1.00	1.00	1.00
PT Assistant*	0.50	0.50	1.00	1.00
Occupational Therapist*	1.00	1.00	1.00	1.00
Certified OTA (“COTA”)*	0.00	0.00	1.00	1.00
Speech Therapist*	0.10	0.10	0.10	0.10
Home Health Aide	0.50	0.50	0.50	0.50
Social Worker*	0.50	0.50	0.50	0.50
Subtotal Clinical/Field Employees	6.10	6.10	9.10	11.10
Executive Director/Administrator	1.00	1.00	1.00	1.00
Director of Clinical Services	1.00	1.00	1.00	1.00
Office Coordinator	1.00	1.00	1.00	1.00
Scheduler	1.00	1.00	1.00	1.00
Subtotal Administrative/Non-Field	4.00	4.00	4.00	4.00
Total All Positions	10.10	10.10	13.10	15.10

**Contracted*

Where an FTE is not noted in year 1, other staff assume those responsibilities until census growth occurs to justify an FTE.

- 2. If this application proposes the expansion of an existing agency into another county, provide an FTE table for the entire agency, including at least the most recent three full years of operation, the current year, and the first three full years of operation following project completion. There should be no gaps in years. All staff categories should be defined.**

This criterion is not applicable. The application proposes establishment of a new home health agency, rather than an expansion of an existing agency.

- 3. Provide the assumptions used to project the number and types of FTEs identified for this project.**

Assumptions are provided in **Exhibit 12**.

- 4. Provide a detailed explanation of why the staffing for the agency is adequate for the number of patients and visits projected.**

AccentCare King County will be staffed to meet State of Washington licensing requirements and the requirements of CMS and accrediting agencies. According to data from the National Nursing Database, there were 117,351 active RN licenses and 11,062 active LPN licenses as of December 31, 2021.²² AccentCare has experience recruiting and retaining high-quality staff through its home health agency affiliates across the nation. AccentCare King County will benefit from the network of staff and staff referral sources these agencies have developed. These staff members can refer well-qualified individuals interested in working for AccentCare King County.

AccentCare King County will have 10.10 total FTEs in year one, including , a social worker, home health aide, RN case manager, Licensed Vocational Nurse (LVN), occupational therapist, physical therapist, psychiatric nurse (RN), speech therapist, Certified Occupational Therapy Assistant (COTA), and physical therapy assistant. AccentCare King County will also employ an executive director, and business office and admitting staff. Many staff will all be directly employed, while others are contracted.

AccentCare King 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.

- 5. If you intend to have a medical director, provide the name and professional license number of the current or proposed medical director. If not already disclosed under 210(1) identify if the medical director is an employee or under contract.**

²² The National Nursing Database, Number of Nurses in U.S. and by Jurisdiction (2021 data), <https://www.ncsbn.org/nursing-regulation/national-nursing-database.page>

AccentCare King County will contract with Balakrishnan Natarajan, M.D., a physician board certified in internal medicine, hospice and palliative care, and sports medicine. Dr. Natarajan is a licensed physician and surgeon in several states, including Washington (License #MD61027396). His credential verification from the Washington Department of Health displaying his license number is provided in **Exhibit 15** behind the Medical Director Contract.

6. If the medical director is/will be an employee rather than under contract, provide the medical director's job description.

The Medical Director has a contract agreement, as shown in **Exhibit 15**.

7. Identify key staff by name and professional license number, if known. If not yet known, provide a timeline for staff recruitment and hiring (nurse manager, clinical director, etc.)

AccentCare Home Health of King County, LLC is a developmental stage entity, with no employees and no operations at this time. The applicant seeks a certificate of need to establish a new Medicare and Medicaid certified home health care agency. A recruitment timeline is provided in **Exhibit 5**.

AccentCare has established policies (provided in **Exhibit 13**) on the key home health care positions and services identified below.

- Home Health Executive Director/Administrator (Policy #HH 1.4.1)
- Director of Patient Care Services/Clinical Manager (Policy #HH 2.2.1)
- Home Health Aide Service (Policy #HH 2.2.14)

The officers identified below bring national home health knowledge and experience to King County. New employees provide knowledge of area needs and insight locally, while management personnel can support, enhance, and equip them for success.

AccentCare Executive Leadership

AccentCare King County and its parent company, AccentCare Inc., have industry-leading skills and the experience necessary to meet the challenges of opening a new program in King County. AccentCare will also provide daily operational control to assure uniformity locally and nationally for the providers aligned with AccentCare. The following key management personnel will be responsible for the oversight and development of the proposed new home health agency.

Stephan S. Rogers, Chief Executive Officer



Stephan Rogers is the Chief Executive Officer of AccentCare®, Inc. He has over 25 years of healthcare experience including home care, insurance, consulting and employee benefits. Prior to joining AccentCare, Mr. Rogers was CEO of OptumHealth Collaborative Care, a division of UnitedHealth Group, which owns, manages and provides administrative and technology services to healthcare delivery systems. Earlier in his career he was a healthcare executive at General Electric Company, responsible for purchasing healthcare benefits. Mr. Rogers holds a Bachelor of Arts in biochemistry from the University of California, Berkeley.

Ryan Solomon, Chief Financial Officer



Ryan Solomon is Chief Financial Officer of AccentCare®, Inc. He has over 15 years of finance experience. Prior to joining AccentCare, Mr. Solomon was CFO for Apple Leisure Group, a multi-billion-dollar company in the travel industry, after holding a number of previous finance positions at the company. Previously, he held several senior positions at American Airlines. Mr. Solomon has a Master of Business Administration for Finance from Texas Christian University and a bachelor's degree in economics from Texas A&M University.

Katy Black, Chief of Staff



Katy Black is Chief of Staff for AccentCare®, Inc. She has over 15 years of healthcare experience. Prior to joining AccentCare, Ms. Black was Vice President and Chief of Staff for Tenet Healthcare. Previously, she held senior positions at Concentra, Spectrum Health, and Deloitte Consulting. Ms. Black has a Master of Business Administration from University of Chicago and a Bachelor of Business Administration from the University of Wisconsin-Madison.

Balu Natarajan, M.D., Chief Medical Officer of Hospice

Dr. Natarajan is a graduate of Northwestern University Medical School and has been the Chief Medical Officer of Accent Care, formerly Seasons Hospice, since 2005. He served in various capacities for Seasons from 2000 until 2005, including holding the position of Medical Director of the Illinois program.

Board-certified in internal medicine, hospice and palliative care, and sports medicine, Dr. Natarajan has authored book chapters and articles in peer-reviewed journals. He has also lectured across the



United States and around the world, including at the Annual Meeting of the American College of Physicians, AAHPM Annual Meeting, and NHPCO MLC, LAC and Clinical Conferences. He won the Scripps Howard National Spelling Bee in 1985.

Dr. Natarajan is certified by The American Board of Internal Medicine in Hospice and Palliative Medicine and also by the Hospice Medical Director Certification Board HMDCB. He is a NHPCO Board Member, former Member and Vice Chair of Public Policy Committee, and Chair of Palliative Care Council. Dr. Natarajan is a Faculty member for the Online Master of Science and Graduate Certificate in Palliative Care at the University of Maryland and Mentor for the Women in Leadership Program at George Washington University since October 2021. He holds medical credentials in most states in which AccentCare operates, including Washington (License #MD61027396).

Russell Hilliard, PhD, LCSW, LCAT, MT-BC, CHRC, CHC

Russell Hilliard is the Senior Vice President of Market Expansion Initiatives at AccentCare and the Founder of the Centers for Music Therapy in End of Life Care. In his 25-year hospice career, he has created innovative end of life care programs, devised robust documentation procedures, and assured processes support the highest quality patient and family care. He is a social worker and music therapist and is certified in Healthcare and Healthcare Research Compliance. His scholarly research has been published in a variety of peer-reviewed journals, and he is a sought-after speaker internationally. He is the author of the text, *Hospice and Palliative Care Music Therapy: A Guide to Program Development and Clinical Care*, and has contributed to chapters in several books regarding end of life and bereavement care. At Seasons, Dr. Hilliard has shaped supportive care programs, created the national ethics committee, led quality and education departments, served as the operations lead for programs in multiple states, and he leads the organization's operational strategies for expansion and development nationally and internationally.



Rafael A. Fantauzzi – Chief of Diversity, Equity, and Inclusion

Rafael joined AccentCare in 2021. He develops the infrastructure for culture and inclusion under the Employee Experience function and enhances the Health Equity and Access vision for the company. Rafael is a certified Corporate Citizenship Executive from the Boston College Carroll School of Management and a certified Executive on Corporate Governance by the Harvard Business School and has an executive master's in leadership from the McDonough School of Business at Georgetown University. Rafael was born and raised in Puerto Rico and lives in Pennsylvania with his wife and two daughters. Before joining AccentCare, Rafael was IKEA North America's first Country Equality, Diversity, and Inclusion Officer. He also worked as the President and Chief Executive Officer of the National Puerto Rican Coalition, a national Hispanic nonpartisan, nonprofit civil rights organization.

Chris Dimos, Chief Operating Officer

Chris has over 30 years of healthcare experience, including community pharmacy, non-foods merchandising, and global pharmaceutical supply chain. Before joining AccentCare, he was the President of Retail Solutions at McKesson Corporation, a global healthcare company. Earlier in his career, he was the President of Pharmacy and Non-Foods Merchandising for SUPERVALU Inc., a national food and drug retailer, and was responsible for community pharmacy operations and category management strategies and execution. Chris holds a Bachelor of Science in Pharmacy and Pharmaceutical Sciences from Purdue University.

AccentCare Home Health Leadership

Angela Steventon – SVP/GM National Home Health Operations

Angela graduated from Florida State University College of Business with a BS in Hospitality Administration, with a concentration in Senior Services Management. She also holds a Certificate in Gerontology from the Pepper Institute on Aging and Public Policy. Angela's lifelong passion for serving seniors drove her to enter into senior housing sales and operations, where she spent fifteen years before moving to home health and hospice care. She has 21 years of multi-site leadership experience in post-acute and long-term healthcare.

8. For existing agencies, provide names and professional license numbers for current credentialed staff.

This criterion is not applicable. The project establishes a new home health program rather than an expansion of an existing agency.

9. Describe your methods for staff recruitment and retention. If any barriers to staff recruitment exist in the planning area, provide a detailed description of your plan to staff this project.

There are many techniques for recruiting employees. Success in recruitment results from position descriptions that specify the experience, education, and training each job requires. The internet creates new avenues for recruiting employees and showcasing the facility through information, photographs, and videos. The internet enables quick review of position descriptions, vacancy posts, and frequently asked questions (FAQs), and allows for submitting and receiving online employment applications.

AccentCare uses an omnichannel approach to digital recruiting which has helped bring over 550 individuals into the organization in the last year. Targeted ads and campaigns across social, email, employee referral, and in-person recruiting methods bring the very best to the organization. One of the cornerstones has been a set of staff stories featuring authentic vignettes of actual AccentCare employees:

- Tom Wieman, RN Case Manager: <https://vimeo.com/699888871>
- Brianna Holland, RN Case Manager: <https://vimeo.com/719164699>
- Cheri Flynn RN Case Manager: <https://vimeo.com/699657281>

- Whitney Foster, RN Case Manager: <https://vimeo.com/741225598>
- Elaine Irwin, RN Case Manager: <https://vimeo.com/720028844>

Other avenues of recruitment include:

- AccentCare website, www.accentcare.com, select “Find a job” on the home page
- National job search sites (Indeed.com, Monster.com, etc.)
- Professional publications that maintain lists of job-seekers or that allow recruiting advertisements
- Vocational, professional technical school resource offices
- Job fairs
- Social media postings
- Arrangements with local colleges and universities that serve as a training site

AccentCare King County recognizes the national nursing shortage and will take proactive steps to ensure there are well-qualified nurses in its program. Word of mouth from the existing workforce reaps benefits. Internal recruiting opens avenues with the local population, and vacancies may be filled more quickly when employees encourage friends or acquaintances to apply for open jobs. An **employee referral campaign** will leverage the networks of existing AccentCare employees nationwide and offer sign-on bonus to employees who refer a successful new hire to AccentCare King County.

AccentCare King County will also utilize **O’Grady Payton International** and **MedProInternational** to recruit foreign-trained, high quality workforce members. These well-established organizations facilitate a mutually beneficial relationship between foreign-educated healthcare professionals and healthcare organizations recruiting additional staff. Recruiting through these organizations also allows AccentCare King County to establish a team of professionals who reflect the increasingly diverse population in Washington.

Existing AccentCare home health programs share vacancy announcements, allowing employees to consider advancement or a relocation. Keeping employees within the larger family retains the workforce and accommodates changes when a relocation may be necessary. Likewise, sharing information among offices allows for movement within to meet career goals or promotions.

Professional websites and periodicals that provide job postings attract professionals. Within the communities, the office reaches out to colleges, universities, and other social and health care providers through networking. Oftentimes, collaborative efforts to recruit qualified personnel occur together, particularly when part-time workers respond to job-postings. Hiring part-time qualified persons opens the door to full-time.

Aware of the skill levels and talents prospective employees offer, human resource personnel conduct interviews that provide the opportunity to learn what a prospective employee seeks in a working environment, and what their goals and advancement objectives, and work ethic are. By understanding what employees look for in an employer, AccentCare can

develop workplaces that support the employees and give them reasons to stay with the company.

AccentCare King County follows an inclusive employment policy. That policy assures equal employment opportunities to all people without regard to race, religion, marital status, color, creed, gender, sexual orientation, pregnancy, childbirth, age, disability, or national origin, or status. AccentCare King County's **draft policy on Non-Discrimination, policy number C 2.4.1, appears in Exhibit 13.**

Once a person is hired, AccentCare focuses on employee retention. Retaining a trained workforce is a top priority, because costs of replacing and training employees in the long-term care setting are high. Turnover disrupts caregiving and increases anxiety among residents and their families. AccentCare's education programs and shared objectives create a culture of care and compassion. Employees strive for excellence that exceeds standards of care.

Each program's executive director determines how to grant leave on holidays and how to cover patient care assuring sufficient staff. One option staggers the paid holiday time for employees over the same pay period. Typical holidays that require staffing include those in the list below.

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Day
- Floating Holiday

AccentCare offers a competitive benefits program reflecting commitment to employees. Benefits include these items:

- Medical & Dental Plan
- Vision Care Plan
- Dependent Care
- Medical Flexible Spending Accounts
- Life Insurance
- Disability Benefits
- Retirement Savings Program
- Paid Time Off and Holidays

Additional benefits include those listed below.

- Eligible employees to accrue paid time off during the employment year in a Paid Time Off (PTO) bank.
- A bonus Mental Health Day each quarter to eligible employees based on their attendance during the previous quarter.
- Full-time regular employees are eligible to receive differential pay if they are required to participate in active military duty for training.
- AccentCare Home Health employees are encouraged to fulfill their civic responsibilities and duties, such as voting or jury duty and are compensated for their time in these activities.

❖ Training and Education

AccentCare King County will provide in-service training and staff development programs for employees, appropriate to their responsibilities and to the maintenance of skills to care for patients and families. Keeping employees engaged and offering educational opportunities is also a key element to employee retention. All newly hired employees undergo an orientation period for the first 90 days of employment. Orientation includes a review of policies, procedures, philosophy, objectives, goals, job orientation emphasizing allowable duties of the new employee, safety, and interactions with patients and families. Training emphasizes company culture, with AccentCare's mission and vision and values driving excellence in skilled care for each patient and family.

Some training employs an e-learning approach with different modules for employees' general orientation, and role-specific orientation is required. The education program ensures ongoing quality of care and employee engagement. Centralized in each region, clinicians have access to skills labs with mannequins, equipment, supplies and clinical educators for guided practice of clinical skills.

AccentCare supports development of new talent, actively engages the education community, and provides internship opportunities and training initiatives. Continuing educational opportunities are available to both employees and the medical community. Through these initiatives, AccentCare King County can build a strong workforce

AccentCare King County will work with area colleges and universities to establish internship opportunities. Below are activities the home health agency will use to engage the educational and medical communities:

- **Internship programs** support the next generation of home health workers. Through internship experiences, many students enter careers in home health.
- **Continuing Education Units (CEU)** improve staff confidence and performance. AccentCare also plans to offer CEU credits to practicing clinicians and social services workers not affiliated with the home health agency.

Policies supporting training and education are provided in **Exhibit 13**.

10. Identify your intended hours of operation and explain how patients will have access to services outside the intended hours of operation.

AccentCare King 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.

11. For existing agencies, clarify whether the applicant currently has a method for assessing customer satisfaction and quality improvement for the home health agency.

Although this criterion is not applicable, as the Applicant is not an existing agency, the proposed AccentCare King County agency will have a method for assessing customer satisfaction and quality improvement.

AccentCare King County will be accredited CHAP. AccentCare employs many strategies to ensure patients are safe and cared for while receiving home health services. Beyond quality control and monitoring strategies explained below, AccentCare operates to maximize a patient's health, independence and peace of mind. Customized care allows the patients to come first and feel comfortable in what can be an overwhelming health situation.

AccentCare's Quality Improvement Policies

AccentCare tracks the assessment practices of all its admission staff. The assessments of each discipline are the foundation of each patient's individualized care plan, which determines the care they receive throughout their home health journey.

AccentCare monitors data during routine workflow by the clinical supervisor and analyzes the trends monthly and quarterly at corporate and branch levels. AccentCare uses HHCAHPS (Home Health Care Consumer Assessment of Healthcare Providers and Systems) data to compare its performance with similar home health programs and to guide its QAPI program. Measurable indicators related to improved outcomes help AccentCare take action to address performance across the spectrum of care.

The five components of the QAPI program include:

- Quarterly review of stratified sample of patient clinical records
- Annual review of overall agency functioning
- Professional Advisory Committee (PAC) made up of personnel
- Agency QAPI committee
- Written QAPI program including quality improvement plan and guideline manual

Each home health program has its own performance improvement projects in addition to state-specific performance improvement strategies developed by AccentCare.

AccentCare also has a national workgroup of quality experts who help AccentCare find root causes of systemic quality problems, find creative solutions, and make process/training changes to improve quality at each AccentCare home health program. AccentCare King County will implement these policies to ensure patient care quality and ongoing improvement. AccentCare King County will review all policies annually and adapt the policies to service area circumstances. For a copy of these policies, see [Exhibit 13](#).

Additional Quality Improvement Initiatives

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey (HHCAHPS) measures the experiences of people receiving home health care from Medicare-certified home health agencies. Approved HHCAHPS Survey vendors conduct the HHCAHPS for home health agencies. CMS added the HHCAHPS Star Ratings to Home Health Compare to improve quality transparency for Medicare-certified home health agencies and to assist consumers in making informed decisions about choosing agencies for their care. CMS believes the HHCAHPS Star Ratings will stimulate improvements in the quality of care delivered and provide incentives for home health agencies to maintain or improve their own quality. More information about the HHCAHPS Survey is available on this webpage: <https://homehealthcahps.org/>.

AccentCare home health agencies received average survey scores in the most recent survey period for HHCAHPS measures (CY 2021) on par with the National and Washington State Averages. AccentCare agencies had an average summary star rating of 3.3, exceeding the national average of 3.0.

The proposed project will share the same processes and knowledge resources that have enabled AccentCare home health agencies to build a strong history of patient-focused care and exceptional results.

Table 22
HHCAHPS Survey Score Comparisons by Home Health Agency (CY 2021)

	HHCAHPS Summary Star Rating	% of Patients Who Reported Care Given Professionally	% of Patients Who Reported Team Communicated Well With Them	% of Patients Who Gave Their Home Health Agency Rating of 9 or 10	% of Patients Who Would Definitely Recommend the Home Health
AccentCare Average Score (All HH Providers)	3.3	87	83	81	75
National Home Health Average	3.0	88	85	84	77
Washington Average Score (All HH Providers)	3.5	87	84	81	76

Source: <https://data.cms.gov/provider-data>

Medalogix

Medalogix is a software utilized by AccentCare that uses predictive analytics to deliver the right care at the right time. The program identifies patients at risk of decline, data, along with clinical insights, can determine the optimal number of visits a patient needs to achieve a positive outcome. Medalogix aims to empower individualized patient care with innovative, data science-driven solutions that enable a shift to value-based care. The software allows for the home health to provide the right resources to the right patients, resulting in more informed choices to guide patients and their families in finding a way forward under challenging circumstances.

Medalogix helps to bridge the home health to hospice continuum. Clinical assessments, coupled with multiple data points, help establish a plan of care. Predictive analytics organizes historical data and outcomes, helping clinicians to understand a patient's mortality risk. This is especially beneficial in caring for the most vulnerable and frail and high risk patients. Knowing the likelihood to pass away in the following 90 days allows practitioners to initiate end-of-life planning conversations and referral to hospice. These types of data-driven solutions can guide clinical decisions, ultimately lowering cost of care while providing support to the patients. Whether a disease trajectory indicates need for an advanced care planning conversation or signs of imminent death, the data is able to change the course of treatment so that the patient received the right care at the right time. Supporting information on the software is provided in [Exhibit 19](#).

Employee Satisfaction Surveys

The quality of services AccentCare provides depends on its staff. AccentCare invests in keeping its staff happy, for their own well-being and to ensure they can deliver the best care possible to patients and families. AccentCare King County will use Perceptyx to measure and evaluate employee experience. Perceptyx creates dashboards and reports using employee survey data that allows managers and leaders to open dialogue with employees, ensuring any concerns or barriers to success are addressed.

12. For existing agencies, provide a listing of ancillary and support service vendors already in place.

This criterion is not applicable, as the applicant is not an existing agency, so there are no ancillary and support service vendors in place.

13. Identify whether any of the existing ancillary or support agreements are expected to change as a result of this project.

This criterion is not applicable, as the applicant is not an existing agency and has no existing ancillary or support agreements.

14. For new agencies, provide a listing of ancillary and support services that will be established.

[Exhibit 13](#) 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 King 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 King 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 King County. **Contract services include physical, speech, and occupational therapists, nutritional counseling, and medical social services.**

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 13**.

15. For existing agencies, provide a listing of healthcare facilities with which the home health agency has documented working relationships.

This criterion is not applicable, as the Applicant is not an existing agency.

16. Clarify whether any of the existing working relationships would change as a result of this project.

This criterion is not applicable, as the Applicant is not an existing agency and therefore has no existing working relationships with healthcare facilities in King County.

17. For a new agency, provide a listing of healthcare facilities with which the home health agency anticipates it would establish working relationships.

Active in the community, AccentCare King 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:

- 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 King 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. In addition to establishing a working relationship with Seasons Hospice & Palliative Care of King County, LLC, AccentCare plans to serve patients residing in Assisted Living Facilities, so working relationships with ALFs in King County will also be established. A list of

hospitals, skilled nursing facilities, and assisted living facilities that AccentCare King County plans to establish working relationships with is included in **Exhibit 20**. Letters of support are attached in **Exhibit 1** identifying individuals and facilities with which the applicant will establish working relationships.

18. Identify whether any facility or practitioner associated with the application has a history of the actions listed below. If so, provide evidence that the proposed or existing facility can and will be operated in a manner that ensures safe and adequate care to the public and conforms to applicable federal and state requirements. WAC 246-310-230(3) and (5)

- (a) A criminal conviction which is reasonably related to the applicant's competency to exercise responsibility for the ownership or operation of a hospice care agency; or**
- (b) A revocation of a license to operate a healthcare facility; or**
- (c) A revocation of a license to practice a health profession; or**
- (d) Decertification as a provider of services in the Medicare or Medicaid program because of failure to comply with applicable federal conditions of participation.**

AccentCare Home Health of King 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 King County. No healthcare agency nor any principal or officer affiliated with the applicant have had any denials or revocations of licenses nor criminal convictions.

19. Provide a discussion explaining how the proposed project will promote continuity in the provision of health care services in the planning area, and not result in an unwarranted fragmentation of services. WAC 246-310-230

AccentCare, as an experienced provider of home health and hospice services in nationwide, has care coordination processes, protocols, and working agreements with other related community services, assuring continuity of care and focusing on coordinated, integrated systems. AccentCare King 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 King County's partnership with **Sound Physicians**, the AdvancedCare at Home Program, and educational relationships will promote continuity in the provision of health

"In King County some of the problems resource centers, and skilled nursing facilities have faced is the turn around time once a home health referral has been made...AccentCare has a partnership with Sound Physicians which plans to expedite the admissions process allowing patients to access care immediately...This will alleviate the burden on home health programs that may not be able to admit quickly...AccentCare has a King County program which will provide continuity of care and education on the access quality healthcare sooner in life."

**Min Feng
Resources Navigator
South King County Senior Center and Resources Hub**

care services in the planning area. Additionally, AccentCare King 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 in response to question 11 beginning on page page 68, AccentCare King 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.

20. Provide a discussion explaining how the proposed project will have an appropriate relationship to the service area's existing health care system as required in WAC 246-310-230.

Approval of the proposed home health agency would enable AccentCare to round out the continuum of care within the existing health care system in King County. AccentCare is in the process of licensing and obtaining Medicare and Medicaid certification of a hospice agency to serve King County. AccentCare King County's home health services will compliment 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 King County also aims to cultivate relationships with other providers in the service area to build strong and lasting integration within King County's health care landscape.

Outreach is under way to establish relationships with existing health care facilities, physicians, and practitioners within King 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, nutritionists and registered dietitians, and social workers for contracted services. AccentCare King 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.

21. The department will complete a quality of care analysis using publicly available information from CMS. If any facilities or agencies owned or operated by the applicant reflect a pattern of condition-level findings, provide applicable plans of correction identifying the facility's current compliance status.

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 national benchmark for the measure. As discussed previously in response to question 11 beginning on page page 68, the average national scores for all AccentCare home health agencies is on par with that of the national average and Washington's average. Although the Applicant, AccentCare Home Health of King 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. healthcare agencies for 2019-2021 did not disclose any patterns of conditional-level findings. As noted previously, a list of all facilities affiliated with AccentCare, Inc. is provided in **Exhibit 4**. Agencies that were acquired by AccentCare, Inc. during this timeframe are also identified by date in **Exhibit 4**.

22. If information provided in response to the question above shows a history of condition-level findings, provide clear, cogent and convincing evidence that the applicant can and will operate the proposed project in a manner that ensures safe and adequate care, and conforms to applicable federal and state requirements.

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.

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

1. **Identify all alternatives considered prior to submitting this project. At a minimum include a brief discussion of this project versus no project.**

AccentCare King County is applying to establish a new home health agency to serve residents of King County to respond to the calculated need for multiple home health agencies for King County. Any alternative that does not include adding a new home health agency in King County does not address the unmet need calculated in the numeric need methodology presented in this application. Additionally, should the proposed project be approved, AccentCare King County will complement AccentCare's hospice program currently under development in King County, ensuring continuity of care.

Regardless of need, the only alternative in a state that requires CN is to acquire an existing home health agency or enter a joint venture with one. However, no opportunities to purchase, or joint venture with, an existing agency have been identified.

The alternatives rejected by AccentCare King County include:

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

2. **Provide a comparison of the project with alternatives rejected by the applicant. Include the rationale for considering this project to be superior to the rejected alternatives. Factors to consider can include, but are not limited to: patient access to healthcare services, capital cost, legal restrictions, staffing impacts, quality of care, and cost or operation efficiency.**

As stated above, no viable alternatives exist for establishing a new home health program within King County, given the abundance of need. There is no home health agency currently serving King 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 King County. AccentCare King 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 King 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 52-53, 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 King 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 64-67. 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 King County addresses staffing issues in **Section C, Structure and Process (Quality) of Care, Question #9**, pages 64-67, and is not repeated here. Recruitment and retention efforts, along with education and outreach efforts ensure a strong workforce results with establishment of AccentCare King 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 King 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 King County's proposed home health program is consistent with the Department's need methodology, assures residents of King 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 King 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.

3. *If the project involves construction, provide information that supports conformance with WAC 246-310-240(2):*
 - *The costs, scope, and methods of construction and energy conservation are reasonable; and*
 - *The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.*

This criterion is not applicable. The proposal does not involve construction of a health care facility.

4. *Identify any aspects of the project that 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.*

Increasing availability and access to home health care through the introduction of a new home 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 55, 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 18** in the Appendix.

The numerous programs and services of AccentCare King County described in detail in **Section II, Project Description**, in response to **Question #7**, pages 12-21, 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 King 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 King County.