



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**  
*Olympia, Washington 98504*

October 27, 2023

Tracy Merritt, Girvin Group  
Authorized Representative, AccentCare, Inc.  
*Sent via email only: tmerritt@MSLCPA.com*

**RE: Certificate of Need Application #23-22 –Decision Letter**

Tracy Merritt:

We have completed review of the Certificate of Need application submitted by AccentCare, Inc. dba AccentCare Home Health of King County, LLC. The application proposes to establish a Medicare and Medicaid-certified home health agency to serve the residents of King County, within Washington State. Attached is a written evaluation of the application.

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

Project Description:

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

Conditions:

1. Approval of the project description as stated above. AccentCare, Inc. dba AccentCare Home Health of King County, LLC further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. AccentCare, Inc. dba AccentCare Home Health of King County, LLC will obtain and maintain Medicare and Medicaid certification.

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

Approved Costs:

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

Please notify the Department of Health within 20 days of the date of this letter whether you accept the above project description, conditions, and approved costs for this project. If you accept these in their entirety, this application will be approved, and a Certificate of Need sent to you.

If any of the above provisions are rejected, this application will be denied. The department will send you a letter denying your application and provide you with information about your appeal rights.

Email your response to the Certificate of Need Program at [FSLCON@doh.wa.gov](mailto:FSLCON@doh.wa.gov). If you have any questions or would like to arrange for a meeting to discuss our decision, please contact the Certificate of Need Program at (360) 236-2955.

Sincerely,



Eric Hernandez, Program Manager  
Certificate of Need  
Office of Community Health Systems

Attachment

cc: Dr. Russell Hilliard, [Russell@ApricityConsulting.net](mailto:Russell@ApricityConsulting.net)

**EVALUATION DATED OCTOBER 27, 2023, FOR CERTIFICATE OF NEED APPLICATIONS PROPOSING TO PROVIDE MEDICARE AND MEDICAID-CERTIFIED HOME HEALTH SERVICES TO THE RESIDENTS OF KING COUNTY, SUBMITTED BY:**

- ACCENTCARE, INC. DBA ACCENTCARE HOME HEALTH OF KING COUNTY, LLC
- UNIVERSAL HOME CARE, LLC

**APPLICANT DESCRIPTIONS**

**AccentCare, Inc. dba AccentCare Home Health of King County, LLC**

AccentCare, Inc. dba AccentCare Home Health of King County, LLC (AccentCare) is a Washington Limited Liability Company<sup>1</sup> that is 100% owned by AccentCare, Inc. and headquartered at 17855 Dallas Parkway, Suite 200, Dallas, Texas 75287-6857. [source: Application, pdfs 1 and 4-6] For this project, AccentCare, Inc. is the applicant.

AccentCare, Inc. describes itself as “...a national leader in home health services, personal care services and hospice care, with innovative partnerships and care models that advance the industry forward. We connect the entire home care continuum — from personal care, medical and non-medical home health, hospice and palliative care, rehabilitation therapy and care management services.” AccentCare, Inc. states it has more than 29,000 employees nationally and more than 250 locations, throughout 29 states and the District of Columbia. All of its in-home service agencies are Community Health Accredited Partner (CHAP) or Joint Commission-accredited. [sources: AccentCare, Inc. website and Application, Exhibit 4] In Washington State AccentCare, Inc. holds three in-home services credentials, detailed below.

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

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

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

Also in Washington State, AccentCare, Inc. holds three certificates of need and has four certificate of need applications pending a department decision, including this review. These certificates and applications are listed in the following table.

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

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

[source: Department of Health’s internal CN Facility and Application Files]

<sup>1</sup> AccentCare’s Washington Secretary of State unified business identifier is 604-965-803.

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

Universal Home Care, LLC

Universal Home Care, LLC (Universal) is Washington Limited Liability Company<sup>2</sup> owned by Carab Axmed. Universal is currently licensed in Washington State<sup>3</sup> for home care and state-home health services to King County residents only, and does not operate in any other states. Universal is also Medicaid-certified by CMS<sup>4</sup> to provide private-duty nursing services. Universal is headquartered at 5811 Rainier Avenue South, Suite 111, Seattle, Washington [98118] within King County. [source: Application pdfs 5 and 9]

For this application, Universal Home Care, LLC is the applicant and will be referenced in this evaluation as *Universal*.

**PROJECT DESCRIPTIONS**

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

AccentCare is proposing to establish an agency that will provide Medicare and Medicaid-certified home health services to the residents of King County to be known as AccentCare Home Health of King County, LLC. The new agency would have offices at 15 South Grady Way, in Renton, [98057] within King County. [source: Application, pdf 8]

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

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

[source: Application, pdfs 8 and 11-20]

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<sup>2</sup> Universal’s Washington State Secretary of State unified business identifier is 603-566-765.

<sup>3</sup> Universal’s Washington State In-Home Services license # IHS.FS.60631342.

<sup>4</sup> Universal’s Medicaid #: 2112-12871.

If approved, AccentCare anticipates it will begin providing Medicare and Medicaid-certified home health services to King County residents in July 2024.<sup>5</sup> For this project, full calendar year one is 2025 and year three is 2027. [source: Application, pdf 10]

The estimated capital expenditure for this project is \$92,000 for office furnishings, supplies for staff, electronics and telecom equipment, and associated sales tax. There is no construction for this project. [source: Application, pdfs 52 and 56]

Universal Home Care, LLC

Universal is proposing to establish an agency that will provide Medicare and Medicaid-certified home health services to the residents of King County. If approved, Universal proposes to operate its Medicare and Medicaid-certified home health agency from its existing offices at 5811 Rainier Avenue South, Suite 111, Seattle, Washington [98118] within King County. [source: Application, pdf 7]

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

- |                         |                           |
|-------------------------|---------------------------|
| Skilled nursing         | Nutritional counseling    |
| Physical therapy        | IV therapy                |
| Occupational therapy    | Applied behavior analysis |
| Respiratory therapy     | Durable medical equipment |
| Speech therapy          | Bereavement counseling    |
| Medical social services | Medical director services |
| Home health aide        |                           |

[source: Application, pdf 8]

If approved, Universal anticipates providing Medicare and Medicaid-certified home health services to King County residents by March 2024.<sup>6</sup> [source: Application, pdf 7] For this project, full calendar year one is 2025 and year three is 2027.

The proposed project does not require construction. The project’s estimated capital cost is \$15,060, which includes office furniture, office equipment, and related sales tax. Start-up costs are \$13,860 which includes pre-operational expenses, such as medical director, rent, other property, IT, supplies, recruitment, and training. [sources: Application, pdf 19 and June 2, 2023, screening response, pdf 5 and Revised Exhibit 6]

**APPLICABILITY OF CERTIFICATE OF NEED LAW**

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

**EVALUATION CRITERIA**

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

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<sup>5</sup> This timeline assumes a CN approval in August 2023.

<sup>6</sup> This timeline assumes a CN approval in December 2023.

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

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

**TYPE OF REVIEW**

On January 4, 2023, the department received an application proposing to provide Medicare and Medicaid-certified home health services to the residents of King County from AccentCare. Then on April 21, 2023, Universal submitted its application proposing the same services for King County residents. On April 21, 2023, the AccentCare application was still in screening. Since both applications propose similar services for the same planning area, they were scheduled to be reviewed concurrently under the regular timeline outlined in WAC 246-310-160.

**APPLICATION CHRONOLOGY**

Action	AccentCare	Universal
Letter of Intent Received	October 12, 2022	March 21, 2023
Application Received	January 4, 2023	April 21, 2023
Department’s pre-review activities		
<ul style="list-style-type: none"> <li>• DOH 1<sup>st</sup> Screening Letter Sent</li> <li>• Applicant's Responses Received</li> </ul>	January 26, 2023 March 13, 2023	May 11, 2023 June 2, 2023
<ul style="list-style-type: none"> <li>• DOH 2<sup>nd</sup> Screening Letter Sent</li> <li>• Supplemental Letter Sent</li> <li>• 2<sup>nd</sup> Screening and Supplemental Responses Received</li> </ul>	March 16, 2023 June 5, 2023 July 17, 2023	None needed None needed
Beginning of Review	July 27, 2023	
Public Hearing	None requested or conducted	
Public Comments Deadline	August 28, 2023	
Rebuttal Comments Deadline	September 12, 2023	
Department's Anticipated Decision Date	October 27, 2023	
Department's Actual Decision Date	October 27, 2023	

**AFFECTED PERSONS**

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

**Health Facilities Planning and Development**

Health Facilities Planning and Development (HFPD) is a business located in Seattle that specializes in strategic planning, market intelligence, facility master plan development, business planning, feasibility studies, legislative/regulatory/policy support, community health needs assessments, and grant writing primarily for the health care sector throughout the Pacific Northwest. HFPD submitted a request for interested person status on February 20, 2023. Although HFPD represents many health organizations,

on its own, it does not qualify for interested person status and, therefore, cannot qualify for affected person status.

#### Providence Health & Services – Washington dba Providence Home Services

Providence Health & Services – Washington operates Providence Home Services, an existing home health agency located 2811 South 102<sup>nd</sup> Street, Suite 200, in Tukwila, within King County [98168]. The in-home services agency is licensed<sup>7</sup> and CN-approved to provide Medicare and Medicaid home health services to residents of King County.<sup>8</sup> Providence Home Services requested interested person status on January 12, 2023. Providence Home Services qualifies for interested person status for this King County review. However, since Providence Home Services did not submit any comments during the review of these projects, Providence Home Services does not qualify as an affected person for these projects.

#### **SOURCE INFORMATION REVIEWED**

- AccentCare’s Certificate of Need application received January 4, 2023
- AccentCare’s first screening response received March 13, 2023
- AccentCare’s second screening response received July 17, 2023
- AccentCare’s supplemental screening response received July 17, 2023
- Universal’s Certificate of Need application received April 21, 2023
- Universal’s first screening response received June 2, 2023
- 1987 Washington State Health Plan
- Office of Financial Management Population Data 2022
- Department of Health Integrated Licensing and Regulatory System database [ILRS]
- Licensing and/or survey data provided by the Department of Health’s Office of Health Systems Oversight
- Licensing data provided by the Medical Quality Assurance Commission, Nursing Quality Assurance Commission, and Health Systems Quality Assurance Office of Customer Service
- CMS QCOR Compliance website: [https://qcor.cms.gov/index\\_new.jsp](https://qcor.cms.gov/index_new.jsp)
- Washington Secretary of State corporation data

#### **CONCLUSIONS**

##### **AccentCare, Inc. dba AccentCare Home Health of King County, LLC**

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

##### **Project Description:**

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

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<sup>7</sup> Providence’s Washington State In-Home Services license # IHS.FS.00000419.

<sup>8</sup> Providence was issued CN #936 on May 26, 1988.

Conditions:

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

Approved Costs:

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

**Universal Home Care, LLC**

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

Project Description:

This Certificate of Need approves Universal Home Care, LLC to establish a Medicare and Medicaid-certified home health agency in Seattle to serve the residents of King County, Washington. Home health services provided to King County residents include skilled nursing; physical, occupational, speech, and respiratory therapies; medical social work; bereavement and nutritional counseling; home health aide; medical director; durable medical equipment; IV therapy; and applied behavior analysis. Services may be provided directly or under contract.

Conditions:

1. Approval of the project description as stated above. Universal Home Care, LLC further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.



2. Universal Home Care, LLC will obtain and maintain Medicare and Medicaid certification.
3. Universal Home Care, LLC shall finance the project using its member's funds as described in the application.
4. Prior to providing Medicare and Medicaid-certified home health services to King County residents, Universal Home Care, LLC will provide the Certificate of Need Program with an executed Patient Financial Assistance Policy, that shall be substantially similar to the one provided for this review in the application as Exhibit 3.
5. Prior to providing Medicare and Medicaid-certified home health services to King County residents, Universal Home Care, LLC will provide the Certificate of Need Program with an executed Medical Director Service Agreement, that shall be substantially similar to the one provided for this review in the application as Exhibit 7.
6. The service area for this Medicare and Medicaid-certified home health agency is King County. Universal Home Care, LLC must provide home health services to the entire county for which this Certificate of Need is granted.

Approved Costs:

This project's capital costs are \$15,060, which includes office furniture, office equipment, and related sales tax.

## **CRITERIA DETERMINATIONS**

### **A. Need (WAC 246-310-210)**

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

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

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

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

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

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

Age Cohort
0-64
65-79
80+

Step two: Project the number of home health patients

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

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

Step three: Project number of patient visits

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

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

Step four: Determine the projected home health agencies needed

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

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

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

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

AccentCare provided a numeric methodology based on the five steps identified in the SHP, the outcome is summarized in the following table. [source: Application, pdfs 26-28]

**Department’s Table 3  
AccentCare’s Numeric Need Methodology for Year 2026**

Estimated home health agency gross need	64.94
Subtract # of home health agencies in the supply	(32)
Net need for Medicare and Medicaid home health agencies	32.94
<b>Total net need</b>	<b>32</b>

As shown in the table, AccentCare estimates a net need for 32 home health agencies by the end of year 2026.

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

Department Evaluation

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

Universal Home Care, LLC

Universal provided a numeric methodology based on the five steps identified in the SHP, the outcome is summarized in the following table. [source: Application, Exhibit 2a]

**Department’s Table 4  
Universal’s Numeric Need Methodology for Year 2027**

Estimated home health agency gross need	63.92
Subtract # of home health agencies in the supply	(36)
Net need for Medicare and Medicaid home health agencies	27.92
<b>Total net need</b>	<b>27</b>

As shown in the table, Universal estimates a net need for 27 home health agencies by the end of year 2027.

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

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

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

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

**Department’s Table 5  
 Numeric Need Methodology for King County  
 Step One – Project Planning Area Population by Age Cohort**

Age Cohort	2024	2025	2026
0-64	2,003,368	2,012,962	2,022,512
65-79	275,404	284,867	291,085
80+	77,351	79,906	86,067

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

Step two: Project the number of home health patients

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

**Department’s Table 6  
 Numeric Need Methodology for King County  
 Step Two – Projected Number of Home Health Patients**

Age Cohort	Use Rate	2024	2025	2026
0-64	0.005	100,168	100,648	101,126
65-79	0.044	169,649	175,478	179,308
80+	0.183	297,261	307,079	330,756

Step three: Project number of patient visits

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

**Department’s Table 7  
 Numeric Need Methodology for King County  
 Step Three – Projected Number of Home Health Visits**

Age Cohort	Use Rate	Visits	2024	2025	2026
0-64	0.005	10	100,168	100,648	101,126
65-79	0.044	14	169,649	175,478	179,308
80+	0.183	21	297,261	307,079	330,756
<b>Totals</b>			<b>567,078</b>	<b>583,205</b>	<b>611,190</b>

Step four: Determine the projected home health agencies needed

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

**Department’s Table 8**  
**Numeric Need Methodology for King County**  
**Step Four – Projected Number of Home Health Agencies Needed**

Age Cohort	Use Rate	Visits	2024	2025	2026
0-64	0.005	10	100,168	100,648	101,126
65-79	0.044	14	169,649	175,478	179,308
80+	0.183	21	297,261	307,079	330,756
Totals			567,078	583,205	611,190
Target Minimum Operating Volume			10,000	10,000	10,000
Number of Agencies			56.71	58.32	61.12
<b>Number of Gross Agencies Needed</b>			<b>56</b>	<b>58</b>	<b>61</b>

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

The fifth and final step in the numeric methodology is to subtract the existing number of home health agencies providing services to a planning area from the projected number of agencies needed. This results in the net number of agencies needed for the planning area. Following is a brief description of how the department determines what agencies should be included or excluded from the numeric need methodology’s supply.

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

Several factors are used to determine whether an agency is appropriately considered part of the supply for any county. The first used by the department is its internal database.<sup>9</sup> At initial licensure, renewal, or through a separate request, agencies list or edit their service areas, number of home health full-time employees, services provided, and agency website. Each of these is used to help determine if an agency is available and accessible to the entirety of King County residents.

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

Another factor used is an agency’s response to the department’s home health utilization survey. In 2021 and 2022, the department sent utilization surveys to all licensed home health agencies. The survey requested historical admissions and visits for the preceding years, 2020 and 2021 respectively.

An additional factor used in this assessment is each agency’s public website. First, the department checks if there is a website that can be verifiably linked to the licensee. Second, the department checks if services listed as available on the website are in line with the SHP discussed earlier. Lastly, the department checks if it appears as though the agency serves King County in its entirety. When there is no website located, listed, or functioning that does not necessarily exclude the agency from

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<sup>9</sup> Integrated Licensing and Regulatory System (ILRS).

the supply; however, the department would rely on other previously detailed methods to verify services and service area(s).

The attached analysis in Appendix A (listing which agencies are sufficiently available and accessible) was used to determine which agencies should be counted in the King County home health supply. The department started with a listing of all licensed in-home services agencies and eliminated any licenses that had a status of closed, denied licensure, expired, revoked, or suspended. This left in-home services licenses with a status of active or pending. Then, agencies that did not list home health as an agency service category on their state license or that were not serving King County were excluded. Next, the department applied the SHP definition of home health agency, by examining each agency’s services listed on its license and determining if the licensed agency fits the SHP definition on this basis. Based on these factors, 89 home health agencies with in-home services licenses remain.

The department’s findings on these remaining 89 agencies are detailed as Appendix A, including the rationale outlining each agency’s inclusion or exclusion from the supply for the numeric methodology for King County. A summary is in the following table.

**Department’s Table 9  
Summary of Determining the Existing Home Health Supply for King County**

CN-approved or grandfathered agencies	20 agencies are counted.
Website research shows services are limited to a special population or to only parts of King County	14 agencies are excluded on this basis, which includes one CN-grandfathered agency, counted above.
Website research shows services exclude the agency from the SHP definition of a home health agency	23 agencies are excluded on this basis.
No recent surveys were submitted, or website located	12 agencies are excluded on this basis.
Agencies whose applications were pending	7 agencies are excluded on this basis.

Of the original 89 agencies, exclusion of the 56 from Table 9 results in 33 remaining agencies. The following table shows the remaining 33 licenses that represent the existing supply of active CN-approved home health agencies serving the residents of King County.

**Department's Table 10  
The Existing Home Health Supply for King County**

<b>Agency Name</b>	<b>WA DOH License Number</b>
A Kind Heart Home Care Services	IHS.FS.60803191
Amedisys Home Health	IHS.FS.61035006
Amicable Health Care	IHS.FS.00000215
A-One Home Care	IHS.FS.00000219
Assured Home Health	IHS.FS.60497952
Bethany Home Health LLC	IHS.FS.60966822
Brookdale Home Health	IHS.FS.61186662
Careage Home Health	IHS.FS.60007888
Careforce	IHS.FS.61425657
CenterWell Home Health	IHS.FS.00000293
CenterWell Home Health	IHS.FS.00000295
CHI Franciscan Health at Home	IHS.FS.60506466
Eden Home Health	IHS.FS.60871865
Envision Home Health	IHS.FS.60521160
Evergreen Health	IHS.FS.00000278
Everhome Healthcare	IHS.FS.00000184
Haven Home Health Care	IHS.FS.61108148
Home Care by Wesley	IHS.FS.00000028
Infinity Homehealth Solutions Inc.	IHS.FS.60955703
Judson Park (HumanGood Washington)	IHS.FS.60291296
Kline Galland Community Based Services	IHS.FS.60103742
Light Within Home Health	IHS.FS.61143217
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60081744
Providence Elder Place	IHS.FS.00000415
Providence Home Services	IHS.FS.00000419
Puget Sound Home Health of King County	IHS.FS.60751653
Sea Mar Home Health / Sea Mar Home Care	IHS.FS.00000433
Serengeti Care	IHS.FS.60660148
Signature Healthcare at Home	IHS.FS.00000220
Signature Healthcare at Home	IHS.FS.00000382
Universal Home Care LLC	IHS.FS.60631342
Wellspring Home Health Center, LLC	IHS.FS.61055973
Wesley Health and Homecare	IHS.FS.60276500

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

**Department’s Table 11  
 Numeric Need Methodology for King County  
 Step Five – Subtract the Existing Supply**

<b>Age Cohort</b>	<b>Use Rate</b>	<b>Visits</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>
0-64	0.005	10	100,168	100,648	101,126
65-79	0.044	14	169,649	175,478	179,308
80+	0.183	21	297,261	307,079	330,756
Totals			567,078	583,205	611,190
Target Minimum Operating Volume			10,000	10,000	10,00
Number of Agencies			56.71	58.32	61.12
Number of Gross Agencies Needed			<b>56</b>	<b>58</b>	<b>61</b>
Number of Existing Agencies			33	33	33
<b>Net Agencies Needed</b>			<b>23</b>	<b>25</b>	<b>28</b>

As shown in the preceding tables, both the department’s and the applicants’ need methodologies project need for additional home health agencies in King County in projection year 2026. Based solely on the numeric methodology, numeric need for additional King County home health agencies is demonstrated.

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

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

AccentCare provided the following statements related to this sub-criterion. [source: Application, pdfs 31-32]

*“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.*

...

*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 I, 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.”*

Additionally, when asked about existing barriers to home health services AccentCare provided the following response. [source: Application, pdfs 33-38]

*“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.”*

### Public Comments

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

Kaylee Allen, MT-BC, Creative Aging Northwest, Seattle Music Therapy, LLC [source: Application, Exhibit 1]

*“I am writing this letter in support of AccentCare in their efforts to obtain the home health license for the certificate of need in the state of Washington. I wrote a letter of support for their previous King County hospice application and was happy to hear they did receive that license. AccentCare is doing an incredible job of understanding the needs in each county and bringing the programs that would be more beneficial.*

*As a business owner, music therapist in healthcare, and advocate for seniors in the state of Washington I see that there is a great need for additional mental health services. For the last 8 years*

*I have been working in memory care and closely with seniors at Aegis Senior Living, Cogir Senior Living, Murano Senior Living, and Ida Culver House Broadview. I am passionate about the work we do in memory care and feel strongly that there are not enough programs available to patients and families in Washington. In addition to their robust hospice programs they will also bring home health specialty programs that are outside of the typical scope of practice for a home health. The number of deaths and mental health needs have increased since the pandemic and most home health providers don't have the trained staff to address these types of complex needs. AccentCare is making it a priority to have a trained behavioral health nurse and social worker to provide care that treats the patient as a whole.*

*I appreciate what AccentCare does and see the benefit for them to also have a home health in addition to their hospice program. Please consider this my support.”*

Joyce Simard, MSW, Geriatric Consultant [source: Application, Exhibit 1]

*“...In my over 40 years of working in long-term-care, I have worked with several organizations that offer home health, none of them provide the exceptional services to patients, their family and staff that AccentCare offers, especially to those with advanced dementia and mental illnesses such as depression and anxiety.*

*AccentCare approached me to assist them in developing a program for patients with advanced dementia as they realized that this type of patient needed a special approach to care that was different from other patients...*

*...Namaste Care had been successfully implemented in all AccentCare sites for seven years and had provided patients with a higher quality of life because of the 'loving touch' approach to care that is offered in a calm soothing environment. Then, three years ago, AccentCare recognized that all patients could benefit from receiving Namaste Care and it is now offered to about 8,000 patients a day with very positive results...”*

#### Department Evaluation

AccentCare is proposing to locate its agency in office space in Renton, within King County. AccentCare has researched and identified populations that currently lack and/or face barriers to accessing timely home health services. The detailed discussion provided by this applicant is not quoted here, but is available in the application pdf pages 33-38. Barriers include limited availability of Medicare and Medicaid agencies, limited services of existing agencies, limited availability of existing providers to all ages and locations, lack of access to general health services, racial disparities, staffing shortages, poverty, lack of insurance, language barriers, lack of health literacy, and fear of institutional (inpatient) care. AccentCare intends to overcome these barriers by ensuring staff are properly equipped, staff health is monitored, providing unique and targeted programs and services, outreach to traditionally underserved groups, and by seeking to complement the services of existing providers rather than compete. If its application is approved, AccentCare would be required to be available to all residents of King County.

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

Typically, the department reviews the number of home health visits by agencies counted in the supply against the projected number of visits to further assess availability and accessibility. Historical visit information is only available to the department through its use of annual surveys. Since only 13 of the 33 agencies counted in the supply returned completed surveys with year 2021 data, the department did not conduct this analysis for this project. Rather, the department takes into consideration the lack of public comments from existing King County home health providers that oppose the addition of a new provider to the King County.

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

#### Universal Home Care, LLC

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

*“Aging service area population and higher use rates among elderly individuals*

*Estimates from the National Center for Health Statistics indicate that use of home health services increases with age. We present estimates of the age distribution of home health users in Table 1.*

*Across the United States, persons aged 65+ represent only about 15% of the population, but account for over 80% of home health users. The likelihood of home health use is thus increasing with age, and changes to the service area population will lead to increased demand for home health services. We plot the age distribution of King County residents over time in Figure 1.*

*As presented in Figure 1, the age distribution of King County residents is expected to shift over time, with a greater mass of individuals aged 65 and above. Since the use rate of home health services increases in age, we anticipate additional demand for home health services which exceeds that estimated within the home health demand methodology presented in our application.*

#### Immigrant and minority populations within King County

*The King County minority and immigrant populations are concentrated in the Rainier Valley and through South King County.<sup>1</sup> Based on the CDC’s Social Vulnerability Index, which we present for King County in Figure 2, residents in these areas reflect a high degree of vulnerability.*

*The CDC’s Social Vulnerability Index (‘SVI’) reflects the degree to which a community exhibits social conditions such as high poverty, language barriers, vehicle access, crowded households, or other factors that may affect that community’s ability to respond or receive help following natural disasters.<sup>2</sup> The high SVI in the Rainier Valley and South King County areas as shown in Figure 2 is likely driven by the high numbers of minority, foreign born, and foreign language speakers in these areas.<sup>3</sup>*

*Universal Home Care is a minority-owned business and employs and will employ a diverse and multilingual staff. Furthermore, Universal will partner with community organizations to identify areas of need and help ensure all persons in need of home health services receive access.” [source: June 2, 2023, screening response, pdfs 2-3]*

Footnotes in the above quote include:

1 *South King County is defined as the including the areas of Auburn, Burien, Covington, Des Moines, Enumclaw, Federal Way, Kent, Maple Valley, Normandy Park, Renton, Tukwila, SeaTac, White Center/Boulevard Park, and Vashon Island.*

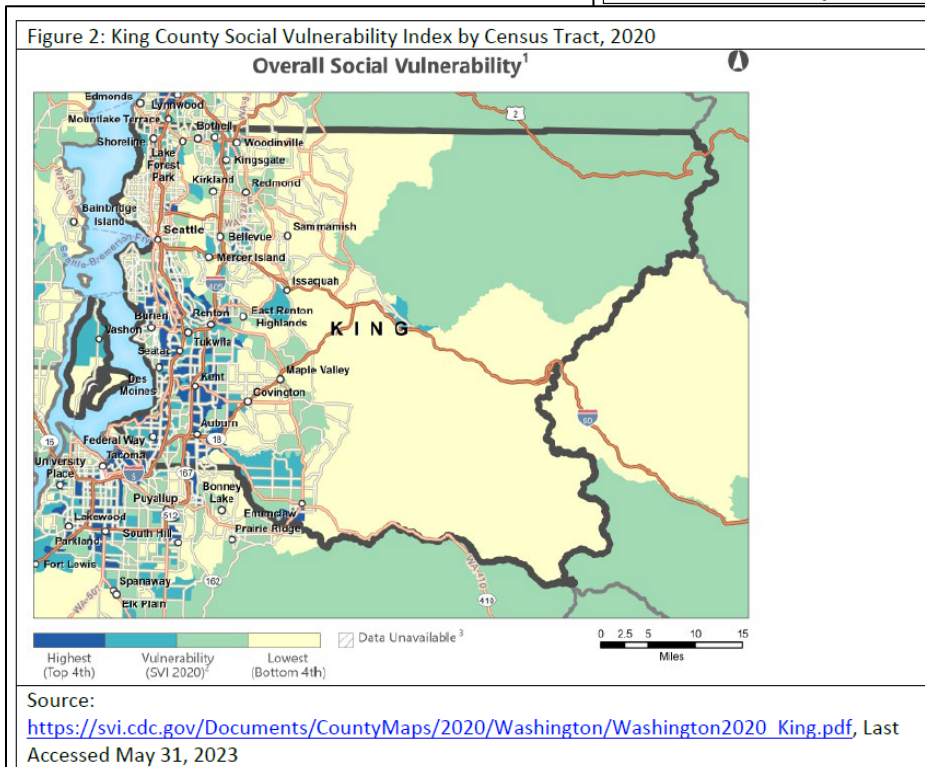
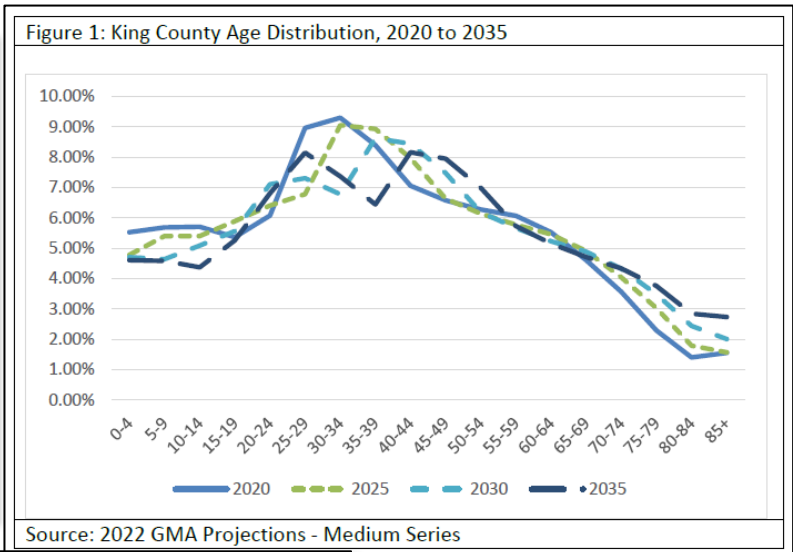
2 [https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI\\_documentation\\_2020.html](https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2020.html), Last Accessed May 31, 2023.

3 [https://www.atsdr.cdc.gov/placeandhealth/svi/interactive\\_map.html](https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html), Last Accessed May 31, 2023, and <https://kingcounty.gov/elected/executive/equity-social-justice/tools-resources/maps.aspx>, Last Accessed, May 31, 2023. See, for example, the maps related to Percent Foreign Born, Percent Black/African American, or Speak Foreign Language.

### Applicant's Tables Referenced Above

Age Group	% of Home Health Users	% of Population
Under 65	18.1%	85.0%
65 to 74	26.8%	8.7%
75 to 84	29.9%	4.4%
85+	25.2%	2.0%

Sources: Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States: April 1, 2010 to July 1, 2019 (NC-EST2019-AGESEX); NCHS, Long-Term Care Providers and Services Users in the United States, 2015 to 2016.



[source: June 2, 2023, screening response, pdfs 2-4]

Additionally, Universal provided the following response regarding existing barriers to home health services for King County residents. [source: Application, pdf 4]

*“Universal Home Care is acutely aware of the challenges faced by minority groups to access needed services. Universal Home Care is a minority-owned business and employs and will employ a diverse and multilingual staff. King County is home to a diverse population and significant numbers of recent migrants and persons who speak English as a second language. Universal Home Care will work with community organizations to ensure all persons in need of home health services receive access.”*

### Public Comments

The department received comments in support of Universal’s project. The following excerpt is representative of the comments received related to this sub-criterion. Additionally, listed here are the authors of similar comments and the location (pdf page) of comments within the department’s August 29, 2023, Comments Packet.

- Fatima Dirir, Refugee Women’s Alliance [pdf 2]
- Muktar Sado, President of Oromo Cultural Center [pdf 5]
- Abib Haji, Management of Somali Community Services of Seattle [pdfs 6-7]
- Warsame Roble, Manager, Global Human Services [pdf 8]

Ahmednoor Hassani, President of Alhuda Islamic Center of Kent [source: Comment Packet, distributed August 29, 2023, pdfs 3-4]

*“I write to express my support for the proposal by Universal Home Care, LLC to provide Medicare and Medicaid certified home health services in King County. As the President of Alhuda Islamic Center of Kent, we are here to give our support of this letter to Universal Home care LLC to service our community those who are in desperate for their services. Our community is complaining about insufficient services and lack of agencies who can understand with their basic culture and needs, but now we strongly agree that Universal has the most experiences and qualifications that we are looking for our community in King County. We do appreciate any assistances for this matter.*

*King County residents are in significant need of additional home health services, a problem felt most intensely for indigent and minority populations. Furthermore, King County is home to a diverse population and significant numbers of recent migrants and persons who speak English as a second language. Universal Home Care is acutely aware of the challenges faced by minority groups to access needed services and will work with community organizations to ensure all persons in need of home health services receive access.*

*Based on Universal’s mission and philosophy of care, I believe this agency will be a good fit for the diversity of King County residents in need of home health services. I am happy to offer this letter of support on behalf of their Certificate of Need application.”*

### Department Evaluation

Universal is proposing to locate its agency in office space in Seattle, within King County. Universal has researched and identified populations that currently lack and/or face barriers to accessing timely home health services. Barriers include social vulnerability, poverty, and language barriers. Universal intends to overcome these barriers by employing diverse and multilingual staff, and forming partnerships with community organizations already imbedded in these vulnerable populations. If its application is approved, Universal would be required to be available to all residents of King County.

Comments in support of Universal's project included those of community organization representatives who see a need for specialized, culturally sensitive Medicare and Medicaid-certified home health services in King County. These organizations support the Universal project because it would fill this gap in services.

Typically, the department reviews the number of home health visits by agencies counted in the supply against the projected number of visits to further assess availability and accessibility. Historical visit information is only available to the department through its use of annual surveys. Since only 13 of the 33 agencies counted in the supply returned completed surveys with year 2021 data, the department did not conduct this analysis for this project. Rather, the department takes into consideration the lack of public comments from existing King County home health providers that oppose the addition of a new provider to the King County.

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

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

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

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

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

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

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

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

Availability of Services – Acceptance, Admission, Ongoing and Discharge – Executed [source: Application, Exhibit 13]

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

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

Admission of Patients/Patient Identifiers – Executed [source: Application, Exhibit 13]

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

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

This policy includes its regulatory references, CHAP standards, definitions, procedure, admission criteria, nondiscrimination language, and state-specific information. The applicant further explained the following statement in this policy, *“Patients’ healthcare requirements at home must meet their payer guidelines. The Agency may refuse services if unable to make satisfactory financial arrangements with the patient.”* [source: March 13, 2023, screening response, pdf 12]

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

Patient’s Bill of Rights, Responsibilities and Consent – Executed [source: Application, Exhibit 13]

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

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

Section 504: Non-Discrimination & Grievance Procedure – Executed [source: Application, Exhibit 13]

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

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

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

Indigent and Charity Care Policy – Executed [source: March 13, 2023, screening response, Attachment 9]

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

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

Patient Transfer and Discharge/Notice of Medicare Non-Coverage (NOMNC) Notice – Executed [source: Application, Exhibit 13]

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

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

Contracts for Clinical Services – Executed [source: Application, Exhibit 13]

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

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

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

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

***“AccentCare 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.” [source: Application, pdf 10]

“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.” [source: Application, pdf 23]

This applicant provided the following information regarding assumptions used to determine the projected payer mix. [source: March 13, 2023, screening response, pdf 6]

“The Wellspring Home Health Center, LLC’s CN21-35 and Unity Home Health’s CN22-38 are the home health agencies the application is referring to. AccentCare King County’s percentage of gross revenue and patient days by payor are expected to be comparable to the estimates presented in these applications as both agencies applied to serve King County as well. However, AccentCare also identified Charity and Self-Pay as categories based on the experience of its affiliates. The information is presented below.”

**Applicant’s Table**

Payor	AccentCare King County Percentage of Gross Revenue	AccentCare King County Percentage by Patient	Wellspring CN 21-35 Percentage of Gross Revenue	Wellspring CN 21-35 Percentage of Net Revenue	Unity Home Health CN 22-38 Percentage of Gross Revenue	Unity Home Health CN 22-38 Percentage of Gross Revenue
Medicare	80.0%	80%	77.0%	84.1%	77.0%	77.0%
Medicaid	3.0%	3.0%	6.0%	3.3%	6.0%	6.0%
Commercial/Other	15.0%	15.0%	17%	12.6%	17%	17%
Charity	1.0%	1.0%				
Self-pay	1.0%	1.0%				
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

[source: March 13, 2023, screening response, pdf 6]

Based on its research AccentCare anticipates the following payer mixes by gross revenue and patients.

**Department’s Table 12  
AccentCare’s Projected Payer Mix**

Revenue Source	Percentage of Gross Revenue	Percentage by Patients
Medicare	80.0%	80.0%
Medicaid	3.0%	3.0%
Commercial/Other	15.0%	15.0%
Charity	1.0%	1.0%
Self-Pay	1.0%	1.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

[source: July 17, 2023, screening response, Attachment 3]

When asked about other frequently seen payer types missing from AccentCare’s projected payers above, AccentCare provided the following response. [source: March 13, 2023, screening response, pdf 3]

*“AccentCare’s philosophy is to accept patients regardless of ability to pay, and as such, we would expect should a patient covered by VA and/or LNI be referred to our services that we would serve them as appropriate. Categorically, these patients would fall under commercial coverage. Therefore, this category has been updated to reflect ‘commercial/other’ in the revised proforma financial statements appearing in Attachment 2 to this screening response.”*

### Public Comments

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

Carab Axmed, President, Universal Home Care, LLC [source: Comment Packet, distributed August 29, 2023, pdfs 12-13]

*“Universal commits to serving all King County residents in need of home health services, with an emphasis on underserved populations. These include the elderly, the poor and uninsured, and immigrant communities within King County. Please see Application Exhibit 3 for Universal’s financial assistance policy demonstrating its commitment to serve the financially indigent. This financial assistance policy, which provides free care for persons under 200% of the federal poverty level, and partial assistance for persons between 200% and 400% of the poverty level, is consistent with the recently updated requirements for King County hospitals. This ensures Universal Home Care will provide adequate access to King County residents consistent with the requirements for planning area hospitals. In comparison, the financial assistance policy provided by AccentCare provides uncompensated care **only for uninsured persons under 125% of the federal poverty level**, and no partial assistance beyond that.*

*Universal Home care is acutely aware of the challenges faced by underserved, especially immigrant groups to access needed services. Estimates from the American Community Survey indicate that about one in four King County residents are foreign born and about 10 percent speak English ‘Less than very well.’ Migrants often face difficulty obtaining necessary care due to language and cultural barriers, and Universal will provide collaborative, appropriate, and compassionate care for these King County residents in need of home health services.*

*As we documented in our June 2023 screening responses, large numbers of minority, foreign born, and foreign language speakers reside in South King County, which is where Universal will focus its outreach efforts. These outreach efforts will be based on Universal’s plan to build relationships with key leaders and organizations in South King County, including:*

- *The Refugee Women Alliance (ReWA)*
- *Alhuda Islamic Center of Kent*
- *Oromo Cultural Center*
- *Somali Community Services of Seattle*
- *Global Human Services*

*Universal Home Care has been in contact with the organizations listed above about community needs and its efforts at outreach. Universal will continue to work with them and others to increase awareness and accessibility of home health services to King County’s underserved communities.”*

### Department Evaluation

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

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

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

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

Comments in opposition to AccentCare's project were provided by its competitor in this review that are related to this sub-criterion. The comment compared its financial assistance threshold to that of AccentCare's; stating that its own is comparable to that of King County hospitals. The commentor continues the comparison by reiterating components of its own project. While it is important to the department to approve only needed projects that will provide access to all residents of King County applicants are required to show compliance with the department's review standards prior to any comparison between applicants on these points.

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

#### Universal Home Care, LLC

Universal In response to this sub-criterion, this applicant provided a copy of the following policies.

#### Admission and Assessment Policy – Executed [source: Application, Exhibit 4]

Stated purpose: *To ensure that referrals accepted by agency are appropriate.*

*To ensure that referrals accepted by agency can be adequately serviced in the time frame and to the extent needed by the client.*

This policy includes its policy statement, nondiscrimination language, admission criteria, procedure, and regulatory reference. The included nondiscrimination language is, *[t]he agency admits a client to skilled service without regard to color, race, national origin, age, sex, religion, handicap, marital, creed, veteran status, sexual orientation, and/ or payment source*. Universal further included in its admission criteria language to ensure *Universal Home Care will accept any patient who is*

*appropriate for home health care, regardless of payment source. The effectiveness and safety of care, treatment, and service is not dependent on the patient's ability to pay.*

Client Bill of Rights and Responsibilities – Executed [source: Application, Exhibit 5]

Stated purpose: *To promote the ability of the client/representative to understand and exercise their rights.*

This policy details its policy statement; procedure; lists patients' and patients' families' rights; includes avenues to file complaints, grievances, and violations; includes nondiscrimination language; lists patient's responsibilities; and its regulatory reference.

Patient Financial Assistance Policy – Draft [source: Application, Exhibit 3]

Stated purpose: *To ensure patients receive the necessary home health services at discounted or no cost when patients without adequate income are not available to pay for home health services.*

The policy includes its policy statement, eligibility criteria, the process for determining eligibility, necessary documentation, options to appeal the agency's determination, and regulatory references.

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

*“Universal Home Care will be available and accessible to the entire geography of King County.”*  
[source: Application, pdf 7]

*“The proposed agency will serve all patient groups in need of Home Health services in King County, with an emphasis on underserved populations. Universal Home Care will provide comprehensive Home Health services to all qualifying patients, regardless of payer coverage, or ability to pay.”*  
[source: Application, pdf 14]

*“Universal Home Care is currently licensed to provide private duty nursing services to Medicaid patients and will be licensed and certified to provide home health services by Medicare and Medicaid following project approval.”* [source: Application, pdf 9]

This applicant provided the following information regarding assumptions used to determine the projected payer mix.

*“Source: Based on payer mixes in approved CN projects in comparable counties. These approved projects include CN22-38 (King County), CN19-52 (King County), CN20-24 (Clark County), CN19-67 (Spokane County), and CN21-35 (King County).”* [source: Application, pdf 18]

*“The Payer category ‘Commercial/Other’ is primarily commercial, but may also include reimbursement from Other Government, L&I, or Self-Pay.”* [source: June 2, 2023, screening response, pdf 6]

Based on its research Universal anticipates the following payer mixes by gross revenue and patients.

*Applicant's Table*

<i>Payer</i>	<i>% of Gross Revenue</i>	<i>% of Patients</i>	<i>% of Net Revenue</i>
Medicare	77%	77%	84%
Medicaid	6%	6%	3%
Commercial/Other	17%	17%	13%

[source: Application, pdf 18]

Public Comments

The department received comments in support of Universal's project. The following excerpt is representative of the comments received related to this sub-criterion. Additionally, listed here are the authors of similar comments and the location (pdf page) of comments within the department's August 29, 2023, Comments Packet.

- Ahmednoor Hassani, President of Alhuda Islamic Center of Kent [pdfs 3-4]
- Muktar Sado, President of Oromo Cultural Center [pdf 5]
- Abib Haji, Management of Somali Community Services of Seattle [pdfs 6-7]
- Warsame Roble, Manager, Global Human Services [pdf 8]

Fatima Dirir, Refugee Women's Alliance [source: Comment Packet, distributed August 29, 2023, pdf 2]  
*"I Fatima of Refugee Women Alliance (ReWA) do hereby write to express my support for the proposal by Universal Home Care, LLC to provide Medicare and Medicaid certified home health services in King County. ReWA is a 4 [sic] Non-Profit Organization that has been in the forefront in fostering community empowerment through family support and employment and other services.*

*ReWA is proud to have such organizations like Universal Home care to provide resources and services to the most vulnerable members of our community. We are proud to have such interagency groups who work together to provide much needed services to the community.*

*In king county [sic] many members of the community need additional home health services, a problem felt mostly by the elderly specifically those who need culturally appropriate services like the minority populations. We have seen many migrants and persons with limited English language LEPs with diverse cultures.*

*Universal Home Care will bridge that gap of cultural diversity and challenges faced by minority groups to access services and will work with other community organizations to ensure all persons receive home health care access.*

*As per Universal's mission and philosophy or care, ReWA is confident that this agency will be a good fit for the Provision of Culturally appropriate and diverse home health care services. We are glad to offer this letter of support for them to bring such great services to our neighborhood as ReWA look forward with this in any capacity deemed as necessary."*

### Department Evaluation

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

The *Admission and Assessment Policy* describes the policy's procedure, admission criteria, nondiscrimination language. This policy functions in conjunction with Universal's other policies: *Client Bill of Rights and Responsibilities*, and its draft *Patient Financial Assistance Policy*. These policies include information used to set clear guidelines and protect patients from unfair treatment in accordance with applicable laws.

Through its projection period, Universal anticipates Medicare revenue will average 77% of gross revenue; Medicaid 6% of gross revenue, while commercial/other government/L&I, and self-payer revenue is expected to average 17% of gross revenue. Universal specified these percentages are based on its research of previously CN-approved projects' payer mixes. As a new provider of home health services this is a reasonable approach. This applicant also included in its income statements each of these revenue types in its projections.

As mentioned above Universal also provided a copy of its draft *Patient Financial Assistance Policy* which will be used at its proposed agency. The policy includes its eligibility criteria, the process for determining eligibility, necessary documentation, and options to appeal the agency's determination. The income statements provided by Universal also include projected charity care as a deduction from gross revenue.

Comments in support of Universal's project were provided by representatives of community organizations that are related to this sub-criterion. The comments highlight the type of home health outreach Universal intends to do. The commenters support this project because of this applicant's interest in providing access to all and plan to move forward with outreach if approved.

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

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

- (a) *The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers providing a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas.*
- (b) *The special needs and circumstances of biomedical and behavioral research projects designed to meet a national need and for which local conditions offer special advantages.*
- (c) *The special needs and circumstances of osteopathic hospitals and non-allopathic services.*

- (4) The project will not have an adverse effect on health professional schools and training programs. The assessment of the conformance of a project with this criterion shall include consideration of:
- (a) *The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided.*
  - (b) *If proposed health services are to be available in a limited number of facilities, the extent to which the health professions schools serving the area will have access to the services for training purposes.*
- (5) The project is needed to meet the special needs and circumstances of enrolled members or reasonably anticipated new members of a health maintenance organization or proposed health maintenance organization and the services proposed are not available from nonhealth maintenance organization providers or other health maintenance organizations in a reasonable and cost-effective manner consistent with the basic method of operation of the health maintenance organization or proposed health maintenance organization.

#### Department Evaluation

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

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

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

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

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

#### AccentCare, Inc. dba AccentCare Home Health of King County, LLC

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

*"AccentCare 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."* [source: Application, pdf 32]

When asked about other home health programs in King County AccentCare provided the following response. [source: March 13, 2023, screening response, pdf 2]

*"...[the other recently approved home health programs in King County] the application is referring to are Wellspring Home Health Center, LLC's CN21-35 and Providence Home Health's CN20-24.*

Total admissions, visits, payer mix, revenues, expenses, as well as FTE by type are all variables comparable to these projects and to the Applicant's affiliates in other states.”

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

*Applicant's Table*

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

[source: July 17, 2023, screening response, Attachment 3]

**Department's Table 13  
AccentCare's Home Health Agency's Projected Utilization**

	<b>Full Year 1 2025</b>	<b>Full Year 2 2026</b>	<b>Full Year 3 2027</b>
Unduplicated Patients	300	450	550
Total Visits	5400	8,100	9,900
Visits Per Patient	18.00	18.00	18.00
Market Share of Total King County Unmet Visits	0.93%	1.33%	1.56%

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

“All Assumptions except pre-opening expenses are for all years of the proforma: July 2024-December 2024, 2025, 2026, and 2027” [source: July 17, 2023, screening response, Attachment 3]



*Applicant's Tables*

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

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

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

Operating Expenses	Calculation Method	Assumption
Salaries	See Staffing Worksheet	
Benefits	% of Salaries	20%
Medical Director		\$2,500 upfront stipend and then \$228/hour for 10 hours per month once operational
Rent	Lease	\$25,000 per year
Mileage	% of Clinical Salaries & Benefits	3.5%
Medical Supplies	% of Net Revenue	1.6%
Outside Services / Consulting	% of Net Revenue	0.1%
Technology	% of Net Revenue	0.8%
Travel and Entertainment	% of Net Revenue	0.8%
Telecommunications	% of Net Revenue	1.0%
Recruiting and Human Capital	% of Net Revenue	0.3%
Marketing	% of Net Revenue	0.2%
Insurance Expense	% of Net Revenue	0.3%
Office Related	% of Net Revenue	0.6%
Other G&A Expenses (incl. Legal)	% of Net Revenue	0.1%
Pre-opening expenses	Marketing, Recruitment, and MD stipend -- all accounted for in Partial Year 1 (Jul-Dec 2024) expenses	\$45,000

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

*Applicant's Tables continued*

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

***Applicant's Tables continued***

	Capital Expenditures	Useful Life (Years)	Annual Depreciation
Tenant Improvement	\$30,000	7	\$4,286
Furnishings	\$46,958	15	\$3,131
Patient Care Kit	\$4,842	5	\$968
Electronics & Telecom (10 Yr depreciable life)	\$15,000	10	\$1,500
Electronics & Telecom (5 Yr depreciable life)	\$25,200	5	\$5,040

	PY 2024	2025	2026	2027
<i># of Months</i>	0	12	12	12
Depreciation (TI)	\$0	\$4,286	\$4,286	\$4,286
Depreciation (Furnishings)	\$0	\$3,131	\$3,131	\$3,131
Depreciation (Patient Care Kit)	\$0	\$968	\$968	\$968
Depreciation (10-yr depreciable life E&T)	\$0	\$1,500	\$1,500	\$1,500
Depreciation (5-yr depreciable life E&T)	\$0	\$5,040	\$5,040	\$5,040
<b>TOTAL DEPRECIATION</b>	<b>\$0</b>	<b>\$14,925</b>	<b>\$14,925</b>	<b>\$14,925</b>

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

[source: July 17, 2023, screening response, Attachment 3]

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

*“Non-Salaries and Benefits Assumptions Worksheet, for the expense calculations. The information is based on AccentCare’s national actual performance.”* [source: March 13, 2023, screening response, pdf 11]

*“The costs for ‘Tenant’s Share’ and ‘utilities’ are included in the line item ‘Office Related.’ The costs for ‘phone’ are included in the line item ‘Telecommunications.’ The costs for ‘insurance’ are included in the line item ‘Insurance Expense.’”* [source: March 13, 2023, screening response, pdf 15]

*“... General and Administrative expenses (for example, any legal expenses) and is a very minor cost each year. It is based on other AccentCare markets (national averages) as a guide – and as a percent of Total Net Revenue. Tennant Improvements is included in ‘Pre-Opening Expenses.’” [source: March 13, 2023, screening response, pdf 9]*

*“This line item [Other Allocated (overhead, corporate)] includes centralized functions for our local operations/teams. It includes items such as intake, authorization, clinical coding, telehealth, triage, plan of care reviews, clinical quality support, scheduling, HR support, and other items. A full list of what is included in and excluded from the AccentCare Management Services Agreement is included as Attachment 6 to this screening response. This assumption is not associated to other agreements. Attachment 2 contains a corrected proforma that includes a line item for “MSA Expenses” in Non-operating Expenses.” [source: March 13, 2023, screening response, pdf 10]*

*“Within the Medical Director Agreement, the term ‘licensure’ assumes the point at which the Home Health Agency is licensed and Medicare/Medicaid certified to initiate full operations. Therefore, the amount of compensation is based on the July 1, 2024 certification date.” [source: March 13, 2023, screening response, pdf 14]*

*“We confirm that Medical Director compensation is included in ‘MD Oversight for Home Health’, with the initial \$2,500 stipend included in ‘Pre-opening expenses.’*

...

*AccentCare has recently successfully applied for home health licensure via the Certificate of Need process in Washington DC. As indicated on page 36, the references to Washington DC are simply references for our own internal verification processes. That is, in part because of our successful application process for Washington DC, we wanted to compare it to what we are presenting in King County to use it as a reasonability gauge and see what differences may exist. For the purposes of our King County application, these references to Washington DC do not need to be considered, as the successful Wellspring application was used as a proxy.*

...

*The referenced email from Valerie Witmer is an internal communication with the AccentCare team on hourly rates. It confirms use of the 75th percentile (\$208 per hour) as a conservative estimate of the Fair Market Value (FMV) rate for King County, Washington. It also notes the national median hourly rate for an internal medicine physician is \$183 per hour. Given the Seattle-Bellevue-Everett, WA wage index adjustment of 1.1463 results in \$209.77, we believe the 75th percentile rate of \$208 is reasonable for King County. The geographic adjustment factor of 1.098 then brings the rate to \$228.38.” [source: July 17, 2023, screening response, pdfs 2-3]*

*“No costs are incurred as a result of this agreement [with Sound Physicians] or relationship. Rather, Sound Physicians conducts virtual visits for AccentCare’s patients and bills directly to the patient for the care administered. This relationship is purely virtual and would benefit AccentCare Home Health King County and its patients without a primary care physician by providing timely access to physician telemedicine services, supplemented by AccentCare’s clinical staff for face-to-face visits, in order to improve access to home care.*

...

*There are no costs associated with Sound Physicians, as they bill separately (directly to the patient) for their services. The other costs are captured in ‘Other G&A Expenses’ and ‘Other Allocated’ expenses and are estimated as a percent of net revenue based on actual performance.” [source: March 13, 2023, screening response, pdfs 2 and 12]*

“AccentCare Home Health of King County does not expect to employ or contract with nutritionists and registered dieticians. The proposed home health agency’s model assumes registered nurses will provide dietary instructions for the patient population. As such, these services are already accounted for in our projected nursing salary and benefits.” [source: March 13, 2023, screening response, pdf 7]

Based on these assumptions, AccentCare provided its projected revenue, expenses, and net income for the agency for projection years 2025 through 2027, which are summarized in the following table. [source: July 17, 2023, screening response, Attachment 3]

**Department’s Table 14  
AccentCare’s Home Health Agency’s  
Projected Revenues and Expenses Summary  
Years 2025 through 2027**

	<b>Full Year 1 2025</b>	<b>Full Year 2 2026</b>	<b>Full Year 3 2027</b>
Net Revenue	\$1,087,432	\$1,631,145	\$1,993,622
Total Expenses	\$1,293,460	\$1,686,348	\$1,965,053
<b>Net Profit / (Loss)</b>	<b>(\$206,030)</b>	<b>(\$55,202)</b>	<b>\$28,569</b>

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

AccentCare additionally submitted projected balance sheets for the proposed agency. The following table summarizes projection years of the project. [source: July 17, 2023, screening response, Attachment 3]

**Department’s Table 15  
AccentCare’s Home Health Agency’s Balance Sheet Summary  
Years 2025 through 2027**

<b>ASSETS</b>	<b>December 31, 2025</b>	<b>December 31, 2026</b>	<b>December 31, 2027</b>
Current Assets	\$129,133	\$193,698	\$236,743
Property & Equipment	\$104,588	\$89,663	\$74,739
Other Assets	\$25,000	\$25,000	\$25,000
<b>Total Assets</b>	<b>\$258,721</b>	<b>\$308,361</b>	<b>\$336,482</b>
<b>LIABILITIES</b>	<b>December 31, 2025</b>	<b>December 31, 2026</b>	<b>December 31, 2027</b>
Current Liabilities	\$30,200	\$39,704	\$46,381
Long Term Liabilities	\$125,000	\$100,000	\$75,000
Total Capital	\$103,520	\$168,658	\$215,100
<b>Total Liabilities &amp; Capital</b>	<b>\$258,720</b>	<b>\$308,362</b>	<b>\$336,481</b>

Additionally, the applicant provided pro forma financial statements for AccentCare, Inc. that include this King County home health project’s projections. The combined information is summarized in the following table. The year 2024 is not broken into partial years since the larger organization will be

operational throughout the year, unlike the new King County agency. [source: March 13, 2023, Attachment 11]

**Department’s Table 16**  
**AccentCare, Inc. Including Proposed King County Home Health Operations**  
**Combined Revenue and Expense Statement**  
**Full Years 2022 through 2027 (in 1,000s)**

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

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

AccentCare also provided consolidated historical balance sheets for its parent company, Horizon Acquisition Co. Inc., which is included in the company’s organizational chart. [sources: Application, Exhibit 17 and March 13, 2023, screening response, Attachment 4]

AccentCare provided copies of agreements associated with this project which include financial commitment. Including an executed lease with an amendment and memorandum of understanding for the proposed agency. The lease agreement is between Seasons Hospice and Palliative Care of King County, LLC, and RVA Office LLC, and was effective December 29, 2020. The original lease expires December 31, 2026. The amendment to this lease was effective on December 13, 2023, and extends the lease term to December 31, 2027. This amendment also includes two renewal options of one year each. Both agreements include associated costs and additional terms. Since AccentCare intends to share this office space with an affiliate the applicant provided an internal memorandum of understanding detailing the terms of the shared office space. [sources: Application, Exhibit 16 and March 13, 2023, screening response, Attachment 7]

Another agreement that ties the applicant to financial obligations is an executed *Amended and Restated Limited Liability Company Operating Agreement*. The amended and restated agreement is between AccentCare, Inc. and AccentCare Home Health of King County, LLC. The amended and restated agreement includes its terms and was executed on February 20, 2023. [sources: Application, Exhibit 14 and March 13, 2023, screening response, Attachment 10]

Another agreement with financial obligations is an executed *Management Services Agreement*. The agreement is between AccentCare, Inc. and *its subsidiaries and joint ventures*. The agreement was effective on October 20, 2022, and although there are several portions of the agreement with redacted sections, it does specify its *Compensation for Management Services* and *Term*. [source: Application, Exhibit 3]

Additionally, the applicant included the following summary of the redacted sections in response to screening. [source: March 13, 2023, screening response, pdf 8]

**“Summary of Redacted Information**

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

### ***Explanation for Redaction***

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

An additional agreement with financial terms associated with King County home health services is the executed *Medical Director Agreement*. The agreement is between AccentCare Home Health of King County, LLC and Balakrishnan Natarajan, M.D. The agreement was effective December 1, 2022, outlines roles and responsibilities for both the agency and the physician, includes *Compensation and Benefits*, and its *Term and Termination* details. [source: Application, Exhibit 15]

### **Public Comment**

Universal submitted comments suggesting potential issues with AccentCare’s project related to this sub-criterion.

Carab Axmed, President, Universal Home Care, LLC [source: Comment Packet, distributed August 29, 2023, pdfs 14-16]

“Concern 2: AccentCare excludes project-related interest and under-forecasts costs related to its management services agreement.”

*AccentCare Home Health of King County proposes to pay for the \$122,000 in capital expenditures using funds from its parent organization, AccentCare, Inc. Through the Amended Operating Agreement provided in Attachment 10 in the AccentCare March 13, 2023 Screening Response, AccentCare, Inc is the ‘Sole Member’ of AccentCare Home Health of King County. According to this operating agreement, **The Sole Member has made no capital contributions to the Company**, although capital contributions are allowable. Should the need for capital arise, the Sole Member **may provide capital through an intercompany loan**, under mutually satisfactory terms’ (emphasis added).*

*Thus, according to its provided operating agreement, the \$122,000 in capital expenditures for AccentCare’s proposed home health agency will be provided through an intercompany loan. However, AccentCare has provided no information on the ‘mutually satisfactory loan terms,’ and has excluded any interest from this intercompany loan within its income statement. Information provided within the application and screening responses indicates only that AccentCare, Inc. will ‘fund the home health agency’s capital costs,’ but other than the referenced paragraph in the operating agreement, is silent on whether this represents a loan or a gift. If a loan, as specified in its provided operating agreement, AccentCare has improperly excluded interest within its Income Statement. If a gift where no interest is charged to its proposed home health agency, AccentCare should so state. However, as stated above, a gift is inconsistent with the Operating Agreement AccentCare has provided.*

*In addition, we question whether AccentCare has under-forecasted costs associated with its Management Services Agreement (‘MSA’). This agreement, provided in Exhibit 3 of the AccentCare application, states ‘the Aggregate Management Fee shall not exceed twelve percent (12%) of the **aggregate revenues** of the Subsidiaries and Joint Ventures other than Excluded Subsidiaries and Joint Ventures’ (emphasis added). Within its ‘Non-Salaries and Benefits Assumptions Worksheet,’ MSA expenses are assumed to equal 10% ‘of Revenue.’ However, within its Pro Forma, MSA*



expenses are equal to 10% of Net Revenues. Had AccentCare calculated MSA Expenses as a proportion of aggregate revenues, as consistent with its MSA, it would have forecast an extra \$34,000 in expenses in 2027 and resulted in negative net income in the third full year of operation.

Concern 3: AccentCare includes Charity Care within its payer mix and bad debt as arising exclusively from Self-Pay patients.

According to the Washington State Office of the Attorney General, Charity Care protections include costs for co-pays and deductibles, regardless of insurance status. While the charity care law applies to hospitals, home health organizations which seek to provide broad access to underserved populations should nevertheless have financial assistance policies broadly consistent with this law, as many home health referrals originate from acute care facilities.

However, in contrast to the Charity Care law, AccentCare's financial assistance policy excludes insured individuals. Likewise, AccentCare lists Charity Care as a distinct payer within its Pro Forma. Standard practice is to specify Charity Care as a revenue deduction rather than a payer category, as this is reflective of the reality under the Charity Care law that financial assistance requests can originate even from persons with Medicare, Medicaid, or Commercial insurers as their primary payer. We are concerned AccentCare has forecast no Charity Care for any persons with Medicare, Medicaid, or a Commercial insurer as their primary payer, and that this will result in a lack of access for persons in need of financial assistance.

Relatedly, AccentCare forecasts bad debt as a 'contractual adjustment' from Self-Pay patients. First, it is incorrect to characterize 'Bad Debt' as a 'Contractual Adjustment' because Bad Debt is not based on negotiated discounts with payers, but rather a party's failure to pay. Importantly, failure to pay is associated with medical debt, commonly issued to a collection agency and affects an individual's credit. This is not the same as a negotiated discount or financial assistance.

AccentCare's treatment of Charity Care and Bad Debt as contractual adjustments is both incorrect and suggests it does not plan to provide care to uninsured individuals who, per its financial assistance policy, have incomes over 125% of the Federal Poverty Level. For 2023, this would exclude any uninsured individuals with an income over \$18,500, or a 4-person family with an income over \$37,500. King County, with its high cost of living, is home to a significant number of individuals and families near the poverty level and in need, but which would be excluded from AccentCare's home health services."

Tracy Merritt, Authorized Representative, AccentCare, Inc. Rebuttal Comments [source: Rebuttal Comment, received September 12, 2023]

**"Concern 2: 'AccentCare excludes project-related interest and under-forecasts costs related to its management services agreement.'**

**Response:** AccentCare does not exclude project-related interest and does not under-forecast its costs related to its management services agreement. With over 110 home health locations, AccentCare has extensive experience in starting up new operations and is well aware of the costs required to start a new agency. AccentCare typically funds a new branch or operation through intercompany capital contributions. AccentCare does not have any outstanding intercompany loans. As shown in the revised pro forma submitted with the screening response on July 17, 2023, the Management Services Agreement Expense is calculated at 10% of net revenues, which represents an approximate national average for AccentCare and is consistent with Exhibit 1 of the MSA appearing on page 115 of the



*application which states that ‘the Aggregate Management Fee shall not exceed twelve percent (12%) of the aggregate revenues...’*

***Concern 3: ‘AccentCare includes Charity Care within its payer mix and bad debt as arising exclusively from Self-Pay patients.’***

***Response:*** *Charity Care is not a payor, and ‘bad debt’ does not arise exclusively from self-pay patients, although a small amount may. Revenues received from Medicare, Medicaid and Commercial insurers are recorded as such because the patients qualify for payments under each program. If AccentCare were not able to collect actual funds, they would be recorded as bad debt.*

*The ‘Contractual Adjustment’ section in the financial forecast is labeled ‘Contractual Adjustments, Bad Debt, and Charity’. This suggests that bad debt and charity are not part of contractual adjustments, but rather, are their own categories.”*

### Department Evaluation Utilization Assumptions

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

### Pro Forma Financial Statements

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

- Consolidated financial statements for its parent company, Horizon Acquisition Co. Inc. [source: Application, Exhibit 17]
- Pro forma revenue and expense statements of the new agency. [source: July 17, 2023, screening response, Attachment 3]
- Pro forma balance sheet for the new agency. [source: July 17, 2023, screening response, Attachment 2]
- Pro forma revenue and expense statements for AccentCare, Inc. [source: March 13, 2023, screening response, Attachment 11]

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

These various statements were helpful for the department to determine the potential impacts of this project on existing operations. The department first examined the financial feasibility of the King County project alone. AccentCare based its anticipated revenue and expenses for its proposed agency on assumptions for this project included earlier in this section. These assumptions were based on the experience of its affiliates and Washington State research AccentCare conducted and referenced in its application. Based on this research and assumptions, AccentCare expects net losses for the new agency in its first two calendar years, which will decrease from \$206,030 in losses to \$55,202 in

losses by the second full year of operation, then become \$28,569 in profit by the end of its third full year of operation (2027).

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

As summarized earlier in this section, the applicant provided several agreements with costs associated, each of these included terms and was included as an expense in the agency's income statement. Universal submitted comments addressing one of AccentCare's projected expenses associated with an agreement. The issue raised is that an intercompany loan's terms are not disclosed and associated interest is not included in the pro forma income statement. Although the financial stability of an agency and its impact on a parent's finances are key to this sub-criterion, it is commonplace for a parent to fund its subsidiary's project. For these internal agreements the department has historically required an applicant to demonstrate agreement to such funding by a representative of the parent organization. AccentCare included as part of its Exhibit 17 such an acknowledgement and commitment to fund the proposed project.

Another concern raised by Universal is that AccentCare may have underestimated the expense associated with the *Management Services Agreement*. Enough such that it would turn the new agency's third year of profit into losses. AccentCare explains that this expense was set appropriately using an approximate national average for AccentCare; and reiterates that the agreement only states the cost will not exceed 12%. It is reasonable to assume the expense as realistically as possible, there is no requirement that an applicant should estimate expenses on their highest end or inflate its assumptions.

Universal also pointed out in its comments that it believes AccentCare is assuming no charitable care or bad debt from each of its payer types, specifically none from insured individuals. Claiming that this means AccentCare would not provide charity care to insured individuals; and resulting in lack of access to services. AccentCare included charity care as a payer category in its accounting for **gross** revenue. As explained in rebuttal, it is clear that AccentCare expects charity care to come from all payer categories, and was included in the payer table to represent gross revenue.

Universal also takes issue with AccentCare including its bad debt deduction under contractual adjustments. Although some applicants include bad debt as an expense category, it is common to see it included as a deduction from revenue alongside contractual adjustments and charity care.

Based on the information provided, public comment, and rebuttal comment, the department concludes that the financial information provided reasonably represents the financial feasibility of

the project. As a result, the department concludes that AccentCare’s King County project **meets this sub-criterion**.

Universal Home Care, LLC

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

*“While Universal Home Care is not an existing CN-Approved Home Health provider, it is a licensed home health agency which has provided services to a limited number of patients. This included 1 patient in 2020, 2 patients in 2021, and 1 patient in 2022. All were residents of King County.*

...

*The utilization forecast in Table 2 is a function of the need presented in Table 1. From Table 1, we project King County residents in need of Home Health services to equal 9,632 in 2024, 10,382 in 2023, and 12,194 in 2026, assuming 20.6 visits per patient, as summarized below. Extending this forecast for an additional year, we estimate this number to equal 13,552 in 2027. We assume that, on a monthly basis, Universal Home Care will have a market share of 1.75% in 2024 and 2025, 2% in 2026, and 2.25% in 2027. This accounts for about 5% of the estimated unmet need in Table 1 in 2027 while also providing for a ramp rate over the first years of the forecast. Furthermore, we assume that, based on 2021 CMS numbers, the number of visits per patient are equal to about 20.6<sup>1</sup> These statistics and assumptions, along with the implied utilization, are summarized in Table 3.*

...

*The number of visits by occupational category are calculated based on our review of similar projects approved in King, Clark, and Spokane counties.<sup>2</sup> We present these assumptions in Table 4.” [source: Application, pdfs 11-13]*

Footnotes in the above quote include:

1 <https://www.cms.gov/files/document/cy-2021-medicare-home-health-utilization-state.pdf>, Last Accessed March 27, 2023.

2 *These approved projects include CN22-38 (King County), CN19-52 (King County), CN20-24 (Clark County), CN19- 67 (Spokane County), and CN21-35 (King County). Because staffing and other statistics vary from applicant to applicant and the King County demographics underlying these statistics shift over time, we decided it was most reasonable to apply assumptions which reflected an average across multiple applicants whose projects were approved in representative counties across Washington State. King County, Clark County, and Spokane County all reflect relatively urban and population dense counties, and all rank within the top five populous counties in Washington State.*

***Applicant's Tables Referenced Above***

Utilization Assumptions	Row	2024	2025	2026	2027
King County Visit Projections	1	567,078	583,205	611,190	639,175
Visits per Month ([1]/12)	2	47,257	48,600	50,933	53,265
Assumed Market Share	3	1.75%	1.75%	2.00%	2.25%
HH Visits per Month ([2]*[3])	4	827	851	1,019	1,198
Months of Operation	5	9	12	12	12
HH Visits ([4]*[5])	6	7,443	10,212	12,228	14,376
Visits per Patient	7	20.6	20.6	20.6	20.6
Patients ([6]/[7])	8	361	496	594	698

Applicant and Medicare Home Health Agency Utilization by State, Current Year 2021 (<https://www.cms.gov/files/document/cy-2021-medicare-home-health-utilization-state.pdf>, Last Accessed March 27, 2023)

Occupational Category	Proportion
RNs	40.00%
Physical Therapy	35.00%
Occupational Therapy	12.00%
Speech Pathology	2.00%
Medical Social Services	1.00%
Home Health Aide	10.00%

Sources: Applicant

[source: Application, pdf 13]

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

***Applicant's Table***

Utilization Forecast	2024	2025	2026	2027
Months	9	12	12	12
Total Visits	7,443	10,212	12,228	14,376
Total Admissions	361	496	594	698

Visits by Occupational Category	2024	2025	2026	2027
Skilled Nursing	2,977	4,085	4,891	5,750
Physical Therapy	2,605	3,574	4,280	5,032
Occupational Therapy	893	1,225	1,467	1,725
Speech Pathology	149	204	245	288
Medical Social Services	74	102	122	144
Home Health Aide	744	1,021	1,223	1,438
<b>Total</b>	<b>7,443</b>	<b>10,212</b>	<b>12,228</b>	<b>14,376</b>

Sources: Applicant; See Table 3 and Table 4.

[source: Application, pdf 12]

**Department's Table 17  
Universal's Home Health Agency's Projected Utilization**

	Full Year 1 2025	Full Year 2 2026	Full Year 3 2027
Unduplicated Patients	496	594	698
Total Visits	10,212	12,228	14,376
Visits Per Patient	20.59	20.59	20.60
Market Share of Total King County Unmet Visits	1.75%	2.00%	2.27%

Universal provided the following assumptions used to determine the financial feasibility for the proposed King County project.

“Unless otherwise noted, the assumptions are based on average of public documents for other home projects similar to Universal's proposed project (‘Washington Benchmarks’). These included the approvals of Unity Home Health (CN#22-38), Amicable Healthcare, Inc (CN #19-52), and Wellspring Home Health (CN #21-35) in King County, Providence Home Health (CN #20-24) in Clark County, and Eden Home Health (CN #19-67) in Spokane County.” [source: June 2, 2023, screening response, Revised Exhibit 6]

**Applicant’s Tables**

		Partial Year 2024	2025	2026	2027
# of Months		9	12	12	12
Visits		<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>
	Skilled Nursing	2,977	4,085	4,891	5,750
	Physical Therapy	2,605	3,574	4,280	5,032
	Occupational Therapy	893	1,225	1,467	1,725
	Speech Pathology	149	204	245	288
	Medical Social Services	74	102	122	144
	Home Health Aide	744	1,021	1,223	1,438
	<b>Total Visits</b>	<b>7,443</b>	<b>10,212</b>	<b>12,228</b>	<b>14,376</b>
Clinical FTEs		<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>
	Skilled Nursing	3.01	4.13	4.94	5.81
	Physical Therapy	2.24	3.07	3.68	4.33
	Occupational Therapy	0.73	1.00	1.20	1.41
	Medical Social Services	0.06	0.09	0.11	0.12
	Home Health Aide	0.57	0.79	0.94	1.11
<b>Total Clinical FTEs</b>	<b>6.61</b>	<b>9.08</b>	<b>10.87</b>	<b>12.78</b>	
Management and Non-Clinical FTEs	Manager / Administrator	1.00	1.00	1.00	1.00
	Clinical Director	1.00	1.00	1.00	1.00
	Business/Clerical	2.50	2.50	3.00	3.00
	<b>Total Non-Clinical FTEs</b>	<b>4.50</b>	<b>4.50</b>	<b>5.00</b>	<b>5.00</b>
<b>Total FTEs</b>	<b>Total FTEs</b>	<b>11.11</b>	<b>13.58</b>	<b>15.87</b>	<b>17.78</b>
Salaries		<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>
	Skilled Nursing	298,077	408,989	489,202	575,357
	Physical Therapy	223,828	306,764	367,717	432,667
	Occupational Therapy	72,747	99,653	119,583	140,510
	Medical Social Services	3,955	5,932	7,251	7,910
	Home Health Aide	20,689	28,674	34,118	40,289
	Manager / Administrator	67,500	90,000	90,000	90,000
	Clinical Director	74,272	99,029	99,029	99,029
	Administrative and Clerical	89,700	119,600	143,520	143,520
<b>Total Salaries</b>	<b>850,766</b>	<b>1,158,641</b>	<b>1,350,421</b>	<b>1,529,282</b>	

*Applicant's Tables continued*

<i>Gross Revenue Per Visit</i>	Calculation Method	Estimate
Skilled Nursing	Gross Revenue Per Visit	\$243
Physical Therapy	Gross Revenue Per Visit	\$207
Occupational Therapy	Gross Revenue Per Visit	\$213
Speech Pathology	Gross Revenue Per Visit	Contracted
Medical Social Services	Gross Revenue Per Visit	\$228
Home Health Aid	Gross Revenue Per Visit	\$124
<i>Gross Revenue Payer Mix</i>		
<i>Gross Revenue Payer Mix</i>	Calculation Method	Estimate
Medicare	% of Gross Revenue	77%
Medicaid	% of Gross Revenue	6%
Commercial/Other	% of Gross Revenue	17%
<i>Deductions from patient service revenue</i>		
<i>Deductions from patient service revenue</i>	Calculation Method	Estimate
<i>Contractual Adjustments</i>		
Medicare	% of [Payer] Gross Revenue	7%
Medicaid	% of [Payer] Gross Revenue	53%
Commercial/Other	% of [Payer] Gross Revenue	37%
Bad Debt	% of Gross Revenue	1.3%
Charity Care*	% of Gross Revenue	1.20% based on avg of King hospitals less Harborview
<i>Operating Expenses</i>		
<i>Operating Expenses</i>	Calculation Method	Estimate
Salaries*	Hourly wage multiplied by 2,080 hours per year per FTE	Salaries based on May 2021 Sea-Tac-Bell MSA Median wages by occupation
Benefits	% of Salaries	30.2%
Medical Director*	MDA	\$1,500 for pre-op period; \$800/ month thereafter
Supplies	Per Visit	3.7
Base Rent*	Draft lease (Monthly)	\$1,200/month until Nov 1, 2025; \$1,260/ month after
Other Property Expenses*	% of Base Rent.	20% of base rent throughout forecast period.
Information Technology	Annual Amount Adj by # Months	22,700
Equipment	Annual Amount Adj by # Months	5,600
Maintenance	Annual Amount Adj by # Months	700
Purchased Services	Per Visit	9.3
Mileage & Travel	Per Visit	5.0
B & O Tax	% of Net Revenue	1.50%
Licensing Fee*	WAC 246-335-990	24-month renewal fee in CY2024 based on FTEs in that time period.
Other Expenses	Per Visit	1.1
<i>Non-Operating Expenses</i>		
<i>Non-Operating Expenses</i>	Calculation Method	Estimate
Depreciation & Amortization*	See Depreciation Worksheet	See Depreciation Worksheet
Interest Expense*	Interest from forecast financing of negative cash balances @ 8%	Negative cash balances to debt finance equal to \$0 in 2024 and \$25,399 in 2025

\*Not based on Washington Benchmarks

***Applicant's Tables continued***

	Capital Expenditures	Useful Life (Years)	Monthly Depreciation	
Tenant Improvements	\$0	7	\$0	
Equipment	\$15,060	5	\$251	
	2024	2025	2026	2027
# of Months	9	12	12	12
Depreciation (TI)	\$0	\$0	\$0	\$0
Depreciation (Equipment)	\$2,259	\$3,012	\$3,012	\$3,012
<b>Total Depreciation</b>	<b>\$2,259</b>	<b>\$3,012</b>	<b>\$3,012</b>	<b>\$3,012</b>

[source: June 2, 2023, screening response, Revised Exhibit 6]

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

*“The expense line-item ‘Other Expenses’ includes expenses related to Training and Education, Dues and Memberships, Taxes (exclusive of B&O Taxes), Postage, and Recruitment.”* [source: June 2, 2023, screening response, pdf 9]

*“Startup expenses that includes \$1,500 in preopening Medical Director Expenses.”*

*The annual salaries calculations by FTE type presented above, aside from small rounding differences in the dollar figures, are correct.”* [source: June 2, 2023, screening response, pdf 10]

***Department's Screening Question Table***

FTE Type	Annual Average Salary
Skilled Nursing	\$99,029
Physical Therapy	\$99,923
Occupational Therapy	\$99,653
Medical Social Services	\$65,911
Home Health Aide	\$36,296
Manager/Administrator	\$90,000
Clinical Director	\$99,027
Business/Clerical	\$47,840

[source: June 2, 2023, screening response, pdf 10]

*“Please see Revised Exhibit 8b for an updated Letter of Intent to Extend between Universal Home Care and Al-Harameyn. This letter identifies that with the extension beginning November 1, 2025, rent will increase by 5% but that no other terms will change. With this revision, we have also updated the Financial Pro Forma, which we include in Revised Exhibit 6.*

...

*The lease document provided in Exhibit 8c represents an agreement which is in effect. However, the fully signed copy sits with Southeast Investment Group LLC, which sold the property to Multicultural Community Coalition (“MCC”) in 2021 and no longer has an interest in the site. Al-Harameyn has existed in the current site for over 5 years and is recognized as the site tenant by the current owner in MCC.*

...

*This updated letter documents that this extension will not affect the ability of Al-Harameyn to sublet to Universal Home Care and is signed by representatives from both MCC (Yordanos Teferi) and Al-Harameyn (Ibrahim Elmi).*



*Multicultural Community Coalition (“MCC”) and Southeast Investment Group LLC are not affiliated. Southeast Investment Group is the previous owner of the site but sold to MCC on May 7, 2021. This transaction is recorded in the Property Summary included in Exhibit 8e of the Universal Home Care application. MSS is the current owner of the site, but the Master Lease was executed in March 2020 under the location’s previous owner. This preexisting lease runs until October 2025, at which point MCC and Al-Harameyn intend to extend their leasing relationship as documented in Revised Exhibit 8d.”* [source: June 2, 2023, screening response, pdfs 11-12]

When asked in screening about missing or similar historical expense categories, Universal provided the following response. [source: June 2, 2023, screening response, pdf 10]

*“The Pro Forma financials are based on a different set of fundamentals from the historical financials for all Universal Home Care operations and are not comparable over time.”*

When asked about costs required by an agreement, the applicant provided the following response. [source: June 2, 2023, screening response, pdf 11]

*“Costs associated with Professional Liability Insurance are included within the expense line item ‘Purchased Services.’ This expense line item includes costs related to the ancillary and support services, as well as those related to legal, insurance, translation, print, advertising, and other purchased healthcare services.”*

Based on these assumptions, Universal provided its projected revenue, expenses, and net income for the agency for projection years 2025 through 2027, which are summarized in the following table. [source: June 2, 2023, screening response, Revised Exhibit 6]

**Department’s Table 18**  
**Universal’s Home Health Agency’s Projected Revenues and Expenses Summary**  
**Years 2025 through 2027**

	<b>Full Year 1 2025</b>	<b>Full Year 2 2026</b>	<b>Full Year 3 2027</b>
Net Revenue	\$1,771,303	\$2,120,985	\$2,493,562
Total Expenses	\$1,796,961	\$2,095,878	\$2,366,760
<b>Net Profit / (Loss)</b>	<b>(\$25,657)</b>	<b>\$25,106</b>	<b>\$126,802</b>

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

Universal additionally submitted projected balance sheets for the proposed agency. The following table summarizes the projection years of the project. [source: June 2, 2023, screening response, Revised Exhibit 6]



**Department's Table 19**  
**Universal's Home Health Agency's Balance Sheet Summary**  
**Years 2025 through 2027**

<b>ASSETS</b>	<b>December 31, 2025</b>	<b>December 31, 2026</b>	<b>December 31, 2027</b>
Current Assets	\$291,173	\$348,655	\$518,003
Property & Equipment	\$9,789	\$6,777	\$3,765
Other Assets	\$0	\$0	\$0
<b>Total Assets</b>	<b>\$300,962</b>	<b>\$355,432</b>	<b>\$521,768</b>
<b>LIABILITIES</b>	<b>December 31, 2025</b>	<b>December 31, 2026</b>	<b>December 31, 2027</b>
Current Liabilities	\$319,020	\$348,384	\$387,921
Long Term Liabilities	\$0	\$0	\$0
Total Capital	(\$18,058)	\$7,048	\$133,846
<b>Total Liabilities &amp; Capital</b>	<b>\$300,962</b>	<b>\$355,432</b>	<b>\$521,767</b>

Universal provided copies of agreements associated with this project which include financial commitment, including an executed lease, with an executed sublease, and memorandum of understanding for the agency. The lease agreement is between Southeast Investment Group LLC and Ibrahim A Elmi, and was effective February 1, 2020. The master lease has a term of five years. Since this does not extend through the project's first full three calendar years the applicant provided a letter signed by a representative of the Multicultural Community Coalition, the current property owner. This letter confirms its intention of continuing to lease the space for a minimum of five years, through 2030. The sublease is between Ibrahim A Elmi and Universal Home Care LLC, and was effective February 1, 2020. This agreement has a term through October 31, 2025, includes its associated costs, and participants' obligations. Since this agreement also does not extend through the project's full third calendar year, Universal submitted a letter signed by Ibrahim Elmi and Carab Axmed agreeing to include three years of optional renewals to the sublease. This letter also indicates what changes will be associated with such renewals. [sources: Application, Exhibits 8a and 8c and June 2, 2023, screening response, pdfs 11-12 and Revised Exhibits 8b and 8d]

An additional agreement with financial terms associated with King County home health services is the draft *Medical Director Service Agreement*. The agreement is between Universal Home Care LLC and Kirsten Carr, M.D. The agreement is a draft, but it does outline roles and responsibilities for both the agency and the physician, and includes *Compensation* and the *Duration of the Agreement*. [source: Application, Exhibit 7]

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

Department Evaluation  
Utilization Assumptions

An applicant's utilization assumptions are the foundation for the financial review under this sub-criterion. The department first reviewed the assumptions used by Universal to determine the projected number of patients and visits for the proposed agency. Universal based its assumed admissions and visits on an assumed market share increasing in each projection year, of unmet visits

projected by the numeric methodology for King County. The department concludes these assumptions and resulting projected utilization are reasonable.

### Pro Forma Financial Statements

Universal currently provides private duty nursing services to Medicaid patients and if approved, plans to include on this license home health services for Medicare and Medicaid King County patients. The department considers not only the new services, but also their impact on the financial feasibility of the whole licensed agency. Universal provided the following statements to demonstrate compliance with this standard.

- Historical financial statements for the whole agency. [source: Application, Exhibit 10]
- Pro forma revenue and expense statements for the entire agency including new home health services. [source: June 2, 2023, screening response, Revised Exhibit 6]
- Pro forma balance sheet for the entire agency including new home health services. [source: June 2, 2023, screening response, Revised Exhibit 6]

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

These various statements were helpful for the department to determine the potential impacts of this project on the agency as a whole. The department first examined the assumptions used by Universal when projecting revenue and expenses. Many expected revenue and expense figures were based on Washington State research Universal conducted and referenced in its application. Based on this research and assumptions, Universal expects \$25,657 in net losses for its agency in its first calendar year of operation. By the next year, \$25,106 in net profit is expected, which grows to \$126,802 in net profit for the agency's third full calendar year, 2027.

As summarized earlier in this section, the applicant provided several agreements with costs associated. Each of these agreements included its terms, and all related costs were included as expenses in the agency's projected income statement.

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

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

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

### AccentCare, Inc. dba AccentCare Home Health of King County, LLC

The estimated capital expenditure for this project is \$92,000 for office furnishings, supplies for staff, electronics and telecom equipment, and associated sales tax. There is no construction for this project. [source: Application, pdfs 52 and 56]

**Applicant's Tables**

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

Item	Item Cost	Qty	Total
Conference Table	\$4,235	1	\$4,235
Conference Chairs	\$477	10	\$4,765
Employee Desk	\$1,452	9	\$13,068
Employee Desk Chair	\$484	9	\$4,356
Guest Chair	\$363	8	\$2,904
Filing Cabinet	\$1,089	5	\$5,445
Reception Area Guest Chair	\$787	4	\$3,148
Reception Area End Table	\$242	3	\$726
Reception Area Coffee Table	\$484	1	\$484
Kitchen Table	\$605	2	\$1,210
Kitchen Chairs	\$242	4	\$968
Patient Care Kit	\$807	6	\$4,842
Employee Work Stations	\$807	7	\$5,649
<b>Subtotal Furnishings</b>			<b>\$51,800</b>
<b>Electronics and Telecom</b>			
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
<b>Subtotal Electronics and Telecom</b>			<b>\$40,200</b>
<b>TOTAL</b>			<b>\$92,000</b>

[source: Application, pdfs 52 and 56]

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

*“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.”*

The anticipated start-up costs include marketing, recruitment, and Medical Director stipend for partial year 2024. These costs total \$45,000. [source: July 17, 2023, screening response, Attachment 3]

This applicant provided the following statement directly related to this sub-criterion. [source: Application, pdf 54]

*“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.’ 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. This research highlights that increased use of home health care services not only improve patient care quality, but also are costeffective.*

*With approval of AccentCare 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.”*

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

#### Department Evaluation

The estimated capital expenditure for this project is \$92,000 with no construction. All the estimated capital costs are for office furnishings, supplies for staff, electronics and telecom equipment, and associated sales tax. The project’s start-up costs include marketing, recruitment, and Medical Director stipend for partial year 2024, totaling \$45,000. AccentCare provided detailed assumptions to justify the costs. The applicant also submitted a summary of two studies examining the impacts of home health use. One study found home health use reduced healthcare utilization, readmission, and death. The other concluded home-based services had positive impacts on patient outcomes, satisfaction, quality of life, and cost reductions.

AccentCare provided a letter dated November 2, 2022, from its Chief Financial Officer, Ryan Solomon, demonstrating its financial commitment to this project, including the projected capital expenditure and any start-up costs.

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

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

Universal Home Care, LLC

Universal’s proposed project does not require construction. The project’s estimated capital cost is \$15,060, which includes office furniture, office equipment, and related sales tax. Start-up costs are \$13,860 which includes pre-operational expenses, such as medical director, rent, other property, IT, supplies, recruitment, and training. [sources: Application, pdf 19 and June 2, 2023, screening response, pdf 5 and Revised Exhibit 6]

*Applicant’s Table*

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 (Tenant Improvements)	\$
g. Fixed Equipment (not already included in the construction contract)	\$
h. Movable Equipment	\$ 13,660
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	\$ 1,400
<b>Total Estimated Capital Expenditure</b>	<b>\$ 15,060</b>

Furniture	Units	Cost per Unit	Total Cost
Desks	7	\$350	\$2,450
Office Chairs	7	\$120	\$840
<b>Technology Equipment</b>			
Computers	7	\$750	\$5,250
Printer/Fax/Copier	1	\$440	\$440
Tablets	10	\$240	\$2,400
Cellphones	10	\$228	\$2,280
Subtotal			\$13,660
Sales Tax (10.25%)			\$1,400
<b>Total</b>			<b>\$15,060</b>

Source: Applicant

[source: Application, pdfs 17 and 19]

Universal provided the following statement related to the capital costs and its lack of impact on costs and charges. [source: Application, pdf 18]

*“...we expect over 4/5s of all patients to be from Medicare and Medicaid. As such, Universal’s rates will be primarily based on fee schedules set by CMS. Thus, the proposed project will not impact costs and charges for health services.”*

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

### Department Evaluation

The estimated capital expenditure for this project is \$15,060 with no construction. All the estimated capital costs are for office furniture, office equipment, and related sales tax. Start-up costs are \$13,860 which includes pre-operational expenses such as medical director, rent, other property, IT, supplies, recruitment, and training. Universal provided itemized tables to demonstrate how the amounts were determined. This applicant also stated that the majority of its patients will be from Medicare and Medicaid, which has set rates, therefore not impacted by the project's costs.

Universal provided a letter dated April 3, 2023, from its President, Carab Axmed, demonstrating its financial commitment to this project, including the projected capital expenditure and any other costs of operating the agency. To demonstrate sufficient capital to fund the project, Universal also submitted a statement from its bank dated March 24, 2023, with a *Current Balance* of over \$50,000. [source: Application, Exhibits 9a and 9b]

The department does not have an adopted standard on what constitutes an unreasonable impact on charges for health services. Medicare patients typically make up the largest percentage of patients served in home health care. For this project, the applicant projected that 77.0% of its patients would be eligible for Medicare while Medicaid patients are projected to be 6.0%, for a combined Medicare and Medicaid total of 83.0%. Gross revenue from Medicare and Medicaid is also projected to be 83.0% of total revenue. Thus, standard reimbursement amounts and related discounts are not likely to increase with the approval of this project.

Universal further states that it does not anticipate the costs of its project to impact charges for healthcare services. The department does not expect an unreasonable impact on costs and charges for healthcare services in King County as a result of this project. Universal's project **meets this sub-criterion.**

### *(3) The project can be appropriately financed.*

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

### AccentCare, Inc. dba AccentCare Home Health of King County, LLC

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

*"A letter from the Chief Financial Officer for AccentCare, Inc., the parent organization of AccentCare Home Health of 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."* [source: Application, pdf 53]

“As is readily evident, the company currently has nearly \$1.7B in revenue and \$80M in reconciled EBITDA (Earnings Before Interest, Taxes, Depreciation, and Amortization). This is anticipated to grow to nearly \$2.4B in revenue and \$250M in reconciled EBITDA in 2027. As such, the impact from the proposed Home Health operations in King County, although very important to expanding our footprint and presence around the country, is expected to be minimal to our overall/Enterprise financial position.” [source: March 13, 2023, screening response, pdf 16]

**Public Comments**

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

Carab Axmed, President, Universal Home Care, LLC [source: Comment Packet, distributed August 29, 2023, pdfs 13-14]

“In our review of the application by AccentCare, we observe how, in its final Pro Forma submitted within its July 2023 Screening Responses, it presents a capital cost significantly greater than the amount listed in its Letter of Intent. Furthermore, we have concerns about whether it has fully accounted for the costs of its project within its Pro Forma by excluding project-related interest and under-forecasting costs related to its Management Services Agreement. Lastly, AccentCare includes Charity Care within its payer mix and bad debt as arising exclusively from Self-Pay patients, indicating it does not expect to provide care for uninsured persons over 125% of the poverty line.

Concern 1: AccentCare depreciates \$122,000 in capital expenses, a number significantly greater than the \$92,000 listed in its Letter of Intent.

In its Letter of Intent and Application submitted November 29, 2022, AccentCare lists \$92,000 in Capital Expenditures. The detail of these capital expenditures is given in the AccentCare Pro Forma, included in its July 17, 2023 Screening Response as Attachment 3. For convenience, we reproduce these depreciated capital expenditures, adding a ‘Total’ row, in Table 2. All other amounts and labels are the same.

*Commenter’s Table*

	Capital Expenditures	Useful life (Years)	Annual depreciation
Tenant Improvements	30,000	7	4,286
Furnishings	46,958	15	3,131
Patient Care Kit	4,842	5	968
Electronics and Telecom (10 yr)	15,000	10	1,500
Electronics and Telecom (5 yr)	25,200	5	5,040
<b>Total</b>	<b>122,000</b>		<b>14,925</b>

Source: AccentCare July 17, 2023 Screening Responses, p 14.

The capital expenditures presented in Table 2 total to \$122,000, which matches the ‘Fixed Assets’ line item in AccentCare’s Balance Sheet (Attachment 2 of the same screening responses). Thus, in its July 17, 2023 Screening Responses, AccentCare presents capital expenditures equal to \$122,000. This amount is significantly greater (33%) than the \$92,000 presented in its Cover Letter and Letter of Intent.

The difference between the \$122,000 in capital expenditures listed in its screening responses, and the \$92,000 listed in its application, is \$30,000. This represents an additional \$30,000 in Tenant Improvements, depreciated over 7 years, which AccentCare added to its Income Statement as ‘Pre-Opening Expenses’ in its March 13, 2023 Screening Response. However, it is incorrect to include a



*depreciable asset as an Income Statement operating expense, as operating expenses also include this asset's depreciation.*

*Furthermore, the Department should not allow an organization to shift project-related capital expenditures onto its Income Statement to hide increases in project costs. This subverts WAC 246-310-220(1) and impairs the ability of the Department and the public to judge whether the immediate and long-range capital and operating costs of the project can be met. The extra \$30,000 in depreciated capital expenditures should thus be included with project-related capital expenditures."*

Tracy Merritt, Authorized Representative, AccentCare, Inc. Rebuttal Comments [source: Rebuttal Comment, received September 12, 2023]

***"Concern 1: 'AccentCare depreciates \$122,000 in capital expenses, a number significantly greater than the \$92,000 listed in its Letter of Intent.'***

***Response:*** *The amount listed in the Letter of Intent is accurate, along with the depreciation of the capital expenses. The \$30,000 included as 'Building Improvements' and in the Fixed Assets balance is not the same expense as the \$30,000 included in the Income Statement as 'Pre-opening expenses'. They represent different expenses and happen to be the same amount. The \$30,000 building improvements are included in the balance sheet in the Fixed Assets and depreciated over 7 years, the expense of which is included in the Income Statement. The \$30,000 pre-opening expenses are operating expenses that are expensed on the Income Statement and cannot be capitalized on the balance sheet."*

#### Department Evaluation

The combined total of capital expenditure and start-up costs for this project is \$137,000; initial years' losses are estimated to total \$261,232. Combined costs and losses equal \$398,232. The applicant states all costs will be funded by the applicant, AccentCare, Inc. and provided a letter from its CFO demonstrating financial commitment to this project. This approach is appropriate because historical consolidated financial statements were provided to demonstrate assets are sufficient to cover these costs.

The department received comment in opposition to this project related to this sub-criterion. The comment identified that the capital costs identified in response to the department's second screening are significantly more than the amount in its associated letter of intent. AccentCare's rebuttal indicates that the letter of intent capital expense is correct and that the commenter is conflating various costs associated with the project. The department concludes that the commenter is correct that Table 2 within AccentCare's July 17, 2023, screening response is potentially misleading. That table's title and header indicate that \$30,000 of tenant improvements is included in the project's capital expenditure. Rebuttal comment clarifies this issue to the department's satisfaction.

The commenter also states that AccentCare included its tenant improvements as pre-opening expenses, and argues that depreciable assets should not be included in operating expenses. The concern is that this could impair the department's and public's ability to determine if a project is financially feasible. In response to this criticism AccentCare explains the two amounts which, although for the same amounts, are identifying different costs. One item is included in balance sheets as a fixed asset. The other is included in *Pre-opening expenses* detailed in the July 17, 2023, screening response, Attachment 3 as *Marketing, Recruitment, and MD stipend -- all accounted for in Partial Year 1 (Jul-Dec 2024) expenses*. Neither item is a capital cost for this project; the balance



sheet asset is attributable to the applicant's affiliated agency that shares office space, but is included in the larger organization's fixed assets, and the other is part of the applicant's start-up costs.

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

#### Universal Home Care, LLC

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

*"Universal Home Care, LLC, will be responsible for the estimated capital costs identified above. Please see Exhibit 9a for a signed Letter of Financial Commitment and Exhibit 9b for a Statement of Account from Wells Fargo identifying sufficient available capital."* [source: Application pdf 17]

*"Universal Home Care will be responsible for the estimated start-up costs. Please see Exhibit 9a for a signed Letter of Financial Commitment and Exhibit 9b for a Statement of Account from Wells Fargo identifying sufficient available capital. In addition, Universal will obtain a revolving credit line which would be available in the case of working capital needs."* [source: Application pdf 18]

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

#### Department Evaluation

The combined total of capital expenditure and start-up costs for this project is \$28,920; initial years' losses are estimated to total \$25,657. Combined costs and losses equal \$54,577. The applicant states all costs will be funded by the applicant, Universal Home Care LLC. and provided a letter from its President demonstrating financial commitment to this project. This approach is appropriate because this applicant also provided a bank statement showing funds to cover costs in an account that is seven years old.

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

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

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

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

WAC 246-310-230(1) does not contain specific criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that direct what specific staffing patterns or numbers of FTEs that should be employed for projects of this type or size. Therefore, using its experience and expertise the department concludes that the planning area would allow for the required coverage.

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

AccentCare provided assumptions used to determine the types and counts of FTEs needed for this project. These assumptions are quoted early in this evaluation under the financial feasibility section, and in the interest of brevity will not be restated here. [source: July 17, 2023, screening response, Attachment 3]

Based on these assumptions AccentCare provided a table showing its proposed staffing. This information is summarized in the following table. [source: July 17, 2023, screening response, Attachment 3]

**Department’s Table 20  
AccentCare’s Home Health Agency’s  
Proposed FTEs for Years 2025 through 2027**

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

AccentCare plans on contracting some of its clinical staffing positions including physical therapist, PT assistant, occupational therapist, certified OT assistant, speech therapist, social worker, and medical director. The contracted portion of the FTEs are not included in the preceding table. [sources: Application, pdf 59 and July 17, 2023, screening response, Attachment 3]

AccentCare provided the following additional statements related to this sub-criterion. [source: Application, pdf 59]

*“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.”*

AccentCare proposes to establish a new agency and has not begun its operations. AccentCare has a contract with an intended medical director. However, this applicant has not yet identified any of its other credentialed staff. [source: Application, pdf 60] AccentCare did provide a detailed timeline for recruitment, licensing, and certification which includes recruitment tasks, start and end dates for each

task, and specifies which team member is responsible for each task. [source: July 17, 2023, screening response, Attachment 4]

AccentCare provided additional statements summarized here related to its recruitment and retention of staff. [source: Application, pdfs 63-66]

### Recruitment

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

### Retention

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

AccentCare also provided links to staff stories as well as policies that reinforce these recruitment and retention assertions. [source: Application, pdfs 63-64 and Exhibit 13]

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

Department Evaluation

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

If approved, AccentCare proposes that its King County agency would be operational in July 2024. As shown in the table above, 10.1 FTEs are needed in full calendar year one (2025). By full calendar year two (2026), the number of FTEs increases to 13.1, and by the end of full year three (2027), the FTEs increase to 15.1. The applicant also clarified that its medical director and some of its therapy staff would be under contract and the contracted portion of the FTEs are not included in the table above. This approach is reasonable.

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

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

Universal Home Care, LLC

Universal provided the following staffing ratios and assumptions used to determine the types and numbers of FTEs for this project.

*Applicant’s Table*

Staff to Visit Ratio	FTEs Per 1,000 Visits
Skilled Nursing	1.01
Physical Therapy	0.86
Occupational Therapy	0.82
Speech Pathology	0.84
Medical Social Services	0.86
Home Health Aide	0.77

Source: Applicant

[source: Application, pdf 22]

*“The number of clinical FTEs are projected based off benchmark staffing ratios, which we present in Table 9. Administrative FTEs required are estimated to consist of 3 Business/Clerical FTEs for client communication, scheduling and other administrative tasks; 1 Clinical Director FTE; and 1 Manager FTE.*

*The staff to visit ratios were constructed from Washington Benchmarks based on public documents for other home projects similar to Universal’s proposed project. These other home projects used as*

benchmarks for the proposed project include the approvals of Unity Home Health (CN#22-38), Amicable Healthcare, Inc (CN #19-52), and Wellspring Home Health (CN #21-35) in King County, Providence Home Health (CN #20-24) in Clark County, and Eden Home Health (CN #19-67) in Spokane County.” [source: Application, pdfs 21-22]

Based on these assumptions Universal provided a table showing its proposed staffing. This information is summarized in the following table. [source: June 2, 2023, screening response, Revised Exhibit 6]

**Department’s Table 21  
Universal’s Proposed FTEs for Years 2025 through 2027**

Type of Staff	Full Year 1 2025	Full Year 2 2026	Full Year 3 2027
Skilled Nursing	4.13	4.94	5.81
Physical Therapy	3.07	3.68	4.33
Occupational Therapy	1.00	1.20	1.41
Medical Social Services	0.09	0.11	0.12
Home Health Aide	0.79	0.94	1.11
Manager / Administrator	1.00	1.00	1.00
Clinical Director	1.00	1.00	1.00
Administrative and Clerical	2.50	3.00	3.00
<b>Total</b>	<b>13.58</b>	<b>15.87</b>	<b>17.78</b>

Universal plans on contracting its medical director. This contracted position is not included in the preceding table. [source: Application, Exhibit 7]

Universal provided the following additional statements related to the recruitment and retention of staff.

*“Universal Home Care recognizes the challenges to recruiting and retaining health care staff and the shortages of health care professionals across Washington State. To effectively recruit and retain, Universal will offer competitive wage and benefit packages. Universal will also use recruitment portals such as Zip Recruiter, Glassdoor, workforce, etc. to recruit and retain qualified staff for its proposed project. If Universal Home Care does experience barriers to recruiting or retaining staff, it will contract with medical staffing agencies such as Emerald City Medical Staffing or other similar agencies.”* [source: Application, pdf 23]

*“Universal Home Care is a small, local agency which treats its employees like owners and encourages them in their day-to-day tasks. Caregivers at Universal participate in organizational decisions (such as the decision to apply for a Certificate of Need) and have a voice in patient care and travel requirements. With regards to the latter, travel requirements for Universal caregivers will be low relative to CN-Approved home health agencies which provide care across multiple counties since Universal will focus its care exclusively on King County residents.*

*Universal Home Care invests in its caregivers through continuing education and professional development programs, and gives them regular raises, bonuses, and additional incentives like reimbursement for fuel and other costs. Universal strives to make its workers happy and friendly so that they will stay with us for a long time. The two current nurses at Universal have each been with the organization for over three years.”* [source: June 2, 2023, screening response, pdf 6]

Universal also listed its medical director and key staff. [source: Application, pdf 22]

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

### Department Evaluation

If approved, Universal would be a new provider of Medicare and Medicaid home health services for King County residents. To ensure its staffing ratios are reasonable, the applicant based them on ratios used in recently approved home health applications in the same or similar counties.

If approved, Universal proposes that its King County agency would be operational in March 2024. As shown in the table above, 13.58 FTEs are needed in full calendar year one (2025). By full calendar year two (2026), the number of FTEs increases to 15.87, and by the end of full year three (2027), the FTEs increase to 17.78. The applicant also clarified that its medical director would be under contract and is not included in the table above. This approach is reasonable.

For recruitment and retention of staff, Universal intends to use strategies typically seen in home health applications. Additionally, it stated that its business structure and culture will be a draw for staff, empowering them in day-to-day tasks, and since is only operating in King County will have desirably low travel times for its staff.

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

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

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

### AccentCare, Inc. dba AccentCare Home Health of King County, LLC

AccentCare provided the following statements related to this sub-criterion. [source: Application, pdfs 69-70]

*“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.”*

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

*“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.” [source: Application, pdf 66]*

AccentCare also provided its *Availability of Services – Acceptance, Admission, Ongoing and Discharge Policy* which includes as part of its *Procedure 9. A registered nurse is available by phone after regular business hours and may make an urgent need visit.* [source: Application, Exhibit 13]

#### Public Comments

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

Kathryn Pittelkau, MS, PACE Policy Program Manager, Home and Community Services [source: AccentCare Application, Exhibit 1]

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

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

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

#### Department Evaluation

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

AccentCare provided policies related to contracting services, standards of practice, and financial management that it would use at the new home health agency. Given that the facility is not yet

operational, no list of potential vendors or vendor types was submitted. If this application is approved it would be subject to a condition that AccentCare provide a list identifying ancillary and support vendors necessary for the operation of the agency.

AccentCare provided a copy of its executed *Medical Director Agreement* with Balakrishnan Natarajan, M.D. The agreement was executed December 1, 2022, identifies the entities associated with the agreement, outlines roles and responsibilities for both the physician and the agency, and specifies its terms.

AccentCare provided a copy of its *Management Services Agreement* between AccentCare, Inc. and its subsidiaries and joint ventures. The agreement was executed on October 20, 2022, identifies the entities associated with the agreement, outlines roles and responsibilities for all entities, and specifies the agreement's terms. The agreement is used to ensure the new agency will have consulting services available from its parent.

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

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

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

#### Universal Home Care, LLC

Universal provided the following statement and table related to this sub-criterion. [source: Application, pdfs 23-24]

*“Universal Home Care expects to contract with local vendors for home medical equipment, pharmacy services, laboratory services, health records, telecommunications services, and accounting/financial services, as well as with medical staffing companies to fill staffing shortages when and if those may occur. Please see Table 10 for a list of expected ancillary and support services.”*



*Applicant's Table*

Table 10: Ancillary and Support Services	
Organization	Service
Hussein D. Hashi, CPA	Accounting/Financial services
Performance Home Medical	Medical supplies
Rotech	Medical supplies
T-Mobile	Telephone/Internet services
Homecare Homebase	Electronic health records
TeleMed	Answering Service (after-hours)
FedEx	Shipping/Postage
Stericycle	Hazardous Waste Disposal
Zirmed	Revenue cycle management
Othello Pharmacy	Pharmacy services
Source: Applicant	

[source: Application, pdf 24]

Additionally, Universal provided the following information regarding patients' access to services. *"The agency's business hours are Monday through Friday from 08:00 a.m. to 4:00 pm. The office will be closed on holidays recognized by the Federal Government and WA state. Agency services are accessible 24 hours per day, 7 days per week, including weekends and holidays. On-call services are available after regular business hours, including weekends and holidays.*

*A qualified RN or a coordinator supported by a RN is on-call to accept client calls, informational calls, or referrals for service; to coordinate services in an emergency; and to provide support to personnel making home visits after normal business hours. A qualified supervisor is available at all times to provide supervisory assistance to the on-call nurse and/or coordinator and other staff working after hours."* [source: Application, pdf 23]

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

Department Evaluation

Universal does not currently operate a Medicare and Medicaid-certified in-home services agency. This project proposes to serve King County patients from an office in Seattle, within King County.

Universal provided a listing of ancillary and support vendors it would use for the new agency. Universal also provided a copy of its draft *Medical Director Services Agreement* with Kirsten Carr, M.D. The agreement was executed April 11, 2023, identifies the entities associated with the agreement, outlines roles and responsibilities for both the physician and the agency, and specifies its terms.

Based on the information reviewed the department concludes that Universal has the initial network in place to establish appropriate ancillary and support relationships for the new home health services in King County. The department concludes **this sub criterion is met.**

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

Chapter 246-310 WAC does not contain specific WAC 246-310-230(3) criteria as identified in WAC 246-310-200(2)(a)(i). There are no known recognized standards as identified in WAC 246-310-

200(2)(a)(ii) and (b) that a facility must meet when it is to be Medicare certified and Medicaid eligible. Therefore, using its experience and expertise the department assessed each applicant's history in meeting these standards at other facilities owned or operated by each applicant.

As a part of this review, the department must conclude that the proposed services provided by an applicant would be provided in a manner that ensures safe and adequate care to the public.<sup>10</sup> For in-home services agencies, the department reviews two different areas when evaluating this sub-criterion. One is a review of the Centers for Medicare and Medicaid Services (CMS) *Terminated Provider Counts Report* covering years 2020 through current. The department uses this report to identify facilities that were involuntarily terminated from participation in Medicare reimbursement.

The department also reviews an applicant's conformance with Medicare and Medicaid standards, with a focus on Washington State facilities. The department uses the CMS *Survey Activity Report* to identify Washington State facilities with a history of condition level findings. For CMS surveys, there are two levels of deficiencies: standard and condition.<sup>11</sup>

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

Both applicants currently operate in-home services<sup>12</sup> operations, and one of the applicants also owns and/or operates post-acute facilities.<sup>13</sup> Since the proposed projects are for home health services, the focus of this review will be on the applicants' historical hospice and home health operations because they are either the same or functionally the most similar to the services proposed in these projects.

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

In response to a question about the historical performance (criminal conviction, license revocation, or decertification) of any facilities or practitioners associated with the applicant and project AccentCare provided the following statement. [source: Application, pdf 71]

*“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.”*

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<sup>10</sup> WAC 246-310-230(5).

<sup>11</sup> Definitions of standard and condition level surveys: <https://www.compass-clinical.com/deciphering-tjc-condition-level-findings/>

<sup>12</sup> Home health or hospice agencies

<sup>13</sup> Nursing homes and assisted living facilities

AccentCare also provided the following information in response to a question about the historical quality of the applicant. [source: Application, pdfs 72-73]

*“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 [sic] 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,[sic] 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**.*

...

*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 sevice [sic] that reflects the high quality care.”*

To address its practices for maintaining quality improvement standards and assessing customer satisfaction the applicant provided its *Performance Improvement Program and Annual Agency Evaluation Policy*, that describes AccentCare’s quality improvement policies, initiatives, specialized software, and its employee satisfaction surveys. [source: Application, pdfs 67-69 and Exhibit 13]

Performance Improvement Program and Annual Agency Evaluation Policy – Executed [source: Application, Exhibit 13]

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

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

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

#### Department Evaluation

As stated in the *Applicant Description* section of this evaluation, AccentCare, Inc. dba AccentCare Home Health of King County, LLC is one of the applicants in this review. As of the writing of this evaluation, this applicant owns and operates 117 in-home services agencies in 25 states and the District of Columbia. The table below shows the breakdown of count by state. [source: Application, Exhibit 4]

**Department's Table 22**  
**AccentCare, Inc. Hospice or Home Health Agencies by State**

State	# of Agencies	State	# of Agencies	State	# of Agencies
California	21	Massachusetts	4	Ohio	1
Colorado	3	Maryland	1	Oklahoma	1
Connecticut	1	Michigan	2	Oregon	2
D.C.	1	Minnesota	3	Pennsylvania	5
Delaware	1	Missouri	1	Tennessee	5
Florida	9	Mississippi	4	Texas	39
Georgia	4	Nebraska	1	Virginia	1
Illinois	2	New Jersey	1	Wisconsin	1
Indiana	2	New Mexico	1		

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

Terminated Provider Counts Report

Focusing on the years 2020 through 2022 and partial year 2023, none of AccentCare's healthcare facilities were involuntarily terminated from participation in Medicare reimbursement. [source: CMS Quality, Certification, and Oversight Reports as of October 22, 2023]

Conformance with Medicare and Medicaid Standards

The department reviewed the survey history for the applicant using the Center for Medicare and Medicaid Services (CMS) Quality, Certification & Oversight Reports (QCOR) website. The review included full years 2020 through 2022 and partial year 2023. The following tables summarize the department's findings.

**Department's Table 23  
Summary of AccentCare's Hospice Surveys**

State	# of Agencies	Standard Surveys	Complaint Surveys	Number of Surveys with Specific Types of Deficiencies		
				No Deficiencies	Standard Only	Condition & Standard
California	8	5	4 <sup>14</sup>	8	1	0
Colorado	2	0 <sup>15</sup>	0	0	0	0
Connecticut	1	0	0	0	0	0
D.C.	1	0	0	0	0	0
Delaware	1	0	0	0	0	0
Florida	5	3 <sup>16</sup>	4 <sup>17</sup>	4	3	0
Georgia	1	1	1 <sup>18</sup>	0	2	0
Illinois	1	0	1 <sup>19</sup>	0	1	0
Indiana	1	0	1	1	0	0
Massachusetts	3	1	0	1	0	0
Maryland	1	0	1	1	0	0
Michigan	1	0	1	1	0	0
Minnesota	1	0	0 <sup>20</sup>	0	0	0
Missouri	1	1	2	2	0	1
Mississippi	1	0	4	4	0	0
New Jersey	1	0	0	0	0	0
Oregon	1	0	0	0	0	0
Pennsylvania	2	0	0	0	0	0
Tennessee	2	0	0	0	0	0
Texas	13	7	10 <sup>21</sup>	16	1	0
Wisconsin	1	0	3	2	1	0
<b>Hospice Totals</b>	<b>49</b>	<b>22</b>	<b>28</b>	<b>40</b>	<b>9</b>	<b>1</b>

[source: CMS Quality, Certification, and Oversight Reports as of October 22, 2023]

<sup>14</sup> One California hospice, CCN 551550 had three complaint surveys in year 2020, but they all occurred before AccentCare ownership; and are not included here.

<sup>15</sup> One Colorado hospice, CCN 061593 had one complaint survey in year 2020, but occurred before AccentCare ownership; and is not included here.

<sup>16</sup> One Florida hospice, CCN 101561 had one standard survey in year 2020, but it occurred before AccentCare ownership; and is not included here.

<sup>17</sup> One Florida hospice, CCN 101543 had one complaint survey in year 2020, but it occurred before AccentCare ownership; and is not included here.

<sup>18</sup> One Georgia hospice, CCN 111640 had four complaint surveys in year 2020, but they both occurred before AccentCare ownership; and are not included here.

<sup>19</sup> One Illinois hospice, CCN 141582 had one complaint survey in year 2020, but it occurred before AccentCare ownership; and is not included here.

<sup>20</sup> One Minnesota hospice, CCN 241514 had one complaint survey in year 2020, but it occurred before AccentCare ownership; and is not included here.

<sup>21</sup> One Texas hospice, CCN 671578 had two complaint surveys in year 2020, but they both occurred before AccentCare ownership; and are not included here.

**Department's Table 24  
Summary of AccentCare's Home Health Surveys**

State	# of Agencies	Standard Surveys	Complaint Surveys	Number of Surveys with Specific Types of Deficiencies		
				No Deficiencies	Standard Only	Condition & Standard
California	13	5	3	6	2	0
Colorado	1	1	0	1	0	0
Florida	4	3	0	2	1	0
Georgia	3	0	0	0	0	0
Illinois	1	1	2 <sup>22</sup>	0	3	0
Indiana	1	0	2	0	2	0
Massachusetts	1	2	0	2	0	0
Michigan	1	0	0	0	0	0
Minnesota	2	0	0	0	0	0
Mississippi	3	0	0	0	0	0
Nebraska	1	0 <sup>23</sup>	0	0	0	0
New Mexico	1	1	0	1	0	0
Ohio	1	1	2	3	0	0
Oklahoma	1	0	0	0	0	0
Oregon	1	1	0	1	0	0
Pennsylvania	3	0 <sup>24</sup>	0 <sup>25</sup>	0	0	0
Tennessee	3	0	0	0	0	0
Texas	26	6	11	15	2	0
Virginia	1	1	1	0	2	0
<b>Home Health Totals</b>	<b>68</b>	<b>22</b>	<b>21</b>	<b>31</b>	<b>12</b>	<b>0</b>

[source: CMS Quality, Certification, and Oversight Reports as of October 22, 2023]

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

<sup>22</sup> One Illinois home health agency, CCN 147811 had one complaint survey in year 2020, but it occurred before AccentCare ownership; and is not included here.

<sup>23</sup> One Nebraska home health agency, CCN 287151 had one standard survey in year 2020, but it occurred before AccentCare ownership; and is not included here.

<sup>24</sup> Two Pennsylvania home health agencies, CCNs 397472 & 398062 had one standard survey each in year 2020, but they both occurred before AccentCare ownership; and are not included here.

<sup>25</sup> One Pennsylvania home health agency, CCN 398062 had two complaint surveys in year 2020, but they both occurred before AccentCare ownership; and are not included here.

**Department’s Table 25**  
**Summary of AccentCare’s In-Home Service Agencies’ Surveys**  
**For Full Years 2020 through Partial Year 2023**

Type of Agency	# of Agencies	Standard Surveys	Complaint Surveys	Number of Surveys with Specific Types of Deficiencies		
				No Deficiencies	Standard Only	Condition & Standard
Hospice	49	22	28	40	9	1
Home Health	68	22	21	31	12	0
<b>Total</b>	<b>117</b>	<b>44</b>	<b>49</b>	<b>71</b>	<b>21</b>	<b>1</b>
				<b>76%</b>	<b>23%</b>	<b>1%</b>

[source: CMS Quality, Certification, and Oversight Reports as of October 22, 2023]

All of the AccentCare agencies the department could locate survey information on are in conformance with CMS standards as of October 22, 2023.

AccentCare identified the physician that would provide medical director services: Balakrishnan Natarajan, M.D.<sup>26</sup> Using data from the Medical Quality Assurance Commission, the department confirmed that the physician holds an active medical license with no enforcement actions.

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

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

Universal Home Care, LLC

In response to the question of whether any facility or practitioner associated with this application has a history of criminal conviction, license revocation, or decertification Universal provided the following statement. [source: Application, pdf 25]

*“No facility or practitioner associated with this application has a history of the actions listed.”*  
[source: Application, pdf 25]

Related to quality improvement standards and assessing customer satisfaction the applicant provided the following policies. [source: Application, Exhibit 11]

- Quality Assurance Plan
- Client Satisfaction with Services Policy
- Client/Staff Complaint and Grievances Policy

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

<sup>26</sup> MD61027396

### Department Evaluation

As of the writing of this evaluation, this applicant has an in-home services agency, however only provides private-duty nursing services.

### Conformance with Medicare and Medicaid Standards

Using the CMS Quality, Certification & Oversight Reports (QCOR) website, the department typically reviews the historical survey information for an applicant's in-home services agencies.<sup>27</sup> However, Universal as a new entrant to the market does not have any past facility history for the department to review.

### Terminated Provider Counts Report

For this measure the department typically reviews an applicant's history for agencies involuntarily terminated from participation in Medicare reimbursement. However, Universal as a new entrant to the market does not have any past facility history for the department to review.

Although there is no survey history for Universal, lack of history does not equate to lack of or sufficient quality. To prove its commitment to quality services Universal provided its *Quality Assurance Plan*. [source: Application, Exhibit 11]

Universal provided the name and professional license number for its Medical Director, Kirsten Carr M.D.<sup>28</sup> Using data from the Washington State Medical Quality Assurance Commission the department confirmed that Dr. Carr has an active license with no enforcement action in Washington State. Several other credentialed staff members were identified in this application including two registered nurses. Both registered nurses have active licenses one with no enforcement action in Washington State, the other with enforcement action in a case that was dismissed in April 2014.

Given the compliance history of the agency's proposed Medical Director and staff there is reasonable assurance the proposed home health agency would be operated in conformance with applicable state and federal licensing and certification requirements. The department concludes that the Universal project **meets this sub-criterion**.

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

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

### AccentCare, Inc. dba AccentCare Home Health of King County, LLC

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

*“Active in the community, AccentCare King County's educational, promotional, and outreach efforts intersect with facilities, advocacy groups, institutions of higher learning, service providers,*

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<sup>27</sup> 'In home service agencies' are home care agencies, home health agencies, and hospice agencies.

<sup>28</sup> MD60672461



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,[sic] 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.” [source: Application, pdfs 70-71]

“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 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 [sic] 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 [sic] 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.

...

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.” [source: Application, pdfs 16-17, and 71-72]*

### Public Comments

The department received comments in support of AccentCare’s project. The following excerpt is representative of the comments received related to this sub-criterion. Additionally, listed here are the authors of similar comments all within AccentCare’s Application, Exhibit 1.

- Lori Hill, Social Worker & Discharge Planner, TCU, Foss Home and Village
- Mary Goetz RN, CRRN, Charge Nurse IRF, Providence Regional Medical Center Everett
- Brendan McNamara, Chief Executive Officer, Telemedicine, Sound Physicians
- Min Feng, Resources Navigator, South King County Senior Center Resources Hub
- Evelyn Stagnaro, MM, MT-BC, Life One Music, LLC, Seattle Children’s Hospital Music Therapist

Jamie Grebosky, MD, SVP and Chief Medical Officer, Asante [source: AccentCare Application, Exhibit 1]

*“I am submitting this letter in support of AccentCare, Inc. and their efforts to become licensed to provide home health services in King County, Washington. I currently serve as Chief Medical Officer at Asante and have the [sic] been Asante point of contact with AccentCare for the past ten years. During that time, AccentCare has proven to be a positive partner and demonstrated a commitment to patient focused collaboration.*

*As AccentCare makes an effort to expand into Washington, they work to recognize the unique needs of each community. In a time where there is a need for increased mental health resources AccentCare makes addressing the needs like grief & loss, mental health, and of course, physical needs of aging such as chronic conditions and long COVID their priority. As 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 such as music therapy. Their namaste program is also tailoring care to each individual and providing a more personalized experience based on the patients’ needs. 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: Advocacy Services for LGBTQ+ Elders as a platinum certified provider. They plan to increase outreach and provide quality services that extend beyond the standard practice of care. Having a home health license in addition to the hospice program will allow a continuity of care and education on how to access quality healthcare sooner in life.*

*AccentCare would be a strong provider in King County, Washington. They are a committed and capable partner for us here in Southern Oregon and I willingly recommend them.”*

### Department Evaluation

Given that AccentCare does not currently provide Medicare and Medicaid-certified home health services in King County, the applicant provided examples of potential referral sources and partners for its proposed agency, as well as details on its affiliates’ existing network and reiterated how it

intends to provide services to underserved portions of King County. This approach is acceptable for a new provider.

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

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

#### Universal Home Care, LLC

Universal provided the following statements related to this sub criterion.

*“Universal Home Care anticipates establishing working relationships with planning area acute care and post-acute care providers. These will primarily include King County hospitals, nursing homes, adult living facilities, and adult family homes.<sup>3</sup> Universal has been in contact with or targeted a series of these organizations for working relationships and referral sources. We have included a list of these organizations in Exhibit 12.”* [source: Application, pdf 24]

Footnote 3 states: *Universal will accept referrals for King County residents from out-of-county providers and organizations, but it anticipates its referral sources will primarily be King County providers and organizations.*

*“Improved access prevents unnecessary, costly emergency room visits and hospitalizations...*

*The proposed project will improve access to home health care in King County, hence delivery of health services. In this regard, not only will patient access improve, but patients’ costs of receiving home health care will fall, since without the project, some residents might otherwise be forced to move to other counties to obtain care. This promotes cost containment/cost effectiveness and access to higher quality home health care.”* [source: Application, pdfs 27-28]

#### Public Comments

The department received comment in support of Universal’s project. Following is an excerpt from the comment related to this sub-criterion.

Warsame Roble, Manager, Global Human Services [source: Comment Packet, distributed August 29, 2023, pdf 8]

*“I write to express my support for the proposal by Universal Home Care, LLC to provide Medicare and Medicaid certified home health services in King County. Global Human Services is a 501 C Non-Profit Organization that Services Limited English Language Persons (LEP) In south Seattle Rainier Valley area. We have been contacting Universal Home care through our Covid-19 Outreach public participation in which they have immensely contributed to the Vaccination program by recruiting and referring Clients to vaccination sites alongside our partners...”*

### Department Evaluation

Given that Universal does not currently provide Medicare and Medicaid-certified home health services in King County, the applicant provided examples of potential referral sources and partners for its proposed agency. This approach is acceptable for a new provider.

Public comment supporting this project were received related to this sub-criterion. This comment came from a referral source of Universal. The comment discusses Universal's partnership and contributions to its COVID-19 and vaccination program.

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

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

### Department Evaluation

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

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

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

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

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

If either project has met the applicable criteria in WAC 246-310-210 through 230 criteria, the department then assesses the other options considered by each applicant. If the department determines the proposed project is better or equal to other options considered by the applicant and the department has not identified any other better options this criterion is determined to be met unless there are multiple applications.

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

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

For this project, AccentCare met the applicable review criteria under WAC 246-310-210, 220, and 230. Therefore, the department moves on to alternatives considered by this applicant. AccentCare considered the following several options. [source: Application, pdf 74]

*“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.”*

This applicant provided an alternatives analysis discussing patient access to healthcare services, capital cost, staffing impacts, and quality improvement. After this analysis, AccentCare provided the following conclusion. [source: Application, pdf 76]

*“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.”*

When asked whether AccentCare considered expanding its existing in-home services license for King County hospice to include home health, the applicant provided the following response. [source: March 13, 2023, screening response, pdf 7]

*“AccentCare generally keeps home health, hospice and personal care service lines separate, operating under separate licenses, as many states require separate licenses for hospice and for home health. Because home health and hospice services are so specialized, AccentCare also prefers separate provider entities with separate leadership.*

*If AccentCare were to provide home health care and hospice care on one license, the company would still incur the cost of applying for a CN for each service and would need to hire sufficient staff and rent sufficient office space to provide both home health care and hospice services. The only real cost savings is 25% of the renewal fee of the additional license category, currently \$4641 to add hospice to a home health license at renewal if the agency has 6 to 15 FTEs. This amount is negligible, amounting to less than 1% of net revenues for the proposed home health agency.*

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

When asked to discuss why its project should be considered the best available alternative for King County residents, AccentCare provided detailed information of which some excerpts are provided here. [source: July 17, 2023, screening response, pdfs 4-8]

**“(a) The proposed agency will meet state certification requirements.**

*Response:* AccentCare Home Health of King County, LLC will meet state certification requirements...

**(b) The proposed agency will serve either directly or through formal agreements with other providers the entire planning area in which it is proposed to be located.**

*Response:* As stated on page 10 of the application, AccentCare King County will serve residents of the entire planning area of King County, regardless of location, ensuring accessibility and availability. AccentCare is committed to establishing the necessary agreements and contracts to deliver exceptional care and uninterrupted services to King County patients. As an experienced provider of home health and hospice services nationwide, AccentCare 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, patient, 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 care services in the planning area. Additionally, AccentCare King County commits to cooperation and coordination with agencies that advocate for underserved populations, such as federally qualified health centers, tribal organizations, and community-based organizations that support low-income individuals, Medicaid recipients, and minorities...

**(c) The proposed agency has a written policy and budget to serve clients without regard to their source of payment.**

*Response:* AccentCare King County commits to serving all eligible patients, regardless of income or ability to pay. AccentCare’s updated Indigent and Charity Care policy was provided as Attachment 9 of the first screening response submitted on March 13, 2023...

**(d) The agency has a lower charge per visit compared to similarly-organized agencies providing comparable services in the home health planning area. ‘Organization’ refers to whether the agency is freestanding or hospital-based.**

*Response:* As the majority of home health care is reimbursed by Medicare and Medicaid, charges are limited by the reimbursement rates and program limits. Therefore, revenue or charges per visit would be similar.

**(e) The agency assures continuity of care by having documented formal linkages to other levels of care.**

*Response:* By complimenting AccentCare’s existing personal care services agency and a new hospice agency that is expected to open in 2023, the proposed home health agency enhances the post-acute care continuum in King County... AccentCare King County will focus on outreach to establish relationships to existing facilities and providers to create referral pathways, improving access to home health care throughout the county. AccentCare King County will routinely interact with physicians, practitioners, discharge planners of hospitals and nursing homes, and others to ensure access to home healthcare and continuity of care throughout the planning area. Furthermore, population health and patient care in King County will benefit from the lasting integration within the health care landscape that the proposed agency seeks to create through the cultivation of relations with other providers in the service area.

**(f) The agency has arrangements to provide charity care to clients who are unable to pay for services.**

**Response:** AccentCare agrees to provide charity care to clients who are unable to pay for services. As stated above, AccentCare’s policy for Indigent and Charity Care was provided as Attachment 9 of the first screening response submitted on March 13, 2023 demonstrating how charity care is provided.

**(g) The agency demonstrates a mechanism for measuring and responding to community concerns.**

**Response:** AccentCare King County demonstrates its mechanism for measuring and responding to community concerns on pages 67 to 69 of the application. AccentCare King County’s customer satisfaction and quality improvement policies and procedures are addressed, in addition to federally mandated quality surveys, the Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS). Medalogix predictive analytics software helps improve service by identifying the right care at the right time. Employee satisfaction surveys are another way AccentCare King County will address concerns.

...

AccentCare King County identifies how the project will respond community concerns regarding underserved groups such as the following:

- **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...**

#### Public Comments

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

Carab Axmed, President, Universal Home Care, LLC [source: Comment Packet, distributed August 29, 2023, pdf 11]

*“If the application by AccentCare satisfies the Department criteria of Need, Financial Feasibility, Structure and Process of Care, and Cost Containment, then both applications should be approved... Given visits per patient equal to 20.6, this translates to over 12,000 planning area residents in need of home health services in King County over the next three years. Such tremendous need in the planning area means the Department can approve both applications and remain consistent with the expressed public policy goal of Revised Code of Washington 70.38 that the development and/or expansion of health care facilities be accomplished in a planned, orderly fashion and without unnecessary duplication.”*

#### Department Evaluation

The department concluded in the need section of this evaluation that King County could accommodate another 28 home health agencies in the projection year 2026. AccentCare provided a discussion of alternatives considered, including doing nothing, purchasing an existing agency, a joint venture, and expanding one of its existing in-home services licenses to include King County home health services. This applicant provided an explanation for why each of the alternatives was rejected and why applying for CN-approval of the project proposed in this application is appropriate. The department did not identify any alternative that was a superior alternative in terms of cost, efficiency, or effectiveness that is available or practicable. Additionally, comments provided by the other

applicant in this review state it believes the department could approve both applications since there is significant numeric need. **This sub-criterion is met.**

Universal Home Care, LLC

For this project, Universal met the applicable review criteria under WAC 246-310-210, 220, and 230. Therefore, the department moves on to alternatives considered by the applicant. Universal considered the two following options. [source: Application, pdf 26]

- “• *Option One: Develop a Medicare/Medicaid Certified Home Health Agency in King County—The Project*
- *Option Two: Do Nothing*”

When asked to discuss why its project should be considered the best available alternative for King County residents, Universal provided the following statement and table. [source: Application, pdfs 26-27]

“Please see Table 11 through Table 15. These tables provide a summary of advantages and disadvantages of each of the options based on the following evaluative criteria: Promoting availability, or access to healthcare services; Promoting Quality of Care; Promoting Cost and Operating Efficiency; and Legal Restrictions.”

*Applicant’s Tables*

Table 11. Alternatives Analysis: Promoting Access to Healthcare Services.	
Option:	Advantages/Disadvantages:
<b>Option One</b> Develop a Medicare/Medicaid Certified Home Health Agency in King County—The Project	<ul style="list-style-type: none"> <li>• Unmet need for additional home health agency services based on the Department’s numeric need methodology (Advantage, “A”)</li> </ul>
<b>Option Two</b> Do nothing	<ul style="list-style-type: none"> <li>• Would do nothing to improve access (Disadvantage (“D”)).</li> <li>• Without additional capacity, some patients may have to delay or not receive care altogether. (D)</li> </ul>

Table 12. Alternatives Analysis: Promoting Quality of Care.	
Option:	Advantages/Disadvantages:
<b>Option One</b> Develop a Medicare/Medicaid Certified Home Health Agency in King County—The Project	<ul style="list-style-type: none"> <li>• Residents of the Planning Area would have increased home health access—this improves quality of care inasmuch as it improves access and allows continuity of care. (A)</li> </ul>
<b>Option Two</b> Do nothing	<ul style="list-style-type: none"> <li>• Without sufficient access to home health care, this can lead to preventable, costly emergency room visits or hospitalizations. (D)</li> </ul>

Table 13. Alternatives Analysis: Cost Efficiency and Capital Impacts.	
Option:	Advantages/Disadvantages:
<b>Option One</b> Develop a Medicare/Medicaid Certified Home Health Agency in King County—The Project	<ul style="list-style-type: none"> <li>• Limited capital expenditures necessary. (A)</li> <li>• Improved access prevents unnecessary, costly emergency room visits and hospitalizations. (A)</li> </ul>
<b>Option Two</b> Do nothing	<ul style="list-style-type: none"> <li>• Least costly with respect to capital expenditures. However, lack of sufficient access to home health services leads to increased use of more expensive alternatives (emergency room utilization, hospitalization, etc.). (D)</li> </ul>



**Applicant's Tables continued**

Table 14. Alternatives Analysis: Staffing Impacts.	
Option:	Advantages/Disadvantages:
<b>Option One</b> Develop a Medicare/Medicaid Certified Home Health Agency in King County—The Project	<ul style="list-style-type: none"> <li>• Large concentration of skilled health service professionals in King County. (A)</li> <li>• Competitive market demand for skilled labor. (D)</li> </ul>
<b>Option Two</b> Do nothing	<ul style="list-style-type: none"> <li>• No impact. (Neutral, "N")</li> </ul>

Table 15. Alternatives Analysis: Legal Restrictions.	
Option:	Advantages/Disadvantages:
<b>Option One</b> Develop a Medicare/Medicaid Certified Home Health Agency in King County—The Project	<ul style="list-style-type: none"> <li>• This option requires certificate-of-need approval. (Neutral, "N")</li> </ul>
<b>Option Two</b> Do nothing	<ul style="list-style-type: none"> <li>• There are no legal implications with this option. (N)</li> </ul>

Universal additionally provided the following information related to this sub-criterion. [source: June 2, 2023, screening response, pdfs 6-7]

*“If the application by AccentCare satisfies the Department criteria of Need, Financial Feasibility, Structure and Process of Care, and Cost Containment, then it is the position of Universal Home Care that both applications should be approved. There currently exists a significant need in King County for additional home health services. Based on the State Health Plan forecast methodology, we estimate a need of over 250,000 home health visits by King County residents in 2026. Given visits per patient equal to 20.6, this translates to over 12,000 planning area residents in need of home health services in King County over the next three years.<sup>4</sup> This exceeds the capacity of any individual home health provider.*

*Universal Home Care Strengths - NEED*

*We emphasize Universal’s commitment to serving all King County residents in need of home health services, with an emphasis on underserved populations. These include the elderly, the poor and uninsured, and immigrant communities within King County. Please see Application Exhibit 3 for Universal’s financial assistance policy demonstrating its commitment to serve the financially indigent. We note that although not required, this financial assistance policy is consistent with the new charity care requirements for Washington State hospitals.*

*Universal Home Care is acutely aware of the challenges faced by these groups, especially minority and foreign-born populations, to access needed services. Estimates from the American Community Survey indicate that about one in four King County residents are foreign born and about a third speak a language other than English. Minorities and foreign-born individuals often face difficulty obtaining necessary care due to language and cultural barriers, and Universal will apply its understanding and connection to their experience to provide collaborative, appropriate, and compassionate care for King County residents in need of home health services.*

*Universal Home Care Strengths – FINANCIAL FEASIBILITY*

*As demonstrated in Application Exhibit 6, Universal Home Care is committed and has the financial capacity to fund the proposed project. Based on its utilization forecast, Universal expects agency profitability within the first two full years of operations. Universal has already begun identification and discussions with potential referral sources and is well positioned to develop and operate the proposed Medicare and Medicaid certified home health services to King County residents.*

Universal Home Care Strengths – STRUCTURE AND PROCESS OF CARE

Universal Home Care acknowledges the existence of healthcare staffing shortages within King County. To effectively recruit and retain qualified staff, Universal will offer competitive wage and benefit packages and market extensively through recruitment organizations such as Zip Recruiter, Glassdoor, Indeed, LinkedIn, and Monster, as well as in community organizations within South King County.

Universal is also committed to further developing relationships with providers in King County and the greater region and serving as a collaborative care partner to promote continuity of care.

Universal Home Care Strengths – COST CONTAINMENT / SUPERIORITY

See Table 1 below for a description of Universal’s adherence to the superiority criteria for home health agencies established under the 1987 State Health Plan.”

*Applicant’s Table*

Table 3: Superiority Criteria		
	Criteria	Universal Home Care
(a)	The proposed agency will meet state certification requirements.	Confirmed. Universal Home Care will meet all Washington state certification requirements
(b)	The proposed agency will serve either directly or through formal agreements with other providers the entire planning area in which it operates.	Universal Home Care will continue to develop relationships and collaborate with other providers in the planning area.
(c)	The proposed agency has a written policy and budget to serve clients without regard to their source of payment.	Please see Application Exhibit 3 for Universal Home Care’s financial assistance policy demonstrating its commitment to serve the financially indigent.
(d)	The agency has a lower charge per visit compared to similarly organized agencies providing comparable services in the home health planning area. "Organization" refers to whether the agency is freestanding or hospital-based.	Universal Home Care will be a freestanding agency. The charges per visit projections for Washington State operations are based on Washington benchmarks based on public documents for other home health projects similar to Universal Home Care’s proposed project.
(e)	The agency assures continuity of care by having documented formal linkages to other levels of care.	Confirmed. Universal Home Care is committed to serving as a partner in care with the greater health system and collaborating with other organizations to promote continuity of care.
(f)	The agency has arrangements to provide charity care to clients who are unable to pay for services.	Please see Application Exhibit 3 for Universal Home Care’s financial assistance policy demonstrating its commitment to serve the financially indigent.
(g)	The agency demonstrates a mechanism for measuring and responding to community concerns.	See Application Exhibit 11 for Universal Home Care’s Quality Assurance Plan.
Source: 1987 State Health Plan		

[source: June 2, 2023, screening response, pdfs 6-7]

Public Comments

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

Tracy Merritt, Authorized Representative, AccentCare, Inc. [source: Comment Packet, distributed August 29, 2023, pdf 17]

*“While acknowledging that sufficient need exists to support both applications, AccentCare King County’s application exhibits superiority.”*

Department Evaluation

The department concluded in the need section of this evaluation that King County could accommodate another 28 home health agencies in the projection year 2026. Universal provided a discussion of alternatives considered, including doing nothing or this proposed project. This applicant provided an explanation for why the alternative of doing nothing was rejected and why applying for CN-approval of the project proposed in this application is appropriate. The department did not identify any alternative that was a superior alternative in terms of cost, efficiency, or effectiveness that is available or practicable. Additionally, comments provided by the other applicant in this review state it believes the department could approve both applications since there is significant numeric need. **This sub-criterion is met.**

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

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

Department Evaluation

Neither project involves construction; therefore, this sub-criterion does not apply to either project.

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

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

AccentCare provided the following statement related to this sub criterion. [source: Application, pdfs 76-77]

*“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.”*

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

Department Evaluation

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

Universal Home Care, LLC

Universal provided the following statement related to this sub criterion. [source: Application, pdfs 27-28]

*“The proposed project will improve access to home health care in King County, hence delivery of health services. In this regard, not only will patient access improve, but patients’ costs of receiving home health care will fall, since without the project, some residents might otherwise be forced to move to other counties to obtain care. This promotes cost containment/cost effectiveness and access to higher quality home health care.”*

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

Department Evaluation

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

# APPENDIX A

Home Health Method for King County  
Certificate of Need Applications 23-22 and 23-32  
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Agency	License Number	CN HH Files Research	ILRS Research # of Service Area(s)	ILRS Research # of HH FTEs	ILRS Research Services	ILRS Research License 1st Issued	Internet Research	CN Survey Research 2021 Data	CN Survey Research 2020 Data	Conclusion
Home Care by Wesley	IHS.FS.0000028		2	3.75	HHA, MSW, NC, OT, RN, ST	1/1/2003	URL: <a href="https://wesleychoice.org/home-health-care/">https://wesleychoice.org/home-health-care/</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Everhome Healthcare	IHS.FS.00000184		10	7.00	HHA, HM, IV, MSW, NC, OT, PC, PT, RC, RN, ST, Tr	1/1/2007	URL: <a href="https://www.everhomehealthcare.com/frequently-asked-questions">https://www.everhomehealthcare.com/frequently-asked-questions</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Amicable Health Care	IHS.FS.00000215	CN#1812	3	3	HHA, HM, MSW, OT, PC, PT, RC, RN, ST, Tr		URL: <a href="https://www.amicablehealth.net/home-health/">https://www.amicablehealth.net/home-health/</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
A-One Home Care	IHS.FS.00000219		6	26.5	HHA, HM, IV, PC, RN, Tr		URL: <a href="https://www.aonemedicalservices.com/pages/services">https://www.aonemedicalservices.com/pages/services</a> Limitations (if any): <b>None</b>	No survey completed.	Opted out.	<b>Included</b>
Signature Healthcare at Home	IHS.FS.00000220	CN-grandfathered agency	4	46	HHA, MSW, OT, PT, RN, ST		URL: <a href="https://signaturehch.com/locations-map">https://signaturehch.com/locations-map</a> Limitations (if any): <b>None</b>	192 King admits, first year 1984.	No survey completed.	<b>Included</b>
Evergreen Health	IHS.FS.00000278	CN#911	3	208.4	BC, DME, HHA, IV, MSW, NC, OT, PC, PT, RT, RN, ST		URL: <a href="https://www.evergreenhealth.com/health-services/home-care/home-health/">https://www.evergreenhealth.com/health-services/home-care/home-health/</a> Limitations (if any): <b>None</b>	7,032 King admits, first year 1986.	6,983 King admits, first year 1986.	<b>Included</b>
CenterWell Home Health	IHS.FS.00000293		1	88.5	HHA, MSW, OT, PT, RN, ST		URL: <a href="https://www.centerwellhomehealth.com/our-care/services/">https://www.centerwellhomehealth.com/our-care/services/</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
CenterWell Home Health	IHS.FS.00000295		2	21.2	HHA, MSW, OT, PT, RN, ST		URL: <a href="https://www.centerwellhomehealth.com/our-care/services/">https://www.centerwellhomehealth.com/our-care/services/</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Signature Healthcare at Home	IHS.FS.00000382	CN-grandfathered agency	3	70.58	HHA, MSW, OT, PT, RN, ST		URL: <a href="https://signaturehch.com/locations-map">https://signaturehch.com/locations-map</a> Limitations (if any): <b>None</b>	879 King admits, first year 1996.	No survey completed.	<b>Included</b>
Providence Elder Place	IHS.FS.00000415		3	8	BC, DME, HHA, HM, IV, MSW, NC, OT, PC, PT, RT, RC, RN, ST		URL: <a href="https://www.providence.org/services/home-care-services?postal=98288#tabcontent-1-pane-3">https://www.providence.org/services/home-care-services?postal=98288#tabcontent-1-pane-3</a> Limitations (if any): <b>None</b>	212 King admits, first year 1995.	694 King admits, first year 1995.	<b>Included</b>
Providence Home Services	IHS.FS.00000419	CN#936	1	128.76	HHA, MSW, OT, PT, RN, ST		URL: <a href="https://www.providence.org/services/home-care-services?postal=98288#tabcontent-1-pane-3">https://www.providence.org/services/home-care-services?postal=98288#tabcontent-1-pane-3</a> Limitations (if any): <b>None</b>	4,831 King admits, first year 1988.	4,929 King admits, first year 1988.	<b>Included</b>
Sea Mar Home Health / Sea Mar Home Care	IHS.FS.00000433	CN-grandfathered agency	1	4	OT, PT, RN, ST		URL: <a href="https://www.seamar.org/services-king.html">https://www.seamar.org/services-king.html</a> Limitations (if any): <b>Unable to confirm, page malfunction</b>	130 King admits, first year 1996.	109 King admits, first year 1978.	<b>Included</b>
Careage Home Health	IHS.FS.60007888	CN#1102	1	28	HHA, HM, MSW, OT, PC, PT, RN, ST	10/1/2019	URL: <a href="https://www.careage.com/senior-living/wa/bellevue/ne-29th-place/faqs">https://www.careage.com/senior-living/wa/bellevue/ne-29th-place/faqs</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60081744	CN-grandfathered agency	2	65	HHA, MSW, OT, PT, RN, ST	2/27/2008	URL: <a href="https://www.multicare.org/services-and-departments/multicare-home-health-hospice/home-health/">https://www.multicare.org/services-and-departments/multicare-home-health-hospice/home-health/</a> Limitations (if any): <b>None</b>	419 King admits, first year 2008.	414 King admits.	<b>Included</b>

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Kline Galland Community Based Services	IHS.FS.60103742	CN#1466	1	29.4	HHA, MSW, OT, PT, RN, ST	9/17/2009	URL: <a href="https://www.klinegalland.org/wp-content/uploads/sites/27/2023/07/Kline-Galland-Home-Health-June-2023.pdf">https://www.klinegalland.org/wp-content/uploads/sites/27/2023/07/Kline-Galland-Home-Health-June-2023.pdf</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Wesley Health and Homecare	IHS.FS.60276500	CN-grandfathered agency	2	12.7	HHA, MSW, OT, PT, RN, ST	3/14/2012	URL: <a href="https://wesleychoice.org/home-health-care/">https://wesleychoice.org/home-health-care/</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Judson Park (HumanGood Washington)	IHS.FS.60291296		1	24	HHA, HM, PC, RN, Tr	9/13/2012	URL: <a href="https://www.humangood.org/judson-park">https://www.humangood.org/judson-park</a> Limitations (if any): <b>Unknown</b>	45 King admits, first year 2012.	20 King admits, first year 2000.	<b>Included</b>
Assured Home Health	IHS.FS.60497952	CN-grandfathered agency	3	76	HHA, MSW, OT, PT, RN, ST	9/10/2014	URL: <a href="https://lhcgroupp.com/locations/assured-home-health-of-renton/">https://lhcgroupp.com/locations/assured-home-health-of-renton/</a> Limitations (if any): <b>None</b>	1,109 King admits, first year 2017.	958 King admits, first year 2017.	<b>Included</b>
CHI Franciscan Health at Home	IHS.FS.60506466	CN#1060	4	50.1	HHA, OT, PT, RT, RN, ST	11/26/2014	URL: <a href="https://www.chihealthathome.com/content/health-at-home/en/services/home-care.html">https://www.chihealthathome.com/content/health-at-home/en/services/home-care.html</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Envision Home Health	IHS.FS.60521160	CN#1527	5	32.75	HHA, MSW, OT, PT, RN, ST	12/22/2014	URL: <a href="https://envhh.com/home-health/">https://envhh.com/home-health/</a> Limitations (if any): <b>None</b>	587 King admits, first year 2014.	449 King admits, first year 2015.	<b>Included</b>
Universal Home Care LLC	IHS.FS.60631342		1	2	ABA, DME, HHA, HM, IV, MSW, NC, OT, PC, PT, RT, RC, RN, ST, Tr	9/16/2016	URL: <a href="http://www.universalhomecareagency.com/home-health-care-skilled-home-health-services">http://www.universalhomecareagency.com/home-health-care-skilled-home-health-services</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Serengeti Care	IHS.FS.60660148		1	1	HHA, HM, PC, RC, RN, Tr	6/17/2016	URL: <a href="https://serengeticare.com/services/home-health/">https://serengeticare.com/services/home-health/</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Puget Sound Home Health of King County	IHS.FS.60751653	CN#1487	2	16.1	HHA, NC, OT, PT, RN, ST	5/26/2017	URL: <a href="https://pugetsoundhh.com/home-health/">https://pugetsoundhh.com/home-health/</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
A Kind Heart Home Care Services	IHS.FS.60803191		3	4.28	HHA, HM, PC, RT, RN, Tr	3/27/2019	URL: <a href="https://akindheart.info/home-health-services/">https://akindheart.info/home-health-services/</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Eden Home Health	IHS.FS.60871865	CN#1739	2	23	HHA, MSW, OT, PT, RN, ST	11/21/2018	URL: <a href="https://www.eden-health.com/Locations/eden-home-care-bellingham/">https://www.eden-health.com/Locations/eden-home-care-bellingham/</a> Limitations (if any): <b>None</b>	528 King admits.	No survey completed.	<b>Included</b>
Infinity Homehealth Solutions Inc.	IHS.FS.60955703		1	2	ABA, DME, HHA, HM, IV, MSW, NC, OT, PC, PT, RT, RC, RN, ST, Tr	7/10/2019	URL: <a href="https://www.care.com/b/l/infinity-homehealth-solutions/federal-way-wa">https://www.care.com/b/l/infinity-homehealth-solutions/federal-way-wa</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Bethany Home Health LLC	IHS.FS.60966822		3	8.83	ABA, DME, HHA, HM, IV, MSW, NC, OT, PC, PT, RT, RN, ST, Tr	07/22/20	URL: <a href="https://bethanyhh.org/">https://bethanyhh.org/</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Amedisys Home Health	IHS.FS.61035006		1	5.77	HHA, MSW, OT, PT, RN, ST	3/2/2020	URL: <a href="https://locations.amedisys.com/wa/bellevue/1800-136th-place-amedisys-home-health-care?utm_source=extnet&amp;utm_medium=yext">https://locations.amedisys.com/wa/bellevue/1800-136th-place-amedisys-home-health-care?utm_source=extnet&amp;utm_medium=yext</a> Limitations (if any): <b>None</b>	222 King admits.	No survey completed.	<b>Included</b>



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Wellspring Home Health Center, LLC	IHS.FS.61055973	CN#1905	3	2	ABA, DME, HHA, IV, OT, PC, PT, RT, RC, RN, Tr	3/26/2020	URL: <a href="https://wellspringhomehealth.com/services/">https://wellspringhomehealth.com/services/</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Haven Home Health Care	IHS.FS.61108148	CN#1434	1	26	HHA, MSW, OT, PC, PT, RN, ST	10/1/2020	URL: <a href="https://havenhealthservices.com/haven-home-health/">https://havenhealthservices.com/haven-home-health/</a> Limitations (if any): <b>Specified service area 'Serving Residents In ... Seattle, WA'</b>	No survey completed.	No survey completed.	<b>Included</b>
Light Within Home Health	IHS.FS.61143217	CN#1954	2	2	HHA, HM, IV, NC, OT, PC, PT, RT, RC, RN, Tr	5/21/2021	URL: <a href="https://lightwithinhomehealth.com/">https://lightwithinhomehealth.com/</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Brookdale Home Health	IHS.FS.61186662	CN#1479	3	13	HHA, MSW, OT, PT, RN, St	7/7/2021	URL: <a href="https://www.brookdale.com/en/our-services/skilled-nursing.html">https://www.brookdale.com/en/our-services/skilled-nursing.html</a> Limitations (if any): <b>None</b>	76 King admits, first year 2015.	409 King admits, first year 2015.	<b>Included</b>
Careforce	IHS.FS.61425657		4	4	HHA, IV, MSW, PC, RT, RN, Tr	5/23/2023	URL: <a href="https://careforce.com/services/">https://careforce.com/services/</a> Limitations (if any): <b>None</b>	No survey completed.	No survey completed.	<b>Included</b>
Seattle Childrens Hospital Home Care Services	IHS.FS.00000097		39	68.96	DME, IV, NC, RT, RN	1/1/2004	URL: <a href="https://www.seattlechildrens.org/">https://www.seattlechildrens.org/</a> Limitations (if any): <b>Services are only available to children.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.
Advanced Health Care	IHS.FS.00000206		7	68.00	HHA, HM, PC, RC, RN, Tr		URL: <a href="https://advanced-healthcare.com/">https://advanced-healthcare.com/</a> Limitations (if any): <b>Service area limited to 'south puget sound'</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.
Ashley House	IHS.FS.00000227		4	80.39	HHA, MSW, NC, PC, RT, RC, RN, Tr		URL: <a href="https://ah-nw.org/services">https://ah-nw.org/services</a> Limitations (if any): <b>Services limited by age.</b>	Only Pierce admits.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.
Kaiser Permanente Home Health and Hospice	IHS.FS.00000305	CN-grandfathered agency	4	138.63	HHA, MSW, OT, PT, RN, ST		URL: <a href="https://healthy.kaiserpermanente.org/washington/shop-plans#individual-and-family-plans">https://healthy.kaiserpermanente.org/washington/shop-plans#individual-and-family-plans</a> Limitations (if any): <b>Services only available to members.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.
Popes Kids Place	IHS.FS.60083889		42	25	HHA, IV, PC, PT, RC, RN, Tr	6/1/2009	URL: <a href="https://popesplace.org/services/">https://popesplace.org/services/</a> Limitations (if any): <b>Services only available to persons from birth to early adulthood.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.
Professional Case Management of Washington LLC	IHS.FS.60474800		14	73.02	HHA, HM, PC, RN	7/21/2014	URL: <a href="https://procasemanagement.com/">https://procasemanagement.com/</a> Limitations (if any): <b>Services for specific injuries or types of reimbursement only.</b>	Zero King admits.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.
United Energy Workers Healthcare, LLC	IHS.FS.60593988		8	8.2	HHA, HM, PC, RN, Tr	11/20/2015	URL: <a href="https://uewhealth.com/frequently-asked-questions/">https://uewhealth.com/frequently-asked-questions/</a> Limitations (if any): <b>Services are only available to former nuclear weapons workers, uranium miners, millers, and haulers.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.
Nuclear Care Partners LLC	IHS.FS.60670421		39	37.84	HHA, RN	10/4/2016	URL: <a href="https://www.nuclearcarepartners.com/">https://www.nuclearcarepartners.com/</a> Limitations (if any): <b>Services are only available to former Department of Energy, atomic, and Uranium workers.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.



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Reliable Healthcare	IHS.FS.60851874		6	78.34	HHA, HM, MSW, OT, PC, PT, RT, RC, RN, ST, Tr	5/16/2018	URL: <a href="https://www.reliablehealth.care/services/">https://www.reliablehealth.care/services/</a> Limitations (if any): <b>Services only available to current and past Hanford Site Workers who qualify under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.
Critical Nurse Staffing LLC a/k/a CNSCares	IHS.FS.60852239		39	39	DME, HHA, RN	4/24/2018	URL: <a href="https://cnscares.com/service-areas/">https://cnscares.com/service-areas/</a> Limitations (if any): <b>Services appear to only be available to specific types of workers.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.
Family Resource Home Care	IHS.FS.60857773		6	18	HHA, HM, PC, RC, RN, Tr	5/23/2018	URL: <a href="https://www.familyresourcehomecare.com/how-we-help/frequently-asked-questions/">https://www.familyresourcehomecare.com/how-we-help/frequently-asked-questions/</a> Limitations (if any): <b>Service area does not include all of King County.</b>	No survey completed.	1 King admit, first year 2018.	<b>Excluded</b> Services not accessible to all residents of King County.
Day by Day Nursing Services	IHS.FS.60907239		3	8	HHA, HM, IV, MSW, OT, PC, PT, RN	1/9/2020	URL: <a href="https://www.daybydaynursing.com/home-health-agency-services">https://www.daybydaynursing.com/home-health-agency-services</a> Limitations (if any): <b>Services limited to residents of a specific facility.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.
Childress Nursing Services	IHS.FS.60959298		3	3	DME, HHA, HM, MSW, NC, OT, PC, PT, RT, RN, ST, Tr	2/25/2020	URL: <a href="https://www.childressnursing.com/about">https://www.childressnursing.com/about</a> Limitations (if any): <b>Services focus on supporting women and their families from pre-conception to post-delivery.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.
Fedelta Home Care	IHS.FS.61028960		22	53	HHA, HM, IV, PC, RC, RN, Tr	12/13/2019	URL: <a href="https://www.fedeltahomecare.com/service/home-care/home-care-nursing">https://www.fedeltahomecare.com/service/home-care/home-care-nursing</a> Limitations (if any): <b>Services limited to the Seattle area.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services not accessible to all residents of King County.
Right At Home	IHS.FS.00000096		5	16.00	HHA, HM, IV, PC, RC, RN, Tr	1/1/2004	URL: <a href="https://www.rightathome.net/services">https://www.rightathome.net/services</a> Limitations (if any): <b>Does not appear to offer therapy or home health aide services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
DAHLIA Living	IHS.FS.00000134		1	4.47	HHA, HM, PC, RN, Tr	1/1/2006	URL: <a href="https://www.dahlialiving.org/abilities_served.html">https://www.dahlialiving.org/abilities_served.html</a> Limitations (if any): <b>Private duty nursing, long-term, not 'intermittent' (SHP).</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Alliance Nursing	IHS.FS.00000204		19	44.00	HHA, RN		URL: <a href="http://alliancenursing.com/faq/#1449569881860-3562c407-33b1d80f-2628">http://alliancenursing.com/faq/#1449569881860-3562c407-33b1d80f-2628</a> Limitations (if any): <b>Private duty nursing, long-term, not 'intermittent' (SHP).</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
American Healthcare Services	IHS.FS.00000214		1	4	DME, HHA, HM, PC, RC, RN, Tr		URL: <a href="http://www.amhomehealth.net/home-health-skilled-nursing">http://www.amhomehealth.net/home-health-skilled-nursing</a> Limitations (if any): <b>No therapies or home health aide services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Avail Home Health	IHS.FS.00000231		28	112	HHA, HM, PC, RC, RN, Tr		URL: <a href="https://www.availhome.com/services/">https://www.availhome.com/services/</a> Limitations (if any): <b>Private duty nursing, long-term, not 'intermittent' (SHP).</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.

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Comfort Keepers	IHS.FS.00000259		1	1	HHA, HM, PC, RC, RN, Tr		URL: <a href="https://www.comfortkeepers.com/care-services/faq/">https://www.comfortkeepers.com/care-services/faq/</a> Limitations (if any): <b>Services limited to home care services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Health People Inc,	IHS.FS.00000309		3	5.00	HHA, HM, PC,RN		URL: <a href="http://www.healthpeople.com/services/">http://www.healthpeople.com/services/</a> Limitations (if any): <b>Services limited to home care services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Maxim Healthcare Services	IHS.FS.00000375		21	29	HM, IV, OT, PT, RT, RN, ST	6/26/2003	URL: <a href="https://www.maximhealthcare.com/in-home-care-services/adults/">https://www.maximhealthcare.com/in-home-care-services/adults/</a> Limitations (if any): <b>Private duty nursing, long-term, not 'intermittent' (SHP).</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Aveanna Healthcare (Total Care Inc.)	IHS.FS.00000452		39	30.05	HHA, HM, PC, RC, RN, Tr		URL: <a href="https://www.aveanna.com/locations/249/lakewood-washington-98499/">https://www.aveanna.com/locations/249/lakewood-washington-98499/</a> Limitations (if any): <b>Private duty nursing, long-term, not 'intermittent' (SHP).</b>	Private duty nursing only.	Private duty nursing only.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Wilderness Shores Nursing	IHS.FS.60055610		1	1.4	HHA, RN	4/1/2009	URL: <a href="https://wildernessshoresnursing.com/index.php/private-nursing-services">https://wildernessshoresnursing.com/index.php/private-nursing-services</a> Limitations (if any): <b>Does not appear to offer therapy or home health aide services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Husky Senior Care	IHS.FS.60082962		4	4	HHA, HM, PC, RC, RN, ST	4/1/2009	URL: <a href="https://www.huskyseniorcare.com/services-fees">https://www.huskyseniorcare.com/services-fees</a> Limitations (if any): <b>Does not appear to offer therapy or home health aide services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
RWW Home and Community Rehab Services, Inc.	IHS.FS.60263077		8	8	ABA, MSW, OT, PT, RN, ST	1/10/2012	URL: <a href="https://www.alwayscaring.com/">https://www.alwayscaring.com/</a> Limitations (if any): <b>Services available do not appear to include skilled nursing or a therapy (SHP) for all Washington pages, also all refer to a license for home care services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Amada Senior Care	IHS.FS.60266397		4	4	HHA, HM, PC, RC, RN, Tr	3/7/2012	URL: <a href="https://www.amadaseniorcare.com/senior-care-services/">https://www.amadaseniorcare.com/senior-care-services/</a> Limitations (if any): <b>Services limited to home care services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Ro Health	IHS.FS.60610351		16	13.93	HHA, RN	1/21/2016	URL: <a href="https://rohealth.com/">https://rohealth.com/</a> Limitations (if any): <b>Private duty nursing, long-term, not 'intermittent' (SHP).</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Dependable Staffing and Home Health Services	IHS.FS.60876098		12	12	ABA, BC, DME, HHA, HM, IV, MSW, NC, OT, PC, PT, RT, RN, ST, Tr	9/20/2018	URL: <a href="https://dependablestaffingagency.com/temp-agency-in-federal-way/">https://dependablestaffingagency.com/temp-agency-in-federal-way/</a> Limitations (if any): <b>Staffing agency.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.

Home Health Method for King County  
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Agency	License Number	CN HH Files Research	ILRS Research # of Service Area(s)	ILRS Research # of HH FTEs	ILRS Research Services	ILRS Research License 1st Issued	Internet Research	CN Survey Research 2021 Data	CN Survey Research 2020 Data	Conclusion
ICHS PACE at Legacy House	IHS.FS.60904213		1	30.9	ABA, BC, DME, HHA, HM, IV, MSW, NC, OT, PC, PT, RT, RC, RN, ST, Tr	12/11/2018	URL: <a href="https://www.ichspace.org/health-services/in-home-care/">https://www.ichspace.org/health-services/in-home-care/</a> Limitations (if any): <b>Does not appear to offer skilled nursing services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Restoration Health Services	IHS.FS.61090653		4	5	HHA, HM, IV, PC, PT, RC, RN, Tr	8/31/2020	URL: <a href="http://www.rhscare.com/home-health-care-services">http://www.rhscare.com/home-health-care-services</a> Limitations (if any): <b>Staffing agency.</b>	Zero King admits.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Aristo Healthcare Services	IHS.FS.61100576		3	5	HHA, HM, PC, RT, RN, Tr	5/10/2022	URL: <a href="http://aristohealthcareservices.com/clients/">http://aristohealthcareservices.com/clients/</a> Limitations (if any): <b>Staffing agency.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Journey Nursing Services	IHS.FS.61114400		6	9.74	HHA, HM, IV, NC, OT, PC, PT, RC, RN, Tr	2/10/2021	URL: <a href="https://journeynursingservices.com/our-services/">https://journeynursingservices.com/our-services/</a> Limitations (if any): <b>Does not appear to offer therapy or home health aide services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Seattle Advocacy Specialists	IHS.FS.61205186		5	6.00	DME, HHA, HM, MSW, PC, RT, RN, Tr	10/26/21	URL: <a href="https://www.senioradvocacyspecialists.com/services">https://www.senioradvocacyspecialists.com/services</a> Limitations (if any): <b>Primarily home care services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
MGA Homecare	IHS.FS.61239698		10	10	HHA, RN	2/10/2022	URL: <a href="https://mgahomecare.com/locations/wa/seattle/seattle-location/">https://mgahomecare.com/locations/wa/seattle/seattle-location/</a> Limitations (if any): <b>Private duty nursing, long-term, not 'intermittent' (SHP).</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Honey Healthcare	IHS.FS.61262521		2	3	DME, HHA, HM, PC, RC, RN, Tr	3/23/2022	URL: <a href="https://www.honeyhealth.care/home-care-services">https://www.honeyhealth.care/home-care-services</a> Limitations (if any): <b>Does not appear to offer therapy or home health aide services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Mo'Care Home Health	IHS.FS.61402745		1	1	HHA, HM, PC, RC, RN, Tr	4/4/2023	URL: <a href="https://mocare.us/in-home-nursing-services/">https://mocare.us/in-home-nursing-services/</a> Limitations (if any): <b>Primarily home care services.</b>	No survey completed.	No survey completed.	<b>Excluded</b> Services do not meet the definition of home health agency according to the SHP.
Unicare LLC	IHS.FS.60447793		7	7.00	HHA, HM, PC, RC, RN, Tr	05/08/14	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.	No survey completed.	<b>Excluded</b> No way to verify services, service area, or admits.
D.C.S. LLC	IHS.FS.60871359		3	2.91	HHA, HM, PC, RN, Tr	7/31/2018	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.	No survey completed.	<b>Excluded</b> No way to verify services, service area, or admits.
Harbor Health Solutions LLC	IHS.FS.60892797		24	26	ABA, DME, HHA, HM, IV, MSW, NC, OT, PC, PT, RT, RC, RN, ST, Tr	4/16/2019	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.	No survey completed.	<b>Excluded</b> No way to verify services, service area, or admits.
Sofavi Home Health LLC	IHS.FS.60950400		2	5	HHA, HM, PC, PT, RT, RC, RN, Tr	4/16/2019	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.	No survey completed.	<b>Excluded</b> No way to verify services, service area, or admits.

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Agency	License Number	CN HH Files Research	ILRS Research # of Service Area(s)	ILRS Research # of HH FTEs	ILRS Research Services	ILRS Research License 1st Issued	Internet Research	CN Survey Research 2021 Data	CN Survey Research 2020 Data	Conclusion
Inland Home Healthcare	IHS.FS.61078302		3	3.4	DME, HHA, HM, IV, MSW, NC, OT, PC, PT, RT, RC, RN, ST, Tr	12/30/2020	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.	No survey completed.	<b>Excluded</b> No way to verify services, service area, or admits.
Total Home Health Care LLC	IHS.FS.61135506		1	1	HHA, HM, IV, MSW, NC, OT, PC, PT, RT, RC, RN	9/28/2021	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.	No survey completed.	<b>Excluded</b> No way to verify services, service area, or admits.
PNW Pace Partners (Pacific Northwest)	IHS.FS.61160759		2	8.375	OT, PT, RN	9/16/2021	URL: <a href="https://pnwpacepartners.org/">https://pnwpacepartners.org/</a> Limitations (if any): <b>Unable to access site.</b>	No survey completed.	No survey completed.	<b>Excluded</b> No way to verify services, service area, or admits.
Holistic Healthcare	IHS.FS.61228857		2	2	HHA, HM, MSW, NC, OT, PC, PT, RN, ST, Tr	5/10/2022	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.	No survey completed.	<b>Excluded</b> No way to verify services, service area, or admits.
Choice Home Healthcare Agency LLC	IHS.FS.61298549		1	1	ABA, HHA, HM, IV, MSW, NC, OT, PC, PT, RT, RC, RN, ST, Tr	5/10/2022	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.	No survey completed.	<b>Excluded</b> No way to verify services, service area, or admits.
LTCI Home Care Inc	IHS.FS.61307052		20	30.00	HHA, HM, MSW, NC, OT, PC, PT, RC, RN, ST, Tr	12/06/22	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.	No survey completed.	<b>Excluded</b> No way to verify services, service area, or admits.
Guardian Angels Home Health Services LLC	IHS.FS.61357089		9	12	ABA, HHA, HM, IV, MSW, NC, OT, PC, PT, RC, RN, ST, Tr	10/18/2022	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.		<b>Excluded</b> No way to verify services, service area, or admits.
Unity Home Health	IHS.FS.61407976		1	2.3	HHA, HM, OT, PC, PT, RT, RN, Tr	5/17/2023	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.	No survey completed.	<b>Excluded</b> No way to verify services, service area, or admits.
Magenta Care	IHS.FS.61325814		14	15	ABA, DME, HHA, HM, IV, MSW, NC, OT, PC, PT, RT, RC, RN, ST, Tr	10/26/2022	URL: <a href="http://www.megentacares.com">www.megentacares.com</a> Limitations (if any): <b>Unable to access website.</b>	No survey completed.	No survey completed.	<b>Excluded</b> License application pending.
Positive Nature Homecare LLC	IHS.FS.61333270		5	6	HHA, HM, PC, RC, RN, Tr	1/24/2023	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.	No survey completed.	<b>Excluded</b> License application pending.
Reynoldson Home Care LLC	IHS.FS.61341808		1	2	HHA, RN	12/20/2023	URL: None located Limitations (if any): <b>Unknown</b>	No survey completed.	No survey completed.	<b>Excluded</b> License application pending.
Northside Home Health LLC	IHS.FS.61432863		12	13	HHA, HM, PC, PT, RT, RN, Tr			No survey completed.	No survey completed.	<b>Excluded</b> License application pending.
Compassionate Planet (Lucy's House)	IHS.FS.61438229		3	4	ABA, DME, HHA, HM, IV, MSW, NC, PC, PT, RT, RC, RN, Tr			No survey completed.	No survey completed.	<b>Excluded</b> License application pending.
Annexia Home Health	IHS.FS.61485352		2	2	ABA, DME, HHA, HM, IV, NC, OT, PC, PT, RT, RN, ST, Tr			No survey completed.	No survey completed.	<b>Excluded</b> License application pending.
Exceptional Home Health Solutions	IHS.FS.61491248		3	3	HHA, HM, PC, RT, RN, Tr			No survey completed.	No survey completed.	<b>Excluded</b> License application pending.

# APPENDIX B

Home Health Method for King County  
Certificate of Need Applications 23-22 and 23-32  
Updated October 2023

Requested Counties	Gross Need	Total Existing Supply	Net Need*
King	61.12	33	28

\*a negative number indicates a surplus

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

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

The existing supply contains all active In-Home Service Agencies that are licensed to provide home health<sup>1</sup> services in Washington State.<sup>2</sup>

The methodology worksheet contains the numeric need projection, with 2024 as the project commencement year, projected out three years

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

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

Prepared by CN Program Staff - October 2023

Home Health Method for King County  
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County: King

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

Age	2010	2015	2020	2025	2030	2035	2040
<b>Total</b>	<b>1,931,249</b>	<b>2,052,800</b>	<b>2,269,675</b>	<b>2,377,735</b>	<b>2,487,379</b>	<b>2,591,468</b>	<b>2,690,851</b>
0-4	120,294	122,637	125,553	113,720	117,060	119,405	126,555
5-9	113,295	122,982	129,156	128,515	115,432	118,787	121,155
10-14	110,789	115,221	129,594	128,435	126,570	113,349	116,551
15-19	117,514	120,198	121,783	140,092	138,478	136,348	123,018
20-24	129,822	132,416	138,031	152,419	176,910	176,540	174,157
25-29	160,656	166,562	203,542	161,322	181,793	211,335	210,890
30-34	152,061	176,312	211,138	215,373	168,649	190,979	221,212
35-39	149,158	155,847	190,720	212,440	214,599	167,096	189,956
40-44	147,632	146,206	160,242	189,514	210,110	211,598	164,178
45-49	147,837	142,855	149,409	157,859	186,057	206,137	207,270
50-54	143,295	144,036	142,524	146,059	153,963	181,303	201,059
55-59	126,272	136,655	137,769	137,367	140,986	148,564	175,153
60-64	101,945	116,653	125,532	129,847	130,104	133,548	140,796
65-69	67,317	91,447	104,602	116,736	121,584	122,067	125,398
70-74	45,430	60,514	80,976	96,129	107,660	112,368	113,353
75-79	35,200	39,671	51,973	72,002	86,712	97,431	102,365
80-84	28,948	28,280	31,851	42,557	60,737	73,718	83,677
85+	33,784	34,306	35,281	37,349	49,975	70,895	94,108

Age	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
0-64	1,964,992	1,974,586	1,984,180	1,993,774	2,003,368	2,012,962	2,022,512	2,032,062	2,041,611	2,051,161	2,060,711
65-79	237,551	247,014	256,477	265,941	275,404	284,867	291,085	297,303	303,520	309,738	315,956
80+	67,132	69,687	72,242	74,796	77,351	79,906	86,067	90,996	95,925	100,854	110,712
<b>Total</b>	<b>2,269,675</b>	<b>2,291,287</b>	<b>2,312,899</b>	<b>2,334,511</b>	<b>2,356,123</b>	<b>2,377,735</b>	<b>2,399,664</b>	<b>2,421,593</b>	<b>2,443,521</b>	<b>2,465,450</b>	<b>2,487,379</b>

Home Health Method for King County  
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County: **King**

Agency	License Number	CN Approved
Home Care by Wesley	IHS.FS.00000028	
Everhome Healthcare	IHS.FS.00000184	
Amicable Health Care	IHS.FS.00000215	CN#1812
A-One Home Care	IHS.FS.00000219	
Signature Healthcare at Home	IHS.FS.00000220	CN-grandfathered agency
Evergreen Health	IHS.FS.00000278	CN#911
CenterWell Home Health	IHS.FS.00000293	
CenterWell Home Health	IHS.FS.00000295	
Signature Healthcare at Home	IHS.FS.00000382	CN-grandfathered agency
Providence Elder Place	IHS.FS.00000415	
Providence Home Services	IHS.FS.00000419	CN#936
Sea Mar Home Health / Sea Mar Home Care	IHS.FS.00000433	CN-grandfathered agency
Careage Home Health	IHS.FS.60007888	CN#1102
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60081744	CN-grandfathered agency
Kline Galland Community Based Services	IHS.FS.60103742	CN#1466
Wesley Health and Homecare	IHS.FS.60276500	CN-grandfathered agency
Judson Park (HumanGood Washington)	IHS.FS.60291296	
Assured Home Health	IHS.FS.60497952	CN-grandfathered agency
CHI Franciscan Health at Home	IHS.FS.60506466	CN#1060
Envision Home Health	IHS.FS.60521160	CN#1527
Universal Home Care LLC	IHS.FS.60631342	
Serengeti Care	IHS.FS.60660148	
Puget Sound Home Health of King County	IHS.FS.60751653	CN#1487
A Kind Heart Home Care Services	IHS.FS.60803191	
Eden Home Health	IHS.FS.60871865	CN#1739
Infinity Homehealth Solutions Inc.	IHS.FS.60955703	
Bethany Home Health LLC	IHS.FS.60966822	
Amedisys Home Health	IHS.FS.61035006	
Wellspring Home Health Center, LLC	IHS.FS.61055973	CN#1905
Haven Home Health Care	IHS.FS.61108148	CN#1434
Light Within Home Health	IHS.FS.61143217	CN#1954



Home Health Method for King County  
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**1987 State Health Plan Methodology - Home Health**

County: King  
 Years: 2024 -2026

<b>2024</b>	Age Cohort	* County Population	* SHP Formula	* Number of Visits	=	Projected Number of Visits
	0-64	2,003,368	0.005	10		100,168
	65-79	275,404	0.044	14		169,649
	80+	77,351	0.183	21		297,261
	<b>Total Number of Expected Visits</b>					<b>567,078</b>
	Number of Expected Visits per Agency (dictated by the SHP)					10,000
	<b>Projected Number of Needed Agencies</b>					<b>56.71</b>

<b>2025</b>	Age Cohort	* County Population	* SHP Formula	* Number of Visits	=	Projected Number of Visits
	0-64	2,012,962	0.005	10		100,648
	65-79	284,867	0.044	14		175,478
	80+	79,906	0.183	21		307,079
	<b>Total Number of Expected Visits</b>					<b>583,205</b>
	Number of Expected Visits per Agency (dictated by the SHP)					10,000
	<b>Projected Number of Needed Agencies</b>					<b>58.32</b>

<b>2026</b>	Age Cohort	* County Population	* SHP Formula	* Number of Visits	=	Projected Number of Visits
	0-64	2,022,512	0.005	10		101,126
	65-79	291,085	0.044	14		179,308
	80+	86,067	0.183	21		330,756
	<b>Total Number of Expected Visits</b>					<b>611,190</b>
	Number of Expected Visits per Agency (dictated by the SHP)					10,000
	<b>Projected Number of Needed Agencies</b>					<b>61.12</b>