



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852•Olympia, Washington 98504-7852

January 22, 2024

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

RE: Certificate of Need Application #23-38 – CN #1993

Tracy Merritt:

Attached is Certificate of Need #1993 issued to AccentCare, Inc. dba AccentCare Home Health of Snohomish County, LLC. The certificate approves the establishment of a Medicare and Medicaid-certified home health agency to serve the residents of Snohomish County, within Washington State.

The Certificate of Need is not an approval for any other local, federal, or state statutes, rules, or regulations. Such a project may also need Department of Health approval for a construction plan and facility licensing or certification, as well as other federal or local jurisdiction permits.

The Certificate of Need is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the certificate for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration. You cannot begin a project after the expiration date.

This decision may be appealed. The appeal options are listed below.

Appeal Option 1:

Any person with standing may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington Administrative Code 246-310-560. A reconsideration request must be received within 28 calendar days from the date of the decision at one of the addresses on the following page:

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Mailing Address:
Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

Appeal Option 2:

Any person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:
Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Physical Address
Department of Health
Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

We monitor projects until completed or the expiration date, whichever occurs first. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return.

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



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

Certificate of Need #1993 is issued to:

Applicant's Legal Name: AccentCare, Incorporated
Applicant's Address: 17855 Dallas Parkway, Suite 200, Dallas, Texas 75287-6857
Facility Type Home Health
Project Type Home Health
Facility Name: AccentCare Home Health of Snohomish County, LLC
Facility Address: 3400 188th Street Southwest, Lynnwood, Washington 98037

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED JANUARY 18, 2024 (CN APP # 23-38)

Project Description

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

Service Area

Snohomish County

Conditions

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

Approved Capital Expenditure

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

This Certificate authorizes commencement of the project from January 22, 2024 to January 22, 2026 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: January 22, 2024

Eric Hernandez, Program Manager
Certificate of Need
Community Health Systems

This Certificate is not transferable.