

HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING  
MAY 25, 2022  
APPLICATION REVIEW

NAME OF PROJECT: AccentCare Home Health of West Tennessee, LLC

PROJECT NUMBER: CN2203-016

ADDRESS: 855 Ridge Lake Boulevard, Suite 604  
Memphis (Shelby County), TN 38120

LEGAL OWNER: Horizon Group Holdings, L.P.  
1209 Orange Street  
Wilmington (New Castle County), DE 19081

OPERATING ENTITY: AccentCare, Inc.  
17855 Dallas Parkway, Suite 200  
Dallas (Dallas County), TX 75287

CONTACT PERSON: Russell Hilliard, VP of Market Expansion Initiatives  
AccentCare  
(954) 952-6194

DATE FILED: April 1, 2022

PROJECT COST: \$317,508

PURPOSE FOR FILING: Establishment of a home care organization and the initiation of home health services.

---

## Staff Review

*Note to Agency members: This staff review is an analysis of the statutory criteria of Need, Consumer Advantage Attributed to Competition, and Quality Standards, including data verification of the original application and, if applicable, supplemental responses submitted by the applicant. Any HSDA Staff comments will be presented as a "Note to Agency members" in bold italic.*

### PROJECT DESCRIPTION:

This application is for the establishment of a home care organization and the initiation of home health services in Shelby, Fayette and Tipton counties. The new home health organization's office will be located at 855 Ridge Lake Boulevard, Suite 604, Memphis, Tennessee, 38120.

ACCENTCARE HOME HEALTH OF WEST TENNESSEE, LLC  
CN2203-016  
MAY 25, 2022  
PAGE | 1

### Executive Summary

- Please see application Item 1E. on Page 9 for the applicant's executive summary overview that includes project description, ownership, service area, existing similar service providers, project cost, and staffing.

**Consent Calendar:**             Yes             No

- Executive Director's Consent Memo Attached:             Yes     Not applicable

### Facility Information

- The proposed home office for the applicant will be located in approximately 2,343 square feet of leased space located at 855 Ridge Lake Boulevard, Suite 604, Memphis (Shelby County), TN 38120. No patient care will be provided on the premises.
- The 2,450 square foot project site will be leased from the owner, Gregory Realty, GP, to AccentCare Inc., for an initial 12-month term at a rate of \$19.50 per square foot. See Attachments 10.A. Floor Plan.

### Ownership

- The applicant, AccentCare Home Health of West Tennessee, LLC, a limited liability company, is owned by AccentCare Inc., which is ultimately owned by Horizon Group Holdings, L.P. There are (114) affiliated home health agencies which share common ownership with the applicant.

### Project Cost Chart

- The total project cost is \$317,508. Of this amount, the highest line item costs of the project are Facility Lease Costs (\$105,008), Equipment Lease (\$92,000), and Administrative and Consultant Fees (\$65,000).
- Please see the Project Cost Chart on Page 14 of the application.

### NEED

The applicant provided the following supporting the need for the proposed project:

- The applicant cites a low home health use rate in the three proposed service area counties when compared to the statewide average rate.
- Multiple underserved populations are identified including black residents, low-income individuals, individuals in health professional shortage areas, person at risk of or experiencing homelessness, and residents with depression.

*(For applicant discussion, see the Original Application, Item 2.E., Page 11)*



## SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

### Home Health Services:

All applicable criteria and standards were met except for the following:

- Did not meet the standard of #1. **Determination of Need** “In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. This 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed Service Area.” *This project proposes to initiate home health services in a three-county service area – Fayette, Shelby, and Tipton Counties, which cumulatively show an excess of (4,715) home health admissions according to the standard of (1.5%) of the total population of the counties included in the project service area. Individually, each of the three counties show an excess: Shelby (4,151), Tipton (450), and Fayette (114). See Attachment 1.N. Home Health Services Standards and Criteria, Pages 2-6.*

*Note to Agency Members: The applicant cites multiple concerns with the existing home health service need formula including the following:*

- *The use rate for home health services in the proposed three county area (Shelby – 1.9%; Tipton – 2.2%; and Fayette – 1.7%) is lower than the statewide average rate of 2.6%) according to 2021 JAR data. The (2.6%) statewide average utilization rate exceeds the (1.5%) formula required by the standards and criteria. When the (2.6%) utilization rate is applied to the population of the service area projected to 2024, there is a need for additional home health services (Shelby – 6,282; Fayette – 365; and Tipton – 249).*
- *The nationwide home health use rate for Medicare beneficiaries for 2020 is 5.2% for Tennessee which ranks 23<sup>rd</sup> highest nationally.*
- *The applicant states that the rationale provided in the standards for the conservative (1.5%) need formula, which cites high levels of Medicare-Medicaid fraud and abuse in the home health industry, is outdated as CMS lifted its moratorium<sup>1</sup> on new home health agencies in 2019. The applicant highlights the fact that no home health providers in Tennessee have made a settlement related to home health services since 2017.*

*The applicant has not been involved with any home health related settlements since 2012. However, there is a reported [settlement](#) related to hospice services from 2015 involving entities sharing common ownership with the applicant, AccentCare Inc., Guardian Hospice of Georgia LLC, and Guardian Home Care Holdings Inc. which agreed to pay \$3 million to resolve allegations that Guardian knowingly submitted false claims to the Medicare program for hospice patients who were not terminally ill.*

---

<sup>1</sup> [CMS Lifts Moratoria on Home Health After 5 Years - WHCA/WiCAL \(whcawical.org\)](https://www.whcawical.org)

- **Partially met the standard of #4. County Need Standard “The applicant should demonstrate that there is a need for home health services in each county in the proposed Service Area by providing documentation (e.g., letters) where: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare’s system Home Health Compare and/or similar data; b) potential patients or providers in the proposed Service Area attempted to find appropriate home health services but were not able to secure such services; c) providers supply an estimate of the potential number of patients that they might refer to the applicant.”** *The applicant provides (70) letters of support from area providers/community members which reference positive experiences with AccentCare affiliates as well as a projected low-end volume of patients that will be referred to AccentCare if the project is approved. However, the letters generally do not reference instances where the health care providers experienced “difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare’s system Home Health Compare and/or similar data”, or “potential patients or providers in the proposed Service Area attempted to find appropriate home health services but were not able to secure such services.” See Attachment 1.N. Home Health Services Standards and Criteria, Pages 7-10.*

*Note to Agency members: Regarding standard #9. Proposed Charges “The applicant’s proposed charges should be reasonable in comparison with those of other similar agencies in the Service Area or in adjoining service areas. The applicant should list: The average charge per visit and/or episode of care by service category, if available in the JAR data. b. The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data.”*

*The applicant provides its proposed direct and indirect charges by service type for this project, as well as the reported charges for other area providers in Attachment 1N – Page 19. The applicant’s proposed charges are highest among the (12) listed providers for Home Health Aide (\$185), Occupational Therapy (\$291), and Physical Therapy (\$283); second highest for Medical Social Services (\$308) and Skilled Nursing (\$265); and fourth highest for Speech Therapy (\$291). Because the standard’s requirement that charges be “reasonable” in comparison with other similar agencies does not specify an objective threshold for reasonableness of projected costs, this note to agency members is being provided to highlight the fact that the applicant’s projected costs are generally higher than other providers in the service area.*

*Please see attached for a full listing of the criteria and standards and the applicant’s responses.*

### Service Area Demographics

- The proposed service area consists of Fayette, Shelby and Tipton Counties (*see Page 17 for a county level map*).
- The target population is the adult population age 65 and older. (*See Page 18R for more demographic detail.*)

County	2022 Population	2024 Population	2022 Population 65+	2024 Population 65+	% Change 65+	TennCare %
Shelby	944,036	947,551	142,579	148,831	4.4%	30.3%
Fayette	42,567	43,500	10,177	10,868	6.8%	17.8%
Tipton	62,919	63,497	10,275	10,899	6.1%	23.0%
<b>Service Area</b>	<b>1,049,522</b>	<b>1,054,548</b>	<b>163,031</b>	<b>170,598</b>	<b>4.6%</b>	<b>29.4%</b>
<b>Tennessee Total</b>	<b>6,997,493</b>	<b>7,099,702</b>	<b>1,254,329</b>	<b>1,313,974</b>	<b>4.8%</b>	<b>23.6%</b>

*Source: The University of Tennessee Center for Business and Economic Research Population Projection Data Files, Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.*

- The proposed service area projects a 2-year growth rate (2022-2026) among residents age 65+ and over of (4.6%) which is lower than the statewide rate of (4.8%). The latest 2022 percentage of (29.4%) of service area residents enrolled in the TennCare program is above the (23.6%) statewide average.
- Please see Item 4N., Pages 19-30 of the application for special needs of the service area population including health disparities. The applicant highlights health disparities in the service area among black residents, residents lacking access to adequate primary care physicians, residents with low health literacy, persons experiencing or at risk of experiencing homelessness, and residents experiencing depression.
- The applicant highlights specific programs and strategies that its affiliates have implemented to address these health disparities including the following:
  - AdvancedCare at Home program, which offers home healthcare as an option to qualified emergency department patients through partnerships with area emergency department physicians;
  - Sound Physicians program, which improves access to primary care physicians for patients who lack one. Patients are connected with primary care physicians in a home health setting through telehealth visits and care is coordinated with home health agency staff who are in-home with the patient;
  - Diversity training, staffing and community outreach initiatives;
  - Partnership with Hospitality Hub which is a service area provider of housing and wrap-around case management services;
  - Clinical programming for late life depression; and
- The applicant provides (70) letters of support from area providers in Attachment 4N2 and Supplemental #1.

### Service Area- Historical Utilization (Home Health Agencies)

- Utilization for the (35) licensed home health agencies operating in the three-county service area is detailed in the table below:

#### Utilization of Service Area In-Home Hospice Agencies 2019-2021

Home Health Agency	License #	2019	2020	2021	Total Patients 2019-2021	% Change 2019-2021
Functional Independence Home Care Inc.	610	4,083	3,521	3,464	11,068	-15.16%
Baptist Trinity Home Care	241	3,147	2,967	2,980	9,094	-5.31%
Methodist Alliance Home Care	233	2,684	2,582	2,820	8,086	5.07%
Amedisys Home Health	238	0	2,326	1,556	3,882	-
Amedisys Home Care	239	1,213	1,300	967	3,480	-20.28%
Amedisys Home Health Care (Shelby)	215	1,160	673	1,059	2,892	-8.71%
Homechoice Health Services	240	1,188	828	683	2,699	-42.51%
Adoration Home Health Care of West TN	227	582	869	1,211	2,662	108.08%
Still Waters Home Health Agency	616	954	729	803	2,486	-15.83%
Extencicare Home Health of West TN	120	637	620	824	2,081	29.36%
Where the Heart Is, Inc.	612	722	674	619	2,015	-14.27%
Meritan	237	708	612	519	1,839	-26.69%
Intrepid USA Healthcare Services (Shelby)	214	448	460	589	1,497	31.47%
Americare Home Health Agency, Inc.	216	479	507	436	1,422	-8.98%
NHC Homecare	291	367	316	310	993	-15.53%
Optum Women's and Children's Health	459	222	254	218	694	-1.80%
Extended Health Care Inc. dba Quality Home Health	224	200	242	231	673	15.50%
Maxim Healthcare Services	618	183	131	172	486	-6.01%
Willowbrook Visiting Nurse Association Inc.	259	432	0	0	432	-100.00%
AbilisHealth Brownsville, LLC	288	90	171	153	414	70.00%
Intrepid USA Healthcare Services (Madison)	175	133	121	137	391	3.01%
Coram CVS Specialty Infusion Service	627	79	103	109	291	37.97%
Tennessee Quality Care - Home Health	221	0	0	269	269	-
Best Nurses Inc.	621	68	86	90	244	32.35%
No Place Like Home, Inc.	611	92	83	61	236	-33.70%
Elk Valley Health Services, LLC.	42	56	40	42	138	-25.00%
Accredo Health Group, Inc.	347	41	38	43	122	4.88%
OptumRx Infusion Services	634	0	5	8	13	-
Vanderbilt HC Option Care IV Services	604	3	4	4	11	33.33%
Intrathecal Care Solutions dba Advanced Nursing Solutions	635	0	2	4	6	-
Hemophilia Preferred Care of Memphis, Inc.	625	2	2	1	5	-50.00%
Implanted Pump Management, LLC	633	1	1	1	3	0.00%
Amedisys Home Health Care (Madison)	177	0	1	0	1	-
Guardian Home Care, LLC	115	0	1	0	1	-
Pentec Health, Inc.	632	0	1	0	1	-
<b>TOTAL</b>		<b>19,974</b>	<b>20,270</b>	<b>20,383</b>	<b>60,627</b>	<b>2.05%</b>

Source: CN2203-016, Supplemental #1, Page 31R

- From 2019-2021 nine home health agencies represented (76.4%) of the total volume of home health patients residing in the service area.
- The three highest volume providers were Functional Independence Home Care, Inc. (11,068 patients served – 18.3% of total patients from the service area); Baptist Trinity Home Care (9,094 patients served – 15.0% of total patients from the service area); and Methodist Alliance Home Care (8,086 patients served – 13.3% of total patients from the service area)
- The number of patients receiving home health services has increased by (2.0%) from 2019-2021.
- The largest growth among area providers from 2019-2021 was experienced by Adoration Home Health Care of West Tennessee (108%).

### Applicant's Historical and Projected Utilization

There is no historical utilization for the applicant. The following table indicates the applicant's projected home health utilization by number of cases in Year 1 (2023)

#### Projected Utilization – AccentCare Home Health of West TN

Service Area County	Projected Utilization Year 1 (2023)	Total Cases
Shelby	5,937	87.3%
Tipton	435	6.4%
Fayette	433	6.4%
<b>Total</b>	<b>6,804</b>	<b>100%</b>

Source: CN2203-016, Original Application, Page 17

- The applicant projects that (87.3%) of patient utilization will originate from Shelby County; followed by Tipton County (6.4%), and Fayette County (6.4%).
- The applicant provides a table detailing the number of home health referrals received from healthcare providers located in the Memphis area to its affiliate home health agency in Greenwood, MS – AccentCare Home Health of Greenwood, which received (620) referrals from thirty-four different providers in 2021. See Page 33 of the application for additional detail on these referrals.

#### Projected Utilization – AccentCare Home Health of West TN

	Year 1 (2023)	Year 2 (2024)
Admissions	350	450
Percent of Patients Re-certified for Additional Episode of Care	62%	162%
Additional Episodes of Care	217	729
Chargeable Episodes	567	1,179
Visits per Episode	12	12
Visits	6,804	14,148

Source: CN2203-016, Original Application, Page 32

- The applicant is projecting an increase of (28.6%) in total admissions from (350) in Year 1 (2023) to (450) in Year 2 (2024).
- The applicant expects the percentage of patients who will be recertified for an additional episode of care to increase from (62%) in Year One to (162%) in Year 2.
- Total visits are projected to increase by (108%) from (6,804) in Year 1 to (14,148) in Year 2.

## **CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION**

### **Charges**

- The applicant's proposed charges are listed on Page 41R. The applicant's unit of measure for calculating charge information is home health visits.

	<b>Projected Data Chart</b>	
	<b>Year 1</b>	<b>Year 2</b>
Gross Charges	\$269.07	\$277.15
Deduction from Revenue	\$49.04	\$51.50
Average Net Charges	\$220.04	\$225.65

Source: CN2203-016, Supplemental #1, Page 41R.

- The applicant's proposed charges are detailed by service type on Page 41R of the application and are provided in the table below:

### **AccentCare Home Health of West Tennessee, LLC Projected Charges by Service Type: Year 1 (2023) and Year 2 (2024)**

<b>Type of Care</b>	<b>Year 1 Charge</b>	<b>Year 2 Charge</b>
Skilled Nursing	\$265	\$273
Physical Therapy	\$283	\$291
Occupational Therapy	\$291	\$300
Speech Therapy	\$291	\$300
Medical Social Services	\$308	\$317
Home Health Aide	\$185	\$191
Infusion Services (Nursing)	\$265	\$273

Source: CN2203-016, Supplemental #1, Page 41R.

- The applicant provides a comparison of service area provider charges by service type in response to Item 9C. on Pages 42-43 of the application.
- The applicant provides a comparison between its proposed Gross Revenue per Visit compared to other licensed agencies in the service area in Attachment 1N. Page 22 of the application as detailed in the following table:

**Comparison of Licensed Home Health Agencies in the Project Service Area  
2021 Average Charge per Visit**

<b>Home Health Agency</b>	<b>License Number</b>	<b>Total Visits</b>	<b>Total Gross Revenue</b>	<b>Average Charge per Visit</b>
Coram CVS Specialty Infusion Service	627	1,067	\$1,541,090	\$1,444
Adoration Home Health Care of West TN	227	31,582	\$36,804,713	\$1,156
Quality Home Health Services	287	89,196	\$102,857,164	\$1,153
AbilisHealth Brownsville, LLC	288	14,691	\$10,127,395	\$689
Elk Valley Health Services, LLC.	42	89,527	\$32,651,817	\$365
Optum Women's and Children's Health	459	1,946	\$684,933	\$352
Adoration Home Health Care LLC	622	146,268	\$49,839,545	\$341
Accredo Health Group, Inc.	347	586	\$177,387	\$303
<b>AccentCare Home Health of West Tennessee, LLC (Proposed Year 1 Charges per Visit)</b>	<b>NA</b>	<b>6,804</b>	<b>\$1,830,786</b>	<b>\$269</b>
Intrepid USA Healthcare Services (Madison)	175	16,677	\$3,940,636	\$236
Baptist Trinity Home Care	241	42,741	\$10,052,694	\$235
Still Waters Home Health Agency	616	13,288	\$2,959,768	\$223
Tennessee Quality Care - Home Health	221	102,902	\$22,615,007	\$220
Methodist Alliance Home Care	233	43,540	\$9,510,183	\$218
Intrepid USA Healthcare Services (Shelby)	214	9,182	\$1,962,831	\$214
Amedisys Home Health	238	36,186	\$7,618,247	\$211
Homechoice Health Services	240	13,478	\$2,817,819	\$209
Where the Heart Is, Inc.	612	20,726	\$4,255,129	\$205
NHC Homecare	291	10,262	\$1,881,176	\$183
Amedisys Home Care	239	25,058	\$4,516,084	\$180
Extendicare Home Health of West TN	120	53,065	\$9,493,710	\$179
Willowbrook Visiting Nurse Association Inc.	259	44,058	\$7,839,040	\$178
Americare Home Health Agency, Inc.	216	11,864	\$2,031,484	\$171
Home Care Solutions (Davidson)	56	49,986	\$8,373,914	\$168
Meritan	237	11,104	\$1,865,329	\$168
Amedisys Home Health Care (Shelby)	215	34,431	\$5,570,491	\$162
Intrathecal Care Solutions dba Advanced Nursing Solutions	635	857	\$136,164	\$159
Home Care Solutions (Hamilton)	338	19,125	\$2,967,243	\$155
Amedisys Home Health Care (Madison)	177	128,082	\$19,437,721	\$152
Vanderbilt HC Option Care IV Services	604	1,243	\$181,404	\$146
Extended Health Care Inc. dba Quality Home Health	224	16,340	\$2,341,884	\$143
OptumRx Infusion Services	634	1,116	\$155,079	\$139
Implanted Pump Management, LLC	633	218	\$24,860	\$114
Functional Independence Home Care Inc.	610	93,298	\$9,870,346	\$106
Pentec Health, Inc.	632	1,016	\$73,436	\$72
		<b>1,174,706</b>	<b>\$377,175,723</b>	<b>\$321</b>

Source: CN2203-016, Original Application, Attachment 1N, Page 22

Note: The above table has been adjusted by staff to remove agencies reporting 0 visits in 2021

- The applicant's projected Average Charges per Visit are lower (\$269) than the reported average of other area providers (\$321). See Item 9C for the above referenced tables. Its proposed charges would be ninth highest among service area

providers below Accredo Health Group, Inc. (\$303) and Intrepid USA Healthcare Services - Madison (\$236).

*Note to Agency members: The comparison between service area providers of Average Charges per Visit is impacted by differences in patient case type mix and is intended to serve as a general reference for the comparison of charges. The applicant details service area provider charges by service type, i.e. Home Health Aide, Medical Social Services, Occupational Therapy, Physical Therapy, Skilled Nursing, Infusion: Pain Management, Infusion: Other, and Speech Therapy on Pages 42-43 of the application.*

### Project Payor Mix

	Percentage of Gross Operating Revenue						Total	Charity Care
	Medicare	Medicaid	Commercial	Self-Pay	Other			
<b>Year 1</b>	80%	2%	16%	2%	0%	100%	1%	

Source: CN2203-016, Original Application, Page 44.

- Please refer to Item 10C. in the Consumer Advantage section of the application for specific Payor Mix information.
- A full list of in-network payors is included as Item 2.C.

### Agreements

- The applicant does not list any transfer agreements related to this project.
- The applicant will maintain an agreement with Sound Physicians, a hospital services provider that partners physicians with home health clinicians to deliver virtual physician services to patients who do not have a primary care provider. Sound Physician's doctors initiate contact with home health patients who are referred and follow-through for a 60-day episode of care in collaboration with the home health clinicians. See Attachment 1N - Page 17 for additional details about the applicant's proposed partnership with Sound Physicians.
- The applicant describes a number of special home health programs which it intends to implement in Attachments 1E-2 and 1E-3 including AccentCare's RightPath Programs for Cardiac Care, COPD, Diabetes, Late Life Depression, Palliative Care and Joint Rehabilitation.
- The applicant states that it has contacted Tennessee Managed Care Organizations (MCOs) serving the area and has received confirmation that UnitedHealthcare Community Plan is open to new home health providers in the area. However, TennCare Select and BlueCare are not accepting additional home health agencies at this time. The applicant has contacted Amerigroup, but has not yet received a response regarding contracting with new providers in the service area.



**Staffing**

- The applicant's Year One proposed staffing includes the following:

	<b>Year One</b>
Direct Patient Care Positions	9.7
Non-Patient Care Positions	5.0
Contractual Staff	0.0
<b>Total</b>	<b>14.7</b>

Source: CN2203-016, Original Application, Page 48.

- Direct Care positions includes the following: RN Case Manager (2.7 FTEs); Social Worker (1.0 FTE); Home Health Aide (1.0 FTE); Occupational Therapist (1.0 FTE); Physical Therapist (1.0 FTE); Psychiatric Nurse (1.0 FTE); Speech Therapist (1.0 FTE); and Physical Therapist Assistant (1.0 FTE). Non-Patient Care positions includes the following: Executive Director (1.0 FTE); Business Office Staff (2.0 FTEs); Admissions (1.0 FTE); and Other (1.0 FTE). There are no contractual staff projected.
- Please refer to Item 8Q. on pages 47-48 of the application for additional detail regarding project staffing.
- The applicant expects to recruit the necessary staff to support this project through a combination of referrals from existing staff working out of its Greenwood, MS agency, online postings, arrangements with local colleges and universities, job fairs, professional publications and a partnership with the Memphis-Riverbluff Black Nurses Association.
- The applicant provides a description of a pilot CNA training program which it is currently implementing in Wisconsin and expects to be available to this project site by the start date of the project in March 2023.
- Some administrative services, i.e. billing and reimbursement, payroll and human resources, information technology and other general administrative functions will be provided through a contract between the applicant and AccentCare, Inc. which also services the applicants affiliated programs.
- For additional detail regarding the applicant’s strategy for staffing the project and the availability of Registered Nurses in the service area see Item 4C. on page 34.
- The applicant’s home health leadership team is detailed on Pages 36-38 of the application.

## QUALITY STANDARDS

- The applicant commits to obtaining and/or maintaining the following:

Licensure	Certification	Accreditation
Tennessee Department of Health	Medicare/TennCare SAGE Certification	CHAP

Source: CN2203-016, Original Application, Page 45.

- The applicant will apply for Licensure through the Tennessee Department of Health, Certification through Medicare and TennCare, and accreditation through the Community Health Accreditation Partner (CHAP), and Certification through Services and Advocacy for Gay Elders (SAGE), and the Veterans Administration (VA).
- The applicant provides a copy the Quality of Care Policies for AccentCare, which it will implement for this project in (Attachment 1N-6). The applicant states that it utilizes the Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) to compare itself to other home health providers and guide its quality assurance and performance improvement plan (QAPI).
- CMS Patient Care Star Ratings are provided by the applicant for its affiliate agencies - Guardian Homecare of Nashville, Guardian Homecare Inc., as well as its Mississippi based AccentCare agencies to demonstrate the higher ratings compared to the statewide averages for Tennessee, and Mississippi and the National home health average CMS Star Rating for home health agency quality of care. See Attachment 1N, Pages 26-27.
- The applicant identifies five instances of its affiliate organizations incurring civil monetary penalties including those listed in the table below. The penalties are listed on Page 47 of the application as well as in Attachment 7Q.

Entity	Date of the Action
Seasons Hospice and Pallative Care of Texas Inc.	10/11/2018
Seasons Hospice and Pallative Care of Texas - Houston, LLC	2/19/2019
Seasons Hospice and Pallative Care of Texas - Houston, LLC	10/25/2018
Seasons Hospice and Pallative Care of Wisconsin Inc.	10/8/2020
Texas Home Health Hospice, LP	1/19/2022

Source: CN2203-016, Original Application, Page 47.

***Note to Agency members: CMS Patient Care Star Ratings are developed as a summary of home health agency performance based on 7 individual quality measures which are based on patient assessments and Medicare claims. The ratings are published by CMS on its Medicare Compare website from 1 to 5 stars with a five-star rating representing the highest possible standard.***

**LICENSING AGENCY COMMENTS****Licensing Agency:**  Department of Health

- Department of Mental Health and Substance Abuse Services
- Intellectual and Developmental Disabilities

**Licensing Agency Comments Attached:**  Yes  No**CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT:**

There are no other denied applications, pending applications, or outstanding Certificate of Needs on file for this applicant.

**Letter of Intent**

<b>Project Name</b>	<b>AccentCare Hospice and Palliative Care of Tennessee, LLC</b>
<b>Project Cost</b>	\$317,508
<b>LOI Filed</b>	May 11, 2022
<b>Description</b>	For the establishment of a new home care organization to initiate and provide hospice services in Shelby, Fayette and Tipton counties. The hospice office will be located at 855 Ridge Lake Boulevard, Suite 604, Memphis, Tennessee, 38120. The applicant is owned by AccentCare Hospice & Palliative Care of Tennessee, LLC.
<b>Application Submission Date</b>	On or before June 1, 2022

**CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:**

There are no other Letters of Intent, denied applications, or Outstanding Certificate of Needs for other health care organizations in the service area proposing this type of service.

**Pending Applications**

<b>Project Name</b>	<b>TriState Infusion, LLC, CN2204-022</b>
<b>Project Cost</b>	\$67,500
<b>Application Filed</b>	April 29, 2022
<b>Description</b>	For the initiation of a limited home health agency to serve patients in need of home infusion therapy services. The home office will be located at 7796 Wolf Trail Cove, Suite 1003, Germantown, TN 38138 and will serve patients from Western Tennessee Counties to include Shelby, Fayette, Hardeman, McNairy, Hardin, Wayne, Lawrence, Lewis, Perry, Decatur, Henderson, Chester, Madison, Haywood, Tipton, Lauderdale, Crockett, Dyer, Gibson, Carroll, Benton, Humphreys, Hickman, Dickson, Montgomery, Houston, Stewart, Henry, Weakley, Obion, and Lake Counties. The applicant is owned by PRMC Holdings, LLC (90%) and LWS Holdings, LLC (10%).
<b>Project Status</b>	Application is under review as of May 16, 2022.
<b>Meeting Date</b>	To be determined

TPP (5/15/2022)

**CRITERION AND**  
**STANDARDS**

**Original Application**

**NOTE: Supplemental responses to criterion and standards follows in the supplemental attachments.**

**Attachment 1N**

**Home Health Criteria and Standards**

STANDARDS AND CRITERIA APPLICABLE TO HOME HEALTH

- Determination of Need: In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. This 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed Service Area.**

**Rationale:** After much effort, the Division has determined that limitations of the data obtained from the current JAR form do not permit a revisions of the Need formula, and that there are no more accurate data sources available. Consequently, it has at this time decided to retain the current Need formula from the Guidelines for Growth, and has repeated it herein. The Division commits to working with stakeholders to assess that data needs of the HSDA, the TDH, and stakeholder and to revise the JAR form accordingly. Once sufficient data are collected, a review of the Need formula will be undertaken.

The existing Need formula is admittedly a conservative one. The Division’s research regarding Medicare-Medicaid fraud and abuse in the home health services industry supports a conservative Need formula. In 2012, the Government Accountability Office reported that 40% of all fraud convictions initiated by a group of Medicaid fraud-control units were for home health services – the biggest category of providers convicted through the Medicaid units’ efforts. The Centers for Medicare and Medicaid Services (CMS) states that home health agencies offer services and supplies “vulnerable to fraud.”

**Response:****AccentCare West Tennessee Service Area Population Growth and Aging**

The table below shows the 2021–2024 growth rate for the total population in service area counties. Fayette County has the highest growth rate of the service area counties and is above the statewide growth rate. Although lower, Shelby and Tipton Counties both have positive growth rates. Together, the AccentCare West Tennessee service area has a combined growth rate of 0.2 percent for total population.

<b>Total Population</b>			
	<b>2021</b>	<b>2024</b>	<b>2021–2024 Growth Rate</b>
Fayette	42,074	43,500	0.8%
Shelby	942,127	947,551	0.1%
Tipton	62,606	63,497	0.4%
<b>Service Area</b>	<b>1,046,807</b>	<b>1,054,548</b>	<b>0.2%</b>
Tennessee	6,942,653	7,102,950	0.6%

Source: TN\_CoPopProj\_2019 series.

Besides the growth in total population, the age and demographics of the population are important in determining a county’s need for a home health agency. Home health use rates vary by age. Nationally, 70 percent of home health care

Attachment 1N

patients are 65 years and older.<sup>1</sup> Locally, 75 percent of Tennessee home health patients and 69 percent of service area home health patients are 65 years and older.<sup>2</sup>

	2021 Home Health Patients by Age				Total	% 65+
	0-12	13-17	18-64	65+		
Fayette	7	6	207	521	741	70%
Shelby	252	476	5,366	12,165	18,259	67%
Tipton	6	5	340	1,032	1,383	75%
Service Area	265	487	5,913	13,718	20,383	67%
Tennessee	2,355	1,084	41,917	135,222	180,578	75%

Source: 2021 JAR

The service area’s population is aging, and over the next three years the population over age 65 is expected to grow faster than the other age groups. The table below shows the 65+ population in the AccentCare West Tennessee service area counties is projected to grow 1.8 percent per year from 2021 to 2024. This nearly equals the statewide growth rate. Growth rates for Fayette and Tipton Counties are above the statewide average, while Shelby County’s is almost equivalent.

	65+ Population		
	2021	2024	Growth Rate
Fayette	9,810	10,868	2.6%
Shelby	139,056	148,831	1.7%
Tipton	9,942	10,899	2.3%
<b>Service Area</b>	158,807	170,598	1.8%
Tennessee	1,219,922	1,318,602	2.0%

Source: (TN\_CoPopProj\_2019 series)

## Tennessee State Health Plan Determination of Need

Under the Tennessee State Health Plan (SHP), 1.5 percent of the total population in a county is considered the estimated need for home health services in that county. Need is projected for three years after the latest available year of final JAR data. The most recent year available now is 2021, which the calculations below use. Projected capacity is based on the use rate of existing home health agencies in each county of the service area, using the most recent JAR data. According to the Standards and Criteria, “the need for home health services should be projected three years from the latest available year of final JAR data.” The table below shows need for home health services in 2024, using the SHP formula for Shelby, Fayette, and Tipton Counties.

<sup>1</sup> “Home Health Care Patients: Data from the 2000 National Home and Hospice Care Survey,” Centers for Disease Control and Prevention, National Center for Health Statistics, <https://www.cdc.gov/nchs/pressroom/04facts/patients.htm>.

<sup>2</sup> 2021 JAR.



### 2024 Home Health Need Determination AccentCare West Tennessee

Service Area	Total Patients	Estimated 2021 Pop.	Use Rate	Projected 2024 Pop.	Projected Capacity	Projected Need (.015 x 2024 Pop.)	Need or Surplus for 2024**
Tennessee	180,578	6,942,653	0.0260	7,102,950	184,747	106,544	(78,203)
Fayette	741	42,074	0.0176	43,500	766	652	(114)
Shelby	18,259	942,127	0.0194	947,551	18,364	14,213	(4,151)
Tipton	1,383	62,606	0.0221	63,497	1,403	952	(450)
Service Area	20,383	1,046,807	N/A	1,054,548	20,533	15,817	(4,715)

Source: 2021 Joint Annual Report Home Health Master File; Boyd Center for Business and Economic Research, University of Tennessee, Knoxville. Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment.

\*\*Data is projected three years from the latest available year of final Home Health Joint Annual Report data.

Note: Totals may not foot due to rounding

The table above shows no need in the AccentCare West Tennessee service area, according to the SHP need formula. However, the analysis below shows the SHP Need Formula is outdated and unrealistic for analyzing need in the AccentCare West Tennessee service area. A more in-depth analysis of the available data shows the service area needs and can support an additional home health provider.

### Outdated SHP Need Formula

Unlike a need for additional hospital or nursing home beds, the need for an additional home health agency is not due to a lack of physical capacity in the existing home health agencies. There is no legal limit to the number of staff a home health agency may employ and therefore no limit to the number of patients a home health agency can physically serve.

The need methodology for home health has not been updated since the 2010 Guidelines for Growth were published. According to the SHP chapter on home health, last updated in 2014, “the existing Need formula is admittedly a conservative one,”<sup>3</sup> and the “Division’s research regarding Medicare-Medicaid fraud and abuse in the home health services industry supports a conservative Need formula.” However, that research was done more than a decade ago.<sup>4</sup> The CMS moratorium on approval of new home health agencies was lifted in 2019.<sup>5</sup>

Home health providers in the US have paid more than \$400 million to settle False Claims Act (FCA) allegations since 2012, according to a database compiled by Bass, Berry & Sims. No Tennessee home health providers have made a settlement

<sup>3</sup> Tennessee State Health Plan: 2014 Update, p. 65. Certificate of Need Standards and Criteria for Home Health Services.

<sup>4</sup> Tennessee State Health Plan: 2014 Update, p. 65. In 2012, the Government Accountability Office reported that 40 percent of all fraud convictions initiated by a group of Medicaid fraud-control units were for home health services—the biggest category of providers convicted through the Medicaid units’ efforts. The Centers for Medicare and Medicaid Services (CMS) states that home health agencies offer services and supplies “vulnerable to fraud.”

<sup>5</sup> Bailey Bryant, “CMS Lifts Moratoria on Home Health After 5 Years,” Home Health Care News, February 4, 2019, <https://homehealthcarenews.com/2019/02/cms-lifts-moratoria-on-home-health-after-5-years/>; “Provider Enrollment Moratoria,” CMS, page modified December 1, 2021, <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/Provider-Enrollment-Moratoria>.

since 2017.<sup>6</sup> The rationale supporting the current need formula is outdated and is no longer a reasonable basis for an arbitrary 1.5 percent of population threshold carried over from the 2010 Guidelines for Growth.

### Unrealistic SHP Need Formula

The current need formula is outdated and unrealistic, as it does not reflect the current utilization rates for home health services in Tennessee. The statewide average home health use rate in 2021 was 2.6 percent of the total population, nearly 75 percent higher than the 1.5 percent threshold use rate used in the SHP Need Formula. Of the 95 counties in Tennessee, 92 counties have a current use rate that exceeds 1.5 percent of the total population. See Attachment 1N-1 for Medicare Beneficiary Home Health Use Rates by state.

As the Need Determination shows, the formula contradicts actual market experience in the service area counties. The SHP Need Formula projects a need for only 15,817 patients in 2024 when 20,383 total patients were served in 2021 in the service area. Despite a positive population growth expected in each service area county from 2021 to 2024, the SHP Need Formula projects home health patient need in the service area in 2024 will be 22 percent lower than the 2021 actual home health patients served.

A better measure of need is to compare the current county use rate to the current use rates in other Tennessee counties and the statewide average use rate. Current home health use rates in Tennessee range from a low of 0.85 percent of total population in Maury County to 10.5 percent of total population in McNairy County. When the 95 Tennessee counties are ranked according to their home health use rates from lowest to highest, Shelby and Fayette counties are ranked eighth and tenth, while Tipton County is ranked thirteenth.<sup>7</sup> The table below shows the counties with use rates lower than the statewide average, ranked lowest to highest. See Attachment 1N-3 for the full table.

---

<sup>6</sup> See data at:

<https://fraudinhealthcare.com/results/?date%5B%5D=2022&date%5B%5D=2021&date%5B%5D=2020&date%5B%5D=2019&date%5B%5D=2018&date%5B%5D=2017&date%5B%5D=2016&date%5B%5D=2015&date%5B%5D=2014&date%5B%5D=2013&date%5B%5D=2012&court%5B%5D=409&court%5B%5D=376&court%5B%5D=410&entity%5B%5D=300&allegation%5B%5D=308&allegation%5B%5D=309&allegation%5B%5D=315&allegation%5B%5D=321&allegation%5B%5D=316&allegation%5B%5D=310&allegation%5B%5D=322&allegation%5B%5D=311&allegation%5B%5D=314&allegation%5B%5D=320&allegation%5B%5D=318&allegation%5B%5D=312&allegation%5B%5D=317&allegation%5B%5D=319&allegation%5B%5D=313>

<sup>7</sup> A review of the previous 2020 Need Determination shows each service area county also had use rates lower than the statewide average when using 2020 JAR utilization data. In fact, Fayette County had the lowest use rate of all Tennessee counties. See Attachment 1N-2 for a table of use rates ranked lowest to highest using 2020 JAR data.

**Tennessee Counties With Use Rates Lower Than the Statewide Average**

<b>Service Area</b>	<b>Total Patients</b>	<b>Estimated 2021 Pop.</b>	<b>Use Rate</b>
Maury	839	98,912	0.0085
Madison	1,012	97,880	0.0103
Moore	94	6,475	0.0145
McMinn	828	54,007	0.0153
Williamson	3,960	250,192	0.0158
Rutherford	5,866	349,087	0.0168
Montgomery	3,760	218,941	0.0172
Fayette	741	42,074	0.0176
Davidson	13,311	711,359	0.0187
Shelby	18,259	942,127	0.0194
Cheatham	844	41,035	0.0206
Marion	627	28,552	0.0220
Tipton	1,383	62,606	0.0221
Robertson	1,627	73,499	0.0221
Trousdale	256	11,302	0.0227
Sumner	4,482	196,582	0.0228
Knox	11,028	478,242	0.0231
Bledsoe	351	15,143	0.0232
Van Buren	134	5,755	0.0233
Union	469	19,858	0.0236
Wilson	3,643	150,164	0.0243
Bedford	1,248	50,850	0.0245
Sevier	2,546	102,002	0.0250
Bradley	2,732	109,446	0.0250
Hamilton	9,349	372,453	0.0251
Hickman	653	25,486	0.0256
<b>Statewide</b>	<b>180,578</b>	<b>6,942,653</b>	<b>0.0260</b>

*Source: 2024 Home Health Need Determination. Tennessee Department of Health, Division of Policy, Planning and Assessment.*

While all service area counties fall well below the statewide average use rate, the statewide use rate itself is suppressed by the service area's low home health use because Shelby County is the most populous county in the state and accounts for 13.6 percent of the state's total population. Excluding the service area, the remaining statewide use rate is 2.71 percent of the total population, making the gap between the service area counties and the statewide experience even larger.

Three-quarters of home health patients are age 65 or older. Of the 95 counties in Tennessee, 43 counties have 65+ use rates below the statewide average, including all three service area counties. See Attachment 1N-4 for a table of the home health use rates for patients and residents 65 and older.

**Applying Statewide Use Rate**

If the statewide use rate is applied to the service area counties, almost 7,000 additional residents will need home health care by 2024, as the table below shows.

**AccentCare West Tennessee Service Area Counties 2024 Home Health Patients at the Statewide Use Rate**

Service Area	Total Patients	Estimated 2021 Pop.	County Use Rate	Statewide Use Rate	Projected 2024 Pop.	2024 Projected Capacity at County Use Rate	2024 Projected Capacity at Statewide Use Rate	2024 Additional Patients
Tennessee	180,578	6,942,653	0.026	0.026	7,102,950	184,747	184,747	0
Fayette	741	42,074	0.018	0.026	43,500	766	1,131	365
Shelby	18,259	942,127	0.019	0.026	947,551	18,364	24,646	6,282
Tipton	1,383	62,606	0.022	0.026	63,497	1,403	1,652	249
<b>Service Area</b>	<b>20,383</b>	<b>1,046,807</b>	<b>0.0195</b>	<b>0.026</b>	<b>1,054,548</b>	<b>20,534</b>	<b>27,429</b>	<b>6,895</b>

Source: 2021 Joint Annual Report Home Health Master File; Boyd Center for Business and Economic Research, University of Tennessee, Knoxville. Reassembled by the Tennessee Department of Health, Division of Policy, Planning, and Assessment. Data is projected three years from the latest available year of final Home Health Joint Annual Report data.

Note: Totals may not foot due to rounding

- 2. The need for home health service should be projected three years from the latest available year of final JAR data.

*Note: The Division recognizes that a home care organization can be established within a 12-15 month period of time, and that ideally a one year planning horizon would be used. However, in this instance a three-year planning horizon is used because final JAR data lag significantly behind the current date. Final 2012 JAR data became available in May 2014, thus providing data for need to be projected in 2015 but not for any other future full calendar year. Should a change occur that enables TDH to provide final JAR data significantly earlier, the Division would propose a change in the planning horizon.*

**Response:**

The data in the table above uses data from 2021, which is the last year for which JAR data is available, to project patients into 2024.

- 3. The use rate of existing home health agencies in each county of the Service Area will be determined by examining the latest utilization rate as calculated from the JARs of existing home health agencies in the Service Area. Based on the number of patients served by home health

**agencies in the Service Area, an estimation will be made as to how many patients could be served in the future.**

***Rationale:** The standard is carried over from the Guidelines for Growth.*

**Response:**

The SHP need formula shows no need in the AccentCare West Tennessee service area. However, the analysis the Applicant described in response to question 1N-1 shows the SHP Need Formula is outdated and unrealistic for analyzing need in the AccentCare West Tennessee service area. A more in-depth analysis that applies the statewide use rate to the service area counties shows the service area needs and can support an additional home health provider.

- 4. County Need Standard: The applicant should demonstrate that there is a need for home health services in each county in the proposed Service Area by providing documentation (e.g., letters) where: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare's system Home Health and/or similar data; b) potential patients or providers in the proposed Services Area attempted to find appropriate home health service but were not able to secure such services; c) providers supply an estimate of the potential number of patients that they might refer to the applicant.**

***Rationale:** This Standard seeks to promote State Health Plan Principle 2 concerning Access to Care. The Division believes that if the Need formula is not met, a pattern of problems with referring patients successfully to home care organization should be demonstrated by the applicant. If no such pattern can be established, there is likely not a need for a new home care organization.*

**Response:**

Thirty-four local healthcare providers who regularly refer patients for home health services have written letters expressing their interest in referring patients to AccentCare West Tennessee. Below is an excerpt from one of the letters. Full letters are in Attachment 4N-2. These letters demonstrate the need for home health services in Shelby, Fayette and Tipton counties.

*I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patient there for home health care. I anticipate I will refer approximately 100 patients to AccentCare West Tennessee per year for home health care.*

*We have maintained a good relationship with AccentCare and have appreciate their communications and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.*

-Martha Garfield, Administrative Coordinator, Regional One Health

## Attachment 1N

Many of these providers were able to estimate the number of patients they expect to refer to AccentCare West Tennessee in their letters of support. The table below shows the estimated number of referrals.

**Estimated Referrals from Local Providers**

	<b>Facility/Provider</b>	<b>Estimated Number of Referrals-Low End</b>	<b>Estimated Number of Referrals-High End</b>
	Regional One Health	100	100
Temesha Polk-Howard	VAMC-Memphis	20	25
Whitney Cornelius	VA Medical Center-Memphis	60	60
Lisa Womack**	Baptist Trinity	Undetermined	
Kristen Autry	Signature Healthcare of Primacy	75	100
Gail Downen	The Waters of Memphis	100	100
Kimberly Reeves	Signature Healthcare	150	150
Lorraine Kimmons	The Waters of Memphis	100	100
Shauntay Alexander	Memphis VA	15	15
Dr. Yao Lao*	Memphis VA	100	100
Larios	St. Francis	75	75
Beth Edwards	St. Francis	100	100
Janielle Mosley	St. Francis	50	50
Alexis Hodges**	St. Francis	Undetermined	
Latisha Phillips	St. Francis	75	100
Elizabeth Frisby	St. Francis	50	50
Lynne Pike	St. Francis	75	75
Tawanda Williams	St. Francis	75	100
Precious Watson	St. Francis	75	100
Brittany Carr	St. Francis	50	80
Shinese Webb	St. Francis	50	75
Marshelle Owens	St. Francis	50	80
Ashley Maddox	Signature Healthcare of Primacy	50	50
Telissa Nelson**	Baptist Rehab	Undetermined	
Caroline Irons	Baptist Rehab	50	50
Bertha Daniels	Baptist Rehab	Undetermined	
Sandra Nguyen	Baptist Rehab	50	50
Felicia Bolton	Village Germantown	40	40
Jessica Pita**	Bellevue Clinic	Undetermined	
Emma Yagnone	Bellevue Clinic	10	10
Dr. Van Rushly	Physician	12	20
Angeline Stillas	Medical Assistant	10	20
<b>Total</b>		<b>1,667</b>	<b>1,875</b>

*\*\*Providers were unable to provide an estimate at time of letter submission*

*\*Dr. Lao's letter states more than 100*

## Attachment 1N

Additional providers who have experienced AccentCare services expressed their support for this application. Below is an excerpt from a provider across the Mississippi border who stated a desire to refer Tennessee patients to an AccentCare facility.

*The staff of AccentCare demonstrate superior quality, compassion, kindness, integrity and competence in their clinical, nursing, physical therapy and occupational therapy skills...[our] providers struggle to find quality home health, physical and occupational therapy services in Shelby County, TN. Frequently, we encounter patients that AccentCare cannot serve because the patient lives in Tennessee. I recommend AccentCare to obtain their Certificate of Need.*

-Ashley Reed, Clinic Manager, Desoto, Campbell Clinic Orthopaedics

In addition to healthcare providers, AccentCare West Tennessee also received letters of support from local leaders, including members of Memphis city council and Tennessee House of Representatives. Below are excerpts from those letters of support. See Attachment 4N-2 for the full letters.

*As you are aware, the challenges presented to our healthcare system and our social services system are significant and we continue to seek innovative ways to support those that live in Memphis in an effort to work towards the best possible quality of life for all. By inviting and allowing new business to enter the market in Memphis, we provide additional options for service and support.*

*I learned that the continuum of services provided by AccentCare Home Health & Hospice, from Home Health to Palliative Care to Hospice, support both patients and families as well as other heartcare partners. I see the approval of their CON application as a positive addition and extra support to the medical and social service agencies that are currently overburdened. Therefore, I am in support of providing additional healthcare service choices to Memphis by welcoming AccentCare Home Health and Hospice Services to the area.*

-Martavius Jones, Memphis City Council

*As a City Council member in Memphis and a native Memphian, I believe in teamwork and a supportive community. There is a great need for more access to healthcare and I have learned that AccentCare and their efforts to bring more resources to Shelby Fayette and Tipton County. This is a letter in support of their application for the home health license...*

*...With the aftermath of the pandemic we need more providers than ever before. AccentCare has proven to be successful in surrounding cities and are dedicated to learning*

*the need of Memphis. Please accept this letter of support on behalf of AccentCare for their CON application.*

-JB Smiley, Jr, Memphis City Council

## **AccentCare's Experience in Memphis MSA**

The Memphis market extends beyond Tennessee. Besides Shelby, Fayette, and Tipton counties, the Memphis Metropolitan Statistical Area (MSA) includes Mississippi and Arkansas counties. "West Memphis" sits across the Mississippi River in Crittenden County, Arkansas. It is part of the Memphis metropolitan area and is the largest city in Crittenden County. DeSoto County is just across the Mississippi state border and is the second most populous county in the Memphis MSA. Mississippi's Marshall, Tunica, and Tate counties are also part of the Memphis MSA.

AccentCare has served the Mississippi counties of the Memphis MSA for over 40 years. AccentCare Home Health Greenwood cares for patients in DeSoto, Tunica, and Tate counties. They have established trust in the community and built relationships with Memphis providers and referral sources. Expanding into the Tennessee counties of the Memphis MSA would extend AccentCare's existing provision of home health services in the Memphis area.

Because of AccentCare's existing relationships, we know there is a need for more high-quality providers in the AccentCare West Tennessee service area. Thirty-four local healthcare providers submitted letters of support expressing a desire to refer patients to AccentCare West Tennessee. Attachment 4N-2 contains letters of support for the project that express a desire to work with AccentCare West Tennessee once operational.

During AccentCare West Tennessee's community need assessment, AccentCare met with members of the Memphis MSA community who expressed a desire a need for more high-quality providers who share a commitment to ensuring high-quality care throughout challenges, such as those COVID presented. AccentCare has shown its steady presentation of high-quality care in both hospice and home health services throughout the pandemic. AccentCare also learned there is a need for more "timely care" and support from a provider that can be more accessible and offer "frequent communication." See the letter of support from Tawanna Kimbrough, Memory Care Director at Park Avenue Lifestyle (in Attachment 4N-2).

- 5. Current Service Area Utilization: The applicant should document by county: a) all existing providers of home health services within the proposed Service Area; and b) the number of patients served during the most recent 12-month period for which data are available. To characterize existing provider located within Tennessee, the applicant should use final data provided by the JARs maintained by the Tennessee Department of Health. In each county of the proposed Service Area, the applicant should identify home health agencies that have reporting serving 5 or fewer patients for each of the last three years based on final and available JAR data. If an agency in the proposed Service Area who services few or no patients is opposing the application, that opponent agency should provide evidence as to why it does not serve a larger number of patients.**

***Rationale:*** *From comments expressed by many stakeholders, the Division is aware that a home care organization may be licensed to provide services in a county/Service Area but may serve few or not*



patients there. The Division believes this situation may unreasonably impede the expansion of home health services in a county/Service Area and that any such home care organization that is opposing an application should provide evidence that support its low market penetration.

**Response:**

- a) 34 agencies serve at least one county in the AccentCare West Tennessee service area. The table below shows the number of agencies licensed to serve each service area county, according to the Department of Health Licensure. See Attachment 1N-5 for a table listing all providers.

**Number of Home Health Agencies**

County	Number of Licensed Agencies
Fayette	30
Shelby	31
Tipton	31

Source: Department of Health Licensure, updated 9/23/2021.

- b) The table below shows patients served for each county in the service area, according to 2021 JAR data. The data represent a reporting period from 07/01/2020 to 06/30/2021. The 2021 JAR data is the most recent data available.

**2021 Total Patients**

County	2021 Total Patients
Fayette	741
Shelby	18,259
Tipton	1,383
Total Service Area	20,383

Source: 2021 Joint Annual Report data.

Not every provider licensed in a county serves patients in that county. Other licensed providers serve only a few patients of that county. The table below shows the number of providers licensed in the county that have served five or fewer patients in the last three years (2019–2021). Attachment 1N-5 shows a list of providers licensed for each county. Gray shading indicates that provider served fewer than five patients from 2019 to 2021 for that county. Providers that have no “X” but are listed on the table in Attachment 1N-5 reported serving at least one patient in at least one of the service area counties.

**Agencies with 5 or Fewer Patients**

<b>County</b>	<b>Number of Licensed Agencies Serving 5 or Fewer Patients</b>
Fayette	13
Shelby	6
Tipton	18

Source: 2019–2021 Joint Annual Report data.

**6. Adequate Staffing: Using TDH Licensure data, the applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the service described in the application and document that such personnel are available to work in the prosed Service Area. The applicant should state the percentage of qualified personnel directly employed or employed through a third party staffing agency.**

AccentCare West Tennessee will be staffed to meet State of Tennessee licensing requirements and the requirements of CMS and accrediting agencies. According to data from the Tennessee Board of Nursing, there were 109,446 active RN licenses and 29,778 active LPN licenses as of December 31, 2021.<sup>8</sup> AccentCare has experience recruiting and retaining high-quality staff through its two Tennessee home health agencies and its Mississippi home health agencies. As of December 31, 2021, AccentCare had over 160 home health employees and 16 corporate employees in Tennessee, and over 700 home health employees and 70 corporate employees in Mississippi. AccentCare West Tennessee will benefit from the network of staff and staff referral sources these agencies have developed. Because AccentCare Home Health Greenwood serves Mississippi counties contiguous to the proposed service area, it has existing staff who live in the greater Memphis area. These staff members can refer well-qualified individuals interested in working for AccentCare West Tennessee.

AccentCare West Tennessee will have 14.7 total FTEs in year one, including nurse case managers, a social worker, home health aide, occupational therapist, physical therapist, psychiatric nurse (RN), speech therapist and physical therapy assistant. AccentCare West Tennessee will also employ an executive director and business office and admitting staff. These staff will all be directly employed and will not be employed through a third-party staffing agency.

AccentCare West Tennessee 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.

<sup>8</sup> Tennessee Board of Nursing, Annual Report, February 2022 (2021 data), <https://www.tn.gov/content/dam/tn/health/healthprofboards/nursing/reports/Nursing%20ED%20Annual%20Report%202022.pdf>.

## CNA Education Program

AccentCare West Tennessee is aware that a variety of healthcare providers, including nursing homes<sup>9</sup> and hospitals<sup>10</sup> are facing a nursing shortage. AccentCare is also aware that recruiting and retaining well-qualified nursing staff, including certified nursing assistants (CNAs) can be challenging. AccentCare West Tennessee intends to work cooperatively with providers across the continuum of care and, through its parent company, has a program aimed at increasing the CNA workforce in the area, rather than taking employees from providers already facing a shortage.

AccentCare has developed a CNA training program that will be available in the service area, if the proposed project is approved. The CNA training program will be open to anyone who would like to become a CNA, whether or not they are AccentCare staff. This will be an opportunity for career growth and enhancement for personal care attendants as well as other area residents. The program will be offered free of charge for AccentCare employees and individuals who take a position with AccentCare upon program completion and hold the position for at least one year.

The training program is designed to equip graduates with the training and skills required to successfully perform the duties of a CNA. The training will combine classroom, skills laboratory and clinical training. AccentCare will pilot its first program in Wisconsin, and expects the program to be available in Tennessee by the projected start date of this application. AccentCare will tailor the training program to the specific needs of the state, and the Memphis area program will meet the 75 hour training requirement with 16 of those hours being clinical training. Topics and skills covered in the training will include:

- Basic Nursing Skills
  - Activities of Daily Living
  - Nutrition, Hydration and Elimination
  - Personal Care
  - Mobility & Positioning
- Communication & Interpersonal Skills
  - Conflict Management
- Patient Rights
  - Ethical & Legal Behavior to Maintain Patient Rights
  - Respecting the Patient's Environment
- Infection Prevention and Control
- Restorative Care: Promoting Independence
- Mental Health
  - Identifying Mental Health & Social Services Needs
  - Providing Care for Patients with Special Needs
- Safety & Emergency Preparedness
  - Fire
  - Heimlich Maneuver

<sup>9</sup> See: <https://wpln.org/post/tennessee-nursing-homes-are-in-critical-need-of-staffing-help/>

<sup>10</sup> See: <https://www.tncwd.com/dir.cfm/Nursing/>

## Attachment 1N

- Injury Prevention
- Body Mechanics
- CPR
- Oxygen Use
- Abuse and Neglect

AccentCare West Tennessee will recruit area residents who wish to advance their professional credentials by receiving CNA training. This will allow home health patients to receive care from staff familiar with their community. The training will be provided free of charge, and the exam fee will be covered for eligible AccentCare West Tennessee employees.

## Recruitment & Retention

AccentCare West Tennessee will recruit new employees using several methods, including:

- AccentCare website (<https://accentcare.com/careers/>)
- National job search sites (Indeed.com, Monster.com, etc.)
- Advertising through the Memphis-Riverbluff Black Nurses Association (a chapter of the National Black Nurses Association)
- Professional publications that maintain lists of jobseekers or allow recruiting advertisements
- Vocational, professional technical school resource offices
- Job fairs
- Social media postings
- Arrangements with local colleges and universities that serve as training sites

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

Professional websites and periodicals that provide job postings attract professionals. In individual communities, the AccentCare office networks with colleges, universities, and other social and healthcare providers. Often, collaborative efforts to recruit qualified personnel occur together, particularly when part-time workers respond to job postings. Hiring qualified part-time persons opens the door to full-time positions.

AccentCare West Tennessee will work with the Memphis-Riverbluff Black Nurses Association. AccentCare West Tennessee will share its job postings with the organization, and may also advertise on the National Black Nurses Association job website. The National Black Nurses Association and its local chapters were created to support their members while they “seek to provide culturally competent health care services” in their communities.<sup>11</sup>

Word of mouth from the existing workforce reaps benefits. Internal recruiting opens avenues for the local population, and vacancies may be filled more quickly when employees encourage friends or acquaintances to apply for open jobs.

---

<sup>11</sup> National Black Nurses Association, <https://www.nbna.org/>.

## Attachment 1N

Aware of the skill levels and talents prospective employees offer, human resource personnel conduct interviews that provide the opportunity to learn what prospective employees seek in a working environment, and what their goals, advancement objectives, and work ethic are. By understanding what employees look for in an employer, AccentCare Home Health Programs can develop workplaces that support employees and give them reasons to stay with the company.

AccentCare follows an inclusive employment policy that assures equal employment opportunities to all people, regardless of race, religion, marital status, color, creed, gender, sexual orientation, pregnancy, childbirth, age, disability, or national origin or status.

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

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

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

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

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

Additional benefits include those listed below:

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

## Training and Education

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

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

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

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

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

**7. Community Linkage Plan: The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, referral arrangements with appropriate health care system providers/services (that comply with CMS patient choice protections) and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. A new provider may submit a proposed community linkage plan.**

**Response:**

AccentCare, as an experienced provider of home health and hospice services in Tennessee and neighboring states, has referral arrangements with appropriate health care providers (that comply with CMS patient choice protections) and working agreements with other related community services, assuring continuity of care and focusing on coordinated, integrated systems. AccentCare West Tennessee will expand on its existing community linkage plan to assure continuity of care of physicians, hospital and nursing home discharge planners, patients, and families.

## Partnership with Sound Physicians

AccentCare West Tennessee will partner with Sound Physicians, one of the nation's leaders in hospital medicine, to improve home health access and outcomes for patients without a primary care provider (PCP) or following physician. This partnership helps serve patients' clinical needs more efficiently by providing virtual physician services and a higher level of home health collaboration. AccentCare Home Health of Tennessee has already implemented this program and found it beneficial to its patients. The Applicant will build on the lessons learned from this care collaboration model to improve access for residents of Shelby, Fayette, and Tipton counties.

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

The program avoids delays in the transition from hospital to home, and typically allows home care to begin within 24 to 48 hours of hospital discharge. Physicians have on-demand electronic access to orders and medication records to foster rapid clinical response. Collaboration between AccentCare West Tennessee clinicians and Sound Physicians doctors allows management of complex patients through real-time video collaboration by the home health clinician, the patient, and the physician. This support network helps reduce emergency department utilization and hospital readmissions.

## AdvancedCare at Home

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

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

## Educational Relationships

AccentCare offers schools internship positions and educational opportunities through its current home health and hospice programs. Student LPNs and RNs participate by doing rotations with the AccentCare home health and hospice programs. AccentCare West Tennessee will provide similar opportunities for any area training program for nurses, social workers, or therapists who are interested in using the home health agency as a clinical training partner.

- 8. Tenn Care Managed Care Organizations (MCOs) and Financial Viability:** Given the timeframe required to obtain Medicare certification, an applicant proposing to contract with the Bureau of Tenn Care's MCOs should provide evidence of financial viability during the time period necessary to receive such certification. Applicants should be aware that MCOs are under no obligation to contract with home care organizations, even if Medicare certification is obtained, and that Private Duty Services are not Medicare certifiable services. Applicants who believe there is a need to serve TennCare patients should contact the TennCare MCOs in the region of the proposed Service Area and inquire whether their panels are open for home health services, as advised in the notice posted on the HSDA website, to determine whether at any given point there is a need for a provider in a particular area of the state; letters from the TennCare MCOs should be provided to document such need. See Note 2 for additional information Applicants should also provide information on projected revenue sources, including non TennCare revenue sources.

AccentCare West Tennessee is a new provider and has no contracts with TennCare MCOs.

AccentCare West Tennessee projects TennCare patients will comprise two percent of its patients in the first two years of operations. AccentCare West Tennessee would be a financially viable home health agency, even without any income from the projected TennCare patients. AccentCare West Tennessee can rely on funding from its parent company to cover working capital during the startup period, including the period of TennCare certification.

AccentCare West Tennessee is aware that MCOs are not obligated to contract with home health organizations and that Private Duty Services are not Medicare certifiable. The Applicant spoke with UnitedHealthcare Community Plan on March 29, 2022 and received confirmation that they are open for new home health providers. TennCare Select home health network and BlueCare Network are closed to new home health providers. Amerigroup has been contacted but no confirmation on enrollment has been provided.

- 9. Proposed Charges:** The applicant's proposed charges should be reasonable in comparison with those of other similar agencies in the Service Area or in adjoining service areas. The applicant should list:
- a. The average charge per visit and/or episode of care by service category, if available in the JAR data.

The table below shows AccentCare West Tennessee's proposed charges per visit, by visit type, for the first two years of operations. These rates are based on AccentCare Home Health of Tennessee's charges, increased to account for inflation between the reported 2021 charges and the proposed project's first year of operations.



**AccentCare West Tennessee Charges, Direct and Indirect**

Type of Care	Year 1 Charge	Year 2 Charge
Skilled Nursing	\$ 265.00	\$ 273.00
Physical Therapy	\$ 283.00	\$ 291.00
Occupational Therapy	\$ 291.00	\$ 300.00
Speech Therapy	\$ 291.00	\$ 300.00
Medical Social Services	\$ 308.00	\$ 317.00
Home Health Aide	\$185.00	\$ 191.00

The following tables show the reported charges by home health providers in the service area, according to data from the 2021 JAR Masterfile. Existing home health agencies provide charges in the JAR data a variety of ways. These summaries include combined direct and indirect charges, direct charges only, and other applicable charges (e.g., charge per episode or hourly charges). The charge per visit, direct and indirect, is the only directly comparable measure to AccentCare West Tennessee's expected charges. Note the following six home health agencies licensed in at least one of the service area counties did not submit charge information in the 2021 JAR report: Advanced Nursing Solutions, Best Nurses Inc., Coram CVS Specialty Infusion Service, Optum Infusion Services, Optum Womens and Childrens Health, and Vanderbilt HC Option Care.

**2021 Provider Charges by Service Type – Direct and Indirect**

Home Health Agency	Home Health Aide	Medical Social Services	Occupational Therapy	Physical Therapy	Skilled Nursing	Speech Therapy
Baptist Trinity Home Care	\$62	\$375	\$178	\$191	\$146	\$326
Extended Health Care Inc	\$65		\$150	\$157	\$145	\$150
Extendicare Home Health of West Tennessee	\$66	\$166	\$161	\$161	\$105	\$298
Functional Independence Home Care Inc.	\$32	\$200	\$160	\$160	\$155	\$160
Guardian Home Care, LLC	\$175	\$291	\$275	\$267	\$250	\$275
Guardian Home Care of Nashville		\$291	\$275	\$269	\$250	\$275
Home Care Solutions - Davidson		\$189	\$158	\$146	\$107	\$279
Homechoice Health Services	\$84	\$270	\$164	\$205	\$146	\$299
Intrepid USA Healthcare Services - Shelby	\$26	\$99	\$147	\$135	\$81	\$120
Meritan	\$100	\$250	\$250	\$250	\$200	\$250
Pentec Health Inc.					\$271	
Quality Home Health Services <sup>+</sup>	\$100	\$250	\$200	\$200	\$200	\$200

Source: 2021 JAR reports.

<sup>+</sup> The licensure documentation does not show Quality Home Health and Extended Health Care Inc. as separate entities. However, in the 2021 Joint Annual Report data, these two entities reported separately.

## 2021 Provider Charges by Service Type – Direct Only

Home Health Agency	Home Health Aide	Medical Social Services	Occupational Therapy	Physical Therapy	Skilled Nursing	Infusion: Pain	Infusion: Other	Speech Therapy
AbilisHealth Brownsville, LLC	\$83	\$322	\$235	\$235	\$165			
Adoration Home Health Care, LLC	\$150	\$150	\$150	\$150	\$150			\$150
Adoration Home Health Care of West Tennessee	\$150	\$150	\$150	\$150	\$150			\$150
Amedisys Home Care	\$19	\$63	\$108	\$152	\$61			\$83
Amedisys Home Health	\$25	\$66	\$108	\$134	\$59			\$95
Amedisys Home Health Care - Madison	\$20	\$86	\$118	\$183	\$45			\$88
Amedisys Home Health Care - Shelby	\$19	\$104	\$130	\$160	\$56			\$86
Americare Home Health Agency Inc.	\$80	\$245	\$168	\$167	\$153			\$181
Baptist Trinity Home Care	\$23	\$141	\$67	\$72	\$55			\$122
Extended Health Care Inc. <sup>+</sup>	\$65		\$150	\$157	\$145			\$150
Extendicare Home Health of West Tennessee	\$28	\$70	\$68	\$68	\$44			\$125
Home Care Solutions – Davidson		\$81	\$68	\$62	\$46			\$119
Homechoice Health Services	\$29	\$92	\$56	\$70	\$50			\$103
Implanted Pump Management, LLC						\$150	\$150	
Intrepid USA Healthcare Services - Madison	\$22	\$125	\$105	\$107	\$46			\$106
Meritan	\$100	\$250	\$250	\$250	\$200			\$250
Methodist Alliance Home Care	\$125	\$400	\$325	\$325	\$300	\$300	\$300	\$350
NHC Homecare	\$95	\$195	\$225	\$225	\$175			\$225
Pentec Health Inc.					\$271			
Still Waters Home Health Agency	\$75	\$250	\$155	\$155	\$150			\$180
Tennessee Quality Homecare-Southwest	\$92	\$82	\$103	\$90	\$53			\$102
Where The Heart Is Inc.	\$57		\$97	\$98	\$102			\$137
Willowbrook Visiting Nurse Association Inc.	\$70	\$210	\$180	\$180	\$175			\$180

Source: 2021 JAR reports.

<sup>+</sup> The licensure documentation does not show Quality Home Health and Extended Health Care Inc. as separate entities. However, in the 2021 Joint Annual Report data, these two entities reported separately.

### 2021 Provider Charges by Service Type – Other Charge Metrics

Home Health Agency	Home Health Aide	Homemaker Services	Medical Social Services	Skilled Nursing	Infusion: Pain	Infusion: Other	Speech Therapy
AbilisHealth Brownsville							\$150**
Accredo Health Group Inc.						\$75**	
Elk Valley Health Services, LLC	\$40*			\$79*			
Maxim Healthcare Services - Shelby	\$22**			\$44**			
No Place Like Home Inc.	\$35**			\$55**			
Quality Home Health Services <sup>+</sup>		\$25**					

Source: 2021 JAR reports.

\* Elk Valley Health Services reported the average charge per visit.

\*\* Other home health agencies reported the average charge per hour.

<sup>+</sup> The licensure documentation does not show Quality Home Health and Extended Health Care Inc. as separate entities. However, in the 2021 Joint Annual Report data, these two entities reported separately.

#### b. The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data

The table below shows the projected average charge per visit for AccentCare West Tennessee in its first and second year of operations.

	Year One	Year Two
Gross Charges	\$1,830,786	\$3,921,079
Visits	6,804	14,148
Average Charge per Visit	\$ 269.07	\$ 277.15

The table below shows the average charge per visit for home health agencies in the proposed service area, using 2021 JAR data. AccentCare West Tennessee's average charge per visit is similar to that of existing service area home health agencies.

## Average Charge per Visit, Service Area Home Health Providers

Home Health Agency	Home County	Total Visits - All Services	Total Gross Rev - All Svcs	Average Charge/Visit
AbilisHealth Brownsville LLC	Haywood	14,691	\$10,127,395	\$689
Accredo Health Group, Inc.	Shelby	586	\$177,387	\$303
Adoration Home Health Care LLC	Davidson	146,268	\$49,839,545	\$341
Adoration Home Health Care of West Tennessee	Shelby	31,582	\$36,804,713	\$1,165
Amedisys Home Care	Shelby	25,058	\$4,516,084	\$180
Amedisys Home Health	Shelby	36,186	\$7,618,247	\$211
Amedisys Home Health Care - Madison	Madison	128,082	\$19,437,721	\$152
Amedisys Home Health Care - Shelby	Shelby	34,431	\$5,570,491	\$162
Americare Home Health Agency, Inc.	Shelby	11,864	\$2,031,484	\$171
Baptist Trinity Home Care	Shelby	42,741	\$10,052,694	\$235
Best Nurses, Inc.	Shelby	0	\$1,362,428	
Coram CVS Specialty Infusion Service	Shelby	1,067	\$1,541,090	\$1,444
Elk Valley Health Services, LLC	Davidson	89,527	\$32,651,817	\$365
Extended Health Care Inc	Shelby	16,340	\$2,341,884	\$143
Extendicare Home Health of West Tennessee	Madison	53,065	\$9,493,710	\$179
Functional Independence Home Care, Inc.	Shelby	93,298	\$9,870,346	\$106
Hemophilia Preferred Care of Memphis, Inc.	Shelby	0	\$0	
Home Care Solutions - Davidson	Davidson	49,986	\$8,373,914	\$168
Home Care Solutions - Hamilton	Hamilton	19,125	\$2,967,243	\$155
Homechoice Health Services	Shelby	13,478	\$2,817,819	\$209
Implanted Pump Management LLC	Knox	218	\$24,860	\$114
Intrathecal Care Solutions dba Advanced Nursing So	Davidson	857	\$136,164	\$159
Intrepid USA Healthcare Services - Madison	Madison	16,677	\$3,940,636	\$236
Intrepid USA Healthcare Services - Shelby	Shelby	9,182	\$1,962,831	\$214
Maxim Healthcare Services - Shelby	Shelby	0	\$22,552,044	
Meritan	Shelby	11,104	\$1,865,329	\$168
Methodist Alliance Home Care	Shelby	43,540	\$9,510,183	\$218
NHC Homecare	Fayette	10,262	\$1,881,176	\$183
No Place Like Home, Inc.	Shelby	0	\$9,742,225	
Optum Womens and Childrens Health	Shelby	1,946	\$684,933	\$352
OptumRx Infusion Services	Shelby	1,116	\$155,079	\$139
Pentec Health, Inc.	Davidson	1,016	\$73,436	\$72
Quality Home Health Services	Fentress	89,196	\$102,857,164	\$1,153
Still Waters Home Health Agency	Shelby	13,288	\$2,959,768	\$223
Tennessee Quality Homecare-Southwest	Decatur	102,902	\$22,615,007	\$220
Vanderbilt HC Option Care IV Services	Davidson	1,243	\$181,404	\$146
Where The Heart Is, Inc.	Fayette	20,726	\$4,255,129	\$205
Willowbrook Visiting Nurse Association, Inc.	Davidson	44,058	\$7,839,040	\$178
<b>Average - All Home Health Agencies</b>		<b>1,174,706</b>	<b>\$410,832,420</b>	<b>\$350</b>

Source: 2021 Home Health JAR Masterfile

**10. Access:** In concert with the factors set forth in HSDA Rule 0720-11-.01(1) (which lists those factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area for groups with special medical needs such as, but not limited to, medically fragile children, newborns and their mothers, and HIV/ AIDS patients. Pediatrics is a special medical needs population, and therefore any provider applying to provide these services should demonstrate documentation of adequately trained staff specific to this population's needs with a plan to provide ongoing best practice education. For purposes of this Standard, an applicant should document need using population, service, special needs, and/or disease incidence rates. If granted, the Certificate of Need should be restricted on condition, and thus in its licensure, to serving the special group or groups identified in the application. The restricting language should be as follows: **CONDITION: Home health agency services are limited to (*identified specialty service group*); the expansion of service beyond (*identified specialty service group*) will require the filing of a new Certificate of Need application. Please see Note 3 regarding federal law prohibitions on discrimination in the provision of health care services.**

**Response:**

## Special Needs of the Service Area Population

This application is in response to the need identified by the lower use rate of the service area counties. Besides the low use rates, the need to approve this application is based on AccentCare's comprehensive assessment of community needs. This needs assessment includes the analysis of current state and federal home health data, and meetings with stakeholders, community leaders, hospitals, health clinics, skilled nursing facilities (SNFs), assisted living facilities (ALFs), doctors, community leaders, cultural and religious leaders, insurance companies, and veterans' organization leaders to identify unmet home health needs in the service area communities and to identify barriers preventing access to home health care for certain groups.

AccentCare West Tennessee will serve all clinically appropriate home health patients in Shelby, Fayette, and Tipton Counties. AccentCare has extensive experience in home health care and operates unique programs in all the markets it serves. These programs differentiate AccentCare from other home health providers and promote competition and better care quality. Besides these standard offerings, AccentCare West Tennessee will offer programs aligned with the particular needs of area residents.

Before starting any new program, AccentCare reviews the available home health utilization data and conducts a community-oriented needs assessment to identify underserved populations. AccentCare designs its new programs to reach these populations and incorporate their distinct needs. This approach has produced successful programs throughout the country. Representatives of AccentCare West Tennessee, including corporate leaders, traveled to Shelby, Fayette, and Tipton Counties to meet with area residents, healthcare providers, social organizations, and community leaders as part of the need identification process. The community-oriented needs assessment for AccentCare West Tennessee determined the county has unmet needs for the groups listed below:

- Black Residents
  - AdvancedCare at Home™

## Attachment 1N

- High-Quality Services
- Staffing, Training, and Education
- Community Outreach and Engagement
- Residents without Sufficient Access to Primary Care Physicians
  - Sound Physicians
- Residents with low health literacy
  - Health Literacy Outreach Program
- Persons Experiencing or At Risk of Experiencing Homelessness
  - Community Partnerships
- Residents Experiencing Depression
  - Clinical Programming

**11. Quality Control and Monitoring: The applicant should identify and document its existing or proposed plan for data reporting (including data on patient re-admission to hospitals), quality improvement, and an outcome and process monitoring system (including continuum of care and transitions of care from acute care facilities). If applicable, the applicant should provide documentation that it is, or that it intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS.**

**Response:**

AccentCare West Tennessee will be accredited CHAP.

AccentCare employs many strategies to ensure patients are safe and cared for while receiving home health services. Beyond quality control and monitoring strategies explained below, AccentCare operates to maximize a patient's health, independence and peace of mind. Customized care allows the patients to come first and feel comfortable in what can be an overwhelming health situation. Below is an excerpt from a letter of support written by a current AccentCare patient in Tennessee:

*I'm writing to express my appreciation and gratitude for the care that I receive from you all. I truly look forward to you coming, you take real good care of me. You always seem to go above and beyond in terms of thinking about and providing what I may need in any given circumstance. We make a goof time out of what can sometimes be difficult care situations. I really appreciate the camaraderie and that you are all professional and treat me with respect. I know that you truly do care about me. Thank you for all that you do.*

-David McCulston, Patient

## **AccentCare's Quality Improvement Policies**

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

## Attachment 1N

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

The five components of the QAPI program include:

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

Each home health program has its own performance improvement projects in addition to state-specific performance improvement strategies developed by AccentCare. In Tennessee, a performance improvement committee evaluates effectiveness and policy adherence. At minimum, the committee conducts an annual assessment to determine the appropriateness and effectiveness of past and present home health services. The objectives of the committee are:

- Ensure personnel and facilities meet individual and community needs
- Identify and correct deficiencies
- Help make critical judgements regarding the quality and quantity of services
- Evaluate effectiveness of agency policies and recommend changes to assure high standards of patient care
- Augment in-service staff education
- Provide data for state licensure and certification requirements
- Establish criteria to measure effectiveness and efficiency of home health services
- Develop record review system

AccentCare also has a national workgroup of quality experts who help AccentCare find root causes of systemic quality problems, find creative solutions, and make process/training changes to improve quality at each AccentCare home health program. AccentCare West Tennessee will implement these policies to ensure patient care quality and ongoing improvement. AccentCare West Tennessee will review all policies annually and adapt the policies to service area circumstances. For a copy of these policies, see Attachment 1N-6.

## **Additional Quality Improvement Initiatives**

### *CMS Survey Results*

CMS publishes quarterly quality survey data for home health agencies on its Medicare Care Compare website. Providers receive a summary star rating, based on how well a home health agency performs on individual measures for the care process and patient outcomes. These measures are based on home health agency patient assessments and Medicare claims. An agency must have at least twenty complete quality episodes within the reporting period for a measure to be

reported. More information about the methodology can be found at this webpage: <https://data.cms.gov/provider-data/topics/home-health-services/process-care-outcome-care-quality-measures#data-sources>.

AccentCare’s two home health agencies in Tennessee both scored significantly higher than the statewide and national averages for overall quality of care in the twelve-month reporting period ending March 31, 2021. Guardian Homecare of Nashville and Guardian Homecare Inc. (Chattanooga) both had star ratings of 4.5. These ratings were substantially above the average star rating of 3.8 for all Tennessee home health agencies. The gap was even greater when compared to the national average star rating of 3.3. AccentCare home health agencies throughout the nation share a common culture of patient safety and commitment to improving patients’ health and well-being. Accent Care will instill these same processes in the proposed project, to achieve the same high performance and superior outcomes.

**CMS Star Rating Scores for Quality by Home Health Agency (March 2020–March 2021)**

Agency	Quality of Patient Care
Guardian Homecare of Nashville	4.5
Guardian Homecare Inc.	4.5
<b>Tennessee - Average Score (All Providers)</b>	<b>3.8</b>
AccentCare Home Health of Jackson	4.5
AccentCare Home Health of Carthage	5
AccentCare Home Health of Greenwood	4.5
<b>Mississippi - Average Score (All Providers)</b>	<b>3.8</b>
AccentCare Average	4.4
<b>National Home Health Average</b>	<b>3.3</b>

Source: CMS Home Health Quality Compare Data. Ratings are on a scale of 1–5. <https://data.cms.gov/provider-data/topics/home-health-services/process-care-outcome-care-quality-measures#data-sources>.

### *HHCAHPS Home Health Survey*

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

AccentCare home health agencies in Tennessee received above-average survey scores in the most recent survey period for HHCAHPS measures (July 2020–June 2021). Both AccentCare agencies had summary star ratings of 4.0, exceeding the statewide average of 3.9 and national average of 3.5. Patients were also more likely to recommend an AccentCare home health provider, reflecting the client-focused care and exceptional service that AccentCare home health services offer.



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

#### HHCAHPS Survey Score Comparisons by Home Health Agency (July 2020–July 2021)

	HHCAHPS Summary Star Rating	% of Patients Who Would Definitely Recommend
Guardian Homecare of Nashville	4.0	83.0
Guardian Homecare Inc.	4.0	84.0
<b>Tennessee - Average Score (All Providers)</b>	<b>3.9</b>	<b>82.2</b>
AccentCare Home Health of Jackson	4.5	87.0
AccentCare Home Health of Carthage	5.0	90.0
AccentCare Home Health of Greenwood	4.5	84.0
<b>Mississippi - Average Score (All Providers)</b>	<b>3.8</b>	<b>84.9</b>
AccentCare National Average	3.4	77.6
<b>National Home Health Average</b>	<b>3.5</b>	<b>77.8</b>

Source: <https://homehealthcahps.org/>.

#### Employee Satisfaction Surveys

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

- 12. Data Requirements: Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.**

#### Response:

AccentCare West Tennessee agrees to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested.

## Electronic Medical Records

As an industry leader, AccentCare has used electronic medical record (EMR) technology for over fourteen years. AccentCare staff's wireless devices allow them to access the EMR platform in real time at each patient's bedside, to report up-to-date information in the patient record. The EMR system provides several benefits, including:

- Use of integrated software system for clinical and nonclinical staff and volunteers. The *Homecare/Homebase* software includes EMR, scheduling tools, billing, accounts receivable, human resources, and reports required to manage a home health agency effectively.
- Field staff can remotely access the EMR. This allows the entire interdisciplinary team to provide up-to-date information on a patient's condition and the care they are receiving.
- The platform allows for computerized synchronization, making data accessible to the entire care team and documenting services delivered to patients, scheduled visits, and medication orders.
- Status of referrals is also captured and reviewable.

The EMR system allows access to accurate, timely patient data 24 hours a day, 7 days a week. Online, real-time access allows every authorized staff member to log in securely to view patients' plans of care and enter information to update medical records. The comprehensive system provides detailed information from each patient's care plan on any allergies, advance directives, medications, medical equipment, and laboratory testing. The system also allows staff to schedule appointments and visits, and allows directors to track response time to patient calls, patient transfers, and whether or not transfers, for example, could be prevented with appropriate interventions.

EMR provides two immediate benefits to AccentCare's quality program. First is the provision of statistical data on all aspects of AccentCare's services and those of its partners and contractors. AccentCare uses the statistical data for quality assurance and program compliance, and partners and vendors use the information in evaluating their own quality performance indicators. They may also support participation in research projects.

The second benefit is the integration of pharmacy information to manage and document all medications each patient receives. The EMR system permits staff to review and track all medication orders and check for contraindications.

## Call Center Integrated with EMR

AccentCare's state-of-the-art call center is staffed 24 hours a day, 7 days a week. The call center staff have access to the EMR system, allowing them to view each patient's information and update the records based on the calls.

- AccentCare employees staff the call center.
- The call center is staffed with nurses licensed in every state AccentCare serves.
- Call center staff can access EMR information to respond to patients' needs.
- Call center staff route and arrange for patient assessment 24 hours a day, 7 days a week.

**Attachment 1N-1**

**Medicare Home Health Use Rates 2020, US States**

## Medicare Beneficiary Home Health Use Rate

State	Beneficiaries with Home Health Claim	Total Beneficiaries	Use Rate
AK	3,487	110,072	0.032
AL	68,214	1,112,559	0.061
AR	39,050	676,156	0.058
AZ	51,465	1,431,215	0.036
CA	387,651	6,709,287	0.058
CO	35,081	983,965	0.036
CT	45,944	726,353	0.063
DC	4,981	99,009	0.050
DE	15,382	225,739	0.068
FL	325,410	4,891,900	0.067
GA	88,226	1,859,409	0.047
HI	4,501	293,762	0.015
IA	24,540	669,607	0.037
ID	16,687	364,843	0.046
IL	155,599	2,377,743	0.065
IN	61,917	1,347,582	0.046
KS	32,120	573,719	0.056
KY	53,955	987,234	0.055
LA	63,742	931,200	0.068
MA	116,274	1,417,919	0.082
MD	73,944	1,110,576	0.067
ME	16,997	362,515	0.047
MI	108,928	2,202,876	0.049
MN	35,622	1,095,720	0.033
MO	58,211	1,308,400	0.044
MS	62,003	640,447	0.097
MT	6,589	248,943	0.026
NC	107,254	2,129,295	0.050
ND	4,378	141,904	0.031
NE	17,213	370,288	0.046
NH	21,756	322,923	0.067
NJ	83,958	1,720,471	0.049
NM	18,311	452,299	0.040
NV	35,541	574,862	0.062
NY	166,910	3,856,907	0.043
OH	112,717	2,496,874	0.045
OK	73,624	790,685	0.093
OR	26,782	924,779	0.029
PA	139,103	2,910,057	0.048
PR	5,421	775,226	0.007
RI	12,209	235,563	0.052
SC	69,477	1,156,306	0.060
SD	5,960	189,043	0.032
TN	76,038	1,451,590	0.052
TX	286,119	4,501,975	0.064
Unknown	250,097	570,108	0.439
UT	25,364	434,754	0.058
VA	105,938	1,618,348	0.065
VT	11,374	158,102	0.072
WA	49,609	1,461,834	0.034
WI	38,962	1,257,628	0.031
WV	25,139	462,958	0.054
WY	4,921	119,528	0.041
<b>Grand Total</b>	<b>3,730,695</b>	<b>65,843,057</b>	<b>0.057</b>

Sort: High to Low  
Medicare Home Health Use Rate

State	Use Rate	Rank
Unknown	0.439	
MS	0.097	1
OK	0.093	2
MA	0.082	3
VT	0.072	4
LA	0.068	5
DE	0.068	6
NH	0.067	7
MD	0.067	8
FL	0.067	9
VA	0.065	10
IL	0.065	11
TX	0.064	12
CT	0.063	13
NV	0.062	14
AL	0.061	15
SC	0.060	16
UT	0.058	17
CA	0.058	18
AR	0.058	19
<b>National Average</b>	<b>0.057</b>	
KS	0.056	20
KY	0.055	21
WV	0.054	22
TN	0.052	23
RI	0.052	24
NC	0.050	25
DC	0.050	26
MI	0.049	27
NJ	0.049	28
PA	0.048	29
GA	0.047	30
ME	0.047	31
NE	0.046	32
IN	0.046	33
ID	0.046	34
OH	0.045	35
MO	0.044	36
NY	0.043	37
WY	0.041	38
NM	0.040	39
IA	0.037	40
AZ	0.036	41
CO	0.036	42
WA	0.034	43
MN	0.033	44
AK	0.032	45
SD	0.032	46
WI	0.031	47
ND	0.031	48
OR	0.029	49
MT	0.026	50
HI	0.015	51
PR	0.007	52

Sources: Medicare Master Beneficiary Summary File, 2020; Home Health Standard Analytical File, 2020.

**Attachment 1N-2**  
**2020 JAR Use Rate Table**

## 2020 JAR Use Rate Table

Service Area	Agencies Report Serving	Total Patients Served	Estimated 2020 Pop.	Use Rate	Projected 2023 Pop.	Projected Capacity	Projected Need (.015 x 2023 Pop.)	Need or (Surplus) for 2023
Fayette	17	570	41,565	0.0137	43,042	590	646	55
Moore	10	94	6,454	0.0146	6,513	95	98	3
Williamson	33	3,808	244,052	0.0156	262,425	4,095	3,936	(158)
Montgomery	21	3,588	214,627	0.0167	227,521	3,804	3,413	(391)
Rutherford	34	5,973	341,000	0.0175	365,332	6,399	5,480	(919)
Shelby	31	18,354	940,109	0.0195	945,840	18,466	14,188	(4,278)
Davidson	41	13,796	705,400	0.0196	722,445	14,129	10,837	(3,293)
Marion	16	594	28,564	0.0208	28,502	593	428	(165)
Cheatham	29	880	40,847	0.0215	41,376	891	621	(271)
Van Buren	10	133	5,759	0.0231	5,740	133	86	(46)
Trousdale	13	261	11,211	0.0233	11,469	267	172	(95)
Wilson	34	3,442	147,012	0.0234	156,383	3,661	2,346	(1,316)
Tipton	23	1,500	62,278	0.0241	63,215	1,523	948	(574)
Robertson	27	1,756	72,686	0.0242	75,073	1,814	1,126	(688)
Sumner	31	4,712	193,462	0.0244	202,730	4,938	3,041	(1,897)
Knox	30	11,575	473,996	0.0244	486,518	11,881	7,298	(4,583)
Hickman	19	636	25,352	0.0251	25,733	646	386	(260)
Bedford	18	1,273	50,255	0.0253	52,011	1,317	780	(537)
Sevier	20	2,553	100,658	0.0254	104,606	2,653	1,569	(1,084)
Hamilton	24	9,676	369,802	0.0262	377,526	9,878	5,663	(4,215)
Macon	15	653	24,827	0.0263	25,639	674	385	(290)
Blount	22	3,556	133,808	0.0266	137,211	3,646	2,058	(1,588)
Chester	11	462	17,324	0.0267	17,429	465	261	(203)
Bradley	19	2,932	108,557	0.0270	111,176	3,003	1,668	(1,335)
Tennessee	1,606	189,009	6,886,369	0.0274	7,050,887	193,525	105,763	(87,761)
Polk	12	475	17,070	0.0278	17,296	481	259	(222)
Stewart	12	385	13,669	0.0282	13,807	389	207	(182)
Meigs	16	358	12,461	0.0287	12,687	364	190	(174)
Haywood	12	494	17,106	0.0289	16,791	485	252	(233)
DeKalb	19	601	20,450	0.0294	20,862	613	313	(300)
Sequatchie	16	449	15,203	0.0295	15,668	463	235	(228)
Dickson	22	1,619	54,606	0.0296	56,230	1,667	843	(824)
McMinn	19	1,600	53,779	0.0298	54,420	1,619	816	(803)
White	15	837	27,533	0.0304	28,131	855	422	(433)
Maury	26	2,992	97,412	0.0307	101,832	3,128	1,527	(1,600)
Putnam	17	2,479	80,596	0.0308	83,109	2,556	1,247	(1,310)
Lewis	8	375	12,113	0.0310	12,138	376	182	(194)
Cannon	16	455	14,637	0.0311	14,860	462	223	(239)
Union	18	617	19,808	0.0311	19,935	621	299	(322)
Monroe	18	1,490	46,989	0.0317	47,797	1,516	717	(799)
Smith	15	645	20,190	0.0319	20,546	656	308	(348)
Rhea	20	1,070	33,479	0.0320	34,088	1,089	511	(578)
Bledsoe	8	480	15,017	0.0320	15,380	492	231	(261)
Houston	10	269	8,324	0.0323	8,410	272	126	(146)
Lake	5	239	7,360	0.0325	7,301	237	110	(128)
Morgan	20	713	21,754	0.0328	21,981	720	330	(391)
Marshall	18	1,155	34,370	0.0336	35,353	1,188	530	(658)
Weakley	15	1,121	33,243	0.0337	33,130	1,117	497	(620)
Madison	21	3,304	97,792	0.0338	98,029	3,312	1,470	(1,842)

**Joint Annual Report of Home Health Agencies - 2020 Final\***  
**Comparison of Population Based Need Projection vs. Actual Utilization (2020 vs. 2023)\*\***

Service Area	Agencies Report Serving	Total Patients Served	Estimated 2020 Pop.	Use Rate	Projected 2023 Pop.	Projected Capacity	Projected Need (.015 x 2023 Pop.)	Need or (Surplus) for 2023
Jackson	8	405	11,875	0.0341	12,018	410	180	(230)
Loudon	27	1,859	54,454	0.0341	56,408	1,926	846	(1,080)
Warren	18	1,405	41,038	0.0342	41,226	1,411	618	(793)
Perry	7	284	8,128	0.0349	8,222	287	123	(164)
Franklin	17	1,480	42,099	0.0352	42,386	1,490	636	(854)
Henderson	14	989	28,010	0.0353	28,223	997	423	(573)
Clay	6	274	7,749	0.0354	7,774	275	117	(158)
Hardeman	15	899	25,110	0.0358	24,910	892	374	(518)
Scott	10	795	22,117	0.0359	22,190	798	333	(465)
Lincoln	13	1,238	34,411	0.0360	34,800	1,252	522	(730)
Campbell	19	1,455	39,487	0.0368	39,261	1,447	589	(858)
Cumberland	19	2,274	61,055	0.0372	62,913	2,343	944	(1,400)
Giles	11	1,104	29,466	0.0375	29,362	1,100	440	(660)
Crockett	10	539	14,320	0.0376	14,285	538	214	(323)
Washington	19	4,929	130,745	0.0377	133,680	5,040	2,005	(3,034)
Overton	10	847	22,352	0.0379	22,736	862	341	(521)
Hawkins	20	2,147	56,615	0.0379	56,592	2,146	849	(1,297)
Humphreys	12	708	18,554	0.0382	18,642	711	280	(432)
Jefferson	21	2,110	54,900	0.0384	56,085	2,156	841	(1,314)
Wayne	10	636	16,474	0.0386	16,339	631	245	(386)
Gibson	16	1,909	49,257	0.0388	49,529	1,920	743	(1,177)
Anderson	22	3,002	77,151	0.0389	78,016	3,036	1,170	(1,865)
Sullivan	16	6,162	158,199	0.0390	158,692	6,181	2,380	(3,801)
Hardin	12	1,021	25,803	0.0396	25,780	1,020	387	(633)
Lauderdale	14	1,025	25,828	0.0397	25,800	1,024	387	(637)
Lawrence	12	1,771	44,055	0.0402	44,439	1,786	667	(1,120)
Coffee	17	2,269	56,435	0.0402	57,489	2,311	862	(1,449)
Greene	20	2,803	69,515	0.0403	69,989	2,822	1,050	(1,772)
Carter	12	2,266	56,091	0.0404	55,570	2,245	834	(1,411)
McNairy	16	1,102	26,001	0.0424	26,202	1,110	393	(717)
Dyer	12	1,680	37,395	0.0449	37,488	1,684	562	(1,122)
Grainger	20	1,051	23,388	0.0449	23,682	1,064	355	(709)
Henry	13	1,475	32,519	0.0454	32,692	1,483	490	(992)
Grundy	16	604	13,209	0.0457	12,998	594	195	(399)
Roane	22	2,506	53,285	0.0470	53,397	2,511	801	(1,710)
Hamblen	20	3,105	65,234	0.0476	66,163	3,149	992	(2,157)
Obion	10	1,435	30,127	0.0476	29,877	1,423	448	(975)
Carroll	16	1,345	27,907	0.0482	27,688	1,334	415	(919)
Cocke	18	1,751	36,026	0.0486	36,299	1,764	544	(1,220)
Pickett	7	253	5,053	0.0501	5,005	251	75	(176)
Decatur	14	603	11,715	0.0515	11,705	602	176	(427)
Unicoi	8	929	17,847	0.0521	17,943	934	269	(665)
Fentress	9	990	18,346	0.0540	18,491	998	277	(720)
Benton	14	912	16,220	0.0562	16,268	915	244	(671)
Johnson	10	1,044	17,748	0.0588	17,686	1,040	265	(775)
Claiborne	18	2,020	31,999	0.0631	32,310	2,040	485	(1,555)
Hancock	10	600	6,491	0.0924	6,399	591	96	(496)

Note: Totals may not match due to rounding.

(TN\_CoPopProj\_2019 series)

**Joint Annual Report of Home Health Agencies - 2020 Final\***  
**Comparison of Population Based Need Projection vs. Actual Utilization (2020 vs. 2023)\*\***

Service Area	Agencies Report Serving	Total Patients Served	Estimated 2020 Pop.	Use Rate	Projected 2023 Pop.	Projected Capacity	Projected Need (.015 x 2023 Pop.)	Need or (Surplus) for 2023
--------------	-------------------------	-----------------------	---------------------	----------	---------------------	--------------------	-----------------------------------	----------------------------

\*Most recent year of Joint Annual Report data for Home Health Agencies

\*\*Data is projected three years from the latest available year of final Home Health Joint Annual Report data.

Projections Source: Boyd Center for Business and Economic Research, University of Tennessee, Knoxville  
 Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment



**Attachment 1N-3**  
**2021 JAR Use Rate Table**

2021 JAR Use Rate Table

Service Area	Total Patients	Estimated 2021 Pop.	Use Rate	Projected 2024 Pop.	Projected Capacity	Projected Need (.015 x 2024 Pop.)	Need or Surplus for 2024
Maury	839	98,912	0.0085	103,252	876	1,549	673
Madison	1,012	97,880	0.0103	98,091	1,014	1,471	457
Moore	94	6,475	0.0145	6,530	95	98	3
McMinn	828	54,007	0.0153	54,607	837	819	(18)
Williamson	3,960	250,192	0.0158	268,520	4,250	4,028	(222)
Rutherford	5,866	349,087	0.0168	373,482	6,276	5,602	(674)
Montgomery	3,760	218,941	0.0172	231,789	3,981	3,477	(504)
Fayette	741	42,074	0.0176	43,500	766	652	(114)
Davidson	13,311	711,359	0.0187	727,642	13,616	10,915	(2,701)
Shelby	18,259	942,127	0.0194	947,551	18,364	14,213	(4,151)
Cheatham	844	41,035	0.0206	41,527	854	623	(231)
Marion	627	28,552	0.0220	28,466	625	427	(198)
Tipton	1,383	62,606	0.0221	63,497	1,403	952	(450)
Robertson	1,627	73,499	0.0221	75,837	1,679	1,138	(541)
Trousdale	256	11,302	0.0227	11,547	262	173	(88)
Sumner	4,482	196,582	0.0228	205,755	4,691	3,086	(1,605)
Knox	11,028	478,242	0.0231	490,549	11,312	7,358	(3,954)
Bledsoe	351	15,143	0.0232	15,490	359	232	(127)
Van Buren	134	5,755	0.0233	5,730	133	86	(47)
Union	469	19,858	0.0236	19,963	471	299	(172)
Wilson	3,643	150,164	0.0243	159,452	3,868	2,392	(1,477)
Bedford	1,248	50,850	0.0245	52,579	1,290	789	(502)
Sevier	2,546	102,002	0.0250	105,864	2,642	1,588	(1,054)
Bradley	2,732	109,446	0.0250	112,020	2,796	1,680	(1,116)
Hamilton	9,349	372,453	0.0251	379,958	9,537	5,699	(3,838)
Hickman	653	25,486	0.0256	25,845	662	388	(275)
Statewide	180,578	6,942,653	0.0260	7,102,950	184,747	106,544	(78,203)
Blount	3,515	134,982	0.0260	138,267	3,601	2,074	(1,527)
Dickson	1,492	55,163	0.0270	56,741	1,535	851	(684)
Crockett	389	14,311	0.0272	14,269	388	214	(174)
Sequatchie	420	15,362	0.0273	15,812	432	237	(195)
Chester	476	17,358	0.0274	17,462	479	262	(217)
Rhea	937	33,689	0.0278	34,277	953	514	(439)
Jackson	333	11,928	0.0279	12,054	337	181	(156)
Haywood	477	17,003	0.0281	16,681	468	250	(218)
Campbell	1,127	39,423	0.0286	39,163	1,120	587	(532)
Polk	492	17,150	0.0287	17,363	498	260	(238)
Franklin	1,220	42,201	0.0289	42,466	1,228	637	(591)
White	802	27,740	0.0289	28,314	819	425	(394)
Putnam	2,379	81,448	0.0292	83,919	2,451	1,259	(1,192)
Stewart	409	13,718	0.0298	13,844	413	208	(205)

<b>Service Area</b>	<b>Total Patients</b>	<b>Estimated 2021 Pop.</b>	<b>Use Rate</b>	<b>Projected 2024 Pop.</b>	<b>Projected Capacity</b>	<b>Projected Need (.015 x 2024 Pop.)</b>	<b>Need or Surplus for 2024</b>
Morgan	654	21,836	0.0300	22,043	660	331	(330)
Giles	884	29,438	0.0300	29,314	880	440	(441)
Perry	248	8,161	0.0304	8,251	251	124	(127)
Lewis	372	12,125	0.0307	12,138	372	182	(190)
Cannon	453	14,717	0.0308	14,925	459	224	(236)
Loudon	1,699	55,127	0.0308	57,017	1,757	855	(902)
DeKalb	639	20,593	0.0310	20,988	651	315	(336)
Smith	646	20,317	0.0318	20,649	657	310	(347)
Hawkins	1,801	56,627	0.0318	56,546	1,798	848	(950)
Lawrence	1,422	44,196	0.0322	44,543	1,433	668	(765)
Jefferson	1,785	55,314	0.0323	56,445	1,822	847	(975)
Monroe	1,539	47,278	0.0326	48,029	1,563	720	(843)
Houston	272	8,355	0.0326	8,436	275	127	(148)
Hardeman	817	25,048	0.0326	24,837	810	373	(438)
Washington	4,332	131,757	0.0329	134,593	4,425	2,019	(2,406)
Weakley	1,094	33,205	0.0329	33,087	1,090	496	(594)
Overton	760	22,486	0.0338	22,851	772	343	(430)
Anderson	2,623	77,459	0.0339	78,266	2,650	1,174	(1,476)
Meigs	425	12,540	0.0339	12,753	432	191	(241)
Grundy	449	13,142	0.0342	12,920	441	194	(248)
Henderson	960	28,086	0.0342	28,286	967	424	(543)
Cumberland	2,117	61,705	0.0343	63,470	2,178	952	(1,225)
Warren	1,412	41,107	0.0343	41,277	1,418	619	(799)
Lincoln	1,195	34,547	0.0346	34,919	1,208	524	(684)
Carter	1,950	55,935	0.0349	55,364	1,930	830	(1,100)
Scott	779	22,147	0.0352	22,204	781	333	(448)
Lake	259	7,340	0.0353	7,281	257	109	(148)
Humphreys	660	18,589	0.0355	18,661	663	280	(383)
Hardin	923	25,803	0.0358	25,758	921	386	(535)
Clay	281	7,761	0.0362	7,774	281	117	(165)
Sullivan	5,750	158,406	0.0363	158,776	5,763	2,382	(3,382)
Grainger	854	23,496	0.0363	23,762	864	356	(507)
Lauderdale	948	25,823	0.0367	25,783	947	387	(560)
Greene	2,609	69,695	0.0374	70,107	2,624	1,052	(1,573)
Coffee	2,138	56,797	0.0376	57,822	2,177	867	(1,309)
Gibson	1,925	49,354	0.0390	49,606	1,935	744	(1,191)
Cocke	1,427	36,130	0.0395	36,363	1,436	545	(891)
Wayne	654	16,433	0.0398	16,288	648	244	(404)
Dyer	1,501	37,435	0.0401	37,505	1,504	563	(941)
Hamblen	2,658	65,553	0.0405	66,458	2,695	997	(1,698)
Claiborne	1,342	32,113	0.0418	32,392	1,354	486	(868)
Roane	2,243	53,340	0.0421	53,400	2,246	801	(1,445)

<b>Service Area</b>	<b>Total Patients</b>	<b>Estimated 2021 Pop.</b>	<b>Use Rate</b>	<b>Projected 2024 Pop.</b>	<b>Projected Capacity</b>	<b>Projected Need (.015 x 2024 Pop.)</b>	<b>Need or Surplus for 2024</b>
Henry	1,383	32,586	0.0424	32,734	1,389	491	(898)
Obion	1,292	30,051	0.0430	29,782	1,280	447	(834)
Unicoi	771	17,885	0.0431	17,965	774	269	(505)
Johnson	769	17,731	0.0434	17,657	766	265	(501)
Benton	724	16,243	0.0446	16,273	725	244	(481)
Decatur	528	11,715	0.0451	11,695	527	175	(352)
Carroll	1,378	27,840	0.0495	27,602	1,366	414	(952)
Pickett	252	5,037	0.0500	4,987	249	75	(175)
Fentress	1,062	18,402	0.0577	18,524	1,069	278	(791)
Macon	1,626	25,104	0.0648	25,900	1,678	388	(1,289)
Hancock	458	6,462	0.0709	6,364	451	95	(356)
Marshall	2,983	34,706	0.0860	35,663	3,065	535	(2,530)
McNairy	2,736	26,076	0.1049	26,253	2,755	394	(2,361)

**Attachment 1N-4**  
**2021 JAR Use Rate Table 65+**

2021 JAR Use Rate Table Ages 65+

Service Area	Patients 65+	Estimated 2021 Pop. 65+	Use Rate	Projected 2024 Pop.	Projected Capacity	Projected Need (.015 x 2024 Pop.)	Need or Surplus for 2024
Maury	645	17,213	0.0375	19,144	717	287	(430)
Madison	801	18,179	0.0441	19,520	860	293	(567)
Moore	73	1,505	0.0485	1,608	78	24	(54)
McMinn	596	11,442	0.0521	12,284	640	184	(456)
Fayette	521	9,810	0.0531	10,868	577	163	(414)
Van Buren	109	1,468	0.0743	1,547	115	23	(92)
Marion	477	6,141	0.0777	6,469	502	97	(405)
Union	330	3,991	0.0827	4,364	361	65	(295)
Jackson	246	2,929	0.0840	3,166	266	47	(218)
Cumberland	1,705	20,057	0.0850	21,639	1,839	325	(1,515)
Loudon	1,336	15,484	0.0863	16,760	1,446	251	(1,195)
Shelby	12,165	139,056	0.0875	148,831	13,020	2,232	(10,788)
Sevier	1,917	21,588	0.0888	23,637	2,099	355	(1,744)
Cheatham	611	6,849	0.0892	7,601	678	114	(564)
Sequatchie	313	3,408	0.0918	3,738	343	56	(287)
Williamson	3,322	35,945	0.0924	41,342	3,821	620	(3,201)
Campbell	827	8,647	0.0956	9,000	861	135	(726)
Haywood	345	3,569	0.0967	3,779	365	57	(309)
Blount	2,845	29,235	0.0973	31,673	3,082	475	(2,607)
Bledsoe	293	2,983	0.0982	3,242	318	49	(270)
Lewis	272	2,761	0.0985	2,946	290	44	(246)
Crockett	284	2,870	0.0990	3,027	300	45	(254)
Hickman	476	4,782	0.0995	5,136	511	77	(434)
Giles	635	6,343	0.1001	6,738	675	101	(573)
Polk	384	3,818	0.1006	4,089	411	61	(350)
Robertson	1,202	11,938	0.1007	13,288	1,338	199	(1,139)
Carter	1,334	13,230	0.1008	13,939	1,405	209	(1,196)
Stewart	305	2,993	0.1019	3,206	327	48	(279)
Sumner	3,460	33,543	0.1032	37,222	3,840	558	(3,281)
Davidson	9,641	93,258	0.1034	100,647	10,405	1,510	(8,895)
Hawkins	1,332	12,874	0.1035	13,696	1,417	205	(1,212)
Tipton	1,032	9,942	0.1038	10,899	1,131	163	(968)
Rutherford	4,174	40,056	0.1042	46,229	4,817	693	(4,124)
Monroe	1,156	10,763	0.1074	11,605	1,246	174	(1,072)
Franklin	981	9,101	0.1078	9,691	1,045	145	(899)
Knox	8,720	80,775	0.1080	87,114	9,404	1,307	(8,098)
Rhea	723	6,690	0.1081	7,176	775	108	(668)
Hamilton	7,563	69,689	0.1085	74,592	8,095	1,119	(6,976)
Clay	222	2,038	0.1089	2,173	237	33	(204)
Perry	198	1,814	0.1092	1,906	208	29	(180)
White	654	5,985	0.1093	6,422	702	96	(605)
Bradley	2,189	19,987	0.1095	21,600	2,366	324	(2,042)
Wilson	2,807	25,348	0.1107	28,552	3,162	428	(2,734)
Statewide	135,222	1,219,922	0.1108	1,318,602	146,160	19,779	(126,381)
Jefferson	1,339	11,987	0.1117	13,087	1,462	196	(1,266)
Greene	1,833	16,077	0.1140	17,060	1,945	256	(1,689)
Houston	208	1,816	0.1146	1,926	221	29	(192)
Hardin	736	6,368	0.1156	6,704	775	101	(674)
Montgomery	2,526	21,787	0.1159	24,495	2,840	367	(2,473)
Meigs	326	2,800	0.1164	3,002	349	45	(304)
Grundy	346	2,958	0.1170	3,095	362	46	(316)
Bedford	959	8,173	0.1173	8,928	1,048	134	(914)
Dickson	1,149	9,705	0.1184	10,656	1,262	160	(1,102)
Sullivan	4,360	36,821	0.1184	38,693	4,582	580	(4,001)

Morgan	493	4,147	0.1189	4,404	524	66	(457)
Cannon	347	2,907	0.1194	3,154	376	47	(329)
Overton	587	4,889	0.1201	5,194	624	78	(546)
Chester	383	3,190	0.1201	3,409	409	51	(358)
Washington	3,124	25,786	0.1212	27,721	3,358	416	(2,943)
Grainger	633	5,221	0.1213	5,648	685	85	(600)
Lincoln	876	7,223	0.1213	7,749	940	116	(824)
Anderson	2,051	16,618	0.1234	17,682	2,182	265	(1,917)
DeKalb	510	4,090	0.1247	4,452	555	67	(488)
Lawrence	1,054	8,437	0.1249	9,036	1,129	136	(993)
Trousdale	192	1,532	0.1253	1,628	204	24	(180)
Humphreys	501	3,979	0.1259	4,216	531	63	(468)
Weakley	841	6,632	0.1268	6,970	884	105	(779)
Hardeman	609	4,800	0.1269	4,965	630	74	(556)
Unicoi	567	4,422	0.1282	4,673	599	70	(529)
Putnam	1,862	14,442	0.1289	15,668	2,020	235	(1,785)
Cocke	1,063	8,237	0.1290	8,848	1,142	133	(1,009)
Henderson	711	5,496	0.1294	5,840	756	88	(668)
Roane	1,720	13,097	0.1313	13,928	1,829	209	(1,620)
Pickett	195	1,469	0.1327	1,536	204	23	(181)
Benton	543	4,078	0.1331	4,293	572	64	(507)
Decatur	393	2,942	0.1336	3,100	414	47	(368)
Henry	1,083	8,047	0.1346	8,501	1,144	128	(1,017)
Johnson	584	4,294	0.1360	4,464	607	67	(540)
Smith	522	3,756	0.1390	4,103	570	62	(509)
Warren	1,088	7,796	0.1396	8,270	1,154	124	(1,030)
Scott	589	4,005	0.1471	4,256	626	64	(562)
Claiborne	1,032	6,929	0.1489	7,435	1,107	112	(996)
Lauderdale	671	4,376	0.1534	4,597	705	69	(636)
Wayne	519	3,378	0.1537	3,511	539	53	(487)
Obion	1,032	6,573	0.1570	6,838	1,074	103	(971)
Hamblen	2,009	12,727	0.1579	13,481	2,128	202	(1,926)
Gibson	1,501	9,407	0.1596	9,879	1,576	148	(1,428)
Coffee	1,682	10,417	0.1615	11,157	1,801	167	(1,634)
Dyer	1,153	7,017	0.1643	7,392	1,214	111	(1,104)
Lake	206	1,198	0.1720	1,211	208	18	(190)
Carroll	1,064	6,003	0.1773	6,259	1,109	94	(1,015)
Fentress	847	4,357	0.1944	4,658	906	70	(836)
Hancock	350	1,486	0.2355	1,557	367	23	(343)
Macon	1,337	4,204	0.3181	4,577	1,456	69	(1,387)
McNairy	2,025	5,726	0.3537	6,026	2,131	90	(2,041)
Marshall	2,205	6,014	0.3667	6,571	2,409	99	(2,311)

**Attachment 1N-5R**

**Table Listing All Providers Licensed to Serve Service Area**



## Current Service Area Providers


	Licensed in Fayette?	Licensed in Shelby?	Licensed in Tipton?
AbilisHealth Brownsville LLC			
Accredo Health Group, Inc.	X	X	X
Adoration Home Health Brownsville*	X		X
Adoration Home Health Care of West Tennessee	X	X	X
Amedisys Home Care	X	X	X
Amedisys Home Health	X	X	X
Amedisys Home Health Care (Madison)	X		X
Amedisys Home Health Care (Shelby)	X	X	X
Americare Home Health Agency, Inc.		X	X
Baptist Trinity Home Care	X	X	X
Best Nurses, Inc.	X	X	X
Coram CVS Speciality Infusion Service	X	X	X
Elk Valley Health Services, LLC	X	X	X
Extended Health Care Inc**	X	X	X
Extencare Home Health of West Tennessee	X	X	X
Functional Independence Home Care, Inc.	X	X	X
Guardian Home Care, LLC			
Hemophilia Preferred Care of Memphis, Inc.		X	
Home Care Solutions	X	X	X
Homechoice Health Services	X	X	X
Implanted Pump Management LLC	X	X	X
Intrathecal Care Solutions dba Advanced Nursing So	X	X	X
Intrepid USA Healthcare Services (Madison)	X		X
Intrepid USA Healthcare Services (Shelby)	X	X	X
Maxim Healthcare Services (Shelby)	X	X	X
Maxim Healthcare Services (Knox)			
Meritan		X	
Methodist Alliance Home Care	X	X	X
NHC Homecare	X	X	X
No Place Like Home, Inc.	X	X	X
Optum Womens and Childrens Health	X	X	X
OptumRx Infusion Services	X	X	X
Pentec Health, Inc.	X	X	X
Quality Home Health Services **			
Still Waters Home Health Agency		X	
Tennessee Quality Homecare-Southwest	X	X	X
Vanderbilt HC Option Care IV Services	X	X	X
Where The Heart Is, Inc.	X	X	X
Willowbrook Visiting Nurse Association, Inc.			

Source: 2019-2021 Joint Annual Report Data; Department of Health Licensure-9/23/2021

\*Please note, this provider did not report any 2021 Joint Annual Report Data.

\*\*The licensure documentation does not show Quality Home Health and Extended Health Care Inc. as separate entities. However, in the 2021 Joint Annual Report data, these two entities reported separately. Extended Health Care Inc. is licensed #224 and Quality Home Health is licensed number 287.

**Attachment 1N-6**  
**AccentCare Quality of Care Policies**

	<i>Manual:</i>	<b>HOME HEALTH / HOME CARE / HOSPICE</b>	<i>Policy Number:</i> C 4.2
			<i>Effective Date:</i> 9/07
	<i>Title:</i>	<b>PERFORMANCE IMPROVEMENT PROGRAM AND ANNUAL AGENCY EVALUATION</b>	<i>Revised:</i> 3/1/19
			<i>Page:</i> 1 of 2

**POLICY:**

It is the policy of the agency to develop, implement and maintain an effective, ongoing data driven Quality Assurance Quality Improvement Program (QAPI) in order to improve agency performance that includes an agency evaluation to provide the basis for future planning.

Regulatory References: HH §484.65 (a-e); § 418.58

CHAP References: CQI.1.I.M2; CQI.2.D; CQI.2.D.M2; CQI.2.D.M3; CQI.5.I; CQI.5.I.M2; IPC.1.D.M1

**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.

**DEFINITION:**


Consumer - A consumer may be any individual in the community outside the Agency, regardless of whether he or she has been recipient of, or is eligible to receive home health services.

**OVERVIEW:**


The Governing Body ensures that the QAPI program reflects the complexity of the agency and its services. The program involves all the agency services including those services provided under contract, focuses on measurable indicators related to improved outcomes, includes the use of emergent care services, hospital admissions and re-admissions, and takes actions that address the agency's performance across the spectrum of care, including the prevention and reduction of medical errors. The agency documents the performance of a QAPI indicator on standard templates.

**PROCEDURE:**

1. The goals of the QAPI Program are accomplished in various ways, including, but not limited to measuring, analyzing, and tracking quality indicators, including adverse patient events, and other aspects of performance that enable the agency to assess processes of care, services, and operations.
2. Components of the program include:
  - a. Quarterly reviews of a stratified sample of patient clinical records,
  - b. Annual review of overall agency functioning,
  - c. Group of professional personnel called the Professional Advisory Committee (PAC),
  - d. Agency QAPI Committee, and
  - e. Written QAPI Program including the quality improvement plan and guidelines manual to outline how the design, measurement, assessment and improvement activities will be accomplished and ensure compliance with state and federal regulations.
3. Reports of the activities including the results of the agency evaluations and QAPI programs are provided to the governing body at least annually.

	<i>Manual:</i>	<b>HOME HEALTH / HOME CARE / HOSPICE</b>	<i>Policy Number:</i> C 4.2
			<i>Effective Date:</i> 9/07
	<i>Title:</i>	<b>PERFORMANCE IMPROVEMENT PROGRAM AND ANNUAL AGENCY EVALUATION</b>	<i>Revised:</i> 3/1/19
			<i>Page:</i> 2 of 2


4. "Contracted clinical staff must participate in AccentCare's QAPI Program or Performance Improvement Activities. Participation in QAPI may include participation in data collection, record reviews, QAPI Committee Meeting attendance, Performance Improvement Projects (PIP), providing recommendations for agency improvement to QAPI Committee or PIP workgroup, taking actions to improve performance, reporting adverse events, analyzing their causes and implementing preventative actions, and to remain knowledgeable of agency performance improvement projects and take actions to improve performance.
5. Agency clinical staff must participate in AccentCare's QAPI Program or Performance Improvement Activities in accordance with their job descriptions.
6. The program utilizes quality indicator data.
7. Reports of the activities including the results of the agency evaluations and QAPI programs are provided to the governing body at least annually.
8. QAPI improvement activities focus on:
  - a. High risk, high volume, or problem-prone areas
  - b. Incidence, prevalence, and severity of problems areas; and
  - c. Developing an immediate correction of any identified problem that directly or potentially threatens the health and safety of patients.
9. Performance improvement activities track, analyze, and implement preventive/improvement activities for adverse patient events.
10. Improvement and corrective actions that are implemented measure the success of improvement success and track performance to ensure that improvements are sustained.
11. Reports of the activities including the results of the agency evaluations and QAPI programs are provided to the governing body at least annually.
12. The agency administrator/ED reports of any Fraud, Waste or Abuse to the Compliance Department.
13. The agency shall follow the procedures and guidelines for clinical record review, Professional Advisory Committee and Annual Agency Evaluation as written in the QAPI program in order to meet the requirements of this policy.
14. The annual evaluation shall be performed by the agency's Professional Advisory Committee (or a subcommittee of this group), agency staff, and consumers in accordance with the agency's written QAPI program. The aspects of the annual evaluation do not have to be done at the same time or by the same evaluators. Patient care services are evaluated by providers and consumers.
15. The annual evaluation report:
  - a. Validates the inclusion of a service/product
  - b. Reviews the following components: risk management, human resources and financial and operational policies
  - c. Analyzes and explains variances from the usual patterns of performance
  - d. Assesses the extent to which the agency's programs are appropriate, adequate, effective and efficient
  - e. Is presented to advisory and governing bodies as appropriate
  - f. Is retained as an administrative record

	<i>Manual:</i> <b>HOME HEALTH / HOME CARE</b>	<i>Policy Number:</i> <b>HH 4.1.1</b>
	<i>Title:</i> <b>PERFORMANCE IMPROVEMENT PROGRAM AND ANNUAL AGENCY EVALUATION STATE SPECIFIC REQUIREMENTS</b>	<i>Effective Date:</i> <b>9/07</b>
		<i>Revised:</i> <b>12/01/21</b>
		<i>Page:</i> <b>1 of 10</b>

**California: CCR, Title 22**

## §74742 Quality Management

- (a) Each agency shall have a system of reviewing and evaluating the appropriateness and effectiveness of patient services and the correction of deficiencies. At a minimum, the quality management system shall consist of a semi-annual review of a stratified sample of patient clinical records and an annual review of overall agency functioning. The sample of clinical records shall be representative of the diagnoses of patients treated and services provided.
- (b) The clinical record sample shall be based on 5% of the total patient census with a minimum of twenty records and maximum of 100 records every six months. The review of the clinical record sample shall be:
- (1) Both concurrent and retrospective
  - (2) Performed against present criteria of practice for each discipline providing care. Criteria of practice shall include:
    - a. Appropriateness of the level of care provided to protect the health and safety of patients
    - b. Timeliness of the provision of care
    - c. Adequacy of the care to meet patient's needs
    - d. Appropriateness of the specific services provided
    - e. Compliance with the standard of practice for patient care
    - f. Accessibility of care
    - g. Continuity to care
    - h. Privacy and confidentiality of care
    - i. Safety of care environment
    - j. Participation in care by patient and family
  - (3) Performed by a qualified health professional of equivalent or higher level of training than the care provider.
  - (4) Documented and maintained on file.
- (c.) There shall be an organized, effective and documented evaluation of overall agency functioning at least annually. This evaluation shall include but need not be limited to the evaluation of:
- (1) Administrative policies and procedures
  - (2) Personnel policies
  - (3) Infection control program
  - (4) Clinical program policies
  - (5) The adequacy of management and supervision, either on-site or by telecommunications, of support, paraprofessional, and professional personnel based at a minimum on the following considerations:
    - (A.) The total patient census
    - (B.) The numbers, qualifications, experience and current competency of the individuals providing each service
    - (C.) The level of care/service required
    - (D.) Service areas covered by the home health agency including personnel supervised out of branch offices
    - (E.) The numbers and types of visits conducted
    - (F.) The primary condition/diagnosis of patients
    - (G.) Services provided which require specialized training
    - (H.) Dissatisfaction expressed by patients regarding the supervision of services
- (d.) The evaluation shall be undertaken by a group which shall include the Administrator, the Director of Patient Care Services, another licensed health care professional employed by the agency, and at least one physician. Results shall be documented and a plan developed, implemented, and documented for correcting deficiencies within specified timeframes.

	<i>Manual:</i> <b>HOME HEALTH / HOME CARE</b>	<i>Policy Number:</i> <b>HH 4.1.1</b>
	<i>Title:</i> <b>PERFORMANCE IMPROVEMENT PROGRAM AND ANNUAL AGENCY EVALUATION STATE SPECIFIC REQUIREMENTS</b>	<i>Effective Date:</i> <b>9/07</b>
		<i>Revised:</i> <b>12/01/21</b>
		<i>Page:</i> <b>2 of 10</b>

**Colorado:** 6 CCR 1011-1 Chapter 26

## Section 6.4 Quality Management Program

- (A.) Every HCA shall establish a quality management program appropriate to the size and type of agency that evaluates the quality of consumer services, care and safety, and that complies with the requirements set forth in 6 CCR 1011, Chapter 2, Part 4.1.

## Section 7.4 Agency Evaluation

- (A.) The agency's governing body or its designee shall conduct comprehensive evaluations of the agency's total operation at least annually.
- (B.) The evaluations shall assure the appropriateness and quality of the agency's services with findings used to verify policy implementation, to identify problems, and to establish problem resolution and policy revision as necessary.
- (C.) The evaluation shall consist of an overall policy and administration review, including the scope of services offered, arrangements for services with other agencies or individuals, admission and discharge policies, supervision and the plan of care, emergency care, service records and personnel qualifications.
- (D.) In evaluating each aspect of its total program, the HCA shall consider four main criteria:
- (1) Appropriateness – assurance that the area being evaluated addresses existing and/or potential problems.
  - (2) Adequacy – a determination as to whether the HCA has the capacity to overcome or minimize existing or potential problems.
  - (3) Effectiveness – the services offered accomplish the objectives of the HCA and anticipated consumer outcomes.
  - (4) Efficiency – whether there is a minimal expenditure of resources by the HCA to achieve desired goals and anticipated consumer outcomes.
- (E.) Documentation of the annual evaluation shall include the names and titles of the persons carrying out the evaluation, the criteria and methods used to accomplish it and any action taken by the agency as a result of its findings.
- (F.) Appropriate professionals representing the scope of the agency's program shall evaluate the agency's client records at least quarterly.
- (1) The evaluation shall include a review of sample active and closed client records to ensure that agency policies are followed in providing services, both direct and under arrangement, and to assure that the quality of service is satisfactory and appropriate. The review shall consist of a representative sample of all home care services provided by the agency.

**Florida:**


## 59A-8.002 Definitions

(31) Quality assurance plan – means a plan, which is developed and implemented by a home health agency to review, and evaluated the effectiveness and appropriateness of service provision to patients and, upon identification of problems, requires specific action to correct the problems and deficiencies.

## 59A-8.0095 (e.)

The director of nursing shall establish and conduct an ongoing quality assurance program. The program shall include at least quarterly, documentation of the review of the care and services of a sample of both active and closed clinical records by the director of nursing or his or her delegate. The director of nursing assumes overall responsibility for the quality assurance program. The quality assurance program is to assure that:

1. The home health agency accepts patients whose home health service needs can be met by the home health agency;

	<i>Manual:</i> <b>HOME HEALTH / HOME CARE</b>	<i>Policy Number:</i> <b>HH 4.1.1</b>
		<i>Effective Date:</i> <b>9/07</b>
	<i>Title:</i> <b>PERFORMANCE IMPROVEMENT PROGRAM AND ANNUAL AGENCY EVALUATION STATE SPECIFIC REQUIREMENTS</b>	<i>Revised:</i> <b>12/01/21</b>
		<i>Page:</i> <b>3 of 10</b>

2. Case assignment and management is appropriate, adequate, and consistent with the plan of care, medical regimen and patient needs. Plans of care are individualized based on the patient's needs, strengths, limitations and goals;
3. Nursing and other services provided to the patient are coordinated, appropriate, adequate, and consistent with the plans of care;
4. All services and outcomes are completely and legibly documented, dated, and signed in the clinical services record;
5. The home health agency's policies and procedures are followed;
6. Confidentiality of patient data is maintained; and
7. Findings of the quality assurance program are used to improve services.

**Georgia: 111-8-31-07**


111-8-31.07 Administrative Standards

(3) Group of Professional Personnel

- (a.) A group of professional personnel, which shall include at least one physician, and one registered nurse, with appropriate representation from other professional disciplines, shall establish and annually review the policies of each home health agency governing scope of services offered, admission and discharge policies, medical supervision and plans of treatment, emergency care, clinical records, personnel qualifications, and program evaluation. There must be at least one member of the group who is neither an owner nor an employee of the agency.
- (b.) The group of professional personnel shall meet at least once per quarter unless circumstances require more often to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and its community information program. The minutes shall be documented by dated minutes.

(8) Evaluation

- (a.) A home health agency shall have written policies requiring an overall evaluation of the agency's total program at least once a year by the group of professional personnel (or committee of this group), home health agency staff, and consumers; or by professional people outside the agency working in conjunction with consumers. The evaluation shall consist of an overall policy and administrative review and clinical record review. The evaluation shall assess the extent to which the agency's program is appropriate, adequate, effective, and efficient. Results of the evaluation shall be reported to the governing body and maintained separately as administrative records. Mechanisms shall be established in writing for the collection of pertinent data to assist in this evaluation. This data to be considered may include but is not limited to:
  1. Number of patients receiving each service offered;
  2. Number of patient visits;
  3. Reasons for discharge;
  4. Breakdown by diagnosis;
  5. Sources of referral;
  6. Number of patients not accepted with reasons; and
  7. Total staff days for each service offered.
- (b.) At least quarterly, appropriate health professionals representing at least the scope of the program, shall review a sample of both active and closed clinical records to assure that established policies are followed in providing services (direct services as well as services under arrangement). Evidence of this review shall be documented by dated minutes.

	<i>Manual:</i> <b>HOME HEALTH / HOME CARE</b>	<i>Policy Number:</i> <b>HH 4.1.1</b>
	<i>Title:</i> <b>PERFORMANCE IMPROVEMENT PROGRAM AND ANNUAL AGENCY EVALUATION STATE SPECIFIC REQUIREMENTS</b>	<i>Effective Date:</i> <b>9/07</b>
		<i>Revised:</i> <b>12/01/21</b>
		<i>Page:</i> <b>4 of 10</b>

**Illinois:**

## 245.20 Definitions

Quality Assessment and Performance Improvement or QAPI – the coordinated application of two mutually-reinforcing aspects of a quality management system. QAPI takes systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in home health agencies while involving all home health caregivers in practical and creative problem solving. Quality assessment is the specification of standards for quality of service and outcomes, and is a process used throughout the organization to ensure care is maintained at acceptable levels in relation to those standards. Performance improvement is the continuous study and improvement of processes with the intent to better services or outcomes, and to decrease the likelihood of problems, by identifying areas of opportunity.

## 245.200 Services –Home Health

- (J.) QAPI. The home health agency shall develop, implement, evaluate and maintain an effective ongoing, agency-wide, data-driven QAPI program. The agency's governing body shall ensure that the program reflects the complexity of its organization and services; involves all home health agency services (including those services provided under contract or arrangement); focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions; and takes action that addresses the home health agency's performance across the spectrum of care, including the prevention and reduction of medical errors. The home health agency shall maintain documentary evidence of its QAPI program and be able to demonstrate its operations. The program shall:
- 1) Be capable of showing measurable improvement in indicators when there is evidence that improvement in those indicators will improve health outcomes, patient safety, and quality of care;
  - 2) Measure, analyze and track:
    - A) quality indicators, including adverse patient events; and
    - B) other aspects of performance that enable the home health agency to access processes of care, home health agency services, and operations;
  - 3) Use quality indicator data, including measures and data collected to monitor the effectiveness and safety of services and quality of care; and identify opportunities for improvement;
  - 4) Develop improvement activities to focus on high risk, high volume or a problem-prone area; consider incidence, prevalence, and severity of problems in those areas; and lead to an immediate correction of any individual problem that directly or potentially threatens the health and safety of patients;
  - 5) Track adverse patient events, analyze their causes, and implement preventive actions; and
  - 6) Measure actions implemented to improve performance to determine their success and track performance to ensure improvements are sustained.
- (K.) Policy and Administrative Review. As part of the evaluation process, the policies and administrative practices of the agency shall be reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective and efficient.
- (L.) Clinical Record Review. Clinical records shall be reviewed continually for each 60-day period that a patient received home health services to determine the adequacy of the plan of treatment and the appropriateness of continuing home health care.


**Indiana:**

## 410 IAC 17-12-1 Home health agency administration

Section 1 (e.) The administrator shall be responsible for an ongoing quality assurance program designed to do the following:

- (1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care
- (2) Resolve identified problems



	<i>Manual:</i> <b>HOME HEALTH / HOME CARE</b>	<i>Policy Number:</i> <b>HH 4.1.1</b>
	<i>Title:</i> <b>PERFORMANCE IMPROVEMENT PROGRAM AND ANNUAL AGENCY EVALUATION STATE SPECIFIC REQUIREMENTS</b>	<i>Effective Date:</i> <b>9/07</b>
		<i>Revised:</i> <b>12/01/21</b>
		<i>Page:</i> <b>5 of 10</b>

(3) Improve patient care

410 IAC 17-12-2 Quality assessment and performance improvement  
Section 2

(a.) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.

**Massachusetts:** no additional requirements

**Michigan:** no additional requirements

**Minnesota:** 144A.479 Home Care Provider Responsibilities; Business Operation

Subd. 3. Quality management. The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.

**Mississippi:**


41-71-13 Rule 46.24.3 Duties.

The duties and responsibilities of the professional advisory committee shall include but not be limited to the following:

1. Annual review and reevaluation for the program objectives as required;
2. Annual evaluation of the appropriateness of the scope of services offered;
3. Annual review of admission, discharge and patient care policies and procedures;
4. Annual review of the findings of a random sample of medical records (performed by in-house staff members of professional advisory committee) and written evaluation on quality of services provided;
5. Annual review of staffing qualifications, responsibilities and needs
6. Annual review of survey findings;
7. Review of quarterly utilization statistics and findings of quarterly clinical record review, and
8. Written recommendations to the governing body and the agency administrator for any revisions in policies and procedures and changes in delivery of care; and written recommendations on items such as methods for and participation in a continuing public education program to acquaint the community, the health care professions and public and private community resources on the scope, availability and appropriate utilization of home health services.

41-71-13 Clinical Record Review Rule 46.54.1

Clinical Records. In addition to the annual clinical record review by the in-house staff members on the Professional Advisory Committee, members of professional disciplines representing at least the scope of the agency's programs shall at least quarterly review a sample of both active and closed clinical

	<i>Manual:</i> <b>HOME HEALTH / HOME CARE</b>	<i>Policy Number:</i> <b>HH 4.1.1</b>
	<i>Title:</i> <b>PERFORMANCE IMPROVEMENT PROGRAM AND ANNUAL AGENCY EVALUATION STATE SPECIFIC REQUIREMENTS</b>	<i>Effective Date:</i> <b>9/07</b>
		<i>Revised:</i> <b>12/01/21</b>
		<i>Page:</i> <b>6 of 10</b>

records to assure that established policies are followed in providing services (direct as well as those under arrangement). The clinical records of at least 10% of the total patient census are to be reviewed; however, at no time shall the review consist of less than ten (10) or more than fifty (50) records. The records reviewed shall be representative of the services rendered and include records of patients served by branch offices, if applicable. This review shall include, but not be limited to the following:

1. If the patient care plan was directly related to the stated diagnosis and plan of treatment;
2. If the frequency of visits was consistent with the plan of treatment;
3. If the services could have been provided in a shorter span of time.

#### **Nebraska:**

##### 14-006.07 Quality Assurance / Improvement

A home health agency must have a quality assurance/ improvement program to review services concurrently and retrospectively in accordance with a written quality assurance/improvement plan. The results must be recorded quarterly and reported to the governing authority annually.

14-006.07 A The quality assurance/improvement program must be ongoing and consist of collection and assessment of important aspects of patient care. The program must provide a mechanism to:

1. Identify problems;
2. Recommend appropriate action; and
3. Implement recommendations


14-006.07 B There must be a written quality assurance/improvement plan, which must include at least the following:

1. Agency objectives;
2. Involvement of all patient care disciplines, if more than one services is offered by the agency;
3. Description of how the agency's services will be administered and coordinated;
4. Methodology for monitoring, evaluating, and improving the quality of care;
5. Setting of priorities for resolving problems;
6. Monitoring to determine effectiveness of action;
7. Oversight responsibility; and
8. Mechanism for review of quality assurance plan

#### **New Mexico: 7.28.2.39**

Quality Improvement: Each agency must establish an on-going quality improvement program to ensure an adequate and effective operation. To be considered on-going, the quality improvement program must document quarterly activity that addresses, but is not limited to:

- A. Clinical care: Assessment of patient/client goals and outcome, such as, diagnosis(es), plan of care, services provided, and standards of patient/client care.
- B. Operational activities: Assessment of the total operation of the agency, such as, policies and procedures, statistical data (i.e., admissions, discharges, total visits by discipline, etc.), summary of quality improvement activities, summary of patient/client complaints and resolutions, and staff utilization.
- C. Quality improvement action plan: Written responses to address existing or potential problems which have been identified.
- D. Documentation of activities: The results of the quality improvement activities shall be compiled annually in report format and formally reviewed and approved by the governing body and advisory group of the home health agency. No more than one year may lapse between evaluations of the same part.

	<i>Manual:</i> <b>HOME HEALTH / HOME CARE</b>	<i>Policy Number:</i> <b>HH 4.1.1</b>
	<i>Title:</i> <b>PERFORMANCE IMPROVEMENT PROGRAM AND ANNUAL AGENCY EVALUATION STATE SPECIFIC REQUIREMENTS</b>	<i>Effective Date:</i> <b>9/07</b>
		<i>Revised:</i> <b>12/01/21</b>
		<i>Page:</i> <b>7 of 10</b>

- E. The licensing authority may, at its sole discretion, request quarterly activity summaries of an agency's ongoing quality improvement activities and/or may direct the agency to conduct specific quality improvement studies

**New York: Section 766.9 - Governing authority**

- (l) Appoint a quality improvement committee to establish and oversee standards of care. The quality improvement committee shall consist of a consumer and appropriate health professional persons including a physician if professional health care services are provided. The committee shall meet at least four times a year to:
- (1) review policies pertaining to the delivery of the health care services provided by the agency and recommend changes in such policies to the governing authority for adoption;
  - (2) conduct a clinical record review of the safety, adequacy, type and quality of services provided which includes:
    - (i) random selection of records of patients currently receiving services and patients discharged from the agency within the past three months; and
    - (ii) all cases with identified patient complaints as specified in subdivision (j) of this section;
  - (3) prepare and submit a written summary of review findings to the governing authority for necessary action; and
  - (4) assist the agency in maintaining liaison with other health care providers in the community.

**Ohio:** No additional requirements


**Oklahoma:**

310:662-3-4 The governing body shall be responsible for periodic administrative and professional evaluations of the agency.

310:662-5-2 (b) Skilled care. There shall be a continuing review of clinical records for each sixty-two (62) day period that a client receives home care services to determine adequacy of the plan of care and appropriateness of continuation of care.

310:662-5-4 Quality assessment and improvement

- A. Each home care agency shall have an ongoing program approved by the governing body, which assesses all services provided and requires quality improvements when indicated. The program shall be defined by written policies, which shall stipulate methods for assessment, agency staff responsible for implementation and the mechanism of reporting assessments and any recommendations for improvement to the administrator and governing body.
- B. The program shall include but not be limited to the following:
  - (1) Methods used to assess and improve all home care services provided, whether the services are provided directly or by contract. Methods for skilled care assessment shall be developed with input from each appropriate discipline providing services. Assessment methodology shall at least include client satisfaction surveys and sample clinical record reviews.
  - (2) The frequency that program activities shall be performed and agency staff responsible for the activity. Program assessments and any recommendations for improvement shall be documented and reported in writing at least each three months to the administrator and the governing body.

	<i>Manual:</i> <b>HOME HEALTH / HOME CARE</b>	<i>Policy Number:</i> <b>HH 4.1.1</b>
	<i>Title:</i> <b>PERFORMANCE IMPROVEMENT PROGRAM AND ANNUAL AGENCY EVALUATION STATE SPECIFIC REQUIREMENTS</b>	<i>Effective Date:</i> <b>9/07</b>
		<i>Revised:</i> <b>12/01/21</b>
		<i>Page:</i> <b>8 of 10</b>


**Oregon:** 333-027-0160

Program Evaluation: An agency shall conduct an overall evaluation of its program at least annually. The Committee and the agency shall conduct the review. The evaluation shall consist of reviews of overall policies, administrative practices, and quality assurance activities. The evaluation shall assess the extent to which the agency's program is appropriate, adequate, effective, and efficient. The Committee shall provide a written report of the evaluation to the governing body of the agency. Evaluation reports shall be maintained in its administrative records. The agency shall take corrective action, if appropriate, on negative findings identified as a result of the program evaluation.

- (1) Policy and Administrative Review: As part of the evaluation process, the agency shall review its policies and administrative practices to determine the extent to which they promote patient care that is appropriate, adequate, effective, and efficient.
- (2) Quality assurance: The agency shall implement an ongoing quality assurance program designed to objectively and systematically monitor the quality and appropriateness of patient care. The agency shall perform this review at least quarterly. The agency's quality assurance program must include a review of clinical records.
  - (a) The quality assurance program shall consist of problem identification, implementation of a corrective action plan, and re-monitoring of identified problems.
  - (b) Quality assurance activities shall be performed by a multidisciplinary team consisting of health professionals from each of the services the agency provides.

**Pennsylvania:** 601.22

- (a) Annual policy review. Professional personnel, which includes at least one physician and one registered nurse with appropriate representation from other professional disciplines, shall establish and annually review the agency's policies governing the scope of services offered, admission and discharge policies, medical supervision and plans of treatment, emergency scope of services offered, medical care, clinical records, personnel qualifications and program evaluation.
- (b) Advisory and evaluation function. The group of professional personnel shall meet at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program and to assist the agency in maintaining liaison with other health care providers in the community and in its community information program. Its meetings shall be documented by dated minutes.
- (c) Annual program evaluation. The Home Health Care Agency shall have written policies requiring an overall evaluation of the agency's total program at least once (1) a year by the group of professional personnel or a committee of this group, home health care agency staff and consumers; or by the professional people outside the agency working in conjunction with consumers. The evaluation shall consist of an overall policy and administrative review and a clinical record review. The evaluation shall assess the extent to which the agency's program is appropriate, adequate, effective and efficient. Results of the evaluation shall be reported to and acted upon by those responsible for the operation of the agency and shall be maintained separately as administrative record. As part of the evaluation process, the policies and administrative practices of the agency shall be reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective and efficient. Mechanisms shall be established in writing of the collection of pertinent data to assist in evaluation. The date to be considered may include, but are not limited to: Number of patients receiving each service offered, number of patient visits, reasons for discharge, breakdown by diagnosis, sources of referral, the number of patients not accepted with reasons and total staff days for each service offered.
- (d) Clinical record review. At least quarterly, appropriate health professionals representing at least the scope of the program, shall review a sample of both active and closed clinical records to assure established policies are followed in providing services – direct services as well as services under arrangement. There

	<i>Manual:</i> <b>HOME HEALTH / HOME CARE</b>	<i>Policy Number:</i> <b>HH 4.1.1</b>
	<i>Title:</i> <b>PERFORMANCE IMPROVEMENT PROGRAM AND ANNUAL AGENCY EVALUATION STATE SPECIFIC REQUIREMENTS</b>	<i>Effective Date:</i> <b>9/07</b>
		<i>Revised:</i> <b>12/01/21</b>
		<i>Page:</i> <b>9 of 10</b>

shall be a continuing review of clinical records for each 60-day period that a patient receives home health care services to determine adequacy of the plan of treatment and appropriateness of continuation of care.

**Tennessee:** Rule 1200-08-26-.06.


(9) Performance Improvement.

- (a) An agency shall have a committee to review, at least annually, past and present home health services including contract services, in accordance with a written plan, to determine their appropriateness and effectiveness and to ascertain that professional policies are followed in providing these services.
- (b) The objectives of the review committee shall be:
  1. To assist the agency in using its personnel and facilities to meet individual and community needs;
  2. To identify and correct deficiencies which undermine quality of care and lead to waste of agency and personnel resources;
  3. To help the agency make critical judgments regarding the quality and quantity of its services through self-examination;
  4. To provide opportunities to evaluate the effectiveness of agency policies and when necessary make recommendations to the administration as to controls or changes needed to assure high standards of patient care;
  5. To augment in-service staff education;
  6. To provide data needed to satisfy state licensure and certification requirements;
  7. To establish criteria to measure the effectiveness and efficiency of the home health services provided to patients; and
  8. To develop a record review system for the agency to evaluate the necessity or appropriateness of the home health services provided and their effectiveness and efficiency.

**Texas:** 558.287

(a) Quality Assessment and Performance Improvement (QAPI) Program.

- (1) An agency must maintain a QAPI Program that is implemented by a QAPI Committee. The QAPI Program must be ongoing, focused on client outcomes that are measurable, and have a written plan of implementation. The QAPI Committee must review and update or revise the plan of implementation at least once within a calendar year, or more often if needed. The QAPI Program must include:
  - (A) a system that measures significant outcomes for optimal care. The QAPI Committee must use the measures in the care planning and coordination of services and events. The measures must include the following as appropriate for the scope of services provided by the agency:
    - (i) an analysis of a representative sample of services furnished to clients contained in both active and closed records;
    - (ii) a review of:
      - (I) negative client care outcomes;
      - (II) complaints and incidents of unprofessional conduct by licensed staff and misconduct by unlicensed staff;
      - (III) infection control activities;
      - (IV) medication administration and errors; and
      - (V) effectiveness and safety of all services provided, including:
        - (-a-) the competency of the agency's clinical staff;
        - (-b-) the promptness of service delivery; and

	<i>Manual:</i> <b>HOME HEALTH / HOME CARE</b>	<i>Policy Number:</i> <b>HH 4.1.1</b>
		<i>Effective Date:</i> <b>9/07</b>
	<i>Title:</i> <b>PERFORMANCE IMPROVEMENT PROGRAM AND ANNUAL AGENCY EVALUATION STATE SPECIFIC REQUIREMENTS</b>	<i>Revised:</i> <b>12/01/21</b>
		<i>Page:</i> <b>10 of 10</b>

- (-c-) the appropriateness of the agency's responses to client complaints and incidents;
  - (iii) a determination that services have been performed as outlined in the individualized service plan, care plan, or plan of care; and
  - (iv) an analysis of client complaint and satisfaction survey data; and
- (B) an annual evaluation of the total operation, including services provided under contract or arrangement.
  - (i) An agency must use the evaluation to correct identified problems and, if necessary, to revise policies.
  - (ii) An agency must document corrective action to ensure that improvements are sustained over time.
- (2) An agency must immediately correct identified problems that directly or potentially threaten the client care and safety.
- (3) QAPI documents must be kept confidential and be made available to DADS staff upon request.
  - (b) QAPI Committee membership. At a minimum, the QAPI Committee must consist of:
    - (1) the administrator;
    - (2) the supervising nurse or therapist, or the supervisor of an agency licensed to provide personal assistance services; and
    - (3) an individual representing the scope of services provided by the agency.
  - (c) Frequency of QAPI Committee meeting. The QAPI Committee must meet twice a year or more often if needed

**Virginia:** Title 12, Chapter 381

12VAC5-381-250

- A. The organization shall implement an ongoing, comprehensive, integrated, self-assessment program of the quality and appropriateness of care or services provided, including services provided under contract or agreement. The findings shall be used to correct identified problems and revise policies and practices, as necessary. Exclusive concentration on administrative or cost-of-care issues does not fulfill this requirement.
- B. The following data shall be evaluated to identify unacceptable or unexpected trends or occurrences:
  - 1. Staffing patterns and performance to assure adequacy and appropriateness of services delivered;
  - 2. Supervision appropriate to the level of service;
  - 3. On-call responses;
  - 4. Client records for appropriateness of services provided;
  - 5. Client satisfaction;
  - 6. Complaint resolution;
  - 7. Infections;
  - 8. Staff concerns regarding client care; and
  - 9. Provision of services appropriate to the clients' needs.
- E. Results of the quality improvement program shall be reported annually to the governing body and the administrator and available in the organization. The report shall be acted upon by the governing body and the organization. All corrective actions shall be documented.

# **LETTER OF INTENT**



## State of Tennessee

### Health Services and Development Agency

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda) Phone: 615-741-2364 Email: [hsda.staff@tn.gov](mailto:hsda.staff@tn.gov)

## LETTER OF INTENT

The Publication of Intent is to be published in The Commercial Appeal which is a newspaper of general circulation in Shelby, Fayette and Tipton counties, Tennessee, on or before March 15, 2022 for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that AccentCare Home Health of West Tennessee, owned by AccentCare Home Health of West Tennessee, LLC with an ownership type of Limited Liability Company and to be managed by AccentCare, Inc. intends to file an application for a Certificate of Need to establish a new home care organization to initiate and provide home health services in Shelby, Fayette and Tipton counties. The new home health organization's office will be located at 855 Ridge Lake Boulevard, Suite 604, Memphis, Tennessee, 38120. The project costs are estimated to be approximately \$317,508.

The anticipated date of filing the application is on or before April 1, 2022.

The contact person for this project is Russell Hilliard, Senior Vice President of Market Expansion Initiatives who may be reached at AccentCare 6400 Shafer Court, Suite 700, Rosemont, IL 60018, 954-952-6194.

DocuSigned by:

*Russell Hilliard*

97DFC127E73B4CF...

3/14/2022

[rhilliard@seasons.org](mailto:rhilliard@seasons.org)

**Signature of Contact**

**Date**

**Contact's Email Address**

The Letter of Intent must be received between the first and the fifteenth day of the month. If the last day for filing is a Saturday, Sunday, or State Holiday, filing must occur on the preceding business day. File this form at the following email address: [hsda.staff@tn.gov](mailto:hsda.staff@tn.gov). Applicants seeking simultaneous review must publish between the sixteenth day and the last day of the month of publication by the original applicant.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at prior to the consideration of the application by the Agency.



**ORIGINAL**  
**APPLICATION**



## State of Tennessee

### Health Services and Development Agency

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda) Phone: 615-741-2364 Email: [hsda.staff@tn.gov](mailto:hsda.staff@tn.gov)

## CERTIFICATE OF NEED APPLICATION

### 1A. Name of Facility, Agency, or Institution

AccentCare Home Health of West Tennessee, LLC

**Name**

855 Ride Lake Boulevard, Suite 604

Shelby

**Street or Route**

Memphis

Tennessee

**County**

38120

**City**

**State**

**Zip**

**Website Address**

**Note:** The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.

### 2A. Contact Person Available for Responses to Questions

Russell Hilliard

VP, Market Expansion Initiatives

**Name**

AccentCare

**Title**

[rhilliard@seasons.org](mailto:rhilliard@seasons.org)

**Company Name**

**Email Address**

6400 Shafer Court, Suite 700

**Street or Route**

Rosemont

Illinois

60018

**City**

**State**

**Zip**

Employee

954-952-6194

**Association with Owner**

**Phone Number**

### 3A. Proof of Publication

Attach the full page of newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent. (Attachment 3A)

**Date LOI was Submitted:** March 15, 2022

**Date LOI was Published:** March 15, 2022

**4A. Purpose of Review** (Check appropriate box(es) – more than one response may apply)

- Establish New Health Care Institution
- Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- Change in Bed Complement
- Initiation of Health Care Service as Defined in §TCA 68-11-1607(3) Specify: Home Health Care
- Relocation
- Initiation of MRI Service
- MRI Unit Increase
- Satellite Emergency Department
- Addition of ASTC Specialty
- Initiation of Cardiac Catheterization
- Addition of Therapeutic Catheterization
- Establishment/Initiation of a Non-Residential Substitution Based Opioid Treatment Center
- Linear Accelerator Service
- Positron Emission Tomography (PET) Service

Please answer all questions on letter size, white paper, clearly typed and spaced, single sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate “N/A” (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable item Number on the attachment, i.e. Attachment 1A, 2A, etc. The last page of the application should be a completed signed and notarized affidavit.

**5A. Type of Institution** (Check all appropriate boxes – more than one response may apply)

- Hospital (Specify): \_\_\_\_\_
- Ambulatory Surgical Treatment Center (ASTC) – Multi-Specialty
- Ambulatory Surgical Treatment Center (ASTC) – Single Specialty
- Home Health
- Hospice
- Intellectual Disability Institutional Habilitation Facility (ICF/IID)
- Nursing Home
- Outpatient Diagnostic Center
- Rehabilitation Facility
- Residential Hospice
- Nonresidential Substitution Based Treatment Center of Opiate Addiction
- Other (Specify): \_\_\_\_\_

**6A. Name of Owner of the Facility, Agency, or Institution**

AccentCare Home Health of West Tennessee, LLC

**Name**

855 Ridge Lake Boulevard, Suite 604

**Street or Route**

Memphis

**City**

TN

**State**

**Phone Number**

38120

**Zip**

**7A. Type of Ownership of Control (Check One)**

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation (For Profit)
- Corporation (Not-for-Profit)
- Government (State of TN or Political Subdivision)
- Joint Venture
- Limited Liability Company
- Other (Specify): \_\_\_\_\_

**Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's website at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx> . If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. (Attachment 7A)**

See Attachment 7A for a Certificate of Existence and Articles of Organization.

**Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.**

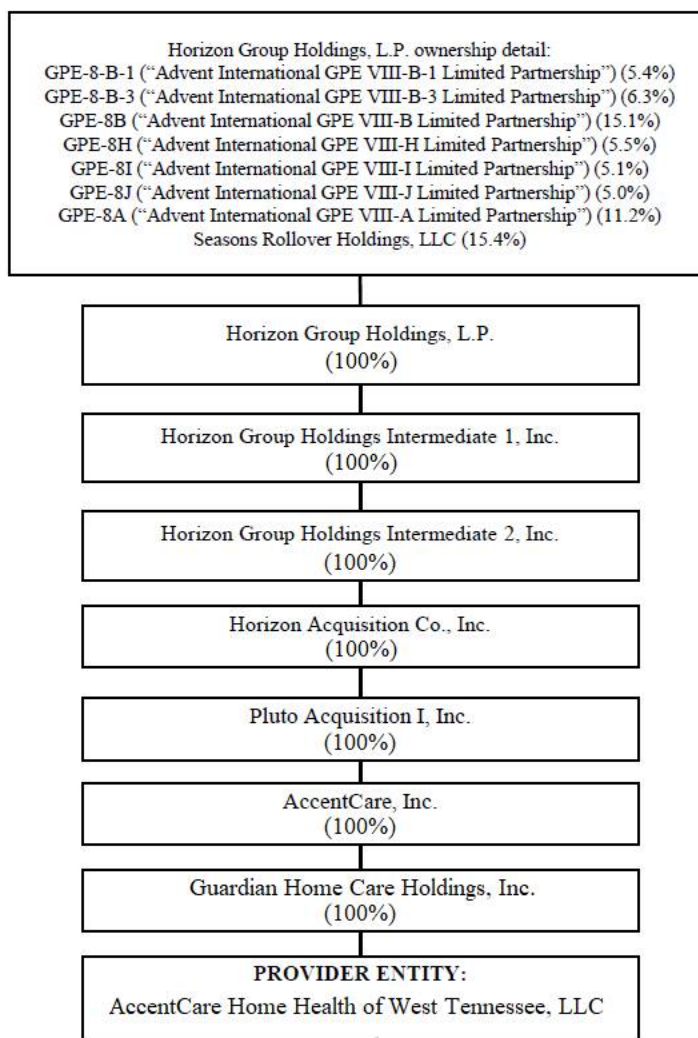
AccentCare Home Health of West Tennessee, LLC, is applying for a certificate of need (CON) to establish a Medicare-certified home health agency in Shelby County, serving residents of Shelby, Fayette, and Tipton counties. AccentCare Home Health of West Tennessee, LLC, is a for-profit entity established on March 7, 2022, to operate a home health agency in these three counties. AccentCare Home Health of West Tennessee, LLC, is directly owned by Guardian Home Care Holdings Inc., which is directly owned by AccentCare Inc., which owns and operates home health, hospice, and personal care service providers across the country, including Guardian Home Care, LLC,<sup>1</sup> d/b/a AccentCare Home Health of Tennessee, Guardian Home Care of Nashville, LLC,<sup>2</sup> d/b/a AccentCare Home Health of Nashville, and Guardian Hospice of Nashville, LLC,<sup>3</sup> d/b/a AccentCare Hospice & Palliative Care of Nashville (AccentCare Hospice Nashville). The organizational chart below shows the complete ownership structure of AccentCare Home Health of West Tennessee, LLC, for owners with 5 percent or more ownership interest, and the structure of AccentCare's other Tennessee providers. Throughout the remainder of this application, AccentCare Home Health of West Tennessee, LLC, is called "AccentCare West Tennessee" for brevity and to differentiate it from AccentCare's existing entities in other parts of Tennessee.

---

<sup>1</sup> State ID 33083.

<sup>2</sup> State ID 94074.

<sup>3</sup> State ID 94614.



AccentCare is a leading home and community healthcare provider that offers the full continuum of post-acute healthcare with three nationally scaled service lines: home health, hospice, and personal care services. AccentCare is the nation’s fifth-largest home health provider, with over 5,100 employees across 114 sites (including the two Guardian agencies in Tennessee noted above and a home health agency in Mississippi<sup>4</sup> that serves patients in the Memphis area). AccentCare serves over 130,000 home health patients annually through its CHAP-accredited agencies.

AccentCare is also the fifth-largest hospice provider in the nation. It employs over 4,000 hospice staff across 81 hospice sites (including AccentCare Hospice Nashville) and provides services in 23 inpatient centers. AccentCare hospices serve over 40,000 patients annually. Nearly all AccentCare hospices are Joint Commission or CHAP (Community Health Accreditation Partner) accredited, with plans to achieve accreditation for each hospice AccentCare owns. Attachment 7A-2 includes a list of all providers owned, directly or indirectly, in whole or in part, by AccentCare.<sup>5</sup>

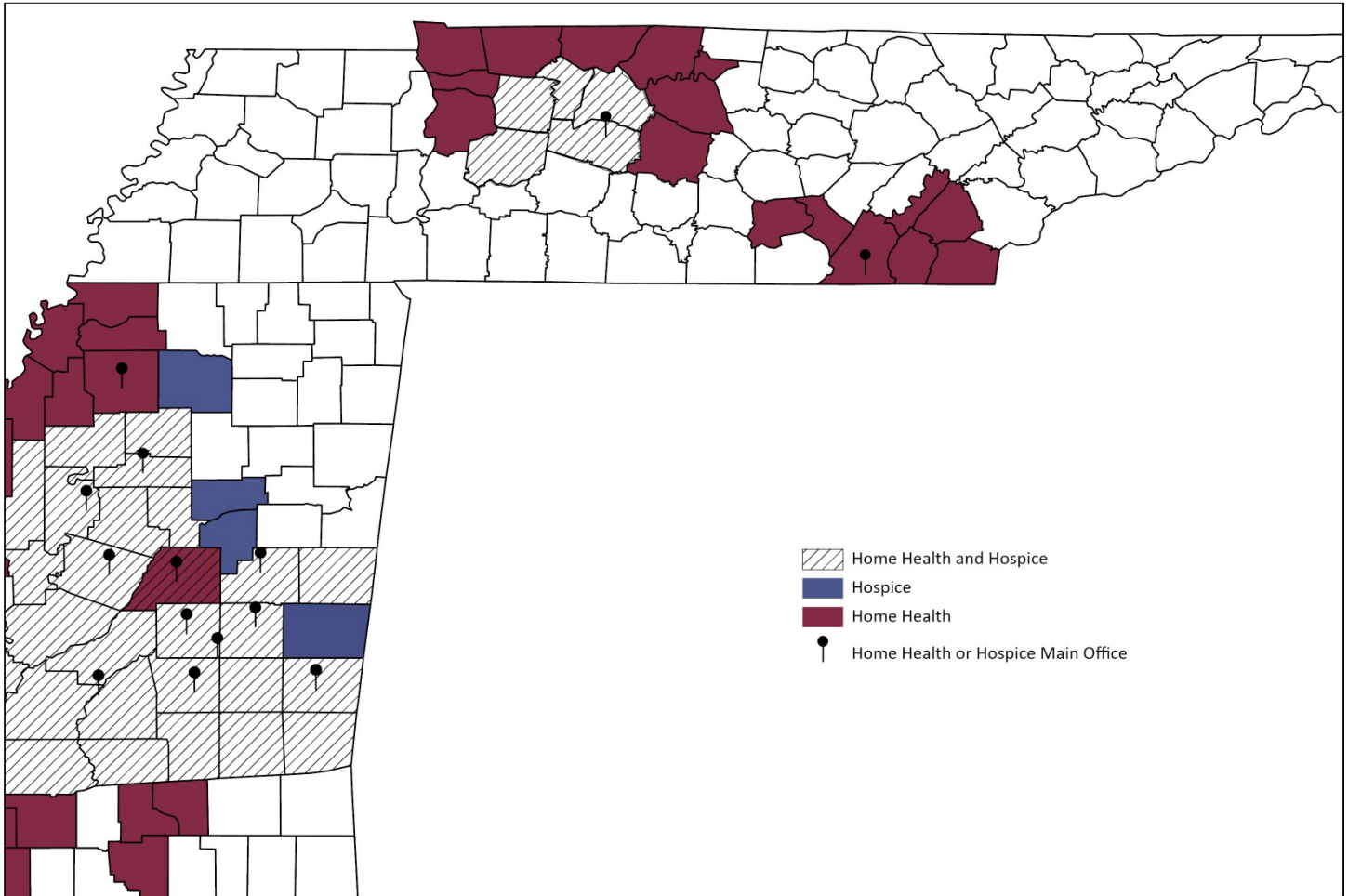
The map below shows AccentCare’s presence in Tennessee and northern Mississippi. As the map shows, AccentCare already provides home health services to residents in the greater Memphis area. Sta-Home Health Agency of Greenwood

<sup>4</sup> Formerly Sta-Home

<sup>5</sup> Please note that the list only includes locations of home offices, and does not include satellite offices for licenses that have more than one office.

d/b/a AccentCare Home Health of Greenwood (“AccentCare Home Health Greenwood”) is licensed to serve patients in DeSoto, Tunica, and Tate counties in Mississippi, and has established referral relationships with Memphis-area providers.

**AccentCare Hospice and Home Health in Tennessee and Mississippi**



AccentCare plans to apply for a new hospice agency to provide services to residents of Shelby, Fayette, and Tipton counties. While these two applications are for separate, stand-alone projects, Memphis-area residents will benefit from having an additional provider that offers home health and hospice services. Under the AccentCare umbrella, the two providers will offer the community a continuum of home-based services. When clinically appropriate, and at each patient’s election, AccentCare can follow patients from home health to hospice, ensuring continuity of care. Each entity will have its own staff but will share technology, medical records systems, employment standards, and dedication to providing the highest-quality, compassionate care to patients and their families.

**8A. Name of Management/Operating Entity (If Applicable)**

AccentCare, Inc.

**Name**

17855 Dallas Parkway, Suite 200

Dallas

**Street or Route**

Dallas

TX

**County**

75287

**City**

**State**

**Zip**

Accentcare.com

**Website Address**

**For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. (Attachment 8A)**

See the draft management agreement in Attachment 8A.

**9A. Legal Interest in the Site**

**Check the appropriate box and submit the following documentation. (Attachment 9A)**

**The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.**

- Ownership (Applicant or applicant's parent company/owner) – Attach a copy of the title/deed.
- Lease (Applicant or applicant's parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
- Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
- Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
- Other (Specify) \_\_\_\_\_

See Attachment 9A for a copy of the lease.

**10A. Floor Plan**

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page. (Attachment 10A)

- Patient care rooms (Private or Semi-private)
- Ancillary areas
- Other (Specify)

See Attachment 10A.

**11A. Public Transportation Route**

Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients. (Attachment 11A)

See Attachment 11A.

**12A. Plot Plan**

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter size sheet of white paper, legibly labeling all requested information. It must include:

- Size of site (in acres);
- Location of structure on the site;
- Location of the proposed construction/renovation; and
- Names of streets, roads, or highways that cross or border the site.

(Attachment 12A)

This question is not applicable, as this is an application for a home care organization.

**13A. Notification Requirements**

- TCA §68-11-1607(c)(9)(B) states that "... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested." Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.

Notification Attached                       Not Applicable

- TCA §68-11-1607(c)(9)(A) states that "... Within ten (10) days of the filing of an application for a nonresidential substitution based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of the municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution based treatment center for opiate addiction has been filed with the agency by the applicant."



Notification Attached

Not Applicable

## **EXECUTIVE SUMMARY**

### **1E. Overview**

Please provide an overview not to exceed **ONE PAGE** (for 1E only) in total explaining each item point below.

- **Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes.**
- **Ownership structure**
- **Service Area**
- **Existing similar service providers**
- **Project Cost**
- **Staffing**

### **Description and Ownership Structure**

AccentCare West Tennessee is applying for a Certificate of Need (CON) to establish a Medicare-certified home health agency in Shelby County to serve Shelby, Fayette, and Tipton counties. See Attachment 1E for the proposed service area counties. The Applicant will provide skilled nursing, occupational therapy, speech therapy, home health aide, infusion<sup>6</sup> and medical social services. The Applicant will also provide a variety of programs tailored to patients' diagnoses and will implement technology to reduce readmissions and improve care, including telehealth services such as patient monitoring and virtual visits. See Attachment 1E-2 for a description of these programs and Attachment 1E-3 for brochures. AccentCare West Tennessee is directly owned by Guardian Home Care Holdings Inc., which is directly owned by AccentCare Inc., which owns and operates home health, hospice, and personal care service providers across the country, including, Guardian Home Care, LLC,<sup>7</sup> d/b/a AccentCare Home Health of Tennessee, Guardian Home Care of Nashville<sup>8</sup> d/b/a AccentCare Home Health of Nashville in Tennessee, AccentCare Home Health Greenwood, and Guardian Hospice of Nashville<sup>9</sup> d/b/a AccentCare Hospice & Palliative Care of Nashville. The organization chart in the response to question 7A shows the ownership structure of AccentCare West Tennessee.

### **Service Area and Existing Providers**

The proposed service area consists of Shelby, Fayette, and Tipton counties. These home health providers are licensed to serve one or more service area counties:

---

<sup>6</sup> AccentCare West Tennessee does not propose to provide pharmacy services as part of its home health services. AccentCare West Tennessee nursing staff will train and educate caregivers on the safe administration of infusion drugs in the home, assess and evaluate patients and provide monitoring services. Nurses will also administer medications that would be inappropriate or unsafe for a patient or caregiver to administer independently.

<sup>7</sup> State ID 33083.

<sup>8</sup> State ID 94074.

<sup>9</sup> State ID 94614.

## Service Area Home Health Providers

Home Health Agency Name	Home County	Shelby	Fayette	Tipton
Accredo Health Group Inc	Shelby	X	X	X
Adoration Home Health Brownsville*	Haywood		X	X
Adoration Home Health of West Tennessee	Shelby	X	X	X
Advanced Nursing Solutions (Intrathecal Care Solutions)	Davidson	X	X	X
Amedisys Home Care	Shelby	X	X	X
Amedisys Home Health (Amedisys Tennessee, LLC)	Shelby	X	X	X
Amedisys Home Health Care	Madison		X	X
Amedisys Home Health Care	Shelby	X	X	X
Americare Home Health Agency Inc.	Shelby	X		X
Baptist Home Care and Hospice	Shelby	X	X	X
Best Nurses Inc.	Shelby	X	X	X
Coram CVS/Specialty Infusion Service	Shelby	X	X	X
Elk Valley Health Services Inc.	Davidson	X	X	X
Extended Health Care Inc. d/b/a Quality Home Health**	Shelby	X	X	X
Extencare Home Health of West Tennessee	Dyer	X	X	X
Functional Independence Home Care Inc	Shelby	X	X	X
Hemophilia Preferred Care of Memphis	Shelby	X		
Home Care Solutions Inc.	Davidson	X	X	X
Homechoice Health Services	Shelby	X	X	X
Implanted Pump Management	Knox	X	X	X
Intrepid USA Healthcare Services	Madison		X	X
Intrepid USA Healthcare Services	Shelby	X	X	X
Maxim Healthcare Services Inc.	Shelby	X	X	X
Meritan Inc.	Shelby	X		
Methodist Alliance Home Care	Shelby	X	X	X
NHC Homecare	Fayette	X	X	X
No Place Like Home Inc	Shelby	X	X	X
Optum Infusion Services	Shelby	X	X	X
Optum Women's and Children's Health, LLC	Shelby	X	X	X
Pentec Health	Davidson	X	X	X
Still Waters Home Health Agency	Shelby	X		
Tennessee Quality Homecare - Southwest	Decatur	X	X	X
Vanderbilt HC w/ Option Care IV Services	Davidson	X	X	X
Where The Heart Is	Fayette	X	X	X

Source: Department of Licensure, Home Health Counties Served. September 23, 2021. \*Please note, this provider did not report any 2021 Joint Annual Report Data. There is a provider named "AbilisHealth Brownsville, LLC, that has served patients in Fayette and Tipton counties. It is unclear whether there was a name change, but AbilisHealth does not appear in the licensure list. \*\*The licensure documentation does not show Quality Home Health and Extended Health Care Inc. as separate entities. However, in the 2021 Joint Annual Report data, these two entities reported separately. Extended Health Care Inc. is license #224 and Quality Home Health is license #287.

## Project Cost

As the response to question 4E shows, the project cost is \$317,508.

## Staffing

AccentCare West Tennessee will have 14.7 total full-time equivalents (FTEs) in year one, including nurse case managers, a social worker, home health aide, occupational therapist, physical therapist, psychiatric nurse (RN), speech therapist, and physical therapy assistant. AccentCare West Tennessee will also employ an executive director and business office and admitting staff.

### 2E. Rationale for Approval

**A Certificate of Need can only be granted when a project is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers**

**Provide a brief description not to exceed ONE PAGE (for 2E only) of how the project meets the criteria necessary for granting a CON using the data and information points provided in criteria sections that follow.**

- **Need**
- **Quality Standards**
- **Consumer Advantage**
  - **Choice**
  - **Improved access/availability to health care service(s)**
  - **Affordability**

### Need

Under the HSDA CON need formula, the service area counties do not show a need for additional home health patients. The HSDA formula projects an unrealistically low need and does not accurately reflect the demand for home health services in Tennessee. The need for additional home health providers in the service area is evidenced by the low home health use rate in the three service area counties, as compared to the state average. If service area residents were using home health services at the statewide rate, over 7,000 additional residents would receive home health care by 2024.

This Application shows the service area needs an additional home health provider with staff, programming, and education tailored to meet underserved residents, particularly Black residents, low-income individuals, individuals in health professional shortage areas, persons at risk of or experiencing homelessness, and residents with depression. AccentCare West Tennessee will also provide virtual physician visits for patients without a primary care physician (PCP). This will help meet the needs of patients who live in healthcare professional shortage areas.

### Quality Standards

AccentCare West Tennessee is a new entity with no history of care. However, it will be managed by AccentCare, which also manages AccentCare Home Health of Tennessee, AccentCare Home Health of Nashville, and three Mississippi home health agencies. The table below shows all AccentCare home health agencies exceed national and relevant state averages for CMS's overall quality scores. Service area residents can expect AccentCare West Tennessee to provide the same high-

quality care to patients in Shelby, Fayette, and Tipton counties, using personalized care plans implemented by highly qualified, well-trained staff with access to clinical leadership and resources from AccentCare.

### CMS Star Rating Scores for Quality by Home Health Agency (March 2020–March 2021)

	Quality of Patient Care
Guardian Homecare of Nashville	4.5
Guardian Homecare Inc.	4.5
<b>Tennessee - Average Score (All Providers)</b>	<b>3.8</b>
AccentCare Home Health of Jackson	4.5
AccentCare Home Health of Carthage	5
AccentCare Home Health of Greenwood	4.5
<b>Mississippi - Average Score (All Providers)</b>	<b>3.8</b>
AccentCare Average	4.4
<b>National Home Health Average</b>	<b>3.3</b>

Source: <https://data.cms.gov/provider-data/topics/home-health-services/process-care-outcome-care-quality-measures#data-sources>.

## Consumer Advantage

The project is needed to reduce preventable hospital readmissions and emergency room (ER) visits. Studies have shown Black home health care patients are more likely than their white counterparts to visit the ER or be rehospitalized during a home health episode of care.<sup>10</sup> Shelby County has the largest Black population of any Tennessee County, putting its residents at risk of rehospitalization and unnecessary ER visits. AccentCare West Tennessee will offer AdvancedCare at Home™ to reduce preventable hospital admissions, and will offer telemonitoring for clinically appropriate patients, so their care can be adjusted to avoid ER visits.

AccentCare West Tennessee will offer home health programs that will increase utilization of home health care by underserved groups. AccentCare West Tennessee will conduct culturally appropriate educational programs in multiple settings, in partnership with established health and social services providers and community organizations. These educational programs have been shown in other markets to increase appropriate use of home health services by reaching residents through trusted organizations and leaders. AccentCare will offer telemonitoring services and AdvancedCare at Home™ to reduce unnecessary hospitalizations and expand access to physician services for those who do not have a primary care or following physician. AccentCare West Tennessee will provide an additional choice of home health providers in the service area, while reducing healthcare costs and improving quality of life for the community.

### 3E. Consent Calendar Justification

Consent Calendar Requested (Attach rationale)

<sup>10</sup> Chase, Jo-Ana, David Russell, Liming Huang, Alexandra Hanlon, Melissa O'Connor, and Kathryn Bowles. 2020. Relationships between Race/Ethnicity and Health Care Utilization Among Older Post-Acute Home Health Care Patients. *Journal*

If Consent Calendar is requested, please attach the rationale for an expedited review in terms of Need, Quality Standards, and Consumer Advantage as a written communication to the Agency's Executive Director at the time the application is filed.

Consent Calendar **NOT** Requested

**4E. PROJECT COST CHART**

A. Construction and equipment acquired by purchase:		
1.	Architectural and Engineering Fees	_____
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	<u>\$ 65,000</u>
3.	Acquisition of Site	_____
4.	Preparation of Site	_____
5.	Total Construction Costs**	<u>\$ 50,000</u>
6.	Contingency Fund	<u>\$ 2,500</u>
7.	Fixed Equipment (Not included in Construction Contract)	_____
8.	Moveable Equipment (List all equipment over \$50,000 as separate attachments)	_____
9.	Other (Specify) _____	_____
B. Acquisition by gift, donation, or lease:		
1.	Facility (inclusive of building and land)	_____
2.	Building only***	<u>\$105,008</u>
3.	Land only	_____
4.	Equipment (Specify) _____	<u>\$ 92,000</u>
5.	Other (Specify) _____	_____
C. Financing Costs and Fees:		
1.	Interim Financing	_____
2.	Underwriting Costs	_____
3.	Reserve for One Year's Debt Service	_____
4.	Other (Specify) _____	_____
D.	Estimated Project Cost (A+B+C)	<u><b>\$314,508</b></u>
E.	CON Filing Fee	<u>\$ 3,000</u>
F.	Total Estimated Project Cost (D+E)	<u><b>\$317,508</b></u>
	<b>TOTAL</b>	<u><b>\$317,508</b></u>

\*\*Note this will be a leased space and there is no construction required. This amount is a budget for interior renovation of the existing space.

\*\*\*The amount shown for the building reflects the building's assessed value, prorated to account for the 2,450 square feet the lease encompasses. This is the greater amount of the rent in the lease or the value of the building, as directed by Phillip Earhart. See Attachment 4E for documentation of the building's assessed value.

## GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with TCA §68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to completion or duplication would be positive for consumers.” In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

### NEED

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

**1N. Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. <https://www.tn.gov/hsda/hsda-criteria-and-standards.html> (Attachment 1N)**

Please see Attachment 1N.

**2N. Identify the proposed service area and provide justification for its reasonableness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable. (Attachment 2N)**

The AccentCare West Tennessee service area consists of Shelby, Fayette, and Tipton Counties. Please see the map in Attachment 2N. This service area is reasonable, as it is the Tennessee portion of the Memphis Metropolitan Statistical Area. The proposed service area is a natural continuation of AccentCare’s service to patients in DeSoto, Tunica, and Tate counties in Mississippi. AccentCare Home Health Greenwood is licensed to serve patients in these counties, many of whom are receiving home health care after receiving acute or post-acute care in Memphis. There is a need for improved coordination of care between adjacent communities to better serve the needs of patients and families. Physicians and case managers at Memphis hospitals and post-acute facilities who now refer patients to AccentCare’s Mississippi agency have stated their Tennessee patients would benefit from having access to AccentCare’s services in Tennessee. These quotations from letters of support for this application are examples of the support and enthusiasm by area providers for the proposed service:

*I have been aware of AccentCare and have worked with the team in [Southaven, MS]. I am happy to hear that AccentCare is applying for the license to have a hospice and home health program in Memphis including Shelby, Fayette and Tipton counties. I am proud to partner with*



*people and organizations that are making a difference for the community. AccentCare has programs that ... currently are not being offered by other providers.*

- *Alfred Milan, Owner, Amada Senior Care*

*I have had the pleasure of working with AccentCare ... in providing patients with home health services over the course of my 21 years at Campbell Clinic. [Our Mississippi orthopaedics providers] struggle to find quality home health, physical and occupational therapy services in Shelby County, TN. Frequently we encounter patients that AccentCare cannot serve because the patient lives in Tennessee.*

- *Ashley Reed, Clinic Manager, Campbell Clinic Orthopaedics*

*I have been with Campbell Clinic for six years and have experience with AccentCare. Their office in Southaven, Mississippi, has cared for many of my post-operative patients over the years and we have a good relationship. Having an AccentCare location in Memphis will bring continuity of care across the Mississippi and Tennessee state line. I am hopeful to see AccentCare in Memphis and would like to continue that relationship for patients in Tennessee.*

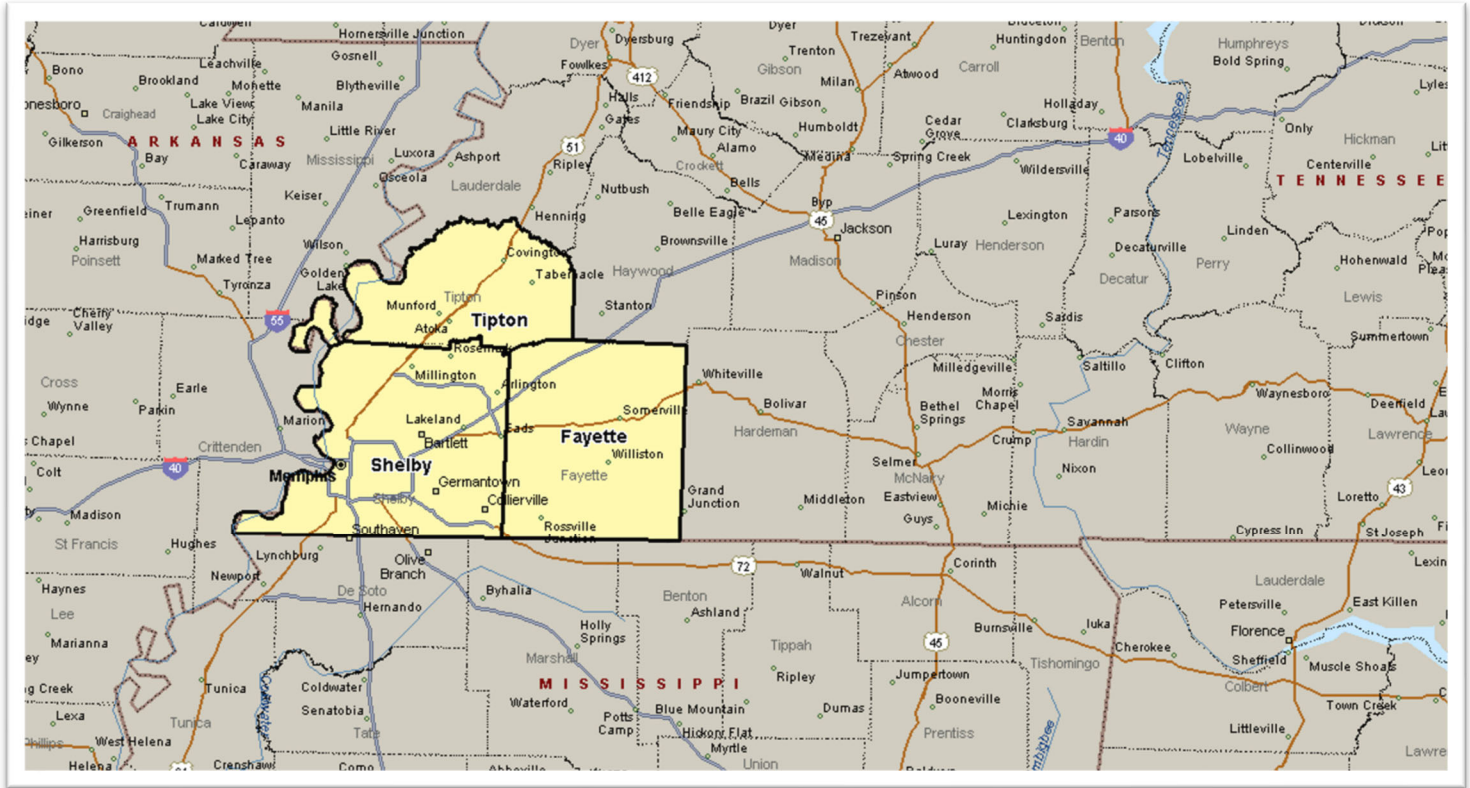
- *Brenda Burgess, Medical Assistant, Campbell Clinic Orthopaedics*

*Of the many services offered by [AccentCare], I am particularly interested in the fact that they have high quality scores in their programs that are already in operation, some of which are just across the state line in Mississippi. Additionally, they offer programs above and beyond those of our current providers which I am certain would be of interest to both our patients and their families.*

- *Richie Anderson, Executive Director, Allenbrooke Nursing and Rehabilitation Center*

The map below shows the service area, along with major area roadways. Several highways and major roads connect Memphis (where the administrative office will be located) to the service area. These highways, combined with a circumferential expressway and two highway bridges crossing the Mississippi River, make all parts of the service area readily accessible to home health staff visiting service area patients.

**AccentCare West Tennessee Home Health Service Area**



Complete the following utilization tables for each county in the service area, if applicable.

Service Area Counties	Historical Utilization-County Residents – Most Recent Year (Year=_____)	% of Total <input type="checkbox"/> Procedures <input type="checkbox"/> Cases <input type="checkbox"/> Patients <input type="checkbox"/> Other (Specify): _____
County #1		
County #2		
County #3		
Etc.		
Total		100%

Not applicable. This is a new provider with no historical utilization data.

Service Area Counties	Projected Utilization-County Residents – Year 1 (Year=_____)	% of Total <input type="checkbox"/> Procedures <input type="checkbox"/> Cases <input type="checkbox"/> Patients <input type="checkbox"/> Other (Specify): _____
Shelby County	5,937	87.3%
Fayette County	433	6.4%
Tipton County	435	6.4%
Total	6,804	100.0%

**3N. A. Describe the demographics of the population to be served by the proposal.**

**B. Provide the following data for each county in the service area:**

- **Using current and projected population data from the Department of Health.** ([www.tn.gov/health/health-program-areas/statistics/health-data/population.html](http://www.tn.gov/health/health-program-areas/statistics/health-data/population.html));
- **the most recent enrollee data from the Division of TennCare** (<https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>),
- **and US Census Bureau demographic information** (<https://www.census.gov/quickfacts/fact/table/US/PST045219>).

Demographic Variable/Geographic Area	Department of Health/Health Statistics						
	Total Population- Current Year 2022	Total Population- Projected Year 2024	Total Population-% Change	*Target Population- Age 65+ Current Year 2022	Target Population- Project Year 2024	Target Population-% Change	Target Population Projected Year as % of Total
Shelby County	944,036	947,551	0.4%	142,579	148,831	4.4%	16%
Fayette County	42,567	43,500	2.2%	10,177	10,868	6.8%	1%
Tipton County	62,919	63,497	0.9%	10,275	10,899	6.1%	1%
Service Area Total	1,049,522	1,054,548	0.5%	163,031	170,598	4.6%	18%
State of TN Total	6,997,493	7,099,702	1.5%	1,254,329	1,313,974	4.8%	

Demographic Variable/Geographic Area	Census Bureau				TennCare	
	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total
Shelby County	35.8	\$52,092	180,311	19%	286,064	17%
Fayette County	47.1	\$63,618	4,342	10%	7,584	0%
Tipton County	38.4	\$62,474	7,991	13%	14,503	1%
Service Area Total					308,151	19%
State of TN Total		\$54,833	951,659	14%	1,648,689	100%

*\*Target Population is population that project will primarily serve. For example, nursing home, home health agency, and hospice agency projects typically primarily serve the Age 65+ population. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year; e.g., if Current Year is 2022, then default Projected Year is 2026.*

**Be sure to identify the target population, e.g. Age 65+, the current year and projected year being used.**

AccentCare West Tennessee will serve all clinically appropriate patients who are referred for home health care, regardless of their age. The majority of home health patients are age 65 and older, so the population 65 and older is the target population in the table above. Note, the numbers in the tables may not foot due to rounding.

**4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.**

AccentCare West Tennessee has identified several categories of service area residents with special needs, and has developed plans to improve their access to home health care. The barriers to receiving home health care faced by each group and the solutions and resources AccentCare offers are discussed below.

## Black Residents

Over half a million residents in the proposed service area are Black and account for over half the service area population.<sup>11</sup> To improve access and increase appropriate utilization, a home health agency must understand the needs of Black residents. The Black population is expected to grow over the next five years, mostly in Shelby County. A 2018 study found a higher level of mistrust in the healthcare system among Black patients than white patients.<sup>12</sup> Past racism, unequal access to care, and higher rates of poverty have created this distrust. According to the Centers for Disease Control and Prevention, life expectancy at birth for Black Americans is 3.5 years less than that of white Americans.<sup>13</sup> Despite a decline in poverty for all racial and ethnic groups, Black people still have the highest poverty rate of any racial/ethnic group.<sup>14</sup> These factors lead to unequal access to high-quality healthcare, including home health services.

**Black Non-Hispanic Population by County, 2022–2027**

	2022	2027	% Change
Fayette	11,174	11,173	0.00%
Shelby	513,923	525,757	2.30%
Tipton	11,390	11,493	0.90%
<b>Total</b>	<b>536,487</b>	<b>548,423</b>	<b>2.22%</b>

Source: University of Tennessee Boyd Center for Business and Economic Research, 2019 projections.

<sup>11</sup> In 2022, there are an estimated 1,049,521 service area residents, 536,487 of whom are Black. Data are from the University of Tennessee Boyd Center for Business and Economic Research, 2019 projections.

<sup>12</sup> William Boag, "Quantifying Racial Disparities in End-of-Life Care," master's thesis, MIT, 2018.

<sup>13</sup> Joel Achenbach, "Life Expectancy Improves for Blacks, and the Racial Gap is Closing, CDC Reports," Washington Post online, May 2, 2017, <https://www.washingtonpost.com/news/to-your-health/wp/2017/05/02/cdc-life-expectancy-up-for-blacks-and-the-racial-gap-is-closing/?noredirect=on>.

<sup>14</sup> John Creamer, "Poverty Rates for Blacks and Hispanics Reached Historic Lows in 2019," US Census Bureau, September 15, 2020, <https://www.census.gov/library/stories/2020/09/poverty-rates-for-blacks-and-hispanics-reached-historic-lows-in-2019.html>.

### *Black Home Health Patients Have a Higher Risk of ER Visits and Hospital Readmissions*

Shelby County has the largest Black population of any Tennessee County, putting its residents at higher average risk of rehospitalization and unnecessary ER visits. A 2020 study found Black home health care patients are more likely than their white counterparts to visit the ER or be rehospitalized during a home health episode of care.<sup>15</sup> This holds true, even controlling for factors such as low socioeconomic status, caregiver availability, and living arrangements. ER visits and hospital admissions lead to higher costs of care. CMS uses ER visits and admissions as part of its assessment of quality and whether home health patients have a successful outcome of care. Lower ER visit rates and hospital readmission rates to hospitals are better and indicate fewer adverse care outcomes for patients receiving home health care.<sup>16</sup>

### *Programs Tailored to Reduce Readmissions and ER Visits*

AccentCare West Tennessee will offer AdvancedCare at Home™ to reduce preventable hospital admissions. It will also offer telemonitoring for clinically appropriate patients, to prevent unnecessary ER visits.

### AccentCare Technology and Telemonitoring

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

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

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

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

Patients appropriate for telemonitoring have a new or unstable condition, such as asthma, congestive heart failure, COPD, diabetes, or hypertension. They may also be at risk for re-hospitalization or emergency room visits. Using telemonitoring increases the frequency of evaluations for these patients while reducing the rates of rehospitalization and emergency

<sup>15</sup> Jo-Ana Chase, David Russell, Liming Huang, Alexandra Hanlon, Melissa O'Connor, and Kathryn Bowles, "Relationships Between Race/Ethnicity and Health Care Utilization Among Older Post-Acute Home Health Care Patients," *Journal of Applied Gerontology* 39, no. 2 (Feb. 2020): 210–213, DOI: 10.1177/0733464818758453.

<sup>16</sup> "Home Health Quality Measures," CMS, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures>.

department use. It also reduces patients' anxiety due to uncertainty about their health and fear of exposure to other illnesses, such as COVID-19.

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

### AdvancedCare at Home

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

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

### *Black Home Health Patients Are More Likely to Access Lower-Quality Home Health Providers*

Nationally, Black individuals do not have equal access to high-quality home health agencies, according to a *Health Affairs* study.<sup>17</sup> The study used Medicare data to observe patients' demographic characteristics and the CMS Care Compare website's Quality of Patient Care star ratings to see what patients were utilizing high-quality home care providers. They found Black home health patients overall had a 5.6 percent lower probability of receiving care from a high-quality home health agency. Although the study attributed much of the disparity to lack of providers willing to serve disadvantaged neighborhoods, the authors also found lack of access among racial and ethnic beneficiaries in the same neighborhood:

*We found that Black and Hispanic home health patients had a 2.2 percentage point and 2.5 percentage point lower adjusted probability of high-quality agency use, respectively compared with their white counterparts within the same neighborhoods.<sup>18</sup>*

Income was also a factor contributing to the disparity, with low-income patients having a smaller chance of using high-quality home health agency compared to those with a higher income. Receiving care from lower-quality providers leads to poorer patient outcomes and safety. As the study described, "Patients receiving home health services from high-quality

<sup>17</sup> Shekinah Fashaw-Walters, Momotazur Rahman, Gilbert Gee, Vincent Mor, Michael White, and Kali Thomas, "Out of Reach: Inequities in The Use of High-Quality Home Health Agencies," *Health Affairs* 41, no. 2 (Feb. 2022), <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01408>.

<sup>18</sup> Shekinah Fashaw-Walters, Momotazur Rahman, Gilbert Gee, Vincent Mor, Michael White, and Kali Thomas, "Out of Reach: Inequities in The Use of High-Quality Home Health Agencies," *Health Affairs* 41, no. 2 (Feb. 2022), <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01408>.



home health agencies often experience fewer adverse outcomes (for example, hospitalizations) than patients receiving services from low-quality agencies.”<sup>19</sup>

### *AccentCare West Tennessee Will Offer High-Quality Services*

AccentCare is dedicated to ensuring high-quality home health services are available to all service area residents, especially residents who historically face more barriers to receiving care. The table below shows AccentCare home health agencies on average provided higher-quality care than other providers in the proposed service area. AccentCare West Tennessee will provide the same high-quality care as its affiliated agencies in Tennessee and Mississippi, and will bring that care to all area residents, with an emphasis on ensuring Black residents have adequate access to care.

**AccentCare CMS Star Ratings (March 2020–March 2021)**

	State License No.	Counties Served	State/Region	Quality of Patient Care
Guardian Homecare of Nashville	607	Davidson, Dickson, Hickman, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson and Wilson	TN	4.5
Guardian Homecare, Inc.	115	Bradley, Grundy, Hamilton, McMinn, Meigs, Polk and Sequatchie	TN	4.5
AccentCare Home Health of Jackson	257102	Adams, Amite, Claiborne, Copiah, Franklin, Hinds, Holmes, Jefferson, Jefferson Davis, Leake, Lincoln, Madison, Marion, Rankin, Scott, Simpson, Smith, Warren, Wilkinson and Yazoo	MS	4.5
AccentCare Home Health of Carthage	257129	Attala, Clarke, Jasper, Kemper, Lauderdale Leake, Neshoba, Newton, Noxubee, Scott, Smith, Winston	MS	5
AccentCare Home Health of Greenwood	257131	Attala, Bolivar, Carroll, Coahoma, DeSoto, Grenada, Holmes, Humphreys, Leflore, Montgomery, Panola, Quitman, Sunflower, Tallahatchie, Tate, Tunica, Washington, Yalobusha	MS	4.5
Average for Service Area Providers*			TN	3.65
AccentCare National Average			USA	4.4

Source: CMS Home Health Quality Compare Data. Ratings are on a scale of 1–5. See <https://data.cms.gov/provider-data/topics/home-health-services/process-care-outcome-care-quality-measures#data-sources>.

### *Improving Access to Care through Staffing, Training, and Community Outreach*

AccentCare will address barriers to home health care for Black residents by hiring members of minority racial groups for both the leadership team and professional staff, and by providing specialized training, special programming, and community outreach. The table below shows the diversity of AccentCare staff nationwide. AccentCare’s staff diversity is an asset to all its patients and is especially important when serving communities with large Black, Hispanic, or Asian populations. AccentCare West Tennessee plans to hire staff and leadership who reflect the diversity of Shelby, Tipton, and

<sup>19</sup> Shekinah Fashaw-Walters, Momotazur Rahman, Gilbert Gee, Vincent Mor, Michael White, and Kali Thomas, “Out of Reach: Inequities in The Use of High-Quality Home Health Agencies,” *Health Affairs* 41, no. 2 (Feb. 2022), <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01408>.

**AccentCare Staff Demographics**

Demographic group	Proportion of AccentCare Workforce
Black	27%
Hispanic/Latino	30%
Asian	3%
Native American/Native Alaskan	1%
White	35%
Two or More Races/Other/Not Disclosed	4%

AccentCare has developed cultural inclusion councils with local members from minority groups reflective of the community to identify barriers to the use of home health services. AccentCare staff members also serve on the councils. The councils consider the cultural values of all AccentCare patients, families, and staff, and improve the community understanding of home health. The councils educate AccentCare on how to deliver care that respects what is most important to each individual and how to reduce barriers to using home health care. The Cultural Inclusion Council’s goals reinforce AccentCare’s goal of providing equitable care, so all patients, regardless of race, gender, ethnicity, religion, sexual orientation, language, gender identity, or class, receive high-quality, culturally sensitive care.

AccentCare’s home health team strives to understand each patient’s condition and create an individualized plan of care. AccentCare has created training, orientation, education, and blog materials to give staff the tools to provide culturally competent, high-quality care to Black patients and their families. All staff participate in initial and ongoing training. Below is a sample of the training and educational materials created for AccentCare staff.

**AccentCare Training and Resources for Culturally Competent Care of Black Patients and Families**

New Hire Orientation	Case Management & Business Development Vignettes	All Staff Monthly Discussions	Continuing Education & Blogs
<ul style="list-style-type: none"> <li>•Culturally Sensitive Care</li> </ul>	<ul style="list-style-type: none"> <li>•Black History Month</li> <li>•Implicit Bias</li> <li>•True Hope-Culture of Inclusion</li> <li>•Culture of Inclusion</li> <li>•Active Listening</li> <li>•Inclusion &amp; Sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>•Microaggressions and implicit bias</li> <li>•Discussion of <i>The Immortal Life of Henrietta Lacks</i></li> </ul>	<ul style="list-style-type: none"> <li>•Honoring the Legacy of Black Patients Starts by Asking the Right Questions</li> <li>•Dressing for the Journey</li> </ul>



## Community Outreach and Engagement

AccentCare tailors each home health agency to the needs and demographics of the community it serves. AccentCare has worked closely with Black communities in many of its service areas to provide programming, outreach, and care that meets the needs of its patients and their families. AccentCare's largest home health agency is located in Chicagoland where, along with AccentCare's hospice agency and personal care services, there is longstanding partnership, collaboration, and integration with the Black community. AccentCare plans to do the same in the Memphis service area and, when preparing this application, had conversations with area residents and leaders to better understand access barriers and possible ways to improve access to high-quality, culturally competent home health care for Black residents. Memphis area residents and leaders included:

- Christopher E. Lee, CEO of Think Inspired
- Philip Adeyemo, Resident Pastor of RCCG House on the Rock Memphis
- Alfred Milan, Owner of Amada Senior Care in Memphis

AccentCare West Tennessee also spoke with Reverend J. Lawrence Turner, the senior pastor at Mississippi Boulevard Christian Church in Memphis. The excerpt below shows Reverend Turner's enthusiasm for AccentCare West Tennessee's application and the proposed programs for service area residents. A full copy of this letter is in Attachment 4N-2.

*AccentCare...has focused on health equity and access in the communities they serve. They are extending a hand to the under resourced communities and looking to partner with organizations to provide education around healthcare...Understanding what each community needs is an important part of person-centered care and this is something AccentCare is taking the time to do in Memphis. I support AccentCare in their efforts to become a licensed provider in our community and want to see them serve the people of Memphis.*

*-Dr. J Lawrence Turner*

## **Residents without Sufficient Access to Primary Care Physicians**

The Health Resources and Services Administration (HRSA) uses shortage designation criteria to determine whether a geographic area has shortages of primary care providers. HRSA, an agency of the US Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable.<sup>20</sup> In Shelby County, five geographic areas are designated as Health Professional Shortage Areas (HPSAs) for low-income populations. These areas have a deficit over 44 full-time equivalent (FTE) practitioners to achieve the target ratio of providers.

<sup>20</sup> Health Resources and Services Administration Fact Sheet, <https://www.hrsa.gov>. updated September 30, 2020. Areas designated as shortage areas can be found using HRSA's interactive *HPSA Find* tool, accessed at <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.

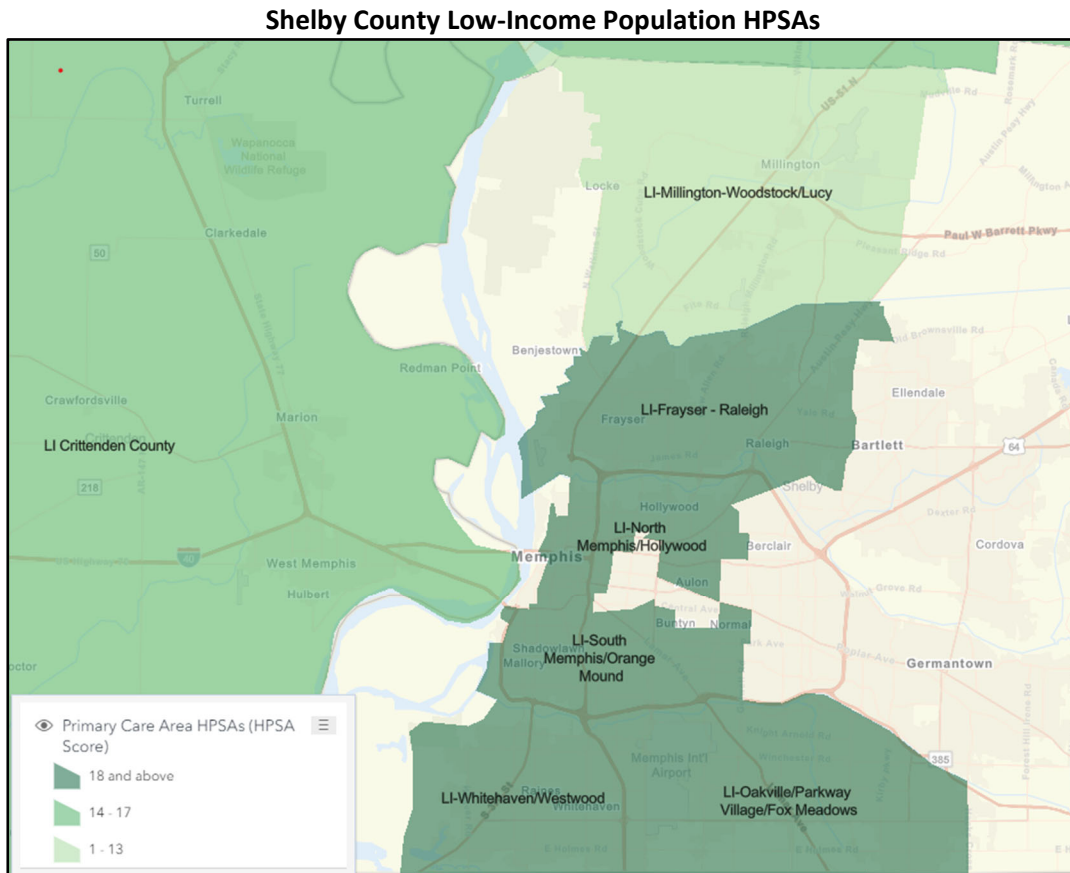
**Shelby County Primary Care HPSA Summary, 2021**

HPSA Area	HPSA Designation	FTE Deficit*	HPSA Score <sup>21</sup>
North Memphis/Hollywood	Low Income Population	6.23	20
Frayser-Raleigh	Low Income Population	10.57	20
Oakville/Parkway Village/Fox Meadows	Low Income Population	13.73	19
Whitehaven/Westwood	Low Income Population	6.81	19
South Memphis/Orange Mound	Low Income Population	7.20	18

Source: Health Resources and Services Administration.

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

These HPSAs with a shortage of primary care practitioners cover a wide area in the Memphis metro market, as the map below depicts:



Source: Health Resources and Services Administration, HPSA Find.

The area these low-income shortage areas cover follows the overall demographics of Memphis. According to the US Census, the Memphis service area has a disproportionately high number of residents living in poverty. In the City of

<sup>21</sup> This attribute represents the Health Professional Shortage Area (HPSA) Score developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26; the higher the score, the greater the priority.

Memphis, 25 percent of residents live in poverty, and 55 percent have a high rent burden.<sup>22</sup> The median household income in Memphis is \$41,228, well below that of the state and the rest of the service area. According to the Tennessee Housing Development Agency, the annual median income in Memphis declined between 2018 and 2020, while it increased at least 10 percent in Nashville, Chattanooga, and Knoxville.<sup>23</sup>

#### Income and Economic Summary by County

	Income per Capita	Median Household Income	Percent of Population in Poverty
Fayette County	\$33,383	\$60,711	10.2%
Shelby County	\$30,104	\$51,657	19.1%
Tipton County	\$28,457	\$61,291	12.7%
City of Memphis	\$25,605	\$41,228	25.1%
Tennessee	\$29,859	\$53,320	13.6%

Source: US Census Quick Facts, <https://www.census.gov/quickfacts>.

#### *Programs Tailored to Improve Physician Access: Sound Physicians*

AccentCare has developed collaborative relationships with provider organizations to address the needs of patients without a primary care physician (PCP) or routine medical care. AccentCare West Tennessee will partner with Sound Physicians, one of the nation's leaders in hospital medicine, to improve home health access and outcomes for patients without a PCP or a following physician. This partnership helps serve patients' clinical needs more efficiently by providing virtual physician services and a higher level of home health collaboration. AccentCare Home Health of Tennessee has already implemented this program and found it beneficial to its patients. The Applicant will build on the lessons learned from this care collaboration model to improve access for residents of Shelby, Fayette, and Tipton counties.

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

The program avoids delays in the transition from hospital to home, and typically allows home care to begin within 24 to 48 hours of hospital discharge. Physicians have on-demand electronic access to orders and medication records to foster rapid clinical response. Collaboration between AccentCare West Tennessee clinicians and Sound Physicians doctors allows management of complex patients through real-time video collaboration by the home health clinician, the patient, and the physician. This support network helps reduce emergency department utilization and hospital readmissions.

<sup>22</sup> Tennessee Housing Development Agency, 2020 Housing Indicators: Comparing TN's Cities, [https://thda.org/pdf/RP\\_2020\\_Indicators\\_bigfour\\_fullreport.pdf](https://thda.org/pdf/RP_2020_Indicators_bigfour_fullreport.pdf).

<sup>23</sup> Tennessee Housing Development Agency, 2020 Housing Indicators: Comparing TN's Cities, [https://thda.org/pdf/RP\\_2020\\_Indicators\\_bigfour\\_fullreport.pdf](https://thda.org/pdf/RP_2020_Indicators_bigfour_fullreport.pdf).

## Residents with Low Health Literacy

Health literacy is the term used to describe a person’s ability to obtain, process, and understand basic health information and services required to make appropriate health decisions.<sup>24</sup> Low levels of health literacy are associated with limited health knowledge, poor health outcomes, and behaviors such as limited use of preventive care.<sup>25</sup> Low health literacy also contributes to higher costs of health care.<sup>26</sup> Many elderly individuals, those with low levels of income and education, and racial and ethnic minority groups have low health literacy.<sup>27</sup> According to the National Center for Education Statistics, 27 percent of Shelby County adults have difficulty using and comprehending print materials.<sup>28</sup> While some of these adults can read short texts and understand the material sufficiently to perform simple tasks (like filling out a short form), others may only understand very basic vocabulary in print related to familiar topics, while others are functionally illiterate.

Effective health literacy improvement programs have the most benefit for minorities and low-income individuals.<sup>29</sup> Individuals with low health literacy may have difficulty understanding their care options and the resources available to them.

**Health Literacy Outreach Program** - Area healthcare providers, residents, and community organizations have expressed the need for low-literacy programming. AccentCare West Tennessee will provide community conversations, materials, and information geared toward those with low literacy, and will offer education about common illnesses residents face and post-acute care options.

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

## Persons Experiencing or At Risk of Experiencing Homelessness

### *Barriers to Care*

Homeless persons do not have access to healthcare “on the street” and have shorter life spans than the general population, due to environmental exposure. Many suffer from mental illness and addiction, further shortening their life span. For every age group, homeless persons are three times more likely to die than the general population:

*Research has shown that individuals experiencing homelessness have greater morbidity and mortality rates than the general population and experience more co-morbidities than*

<sup>24</sup> S.C. Ratzan and R.M. Parker, “Introduction,” in *National Library of Medicine Current Bibliographies in Medicine: Health Literacy*, edited by C.R. Selden, M. Zorn, S.C. Ratzan, and R.M. Parker (Bethesda, MD: National Institutes of Health; 2000), pp. v–vi.

<sup>25</sup> N.D. Berkman, S.L. Sheridan, K.E. Donahue, et al., *Health Literacy Interventions and Outcomes: An Updated Systematic Review* (Rockville, MD: Agency of Healthcare Research and Quality, 2011).

<sup>26</sup> K. Eichler, S. Wieser, and U. Brugger, “The Costs of Limited Health Literacy: A Systematic Review,” *International Journal of Public Health* 54, no. 5 (2009): 313–324.

<sup>27</sup> M. Kutner, E. Greenberg, Y. Jin, C. Paulsen, and S. White, *The Health Literacy of America’s Adults: Results from the 2003 National Assessment of Adult Literacy (NCES 2006–483)* (Washington DC: US Department of Education, National Center for Education Statistics, 2006).

<sup>28</sup> National Center for Education Statistics, US PIAAC Skills Map: State and County Indicators of Adult Literacy and Numeracy, accessed at <https://nces.ed.gov/surveys/piaac/skillsmap/>.

<sup>29</sup> R.J. Jacobs, J.Q. Lou, R.L. Ownby, and J. Caballero, “A Systematic Review of eHealth Interventions to Improve Health Literacy,” *Health Informatics Journal* 22, no. 2 (2016): 81–98.

*their housed counterparts. When compared to non-homeless populations, individuals experiencing homelessness face a multitude of complex health and social issues often integrated with past, present, and daily trauma that impact these individuals' prioritization and decision-making efforts.*<sup>30</sup>

The National Health Care for the Homeless Council says the average age at death of homeless persons is about 50 years, compared to the average American life expectancy of 77 years.<sup>31</sup> But substance abuse or mental illness only moderately affect the risk of death on the streets. Physical health conditions similar to those of the general population, such as heart problems or cancer, are more likely to lead to an early death. The homeless are also more likely to die of HIV.

The overall homeless count in Shelby County declined from 1,325 persons in 2019 to 739 persons in 2021.<sup>32</sup> However, the number of unsheltered individuals more than doubled, from 58 persons in 2019 to 202 persons in 2021.<sup>33</sup> The COVID-19 pandemic had a detrimental effect on resources for the homeless in Memphis/Shelby County, as emergency shelter and transitional housing decreased due to social distancing protocols and other safety requirements that created barriers to access. Homelessness is still a critical issue in the service area<sup>34</sup> that needs further resources and social service programs such as those AccentCare will offer to improve the health and well-being of these individuals.

The relatively low household incomes in Memphis create a high housing cost burden for residents, and especially for renters. In 2018, 26 percent of Memphis renters spent 30 to 49 percent of their income on rent, and another 29 percent spent at least 50 percent on rent.<sup>35</sup> The percentage of cost-burdened renters in Memphis (55 percent) is far higher than in other large Tennessee cities. The high percentage of income allocated to rent costs increases the risk of housing insecurity. The challenging housing market is a contributing factor to the growing number of people experiencing homelessness in the Memphis area.

There is a scarcity of public housing available to low-income residents. The Memphis Housing Authority (MHA) has a waitlist of applicants for public housing and housing choice voucher programs, and is not accepting new applicants.<sup>36</sup> The MHA provides safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Without more access to this key resource, income-disadvantaged families have few options for affordable housing. Community members enduring housing insecurity often neglect their health care needs, due to insufficient insurance coverage and the inability to pay for treatment.

### *Programs Tailored to Improve Access to Home Health Care for Residents Experiencing and At Risk of Homelessness*

AccentCare will partner with well-established organizations in the service area to meet the health needs of persons experiencing homelessness. This will include addressing social determinants of health. AccentCare has initiated

<sup>30</sup> Suicide and Homelessness, Data Trends in Suicide and Mental Health Among Homeless Populations, National Health Care for the Homeless Council Fact Sheet, May 2018.

<sup>31</sup> "Life Expectancy," Centers for Disease Control and Prevention, <https://www.cdc.gov/nchs/fastats/life-expectancy.htm>.

<sup>32</sup> Community Alliance for the Homeless, Point-in-Time Count, <https://www.caft.org/point-in-time-count/>, accessed March 18, 2022.

<sup>33</sup> Community Alliance for the Homeless, Point-in-Time Count, <https://www.caft.org/point-in-time-count/>, accessed March 18, 2022.

<sup>34</sup> Homeless population Point-in-Time survey data is not available for individual counties in the 23-county West Tennessee Continuum of Care (CoC) region, which includes Fayette and Tipton. Homeless population data trends at the CoC level are available from the US Department of Housing and Urban Development at [https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter\\_Year=2021&filter\\_Scope=CoC&filter\\_State=TN&filter\\_CoC=&program=CoC&group=PopSub](https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=2021&filter_Scope=CoC&filter_State=TN&filter_CoC=&program=CoC&group=PopSub).

<sup>35</sup> Tennessee Housing Development Authority, "2020 Housing Indicators: Comparing TN's Cities," July 2020, p. 3, [https://thda.org/pdf/RP\\_2020\\_Indicators\\_bigfour\\_fullreport.pdf](https://thda.org/pdf/RP_2020_Indicators_bigfour_fullreport.pdf), accessed February 17, 2022.

<sup>36</sup> "Public Housing," Memphis Housing Authority, [https://www.memphisha.org/programs/public\\_housing.php](https://www.memphisha.org/programs/public_housing.php), accessed February 23, 2022.

discussions with public and private providers about how to best meet the community's needs and improve low health-literacy levels and utilization of home health services. AccentCare has met with leaders from Memphis organizations that serve the homeless community, including Hospitality Hub and Dragonfly Collective.

Hospitality Hub was created as a housing program for families with children, with the goal of providing relief from homelessness while working with families to ensure housing and financial stability. Hospitality Hub provides a three-month program that includes wrap-around case management, financial literacy workshops, and financial assistance for qualified applicants. Hospitality Hub seeks to reduce the risk of reentry into homelessness and circumvent the associated traumas within the family unit.<sup>37</sup> AccentCare met with these organizations to discuss how it can meet the needs of persons experiencing homelessness. AccentCare has committed to funding two tiny homes that homeless individuals may use, and to offering educational programming and home health services to community members. AccentCare is committed to funding two more tiny homes at Hospitality Hub. These tiny homes will fill a gap in home health services in Memphis, providing housing for individuals who cannot stay in traditional shelters, while allowing them to be close to case management services.

Among community health providers there is a high level of enthusiasm for AccentCare's approach to care for homeless persons. As the excerpts below show, area health and social services providers are eager to work with AccentCare to meet the needs of their customers. They believe AccentCare can improve health education and access to home health care for underserved residents. The complete letters are in Attachment 4N-2.

*AccentCare home health and hospice programs are reaching outside of the box from traditional hospice care and partnering with community organizations that will help a much more diverse range of individuals that typically lack the resources and access.*

*– Kelcey Johnson, The Hospitality Hub*

*With this partnership [with the Hospitality Hub in downtown Memphis], there will be more space to transition people out of long-term homelessness.... This will be important for our community due to the high number of people enrolled in the Medicaid program.*

*– Michelle Taylor, MD, Shelby County Division of Health Services*

The AccentCare Foundation<sup>38</sup> will work to ensure AccentCare Memphis home health patients are offered shelter while they receive care. This money will be used for housing vouchers and rent subsidies for patients at risk of losing their housing. AccentCare conditions this application on providing funding to ensure homeless patients receive housing and all necessary home health care, as clinically appropriate.

## Residents Experiencing Depression

According to information published by the Kaiser Family Foundation, 34.6 percent of adults in Tennessee reported symptoms of anxiety and/or depression when surveyed in 2021.<sup>39</sup> This was higher than the national average of 31.6 percent. The data also show that 31.4 percent of Tennessee adults who reported symptoms of anxiety or depressive

<sup>37</sup> "What We Do," Hospitality Hub, <https://www.hospitalityhub.org/what-we-do/>.

<sup>38</sup> AccentCare Foundation is a nonprofit foundation that offers patients financial assistance to meet needs not covered by traditional benefits.

<sup>39</sup> Mental Health and Substance Use State Fact Sheets-Tennessee, Kaiser Family Foundation, <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/tennessee/>.



disorder had an unmet need for counseling or therapy, and more than half of adults with mild or moderate mental illness did not receive mental health treatment. The full fact sheet from Kaiser Family Foundation is in Attachment 4N.

### *Clinical Programming to Improve Care for Patients with Late Life Depression*

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

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

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

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

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

**5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days. Average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.**

There are 34 home health agencies licensed to serve at least one of the three AccentCare West Tennessee service area counties. Four of the service area's licensed home health agencies have 53 percent of the service area market share (Functional Independence Home Care, Methodist Alliance Home Care, Baptist Trinity Home Care, and Amedisys Home Health). Adoration Home Health Brownsville, while licensed to serve Fayette and Tipton counties, did not file a joint annual report (JAR) between 2019 and 2021.

The table below shows home health patients by provider in the service area counties for the last three years of data available from the JARs. This table includes all providers who admitted service area residents, whether or not they were licensed to serve the counties.

**Shelby, Fayette, and Tipton Residents Admitted to Home Health Providers**

<b>Provider</b>	<b>License No.</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
AbilisHealth Brownsville, LLC	288	90	171	153
Accredo Health Group Inc.	347	41	38	43
Adoration Home Health Care of West Tennessee	227	582	869	1211
Amedisys Home Care	239	1213	1300	967
Amedisys Home Health	238	0	2326	1556
Amedisys Home Health Care (Madison)	177	0	1	0
Amedisys Home Health Care (Shelby)	215	1160	673	1059
Americare Home Health Agency Inc.	216	479	507	436
Baptist Trinity Home Care	241	3147	2967	2980
Best Nurses Inc.	621	68	86	90
Coram CVS Specialty Infusion Service	627	79	103	109
Elk Valley Health Services, LLC	42	56	40	42
Extended Health Care Inc. d/b/a Quality Home Health**	224	200	242	231
Extencicare Home Health of West Tennessee	120	637	620	824
Functional Independence Home Care Inc.	610	4083	3521	3464
Guardian Home Care, LLC	115	0	1	0
Hemophilia Preferred Care of Memphis Inc.	625	2	2	1
Homechoice Health Services	240	1188	828	683
Implanted Pump Management, LLC	633	1	1	1
Intrathecal Care Solutions d/b/a Advanced Nursing Solutions	635	0	2	4
Intrepid USA Healthcare Services (Madison)	175	133	121	137
Intrepid USA Healthcare Services (Shelby)	214	448	460	589
Maxim Healthcare Services	618	183	131	172
Meritan	237	708	612	519
Methodist Alliance Home Care	233	2684	2582	2820
NHC Homecare	291	367	316	310
No Place Like Home Inc.	611	92	83	61
Optum Women's and Children's Health	459	222	254	218
OptumRx Infusion Services	634	0	5	8
Pentec Health Inc.	632	0	1	0
Still Waters Home Health Agency	616	954	729	803
Tennessee Quality Care- Home Health	221	0	0	269
Vanderbilt HC Option Care IV Services	604	3	4	4
Where The Heart Is Inc.	612	722	674	619
Willowbrook Visiting Nurse Association Inc.	259	432	0	0
<b>Grand Total</b>		<b>19,974</b>	<b>20,270</b>	<b>20,383</b>

Source: Joint Annual Reports: 2019, 2020 and 2021. . \*\*The licensure documentation does not show Quality Home Health and Extended Health Care Inc. as separate entities.

**6N. Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to**



**project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.**

Because the Applicant is a new provider, there is no historical utilization to report.

AccentCare West Tennessee projects 6,804 home health visits in the first year of operation and 14,148 in the second year of operation. This was calculated as follows:

		Year 1	Year 2
A	Admissions/Initial Episodes of Care	350	450
B	Percent of Patients Re-certified for Additional Episode of Care	62%	162%
C=A*B	Additional Episodes of Care	217	729
D=C+A	Chargeable Episodes	567	1,179
E	Visits Per Episode	12	12
F=E*D	Visits	6,804	14,148

### *Admissions*

The projected number of admissions/initial episodes of care is based on AccentCare's experience in starting up and operating home health agencies across the United States, and takes existing referral relationships with Memphis-area providers into account. The table below shows the number of referrals AccentCare Home Health of Greenwood received from service area providers. These are patients who received care in Tennessee and returned home to Mississippi to receive home health care. In 2021, AccentCare Home Health of Greenwood received over 600 referrals from Memphis-area providers, as shown in the table below. AccentCare has established referral relationships with these providers that it can rely on when it enters the Tennessee portion of the Memphis service area.

**Memphis, Tennessee Providers' Referrals to AccentCare Home Health of Greenwood, 2021**

	<b>Home Health Referrals</b>
Baptist Memorial Hospital – Memphis	110
Baptist Memorial Hospital – Rehab – Germantown	29
Baptist Memorial Hospital For Women – Memphis	2
Encompass Health Rehabilitation Hospital – Memphis	55
Infusion Partners – Memphis – DME	1
Memphis Jewish Home & Rehab – Rehab	5
Memphis Jewish Home & Rehab – SNF	3
Memphis Jewish Home & Rehab ALF	6
Methodist Alliance Home Care	5
Methodist Hospital North - Memphis	9
Methodist Hospital South – Memphis	3
Methodist Lebonheur Childrens Hospital	6
Methodist Lebonheur Germantown Hospital	55
Methodist Rehabilitation Center	22
Methodist University Hospital – Memphis	52
Rainbow Health & Rehab of Memphis	1
Regional One Health Inpatient Rehab Hospital	9
Regional One Health Medical Center	62
Select Specialty Hospital- Memphis	6
Shelby Nursing And Rehab Center	4
St Francis Hospital – Bartlett	12
St Francis Hospital – Memphis	50
The Village at Germantown	6
VA Medical Center-Memphis	107
<b>Total</b>	<b>620</b>

*Source: AccentCare Internal Data*

As shown in Attachment 4N-2, thirty-four local healthcare providers Tennessee-based providers have expressed support for this project and have stated that they estimate collectively referring between over 1,000 patients to AccentCare West Tennessee. The utilization projections for the first two years of operations are reasonable and conservative in light of these referral sources, and consider that AccentCare West Tennessee will experience ramp up during its first years of operations as it establishes itself in the service area and that patients have a choice in the provider they choose for home health care.

As shown in the table below, the proposed service area counties' population account for 77 percent of the Memphis MSA population. Because such a large portion of the area's population is concentrated in these three counties, it is reasonable to expect these providers would refer a larger number of Tennessee patients to AccentCare than the number of Mississippi patients they currently refer to AccentCare Home Health of Greenwood. However, to be conservative, AccentCare West Tennessee has estimated it would receive approximately 56% of the referral volume from Memphis providers it currently receives in Mississippi in year one, and approximately 73 percent in the second year.

**Service Area and Memphis MSA Population, 2021**

	<b>2021 Population</b>
Memphis MSA	1,336,103
Shelby County	924,454
Fayette County	42,832
Tipton County	61,004
<i>Service Area Subtotal</i>	<i>1,028,290</i>
% of MSA Living in Service Area	77%

Sources: U.S. Census Bureau Quick Facts (July 2021 Population Estimates); U.S. Census Bureau Annual Estimates of the Resident Population for Metropolitan Statistical Areas in the United States and Puerto Rico: April 1, 2020 to July 1, 2021

*Recertification and Chargeable Episodes of Care*

Many home health patients receive more than one 60-day episode of care. When additional care is necessary after the patient's first 60 days, the patient's physician must recertify them for ongoing home health care. For purposes of this application, AccentCare West Tennessee relied on the historical experience at AccentCare Home Health Greenwood and assumed an average of 62 percent of patients would be recertified for an additional episode of care in the first year of operations. In the second year of operations, 162 percent of admissions were assumed to have recertification. This larger number accounts for patients who were admitted in the first year, but continue to have new episodes of care in the second year of operation, as well as newly admitted patients with multiple episodes of care. This calculation resulted in 567 chargeable episodes of care in the first year of operations and 1,179 in the second year.

*Total Visits*

AccentCare West Tennessee relied on the experience of AccentCare Home Health Greenwood's experience in the area adjacent to the proposed service area, and adopted an average of twelve visits (across all disciplines) per episode of care.

7N.

<u>CON Number</u>	<u>Project Name</u>	<u>Date Approved</u>	<u>Expiration Date</u>

- **Complete the above chart by entering information for each applicable outstanding CON by applicant or share common ownership; and**
- **Describe the current progress and status of each applicable outstanding CON and how the project relates to them.**

Not applicable. The Applicant has no other outstanding CON applications or projects. AccentCare plans to file a CON application for hospice services in the same service area in the future.

**CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION**

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area.

**1C. List all transfer agreements relevant to the proposed project.**

AccentCare West Tennessee has no transfer agreements in place, as it is a new provider.

**2C. List all commercial private insurance plans contracted or plan to be contracted by the applicant.**

AccentCare West Tennessee is a new provider with no existing contracts with commercial private insurance plans. However, AccentCare’s existing home health providers in Tennessee have contracts with commercial insurers, including Aetna, BlueCross BlueShield of Tennessee, CENTIPEDE Health Network, and MyNexus. AccentCare West Tennessee expects to contract with these and similar plans.

**3C. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.**

There are 34 home health agencies licensed to serve at least one of the three AccentCare West Tennessee service area counties. Four of the service area’s licensed home health agencies have 53 percent of the service area market share (Functional Independence Home Care, Methodist Alliance Home Care, Baptist Trinity Home Care, and Amedisys Home Health). This indicates a substantial number of home health agencies licensed to serve the area do not serve a large number of service area residents. The 2021 JAR data show only three home health providers serve over 100 Fayette County residents, nineteen serve over 100 Shelby County residents, and only six serve over 100 Tipton County residents.

Given the below-average home health use rates in the service area, an additional provider can reasonably be expected to have a positive impact on consumers' choice of services. AccentCare West Tennessee will provide specialty programming, including RightPath clinical programs, telehealth, a partnership with Sound Physicians for patients without a following physician, and AdvancedCare at Home, expanding the complement of services available to service area residents. Because the majority of home health patients are Medicare beneficiaries, and most others are TennCare beneficiaries or covered under a commercial insurance contract based on negotiated rates, AccentCare West Tennessee does not expect a new provider will have a substantial impact on charges for home health services.

**4C. Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.**

AccentCare West Tennessee will be staffed to meet State of Tennessee licensing requirements and the requirements of CMS and accrediting agencies. According to data from the Tennessee Board of Nursing, there were 109,446 active RN licenses and 29,778 active LPN licensees as of December 31, 2021.<sup>40</sup> AccentCare has experience recruiting and retaining high-quality staff through its two Tennessee home health agencies and its Mississippi home health agencies. As of December 31, 2021, AccentCare had over 160 home health employees and 16 corporate employees in Tennessee, and over 700 home health employees and 70 corporate employees in Mississippi. AccentCare West Tennessee will benefit from the network of staff and staff referral sources these agencies have developed. Because AccentCare Home Health Greenwood serves Mississippi counties contiguous to the proposed service area, it has existing staff who live in the greater Memphis area. These staff members can refer well-qualified individuals interested in working for AccentCare West Tennessee.

AccentCare West Tennessee will have a services agreement 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 Home Health Leadership

### Anna Loengard, MD – Chief Medical Officer

Dr. Loengard trained in internal medicine at Beth Israel Deaconess Medical Center at Harvard University and completed a geriatrics fellowship at the University of Arizona. After working for Mount Sinai Medical Center, she moved to St. Francis Healthcare System, where she focused on hospice, home health, and the design of their geriatric-focused campus in Honolulu. In November 2014 she joined the Queen's Clinically Integrated Physician Network, as their first Chief Medical Officer, adding overall administrative leadership as Executive Director in January 2016. In these roles, Dr. Loengard successfully led 300 primary care physicians and over 800 specialists in a pay-for-quality contract with the state's dominant payer, HMSA (Blue Cross/Blue Shield). With 200,000 commercial lives under contract, she built complex care coordination services and behavioral health integration, focused on patient education, and successfully bent the cost curve compared to other commercial lives in the state in just two years of operations. After the experience of caring for her father at end-of-life in 2020, she returned to her roots in healthcare and joined AccentCare as their CMO, leading the company's clinical

<sup>40</sup> Tennessee Board of Nursing, Annual Report, February 2022 (2021 data), <https://www.tn.gov/content/dam/tn/health/healthprofboards/nursing/reports/Nursing%20ED%20Annual%20Report%202022.pdf>.

support for hospice, home health, and personal care services programs across 31 states. Dr. Loengard has been on faculty with the Mount Sinai School of Medicine and the John A. Burns School of Medicine Departments of Geriatrics and has received numerous teaching awards. She was named the Healthcare Association of Hawaii's Physician of the Year for 2013.

[Dave Davis, RN-BC, CMGT-BC, BSN, MA, ACRN – VP of Clinical Integrity and Solutions](#)

Dave is a clinical specialist with ANCC Board Certification in Nursing Case Management, with emphasis in Community Health and Special Health Populations. He has 28 years of leadership experience in community and post-acute health care settings. His vision has actualized disease management program strategies in a variety of settings, including ambulatory health/rehab, home health, durable medical equipment, and hospice, with a focus on an integrated post-acute care continuum. He has engineered and implemented care redesign for Bundled Payment for Care Improvement (BPCI), with AccentCare as a Model 2 awardee convener, including development of the Transitional Care and Care Management products.

[Chris Dimos – Chief Operations Officer](#)

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

[Angela Steventon – SVP/GM National Home Health Operations](#)

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

## **AccentCare Executive Leadership**

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

[Stephan S. Rodgers – Chief Executive Officer](#)

Stephan is the Chief Executive Officer of AccentCare Inc. He has over 25 years of healthcare experience, including home care, insurance, consulting, and employee benefits. Before joining AccentCare, Stephan was CEO of OptumHealth Collaborative Care, a division of UnitedHealth Group, which owns, manages, and provides administrative and technology services to healthcare delivery systems. Earlier in his career, he was a healthcare executive at General Electric Company,

responsible for purchasing healthcare benefits. Stephan holds a Bachelor of Arts in Biochemistry from the University of California, Berkeley.

#### Ryan Solomon – Chief Financial Officer

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

#### Katy Black – Chief of Staff

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

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

Rafael joined AccentCare in 2001. He develops the infrastructure for culture and inclusion under the Employee Experience function and enhances the Health Equity and Access vision for the company. Rafael is a certified Corporate Citizenship Executive from the Boston College Carroll School of Management and a certified Executive on Corporate Governance by the Harvard Business School and has an executive master's in leadership from the McDonough School of Business at Georgetown University. Rafael was born and raised in Puerto Rico and lives in Pennsylvania with his wife and two daughters. Before joining AccentCare, Rafael was IKEA North America's first Country Equality, Diversity, and Inclusion Officer. He also worked as the President and Chief Executive Officer of the National Puerto Rican Coalition, a national Hispanic nonpartisan, nonprofit civil rights organization.

## Accreditation

AccentCare home health programs seek accreditation and maintain certifications to improve quality through additional education and implementation of best practices. Pursuant to Rules of the Health Services Development Agency, §0720-12-.08, AccentCare West Tennessee will report its accreditation status and deeming body within two years of licensure. AccentCare West Tennessee will obtain these certifications:

- Accreditation by **CHAP**
- Platinum certification by Services and Advocacy for Gay Elders (SAGE)
- Adherence to AccentCare's **National Ethics Committee**, following guidelines for promotions and publications in exercising the widest influence for good in daily service provision
- Adherence to the **Centers for Medicare and Medicaid Services' (CMS)** operating and reporting requirements
- Accreditation by the **American Nurses Credentialing Center** to provide continuing education for nurses
- Accreditation by the **Association of Social Work Boards** to provide continuing education for social workers
- Contract with Veteran's Affairs to provide skilled care/long term services and support to veterans.



- 5C. Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.**

The proposed project will be licensed by the Department of Health as a home care organization providing home health services. AccentCare West Tennessee will comply with all relevant licensure rules and requirements, as set forth in *Chapter 1200-08-26 Standards for Homecare Organizations Providing Home Health Services*. The proposed project will also be Medicare certified and will participate in Medicaid.



6C. See INSTRUCTIONS to assist in completing the following tables.

**HISTORICAL DATA CHART**

- Project Only  
 Total Facility

Give information for the last *three (3)* years for which complete data are available for the facility or agency. **Not applicable.**

	Year _____	Year _____	Year _____
A. Utilization Data			
Specify Unit of Measure _____	_____	_____	_____
B. Revenue from Services to Patients			
1. Inpatient Services	\$ _____	\$ _____	\$ _____
2. Outpatient Services	_____	_____	_____
3. Emergency Services	_____	_____	_____
4. Other Operating Revenue (Specify) _____	_____	_____	_____
<b>Gross Operating Revenue</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$ _____	\$ _____	\$ _____
2. Provision for Charity Care	_____	_____	_____
3. Provisions for Bad Debt	_____	_____	_____
<b>Total Deductions</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>NET OPERATING REVENUE</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**PROJECTED DATA CHART**

- Project Only  
 Total Facility

Give information for the two (2) years following the completion of this proposal.

	YE Feb 29, 2024	YE Feb 28, 2025
A. Utilization Data		
Specify Unit of Measure <u>Home Health Visits</u>	<u>6,804</u>	<u>14,148</u>
B. Revenue from Services to Patients		
1. Inpatient Services	\$ _____	\$ _____
2. Outpatient Services	_____	_____
3. Emergency Services	_____	_____
4. Other Operating Revenue (Specify) <u>Home Health Visits</u>	<u>\$1,830,786</u>	<u>\$3,921,079</u>
<b>Gross Operating Revenue</b>	<b>\$ <u>1,830,786</u></b>	<b>\$ <u>3,921,079</u></b>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$ <u>301,835</u>	\$ <u>660,472</u>
2. Provision for Charity Care	<u>\$18,308</u>	<u>\$ 39,211</u>
3. Provisions for Bad Debt	<u>\$13,507</u>	<u>\$28,929</u>
<b>Total Deductions</b>	<b>\$ <u>333,650</u></b>	<b>\$ <u>728,612</u></b>
<b>NET OPERATING REVENUE</b>	<b>\$ <u>1,497,136</u></b>	<b>\$ <u>3,192,466</u></b>

**7C. Please identify the project’s average gross charge, average deduction from operating revenue, and average net charge using information from the Historical and Projected Data Charts of the proposed project.**

**Project Only Chart**

	Previous Year to Most Recent Year Year ____	Most Recent Year Year ____	Year One Year Ending February 2024	Year Two Year Ending February 2025	% Change (Current Year to Year 2)
<b>Gross Charge</b> ( <i>Gross Operating Revenue/Utilization Data</i> )			\$269.07	\$277.15	3.0%
<b>Deduction from Revenue</b> ( <i>Total Deductions/Utilization Data</i> )			\$49.04	\$51.50	5.0%
<b>Average Net Charge</b> ( <i>Net Operating Revenue/Utilization Data</i> )			\$220.04	\$225.65	2.5%

**8C. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.**

The table below shows AccentCare West Tennessee’s proposed charges per visit, by visit type for the first two years of operations. These rates are based on AccentCare Home Health of Tennessee’s charges, increased to account for inflation between the reported 2021 charges and the proposed project’s first year of operations.

The anticipated net operating revenue for the project is \$1,497,136 in the first year of operation and \$3,192,466 in the second year of operation. The project is not anticipated to have any material impact on charges for home health services in the service area.

**Average Charge per Visit, Direct and Indirect**

Type of Care	Year 1 Charge	Year 2 Charge
Skilled Nursing	\$ 265.00	\$ 273.00
Physical Therapy	\$ 283.00	\$ 291.00
Occupational Therapy	\$ 291.00	\$ 300.00
Speech Therapy	\$ 291.00	\$ 300.00
Medical Social Services	\$ 308.00	\$ 317.00
Home Health Aide	\$ 185.00	\$ 191.00
Infusion Services (Nursing)	\$ 265.00	\$ 273.00

**9C. Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas, or to proposed charges of recently approved Certificates of Need.**

The following tables show the reported charges by home health providers in the service area, according to data from the 2021 JAR Masterfile. These summaries include direct charges only, combined direct and indirect charges, and other applicable charges (e.g., charge per episode or hourly charges). Note the following six home health agencies licensed in at

least one of the service area counties did not submit charge information in the 2021 JAR report: Advanced Nursing Solutions, Best Nurses Inc., Coram CVS Specialty Infusion Service, Optum Infusion Services, Optum Womens and Childrens Health, and Vanderbilt HC Option Care.

**2021 Provider Charges by Service Type – Direct Only**

Home Health Agency	Home Health Aide	Medical Social Services	Occupational Therapy	Physical Therapy	Skilled Nursing	Infusion: Pain	Infusion: Other	Speech Therapy
AbilisHealth Brownsville, LLC	\$83	\$322	\$235	\$235	\$165			
Adoration Home Health Care, LLC	\$150	\$150	\$150	\$150	\$150			\$150
Adoration Home Health Care of West Tennessee	\$150	\$150	\$150	\$150	\$150			\$150
Amedisys Home Care	\$19	\$63	\$108	\$152	\$61			\$83
Amedisys Home Health	\$25	\$66	\$108	\$134	\$59			\$95
Amedisys Home Health Care - Madison	\$20	\$86	\$118	\$183	\$45			\$88
Amedisys Home Health Care - Shelby	\$19	\$104	\$130	\$160	\$56			\$86
Americare Home Health Agency Inc.	\$80	\$245	\$168	\$167	\$153			\$181
Baptist Trinity Home Care	\$23	\$141	\$67	\$72	\$55			\$122
Extended Health Care Inc. <sup>+</sup>	\$65		\$150	\$157	\$145			\$150
Extencicare Home Health of West Tennessee	\$28	\$70	\$68	\$68	\$44			\$125
Home Care Solutions – Davidson		\$81	\$68	\$62	\$46			\$119
Homechoice Health Services	\$29	\$92	\$56	\$70	\$50			\$103
Implanted Pump Management, LLC						\$150	\$150	
Intrepid USA Healthcare Services - Madison	\$22	\$125	\$105	\$107	\$46			\$106
Meritan	\$100	\$250	\$250	\$250	\$200			\$250
Methodist Alliance Home Care	\$125	\$400	\$325	\$325	\$300	\$300	\$300	\$350
NHC Homecare	\$95	\$195	\$225	\$225	\$175			\$225
Pentec Health Inc.					\$271			
Still Waters Home Health Agency	\$75	\$250	\$155	\$155	\$150			\$180
Tennessee Quality Homecare-Southwest	\$92	\$82	\$103	\$90	\$53			\$102
Where The Heart Is Inc.	\$57		\$97	\$98	\$102			\$137
Willowbrook Visiting Nurse Association Inc.	\$70	\$210	\$180	\$180	\$175			\$180

Source: 2021 JAR reports.

<sup>+</sup> The licensure documentation does not show Quality Home Health and Extended Health Care Inc. as separate entities. However, in the 2021 Joint Annual Report data, these two entities reported separately.

**2021 Provider Charges by Service Type – Direct and Indirect**

Home Health Agency	Home Health Aide	Medical Social Services	Occupational Therapy	Physical Therapy	Skilled Nursing	Speech Therapy
Baptist Trinity Home Care	\$62	\$375	\$178	\$191	\$146	\$326
Extended Health Care Inc.	\$65		\$150	\$157	\$145	\$150
Extendicare Home Health of West Tennessee	\$66	\$166	\$161	\$161	\$105	\$298
Functional Independence Home Care Inc.	\$32	\$200	\$160	\$160	\$155	\$160
Guardian Home Care, LLC	\$175	\$291	\$275	\$267	\$250	\$275
Guardian Home Care of Nashville		\$291	\$275	\$269	\$250	\$275
Home Care Solutions - Davidson		\$189	\$158	\$146	\$107	\$279
Homechoice Health Services	\$84	\$270	\$164	\$205	\$146	\$299
Intrepid USA Healthcare Services - Shelby	\$26	\$99	\$147	\$135	\$81	\$120
Meritan	\$100	\$250	\$250	\$250	\$200	\$250
Pentec Health Inc.					\$271	
Quality Home Health Services <sup>+</sup>	\$100	\$250	\$200	\$200	\$200	\$200

Source: 2021 JAR reports.

<sup>+</sup> The licensure documentation does not show Quality Home Health and Extended Health Care Inc. as separate entities. However, in the 2021 Joint Annual Report data, these two entities reported separately.

**2021 Provider Charges by Service Type – Other Charge Metrics**

Home Health Agency	Home Health Aide	Homemaker Services	Medical Social Services	Skilled Nursing	Infusion: Pain	Infusion: Other	Speech Therapy
AbilisHealth Brownsville							\$150**
Accredo Health Group Inc.						\$75**	
Elk Valley Health Services, LLC	\$40*			\$79*			
Maxim Healthcare Services - Shelby	\$22**			\$44**			
No Place Like Home Inc.	\$35**			\$55**			
Quality Home Health Services <sup>+</sup>		\$25**					

Source: 2021 JAR reports.

\* Elk Valley Health Services reported the average charge per visit.

\*\* Other home health agencies reported the average charge per hour.

<sup>+</sup> The licensure documentation does not show Quality Home Health and Extended Health Care Inc. as separate entities. However, in the 2021 Joint Annual Report data, these two entities reported separately.

**If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).**

Not applicable. Medicare pays home health providers a predetermined payment rate for a 30-day period of home health care. The payments reflect differences in patient case mix and the geographical area where services are delivered.

**10C. Discuss the project's participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be**

served by the project. Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.

AccentCare West Tennessee will serve Medicare, TennCare, and medically indigent patients. Please see the chart below.

**Applicant's Projected Payor Mix  
Project Only Chart**

Payor Source	Year 1		Year 2	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	\$1,464,629	80.00%	\$3,136,863	80.00%
TennCare/Medicaid	\$36,616	2.00%	\$78,422	2.00%
Commercial/Other Managed Care	\$292,926	16.00%	\$627,373	16.00%
Self-Pay	\$36,616	2.00%	\$78,422	2.00%
Other (Specify) _____				
Total*	\$1,830,786	100.00%	\$3,921,079	100.00%
Charity Care	\$18,308		\$39,211	

*\*Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

**QUALITY STANDARDS**

**1Q. Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.**

The Applicant will submit an annual Quality Measure report when due.

**2Q. The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.**

- **Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application?**

The Applicant commits to maintaining the staffing comparable to the staffing chart in its CON application.

- **Does the applicant commit to obtaining and maintaining all applicable state licenses in good standing?**

The Applicant commits to obtaining and maintaining all applicable state licenses in good standing.

- **Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?**

The Applicant commits to obtaining and maintaining TennCare and Medicare certifications.

**3Q. Please complete the chart below on accreditation, certification, and licensure plans. Note: if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.**

<b>Credential</b>	<b>Agency</b>	<b>Status (Active or Will Apply)</b>	<b>Provider Number or Certification Type</b>
Licensure	<input checked="" type="checkbox"/> Health <input type="checkbox"/> Intellectual & Developmental Disabilities <input type="checkbox"/> Mental Health & Substance Abuse Services	Will apply	
Certification	<input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> TennCare/Medicaid <input type="checkbox"/> Other: _____	Will apply	
Accreditation(s)	<input checked="" type="checkbox"/> CHAP <input checked="" type="checkbox"/> Services and Advocacy for Gay Elders (SAGE) <input checked="" type="checkbox"/> Veterans Affairs (VA) Contract	Will apply Will apply Will Apply	

**4Q. If checked "TennCare/Medicaid" box, please list all Managed Care Organization's currently or will be contracted.**

The Applicant is a new entity, with no existing contracts with Managed Care Organizations. AccentCare West Tennessee has contacted TennCare MCOs for West Tennessee and has received confirmation from UnitedHealthcare Community Plan that their panel is open for new home health providers. TennCare Select and BlueCare are not accepting additional

home health agencies at this time. The Applicant contacted Amerigroup but has not yet received a response. AccentCare West Tennessee plans to contract with this/these and other TennCare MCOs.

**5Q. Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?**

Yes       No

**6Q. For an existing healthcare institution applying for a CON:**

- **Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future.**
- **Has the entity been decertified within the prior three years? If yes, please explain in detail. (This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility.)**

Not applicable. The Applicant is not an existing healthcare institution.

**7Q. Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.**

**Has any of the following:**

- **Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);**
- **Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or**

**Been subject to any of the following:**

- **Final Order or Judgement in a state licensure action;**

No.

- **Criminal fines in cases involving a Federal or State health care offense;**

No.

- **Civil monetary penalties in cases involving a Federal or State health care offense;**

Yes. See below and Attachment 7Q.

**AccentCare Entity Civil Monetary Penalty Incidents**

<b>Entity</b>	<b>Date of the Action</b>
Seasons Hospice & Palliative Care of Texas Inc.	10/11/2018
Seasons Hospice & Palliative Care of Texas - Houston, LLC	2/19/2019
Seasons Hospice & Palliative Care of Texas - Houston, LLC	10/25/2018
Seasons Hospice & Palliative Care of Wisconsin Inc.	10/8/2020
Texas Home Health Hospice, LP	1/19/2022

- **Administrative monetary penalties in cases involving a Federal or State health care offense;**

No.

- **Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services;**

No.

- **Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or**

Yes. SE Health Care at Home, LLC, had its Medicare agreement terminated effective November 30, 2021, but an appeal has been filed and is pending. This provider is owned by AccentCare Inc. after undergoing a Change of Ownership on June 15, 2021. Before AccentCare's ownership, it underwent a previous Change of Ownership effective March 5, 2021. While AccentCare and the provider were preparing a unified strategy among the provider and its new affiliates to provide home health services in Southeastern Pennsylvania and a review of corresponding office locations, the provider did not accept new patients. This led to the premature termination of the Medicare agreement, now under appeal.

- **Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.**

No.

**8Q. Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.**

Please see the table below. There is no current staffing, as AccentCare West Tennessee is a new provider.



<b>Position Classification</b>	<b>Existing FTEs (enter year)</b>	<b>Projected FTEs Year 1</b>
<b>A. Direct Patient Care Positions</b>		
<i>Social Worker</i>		1.00
<i>Home Health Aide</i>		1.00
<i>RN Case Mgr</i>		2.70
<i>OT</i>		1.00
<i>PT</i>		1.00
<i>RN Psych</i>		1.00
<i>Speech</i>		1.00
<i>PTA</i>		1.00
<b>Total Direct Patient Care Positions</b>		9.70

<b>B. Non-Patient Care Positions</b>		
<i>Executive Director</i>		1.00
<i>Business Office</i>		2.00
<i>Admitting</i>		1.00
<i>Other</i>		1.00
<b>Total Non-Patient Care Positions</b>		5.00
<b>Total Employees (A+B)</b>		14.70
<b>C. Contractual Staff</b>		
<b>Total Staff (A+B+C)</b>		14.70

### DEVELOPMENT SCHEDULE

TCA §68-11-1609(c) provides that activity authorized by a Certificate of Need is valid for a period not to exceed three (3) years (for hospital and nursing home projects) or two (2) years (for all other projects) from the date of its issuance and after such time authorization expires; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificate of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A certificate of Need authorization which has been extended shall expire at the end of the extended time period. The decision whether to grant an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

- Complete the Project Completion Forecast Chart below. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
- If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the “good cause” for such an extension.

### PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HSDA action on the date listed in Item 1 below, indicate the number of days from the HSDA decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date (Month/Year)
1. Initial HSDA Decision Date		May 2022
2. Building Construction Commenced		N/A
3. Construction 100% Complete (Approval for Occupancy)**	245	January 2023
4. Issuance of License	304	March 2023
5. Issuance of Service	304	March 2023
6. Final Project Report Form Submitted (Form HR0055)	365	May 2023

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

\*\*Note: There is no construction involved in this project. There will be renovations in the space, which is the date shown in this table. The renovation itself will not take 245 days, but will not commence immediately upon CON approval.

**AFFIDAVIT**

STATE OF Florida

COUNTY OF Hillsborough

Russell Hilliard, being first duly sworn, says that he is the applicant named in this application or its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and TCA §68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

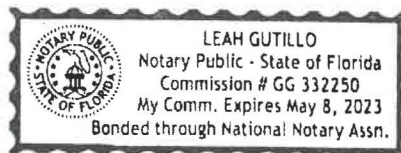
*Russell Hilliard*  
SIGNATURE/TITLE

Sworn to and subscribed before me this 29<sup>th</sup> day of March, 2022 a Notary  
(Month) (Year)

Public in and for the County/State of Florida.

*Leah Gutillo*  
NOTARY PUBLIC

My commission expires May 8, 2023.  
(Month/Day) (Year)



**AccentCare West Tennessee Attachments to CON**

<b>Attachment Number</b>	<b>Description</b>
3A	Proof of Publication
7A	Applicant Legal Status
7A-2	AccentCare Providers
8A	Management Agreement
9A	Lease
10A	Floor Plan
11A	Public Transportation Route
1E	Home Care Organizations List of Counties
1E-2	AccentCare West Tennessee Home Health Programs
1E-3	AccentCare Special Programs Brochures
4E	Calculation of Building's Assessed Value
1N	Criteria and Standards
1N-1	Medicare Home Health Use Rates 2020, US States
1N-2	2020 JAR Use Rate Table
1N-3	2021 JAR Use Rate Table
1N-4	2021 JAR Use Rate Table 65+
1N-5	Table Listing All Providers Licensed to Serve Service Area
1N-6	AccentCare Quality of Care Policies
2N	Service Area Map
4N	Mental Health and Substance Abuse Fact Sheet
4N-2	Letters of Support
7Q	Information on Civil Monetary Penalties

**Attachment 3A**  
**Proof of Publication**

# March brings feel of good ol' days

## Eddie Pells

and other regulations and legislation governing waste fires in the State of Arkansas. Written proposals must be received by CCRSWMD no later than 10:00 am on March 22, 2022. Contact Robert Hendrix for additional information and a copy of the Request for proposals Package: CCRSWMD, PO Box 16777, Jonesboro, AR 72403 Phone: 870-972-6353; Fax #870-972-0495.

FINDING WORK  
SHOULDN'T BE WORK.

jobs. ZipRecruiter

Get started by visiting  
jobs.commercialappeal.com

jobs. ZipRecruiter  
Get started by visiting  
jobs.commercialappeal.com

vaughn@901-374-9400 or  
vaughn@montgomerymartin.com to gain access to the bid documents and learn how to pre-qualify.

### NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that AccentCare Home Health of West Tennessee, owned by AccentCare Home Health of West Tennessee, LLC with an ownership type of Limited Liability Company and to be managed by AccentCare, Inc. intends to file an application for a Certificate of Need to establish a new home care organization to initiate and provide home health services in Shelby, Fayette and Tipton counties. The new home health organization's office will be located at 855 Ridge Lake Boulevard, Suite 604, Memphis, Tennessee, 38120. The project costs are estimated to be approximately \$317,508.

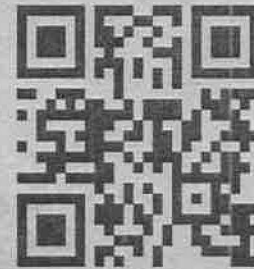
The anticipated date of filing the application is on or before April 1, 2022.

The contact person for this project is Russell Hilliard, Senior Vice President of Market Expansion Initiatives who may be reached at AccentCare 6400 Shafer Court, Suite 700, Rosemont, IL 60018, 954-952-6194.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for a hearing should be sent to:

Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

(A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at prior to the consideration of the application by the Agency.



Scan & Find Your  
Dream Job, Now!

Plus, learn tips and tricks on how to get started on your job search journey, or visit:

Localiq.com/recruitment/job-seekers-search

LOCALIQ RECRUITMENT

## PEANUTS By Charles M. Schulz



## CRANKSHAFT By Tom Batiuk & Chuck Ayers



## FRANK & ERNEST By Bob Thaves



## BORN LOSER By Art and Chip Sansom



## Public Notices

public notices/legals email: [legals@commercialappeal.com](mailto:legals@commercialappeal.com)  
or call: 901.529.2211

Your Source

**Public Notices**

for the latest...

**Legal Notices**

### REQUEST FOR PROPOSALS FOR WASTE TIRE DISPOSAL

Craighead County Regional Solid Waste Management District is soliciting proposals for disposal of waste tires collected in Craighead County, as provided by AE&E-DEQ Rule 36, "Tire Accountability Program", and other subsequent regulations and legislation governing waste tires in the State of Arkansas. Written proposals must be received by CCRSWMD no later than 10:00 am on March 22, 2022. Contact Robert Hendrix for additional information and a copy of the Request for proposals. Package: CCRSWMD, PO Box 16777, Jonesboro, AR 72403 Phone: 870-972-6353; Fax #870-972-0495.

FINDING WORK  
SHOULDN'T BE WORK.

**jobs.** ZipRecruiter

Get started by visiting  
[jobs.commercialappeal.com](http://jobs.commercialappeal.com)

**Notices**

Seeking Title for a  
\*\*\* (Year, make, model)  
2004 Ford F-150  
VIN: \*\*\*  
1FTPW14524KC14927  
Anyone with interest in this  
vehicle contact: Everis  
Bean, 2325 Riley Ave, Mem-  
phis, TN 38114 within ten  
(10) business days of this  
notice by certified mail, re-  
turn receipt requested.

FINDING WORK  
SHOULDN'T BE WORK.

**jobs.** ZipRecruiter

Get started by visiting  
[jobs.commercialappeal.com](http://jobs.commercialappeal.com)

**Public Notices**

Montgomery Martin Contractors is requesting quotes on bid packages for the Gaston Community Center Renovation project. This is a 22,392 SF building at 1046 S Third St. Memphis, TN 38106. There will be a nonmandatory, pre-bid meeting, onsite, March 29, 2022 at 2pm. The bid date is April 12, 2022 at 2pm. Bid forms and associated documents can be emailed to [bs@montgomerymartin.com](mailto:bs@montgomerymartin.com) or delivered to 8245 Tournament Drive, Suite 300. Please contact James Vaughn @ 901-374-9400 or [jvaughn@montgomerymartin.com](mailto:jvaughn@montgomerymartin.com) to gain access to the bid documents and learn how to pre-qualify.

#### NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that AccentCare Home Health of West Tennessee, owned by AccentCare Home Health of West Tennessee, LLC with an ownership type of Limited Liability Company and to be managed by AccentCare, Inc. intends to file an application for a Certificate of Need to establish a new home care organization to initiate and provide home health services in Shelby, Fayette and Tipton counties. The new home health organization's office will be located at 855 Ridge Lake Boulevard, Suite 004, Memphis, Tennessee, 38120. The project costs are estimated to be approximately \$317,508.

The anticipated date of filing the application is on or before April 1, 2022.

The contact person for this project is Russell Hilliard, Senior Vice President of Market Expansion Initiatives who may be reached at AccentCare 6400 Shafer Court, Suite 700, Rosemont, IL 60018, 954-952-6194.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for a hearing should be sent to:

Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

(A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at prior to the consideration of the application by the Agency.

**PEANUTS** By Charles M. Schulz

Final Publication Date

3/15/2022

City

Austin

Ad Number

GCI0845497

State

TX

Publication

Memphis Commercial Appeal

ZIP Code

78761-4464

Market

Memphis

Your Name

Jennifer DeWitt

Delivery Method

Both

Email Address

jldewitt@gannett.com

Number of Affidavits Needed

1

Customer Email

dschaeffer@rpcconsulting.com

Customer Name

Research and Planning Consultants, LP

Customer Phone Number

(512) 371-8000

Customer Address

Po Box 14464

Austin, TX 78761-4464

Account Number (If Known)

AP-723727

Name

Darcy Schaeffer

Street

Po Box 14464



**commercial appeal**  
PART OF THE USA TODAY NETWORK

RESEARCH & PLANNING CONSULTANTS LP  
PO BOX 14464  
AUSTIN, TX 78761  
ATTN DARCY SCHAEFFER

**Affidavit of Publication**

Personally appeared before me, a Notary Public, of MEMPHIS PUBLISHING COMPANY, a corporation, publishers of The Commercial Appeal, morning and Sunday paper, published in Memphis, Tennessee, who makes oath in due form of law, that he is Legal Clerk of the said Memphis Publishing Company, and that the accompanying and hereto attached notice was published in the following edition of The Commercial Appeal to-wit:

**3/15/2022**



\_\_\_\_\_  
Subscribe and sworn to before me this 15th day of March, 2022



Notary Public, State of Wisconsin, County of Brown

My commission expires: **5.15.23**

Ad Number: GCI0845497

NANCY HEYRMAN  
Notary Public  
State of Wisconsin

**NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that AccentCare Home Health of West Tennessee, owned by AccentCare Home Health of West Tennessee, LLC with an ownership type of Limited Liability Company and to be managed by AccentCare, Inc. intends to file an application for a Certificate of Need to establish a new home care organization to initiate and provide home health services in Shelby, Fayette and Tipton counties. The new home health organization's office will be located at 855 Ridge Lake Boulevard, Suite 604, Memphis, Tennessee, 38120. The project costs are estimated to be approximately \$317,508.

The anticipated date of filing the application is on or before April 1, 2022.

The contact person for this project is Russell Hilliard, Senior Vice President of Market Expansion Initiatives who may be reached at AccentCare 6400 Shafer Court, Suite 700, Rosemont, IL 60018, 954-952-6194.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for a hearing should be sent to:

Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

(A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at prior to the consideration of the application by the Agency.

**Attachment 7A**  
**Applicant Legal Status**



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

AccentCare Home Health of West Tennessee, LLC  
STE 200  
17855 DALLAS PKWY  
DALLAS, TX 75287-6857

March 7, 2022

### Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

<b>SOS Control # :</b>	<b>001291948</b>	Formation Locale:	TENNESSEE
Filing Type:	Limited Liability Company - Domestic	Date Formed:	03/07/2022
Filing Date:	03/07/2022 3:58 PM	Fiscal Year Close:	12
Status:	Active	Annual Report Due:	04/01/2023
Duration Term:	Perpetual	Image # :	B1174-5217
Managed By:	Member Managed		

#### Document Receipt

Receipt # : 006989906	Filing Fee:	\$300.00
Payment-Credit Card - State Payment Center - CC #: 3824852200		\$300.00

**Registered Agent Address:**  
C T CORPORATION SYSTEM  
300 MONTVUE RD  
KNOXVILLE, TN 37919-5546

**Principal Address:**  
STE 200  
17855 DALLAS PKWY  
DALLAS, TX 75287-6857

Congratulations on the successful filing of your **Articles of Organization** for **AccentCare Home Health of West Tennessee, LLC** in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Please visit the Tennessee Department of Revenue website ([www.tn.gov/revenue](http://www.tn.gov/revenue)) to determine your online tax registration requirements. If you need to obtain a Certificate of Existence for this entity, you can request, pay for, and receive it from our website.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

Tre Hargett  
Secretary of State





ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

SS-4270



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286
Filing Fee: \$50.00 per member
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only
-FILED-
Control # 001291948

The name of the Limited Liability Company is: AccentCare Home Health of West Tennessee, LLC

11. The complete mailing address of the entity (if different from the principal office) is:

STE 200
17855 DALLAS PKWY
DALLAS, TX 75287-6857

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.
Licensed Profession:

14. Series LLC (optional)

I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)

This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)
I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:

This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions:

Electronic
Signature

Charles E Pierce
Printed Name

Incorporator

Title/Signer's Capacity

Mar 7, 2022 3:58PM

Date

Vertical text on the right edge of the page.



Tre Hargett  
Secretary of State

Division of Business Services  
Department of State  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

DARCY SCHAEFFER  
170  
6300 LACALMA DR  
AUSTIN, TX 78752

March 11, 2022

Request Type: Certificate of Existence/Authorization  
Request #: 0465062

Issuance Date: 03/11/2022  
Copies Requested: 1

Document Receipt

Receipt #: 007011242 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3825129274 \$20.00

Regarding: AccentCare Home Health of West Tennessee, LLC  
Filing Type: Limited Liability Company - Domestic Control #: 1291948  
Formation/Qualification Date: 03/07/2022 Date Formed: 03/07/2022  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Perpetual Inactive Date:  
Business County:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

AccentCare Home Health of West Tennessee, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 052364124

**Attachment 7A-2**  
**AccentCare Providers**



<b>AccentCare Providers</b>			
<b>Legal Entity</b>	<b>Service</b>	<b>Office Address</b>	<b>Medicare #</b>
AccentCare at Home, Inc.	PCS	4001 N 3rd St, STE 410 Phoenix, AZ 85012	
AccentCare at Home, Inc.	PCS	3050 Navajo Dr, STE 110 Prescott Valley, AZ 86314	
AccentCare at Home, Inc.	PCS	1308 N Stockton Hill Rd, STE C Kingman, AZ 86401	
AccentCare at Home, Inc.	PCS	60 S White Mountain, STE B Show Low, AZ 85901	
AccentCare at Home, Inc.	PCS	500 E Fry Blvd, STE L-7 Sierra Vista, AZ 85635	
AccentCare at Home, Inc.	PCS	5151 E Broadway Blvd, STE 1510 Tuscon, AZ 85711	
AccentCare at Home, Inc.	PCS	2340 W 24th St., STE B Yuma, AZ 85367	
Seasons Hospice & Palliative Care of Arizona, LLC	Hospice	1144 E Jefferson Street, Phoenix, AZ 85034	03-1603
AccentCare Home Health at UCSD Health, LLC	Home Health	5060 Shoreham Place, STE 220 San Diego, CA 92122-5977	05-3172
AccentCare Home Health of California, Inc.	Home Health	5050 Murphy Canyon Rd, STE 200 San Diego, CA 92123-4441	05-7564
AccentCare Home Health of California, Inc.	MHC	5050 Murphy Canyon Rd, STE 201 San Diego, CA 92123-4441	57-7761
AccentCare Home Health of California, Inc.	Home Health	2344 S 2nd, Suite A El Centro, CA 92243-5606	55-7425
AccentCare Home Health of California, Inc.	MHC	2300 Contra Costa Blvd, STE 240 Pleasant Hill, CA 94523-3918	N/A
AccentCare Home Health of California, Inc.	Home Health	1455 S Auto Center Drive, STE 150 Ontario. CA 91761-2239	05-7678
AccentCare Home Health of California, Inc.	Home Health	3636 Birch Street, STE 195 Newport Beach, CA 92660-2644	05-7573

AccentCare Home Health of California, Inc.	MHC	15455 San Fernando Mission Blvd., STE C400 Mission Hills, CA 91345-1300	Pending
AccentCare Home Health of California, Inc.	Home Health	3170 Crow Canyon Place, STE 270 San Ramon, CA 94583-1160	05-7517
AccentCare Home Health of California, Inc.	Home Health	2590 Goodwater Ave., STE 100 Redding, CA 96002-1550	55-7273
AccentCare Home Health of California, Inc.	MHC	2934 E Garvey Ave S, STE 210 West Covina, CA 91791-2190	55-9018
AccentCare Home Health of California, Inc.	Home Health	2880 Sunrise Blvd Ste 218 Rancho Cordova. CA 95742-6501	55-7253
AccentCare Home Health of California, Inc.	Hospice	2344 S 2nd, Suite B El Centro, CA 92243-5606	92-1522
AccentCare of California, Inc.	PCS	1470 Civic Court, STE 300 Concord, CA 94520-5290	
AccentCare of California, Inc.	PCS	2500 E Colorado Blvd, STE 301 Pasadena, CA 91107-6616	
AccentCare of California, Inc.	PCS	23725 Birtcher Dr, STE 150 Lake Forest, CA 92630	
AccentCare of California, Inc.	PCS	6840 Indiana Ave, STE 100 Riverside, CA 92506-4298	
AccentCare of California, Inc.	PCS	1451 River Park Drive, STE 150 Sacramento, CA 95815-4507	
AccentCare of California, Inc.	PCS	1301 Redwood Way, STE 240 Petaluma, CA 94954-1107	
AccentCare of California, Inc.	PCS	411 Camino Del Rio S, STE 302 San Diego, CA 92108-3530	
AccentCare UCLA Health, LLC	Home Health	9221 Corbin Ave, STE160 Northridge, CA 91324-1659	05-7761
Seasons Hospice & Palliative Care of California -Oakland, LLC	Hospice	7677 Oakport Street, Suite 500, Oakland, CA 94621-1931	A0-1539
Seasons Hospice & Palliative Care of California -Orange, LLC	Hospice	750 The City Dr South, Ste 120 Orange, CA 92868	05-1603
Seasons Hospice & Palliative Care of California -Sacramento, LLC	Hospice	2295 Gateway Oaks Dr, Ste 165 Sacramento, CA 95833	92-1743

Seasons Hospice & Palliative Care of California -San Bernardino, LLC	Hospice	3110 E Guasti Rd, STE 315 Ontario, CA 91761	55-1621
Seasons Hospice & Palliative Care of California -San Diego, LLC	Hospice	16745 West Bernardo Dr, Ste 240 San Diego, CA 92127	55-1550
Seasons Hospice & Palliative Care of California, LLC	Hospice	320 W Arden Ave, Ste 100 Glendale, CA 91203	05-1790
Seasons Hospice & Palliative Care of Northern California, LLC	Hospice	400 Race St, Ste 101 San Jose, CA 95126	55-1750
AccentCare Home Health of Mountain Valley, LLC	Home Health	2460 W 26th Ave, STE C-185 Denver, CO 80211-5331	06-7445
AccentCare Home Health of Mountain Valley, LLC	Hospice	4065 St. Cloud, STE 200 Loveland, CO 80538	06-1560
Seasons Hospice & Palliative Care of Colorado, LLC	Hospice	9191 Sheridan Blvd, Ste 103 Westminster, CO 80031	06-1593
Seasons Hospice & Palliative Care of Connecticut, LLC DBA: AccentCare Hospice & Palliative Care of Connecticut	Hospice	1579 Straits Turnpike, Ste 1E Middlebury, CT 06762	07-1539
Seasons Hospice & Palliative Care of Washington DC, LLC	Hospice	3451 Benning Road NE Washington DC 20019-1504	Pending
Seasons Hospice & Palliative Care of Delaware, LLC DBA: ChristianaCare-AccentCare Hospice & Palliative Care of	Hospice	220 Continental Dr, Ste 407 Newark, DE 19713	08-1508
Aloha Home Care LLC dba-AccentCare Home Health of Melbourne	Home Health	548 NW University Blvd Suite 101, Port St Lucie, FL 34986	10-8134
Doctors Choice Jacksonville LLC dba AccentCare Home Health of Jacksonville	Home Health	1542 Kingsley Ave. Ste 131/132 Orange Park, FL 32073	10-7725
Halifax Health Services, LLC dba Accentcare Home Health of Daytona	Home Health	1200 West Granada Blvd, Ste 4 Ormond Beach, FL 32174	10-8284
Oahu, Home Care LLC dba AccentCare Home Health of Port Saint Lucie	Home Health	2401 W. Eau Galle Blvd #6, Melbourne, FL 32935 (12/15/19)	10-8218
Seasons Hospice & Palliative Care of Broward Florida, LLC dba AccentCare Hospice & Palliative Care of Broward County	Hospice	1200 S Pine Island Rd Ste 350 Plantation, FL 33324-4409	10-1555

Seasons Hospice & Palliative Care of Pasco County, LLC dba AccentCare Hospice & Palliative Care of Pasco County	Hospice	2644 Cypress Ridge Blvd., Suite 104, Wesley Chapel, FL 33544	10-1561
Seasons Hospice & Palliative Care of Pinellas County, LLC dba AccentCare Hospice & Palliative Care of Pinellas County	Hospice	17757 US HWY 19 North, Ste 175 Clearwater, FL 33764	10-1559
Seasons Hospice & Palliative Care of Southern Florida, LLC dba AccentCare Hospice & Palliative Care of Southern Florida	Hospice	5200 Northeast Second Ave, 3rd Flr Stein Bldg Miami, FL 33137	10-1543
Seasons Hospice & Palliative Care of Tampa, LLC DBA AccentCare Hospice & Palliative Care of	Hospice	1408 N Westshore Blvd, Ste 260 Tampa, FL 33607	10-1557
Guardian Home Care of Central Georgia, LLC dba AccentCare Home Health of Central Georgia	Home Health	1551 Jennings Mill Road, Bulding 2500A Watkinsville, GA 30677-7274	11-7145
Guardian Home Care of Northeast Georgia, LLC dba AccentCare Home Health of Northeast Georgia	Home Health	5089 Bristol Industrial Way, Suite B Buford, GA 30518-1780	11-7139
Guardian Home Care, LLC dba AccentCare Home Health of Georgia	Home Health	11660 Alpharetta Hwy, Suite 440 Roswell, GA 30076-3880	11-7131
Seasons Hospice & Palliative Care of Georgia, LLC dba AccentCare Hospice & Palliative Care of Georgia	Hospice	11675 Great Oaks Way Ste 310 Alpharetta GA 30022	11-1640
Gareda, LLC dba AccentCare Personal Care Services of Illinois	PCS	1431 Huntington Dr., Calumet City, IL 60409	
Health Resource Solutions, Inc. dba AccentCare Home Health of Illinois	Home Health	1806 S. Highland Avenue, Suite 225 Lombard, IL 60148-3948	14-7811
Seasons Hospice, LLC DBA: AccentCare Hospice & Palliative Care of Illinois	Hospice	606 Potter Road, 6th Floor Des Plaines, IL 60016	14-1582
HRS Home Health of Indiana, LLC dba AccentCare Home Health of Indiana	Home Health	11037 Broadway, Suite C Crown Point, IN 46307	15-7436
Seasons Hospice & Palliative Care of Indiana, LLC dba AccentCare Hospice & Palliative Care of Indiana	Hospice	2629 Waterfront Pkwy East Dr, Ste 375 Indianapolis, IN 46214	15-1603
AccentCare of Massachusetts, Inc. dba AccentCare Home Health of Massachusetts	Home Health	30 Perwal Street, Westwood, MA 02090	22-7203
AccentCare of Massachusetts, Inc. dba AccentCare Hospice of Massachusetts	Hospice	275 Martine Street, Suite 109 Fall River, MA 02723	22-1518

Seasons Hospice & Palliative Care of Massachusetts, LLC DBA: AccentCare Hospice & Palliative Care of Massachusetts	Hospice	1 Edgewater Dr., Suite 103 Norwood, MA 02062	22-1578
Seasons Hospice & Palliative Care of Maryland, LLC DBA: AccentCare Hospice & Palliative Care of Maryland	Hospice	5457 Twin Knolls Rd, Ste 100 Columbia, MD 21045	21-1507A
HRS Home Health of Michigan, LLC dba AccentCare Home Health of Michigan	Home Health	515 E. 11 Mile Rd, Madison Heights, MI 48071	23-9334
Seasons Hospice & Palliative Care of Michigan LLC dba AccentCare Hospice & Palliative Care of Michigan	Hospice	27355 John R Rd, Suite 100 Madison Heights, MI 48071	23-1601
AccentCare Fairview Home Health-East, LLC	Home Health	3507 Highpoint Dr North S140, Oakdale, MN 55128	24-7166
AccentCare Fairview Home Health-West, LLC	Home Health	767 Eustis St, #150, Saint Paul, MN 55114-0018	24-7078
AccentCare Fairview Hospice-West, LLC	Hospice	767 Eustis St, #150, Saint Paul, MN 55114-0018	24-1514
Seasons Hospice & Palliative Care of Missouri, LLC dba AccentCare Hospice & Palliative Care of Missouri	Hospice	3660 South Geyer Rd, Ste 120 St. Louis, MO 63127	26-1641
Sta-Home Health Agency of Carthage, Inc. dba AccentCare Home Health of Carthage	Home Health	616 Hwy 35 S Carthage, MS 39051-5802	25-7129
Sta-Home Health Agency of Greenwood, Inc. dba AccentCare Home Health of Greenwood	Home Health	205 Walthall St. Greenwood, MS 38930	25-7131
Sta-Home Health Agency of Jackson, Inc. dba AccentCare Home Health of Jackson	Home Health	130 Fairmont St., STE A Clinton, MS 39056-4714	25-7102
Sta-Home Hospice of Mississippi, Inc. dba AccentCare Hospice & Palliative Care of Mississippi	Hospice	3500 Lakeland Dr, STE 515 Flowood, MS 39232-3017	25-1511
HRS of Nebraska, Inc.	Home Health	900 S 74th Plaza, STE 111 Omaha, NE 68114	28-7151
AccentCare of Massachusetts, Inc. dba AccentCare Home Health of Massachusetts	Home Health	30 Perwal Street, Westwood, MA 02090	22-7203

AccentCare of Massachusetts, Inc. dba AccentCare Hospice of Massachusetts	Hospice	275 Martine Street, Suite 109 Fall River, MA 02723	22-1518
Seasons Hospice & Palliative Care of New Jersey, LLC DBA: AccentCare Hospice & Palliative Care of New Jersey	Hospice	2147 Rt 27 South, Ste 101 Edison, NJ 08817	31-1577
KindStar, Inc.	Home Health	1801 W. 21st St, Clovis, NM 88101	32-7210
Seasons Hospice & Palliative Care of Nevada, LLC	Hospice	9205 W Russell Rd, Ste 305 Las Vegas, NV 89148	29-1539
AccentCare of New York, Inc.	PCS	27 Main Street Yonkers, NY 10701	
Alliance for Health, Inc. DBA: AccentCare Personal Care Services of Greater Manhattan	PCS	105 Court Street, 2nd Floor Brooklyn, NY 11201	
AccentCare Home Health of California, Inc.	Home Health	119 S Court St, STE A Circleville, OH 43113	36-7270
AccentCare Home Health of California, Inc.	MHC	119 S Court St, STE A Circleville, OH 43113	36-7270
AccentCare Home Health of California, Inc.	PCS	119 S Court St, STE A Circleville, OH 43113	
KindStar, Inc. dba AccentCare Health	Home Health	2728 Williams Ave. Bld K101 #U/V (GUY) (12/1/19)	37-7711
AccentCare Home Health of Rogue Valley, LLC	Home Health	691 Murphy Road, STE 236 Medford, OR 97504	38-7098
Seasons Hospice & Palliative Care of Oregon, LLC	Hospice	6500 S Macadam Ave, Ste 160 Portland, OR 97239	38-1561
AccentCare At Home of Pennsylvania, LLC	Private Pay	1501 GRUNDY LN, STE 100 BRISTOL, PA 19007-1506	
New Directions Primary Care, LLC DBA: AccentCare Primary Care	Part B-Grp/Clinic Practice	1501 GRUNDY LN, STE 100 BRISTOL, PA 19007-1506	63-1475
SE HEALTH CARE AT HOME LLC DBA: AccentCare Home Health of Southeastern Pennsylvania	Home Health	4641 POTTSVILLE PIKE, STE 106 READING, PA 19605-9707	398114

Seasons Hospice & Palliative Care of Pennsylvania, LLC DBA: AccentCare Hospice & Palliative Care of Pennsylvania	Hospice	2200 Renaissance Blvd, Ste 110 King of Prussia, PA 19406	39-1709
SOUTHEASTERN HEALTH SERVICES OF PENNSYLVANIA, LLC DBA: AccentCare Health of Pennsylvania	Home Health	1501 GRUNDY LN, STE 100 BRISTOL, PA 19007-1506	397472
Southeastern Home Health Services of PA, LLC DBA: AccentCare Home Health of Greater Philadelphia	Home Health	282 MAYTOWN RD, STE 200 ELIZABETHTOWN, PA 17022-9302	398062
SOUTHEASTERN HOSPICE SERVICES, LLC DBA: AccentCare Hospice & Palliative Care of Southeastern Pennsylvania	Hospice	1501 GRUNDY LN, STE 100 BRISTOL, PA 19007-1506	391785
Guardian Home Care of Nashville, LLC dba AccentCare Home Health of Nashville	Home Health	741 Cool Springs Blvd., Suite 110 Franklin, TN 37067-2697	44-7566
Guardian Home Care, LLC dba AccentCare Home Health of Tennessee	Home Health	6116 Shallowford Road, Suite 114 Chattanooga, TN 37421-7202	44-7559
Guardian Hospice of Nashville, LLC dba AccentCare Hospice & Palliative Care of Nashville	Hospice	741 Cool Springs Blvd., Suite 102 Franklin, TN 37067-2697	44-1591
Guardian Personal Care Services, LLC dba AccentCare Personal Care Services of Tennessee	PCS	828 Royal Parkway, Suite 114 Nashville, TN 37214	
KindStar, Inc. dba AccentCare Health	Home Health	1934 Medi Park Dr., Amarillo, TX 79106	45-7754
KindStar, Inc. dba AccentCare Health	Home Health	2950 50th (HH), Lubbock, TX 79413 eff 7/1/21	67-9485
KindStar, Inc. dba AccentCare Health	Home Health	1111 N. Interstate 35, #204, Round Rock, TX 78664	45-7821
KindStar, Inc. dba AccentCare Health	Home Health	eff 2/8/19 3800 E. 42nd ST. #203 (PMB), Odessa, TX 79762 1410 Rankin Hwy, Midland, TX 79701	45-9246

KindStar, Inc. dba AccentCare Health	Hospice	225 W. Mulberry #102 Rm HOS, Denton, TX 76201	67-1528
KindStar, Inc. dba AccentCare Health	Hospice	5201 Indiana Ave 101 South, Lubbock, TX 79413	45-1774
KindStar, Inc. dba AccentCare Health	Hospice	101 W. Goodwin Ace #925, Victoria, TX 77901	45-1779
KindStar, Inc. dba Accolade Pediatric Therapy		5201 Indiana Ave 200 Central, APT, Lubbock, TX 79413	N/A
Nurses Unlimited, Inc. dba AccentCare Health and Personal Care Services of Texas	Home Health	3800 E. 42nd, Suite 203 Odessa, TX 79762	45-7528
Nurses Unlimited, Inc. DBA: AccentCare Home Health and Personal Care of Texas	PCS	3800 E. 42nd, Suite 228 Odessa, TX 79762	
Nurses Unlimited, Inc. DBA: AccentCare Home Health and Personal Care of Texas	PCS	1200 Golden Key Circle, Suite 435 El Paso, TX 79925	
Nurses Unlimited, Inc. DBA: AccentCare Home Health and Personal Care of Texas	PCS	2600 Lamar Avenue, Suite B Paris, TX 75460	
Nurses Unlimited, Inc. DBA: AccentCare Home Health and Personal Care of Texas	PCS	600 S. Tyler Street, Suite 804 Amarillo, TX 79109	
Nurses Unlimited, Inc. DBA: AccentCare Home Health and Personal Care of Texas	PCS	3303 N. 3rd St., Suite A Abilene, TX 79603	
Nurses Unlimited, Inc. DBA: AccentCare Home Health and Personal Care of Texas	PCS	3002 50th Street Lubbock, TX 79413	
Seasons Hospice & Palliative Care of Texas -Houston, LLC dba AccentCare Hospice & Palliative Care of Texas -Houston	Hospice	10318 Lake Rd, Bldg C Ste 102 Houston, TX 77070	67-1741
Seasons Hospice & Palliative Care of Texas -San Antonio, LLC dba AccentCare Hospice & Palliative Care of Texas -San Antonio	Hospice	300 E Sonterra Blvd, Bldg 1 Ste 1260 San Antonio, TX 78258	67-1721



Seasons Hospice & Palliative Care of Texas, LLC dba AccentCare Hospice & Palliative Care of Texas -Dallas	Hospice	6341 Campus Circle Dr E, Ste 150 Irving, TX 75063	67-1578
Texas Home Health Group of College Station, LLC DBA: AccentCare Home Health of College Station	Home Health	1605 Rock Prairie Road, Suite 206 College Station, TX 77845-8358	67-9189
Texas Home Health Group of Denton, LLC DBA: AccentCare Home Health of Denton	Home Health	225 W. Mulberry #101, Denton, TX 76201	67-9325
Texas Home Health Group of DeSoto, LLC DBA: AccentCare Home Health of DeSoto	Home Health	911 York Dr. #203 DeSoto, TX 75115-2064	67-9103
Texas Home Health Group of Fort Worth, LLC DBA: AccentCare Home Health of Fort Worth	Home Health	3880 Hulen Street, Suite 200A Fort Worth, TX 76107	74-7526
Texas Home Health Group of Marble Falls, LLC DBA: AccentCare Home Health of Marble Falls	Home Health	1100 Mission Hills Drive, Suite 100 Marble Falls, TX 78654	67-9520
Texas Home Health Group of McKinney, LLC DBA: AccentCare Home Health of McKinney	Home Health	6800 Weiskopf Ave., Suite 110 McKinney, TX 75070-5241	67-9236
Texas Home Health Group of Taylor, LLC DBA: AccentCare Home Health of Taylor	Home Health	567 Chris Kelley Blvd. Suite 201 Hutto, TX 78634-2086	67-7035
Texas Home Health Group of Temple, LLC DBA: AccentCare Home Health of Temple	Home Health	3809 South General Bruce Drive, Suite 105B Temple, TX 76502	45-7443
Texas Home Health Group of Waco, LLC DBA: AccentCare Home Health of Waco	Home Health	8300 Central Park Dr. Suite A Waco, TX 76712-6667	67-9200
Texas Home Health Hospice - Austin, LLC dba AccentCare Hospice & Palliative Care-Austin	Hospice	3520 Executive Center Drive, Suite 320 Austin, TX 78731- 1625	67-1554
Texas Home Health Hospice, L.P. DBA:-AccentCare Hospice & Palliative Care of Texas	Hospice	8876 Gulf Freeway, Suite 350 Houston, TX 77017-6513	67-1559
Texas Home Health Hospice, L.P. DBA: AccentCare Hospice & Palliative Care of Texas	Hospice	8300 Central Park Dr. Suite A Waco, TX 76712-6667	67-1552
Texas Home Health Hospice, L.P. DBA: AccentCare Hospice & Palliative Care of Texas	Hospice	2904 N. Fourth Street, Suite 102 Longview, TX 75605- 5124	67-1545

Texas Home Health Hospice, L.P. DBA: AccentCare Hospice & Palliative Care of Texas	Hospice	5685 Eastex Freeway Beaumont, TX 77706-6923	67-1560
Texas Home Health Hospice, L.P. DBA: AccentCare Hospice & Palliative Care of Texas	Hospice	1605 Rock Prairie Road, Suite 206 College Station, TX 77845	74-1588
Texas Home Health Hospice, L.P.	Hospice	6800 Weiskopf Ave, Suite 105 McKinney, TX 75070-1639	74-1652
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	PCS	8300 Central Park Drive, Suite A Waco, TX 76712-6667	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	PCS	5151 Flynn Parkway, Suite 510 Corpus Christi, TX 78411-4372	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	PCS	8876 Gulf Freeway, Suite 410 Houston, TX 77017	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	PCS	1615 Osprey Drive, Suite 101 DeSoto, TX 75115-2427	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	Private Pay	12808 W. Airport Blvd. Suite 335 Sugar Land, TX 77478-6197	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	Private Pay	1200 Golden Key Circle, Suite 435 El Paso, TX 79925	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	PCS	4242 Woodcock Drive, Suite 220 San Antonio, TX 78228-1325	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	PCS	5695 Eastex Freeway Beaumont, TX 77706-6923	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	PCS	101 W. Goodwin Ave. Suite 360 Victoria, TX 77901	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	PCS	3216 N. Fourth Street, Suite 104 Longview, TX 75604	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	Private Pay	3880 Hulen Street, Suite 200C Fort Worth, TX 76107	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	PCS	3880 Hulen Street, Suite 200B Fort Worth, TX 76107	

Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	Private Pay	3303 N. 3rd Street Suite A, Abilene, TX 79603	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	Private Pay	24624 Interstate 45 North, Suite 200 Spring, TX 77386-4084	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	Private Pay	4202 Sherwood Way, Suite A San Angelo, TX 76904	
Texas Home Health of America, LP DBA: AccentCare Personal Care Services of Texas	Private Pay	3939 Beltline Road, Suite 120 Addison, TX 75001-4323	
Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Home Health	1809 Judson Road Longview, TX 75605-4710	67-9090
Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Home Health	12808 W. Airport Blvd. Suite 350 Sugar Land, TX 77478-6187	67-9102
Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Home Health	4801 NW Loop 410, Suite 115 San Antonio, TX 78229-5342	67-9174
Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Home Health	4619 North Street Nacogdoches, TX 75965-1816	67-9108
Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Home Health	3520 Executive Center Drive, Suite G100 Austin, TX 78731-1625	67-9120
Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Home Health	4920-F Seawall Blvd. Galveston, TX 77551-6011	67-9104
Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Home Health	10358 US 59 Hwy, Suite B Wharton, TX 77488-0709	67-9233
Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Home Health	5687 Eastex Freeway Beaumont, TX 77706-6923	67-3115
Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Home Health	400 Belcher, Suite 6 Cleveland, TX 77327-3654	67-3151
Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Home Health	101 W. Goodwin Ave, Suite 370 Victoria, TX 77901-6502	67-3133
Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Home Health	1809 Judson Road Longview, TX 75605-4710	45-7173
Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Home Health	2512 S. IH-35, Suite 320 Austin, TX 78704-5758	74-7786
Nurses Unlimited, Inc. DBA: AccentCare Home Health and Personal Care of Texas	Private Pay	1205 N. State Highway 123, Suite 302 San Marcos, TX 78666	

Nurses Unlimited, Inc. DBA: AccentCare Home Health and Personal Care of Texas	Private Pay	1020 Suite B Andrews Hwy Midland, TX 79701	
Nurses Unlimited, Inc. DBA: AccentCare Home Health and Personal Care of Texas	Private Pay	8140 N. Mopac Expwy., Suite 150 Bldg. 1 Austin, TX 78759-8837	
Southeastern Home Health Care, LLC DBA: AccentCare Home Health of Virginia	Home Health	7502 Lee Davis Road Mechanicsville, VA 23111	49-7508A
AccentCare of Washington, Inc.	PCS	7100 Fort Dent Way, STE 275 Tukwila, WA 98188-7501	
Seasons Hospice & Palliative Care of Wisconsin, LLC dba AccentCare Hospice & Palliative Care of Wisconsin	Hospice	6737 W Washington St, Ste 2150 West Allis, WI 53214	52-1571

**Attachment 8A**  
**Management Agreement**

## MANAGEMENT SERVICES AGREEMENT

**THIS MANAGEMENT SERVICES AGREEMENT** is effective as of the 14th day of March, 2022 (the “Effective Date”), by and among AccentCare, Inc., a Delaware corporation having its principal place of business at 17855 North Dallas Parkway, Suite 200, Dallas, Texas 75287 (“Parent”), on the one hand, and its subsidiaries and joint ventures signatories hereto (each, a “Subsidiary” or “Joint Venture” and collectively, the “Subsidiaries and Joint Ventures”), on the other hand.

### RECITALS

**WHEREAS**, each Subsidiary is a direct or indirect wholly owned subsidiary of Parent;

**WHEREAS**, AccentCare Home Health of Rogue Valley, LLC is a Joint Venture which is ninety percent (75%) indirectly owned by Parent;

**WHEREAS**, LA HH Holding I, LLC; AccentCare Home Health at UC San Diego Health, LLC; and Austin Post-Acute Management LLC are Joint Ventures which are seventy percent (70%) indirectly

**WHEREAS**, Texas Home Health Hospice – Austin, LLC is wholly owned by Austin Post-Acute Management, LLC, and, as such, shall also be referred to herein as a Joint Venture;

**WHEREAS**, LA HH Holding II, LLC is wholly owned by LA HH Holding I, LLC and AccentCare UCLA Health, LLC is wholly owned by LA HH Holding II, LLC; and as such, shall also be referred to herein as Joint Ventures;

**WHEREAS**, the Subsidiaries and Joint Ventures require various administrative and management services as more fully described in ARTICLE II hereof (the “Management Services”);

**WHEREAS**, Parent has in place the necessary personnel and capabilities to meet the Subsidiaries’ and Joint Ventures’ administrative and management needs; and

**WHEREAS**, the parties desire to enter into an agreement whereby Parent will furnish the personnel and capabilities to carry out and perform each Subsidiary’s and Joint Venture’s support, administrative and management services requirements in exchange for the payment by each Subsidiary or Joint Venture of a management fee to Parent.

### AGREEMENT

**NOW, THEREFORE**, incorporating the foregoing recitals and in consideration thereof and of the mutual agreements, provisions, and covenants contained herein, and for other good and valuable consideration, the receipt and legal sufficiency whereof are hereby acknowledged, the parties hereto agree as follows:

**ARTICLE I**  
**RETENTION OF PARENT**

**Section 1.1 Performance of Services.**

(a) Each Subsidiary and Joint Venture hereby engages and retains Parent on an exclusive basis to perform the Management Services, and Parent hereby accepts and agrees to provide such Management Services to each Subsidiary or Joint Venture upon the terms and conditions set forth herein.

(b) Parent shall determine the corporate facilities to be used in rendering the Management Services and the individuals who will render such Management Services.

(c) Nothing herein shall be deemed to restrict Parent or its directors, officers or employees from engaging in any business, or from contracting with other parties, including, without limitation, other related parties of Parent, for similar or different services.

**Section 1.2 Retention of Authority by Subsidiaries and Joint Ventures.**

(a) Notwithstanding anything contained anywhere to the contrary, throughout the Term, each Subsidiary or Joint Venture, through its respective Board of Directors in the case of Subsidiaries or Members in the case of Joint Ventures (or any similar governing body) (each referred to herein as a “Board”), shall retain all authority and shall exercise control over the business, policies, operation, and assets of such Subsidiary or Joint Venture, in accordance such Subsidiary’s or Joint Venture’s respective governance documents (each, “Governing Documents”) and all relevant laws, ordinances, rules and regulations of state, local, or federal governments applicable to the operations of such Subsidiaries or Joint Venture and with Board policy. Parent shall, as each Subsidiary’s and Joint Venture’s exclusive outside manager, perform the Management Services described in this Agreement in accordance with each Subsidiary’s or Joint Venture’s respective Governing Documents and policies and directives and any future policies of such Subsidiaries and Joint Ventures as may be from time to time approved in writing by the Boards (collectively, “Board Policies”). By entering into this Agreement, no Subsidiary or Joint Venture delegates to Parent any of the powers, duties, and responsibilities vested in their respected Board by law or by their respective Governing Documents.

(b) Each Board shall communicate all Board Policies to Parent, and Parent shall be entitled to rely on and assume the validity of communications from, and shall report to, the Boards, the Chairman of any Board, or any written designee of any Board. All matters requiring professional medical judgment shall remain the responsibility of the Subsidiaries’ or Joint Ventures’ medical staffs. Parent shall have no responsibility whatsoever for such judgments.

**Section 1.3 Disclaimer, Limited Liability.**

(a) Parent makes no express or implied representations, warranties or guarantees relating to the Management Services or the quality or results of Management Services to be performed under this Agreement.

(b) Parent will use reasonable efforts to make the Management Services available to each Subsidiary and Joint Venture with substantially the same degree of care as it employs in

making the same Management Services available for its own operations; provided, however, that Parent shall not be liable to any Subsidiary, Joint Venture or any other person for any loss, damage or expense which may result therefrom or from any change in the manner in which Parent renders the Management Services, so long as Parent deems such change necessary or desirable in the conduct of its own operations.

(c) Officers and employees of Parent who provide Management Services to the Subsidiaries or Joint Ventures shall not be liable to any Subsidiary, Joint Venture or to any third party, including any governmental agency, for any claims, damages or expenses relating to the Management Services provided pursuant to this Agreement, and each Subsidiary or Joint Venture shall have the ultimate responsibility for all Management Services provided herein.

(d) Parent shall not be liable to any Subsidiary or Joint Venture for the consequences of any failure or delay in performing any of Parent's obligations under this Agreement, other than for damages arising from Parent's gross negligence or willful or reckless misconduct.

(e) Each Subsidiary or Joint Venture shall indemnify and hold harmless any employee of Parent who performs Management Services for such Subsidiary or Joint Venture pursuant to this Agreement to the same extent that Parent would indemnify such employee if the employee were to perform such services for Parent.

## **ARTICLE II MANAGEMENT SERVICES**

**Section 2.1 Provision of Management Services.** Parent shall, at the request of any Subsidiary or Joint Venture, provide such Management Services as Parent determines to be reasonably required by such Subsidiary or Joint Venture. Management Services, for these purposes, shall include, without limitation, the following:

- (a) corporate accounting functions;
- (b) corporate financing arrangements;
- (c) corporate development programs;
- (d) oversight of facilities development;
- (e) oversight of facility operations;
- (f) certain risk management functions;
- (g) financial and budget analysis, and corporate consolidations;
- (h) financial audits and external financial reporting;
- (i) all tax matters, including without limitation, the preparation of all federal and state income tax filings including quarterly estimated tax payments and extension requests;



- (j) training for accounting, financial, information systems, patient accounting, human resources and compliance;
- (k) investor relations services;
- (l) certain clinical functions;
- (m) oversight and management of information systems;
- (n) preparation of certain facility cost reports;
- (o) legal services, including corporate legal compliance;
- (p) cash management services;
- (q) human resources services including oversight of benefits and related support services;
- (r) corporate governance matters;
- (s) insurance and related support services;
- (t) all billing, coding, and collection services;
- (u) all accounts payable functions;
- (v) all purchasing functions;
- (w) support for all marketing initiatives;
- (x) such other Management Services as the Subsidiary or Joint Venture requests and the Parent agrees to provide.

**Section 2.2 Employee Services.** All services relating to the provision of (a) such employees and services as are necessary for the Subsidiaries and Joint Ventures to provide services to customers in accordance with applicable law, and (b) services incidental to the provision of such employees, including, without limitation, employee payroll, benefits, supervision and management, shall be provided by Parent, pursuant to an Employment Services Agreement (the “Employment Services Agreement”), among Parent, Joint Ventures and the Subsidiaries, and shall not be deemed Management Services hereunder or considered in the calculation of the management fee hereunder.

### **Section 2.3 Confidentiality.**

(a) Parent recognizes and acknowledges that, by virtue of entering into this Agreement, Parent may have access to certain information of customers of the Subsidiaries and Joint Ventures that are confidential. Parent shall not use or disclose any protected health information and individually identifiable health information, as defined in 45 CFR Part 164 and any medical information as defined in the civil codes or other relevant laws of the state in which each Subsidiary or Joint Venture operates (collectively, the “Protected Health Information”), concerning any customers of the Subsidiaries and Joint Ventures other than as permitted by this Agreement or provisions of the federal privacy regulations (the “Federal Privacy Regulations”) and the federal security standards (the “Federal Security Regulations”) as contained in 45 CFR Part 164 and civil codes or other relevant laws of the state in which each Subsidiary or Joint Venture operates. Parent will implement appropriate safeguards to prevent the use or disclosure of a customer’s Protected Health Information, in addition to those provided for by this Agreement. Parent will promptly report to a Subsidiary or Joint Venture any use or disclosure of its customer’s Protected Health Information not provided for by this Agreement of which Parent becomes aware. Parent will make its internal practices, books, and records relating to the use and disclosure of a customer’s Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations and the Federal Security Regulations. Notwithstanding the foregoing, no attorney-client, accountant-client, or other legal privilege shall be deemed waived by any Subsidiary, Joint Venture or Parent by virtue of this Section 2.3(a).

(b) Upon the written request of the Secretary of Health and Human Services or the Comptroller General or any of their duly authorized representatives, Parent and any of its affiliates providing services with a value or cost of \$10,000.00 or more over a twelve-month period shall make available to the Secretary the contract, books, documents, and records that are necessary to verify the nature and extent of the cost of providing such services. Such inspection shall be available up to seven (7) years after the rendering of such services. The parties hereto agree that any applicable attorney-client, accountant-client, or other legal privilege shall not be deemed waived by virtue of this Agreement.

## **ARTICLE III COMPENSATION**

**Section 3.1 Compensation for Management Services.** In consideration of the Management Services performed on the Subsidiaries’ and Joint Ventures’ behalf by Parent, during the initial Term and during each extension thereof, each Subsidiary or Joint Venture shall pay to Parent a management fee calculated and payable in accordance with Exhibit I attached hereto and incorporated herein by this reference.

## **ARTICLE IV TERM AND TERMINATION**

**Section 4.1 Term.** This Agreement shall be effective for an initial term of three (3) years from and after the date hereof (the “Term”). At the end of this initial Term, this Agreement shall automatically renew without notice for additional successive one (1) year terms on each anniversary of the date hereof

unless earlier terminated in accordance with the terms hereof. Any renewal period of this Agreement shall be considered an extension of the original Term.

**Section 4.2 Termination.** Notwithstanding Section 4.1, this Agreement may be terminated with respect to any or all Subsidiaries or Joint Ventures as follows:

(a) by any party hereto (but only with respect to such individual party's rights and obligations hereunder) if such party provides the other parties with written notice terminating the Agreement with respect to such party at least thirty (30) days prior to the end of the Term or any extension thereof;

(b) by any Subsidiary or Joint Venture on the one hand or Parent on the other hand (but only with respect to such individual party's rights and obligations hereunder) upon written notice to the other parties in the event that at any time during the Term or any extension thereof, any Subsidiary or Joint Venture in the case of Parent or Parent in the case of any Subsidiary or Joint Venture (i) ceases to conduct its business, or (ii) breaches any provision of this Agreement and such breach, if curable, is not cured by the breaching party within thirty (30) days of the breaching party's receipt of notice thereof from the non-breaching party; or

(c) by any Subsidiary or Joint Venture on the one hand or Parent on the other hand (but only with respect to such individual party's rights and obligations hereunder) without notice in the event any Subsidiary or Joint Venture in the case of Parent or Parent in the case of any Subsidiary or Joint Venture becomes insolvent or makes a general assignment for the benefit of creditors or if a petition of bankruptcy is filed by such other party or by any third party against such other party, or if such other party is adjudicated bankrupt, or if a receiver or other custodian, either permanent or temporary, is appointed by any court with respect to the assets or business of such party, or if a proceeding for the relief of creditors under any foreign, state or federal law is instituted by or against such party.

For the avoidance of doubt, Parent may terminate this Agreement with respect to one or more Subsidiaries or Joint Ventures in accordance with the terms hereof and this Agreement shall continue without interruption among Parent and the remaining Subsidiaries and Joint Ventures. In the event any Subsidiary or Joint Venture terminates this Agreement in accordance with its terms, the Agreement shall terminate only with respect to such Subsidiary or Joint Venture and shall continue without interruption among Parent and the remaining Subsidiaries and Joint Ventures.

**Section 4.3 Changes in Law.** Notwithstanding any other provision of this Agreement, provided that this Agreement is not terminated by Parent or any Subsidiary or Joint Venture pursuant to any other provision of this Agreement, if the governmental agencies that administer the Medicare, Medicaid, or other federally funded programs (or their representatives or agents), or any other federal, state or local governmental or non-governmental agency, or any court or administrative tribunal pass, issue or promulgate any law, rule, regulation, standard, interpretation, order, decision or judgment, including but not limited to those relating to any regulations pursuant to state or federal anti-kickback or physician self-referral statutes (collectively or individually "Legal Event"), which, in the written opinion of counsel for any party hereto (the "Noticing Party"), materially and adversely affects such party's licensure, accreditation, certification, or ability to refer, to accept any referral, to bill, to claim, to present a bill or claim, or to receive payment or reimbursement from any federal, state or local governmental or

non-governmental payor, or which subjects the Noticing Party to a risk of prosecution or civil monetary penalty, or if in the good faith opinion of counsel to such party any term or provision of this Agreement could trigger a Legal Event, then the Noticing Party may give the other party or parties notice of desire to amend this Agreement. In the event of such notice, the Noticing Party and the other affected party or parties shall have thirty (30) days from the giving of such notice (the “Renegotiation Period”) within which to attempt to amend this Agreement. For the avoidance of doubt, in any notice or negotiation under this Section 4.3, any affected Subsidiaries or Joint Ventures shall be represented by one representative who shall be given authority to act on behalf of all affected Subsidiaries or Joint Ventures. If this Agreement is not so amended within the Renegotiation Period for any reason whatsoever, Parent may unilaterally amend this Agreement to the extent Parent deems reasonably necessary to avoid the consequences of such Legal Event, including, if such amendment is impossible, the termination of this Agreement.

## **ARTICLE V INSURANCE**

**Section 5.1 Required Insurance Policies.** Each Subsidiary, Joint Venture, and Parent shall have in effect and maintain throughout the Term and any extension thereof, the following minimum insurance coverages, unless a particular requirement is waived by Parent and an individual Subsidiary or Joint Venture:

(a) Each Subsidiary or Joint Venture shall have in effect and maintain throughout the Term and any extension thereof, at such Subsidiary’s or Joint Venture’s cost, commercially customary insurance coverage for comprehensive healthcare professional liability, general liability, and bodily injury and property damage liability, including without limitation, property damage or casualty insurance covering damage to the buildings, furnishings, fixtures and equipment of such Subsidiary or Joint Venture covering the full replacement value of such items, with the attributes reasonably acceptable to Parent.

(b) Each Subsidiary or Joint Venture shall have in effect and maintain throughout the Term and any extension thereof, at such Subsidiary’s or Joint Venture’s cost, comprehensive, bodily injury and property damage automobile liability insurance underwritten by an insurance company authorized to transact such insurance business in the state in which such Subsidiary or Joint Venture operates in amounts customary and ordinary for companies such as such Subsidiary or Joint Venture operating in such state.

(c) Parent shall have in effect and maintain throughout the Term and any extension thereof, at Parent’s cost, commercially customary insurance coverage for workers’ compensation, general liability, and bodily injury and property damage liability, including without limitation, property damage or casualty insurance, relating to Parent’s duties or responsibilities under this Agreement.

(d) Parent shall be named as an additional insured under each insurance policy of the Subsidiaries and Joint Ventures, with respect to this Agreement. The policies required hereunder shall not be terminated or not-renewed except upon thirty (30) days’ prior written notice to the other parties. No later than thirty (30) days following the execution of this Agreement, and thirty (30) days following the end of each policy year, each Subsidiary or Joint Venture shall give to Parent a copy of the endorsements naming Parent as an additional insured.

**ARTICLE VI  
MISCELLANEOUS**

**Section 6.1 Inspection of Records.** Parent shall maintain such books, accounts and records of its operations as may be reasonably necessary for purposes of this Agreement or as required by applicable law in the jurisdiction in which each Subsidiary or Joint Venture is located. Each Subsidiary or Joint Venture shall have the right to examine such books, accounts and records at any reasonable time or times for the purpose of verifying the payments required to be made by it hereunder at such Subsidiary's or Joint Venture's sole cost and expense. Although all operating procedures, protocols, information systems, operating data, computer databases, reports and other non-public proprietary business systems or information shall be owned by Parent and shall remain the exclusive property of the Parent, upon termination or expiration of this Management Services Agreement, all data will be made available immediately and for a period of not less than seven (7) years following the termination or expiration.

**Section 6.2 Indemnity.**

(a) Each Subsidiary or Joint Venture assumes all liability for and agrees to defend, indemnify and hold Parent, its employees, officers, directors, shareholders, agents and affiliates (other than such Subsidiary or Joint Venture) (collectively, the "Parent Indemnified Parties"), harmless from and against all demands, liability, damages, costs and expenses, including attorneys' and expert witness fees (each, a "Loss"), incurred by Parent arising from or in connection with (a) alleged or actual failure by such Subsidiary or Joint Venture to perform any of its duties hereunder; (b) any pending or threatened claims asserted against Parent based on actions or omissions by any Subsidiary or Joint Venture during the Term, to the extent such claims have not been caused in whole or in part by the gross negligence or willful or reckless misconduct of any Parent Indemnified Party; (c) any action against Parent brought by any of such Subsidiary's or Joint Venture's employees or former employees related to claims of employment by such Subsidiary or Joint Venture or related rights or benefits; (d) any act or omission by any employee or agent of such Subsidiary; (e) any violation of any requirement applicable to such Subsidiary or Joint Venture under any federal, state, or local environmental, hazardous waste or similar law or regulation, to the extent such claims have not been caused in whole or in part by the gross negligence or willful or reckless misconduct of any Parent Indemnified Party; and (f) any action by Parent properly undertaken in accordance with a written directive by the Board of such Subsidiary or Joint Venture, in each case whether as a result of direct claims or third party claims that the Parent Indemnified Parties or any of them may suffer or incur.

(b) Parent assumes all liability for and agrees to defend, indemnify and hold each Subsidiary or Joint Venture, its employees, officers, directors, shareholders, agents and affiliates (other than Parent) (collectively, the "Subsidiary/JV Indemnified Parties"), harmless from and against all Losses incurred by such Subsidiary or Joint Venture arising from or in connection with (a) alleged or actual failure by Parent to perform any of its duties hereunder; (b) any pending or threatened claims asserted against such Subsidiary or Joint Venture based on actions or omissions by Parent during the Term, to the extent such claims have not been caused in whole or in part by the gross negligence or willful or reckless misconduct of any Subsidiary/JV Indemnified Party; (c) any action against such Subsidiary or Joint Venture brought by any of Parent's employees or former employees related to claims of employment by Parent or related rights or benefits; (d) any act or omission by any employee or agent of Parent; (e) any violation

of any requirement applicable to Parent under any federal, state, or local environmental, hazardous waste or similar law or regulation, to the extent such claims have not been caused in whole or in part by the gross negligence or willful or reckless misconduct of any Subsidiary/JV Indemnified Party; and (f) any action by such Subsidiary or Joint Venture properly undertaken in accordance with a written directive by the Board of Parent, in each case whether as a result of direct claims or third party claims that the Subsidiary/JV Indemnified Parties or any of them may suffer or incur.

**Section 6.3 Notices.** All notices and other communications hereunder shall be in writing and shall be delivered by hand or mailed by registered or certified mail (return receipt requested) or transmitted by facsimile to the parties at the address of such parties on file with one another (or at such other addresses for a party as shall be specified by like notice) and shall be deemed given on the date on which such notice is received.

**Section 6.4 Independent Contractor.** Parent shall be an independent contractor and not an employee of, or partner with, any Subsidiary or Joint Venture solely by virtue of this Agreement.

**Section 6.5 Compliance with Laws.** Parent and the Subsidiaries and Joint Ventures desire that this Agreement and the obligations performed hereunder be in full compliance with (a) the terms and conditions of all licenses, permits and authorizations issued to a Subsidiary or Joint Venture by any governmental entity in connection with the conduct of the Subsidiary's or Joint Venture's business; (b) all applicable healthcare laws and policies, including the Health Insurance Portability and Accountability Act ("HIPAA") of 1996, 45 C.F.R. Parts 160 and 164; and (c) any other applicable law. If any governmental entity determines that any provision of this Agreement violates any applicable law, the Subsidiaries, Joint Ventures, and Parent shall use their best efforts to immediately bring this Agreement into compliance, consistent with the terms and spirit of this Agreement.

**Section 6.6 Events Beyond Control of Parties.** No party hereto shall be responsible for any failure to comply with the terms of this Agreement where such failure is due to *force majeure*, which shall include, without limitation, fire, flood, explosion, strike, labor disputes, labor shortages, picketing, lockout, transportation embargo or failures or delays in transportation, strikes or labor disputes affecting supplies, or acts of God, civil riot, acts of terrorism, war or insurrection, acts of the federal government or any agency thereof, or judicial action. Specifically excluded from this definition are those acts of the federal government or any agency thereof or judicial action which could have been avoided by compliance with such laws or regulations as are publicly available and reasonably expected to be known by a party. Upon the cessation of any cause operating to excuse performance of any party under this Section 6.6, this Agreement shall continue in full force and effect unless or until otherwise terminated pursuant to this Agreement.

**Section 6.7 Entire Agreement.** This Agreement constitutes the entire understanding among the parties hereto with respect to the subject matter hereof and all prior agreements or understandings shall be deemed superseded hereby. No representations, warranties and certifications, express or implied, shall exist as among the parties except as stated herein.

**Section 6.8 Amendments.** Except as set forth in Section 4.3 above, no amendments, waivers or modifications hereof shall be made or deemed to have been made unless in writing executed by the party to be bound thereby.

**Section 6.9 Arbitration of Disputes and Claims.**

(a) Any dispute between or among the parties hereto regarding alleged non-compliance with this Agreement shall be submitted to a joint ad hoc dispute resolution committee made up of one representative for the affected Subsidiaries or Joint Ventures and one representative of Parent (the “Dispute Resolution Committee”). The Dispute Resolution Committee shall meet for the purpose of negotiating a mutually satisfactory resolution of the then outstanding dispute between or among the parties. All resolutions reached by the Dispute Resolution Committee shall be final and binding. If the Dispute Resolution Committee is unable to reach a resolution within fifteen (15) days of being appointed by the parties (or such other time period as mutually agreed to in writing by the parties), the dispute at issue shall be submitted to a mediator selected by the Dispute Resolution Committee. If the mediator is unable to assist the parties in reaching a resolution within thirty (30) days of being appointed (or such other time period as mutually agreed to in writing by the parties), the dispute at issue shall be submitted to arbitration in accordance with Section 6.9(b) of this Agreement.

(b) Any unresolved dispute under Section 6.9(a) that is not resolved by the Dispute Resolution Committee may be submitted by a party to binding arbitration for resolution. Such arbitration shall be final and binding. The arbitrator shall be mutually selected by Parent and one representative of the affected Subsidiaries or Joint Venture. The arbitrator shall be a nationally recognized health care consultant with a business and financial background who works predominantly in the healthcare field, and who is familiar with the business and financial aspects of home healthcare. The arbitrator shall be instructed to make decisions in accordance with the principles, goals, and intentions of the parties, as set forth in this Agreement. All arbitration shall be conducted in Dallas, Texas. The costs of the arbitration and the fees of the arbitrator shall be paid by the non-prevailing party(ies), as determined by the arbitrator.

**Section 6.10 Binding Agreement; Severability.** This Agreement shall be binding upon and inure to the benefit of each party hereto and their respective permitted successors and assigns. If any provision of this Agreement is determined to be invalid or unenforceable in whole or in part, the remaining provisions shall be enforceable to the greatest extent possible.

**Section 6.11 Time of Essence.** Time is of the essence in the performance of all matters under this Agreement.

**Section 6.12 Counterparts.** This Agreement may be executed in any number of counterparts (including via email with scan attachment or facsimile), each of which when so executed shall be deemed to be an original and all of which when taken together shall constitute this Agreement.

**Section 6.13 Successors and Assigns.** This Agreement shall not be assignable, in whole or in part, directly or indirectly, by any party hereto without the prior written consent of the other party hereto, and any attempt to assign any rights or obligations arising under this Agreement without such consent shall be void; *provided, however*, that Parent may assign this Agreement or delegate some or all of Parent’s obligations hereunder to one or more affiliates or subsidiaries of Parent, provided that Parent shall remain liable and responsible to the Subsidiaries and Joint Ventures for the performance of any such assignee(s). This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns.

**Section 6.14 Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and of the United States.

**Section 6.15 No Third-Party Beneficiaries.** This Agreement is solely for the benefit of the parties hereto and should not be deemed to confer upon third parties any remedy, claim, liability, reimbursement, claim of action or other right in excess of those existing without reference to this Agreement.

**Section 6.16 Waiver.** The failure of any of the parties hereto to enforce any provision of this Agreement cannot be construed to be a waiver of such provision or of the right thereafter to enforce the same, and no waiver of any breach shall be construed as an agreement to waive any subsequent breach of the same or any other provision.

**Section 6.17 Headings.** The section and paragraph headings used in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

*[Remainder of Page Intentionally Blank, Signatures on Following Pages]*



IN WITNESS WHEREOF, the undersigned have caused this Agreement to be duly executed and operable as of date first written above.

**AccentCare, Inc. (“Parent”)**

By: \_\_\_\_\_  
Name: Stephan Rodgers  
Title: President and Chief Executive Officer

- Guardian Home Care Holdings, Inc.;**
- AccentCare of New York, Inc.;**
- Alliance for Health, Inc.;**
- Aloha Home Care, Inc.;**
- AccentCare of Washington, Inc.;**
- AccentCare at Home, Inc.;**
- AccentCare of California, Inc.;**
- AccentCare of Massachusetts, Inc. (fka Steward Home Care, Inc.);**
- AccentCare Florida Holding Company, Inc.;**
- AccentCare Home Health, Inc.;**
- AccentCare Home Health of California, Inc.;**
- AccentCare Health Management, Inc.;**
- AccentCare Massachusetts Holding Company, Inc.;**
- AccentCare Odessa Holding Company, Inc.;**
- AccentCare Texas Holding Company, Inc.;**
- Foundation Management Services, Inc.;**
- Fundamental Complete Services, Inc.;**
- Kindstar, Inc.;**
- Nurses Unlimited, Inc.;**
- Oahu, Inc.;**
- Sta-Home Health & Hospice, Inc.;**
- Sta-Home Health Agency of Jackson, Inc.;**
- Sta-Home Health Agency of Carthage, Inc.;**
- Sta-Home Health Agency of Greenwood, Inc.; and**
- Sta-Home Hospice of Mississippi, Inc.**

By: \_\_\_\_\_  
Name: Dena L. Schwartz-Doty  
Title: Secretary

**AC – Daytona Holding Company, LLC; AC – Jacksonville Holding Company, LLC; Halifax Health Services, LLC; and DoctorsChoice – Jacksonville, LLC**

By: \_\_\_\_\_  
Name: Dena L. Schwartz-Doty  
Title: Secretary of AccentCare Florida Holding Company, Inc.;  
Manager of AC – Daytona Holding Company, LLC; AC – Jacksonville Holding Company, LLC;  
Halifax Health Services, LLC; and DoctorsChoice – Jacksonville, LLC

**AC – Steward Holding Company, LLC**

By: \_\_\_\_\_  
Name: Dena L. Schwartz-Doty  
Title: Secretary of AccentCare Massachusetts Holding Company, Inc.;  
Manager of AC – Steward Holding Company, LLC

**AccentCare Home Health of Rogue Valley, LLC;  
AccentCare Home Health at UC San Diego Health, LLC; and  
LA HH Holding I, LLC**

By: \_\_\_\_\_  
Name: Dena L. Schwartz-Doty  
Title: Secretary of AccentCare Home Health, Inc.;  
Manager of AccentCare Home Health of Rogue Valley, LLC; AccentCare Home Health at UC San  
Diego, LLC; and LA HH Holding I, LLC

**Austin Post-Acute Management, LLC**

By: \_\_\_\_\_  
Name: Dena L. Schwartz-Doty  
Title: Secretary of AccentCare Texas Holding Company, Inc.;  
Manager of Austin Post-Acute Management, LLC

**Texas Home Health Hospice - Austin, LLC**

By: \_\_\_\_\_  
Name: Dena L. Schwartz-Doty  
Title: Secretary of AccentCare Texas Holding Company, Inc.;  
Manager of Texas Home Health Hospice – Austin, LLC

**LA HH Holding II, LLC and  
AccentCare UCLA Health, LLC**

By: \_\_\_\_\_  
Name: Dena L. Schwartz-Doty  
Title: Secretary of AccentCare Home Health, Inc.;  
Manager of LA HH Holding II, LLC and AccentCare UCLA Health, LLC

**AccentCare Home Health of Mountain Valley, LLC**

By: \_\_\_\_\_  
Name: Dena L. Schwartz-Doty  
Title: Secretary of AccentCare Home Health, Inc.;  
Sole Member of AccentCare Home Health of Mountain Valley, LLC

**AccentCare Hospice & Palliative Care of Tennessee, LLC**  
**AccentCare Home Health of West Tennessee, LLC**  
**THHA Management, LLC;**  
**Texas Skilled Services, LLC;**  
**THHA Hospice, LLC;**  
**THHA No. 1, LLC;**  
**Guardian Home Care, LLC (TN);**  
**Guardian Home Care, LLC (GA);**  
**Guardian Hospice of Nashville, LLC;**  
**Guardian Home Care of Central Georgia, LLC;**  
**Guardian Home Care of Northeast Georgia, LLC; and**  
**Guardian Home Care of Nashville, LLC**

By: \_\_\_\_\_

Name: Dena L. Schwartz-Doty

Title: Secretary of Guardian Home Care Holdings, Inc.;

Sole Member of AccentCare Hospice & Palliative Care of Tennessee, LLC; AccentCare Home Health of West Tennessee, LLC; THHA Management, LLC; Texas Skilled Services, LLC; THHA Hospice, LLC; THHA No. 1, LLC; Guardian Home Care LLC (TN); Guardian Home Care, LLC (GA); Guardian Hospice of Nashville, LLC; Guardian Home Care of Central Georgia, LLC; Guardian Home Care of Northeast Georgia, LLC; and Guardian Home Care of Nashville, LLC

**Texas Home Health of America, LP;**  
**Texas Home Health Skilled Services, LP; and**  
**Texas Home Health Hospice, LP**

By: \_\_\_\_\_

Name: Dena L. Schwartz-Doty

Title: Secretary of Guardian Home Care Holdings, Inc.; Sole Member of THHA No 1, LLC; General Partner of Texas Home Health of America, LP; Texas Home Health Skilled Services, LP; and Texas Home Health Hospice, LP

**AccentCare Health Management of Texas, LLC;**  
**AccentCare Health Management – Bundled Payments – LLC; and**  
**AccentCare Health Management of California, LLC**

By: \_\_\_\_\_

Name: Dena L. Schwartz-Doty

Title: Secretary of AccentCare Health Management, Inc.; Sole Member of AccentCare Health Management of Texas, LLC; AccentCare Health Management – Bundled Payments, LLC; and AccentCare Health Management of California, LLC

**Oahu Home Care, LLC**

By: \_\_\_\_\_

Name: Dena L. Schwartz-Doty

Title: Secretary of Oahu, Inc.; Manager of Oahu Home Care, LLC

**Aloha Home Care, LLC**

By: \_\_\_\_\_

Name: Dena L. Schwartz-Doty

Title: Secretary of Aloha Home Care, Inc.; Manager of Aloha Home Care, LLC

**New Directions Primary Care, LLC;  
SE Health Care at Home, LLC;  
Southeastern Health of Pennsylvania, LLC;  
Southeastern Health Services of Pennsylvania, LLC;  
Southeastern Home Health Care, LLC;  
Southeastern Home Health Services of PA, LLC;  
Southeastern Hospice Services, LLC; and  
Southeastern Intermediate Holding, LLC**

By: \_\_\_\_\_

Name: Dena L. Schwartz-Doty

Title: Vice President

**EXHIBIT I**  
**COMPENSATION**

In consideration for the Management Services provided hereunder, the Subsidiaries and Joint Ventures (other than any excluded subsidiaries or joint ventures (“Excluded Subsidiaries and Joint Ventures”) listed and detailed in Exhibit II attached hereto) shall pay to Parent a quarterly management fee equal to the Aggregate Management Fee (less any Pro Rata Portion of the Aggregate Management Fee attributed to Excluded Subsidiaries and Joint Ventures). Each such Subsidiary or Joint Venture shall be responsible for its Pro-Rata Portion of the Aggregate Management Fee. Except with respect to Excluded Subsidiaries and Joint Ventures, the Aggregate Management Fee and each Subsidiary’s or Joint Venture’s Pro Rata Portion, thereof, shall be computed quarterly, with charges for and payments of each Subsidiary’s or Joint Venture’s Pro Rata Portion accounted for in the inter-company accounts established between Parent and each Subsidiary or Joint Venture.

This Agreement recognizes that other management agreements between the Parent and the Subsidiaries or Joint Ventures may have already been in effect and if any other management agreement fees were charged under any other management agreement during the Term, full credit will be afforded in the computation of that particular Subsidiary’s or Joint Venture’s Pro Rata Portion. This shall not include the Employment Services Agreement as detailed in Section 2.2 of the Agreement which shall not be deemed to be a management agreement and shall not be considered in the calculation of the Aggregate Management Fee.

Excluded Subsidiaries and Joint Ventures shall not be charged their respective Pro Rata Portion of the Aggregate Management Fee.

Notwithstanding anything contained herein to the contrary, 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.

Definitions. As used in this Agreement, the following capitalized terms shall have the following meanings:

(a) “Aggregate Management Fee” means, for any calendar quarter, an amount equal to all costs and expenses incurred and/or accrued by Parent during such calendar quarter in providing the Management Services hereunder, including without limitation, salaries and other employee expenses related to Parent’s employees reported or reportable on Form W-2, costs of employee benefit plans, general office and administrative expenses, costs of insurance and risk management, leasehold and equipment rental expenses, depreciation expense, professional fees and related expenses, certain taxes and business fees excluding taxes on income, advertising expense, recruiting expense, and expenses of independent contractors. For the initial Term, a five percent (5%) mark-up will be applied to the Aggregate Management Fee. For any successive one-year extensions of the Term, the same five percent (5%) mark-up will be applied. In no event shall the Aggregate Management Fee exceed fair market value, and if a payment hereunder would exceed fair market value, then instead only fair market value amounts shall be paid.

(b) “Excluded Subsidiary or Joint Venture” means a Subsidiary or Joint Venture listed on Exhibit II.

(c) “Pro Rata Portion” for any Subsidiary or Joint Venture means an amount equal to (i) such Subsidiary’s or Joint Venture’s Net Sales for the applicable quarterly period of the Term, divided by (ii) the aggregate Net Sales of all Subsidiaries and Joint Ventures (including Excluded Subsidiaries and Joint Ventures) for such applicable quarterly period of the Term.

(d) “Net Sales” means gross operating revenue less contractual adjustments and allowances.

**EXHIBIT II****EXCLUDED SUBSIDIARIES AND JOINT VENTURES**

The following Subsidiaries or Joint Ventures which are directly or indirectly owned, whether wholly or otherwise, by the Parent are excluded from this Agreement:

AccentCare Fairview LLC  
AccentCare Fairview Health Management, LLC  
AccentCare Fairview Home Health – East, LLC  
AccentCare Fairview Home Health – West, LLC  
AccentCare Fairview Hospice - West, LLC  
AccentCare Fairview Hospice – East, LLC  
ACFV Holding Company – East, LLC  
ACFV Holding Company – West, LLC  
Texas Home Health Group, LLC  
THHG – College Station Holding Company, LLC  
THHG – Denton Holding Company, LLC  
THHG – DeSoto Holding Company, LLC  
THHG – McKinney Holding Company, LLC  
THHG – Waco Holding Company, LLC  
THHG – Marble Falls Holding Company, LLC  
THHG – Taylor Holding Company, LLC  
THHG – Temple Holding Company, LLC  
THHG – Fort Worth Holding Company, LLC  
Texas Home Health Group of College Station, LLC  
Texas Home Health Group of Denton, LLC  
Texas Home Health Group of DeSoto, LLC  
Texas Home Health Group of McKinney, LLC  
Texas Home Health Group of Waco, LLC  
Texas Home Health Group of Marble Falls, LLC  
Texas Home Health Group of Taylor, LLC  
Texas Home Health Group of Temple, LLC  
Texas Home Health Group of Fort Worth, LLC

**Attachment 9A**

**Lease**



OFFICE LEASE AGREEMENT

between

**GREGORY REALTY, GP**

(Landlord)

and

**AccentCare, Inc.**

(Tenant)

**Ridge Lake Office Building**  
Address: 855 Ridge Lake Blvd

Memphis, TN 38120

## LEASE SUMMARY SHEET

Landlord Address: Gregory Realty, GP  
855 Ridge Lake, Suite 100  
Memphis, TN 38120

Rent Address: Gregory Realty, GP  
P.O. Box 382366  
Germantown, TN 38183

Tenant & Address: Accent Care, Inc  
\_\_\_\_\_  
\_\_\_\_\_

Property: 855 Ridge Lake Blvd  
Memphis, TN 38120

Building: Ridge Lake Office Building  
Memphis, Tennessee

Premises: Suite 604 on the 6th floor of the Building containing approximately 2,450 rentable square feet.

Term: Twelve (12) months

Commencement Date: May 1, 2022

Expiration Date: The last day of the twelfth (12) month after the Commencement Date or renewal date.

Renewal Options: One additional twelve (12) months by providing landlord with ~~ninety (90)~~sixty (60) ~~ninety (90)~~ninety (90) days written notice

Base Rent:	<u>Term</u>	<u>Per Month</u>	<u>Per Square Foot</u>
	Months 1- 12	\$3,981.25	\$19.50

Security Deposit: \$3,981.25 due at Lease signing

Leasehold Improvements: Defined in paragraph 5.1 and Exhibit "B"

Prepaid Rent: Tenant shall pay it's frist month's paid rent at lease signature

## OFFICE LEASE AGREEMENT

THIS OFFICE LEASE AGREEMENT ("Lease") is made this 28 day of March , 2022 by and between **Gregory Realty, GP**, a Tennessee general partnership (the "Landlord"), and **AccentCare, Inc.** a Delaware corporation (the "Tenant").

WITNESSETH, that for good and valuable consideration, Landlord hereby leases to Tenant, and Tenant hereby leases from Landlord, certain premises located in the building described in the Lease Summary (the "Building"), which Premises are shown on Exhibit A (the "Premises"), which Building together with other real property and improvements used in connection therewith is collectively referred to herein as the "Property", all upon the following terms and conditions:

### ARTICLE I - TERM

Section 1.1 Length. This Lease shall be for a term as set forth on the Lease Summary Sheet (the "Term") that begins on that date set forth on the Lease Summary Sheet (the "Commencement Date"), and expires on the date set forth on the Lease Summary Sheet (the "Expiration Date"). In the event that Tenant enters into occupancy of the Premises prior to the Commencement Date for the purpose of constructing improvements or installing fixtures therein (and without conducting business therein), then all terms of this Lease except that regarding the payment of rent and other charges shall apply to such occupancy. Tenant may elect to terminate this Lease, only during the Renewal Option period, without penalty with ninety (90) days' prior notice to Landlord.

Section 1.2 Confirmation. Landlord and Tenant shall, within thirty (30) days after the commencement of the Term, execute document with the actual dates of the Commencement Date and the Expiration Date.

Section 1.3 Renewal Options. Tenant shall have the right to extend the Term as set forth on the Lease Summary Sheet with at least ~~thirty ninety~~sixty ninety (39690) days' notice to Landlord prior to expiration of the Term. Base Rent during the extended Term shall be the same as Base Rent during the initial Term.

Section 1.4 Surrender. Tenant shall at the expiration of the Term or any earlier termination of this Lease (a) promptly surrender to Landlord possession of the Premises, including any fixtures or other improvements which under the provisions of this Lease are property of Landlord, all in good order and repair (ordinary wear and tear excepted) and broom clean; (b) remove therefrom Tenant's signs, goods and effects and any machinery, trade fixtures and equipment used in conducting Tenant's trade or business and not owned by Landlord; (c) repair any damage to the Premises or the Building caused by such removal; and (d) remove any other personal property designated by Landlord. Any property not removed by Tenant shall be deemed as abandoned and may be sold, destroyed or otherwise disposed of by Landlord without notice or liability to Tenant or any other third party. Tenant will pay all costs of disposition of such property which obligation shall survive the termination of Lease.

Section 1.5 Holding Over. If Tenant continues to occupy the Premises beyond the Expiration Date or any earlier termination of this Lease, such occupancy shall be a tenancy at will and shall be subject to all of the same terms and conditions as are contained in this Lease, except that the rental payable during the period of such occupancy shall be equal to one hundred and fifty percent (150%) of all Rent which was last in effect during the Term. Nothing in the foregoing shall be deemed in any way to limit or impair Landlord's right to immediately evict Tenant or exercise its other rights and remedies under the provisions of this Lease or applicable law, including the collection of consequential and other damages, on account of Tenant's occupancy of the Premises without having obtained Landlord's prior consent.

## ARTICLE II- RENT

Section 2.1 Base Rent. Tenant shall pay to Landlord a minimum annual rental during the Term hereof, which shall be referred to hereinafter as "Base Rent", as set forth in the Lease Summary Sheet. The Base Rent shall be payable in advance to Landlord, without prior notice or demand, in equal monthly installments on or before the first (1st) day of each successive month.

### Section 2.2 Operating Expenses.

This Lease is a full service gross Lease and all operating expenses are accounted for as part of the Base

### Section 2.3 When Due and Payable.

(a) All rental obligations set forth in the foregoing provisions and elsewhere in this Lease, except for Base Rent, shall be referred to hereinafter as "Additional Rent." All Base Rent and Additional Rent are sometimes hereinafter together referred to as "Rent."

(b) The Base Rent for each year (or part thereof) during the Term shall be due and payable in twelve (12) consecutive, equal monthly installments, in advance, on the first day of each calendar month during the Term, provided that the installment of Rent for the first full calendar month of the Term shall be due upon execution of this Lease.

(c) Tenant shall pay all Additional Rent within thirty (30) days after being billed therefor by Landlord. However, Landlord may, at its discretion, (i) make from time to time during the Term a reasonable estimate of the Additional Rent which may become due for any year; (ii) require Tenant to pay to Landlord such Additional Rent in equal installments at the time and in the manner that Tenant is required hereunder to pay monthly installments of Base Rent; and (iii) at Landlord's reasonable discretion, increase or decrease from time to time during such year the amount initially estimated for such year, all by giving Tenant written notice thereof. In such event, Landlord shall cause the actual amount of such Additional Rent to be calculated for the prior year within ninety (90) days of the start of the new year, and Tenant or Landlord shall within thirty (30) days pay to the other the amount of any deficiency or overpayment, whichever the case may be.

(d) Landlord shall have the right to apply any payment of Rent by Tenant to any amounts outstanding in any order in Landlord's sole discretion. Acceptance by Landlord

of any partial payment of Rent shall not be deemed a waiver or satisfaction of Tenant's obligation to pay all remaining amounts of Rent hereunder, which shall remain due in their entirety according to the terms of this Lease.

Section 2.4 Proration. All items of Rent shall be prorated for any month during the Term which is not a full calendar month or in which two (2) different rental rates are applicable. If only part of any calendar year falls within the Term, the amount computed as Additional Rent for such calendar year under the foregoing provisions of this section shall be appropriately prorated, but the expiration of the Term before the end of a calendar year shall not limit Tenant's obligation hereunder to pay the prorated portion of Additional Rent applicable to that portion of such calendar year falling within the Term.

Section 2.5 Late Penalties. Each such payment of Rent and Additional Rent shall be made promptly when due, without any demand, deduction or setoff whatsoever, at the place directed by Landlord. Any payment of Rent and Additional Rent not made when due shall, at Landlord's sole option, bear interest at the rate of eighteen percent (18%) per annum, or the maximum rate permitted by applicable law, whichever is less (the "Default Rate"), from the due date until paid. Additionally, any payment of Rent not paid within ten (10) days of when due shall be considered delinquent and subject to a late payment charge, for each occurrence of delinquency, of five percent (5%) of the amount overdue and payable. This late payment charge shall be in addition to the interest provided for above and shall be due and payable with the next succeeding Rent payment. This late payment charge is intended to compensate Landlord for the additional administrative costs resulting from Tenant's failure to timely pay the Rent and has been agreed to by Landlord and Tenant after negotiation as a reasonable estimate of the additional administrative costs incurred by Landlord as a result of Tenant's failure to timely pay the Rent.

Section 2.6 Security Deposit. Upon signing this Lease, Tenant shall deposit with Landlord the sum set forth on the Lease Summary Sheet, which shall be retained by Landlord as security for Tenant's payment of Rent and performance of all of its other obligations under the provisions of this Lease. On the occurrence of an Event of Default (as defined herein), Landlord shall be entitled, at its sole discretion, to (a) apply any or all of such sum in payment of any Rent then due and unpaid, any expense incurred by Landlord in curing any such default, and/or any damages incurred by Landlord by reason of such default (including but not limited to attorneys' fees), in which event Tenant shall immediately restore the amount so applied; or (b) to retain any or all of such sum in liquidation of any or all damages suffered by Landlord by reason of such default. However, the foregoing shall not serve in any event to limit the rights, remedies and damages accruing to Landlord under any other provision of this Lease on account of default by Tenant. The security deposit shall not be applied to the last month's installment of Rent; rather, upon the termination of this Lease, provided Tenant is not in default, any of such security deposit then remaining shall be returned to Tenant within sixty (60) days after end of term. Such security deposit shall not bear interest while being held by Landlord hereunder. Landlord shall be entitled to commingle the security deposit with other funds of Landlord. Landlord may be entitled to deliver the security deposit to a buyer of the Premises and shall be discharged from further liability with respect to the security deposit upon such delivery.

### ARTICLE III- USE OF PREMISES

Section 3.1 Use. Tenant shall use the Premises as a business office and for no other purposes. Tenant shall conduct its business and control its employees, agents, invitees and visitors in such manner as to not cause any nuisance or interfere with, annoy, or disturb any other tenant or Landlord in the operation of the building. Tenant will not do anything which could increase insurance rates.

Section 3.2 Laws. Tenant shall comply with any and all federal, state and local laws, ordinances and regulations applicable to Tenant's use of the Premises or to any common areas of the Property. If Tenant makes any Tenant Improvements, Tenant shall ensure such improvements are in compliance with the Americans With Disabilities Act. Landlord shall comply with any and all federal, state and local laws, ordinances and regulations, including but not limited to the Americans With Disabilities Act, applicable to the Premises.

Section 3.3 Common Areas. Landlord hereby grants to Tenant a non-exclusive license to use (a) all elevators, stairways, lobbies, hallways and other common areas of the Building; and (b) all portions of the grounds on which the Building is located that are manifestly designed and intended for common use by the occupants of the Building, all for pedestrian ingress and egress to and from the Premises. Such license shall be exercised in common with Landlord and other tenants and their respective employees and invitees and in accordance with the Rules and Regulations promulgated by Landlord from time to time.

Section 3.4 Relocation. Landlord shall have the right from time to time during the Term, at Landlord's expense, to relocate Tenant's Premises from its present location within the Building to another location within the Building having at least the same floor area, provided that Landlord gives Tenant written notice of Landlord's intention to do so at least sixty (60) days before undertaking such relocation, and provided that Tenant is permitted to maintain the same suite number. In such event, Landlord shall, at Landlord's expense, install within the Premises as so relocated improvements of the same quality and quantity as those made by Tenant or Landlord to the Premises, and on the completion of such installation shall cause Tenant's machinery, furniture, fixtures and equipment within the Premises to be moved to the Premises as so relocated. Upon the completion of such relocation, this Lease shall automatically cease to cover the space constituting the Premises immediately before such relocation, and shall automatically thereafter cover the space to which the Premises have been relocated, as aforesaid, all on the same terms and subject to the same conditions as those set forth in the provisions of this Lease as in effect immediately before such relocation, and all without the necessity of further action by either party hereto. Also, the Base Rent shall be adjusted on the basis of the per square foot rates otherwise in effect to reflect any difference between the size of the Premises prior to relocation and that after relocation, provided that Tenant's costs shall not increase beyond those applicable to the initial space. Each party hereto shall, promptly upon its receipt of a written request therefor from the other, enter into such amendment of this Lease as the requesting party considers reasonably necessary to confirm such relocation.

#### ARTICLE IV- INSURANCE/INDEMNIFICATION

Section 4.1 Tenant's Insurance. Tenant shall procure and maintain, at its expense and throughout the Term, the following insurance:

- (a) Commercial general liability insurance that (i) insures against claims for bodily injury, personal injury, advertising injury and property damage arising from the use, occupancy or maintenance of the Premises or any other portion of the Property by Tenant or any of its agents, employees, contractors, invitees and licensees; (ii) insures without exclusion damage or injury arising from heat, smoke or fumes from a hostile fire; (iii) has limits of not less than (A) \$1,000,000 per occurrence, (B) \$3,000,000 general aggregate per location, (C) \$2,000,000 products and completed operations aggregate, (D) \$1,000,000 for personal and advertising injury liability, (E) \$50,000 for fire damage legal liability, and (F) \$5,000 for medical payments, which minimum limits may be increased if recommended by Landlord's consultants or other insurance professionals; (iv) includes blanket contractual liability and broad form property damage liability coverage; and (v) contains a standard separation of insureds provision;
- (b) Business auto liability insurance which insures against bodily injury and property damage claims arising out of ownership, use or maintenance of any auto with a combined single limit per accident of not less than \$1,000,000;
- (c) Worker's compensation in statutory limits ;
- (d) Umbrella excess liability insurance, in addition to and in excess of the commercial general liability, business auto liability and employer's liability insurance described above, which insures against claims for bodily injury, personal injury, advertising injury and property damage and having limits of not less than (i) \$6,000,000 per occurrence; and (ii) \$6,000,000 for the annual aggregate;
- (e) Cause of Loss- Special Form property insurance covering all of Tenant's personal property, inventory, equipment, fixtures, alterations and improvements at the Premises up to the replacement value of such property.

Each liability insurance policy described above (except employer's liability policies) shall name Landlord, Landlord's agent and advisor, Landlord's property manager, and any Mortgagees (as defined herein), and expressly including any trustees, directors, officers, employees or agents of any such entities, all as additional insureds, but the same shall not insure the Landlord against its negligence or willful misconduct. Each property insurance policy described above shall name Landlord as an additional insured with respect to any permanently affixed improvements and betterments to the Premises. All such policies shall (i) be issued by insurers licensed to do business in the state in which the Property is located; (ii) be issued by insurers with a current rating of "A-" "VIII" or better in Best's Insurance Reports; (iii) be primary without right of contribution from any of Landlord's insurance, except, as to liability insurance, to the extent of Landlord's negligence or willful misconduct; (iv) be written on an occurrence (and not claims-made) basis; and (v) be uncancellable without at least thirty (30) days' prior written notice to Landlord and any Mortgagee. At least fifteen (15) days before the Commencement Date (or, if earlier, the date Tenant first enters



into the Premises for any reason), Tenant shall deliver to Landlord certificates of insurance satisfactory to Landlord for each such policy required above. Within fifteen (15) days prior to the date any such policy expires, Tenant shall deliver to Landlord a certificate of renewal evidencing replacement of the policy. The limits of insurance required by this Lease or as otherwise carried by Tenant shall not limit the liability of Tenant or relieve Tenant of any obligations under this Lease, except to the extent provided in any waiver of subrogation contained in this Lease. Tenant shall have sole responsibility for payment of all deductibles, which shall not exceed \$100,000 without Landlord's prior approval.

Section 4.2 Landlord's Insurance. Landlord shall maintain throughout the Term Cause of Loss-Special Form or fire and extended coverage insurance upon the Building in an amount equal to the replacement value thereof (or, in lieu thereof, a specified plan of self-insurance). The premiums for such insurance and of each endorsement thereto shall be deemed to be part of the operating expenses. Furthermore, Tenant shall pay, as Additional Rent and as billed by Landlord, the entire amount of any increase in premiums for any insurance obtained by Landlord which occurs solely due to the particular use of the Premises by Tenant.

Section 4.3 Waiver of Subrogation. Notwithstanding anything to the contrary in this Lease, Landlord and Tenant each waives all rights to recovery, claims or causes of action against the other and the other's agents, trustees, officers, directors and employees on account of any loss or damage which may occur to the Premises, the Property or any improvements thereto or to any personal property of such party to the extent such loss or damage is caused by a peril which is required to be insured against under this Lease, regardless of the cause or origin (including negligence of the other party). Landlord and Tenant each covenant to the other that, to the fullest extent permitted by law, no insurer shall hold any right of subrogation against the other party. Tenant covenants to Landlord that all policies of insurance maintained by Tenant respecting property damage shall permit such waiver of subrogation, and Tenant agrees to advise all of its insurers in writing of the waiver.

Section 4.4 Indemnification. Tenant hereby agrees to indemnify and hold Landlord and Landlord's agents and advisors harmless from and against any cost, damage, claim, liability or expense (including attorney's fees) incurred by or claimed against Landlord, directly or indirectly, as a result of or in any way arising from Tenant's use and occupancy of the Premises or in any other manner which relates to the business of Tenant on the Premises. The foregoing indemnity shall not apply to claims arising out of the negligence or willful misconduct of Landlord. Furthermore, except for issues arising out of the negligence or willful misconduct of Landlord, Tenant hereby releases and absolves Landlord from any liability for theft, damage or other loss, regardless of the cause or reason, in connection with any furniture, fixtures, machinery, equipment, inventory or other personal property of any kind belonging to Tenant or to any of its employees, agents, invitees or licensees.

## ARTICLE V- IMPROVEMENTS TO PREMISES

### Section 5.1 Initial Improvements.

- (a) Certain improvements shall be constructed in the Premises according to the space plan attached hereto as Exhibit B (the "Space Improvements") for the purpose of initially



preparing the Premises for occupancy by Tenant, all to be paid for as provided in subsection (b), below. Such Space Improvements shall be constructed by Landlord in accordance with the following procedures:

- (i) Tenant and its agents and contractors shall have the right to enter the Premises prior to the Commencement Date for purposes of installing wires and cables for telephones and computers, provided that in doing so such parties shall not interfere with Landlord or its contractors constructing the Space Improvements, and further provided that prior to any such entry Tenant shall have obtained the insurance required under this Lease, and its contractors shall have obtained such liability, workmen's compensation and other insurance as is reasonably acceptable to Landlord. The Commencement Date shall not be deemed to occur upon such entry unless Tenant begins commencing its normal business operations within the Premises.
- (b) All costs and expenses of designing and constructing the Space Improvements described in subsection (a) above shall be paid as follows:
  - (i) Landlord agrees to construct the Space Improvements in accordance with the Approved Plans at no cost to Tenant, except that Tenant shall be solely responsible for all costs involving trade fixtures.
  - (c) Landlord shall use commercially reasonable efforts to complete such improvements in a prompt manner, but Landlord shall have no liability to Tenant hereunder if prevented from doing so due to strike or other labor troubles, governmental restrictions, failure or shortage of utility service, national or local emergency, accident, flood, fire or other casualty, adverse weather condition, other act of God, inability to obtain a building permit or a certificate of occupancy, or any other cause beyond Landlord's reasonable control. In such event, the Commencement Date and Expiration Date shall be postponed for a period equaling the length of such delay. However, if any delay in completion of the Space Improvements or in delivering possession of the Premises to Tenant are caused by Tenant, including but not limited to failure of Tenant to timely respond to submissions by Landlord under subsection (a), above, or Tenant's requesting changes in the Space Improvements which delay completion thereof, then Tenant shall commence all of its obligations hereunder (including the payments of Rent), and all terms herein shall be effective and binding, on that date reasonably calculated by Landlord or its contractor as the date on which Landlord would have substantially completed the Space Improvements if not for such delay.

Section 5.2 Acceptance. Except for latent defects or work described in Exhibit B but remaining incomplete, Tenant shall for all purposes of this Lease be deemed to have accepted the Premises upon assuming occupancy thereof and to have acknowledged the Premises to be in the condition required hereunder.

Section 5.3 Tenant's Alterations. Tenant shall not make any alteration, addition or improvement to the Premises, whether structural or nonstructural and including any signs or other items which may be visible from the exterior of the Premises, without Landlord's prior

written consent. Tenant shall provide such drawings, plans and specifications as are requested by Landlord in reviewing any such proposed improvements. Likewise, Landlord shall have the right to place conditions upon the granting of its approval of any alteration or improvement, including but not limited to requirements that the work be performed only by bonded contractors or that Landlord itself perform the work at Tenant's expense. If Landlord consents to any such proposed alteration, addition or improvement, it shall be made at Tenant's sole expense (and Tenant shall hold Landlord harmless from any cost incurred on account thereof), and at such time and in such manner as to not unreasonably interfere with the use and enjoyment of the remainder of the Property by any other tenant or other person. All such alterations and improvements shall comply in all respects with any and all applicable federal, state and local laws, ordinances and regulations, including but not limited to the Americans with Disabilities Act and regulations promulgated thereunder. Furthermore, Tenant shall indemnify Landlord from all damages, losses or liability arising from such alterations or improvements or the construction thereof by Tenant.

Section 5.4 Mechanics' Liens. When Tenant and not Landlord constructs Tenant Improvements, Tenant shall (a) immediately bond or have released any mechanics', materialman's or other lien filed or claimed against any or all of the Premises, the Building, or any other property owned or leased by Landlord by reason of labor or materials provided for Tenant or any of its contractors or subcontractors, or otherwise arising out of Tenant's use or occupancy of the Premises; and (b) defend, indemnify and hold harmless Landlord against and from any and all liability or expense (including but not limited to attorneys' fees) incurred by Landlord on account of any such lien or claim.

Section 5.5 Fixtures. Any and all improvements, repairs, alterations or other property attached to, used in connection with or otherwise installed within the Premises by Landlord or Tenant shall, immediately on the completion of their installation, become Landlord's property without payment therefor by Landlord, except that any furniture, appliances and office equipment installed by Tenant and used in the conduct of Tenant's trade or business (rather than to service the Premises or any of the remainder of the Building or the Property) shall remain Tenant's property.

#### ARTICLE VI- MAINTENANCE AND SERVICES

Section 6.1 Ordinary Services. During the hours of 8:00 a.m. to 5:00 p.m. Monday through Friday and 8:00 a.m. to 12:00 p.m. on Saturdays (except federal holidays) in the appropriate seasons of the year, Landlord shall provide heating and air-conditioning to the Premises for the comfortable use and occupancy of the Premises. In addition, Landlord shall provide (a) electricity and water suitable for the permitted use of the Premises hereunder; (b) automatic elevator service within the Building; and (c) janitorial service and trash removal service. All of the foregoing are herein referred to as "Building Services" and shall be included in the operating expenses of the Building.

Section 6.2 Extraordinary Services. Landlord shall not be obligated to provide to or for the benefit of the Premises any Building Services than during the hours referred to therein. If Tenant requests Building Services to be continued during extended hours, Tenant shall pay to Landlord as Additional Rent the amount from time to time charged by Landlord for

such extended service, such amount to be calculated as a function of the costs to provide such services during extended hours and the number of tenants sharing same at the time requested.

Section 6.3 Excessive Use. Tenant shall not, without first obtaining Landlord's written consent thereto, install within the Premises any electrical machinery, appliances or equipment (including, by way of example rather than of limitation, any electrical heating, cooking, water-heating or refrigeration equipment, kitchen equipment, photocopying equipment, electronic data processing machinery or reproduction equipment) that uses electrical current in excess of that which is standard for the Building, and Tenant shall pay as Additional Rent the additional expense incurred by Landlord as a result of any of the foregoing, including that resulting from any installation of such equipment. Landlord shall have the right from time to time, using sub-meters or other methods, to measure the consumption of electricity or other utilities upon the Premises. In the event Landlord determines Tenant is consuming a disproportionate amount of electricity or other utilities at the Premises in relation to other tenants, and regardless of whether such determination is reached by submetering or other methods, Tenant shall pay Landlord (a) within thirty (30) days after billing, the out-of-pocket costs of installing submeters; and (b) on a monthly basis, as Additional Rent, the cost of all such electricity or other utilities consumed at the Premises as indicated by the submeter(s).

Section 6.4 Maintenance by Tenant. Tenant shall at all times maintain the interior of the Premises in good, clean and safe repair and condition, ordinary wear and tear excepted.

Section 6.5 Maintenance by Landlord. Landlord shall furnish, supply and maintain in good order and repair (a) the roof and other structural portions of the exterior of the Building; (b) the hallways, stairways, lobbies, elevators, restrooms, parking areas and other common areas of the Building; and (c) the base heating, ventilating, plumbing, and air-conditioning facilities for the Building. Except as expressly provided herein, Landlord shall have no other responsibility for repair or maintenance of the Premises or the Building.

Section 6.6 Interruption. Except for Landlord's negligence or willful misconduct, Landlord shall have no liability to Tenant on account of any failure, modification or interruption of electricity, water or other utility or HVAC or other service. In the event of interruption Landlord shall take reasonable steps to provide for the resumption of such service to the extent the same is within Landlord's control.

## ARTICLE VII- RIGHT OF ENTRY

Section 7.1 Right of Entry. Landlord and its agents and contractors shall be entitled to enter the Premises at any time (a) to inspect the Premises; (b) to exhibit the Premises to any existing or prospective purchaser, tenant or mortgagee thereof; (c) to make any alteration, improvement or repair to the Building or the Premises; or (d) for any other purpose relating to the operation or maintenance of the Property, all provided that Landlord shall (i) give Tenant at least twenty-four (24) hours' prior notice of its intention to enter the Premises (unless doing so is impractical or unreasonable because of emergency); and (ii) use reasonable efforts to avoid interfering with Tenant's use and enjoyment thereof.

### ARTICLE VIII- CASUALTIES

Section 8.1 General. If the Premises are damaged by fire or other casualty during the Term, then the following shall apply:

- (a) Landlord shall restore the Premises with reasonable promptness, taking into account the time required by Landlord to effect a settlement with, and to procure any insurance proceeds from, any insurer against such casualty, to substantially the same condition as existed immediately before such casualty; provided, such obligation to restore shall be limited to the amount of available insurance proceeds for such restoration. Landlord may temporarily enter and possess any or all of the Premises for such purpose. Landlord shall not be obligated to repair, restore or replace any fixture, improvement, alteration, furniture or other property owned or installed by Tenant.
- (b) The times for commencement and completion of any such restoration shall be extended for the period of any delay arising due to force majeure causes beyond Landlord's control and any delay in the receipt of insurance funds. If Landlord undertakes to restore the Premises, but such restoration cannot be accomplished within one hundred eighty (180) days after the receipt of available insurance funds, then Tenant may terminate this lease by giving written notice thereof to Landlord within fifteen (15) days after receipt of such estimate from Landlord.
- (c) From the time of such casualty to the completion of restoration as described above, Tenant's rental obligations shall be abated proportionately for that portion of the Premises which is rendered untenable as a result of the casualty.

Section 8.2 Substantial Destruction. Anything contained in the foregoing provisions of this section to the contrary notwithstanding:

- (a) If during the Term the Building is so damaged by fire or other casualty that (i) either the Premises or the Building are rendered substantially unfit for occupancy, as reasonably determined by Landlord; or (ii) the Building is damaged to the extent that Landlord elects to demolish the Building, or if any Mortgagee requires that any or all of the insurance proceeds issued on account thereof be used to retire any or all of the debt secured by its mortgage, then in any such case Landlord may elect to terminate this Lease as of the date of such casualty by giving written notice thereof to Tenant within sixty (60) days after such date; and
- (b) In such event, (i) Tenant shall pay to Landlord the Base Rent and any Additional Rent payable by Tenant hereunder and accrued through the date of such casualty; (ii) Landlord shall repay to Tenant any and all prepaid Rent for periods beyond such casualty, and (iii) Landlord may enter upon and repossess the Premises without further notice.

Section 8.3 Tenant's Negligence. Anything contained in any provision of this Lease to the contrary notwithstanding, if any such damage to the Premises, the Building or Property are caused by or result from the negligent or intentional act or omission of Tenant or

any of its employees, contractors, agents, invitees or licensees, then (a) the Rent shall not be abated or apportioned as aforesaid; and (b) Tenant shall pay to Landlord upon demand, as Additional Rent, the cost of (i) any repairs and restoration made or to be made as a result of such damage; or (ii) (if Landlord elects not to restore the Building) any damage or loss which Landlord incurs as a result of such damage, except if and to the extent that Tenant is released from liability therefor pursuant to the waiver of subrogation provisions of this Lease.

#### ARTICLE IX- CONDEMNATION

Section 9.1 Right to Award. If any or all of the Premises are taken by the exercise of any power of eminent domain or are conveyed to or at the direction of any governmental entity under a threat of any such taking (each of which a "Condemnation"), Landlord shall be entitled to collect from the condemning authority thereunder the entire amount of any award or consideration for such conveyance, without deduction therefrom for any leasehold or other estate held by Tenant under this Lease. Landlord shall be entitled to conduct any condemnation proceeding and any settlement connected therewith free of interference from Tenant, and Tenant hereby waives any right which it has to participate therein. However, Tenant may seek, in a separate proceeding, a separate award on account of any damages or costs incurred by Tenant as a result of any such Condemnation, so long as such separate award in no way diminishes any award or payment which Landlord would otherwise receive as a result of such Condemnation.

Section 9.2 Effect of Condemnation. If (a) all of the Premises are covered by a Condemnation; (b) any part of the Premises is covered by a Condemnation and the remainder is insufficient for the reasonable operation of Tenant's business; (c) any of the Building is covered by a Condemnation and, in Landlord's reasonable opinion, it would be impractical to restore the remainder thereof; or (d) any of the rest of the Property is covered by a Condemnation and, in Landlord's reasonable opinion, it would be impractical to continue to operate the remainder of the Property thereafter, then, in any such event, the Term shall terminate on the date on which possession of the property covered by such Condemnation is taken by the condemning authority thereunder, and all Rent (including any Additional Rent and other charges payable hereunder) shall be apportioned and paid to such date. If there is a Condemnation and the Term does not terminate pursuant to the foregoing provisions of this subsection, the operation and effect of this Lease shall be unaffected by such Condemnation, except that the Base Rent shall be reduced in proportion to the square footage of floor area, if any, of the Premises covered by such Condemnation.

Section 9.3 Interruption. If there is a Condemnation, Landlord shall have no liability to Tenant on account of any (a) interruption of Tenant's business upon the Premises; (b) diminution in Tenant's ability to use the Premises; or (c) other injury or damage sustained by Tenant as a result of such Condemnation.

ARTICLE X- ASSIGNMENT/SUBLETTINGSection 10.1 Actions Covered.

(a) Any assignment by Tenant of this Lease or its rights hereunder, any subletting of the Premises and any license, mortgage, pledge or other transfer of any part of the Premises or any of Tenant's interests therein or under this Lease shall all be referred to hereinafter as a "Transfer." Furthermore, if Tenant is not publicly traded the sale, assignment or other transfer of any direct or indirect controlling interest in Tenant (if a corporation or limited liability company), the sale, assignment or other transfer of any general partnership interest in Tenant (if a partnership), the sale of substantially all of Tenant's assets, and the merger or consolidation of Tenant into another organization, after which Tenant shall not be the surviving corporation or partnership, shall each be considered a "Transfer" for the purposes of this Lease.

(b) Notwithstanding the foregoing, as long as there is no change to the general office use of the Premises or any material increase in the number of visitors or use of parking spaces, Landlord's consent shall not be required for (i) a sublease of the Premises; or (ii) a Transfer to an entity controlled by or under common control of Tenant.

Section 10.2 Restrictions. Except as permitted herein, Tenant shall not Transfer this Lease or the Premises without first obtaining Landlord's prior written consent thereto, which consent may be withheld by Landlord in its sole and absolute subjective discretion. In the event that Tenant proposes any Transfer, Tenant shall notify Landlord in writing at least sixty(60) days before the date on which the Transfer is to be effective and, as included with such notice, furnish Landlord with (a) the name of the entity receiving such Transfer (the "Transferee"); (b) a detailed description of the business of the Transferee; (c) audited financial statements of the Transferee; (d) all written agreements governing the Transfer; (e) any other information reasonably requested by Landlord with respect to the Transfer or the Transferee; and (f) a fee of \$2,500 to compensate Landlord for legal fees, costs of administration and other expenses to be incurred in connection with the review and processing of such documentation. Landlord shall respond to Tenant's request for approval or disapproval of the Transfer within twenty (20) days after Landlord receives the request and all documents and information required above. Landlord's failure to respond shall be deemed a disapproval of the proposed Transfer.

Section 10.3 Liability to Landlord. Tenant hereby agrees that notwithstanding anything in this Lease to the contrary, and regardless of whether or not Landlord's consent is required hereunder, no Transfer shall be valid or effective unless and until the Transferee agrees in a written document, in form and substance satisfactory to Landlord, that the Transferee shall (a) in the case of a subletting of any part of the Premises, observe and perform all duties, obligations and liabilities of Tenant under the terms of this Lease as such terms relate to the space subleased; or (b) in the case of all other Transfers, observe and perform all duties, obligations and liabilities of Tenant under the terms of this Lease. In addition, no Transfer of any kind, regardless of whether or not Landlord's consent thereto is required hereunder, shall serve to relieve or release Tenant in any way from full and direct liability for the timely performance of all of Tenant's duties and obligations under this Lease.



Section 10.4 Excess Rents. In the event that Tenant effects any Transfer and at any time receives rent or other consideration on a periodic basis that exceeds that which Tenant is obligated to pay to Landlord hereunder, Tenant shall pay to Landlord such excess rent or other consideration when and as received by Tenant.

Section 10.5 Landlord's Transfers. Landlord shall have the unrestricted right to assign or transfer its interest in this Lease to purchasers of the Building, to a Mortgagee, or to any other party, in which event Landlord shall be released from all duties, obligations and liabilities arising hereunder after the assignment or transfer becomes effective, including but not limited to the transfer of any security deposit hereunder.

#### ARTICLE XI- RULES AND REGULATIONS

Section 11.1 Landlord's Rules. Landlord shall have the right to impose and subsequently modify, from time to time and at its sole discretion, reasonable rules and regulations (hereinafter referred to as the "Rules and Regulations") having uniform applicability to all tenants of the Building (subject to the provisions of their respective leases) and governing their use and enjoyment of the Building and the remainder of the Property. Tenant and its agents, employees, invitees and licensees shall comply with such Rules and Regulations. A copy of the Rules and Regulations in effect on the date hereof is attached hereto as Exhibit C.

#### ARTICLE XII- MORTGAGE LENDERS

Section 12.1 Subordination. This Lease shall be subject and subordinate to the lien, operation and effect of each mortgage, deed of trust, ground lease and/or other similar instrument covering any or all of the Premises or the Property, and each renewal, modification or extension thereof (each of which referred to as a "Mortgage"), all automatically and without the necessity of any further action by either party hereto, provided, however, that in the event the beneficiary under any such Mortgage (referred to as a "Mortgagee") succeeds to the interest of Landlord hereunder through foreclosure or otherwise, such Mortgagee shall honor this Lease and not disturb Tenant in its possession of the Premises except upon an Event of Default. In addition, Tenant shall attorn to any such Mortgagee and agrees that such Mortgagee shall not be liable to Tenant for any defaults by Landlord under this Lease or for any other event occurring prior to such Mortgagee's succeeding to the interest of Landlord hereunder.

Section 12.2 Written Agreement. Tenant shall, within seven (7) days after request by Landlord or any Mortgagee, execute, acknowledge and deliver such further instrument as is requested by Landlord or any Mortgagee to acknowledge the rights of the parties described in the preceding Section and providing such other information and certifications as is reasonably requested. Any Mortgagee may at any time subordinate the lien of its Mortgage to the operation and effect of this Lease without obtaining Tenant's consent thereto, in which event this Lease shall be deemed to be senior to such Mortgage without regard to their respective dates of execution, delivery and/or recordation among the land records of the jurisdiction in which the Property is located.

Section 12.3 Estoppel Certificate. Tenant shall from time to time, within seven (7) days after request by Landlord or any Mortgagee, execute, acknowledge and deliver to Landlord (or, at Landlord's request, to any existing or prospective purchaser, assignee or Mortgagee) a written certification (a) that this Lease is unmodified and in full force and effect (or, if there has been any modification, stating the nature of such modification); (b) as to the dates to which the Base Rent and any Additional Rent and other charges arising hereunder have been paid; (c) as to the amount of any prepaid Rent or any credit due to Tenant hereunder; (d) that Tenant has accepted possession of the Premises and all improvements thereto are as required hereunder, and the date on which the Term commenced; (e) as to whether, to the best knowledge, information and belief of Tenant, Landlord or Tenant is then in default in performing any of its obligations hereunder (and, if so, specifying the nature of each such default); and (f) as to any other fact or condition reasonably requested by Landlord or such other party. Any such certificate may be relied upon by Landlord and any such other party to whom the certificate is directed.

Section 12.4 Section Mortgagee Protection. Tenant agrees to deliver to any Mortgagees, a copy of any notice of default served upon Landlord, provided that prior to such notice Tenant has been notified in writing (by way of notice or assignment of rents and leases, or otherwise) of the addresses of such Mortgagees. Tenant agrees not to exercise any remedies available by virtue of a Landlord's failure to cure a default within thirty (30) days after receipt of notice of default (or such additional time as may be reasonably necessary to cure such default) unless Tenant has also given the Mortgagees a reasonable opportunity to cure such default (including but not limited to foreclosure proceedings if necessary to effect such cure).

### ARTICLE XIII- ENVIRONMENTAL COVENANTS

Section 13.1 Prohibitions. Tenant agrees that Tenant, its employees, licensees, invitees, agents and contractors shall not use, manufacture, release, store or dispose of on, under or about the Premises any explosives, flammable substances, radioactive materials, asbestos in any form, paint containing lead, materials containing urea formaldehyde, polychlorinated biphenyls, or any other hazardous, toxic or dangerous substances, wastes or materials, whether having such characteristics in fact or defined as such under federal, state or local laws or regulations and any amendments thereto (all such materials and substances being hereinafter referred to as "Hazardous Materials") provided that Tenant may store products which are of a type customarily found in offices (such as toner for copiers and the like) in a safe and lawful manner and without contaminating the Premises or the environment.

Section 13.2 Inspection. Landlord, in addition to its other rights under this Lease, may enter upon the Premises at any time for the purposes of inspecting to determine whether the Premises or the environment have become contaminated with Hazardous Materials. In the event Landlord discovers the existence of any such Hazardous Materials due to fault or other act of Tenant or its agents, employees, invitees or licensees, Tenant shall reimburse Landlord upon demand for the costs of such inspection, sampling and analysis.

Section 13.3 Indemnification. Without limiting the above, Tenant shall indemnify and hold harmless Landlord from and against any and all claims, losses, liabilities, damages, costs and expenses, including without limitation attorneys' fees and the costs of any



required or necessary repair, cleanup or detoxification, arising out of or in any way connected with the existence, use, manufacture, storage or disposal of Hazardous Materials by Tenant or its employees, agents, invitees, licensees or contractors on, under or about the Premises, the Building or the Property. The indemnity obligations of Tenant under this clause shall survive any termination of this Lease.

#### ARTICLE XIV- DEFAULT AND REMEDIES

Section 14.1 Defaults. As used in the provisions of this Lease, each of the following events shall constitute, and is hereinafter referred to as, an "Event of Default":

- (a) If Tenant fails to (i) pay any Rent or any other sum that Tenant is obligated to pay by any provision of this Lease, when and as due and payable hereunder; or (ii) perform any of its other obligations under the provisions of this Lease; or
- (b) If Tenant or any guarantor of this Lease (i) applies for or consents to the appointment of a receiver, trustee or liquidator of Tenant or of all or a substantial part of its assets; (ii) is subject to a petition in bankruptcy or admits in writing its inability to pay its debts as they come due; (iii) makes an assignment for the benefit of its creditors; (iv) files a petition or an answer seeking a reorganization or an arrangement with creditors, or seeks to take advantage of any insolvency law; (v) performs any other act of bankruptcy; or (vi) files an answer admitting the material allegations of a petition filed against Tenant in any bankruptcy, reorganization or insolvency proceeding; or
- (c) If Tenant fails to assume possession of and occupy the Premises within fifteen (15) days after the Commencement Date, or if thereafter Tenant vacates or abandons the Premises for more than three (3) continuous days.

Section 14.2 Grace Period. Anything contained in the provisions of this article to the contrary notwithstanding, on the occurrence of an Event of Default, Landlord shall not exercise any right or remedy which it holds under any provision of this Lease, or applicable law unless and until:

- (a) Landlord has given written notice thereof to Tenant, and
- (b) Tenant has failed, (i) if such Event of Default consists of a failure to pay money, to pay all of such money within five (5) days after such notice; or (ii) if such Event of Default consists of something other than a failure to pay money, to fully cure such Event of Default within fifteen (15) days after such notice or, if such Event of Default cannot be cured within fifteen (15) days and Tenant commences to cure same within fifteen (15) days, to proceed diligently with efforts to cure such Event of Default and to fully cure same within thirty (30) days. Notwithstanding the foregoing, no such notice shall be required, and Tenant shall be entitled to no such grace period, (A) in any emergency situation in which Landlord acts to cure such Event of Default; (B) if an Event of Default occurs more than twice during any twelve (12) month period; (C) if Tenant has substantially terminated or is in the process of substantially terminating its continuous occupancy and use of the

Premises except as permitted hereunder; or (D) in the case of any Event of Default enumerated in the provisions of Section 14.1(b) above.

Section 14.3 Remedies. Upon the occurrence of any Event of Default, Landlord may take any or all of the following actions:

- (a) Sell at public or private sale all or any part of the fixtures, equipment, inventory and other property belonging to Tenant and in which Landlord has a lien by grant from Tenant, statute or otherwise, at which sale Landlord shall have the right to become the purchaser upon being the highest bidder, and apply the proceeds of such sale, first, to the payment of all costs and expenses of seizing and storing such property and conducting the sale (including all attorneys' fees), second, toward the payment of any indebtedness, including (without limitation) that for Rent, which may be or may become due from Tenant to Landlord, and, third, to pay Tenant any surplus remaining after all indebtedness of Tenant to Landlord including expenses has been fully paid;
- (b) Perform on behalf of and at the expense of Tenant any obligation of Tenant under this Lease which Tenant has failed to perform, without prior notice to Tenant, the total cost of which by Landlord, together with interest thereon at the Default Rate from the date of such expenditure, shall be deemed Additional Rent and shall be payable by Tenant to Landlord upon demand;
- (c) With or without terminating this Lease and the tenancy created hereby, re-enter the Premises with or without court action or summary proceedings, remove Tenant and all other persons and property from the Premises, and store any such property in a public warehouse or elsewhere at the costs of and for the account of Tenant, all without resort to legal process and without Landlord being deemed guilty of trespass or becoming liable for any loss or damage occasioned thereby;
- (d) With or without terminating this Lease, and from time to time, make such improvements, alterations and repairs as may be necessary in order to relet the Premises, and relet the Premises or any part thereof upon such term or terms (which may be for a term extending beyond the term of this Lease) at such rental or rentals and upon such other terms and conditions (which may include concessions, free rent and/or improvements) as Landlord in its sole discretion may deem advisable; and, upon each such reletting, all rentals received by Landlord shall be applied, first, to the payment of any indebtedness other than Rent due hereunder from Tenant to Landlord, second, to the payment of all costs and expenses of such reletting (including but not limited to brokerage fees, attorneys' fees and costs of improvements, alterations and repairs), third, to the payment of all Rent due and unpaid hereunder, and the balance, if any, shall be held by Landlord and applied in payment of future rent as the same may become due and payable hereunder;
- (e) Enforce any provision of the Lease or any other agreement between the parties by injunction, temporary restraining order or other similar equitable remedy, to which Tenant hereby expressly consents and agrees; and/or

- (f) Exercise any other legal or equitable right or remedy which it may have by law or otherwise.

No reentry or taking possession of the Premises by Landlord shall be construed as an election on its part to terminate this Lease unless a written notice of such intention be given to Tenant or unless the termination thereof be decreed by a court of competent jurisdiction. All of Tenant's obligations hereunder to pay Base Rent and/or Additional Rent shall survive any such termination. Notwithstanding that Landlord may have re-leased the Premises without termination, Landlord may at anytime thereafter elect to terminate this Lease for any previous Event of Default. If the Premises or any part thereof is re-leased, Landlord shall not be liable for, nor shall Tenant's obligations hereunder be diminished by reason of, any failure by Landlord to relet the Premises or any failure by Landlord to collect any rent due upon such reletting. But, Landlord shall use commercially reasonable best efforts to relet the Premises and mitigate damages. No action taken by Landlord under the provisions of this section shall operate as a waiver of any right which Landlord would otherwise have against Tenant for the Rent hereby reserved or otherwise, and Tenant shall at all times remain responsible to Landlord for any loss and/or damage suffered by Landlord by reason of any Event of Default.

Section 14.4 Damages. Upon any Event of Default, Tenant shall remain liable to Landlord for the following amounts: (a) any Rent of any kind whatsoever which may have become due with respect to the period in the Term which has already expired; (b) any rental abatements or other free-rent concessions extended to Tenant under the Lease; (c) all Rent which becomes due during the remainder of the Term; (d) all costs, fees and expenses incurred by Landlord in leasing the Premises to others from time to time, including but not limited to leasing commissions, construction and other build-out costs, design and permitting costs and the like; and (e) all costs, fees and expenses incurred by Landlord in pursuit of its remedies hereunder, including but not limited to attorneys' fees and court costs. All such amounts shall be due and payable immediately upon demand by Landlord and shall bear interest at the Default Rate until paid. Furthermore, at Landlord's option, Tenant shall be obligated to pay, in lieu of item (c) above, an amount (the "Substitute Amount") which is equal to the present value of all Rent which would become due during the remainder of the Term, including all Additional Rent which shall be deemed to continue and increase over such remainder of the Term at the average rate of increase occurring over the then-expired portion of the Term, with such present value to be determined by discounting at an annual rate of interest which is equal to the bond-equivalent yield for the most recent auction of U.S. Treasury Bills with a 1-year maturity. Provided that the Substitute Amount is actually paid in full to Landlord and the Premises are surrendered by Tenant, Landlord shall affirmatively list the Premises with its broker as available for lease (to the extent Landlord's contract with such broker does not already apply to all vacant space at the Building), and Tenant shall receive a reduction and reimbursement of all such amounts which is equal to the amount of any rent actually received from others to whom the Premises may be rented during the remainder of the original Term, but in no event shall Tenant be entitled to amounts collected by Landlord in excess of the amounts due under this Lease. Tenant and Landlord acknowledge and agree that payment to Landlord of the foregoing Substitute Amount, together with the corresponding reduction by reimbursement to Tenant of any rent paid by substitute tenants, are a reasonable forecast of the actual damages which will be suffered by Landlord in case of an Event of Default by Tenant, which actual damages are otherwise difficult or impossible to ascertain, and therefore such

payment and reimbursement together constitute liquidated damages and not a penalty. Any suit or action brought by Landlord to collect any such liquidated damages shall not in any manner prejudice any other rights or remedies of Landlord hereunder.

Section 14.5 Intentionally Omitted.

Section 14.6 Waiver of Jury Trial. All parties hereto, both Landlord and Tenant as principals and any guarantors, hereby release and waive any and all rights provided by law to a trial by jury in any court or other legal proceeding initiated to enforce the terms of this Lease, involving any such parties, or connected in any other manner with this Lease. In the event of a dispute between Landlord and Tenant, Tenant shall pay Rent into the registry of the court having jurisdiction over such dispute.

#### ARTICLE XV- QUIET ENJOYMENT

Section 15.1 Covenant. Landlord hereby covenants that Tenant, on paying the Rent and performing the covenants set forth herein, shall peaceably and quietly hold and enjoy throughout the Term the Premises and such rights as Tenant may hold hereunder with respect to the remainder of the Property.

#### ARTICLE XVI- NOTICES

Section 16.1 Notices. Any notice, demand or other communication to be provided hereunder to a party hereto shall be (a) in writing; (b) deemed to have been given (i) three (3) days after being sent in the United States Mail, postage prepaid, (ii) one (1) day after being sent by nationally recognized overnight courier, or (iii) immediately upon its actual delivery; and (c) addressed at the address set forth on the Lease Summary Sheet, or such other place as Landlord or Tenant may specify in writing to the other upon at least ten (10) days prior notice.

#### ARTICLE XVII- GENERAL

Section 17.1 Entire Agreement. This Lease represents the entire agreement between the parties hereto as to the subject matter hereof and supersedes all prior written or oral negotiations, representations, warranties, statements or agreements between the parties hereto as to the same.

Section 17.2 Amendment. This Lease may be amended by and only by a written instrument executed and delivered by each party hereto.

Section 17.3 Applicable Law. This Lease shall be given effect and construed by application of the law of the state in which the Property is located.

Section 17.4 Waiver. Landlord shall not be deemed to have waived the exercise of any right which it holds hereunder unless such waiver is made expressly and in writing, and no delay or omission by Landlord in exercising any such right shall be deemed to be a waiver of its future exercise. No such waiver as to any instance involving the exercise of any such right shall be deemed a waiver as to any other such instance or any other such right.

No payment by Tenant or receipt by Landlord of a lesser amount than the monthly Rent stipulated in the Lease shall be deemed to be other than on account of the earliest stipulated Rent, nor shall any endorsement of any check be an acknowledgment and satisfaction, etc.

Section 17.5      Time of Essence. Time shall be of the essence of this Lease.

Section 17.6      Headings. The headings of the articles, subsections, paragraphs and subparagraphs hereof are provided herein only for convenience of reference and shall not be considered in construing their contents.

Section 17.7      Severability. No determination by any court, governmental body or otherwise that any provision of this lease or any amendment hereof is invalid or unenforceable in any instance shall affect the validity or enforceability of any other such provision or such provision in any circumstance not controlled by such determination. Each such provision shall be valid and enforceable to the fullest extent allowed by, and shall be construed wherever possible as being consistent with, applicable law.

Section 17.8      Drafting. This Lease has been negotiated and prepared by both parties and shall not be construed more strictly against one party as the draftsman thereof.

Section 17.9      Successors and Assigns. This Lease shall be fully binding upon the parties hereto and each of their respective successors and assigns. Whenever two or more parties constitute Tenant, all such parties shall be jointly and severally liable for performing Tenant's obligations hereunder.

Commissions. Each party hereto hereby represents and warrants to the other that in connection with the leasing of the Premises hereunder, the party so representing and warranting has not dealt with any real estate broker, agent or finder, except for NAI SAIG representing Landlord (the "Brokers"). Each party hereto shall indemnify the other against any inaccuracy in such party's representation. Landlord hereby agrees that it shall pay a commission to the Brokers according to a separate agreement. The parties acknowledge and agree that the Brokers shall be third party beneficiaries of the foregoing covenants.

Section 17.11      Recordation. This Lease may not be recorded among the land records or among any other public records, without Landlord's prior written consent.

Section 17.12      Perpetuities. If the rule against perpetuities would invalidate this Lease or any portion hereof, or would limit the time during which this Lease shall be effective, due to the potential failure of an interest in property created herein to vest within a particular time, then notwithstanding anything to the contrary herein, each such interest in property must vest, if at all, before the passing of 21 years from the date of this Lease, or this Lease shall become null and void upon the expiration of such 21 year period and the parties shall have no further liability hereunder.

Section 17.13      Liability Limitation. Neither Landlord nor any trustee, director, officer, employee, representative, asset manager, investment advisor or agent of Landlord, nor any of their respective successors and assigns, shall be personally liable in any

connection with this Lease, and Tenant shall resort solely to the Building for the payment to Tenant of any claim or for any performance by Landlord hereunder.

Section 17.14 Not an Offer. Submission of this Lease to Tenant is not an offer or agreement by Landlord to reserve the Premises. Landlord shall not bound by the terms hereof until Tenant and Landlord have executed this Lease.

Section 17.15 Authority. Tenant, as well as any entities and/or individuals executing this Lease on behalf of Tenant, represent and warrant to Landlord that the execution, delivery and performance of this Lease have been duly authorized by all required corporate, partnership or other action on the part of Tenant, and this Lease constitutes the valid and binding obligation of Tenant enforceable against Tenant in accordance with its terms.

Section 17.16 Lease Summary Sheet and Exhibits. The Lease Summary Sheet and each exhibit, addendum or other attachment hereto is hereby made a part of this Lease having the full force of all other provisions herein.

Section 17.17 Execution in Counterparts. This Lease may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

Section 17.18 OFAC Compliance.

(a) As used herein "Blocked Party" shall mean any party or nation that (a) is listed on the Specially Designated Nationals and Blocked Persons List maintained by the Office of Foreign Asset Control, Department of the U.S. Treasury ("OFAC") pursuant to Executive Order No. 13224, 66 Fed. Reg. 49079 (Sept. 25, 2001) or other similar requirements contained in the rules and regulations of OFAC (the "Order") or in any enabling legislation or other Executive Orders in respect thereof (the Order and such other rules, regulations, legislation, or orders are collectively called the "Orders") or on any other list of terrorists or terrorist organizations maintained pursuant to any of the rules and regulations of OFAC or pursuant to any other applicable Orders (such lists are collectively referred to as the "Lists"); or (b) has been determined by competent authority to be subject to the prohibitions contained in the Orders.

(b) As a material inducement for Landlord entering into this Lease, Tenant warrants and represents that none of Tenant, any Affiliate of Tenant, any partner, member or stockholder in Tenant or any Affiliate of Tenant, or any beneficial owner of Tenant, any Affiliate of Tenant or any such partner, member or stockholder of Tenant (collectively, a "Tenant Owner"): (a) is a Blocked Party; (b) is owned or controlled by, or is acting, directly or indirectly, for or on behalf of, any Blocked Party; or (c) has instigated, negotiated, facilitated, executed or otherwise engaged in this Lease, directly or indirectly, on behalf of any Blocked Party. Tenant shall immediately notify Landlord if any of the foregoing warranties and representations becomes untrue during the Term.



(c) Tenant shall not: (a) transfer or permit the transfer of any interest in Tenant or any Tenant Owner to any Blocked Party; or (b) make a Transfer to any Blocked Party or party who is engaged in illegal activities.

(d) If at any time during the Term (a) Tenant or any Tenant Owner becomes a Blocked Party or is convicted, pleads nolo contendere, or is indicted, arraigned, or custodially detained on charges involving money laundering or predicate crimes to money laundering; (b) any of the representations or warranties set forth in this Section become untrue; or (c) Tenant breaches any of the covenants set forth in this Section, the same shall constitute an Event of Default. In addition to any other remedies to which Landlord may be entitled on account of such Event of Default, Landlord may immediately terminate this Lease and refuse to pay any Allowance or other disbursements due to Tenant under this Lease.

Section 17.19 Parking. Tenant shall be provided with 2 parking spaces per 1,000 RSF leased, in the parking lot of the Building for use by Tenant during normal business hours at no charge.

Section 17.20 Financial Statements. Within ten (10) days following Landlord's written request therefor, but no more often than once per year, Tenant shall deliver to Landlord a financial statement with respect to Tenant for its most recent fiscal year prepared in accordance with generally accepted accounting principles consistently applied and certified to be true and correct by an office of Tenant, provided that Landlord and any lender, transferee or mortgagee shall first execute a commercially reasonable confidentiality and non-disclosure agreement provided by Tenant and further provided that said financial statement shall not be disclosed to any other person or party except as provided in the confidentiality agreement.

Section 17.21 Signage. Tenant shall have signage on the Tenant Identification Directory located in the main lobby and a suite sign adjacent to Tenant's entrance. Landlord will pay for the initial building standard signs installed at the Property, however, the costs for any future changes shall be the responsibility of Tenant. Any changes to the suite signage by Tenant must be approved by the Landlord.

Section 17.22 Low Voltage Wiring. Tenant, at Tenant's sole costs and expense, shall remove all Low Voltage Cabling that was installed by the Tenant in the premises upon termination of this Lease.

Signature Page to Follow

IN WITNESS WHEREOF, each party hereto has executed this Lease under seal on the day and year written first above.

LANDLORD:

**Gregory Realty, GP** a Tennessee general partnership

By:   
Name: Hulet Gregory  
Title: Managing Member

TENANT:

**AccentCare, Inc.**, a \_\_\_\_\_ corporation

By: Anthony Jackson  
Name: Anthony Jackson  
Title: SVP Finance



EXHIBIT A  
FLOOR PLAN OF PREMISES

## EXHIBIT B

## SPACE IMPROVEMENTS

WORK LETTER FOR PREMISES  
(LANDLORD CONTRACTOR PERFORMS WORK)

1. This Work Letter shall set forth the obligations of Landlord and Tenant with respect to the preparation of the Premises for Tenant's occupancy. All improvements described in this Work Letter to be constructed in and upon the Premises by Landlord are hereinafter referred to as the "**Landlord's Work**". Landlord shall have the right to select the contractor used in connection with the Landlord's Work.
2. Landlord agrees to perform the work described below, using Landlord's Building standard finishes. Landlord shall use reasonable efforts to complete the Work by the Commencement Date.
3. If and for as long as Tenant is not in default under this Lease beyond any applicable grace period, the costs associated with the work described below ("Work Cost") shall be borne by Landlord. In the event of such a default under this Lease which is not cured by Tenant within the applicable grace period, Tenant shall pay to Landlord the Work Cost within five (5) days of receipt of a notice from Landlord as to the amount.
4. If Tenant shall request any changes to Landlord's Work that are approved by Landlord ("**Change Orders**"), Landlord shall have any necessary revisions to the Plans prepared, and Tenant shall reimburse Landlord on demand for the cost of preparing such revisions. Landlord shall notify Tenant in writing of the estimated increased cost, if any, which will be chargeable to Tenant by reason of such Change Orders, which increased cost shall be deposited by Tenant to Landlord.
5. Landlord shall notify Tenant upon substantial completion of Landlord's Work. The phrase "**substantial completion**" shall mean that Landlord's Work has been completed except for such incomplete items as would not materially interfere with the use of the Premises for the Permitted Use. The parties shall jointly identify any minor incomplete items of the Landlord's Work as reasonably determined (the "**Punchlist Items**"), which Punchlist items Landlord shall promptly remedy.

**Landlord's Work**

- (i) As-IS; Where is

## EXHIBIT C

## RULES AND REGULATIONS

1. Neither the whole nor any part of the sidewalks, plaza areas, entrances, passages, courts, elevators, vestibules, stairways, corridors or halls of the Building shall be obstructed or encumbered by any tenant or used for any purpose other than ingress and egress to and from the premises of such tenant.

2. No awning, canopy, sign or other projection shall be attached to the outside walls or windows of the Building without Landlord's prior written consent. No curtain, blind, shade, or screen (other than those furnished by Landlord as building standard) shall be attached to, hung in or used in connection with any window or door of the premises of any tenant.

3. No tenant shall mark, paint, drill into, or in any way deface any part of the Building or its premises. No boring, cutting, or stringing of wires shall be permitted.

4. No tenant shall make, or permit to be made, any unseemly or disturbing noises (whether by the use of any musical instrument, radio, television or other audio device) or allow any unsavory odors to emanate from its space, nor shall any tenant annoy, disturb or interfere with other tenants or occupants of the Building or neighboring buildings.

5. No change shall be made in door locks without Landlord's prior written consent. Each tenant must upon the termination of its tenancy restore to Landlord all keys to offices and toilet rooms either furnished to, or otherwise procured by, such tenant. In the event of the loss of any keys during the Term, Tenant shall pay Landlord the reasonable cost of replacement keys.

6. Landlord reserves the right to control and operate the public portions of the Building and the public facilities, as well as facilities furnished for the common use of the tenants, in such manner as it deems best for the benefit of the tenants generally, including, without limitation, the right to exclude from the Building, except during the hours the Building is open to the public, all persons who do not present suitable identification satisfactory to Landlord.

7. Each tenant, before closing and leaving its premises at any time, shall see that all entrance doors are locked and that all electrical appliances are turned off. Suite and entrance doors shall remain closed at all times.

8. No premises shall be used, or permitted to be used, for lodging or sleeping or for any immoral or illegal purpose.

9. Canvassing, soliciting and peddling in the Building are prohibited.

10. There shall not be used in the Building by any tenant or their agents or contractors, in the delivery or receipt of merchandise, freight or other matter, any hand trucks or other means of conveyance, except those equipped with rubber tires, rubber side guards, and such other safeguards as Landlord may require.

11. No animals of any kind shall be brought into or kept about the Building by any tenant.

12. No tenant shall place, or permit to be placed, on any part of the floor or floors of its premises a load exceeding the floor load per square foot which such floor was designed to carry and which is allowed by law.

13. No vending machines shall be permitted to be placed or installed in any part of the Building or premises by any tenant without the prior written consent of Landlord. Landlord reserves the right to place or install vending machines in any of the common areas of the Building.

14. No plumbing or electrical fixtures shall be installed by any tenant without the prior written consent of Landlord.

15. Bicycles, motorcycles or any other type of vehicle shall not be brought into the lobby or elevators of the Building or into the premises of any tenant.

16. Tenant will refer all contractors, contractor's representatives and installation technicians, rendering any services on or to the premises for tenant, to Landlord for Landlord's approval and supervision before performance of any service. This provision shall apply to all work performed in the Building, including installation of telephones, telegraph equipment, electrical devices and attachments and any installation of any nature affecting floors, walls, woodwork, trim, windows, ceilings, equipment or any other physical portion of the Building. Such approval, if given, shall in no way make Landlord a party to any contract between tenant and any such contractor, and Landlord shall have no liability therefor.

17. No trash or other objects shall be placed in the public corridors or sidewalks of the Building.

18. Landlord does not clean or maintain suite finishes which are non-standard, such as kitchens, bathrooms, wallpaper, special lights, etc.

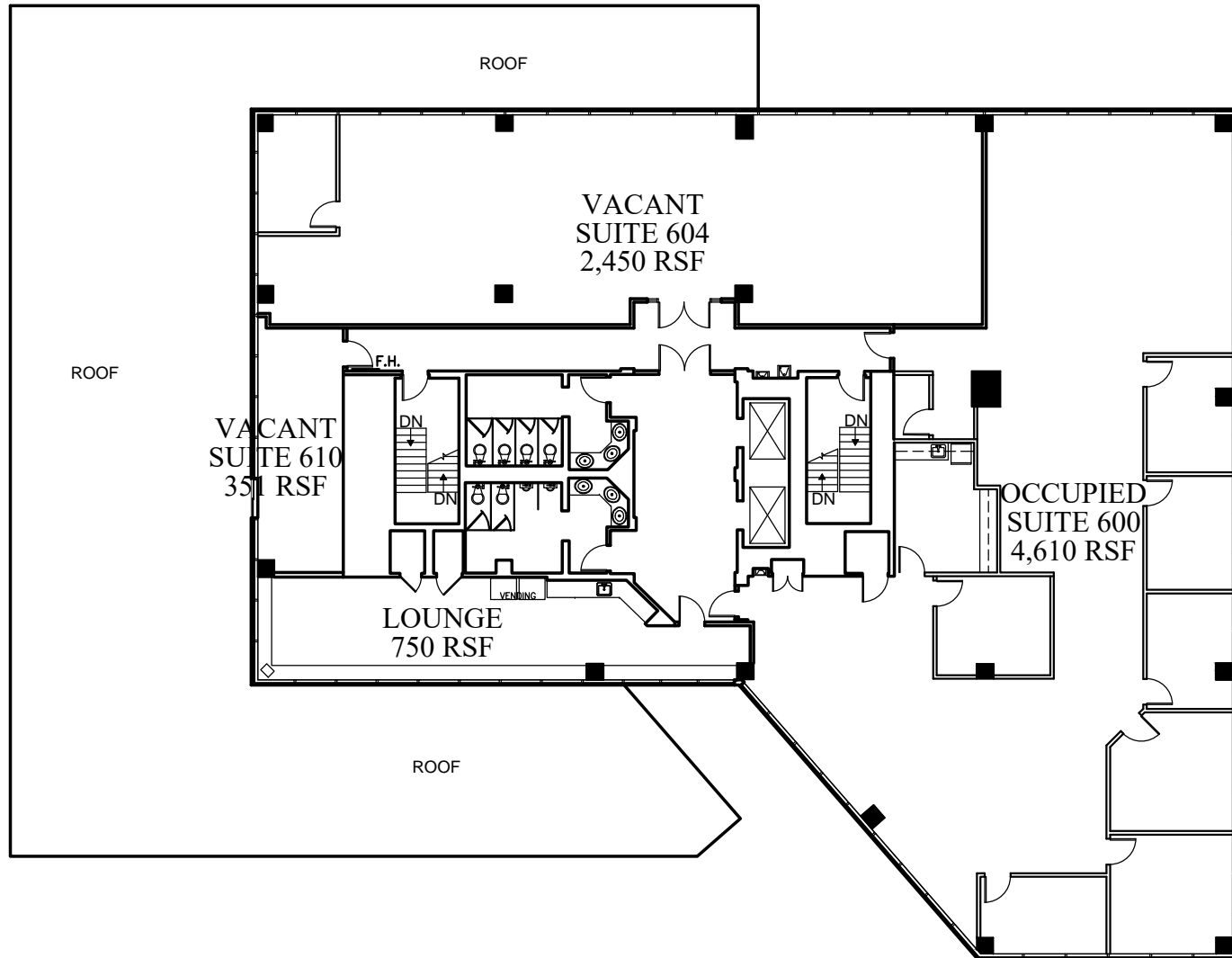
19. Landlord reserves the right, at any time and from time to time, to rescind, alter, or waive, in whole or in part, or to add to any of these Rules and Regulations when it is deemed necessary, desirable or proper, in Landlord's judgment, for its best interest or for the best interests of all tenants.

20. Violations of these Rules and Regulations, or any amendments thereof or additions thereto, constitute a default of this Lease.

**Attachment 10A**

**Floor Plan**

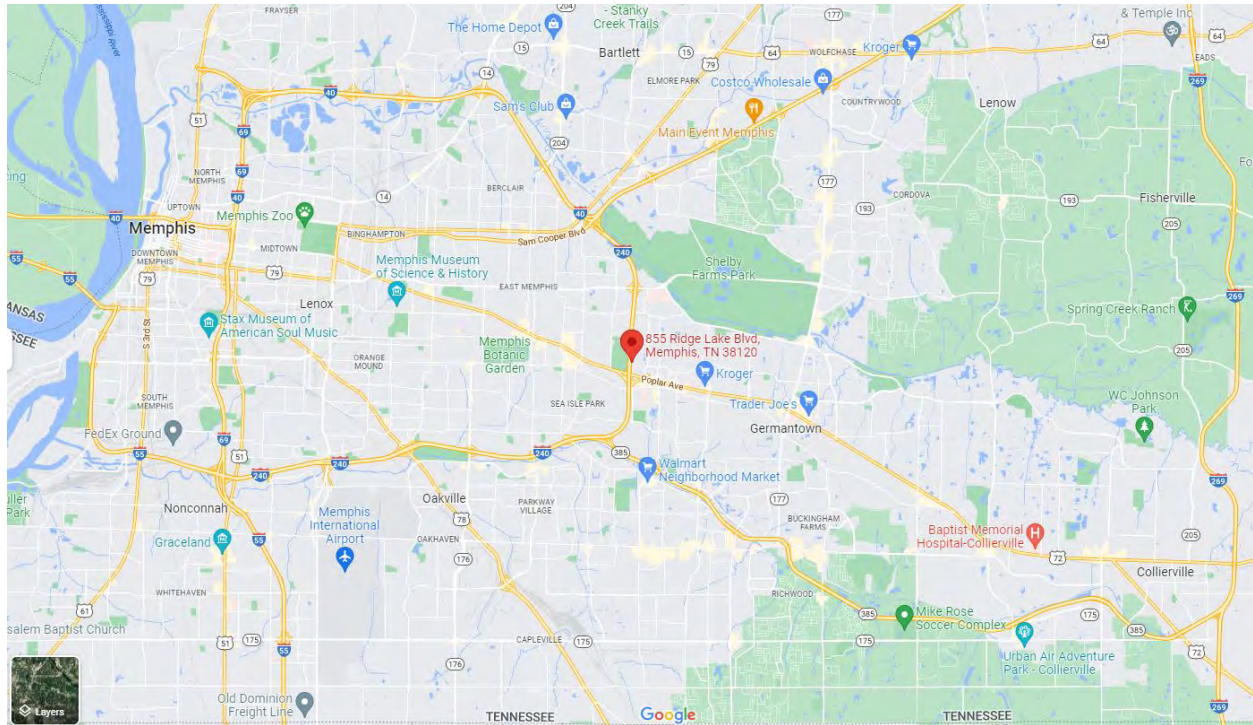
# SIXTH FLOOR PLAN



855 RIDGE LAKE BLVD

**Attachment 11A**  
**Public Transportation Route**

AccentCare West Tennessee will lease space at 855 Ridge Lake in Memphis for its main office. Because AccentCare West Tennessee will be a home health provider, patients will be cared for in their home and will not visit the main office. The main office will be used for administrative purposes, as well as staff training and other office duties performed by home health staff.

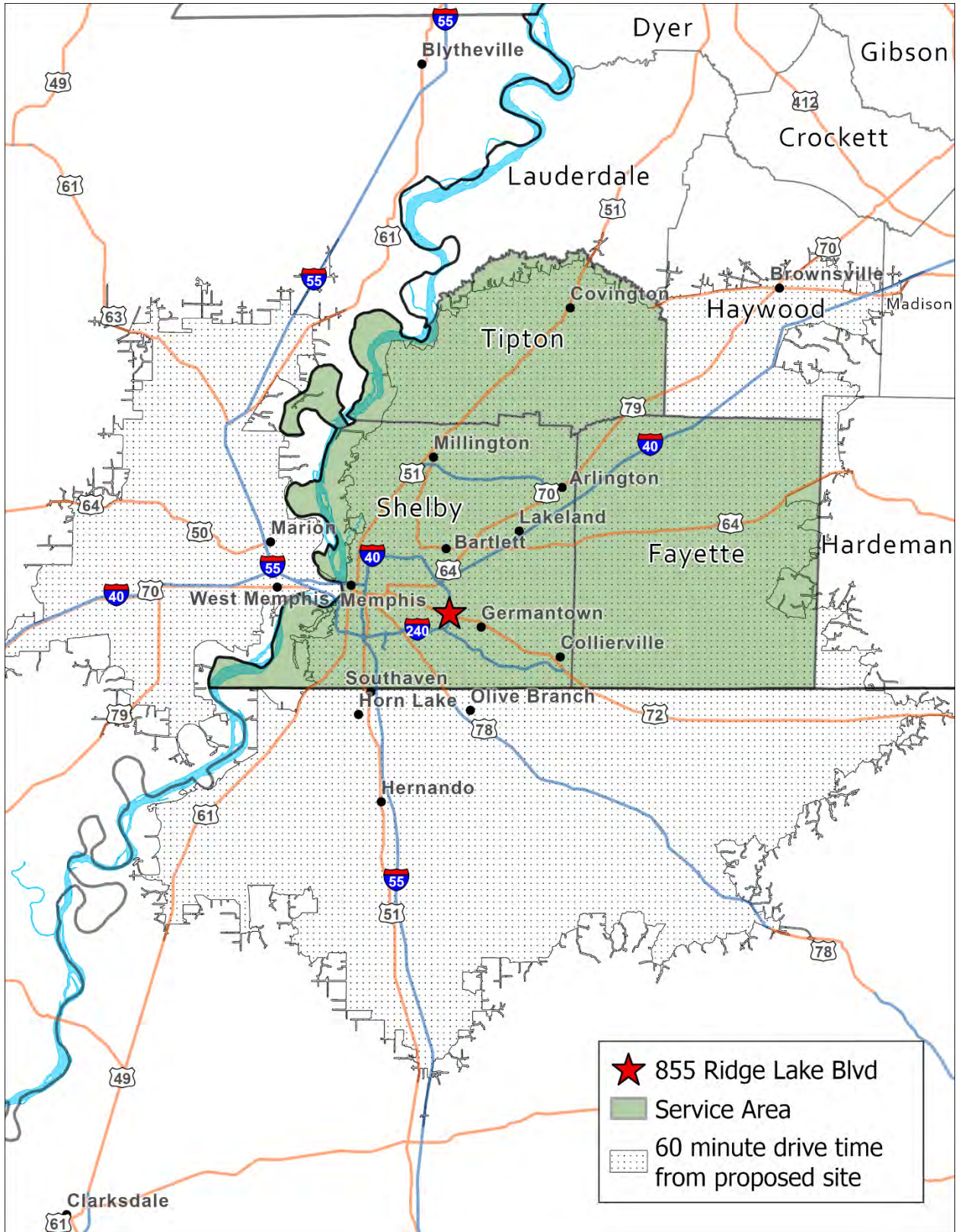


As the map above shows, the main office is centrally located in Shelby County with reasonable access to major roads. Outside of the downtown traffic but conveniently located off of I-240, the proposed site is easily accessible to staff who need to come into the office and visit their patients across the service area. The main office is minutes from major highways, such as I-40, US-64, TN-14, which lead into nearby Fayette and Tipton counties. The location is also accessible via public transportation. Memphis Area Transit Authority's (MATA) Route 50 runs right down Poplar Ave.<sup>1</sup> Poplar Ave is less than a mile from the proposed location. Route 50 is a high frequency route which means it runs every 30 minutes during weekdays.

Convenient access to major roads will allow staff reasonable access to all parts of the service area. The map below shows a 60-minute drive time from the proposed location. The map demonstrates that patients living in AccentCare West Tennessee's service area are within a 60-minute drive time from the main office.

<sup>1</sup> [https://www.matatransit.com/assets/2/6/MATA\\_November\\_2021\\_System\\_Map.pdf](https://www.matatransit.com/assets/2/6/MATA_November_2021_System_Map.pdf)





**Attachment 1E**

**Home Care Organizations List of Counties**

**Attachment - Home Care Organizations**

Home Health Agency, Hospice Agency (excluding Residential Hospice), identify the following by checking all that apply:

	Existing Licensed County	Parent Office County	Proposed Licensed County		Existing Licensed County	Parent Office County	Proposed Licensed County
Anderson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lauderdale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lawrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lewis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bledsoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loudon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bradley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	McMinn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campbell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	McNairy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Macon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Madison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheatham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marshall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mauzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claiborne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monroe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Montgomery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crockett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Morgan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cumberland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Davidson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decatur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DeKalb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pickett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dickson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Putnam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fayette	<input type="checkbox"/>	<input type="checkbox"/>	X	Rhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Franklin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Robertson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gibson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rutherford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grainger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sequatchie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sevier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grundy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelby	<input type="checkbox"/>	X	X
Hamblen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamilton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stewart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hancock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sullivan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardeman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sumner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	X
Hawkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trousdale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haywood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unicoi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Henderson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Henry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Van Buren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hickman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Houston	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humphreys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wayne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weakley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jefferson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Williamson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wilson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Attachment 1E-2**

**AccentCare West Tennessee Home Health Programs**

## AccentCare's RightPath® Programs

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

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

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

### *RightPath Cardiac Care Program*

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

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

### *RightPath COPD Program*

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

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

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

### *RightPath Diabetes Program*

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

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

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

### *RightPath Late Life Depression Program*

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

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

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

### *RightPath Palliative Care Program*

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

Experienced care teams help patients develop goals for care and create responsive care plans to support their changing needs during care transitions. The skilled interdisciplinary team helps patients manage

symptoms through pharmacological and non-pharmacological therapies, and provides resources to help patients and their families cope and make decisions. Spiritual care and bereavement services help patients seamlessly transition from palliative care to end-of-life care. Support services are available 24 hours a day, 7 days a week.

### *RightPath Joint Rehabilitation Program*

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

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

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

### **AdvancedCare at Home™**

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



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



## Technology

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

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

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

### *Virtual Visits*

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



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

### *Telemonitoring/Remote Monitoring*



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



real time biometric data and enable a rapid response to changes in condition, for better care management.

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

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

### *Partnership with Sound Physicians*

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



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

The program enables an expedient transition from hospital to home, and typically ensures start of home care within 24 to 48 hours of discharge. Physicians have on-demand access to orders and medication records to foster rapid clinical response. Collaboration between AccentCare West Tennessee clinicians and Sound Physicians doctors allows skilled management of complex patients through real-time video collaboration among the home health clinician, patient, and physician. This extended support network helps reduce emergency department utilization and hospital readmissions.

**Attachment 1E-3**  
**AccentCare Special Programs Brochures**

## Choose wisely. Choose AccentCare.

The choice of a home healthcare provider is important— and it is your choice to make. AccentCare® is committed to providing you with the right care, right **in the comfort of home.**

### We offer:

- RightPath® care plans designed for the **management of your lung condition**
- Exceptional outcomes<sup>1</sup> so you may **live life more fully**



[www.accentcare.com](http://www.accentcare.com)

## About AccentCare

AccentCare® is a nationwide leader in post-acute healthcare as well as specialized care management prior to acute episodes. Its wide variety of innovative services ranges from personal, non-medical care to skilled nursing, rehabilitative therapies, hospice, private duty, and care management.



### Contact your AccentCare representative today.

<Address>#<Suite>

<City>,#<State>#<Zip>

Phone:#<(000) 000-0000>

Fax:#<(000) 000-0000>

<sup>1</sup>Data on file. AccentCare, Inc. May 2016. Includes all AccentCare, Inc. agencies owned, formed or acquired before 3/31/17.

<sup>2</sup>Centers for Disease Control and Prevention. National Center for Health Statistics: Health, United States 2015 with Special Feature on Racial and Ethnic Health Disparities, 2016.

<sup>3</sup>Donaldson, GC, Hurst JR, Smith C J, Hubbard RB, Wedzicha JA. Increased Risk of Myocardial Infarction and Stroke Following Exacerbation of COPD. CHEST May 2010 vol. 137 no. 5 1091-1097.

<sup>4</sup>Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2011. Available from [www.goldcopd.org](http://www.goldcopd.org).

<sup>5</sup>Strategic Health Programs, LLC; Trended Outcomes Report of Risk Adjusted Outcomes 01/01/2015 to 12/31/2016; Report date 02/10/16.

AccentCare welcomes all persons in need of its services and does not discriminate on the basis of age, disability, race, color, national origin, ancestry, religion, gender, gender identity and/or gender expression, sexual orientation or source of payment.

© 2022 AccentCare, Inc. All rights reserved.

# accentCare™

Reimagining care, together.

## RightPath® Program for COPD

AccentCare® brings proven disease management<sup>1</sup> to the **comfort of home.**

Our RightPath Program for COPD helps manage your condition so you may **live life more fully.**



[www.accentcare.com](http://www.accentcare.com)

## Staying healthy. Staying home.

If you've been diagnosed with chronic bronchitis or emphysema, also known as Chronic Obstructive Pulmonary Disease (COPD), you are not alone. In the United States, about 15.7 million adults suffer from COPD.<sup>2</sup> COPD is more than difficult breathing. It can also cause serious problems such as infection, heart attack, or stroke.<sup>3</sup>

That's why we created the RightPath® Program for COPD to help you in controlling your lung condition.<sup>1</sup>



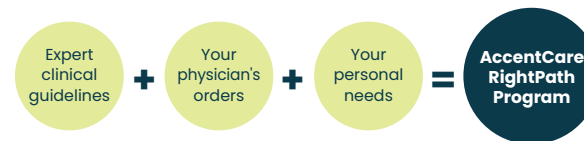
[www.accentcare.com](http://www.accentcare.com)

## RightPath Program for COPD.

RightPath® is a step-by-step plan based on expert clinical guidelines<sup>4</sup>, your physician's orders, and your personal needs.

Let's work together to manage your COPD and optimize your health at home.

### The right formula for your COPD care at home.



### Our RightPath Program at a Glance

#### SKILL

An experienced team for quality care

- Trained and dedicated professionals
- Disease management knowledge

#### SUPPORT

Help for better day-to-day health

- Medication education
- Rehabilitation for COPD patients

#### SERVICE

Special attention to your personal needs

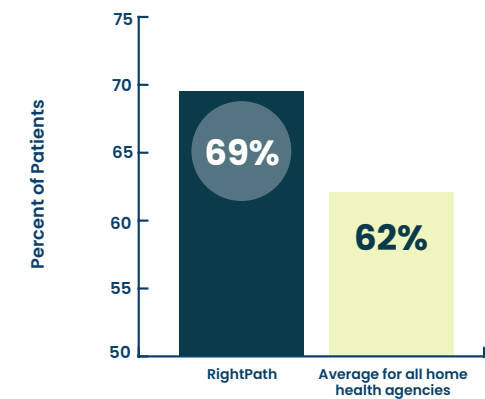
- Telemonitoring for symptom management (where available)
- Frequent communication with you, your family, and your physician

## Breathing better. Moving more.

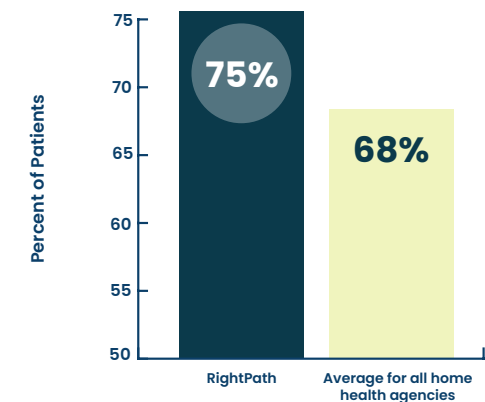
Positive outcomes are among the many reasons patients choose AccentCare®.

Greater percentages of patients show improvement in ability to walk and shortness of breath when enrolled in our proprietary RightPath® Program for COPD, versus the overall average for all home health agencies.

### Percentage of patients showing improvement in ability to walk<sup>5</sup>



### Percentage of patients showing improvement in shortness of breath<sup>5</sup>





## Choose wisely. Choose AccentCare.

The choice of a home healthcare provider is important— and it is your choice to make. AccentCare® is committed to providing you with the right care, right **in the comfort of home.**

### We offer:

- RightPath® care plans designed for the **management of your heart condition**
- Exceptional outcomes<sup>1</sup> so you may **live life more fully**



[www.accentcare.com](http://www.accentcare.com)

## About AccentCare

AccentCare® is a nationwide leader in post-acute healthcare as well as specialized care management prior to acute episodes. Its wide variety of innovative services ranges from personal, non-medical care to skilled nursing, rehabilitative therapies, hospice, private duty, and care management.



## Contact your AccentCare representative today.

<Address>#<Suite>

<City>,#<State>#<Zip>

Phone:#<(000) 000-0000>

Fax:#<(000) 000-0000>

<sup>1</sup>Data on file. AccentCare, Inc. May 2016. Includes all AccentCare, Inc. agencies owned, formed or acquired before 3/31/17.

<sup>2</sup>Centers for Disease Control and Prevention. Summary Health Statistics Tables for U.S. Adults: National Health Interview Survey, 2015.

<sup>3</sup>ACCF/AHA Guidelines for the Diagnosis and Management of Heart Failure in Adults.

<sup>4</sup>Strategic Health Programs, LLC; Trended Outcomes Report of Risk Adjusted Outcomes 01/01/2015 to 12/31/2016; Report date 02/10/16.

AccentCare welcomes all persons in need of its services and does not discriminate on the basis of age, disability, race, color, national origin, ancestry, religion, gender, gender identity and/or gender expression, sexual orientation or source of payment.

© 2022 AccentCare, Inc. All rights reserved.

# accentCare™

Reimagining care, together.

## RightPath® Program for Cardiac Care

AccentCare® brings proven disease management<sup>1</sup> to the **comfort of home.**

Our RightPath Program for Cardiac Care helps manage your condition so you may **live life more fully.**



[www.accentcare.com](http://www.accentcare.com)

## Staying healthy. Staying home.

If you've been diagnosed with cardiac or heart disease, you are not alone. More than 28 million Americans have been diagnosed with heart disease.<sup>2</sup>

Heart disease can limit your ability to live life to the fullest. People with heart disease often have difficulty breathing and moving, as well as a higher risk of having a heart attack.

That's why we created the RightPath® Program for Cardiac Care to help you in controlling your heart condition.<sup>1</sup>



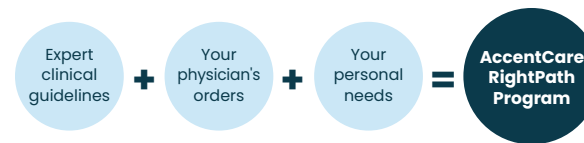
[www.accentcare.com](http://www.accentcare.com)

## RightPath Program for Cardiac Care.

RightPath® is a step-by-step plan based on expert clinical guidelines<sup>3</sup>, your physician's orders, and your personal needs.

Let's work together to manage your heart condition and optimize your health at home.

### The right formula for your cardiac care at home.



### Our RightPath Program at a Glance

#### SKILL

An experienced team for quality care

- Trained and dedicated professionals
- Disease management knowledge

#### SUPPORT

Help for better day-to-day health

- Medication education
- Smoking cessation and nutrition education
- Rehabilitation for the heart patient

#### SERVICE

Special attention to your personal needs

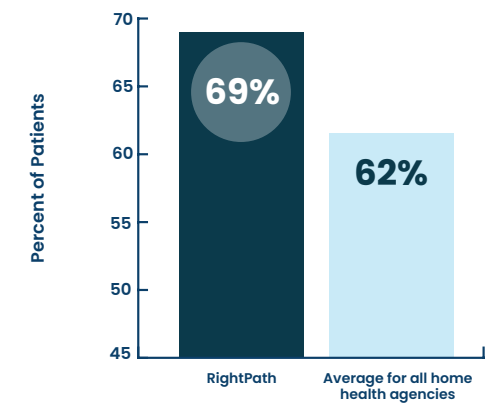
- Telemonitoring for symptom management (where available)
- Frequent communication with you, your family, and your physician

## More activity. Less shortness of breath.

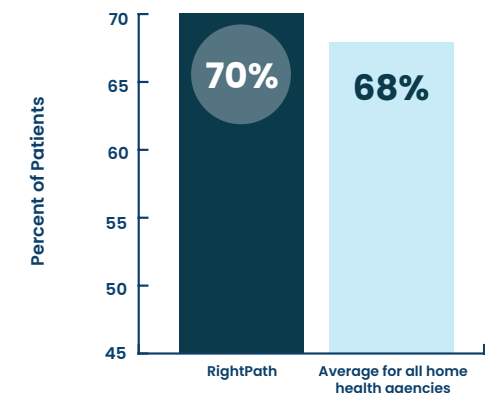
Positive outcomes are among the many reasons patients choose AccentCare®.

Greater percentages of patients show improvement in ability to walk and shortness of breath when enrolled in our proprietary RightPath® Program for Cardiac Care, versus the overall average for all home health agencies.

### Percentage of patients showing improvement in ability to walk<sup>4</sup>



### Percentage of patients showing improvement in shortness of breath<sup>4</sup>





## Choose wisely. Choose AccentCare.

The choice of a home healthcare provider is important— and it is your choice to make. AccentCare® is committed to providing you with the right care, right **in the comfort of home.**

### We offer:

- RightPath® care plans designed for the **management of your diabetes**
- Exceptional outcomes<sup>1</sup> so you may **live life more fully**



[www.accentcare.com](http://www.accentcare.com)

## About AccentCare

AccentCare® is a nationwide leader in post-acute healthcare as well as specialized care management prior to acute episodes. Its wide variety of innovative services ranges from personal, non-medical care to skilled nursing, rehabilitative therapies, hospice, private duty, and care management.



## Contact your AccentCare representative today.

<Address>#<Suite>

<City>,#<State>#<Zip>

Phone:#<(000) 000-0000>

Fax:#<(000) 000-0000>

<sup>1</sup>Data on file. AccentCare, Inc. May 2016. Includes all AccentCare, Inc. agencies owned, formed or acquired before 3/31/17.

<sup>2</sup>Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2014.

<sup>3</sup>Funnell M, Brown T, Childs BP, et al. National Standards for Diabetes Self-Management Education. Diabetes Care, Volume 30, Number 6, June 2007.

<sup>4</sup>Re-hospitalization data is weighted national estimates from re-admissions analysis file derived from the Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID), 2015, Agency for Healthcare Research and Quality (AHRQ).

AccentCare welcomes all persons in need of its services and does not discriminate on the basis of age, disability, race, color, national origin, ancestry, religion, gender, gender identity and/or gender expression, sexual orientation or source of payment.

© 2022 AccentCare, Inc. All rights reserved.

# accentCare.™

Reimagining care, together.

## RightPath® Program for Diabetes

AccentCare® brings proven disease management<sup>1</sup> to the **comfort of home.**

Our RightPath Program for Diabetes Care helps manage your condition so you may **live life more fully.**



[www.accentcare.com](http://www.accentcare.com)

## Staying healthy. Staying home.

If you've been diagnosed with diabetes, you are not alone. In the United States, more than 29 million Americans are living with diabetes, making up 9 percent of the population.<sup>2</sup> For people with diabetes, the disease means more than difficulty maintaining proper blood sugar levels. Diabetes can cause serious long-term complications including loss of vision, nerve damage (neuropathy), kidney damage and skin infection.

That's why we created the RightPath® Program for Diabetes Care to help you in controlling your diabetes, and managing or preventing complications.<sup>1</sup>



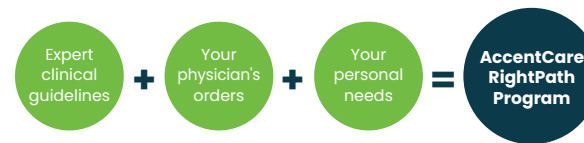
[www.accentcare.com](http://www.accentcare.com)

## RightPath Program for Diabetes Care.

RightPath® is a step-by-step plan based on expert clinical guidelines<sup>3</sup>, your physician's orders, and your personal needs.

Let's work together to manage your diabetes and optimize your health at home.

### The right formula for your Diabetes care at home.



### Our RightPath Program at a Glance

#### SKILL

An experienced team for quality care

- Trained and dedicated professionals
- Disease management knowledge
- Understanding of diabetes complications and special care needs
- RightPath® programs for heart disease and late-life depression (conditions that often affect people living with diabetes)

#### SUPPORT

Help for better day-to-day health

- Medication education
- Nutrition education

#### SERVICE

Special attention to your personal needs

- Telemonitoring for symptom management (where available)
- Frequent communication with you, your family, and your physician

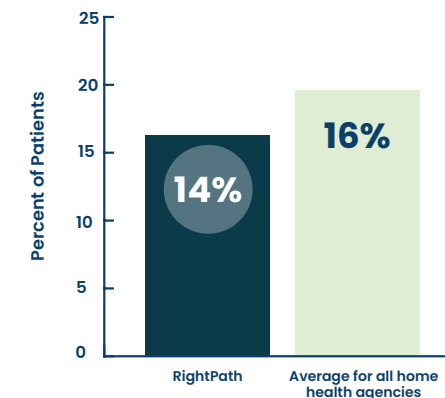
## Better disease management. Less time in the hospital.

Positive outcomes are among the many reasons patients choose AccentCare®.

A lower percentage of diabetic patients are readmitted to the hospital when enrolled in our proprietary

RightPath® Program for diabetes, versus the overall average for all home health agencies.

### Percentage of Diabetic Patients Readmitted to the Hospital<sup>4</sup>





## Choose wisely. Choose AccentCare.

The choice of a home healthcare provider is important— and it is your choice to make. AccentCare® is committed to providing you with the right care, right **in the comfort of home.**

### We offer:

- RightPath® care plans designed for **joint rehabilitation**
- Exceptional outcomes<sup>1</sup> so you may **live life more fully**



[www.accentcare.com](http://www.accentcare.com)

## About AccentCare

AccentCare® is a nationwide leader in post-acute healthcare as well as specialized care management prior to acute episodes. Its wide variety of innovative services ranges from personal, non-medical care to skilled nursing, rehabilitative therapies, hospice, private duty, and care management.



### Contact your AccentCare representative today.

<Address>#<Suite>

<City>,#<State>#<Zip>

Phone:#<(000) 000-0000>

Fax:#<(000) 000-0000>

<sup>1</sup>Data on file. AccentCare, Inc. May 2016. Includes all AccentCare, Inc. agencies owned, formed or acquired before 3/31/17.

<sup>2</sup>National Institutes of Health. The Journal of Bone and Joint Surgery, 2015.

<sup>3</sup>Oldmeadow LB, McBurney H, Robertson VJ, et al. Targeted postoperative care improves discharge outcome after hip or knee December 6, 2008. Available at: <http://www.aaos.org/research/guidelines/OAKguideline.pdf>. Accessed July 26, 2012.

<sup>4</sup>Briggs\* Corporation, NAHC and Fazzi Associates, Inc. Briggs\* National Quality Improvement/ Hospitalization Reduction Study, 2006. West Des Moines, January 2006. Available at: [http://www.nahc.org/pdf\\_apps/BriggsStudy.pdf](http://www.nahc.org/pdf_apps/BriggsStudy.pdf). Accessed July 26, 2012.

<sup>5</sup>Richmond J, Hunter D, Irgang J, et al. Treatment of Osteoarthritis of the Knee (Non-Arthroplasty) Full Guideline.AAOS.org.orthoplasty. Arch Phys Med Rehabil. 2004;85:1424-1427

<sup>6</sup>Encouraging Patients and Family Caregivers to Assert a More Active Role. www.caretransitions.org. June 22, 2012. Available at: [http://www.caretransitions.org/documents/Evidence\\_and\\_Adoptions\\_2.pdf](http://www.caretransitions.org/documents/Evidence_and_Adoptions_2.pdf). Accessed July 26, 2012.

<sup>7</sup>Strategic Health Programs, LLC; Trended Outcomes Report of Risk Adjusted Outcomes from 10/01/2015 to 09/30/2016; Report date: 12/04/2017.

AccentCare welcomes all persons in need of its services and does not discriminate on the basis of age, disability, race, color, national origin, ancestry, religion, gender, gender identity and/or gender expression, sexual orientation or source of payment.

© 2022 AccentCare, Inc. All rights reserved.

# accentCare™

Reimagining care, together.

## RightPath® Program for Joint Rehabilitation

AccentCare® brings proven disease management<sup>1</sup> to the **comfort of home.**

Our RightPath Program for Joint Rehabilitation helps manage your condition so you may **live life more fully.**



[www.accentcare.com](http://www.accentcare.com)

## Staying healthy. Staying home.

If you've had joint replacement surgery, you are not alone. In the United States, hundreds of thousands of people have joint replacement each year, and the numbers continue to rise.

Approximately 7 million Americans are living with a hip or knee replacement.<sup>2</sup>

Joint replacement surgery can make significant improvements to your health and lifestyle. Equally important, is treatment after surgery.<sup>3</sup> The right postoperative care is essential in allowing you to regain activity and reduce risk of infection and blood clots.

That's why we created the RightPath® Program for Joint Rehabilitation to help you heal after joint replacement surgery!



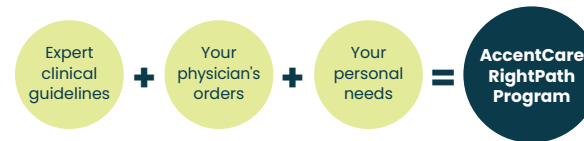
[www.accentcare.com](http://www.accentcare.com)

## RightPath Program for Joint Rehabilitation.

RightPath® is a step-by-step plan based on expert clinical research and evidence-based practices<sup>3,4,5,6</sup>, your physician's orders, and your personal needs.

Let's work together to manage your joint rehabilitation and maximize your good health at home.

### The right formula for your Joint Rehabilitation care at home.



### Our RightPath Program at a Glance

#### SKILL

An experienced team for quality care

- Trained and dedicated professionals
- Best practices for postoperative care, including pain management and focused rehabilitation

#### SUPPORT

Help for better day-to-day health

- Patient and family education
- Medication management, rehabilitation plan, pain management, and incision care

#### SERVICE

Special attention to your personal needs

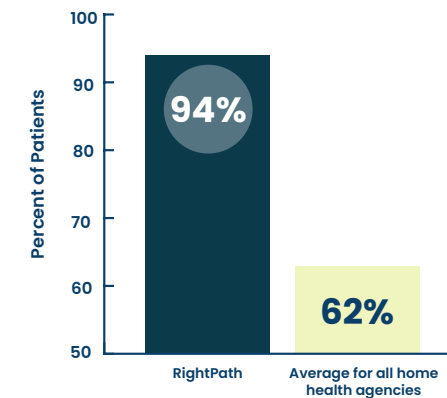
- Easing transition from in-patient to at-home care
- Frequent communication with you, your family, and your physician
- Support for transition to outpatient therapy

## More movement. Less pain.

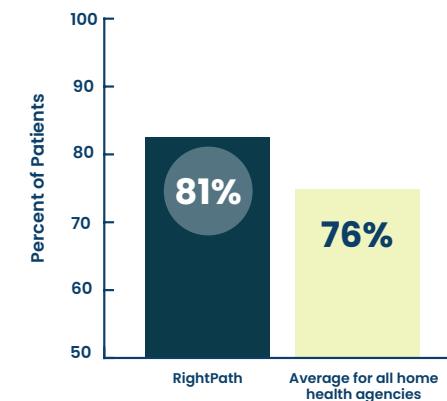
Positive outcomes are among the many reasons patients choose AccentCare®.

Greater percentages of patients show improvement in ability to walk and pain interfering with activity when enrolled in our proprietary RightPath® Program for Joint Rehabilitation, versus the overall average for all home health agencies.

### Percentage of Patients Showing Improvement in Ability to Walk<sup>7</sup>



### Percentage of Patients Showing Improvement in Pain Interfering with Activity<sup>7</sup>





## Common myths about late life depression

### Myth: The last thing I need is another pill.

Treatment of depression can actually decrease physical symptoms and may reduce overall medication use. Many antidepressant medications can be taken as a single pill, once per day. Your doctor will determine the best treatment options for you.

### Myth: I can't get treatment for depression right now. I have to focus on getting better from my medical problem.

Depression may intensify other illnesses such as heart disease and stroke. If you are depressed and physically ill, one of the most important parts of getting better is to get help for your depression.

### Myth: I don't have time to deal with depression, because I need all my energy to care for my spouse (or parent, child).

If you are depressed, you need to get better in order to best care for your loved one.

[www.accentcare.com](http://www.accentcare.com)

## About AccentCare

AccentCare® is a nationwide leader in post-acute healthcare as well as specialized care management prior to acute episodes. Its wide variety of innovative services ranges from personal, non-medical care to skilled nursing, rehabilitative therapies, hospice, private duty, and care management.



### Contact your AccentCare representative today.

<Address>#<Suite>  
 <City>,#<State>#<Zip>  
 Phone:#<(000) 000-0000>  
 Fax:#<(000) 000-0000>

<sup>1</sup>Cohen-Cole SA, Brown FW, McDaniel JS. Assessment of depression and grief reactions in the medically ill. In: Stoudemire A, Fogel BS (eds). Psychiatric care of the medical patient. New York: Oxford University Press, 1993:53-69.

<sup>2</sup>Birrer RB, Vemuri SP. Depression in later life: a diagnostic and therapeutic challenge. Am Fam Physician. 2004 May 15;69(10):2375-82.

<sup>3</sup>Gallo JJ, Rabins PV. Depression without sadness: Alternative presentations of depression in late life. Am Family Physician 1999; 60:820-6.

<sup>4</sup>American Psychiatric Association: Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition.

<sup>5</sup>Strategic Health Programs, LLC; Trended Outcomes Report of Risk Adjusted Outcomes from 01/01/2015 to 12/31/2015; Report date: 02/10/2016. Comparable industry data is unavailable from Strategic Health Programs, LLC.

AccentCare welcomes all persons in need of its services and does not discriminate on the basis of age, disability, race, color, national origin, ancestry, religion, gender, sexual orientation or source of payment.

AccentCare welcomes all persons in need of its services and does not discriminate on the basis of age, disability, race, color, national origin, ancestry, religion, gender, gender identity and/or gender expression, sexual orientation or source of payment.

© 2022 AccentCare, Inc. All rights reserved.

accentCare.™

Reimagining care, together.

## RightPath® Program for Late Life Depression

AccentCare® brings proven disease management<sup>1</sup> to the **comfort of home.**

Our RightPath Program for Late Life Depression helps manage your condition so you may **live life more fully.**



[www.accentcare.com](http://www.accentcare.com)

RP-5\_PAT\_ILD\_V09\_12.21

## Common myths about late life depression

### Myth: Most older people are depressed. The way I'm feeling is normal.

While a short period (hours or days) of sadness may occur in many older people, depression lasting weeks or months only occurs in a small percentage. It is not a normal part of aging.

### Myth: Of course I'm depressed. Wouldn't you be if you were sick (or disabled)?

Although older people with chronic illness and disability are more likely to be depressed, depression is not something you must accept as part of your illness. The good news is that both ill people and well people may be treated for depression.

### Myth: I can pull myself (or my spouse) out of it.

People can often overcome brief periods of low mood or sadness on their own. However, clinical depression or major depression requires professional help.

### Myth: I'm too old to change.

Studies have shown depression is treatable in up to 75% of patients with late life depression.<sup>2</sup> The likelihood of responding to treatment does not appear to decrease with age.

## What may trigger late life depression?

Patients with late life depression are less likely to have a history of depression than younger patients. Late life depression is often triggered by life situations, such as:

- Recent loss of spouse, a loved one, or a friend
- Recent diagnosis of an illness
- Declining health
- Changes in living arrangements
- Inability to care for self
- Social isolation

## What is late life depression?

All people experience sad feelings at one time or another. However, if you have a persistent sad mood, loss of interest or difficulty functioning in relationships for more than two weeks, you may have clinical depression. When clinical depression occurs for the first time in people 65 years or older, it is known as late life depression.

## What are symptoms of late life depression?

In late life depression, a sad or depressed mood may not be the most noticeable symptom. You may have a combination of the following:

- Significant decrease or increase in appetite and/or weight
- Frequent sleep issues: insomnia (difficulty sleeping) or excess sleep
- Nervousness or anxiety
- Slowing down (noticeable by others)
- Loss of energy
- Feelings of worthlessness or inappropriate guilt
- Reduced ability to think or concentrate, or indecisiveness
- Repeated thoughts of death or suicide

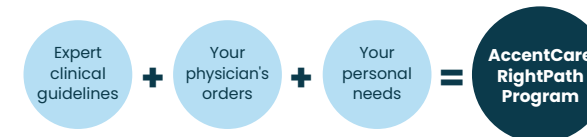
That's why we created the RightPath® Program for Late Life Depression to help you in managing your depression.

## RightPath Program for late life depression.

RightPath® is a step-by-step plan based on expert clinical guidelines<sup>3</sup>, your physician's orders, and your personal needs.

Let's work together to manage your depression and optimize your health at home.

**The right formula for your late life depression care at home.**



### Our RightPath Program at a Glance

#### SKILL

#### An experienced team for quality care

- Behavioral Health Nursing Program with trained nurses who specialize in depression management
- Emphasis on cognitive behavior therapy, problem-solving therapy and support therapy

#### SUPPORT

#### Help for better day-to-day health

- Medication education
- Self-care management strategies
- Psychological counseling/ grief therapy

#### SERVICE

#### Special attention to your personal needs

- Customizable care plan for symptom management
- Frequent communication with you, your family, and your physician

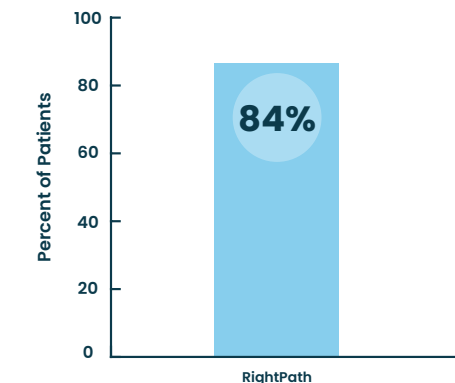


## Fewer symptoms. Fuller life.

Positive outcomes are among the many reasons patients choose AccentCare®.

A greater percentage of patients show reduced symptoms of depression when enrolled in our proprietary RightPath® Program for Late Life Depression, versus the overall average for all home health agencies.

### Percentage of Patients Showing Reduced Depression Symptoms<sup>5</sup>





## Choose wisely. Choose AccentCare.

The choice of a home healthcare provider is important— and it is your choice to make. AccentCare® recognizes that people with an advanced illness need special care that responds to the whole person, not just the disease.

We are committed to providing you with the right care, right **in the comfort of home.**



[www.accentcare.com](http://www.accentcare.com)

## About AccentCare

AccentCare® is a nationwide leader in post-acute healthcare as well as specialized care management prior to acute episodes. Its wide variety of innovative services ranges from personal, non-medical care to skilled nursing, rehabilitative therapies, hospice, private duty, and care management.



## Contact your AccentCare representative today.

<Address>#<Suite>

<City>,#<State>#<Zip>

Phone:#<(000) 000-0000>

Fax:#<(000) 000-0000>

<sup>1</sup>National Consensus Project for Quality Palliative Care. Clinical practice guidelines for quality palliative care; Second edition, 2009; <http://www.nationalconsensusproject.org>. Accessed on December 17, 2012.

<sup>2</sup>National Quality Forum: A National Framework and Preferred Practices for Palliative and Hospice Care Quality. Washington, DC: National Quality Forum 2006.

AccentCare welcomes all persons in need of its services and does not discriminate on the basis of age, disability, race, color, national origin, ancestry, religion, gender, gender identity and/or gender expression, sexual orientation or source of payment.

© 2022 AccentCare, Inc. All rights reserved.

# accentCare.™

Reimagining care, together.

## RightPath® Program for Palliative Care

AccentCare® brings proven disease management<sup>1</sup> to the **comfort of home.**

Our RightPath Program for Palliative Care provides physical, emotional, social, and spiritual support to **help you live well** with your advanced chronic illness.



[www.accentcare.com](http://www.accentcare.com)

## What is palliative care?

Palliative care is specialty care for individuals living with a chronic illness. Focusing on quality of life, care is aimed at providing relief from pain and symptoms while supporting your emotional, social, and spiritual well-being.

## RightPath program for palliative care

### Our RightPath Program at a Glance SKILL

#### An experienced team for quality care

- Trained and dedicated professionals
- Skilled nursing, rehabilitative therapies, social workers, home health aides, and other disciplines as ordered

### SERVICE

#### Special attention to your personal needs

- Support services for body, mind, and spirit
- Frequent communication with you, your family and your physician
- Telemonitoring for remote symptom monitoring and management (where available)
- Professional support 24 hours a day; 7 days a week

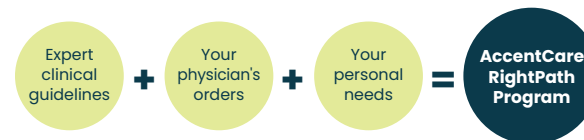
## RightPath program for palliative care

If you have an advanced chronic illness such as heart failure, cancer, diabetes or chronic obstructive pulmonary disease (COPD), you may need extra assistance to help you live well in your home environment.

Developed for home-bound patients, our RightPath® Program for Palliative Care blends curative care and comfort to meet your individual care needs.

RightPath is a step-by-step plan based on expert clinical guidelines<sup>1</sup>, your physician's orders, and your personal goals and needs. Let's work together to manage your health and well-being in your home environment.

### The right formula for your palliative care at home.



### Advance Care Planning

Assists in developing your goals for care, including choices for life-prolonging therapies, comfort, pain management, and end of life care options.

### Care Plan Design

Creates a responsive care plan that addresses physical symptoms, emotional and spiritual needs, and identifies services to support and respect your personal wishes.

### Comfort of the Body-Mind-Spirit

Actively manages pain and symptoms, while providing emotional counseling and spiritual support to help with anxiety and feelings of sadness or grief.

### Patient and Family Education

Enables you to participate in your self-care management, make the best lifestyle choices, and optimize your day-to-day health:

- Disease process and medications
- Symptom control
- Nutrition and diet
- Self-care techniques

### Care Coordination

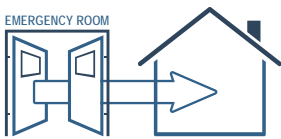
Supports your changing needs during care transitions, such as coming home from the hospital or transitioning to hospice for end of life care.

# AdvancedCare at Home™

68% of senior hospital admissions originate in the Emergency Department<sup>1</sup>



The **AdvancedCare at Home** program provides qualified Emergency Department patients with home healthcare to avoid preventable hospital admissions.



30-Day  
Hospitalization  
Avoidance<sup>2</sup>

**97%**



30-Day  
Re-utilization  
of ED<sup>2</sup>

**4%**

<sup>1</sup> Ashman, J. J., Schappert, S. M., & Santo, L., (2020, June) "Emergency Department Visits Among Adults Aged 60 and Over: United States, 2014–2017". NCHS Data Brief No. 367. <https://www.cdc.gov/nchs/products/databriefs/db367.htm>

<sup>2</sup> Castillo, E., Crowley, C., Killeen, J., Kreshak, A., Stuck, A., & Tolia, V. (2016). West Health and UC San Diego Health System. [https://s8637.pcdn.co/wp-content/uploads/2017/05/20170519\\_SAEEM-ACH-initial-results.pdf](https://s8637.pcdn.co/wp-content/uploads/2017/05/20170519_SAEEM-ACH-initial-results.pdf)

## CLINICAL SUPPORT

### Emergency Department Evaluation:

- Practitioner evaluates patient for appropriateness, considering potential appropriate diagnoses that include the following:
  - CHF exacerbation
  - Asthma exacerbation
  - Cellulitis
  - Urinary tract infection
  - Neutropenic fever
  - Community-acquired pneumonia
  - Syncope not requiring continuous monitoring
  - Diabetics with hyperglycemia or wound infections
- Patient provided with option for home-based treatment
- Emergency Department physician completes order sets for EMR

### Our Local Home Health Agency's Actions:

- Processes expedited referral for immediate admission
- Performs Start of Care and coordinates with Emergency Department (ED) and primary care physician (PCP)
- Executes ED plan of care for 3 to 5 days, while transitioning care plan to PCP or community physician

**AccentCare**   
Home Health • Hospice • Personal Care

Contact your  
**AccentCare**  
representative today.



# Faster Starts of Care



**Guardian Home Health** has partnered with **Sound Physicians**, one of the nation's leaders in hospital medicine, to improve home health access and outcomes for patients who do not have a primary care physician (PCP) or following physician.

## How the Program Works



- **Guardian Home Health** receives hospital referral for patient who does not have a PCP or following physician



- **Sound Physicians** doctor...
  - Attends initial virtual home health visit facilitated by Guardian Home Health clinician
  - Certifies home health plan of care
  - Collaborates virtually, in real time, with Guardian Home Health clinicians to deliver quality in-home care



- **Guardian Home Health** admits patient to home health and starts care
- **Sound Physicians** doctor follows patient for full 60-day episode of care

## Benefits of the Program

- **Expedient transition from hospital to home** to help ensure start of home care (usually within 24 to 48 hours of post-discharge)
- **Home health care plans for complex patients** via real-time video collaboration between the home health clinician, patient, and physician
- **On-demand physician access** to orders and medication records to foster swift clinical response
- **Skilled management of complex patients** with Sound Physicians doctors and Guardian Home Health clinicians
- Support intended to **reduce readmissions** and emergency department utilization

### Guardian Home Health



#### COMMITMENT TO COMPLIANCE

Guardian Home Health has a culture of compliance that promotes transparency and integrity to better protect our patients, our customer partners, and our company.

[accentcare.com](http://accentcare.com)

Guardian Home Health welcomes all persons in need of its services and does not discriminate on the basis of age, disability, race, color, national origin, ancestry, religion, gender, gender identity, sexual orientation or source of payment.



**AccentCare**<sup>®</sup> supplements clinician home visits with telemonitoring for remote clinical observation to discern change in condition and enable timely changes in care plans.



**We have partnered with Medtronic, a leader in the creation and supply of medical devices, to enable the collection of near real-time biometric data to:**

- Help decrease risk of exposure
- Support quality outcomes
- Reassure patients who may feel insecure about their health

### Patient Qualifications for Telemonitoring

- Unstable or new condition
- At-risk for re-hospitalization or emergency room visit
- Concern for COVID-19 exposure
- Absence of cognitive or relevant physical impairment for patient and/or caregiver
- Safe home environment
- **AccentCare** home health patient for a minimum 2-week plan of care
- Physician and patient willingness

### How Telemonitoring works

**Following our initial home visit, the patient receives in-person guidance from a specially trained home health nurse.**

- Nurse identifies the device best suited to capture patient's biometric data such as:
  - Blood pressure
  - Blood glucose
  - Pulse
  - Weight
  - SPO2
- Shipment is tracked for notification of arrival
- Tele-nurse calls patient and/or caregiver to explain how to set up device
- Dedicated Telehealth Team provides support
  - Physician-established patient-specific parameters programmed into device
  - Data received and reviewed daily
  - Remote problem-solving when feasible (e.g., change in medication, weight gain)
  - Dispatch of nurse or initiation of virtual visit when needed
- Custom reports available upon physician request

### How it benefits you and your patients

- Increases frequency of valuations
- Protects patients by helping to reduce...
  - Exposure/spread of COVID-19
  - Re-hospitalization rates
  - Emergency department utilization
  - Patient anxiety due to uncertainty about their health and fear of exposure

*Do you have patients who could benefit from home health and remote biometric monitoring?*

**Call your AccentCare representative today to learn more about how we can work together in meeting our current healthcare challenges.**

**Attachment 4E**

**Calculation of Building's Assessed Value**

**Building Amount Calculation**

A	Building Appraisal	\$ 3,508,900
B	Building Square Footage	81,868
C = A/B	Appraisal per Square Foot	\$ 42.86
D	Square Feet in Lease	2,450
E = D*C	Building Amount for Project Cost	\$ 105,008

**AccentCare West Tennessee Attachments to CON**

<b>Attachment Number</b>	<b>Description</b>
3A	Proof of Publication
7A	Applicant Legal Status
7A-2	AccentCare Providers
8A	Management Agreement
9A	Lease
10A	Floor Plan
11A	Public Transportation Route
1E	Home Care Organizations List of Counties
1E-2	AccentCare West Tennessee Home Health Programs
1E-3	AccentCare Special Programs Brochures
4E	Calculation of Building's Assessed Value
1N	Criteria and Standards
1N-1	Medicare Home Health Use Rates 2020, US States
1N-2	2020 JAR Use Rate Table
1N-3	2021 JAR Use Rate Table
1N-4	2021 JAR Use Rate Table 65+
1N-5	Table Listing All Providers Licensed to Serve Service Area
1N-6	AccentCare Quality of Care Policies
2N	Service Area Map
4N	Mental Health and Substance Abuse Fact Sheet
4N-2	Letters of Support
7Q	Information on Civil Monetary Penalties

**Attachment 2N**  
**Service Area Map**

**TENNESSEE COUNTY MAP**



**Attachment 4N**

**Mental Health and Substance Abuse Fact Sheet**

[← Back to State Map](#)

# Mental Health in Tennessee

This fact sheet provides an overview of mental health and substance use disorders in Tennessee, including mental illness during the COVID-19 pandemic, the prevalence of common mental health and substance use disorders prior to the pandemic, and coverage and access issues. For comparison, national level data are also included whenever possible.

## Mental Illness Prevalence

Mental illnesses can be acute or chronic and are diagnosable conditions (<https://www.cdc.gov/mentalhealth/learn/index.htm>) that affect an individual's emotional, psychological, and social well-being, and often their behavior. These conditions include depression, anxiety, schizophrenia, and mood or personality disorders, among others.

In light of the COVID-19 pandemic, mental health conditions have been exacerbated. More than three in ten adults in the U.S. have reported (<https://www.kff.org/other/state-indicator/adults-reporting-symptoms-of-anxiety-or-depressive-disorder-during-covid-19-pandemic/>) symptoms of anxiety and/or depressive disorder since May 2020. In comparison, in 2019, approximately one in ten adults reported (<https://www.cdc.gov/nchs/data/nhis/mental-health-monthly-508.pdf>) symptoms of anxiety and/or depressive disorder.

- As shown in the figure below, from September 29 to October 11, 2021, 34.6% of adults in Tennessee reported symptoms of anxiety and/or depressive disorder (<https://www.kff.org/other/state-indicator/adults-reporting-symptoms-of-anxiety-or-depressive-disorder-during-covid-19-pandemic/>), compared to 31.6% of adults in the U.S.



## Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder, September 29-October 11, 2021



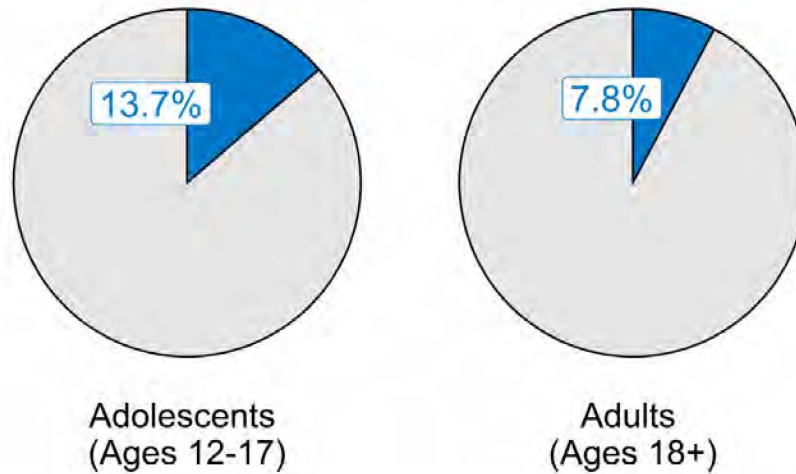
NOTE: These adults, ages 18+, reported experiencing symptoms of anxiety and/or depressive disorder during the majority of the past 7 days.  
SOURCE: KFF analysis of U.S. Census Bureau, Household Pulse Survey, 2021.

**KFF**

(<https://www.kff.org/other/state-indicator/adults-reporting-symptoms-of-anxiety-or-depressive-disorder-during-covid-19-pandemic/>)

- Many individuals reported having a mental illness even before the pandemic. The share of adults in Tennessee with any mental illness (<https://www.kff.org/other/state-indicator/adults-reporting-any-mental-illness-in-the-past-year>) was 19.4% in 2018-2019, which was similar to the U.S. share (19.9%).
- As shown in the figure below, prior to the pandemic, 13.7% of adolescents and 7.8% of adults in Tennessee reported having a major depressive episode in the past year (<https://www.kff.org/other/state-indicator/individuals-reporting-a-major-depressive-episode-in-the-past-year/>), which was similar to the U.S. shares (15.1% and 7.5%, respectively).

## Individuals in Tennessee Reporting a Major Depressive Episode in the Past Year, by Age Group, 2018-2019



SOURCE: SAMHSA, 2018-2019 NSDUH: State Model-Based Prevalence Estimates, Table 31.

**KFF**

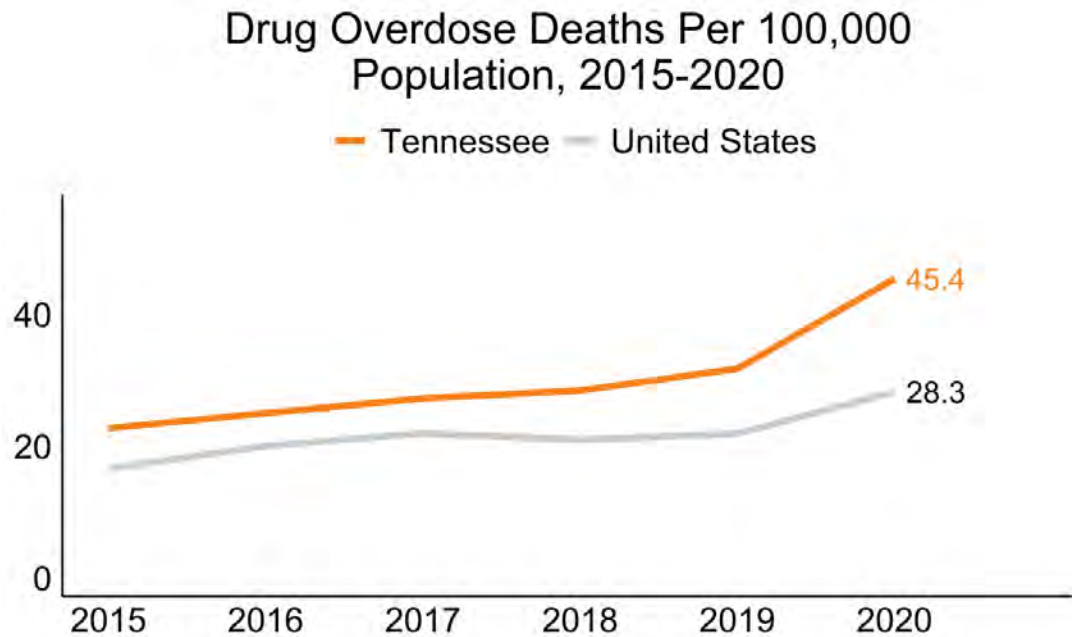
(<https://www.kff.org/other/state-indicator/individuals-reporting-a-major-depressive-episode-in-the-past-year/>)

## Substance Use and Related Deaths

Substance use disorder is using illicit drugs or meeting criteria for alcohol dependence or abuse, defined based on a person reporting a “pattern of substance use leading to clinically significant impairment or distress.”

(<https://www.ncbi.nlm.nih.gov/books/NBK92053/table/ch2.t5/>) There has been increased concern around substance use during the pandemic. In September 2020, 15.1% (<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776559>) of U.S. adults reported new or increased substance use due to pandemic-related stress. Deaths due to drug overdose also increased (<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>) from over 72,000 deaths nationally in 2019 to over 93,000 deaths in 2020. The recent uptick in substance use and related deaths disproportionately (<https://www.kff.org/policy-watch/substance-use-issues-are-worsening-alongside-access-to-care/>) affected many people of color, although White people continue to account for the largest share of deaths due to drug overdose per year.

- As shown in the figure below, deaths due to drug overdose have increased in Tennessee from 22.8 per 100,000 in 2015 to 45.4 per 100,000 in 2020.



NOTE: Estimates are based on provisional data.

SOURCE: Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021. Population Estimates from 2015 to 2020 Census Bureau Population Estimates.



(<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>)

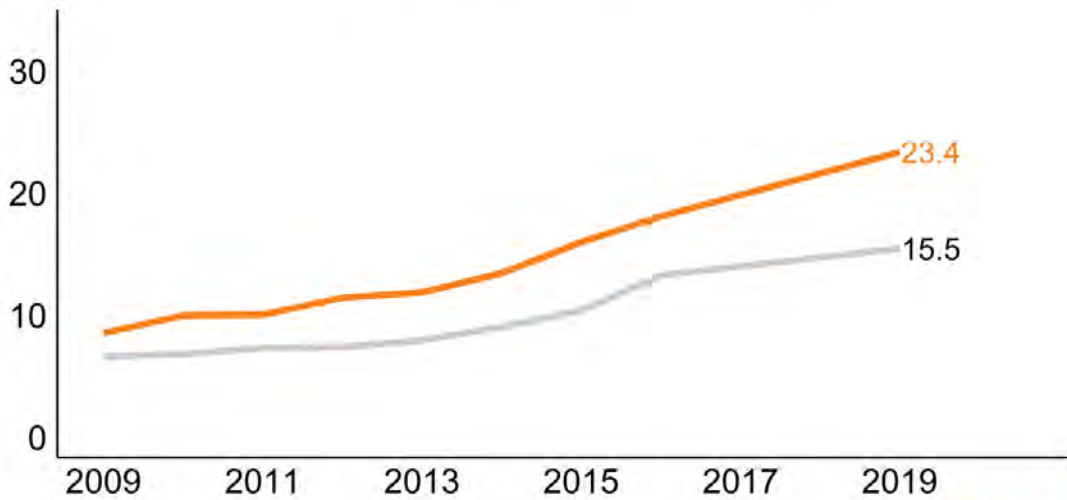
Opioid overdoses (<https://www.cdc.gov/drugoverdose/epidemic/index.html>) have been a primary driver of the fivefold increase in deaths due to drug overdose in the U.S. between 2000 (<https://www.kff.org/other/state-indicator/drug-overdose-death-rate-per-100000-population/>) and 2020 (<https://www.kff.org/other/state-indicator/provisional-2020-overdose-deaths-as-a-percent-of-all-deaths/>). The national opioid epidemic began with an increase in deaths from opioid prescriptions through the early 2000s, followed ten years later by a step increase in deaths from heroin overdose, and shortly thereafter an even sharper increase in deaths from synthetic opioid overdose. The U.S. saw some improvement in opioid-related death rates from 2017 to 2018, before increases began again and sharply accelerated in light of the pandemic.

- In 2020, there were 2,473 opioid overdose deaths (<https://www.kff.org/other/state-indicator/provisional-opioid-overdose-deaths/>) in Tennessee, which accounted for 79.1% of all drug overdose deaths in the state.

- As shown in the figure below, from 2009 to 2019, the age-adjusted death rate due to opioid overdose (<https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/>) increased from 8.5 per 100,000 to 23.4 per 100,000 in Tennessee. Over the same period, the age-adjusted death rate increased from 6.6 per 100,000 to 15.5 per 100,000 in the U.S.

### Age-adjusted Opioid Overdose Death Rate per 100,000, 2009-2019

— Tennessee — United States



SOURCE: KFF analysis of CDC Multiple Cause of Death 1999-2019 on CDC WONDER Online Database.

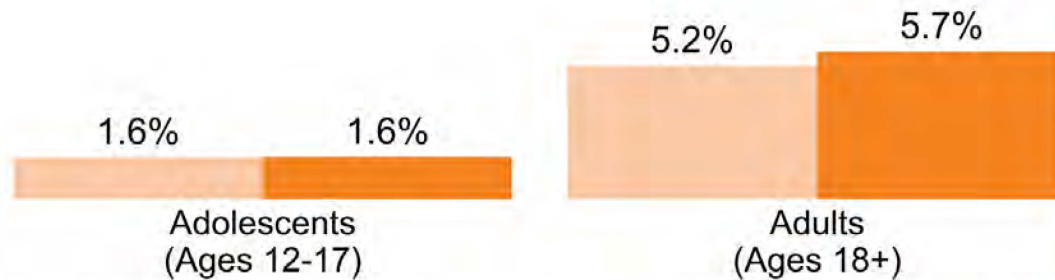


(<https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/>)

- In Tennessee, prior to the pandemic, 0.9% of people age 12 or older reported opioid dependence or abuse (<https://www.kff.org/other/state-indicator/past-year-opioid-use-disorder/>) in the past year.
- Many individuals reported dependence on other illicit drugs and alcohol leading up to the pandemic. As shown in the figures below, 1.6% of adolescents and 5.2% of adults in Tennessee reported having alcohol use disorder (<https://www.kff.org/other/state-indicator/individuals-reporting-alcohol-dependence-or-abuse-in-the-past-year/>) in the past year. Additionally, 3.1% of adolescents and 2.8% of adults in Tennessee reported having an illicit drug use disorder (<https://www.kff.org/other/state-indicator/individuals-reporting-illicit-drug-dependence-or-abuse-in-the-past-year/>) in the past year.

## Individuals in Tennessee Reporting Alcohol Use Disorder in the Past Year, 2018-2019

Tennessee United States



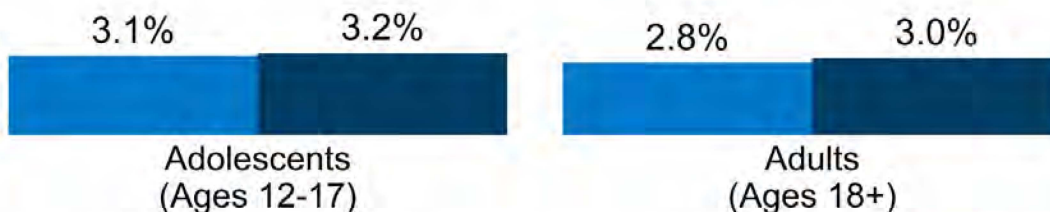
NOTE: In this state, there are no statistically significant differences from the U.S.  
SOURCE: SAMHSA, 2018-2019 NSDUH State Estimates of Substance Use and Mental Disorders.

**KFF**

(<https://www.kff.org/other/state-indicator/individuals-reporting-alcohol-dependence-or-abuse-in-the-past-year/>)

## Individuals in Tennessee Reporting Illicit Drug Use Disorder in the Past Year, 2018-2019

Tennessee United States



NOTE: In this state, there are no statistically significant differences from the U.S.  
SOURCE: SAMHSA, 2018-2019 NSDUH State Estimates of Substance Use and Mental Disorders.

**KFF**

(<https://www.kff.org/other/state-indicator/individuals-reporting-illicit-drug-dependence-or-abuse-in-the-past-year/>)

## Suicide

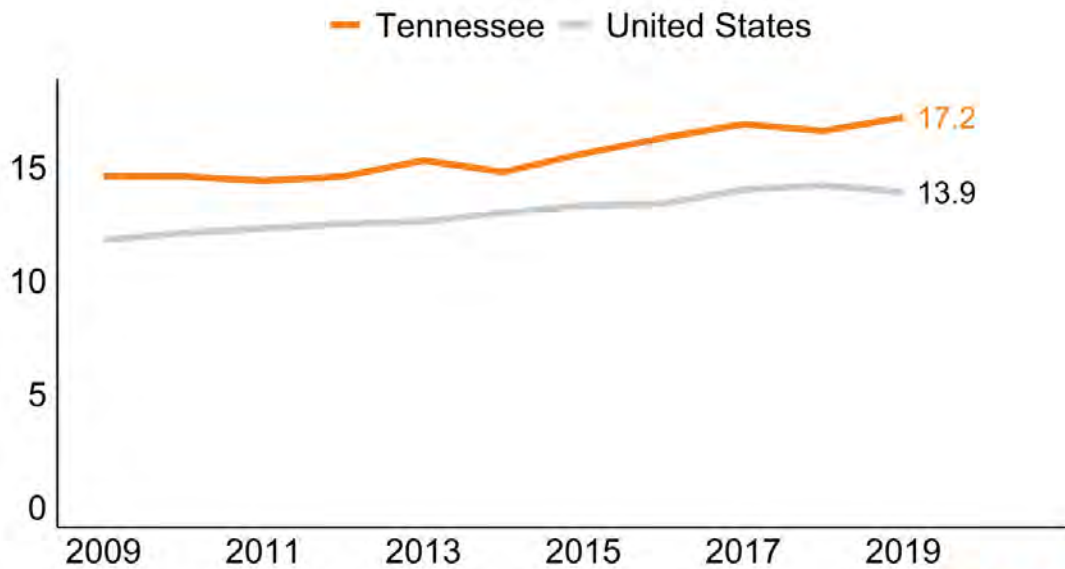
Suicide (<https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>) is one of the leading causes of death in the U.S. and has increased in almost every state over time, making it a serious public health concern. Suicidal ideation has also been a concern throughout the pandemic. In September 2020, 11.9% ([https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s\\_cid=mm6932a1\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w)) of U.S adults reported serious thoughts of suicide in the past month. However, data found that suicide deaths in the U.S. decreased (<https://jamanetwork.com/journals/jama/fullarticle/2778234>) by 5.6% from 2019 to 2020.

While suicide is often linked to underlying mental health conditions, that is not always the case, as a combination of factors (<https://www.cdc.gov/vitalsigns/suicide/index.html>) generally contribute to an individual having thoughts of suicide or attempting suicide. Risk factors can include isolation, relationship struggles, financial or housing insecurity, or problems with physical health.

- As shown in the figure below, Tennessee's age-adjusted suicide rate (<https://www.kff.org/other/state-indicator/suicide-rate/>) was higher than the national level in 2019.



## Age-adjusted Suicide Rate per 100,000, 2009-2019



SOURCE: KFF analysis of CDC National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System.



(<https://www.kff.org/other/state-indicator/suicide-rate/>)

- In 2018-2019, 4.7% of adults in Tennessee had serious thoughts of suicide (<https://www.kff.org/other/state-indicator/adults-reporting-having-serious-thoughts-of-suicide-in-the-past-year>) in the past year, which was similar to the U.S. share (4.6%).
- In 2019, suicide (<https://webappa.cdc.gov/sasweb/ncipc/leadcause.html>) was the second leading cause of death among adolescents (ages 12-17) across the U.S.
- In the U.S., the share of high school students who seriously considered attempting suicide ([https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/2019\\_suicide\\_trend\\_yrbs.pdf](https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/2019_suicide_trend_yrbs.pdf)) was 18.8% in 2019.

## Mental Health Workforce

Mental health professionals include psychiatrists, psychologists, psychiatric nurses, addiction counselors, and mental health or family and marriage counselors. Many people in need of mental health care or substance use treatment are unable to access it in a timely manner due to provider shortages, particularly in rural areas. There is concern that

these provider shortages may be more pronounced due to increased demand during the pandemic. However, the recent shift toward telemedicine for mental health services may alleviate some issues with accessing providers.

- Health Professional Shortage Area (HPSA) designations are used to identify areas that are experiencing a shortage of health professionals. Mental health HPSA designations are primarily based on the number of psychiatrists relative to the population.
  - As shown in the table below, the percent of need (<https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/>) for mental health professionals met in Tennessee is 15.3%, compared to the national percent of need met (28.1%).

Mental Health Care Health Professional Shortage Areas (HPSAs), September 2021		
	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
Tennessee	15.3%	247
United States	28.1%	6,559

NOTE: Percent of need met is defined as the ratio of available psychiatrists to the number needed to eliminate the HPSA designation. Calculations are based on the number of psychiatrists and do not include other mental health care professionals.

SOURCE: Bureau of Health Workforce, Health Resources and Services Administration, Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary (<https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>), as of September 30, 2021.

## Unmet Need and Barriers to Care

Unmet need refers to a person having a perceived or recommended need for mental health treatment or counseling but not receiving care. Among adults who need mental health or substance use care, some groups are more likely to face barriers to accessing care, including uninsured people, underinsured people, and communities of color. Unmet need for mental health and substance use care is expected to increase due to the pandemic, as mental health conditions have been exacerbated and barriers to accessing



care may have worsened.

- As shown in the figure below, among adults in Tennessee who reported experiencing symptoms of anxiety and/or depressive disorder, 31.4% reported needing counseling or therapy but not receiving (<https://www.kff.org/other/state-indicator/unmet-need-for-counseling-or-therapy-among-adults-reporting-symptoms-of-anxiety-and-or-depressive-disorder-during-the-covid-19-pandemic/>) it in the past four weeks, compared to the U.S. average of 26.9%.

### Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder Who Had an Unmet Need for Counseling or Therapy, September 29-October 11, 2021



NOTE: These adults, ages 18+, reported experiencing symptoms of anxiety and/or depressive disorder during the majority of the past 7 days; and reported needing but not receiving counseling or therapy in the past four weeks.  
SOURCE: KFF analysis of U.S. Census Bureau, Household Pulse Survey, 2021.

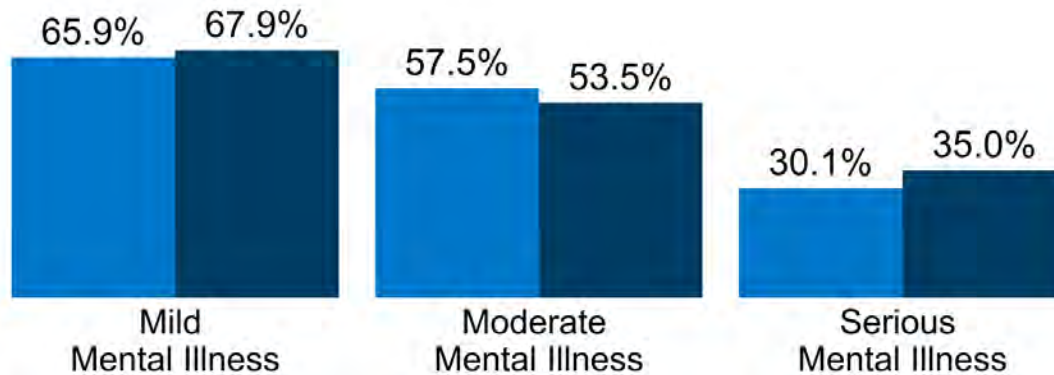
**KFF**

(<https://www.kff.org/other/state-indicator/unmet-need-for-counseling-or-therapy-among-adults-reporting-symptoms-of-anxiety-and-or-depressive-disorder-during-the-covid-19-pandemic/>)

- Leading up to the pandemic, large shares of adults with mental illness did not receive care. As shown in the figure below, in Tennessee, 65.9% (285,000) of adults with mild mental illness, 57.5% (148,000) of adults with moderate mental illness, and 30.1% (82,000) of adults with serious mental illness in the past year did not receive mental health treatment (<https://www.kff.org/other/state-indicator/adults-with-mental-illness-in-past-year-who-did-not-receive-treatment/>).

## Adults with Mental Illness in Past Year Who Did Not Receive Mental Health Treatment, 2018-2019

■ Tennessee ■ United States



NOTE: In this state, there are no statistically significant differences from the U.S.  
Data represents adults ages 18+.  
SOURCE: KFF analysis of SAMHSA's restricted online data analysis system, National Survey on Drug Use and Health 2018-2019.

**KFF**

(<https://www.kff.org/other/state-indicator/adults-with-mental-illness-in-past-year-who-did-not-receive-treatment/>)

- Prior to the pandemic, in 2018-2019, 5.8% (298,000) of adults in Tennessee reported an unmet need for mental health treatment (<https://www.kff.org/other/state-indicator/adults-reporting-unmet-need-for-mental-health-treatment-in-the-past-year>) in the past year, which was similar to the U.S. share of 6.2% (15.4 million). Unmet need refers to a person having a perceived or recommended need for mental health treatment or counseling but not receiving care.

Among these adults in Tennessee who reported an unmet need for mental health treatment in the past year, 54.1% (160,000) did not receive care because of cost (<https://www.kff.org/other/state-indicator/adults-reporting-unmet-need-for-mental-health-treatment-in-the-past-year-because-of-cost>), which was higher than the U.S. share of 39.7% (6.1 million).

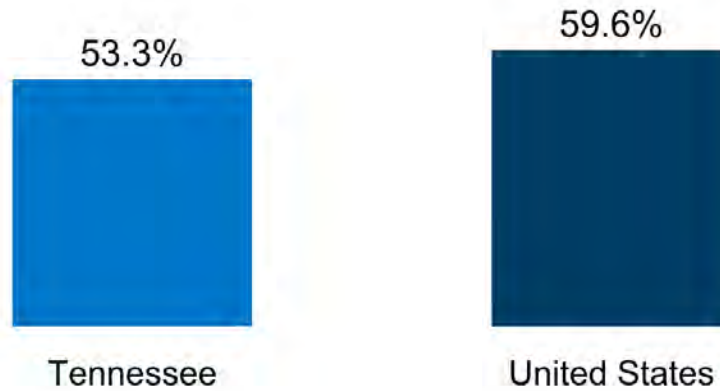
- In 2020, 11.5% of children ages 3-17 in Tennessee received mental health care (<https://www.kff.org/other/state-indicator/child-access-to-mental-health-care/>) in the past year; compared to 10.8% of children in the U.S. Nationally, many children with mental health needs do not receive (<https://www.cdc.gov/childrensmentalhealth/access.html>) mental health care.

## Private Insurance

The 2010 Affordable Care Act (ACA) requires (<https://www.mentalhealth.gov/get-help/health-insurance>) coverage of mental health and substance use services as an “essential health benefit” under most health insurance plans offered in the individual and small group markets. This requirement does not apply to large group markets, but most large group plans do cover these benefits. The ACA built on the federal Mental Health Parity and Addiction Equity Act of 2008, which requires many group insurance plans that cover mental health and substance use services to do so as generously as medical and surgical services.

- In order to address the increase in mental health issues during the pandemic, many employers offering health insurance made changes to their mental health resources and benefits. Among firms with 50 or more employees offering health benefits, 39% (<https://www.kff.org/report-section/ehbs-2021-summary-of-findings/>) made one of the following changes: increased coverage for out-of-network mental health and substance use services, waived or reduced cost-sharing, expanded the number of in-network providers, developed new resources such as employee assistance programs, and expanded ways to access services such as telemedicine.
- Leading up to the pandemic, many adults with any mental illness were enrolled in private insurance (<https://www.kff.org/other/state-indicator/adults-with-any-mental-illness-in-the-past-year-with-private-insurance/>). As shown in the figure below, in Tennessee, 53.3% of adults with any mental illness in the past year had private insurance, compared to 59.6% of adults in the U.S.

## Adults with Any Mental Illness in the Past Year with Private Insurance, 2018-2019



NOTE: Data represents adults ages 18+.

SOURCE: KFF analysis of SAMHSA's restricted online data analysis system, National Survey on Drug Use and Health 2018-2019.

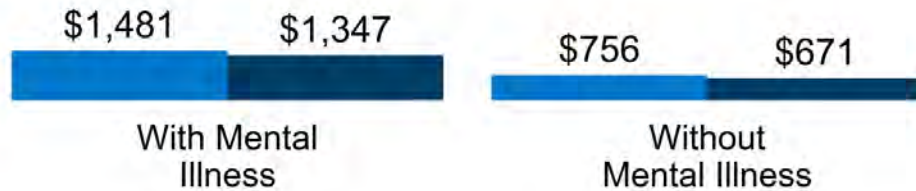
**KFF**

(<https://www.kff.org/other/state-indicator/adults-with-any-mental-illness-in-the-past-year-with-private-insurance/>).

- As shown in the figure below, average out-of-pocket spending for all services for adults with mental illness enrolled in large employer health plans is higher than average out-of-pocket spending for adult enrollees without mental illness in Tennessee (\$1,481 vs. \$756, respectively) as it is in the U.S. overall (\$1,347 vs. \$671, respectively). This does not include payments for services that enrollees do not claim under their employer coverage. Adults with mental illness enrolled in large employer health plans have higher average total health care spending compared to enrollees without mental illness in Tennessee (\$8,526 vs. \$3,895, respectively) and in the U.S. overall (\$8,876 vs. \$4,066, respectively).

## Average Out-of-Pocket Spending for Adults in Large Employer Health Plans, by Mental Illness Status, 2018

■ Tennessee ■ United States



NOTE: Out-of-pocket amounts are only for covered services. Data is among those below age 65. Disease definitions developed by the Healthcare Cost and Utilization Project were used to identify claims associated with mental health conditions.  
SOURCE: KFF analysis of 2018 IBM MarketScan Commercial Claims and Encounters Database.

**KFF**

- Despite federal and state parity laws, even for people with insurance coverage, a lack of in-network options for mental health and substance use care may affect access to needed services. In 2017, among people with large employer coverage, 20% (<https://www.healthsystemtracker.org/brief/surprise-bills-vary-by-diagnosis-and-type-of-admission/>) of in-network admissions for mental health and/or substance abuse led to out-of-network charges.

## Medicaid

Medicaid plays a key role in coverage and financing of mental health care and substance use treatment for low-income Americans. Medicaid enrollees face limited out-of-pocket expenses for care and typically have access to a broad range of mental health and substance use services.

- Many individuals, including Medicaid enrollees, delayed needed health care when the pandemic began. Data has found that among Medicaid enrollees, utilization rates (<https://www.cms.gov/newsroom/press-releases/cms-data-shows-vulnerable-americans-forgoing-mental->

[health-care-during-covid-19-pandemic](#)) for some health care services have now rebounded to pre-pandemic levels; however, utilization rates for mental health services have lagged.

- Prior to the pandemic, as shown in the figure below, 21.1% of adults with any mental illness in Tennessee reported having [Medicaid](https://www.kff.org/other/state-indicator/adults-with-any-mental-illness-in-the-past-year-with-medicaid/) coverage in the past year.

### Adults with Any Mental Illness in the Past Year with Medicaid, 2018-2019



NOTE: Data represents adults ages 18+.  
SOURCE: KFF analysis of SAMHSA's restricted online data analysis system, National Survey on Drug Use and Health 2018-2019.

**KFF**

(<https://www.kff.org/other/state-indicator/adults-with-any-mental-illness-in-the-past-year-with-medicaid/>)

- Of the 29 mental health services in the tables below, 3 were not covered in fee-for-service Medicaid for categorically needy traditional adult beneficiaries, while 26 were covered. Medicaid managed care plans may provide a broader scope of services.

**Medicaid Mental Health Services: Institutional Care and Intensive Services**

<b>Mental Health Service</b>	<b>Covered in Tennessee</b>	<b>Number of States with Service</b>
Inpatient Psychiatric Hospital	Yes	43
23-hour Observation	Yes	33
Psychiatric Residential Treatment	Yes	23
Adult Group Homes	Yes	12
Crisis Services	Yes	43

SOURCE: KFF State Health Facts: [2018 Medicaid Behavioral Health Services, Institutional Care and Intensive Services](https://www.kff.org/state-category/medicaid-chip/medicaid-behavioral-health-services/institutional-care-and-intensive-service/) (<https://www.kff.org/state-category/medicaid-chip/medicaid-behavioral-health-services/institutional-care-and-intensive-service/>).



**Medicaid Mental Health Services: Outpatient Facility/Provider Services**

<b>Mental Health Service</b>	<b>Covered in Tennessee</b>	<b>Number of States with Service</b>
Case Management	No	29
Day Treatment	Yes	34
Partial Hospitalization	Yes	33
Psychosocial Rehabilitation	Yes	29
Intensive Outpatient Treatment	Yes	34
Mental Health Rehabilitation	Yes	37
ADL/Skills Training	No	28
Assertive Community Treatment	Yes	33
Psychiatric Services - Evaluation	Yes	46
Psychiatric Services - Testing	Yes	43
Psychological Testing	Yes	46
Individual Therapy	Yes	45
Group Therapy	Yes	45
Family Therapy	Yes	46
<p>SOURCE: KFF State Health Facts: <a href="https://www.kff.org/state-category/medicaid-chip/medicaid-behavioral-health-services/outpatient-facility-services-and-or-provider-services/">2018 Medicaid Behavioral Health Services, Outpatient Facility Services and/or Provider Services (https://www.kff.org/state-category/medicaid-chip/medicaid-behavioral-health-services/outpatient-facility-services-and-or-provider-services/)</a>.</p>		



Medicaid Substance Use Disorder (SUD) Services		
Substance Use Disorder Service	Covered in Tennessee	Number of States with Service
Inpatient Detoxification	Yes	43
Residential Rehabilitation	Yes	33
Outpatient Detoxification	Yes	31
Buprenorphine for MAT	Yes	51
Oral Naltrexone for MAT	Yes	51
Injectable Naltrexone for MAT	Yes	51
Methadone for MAT	No	41
Suboxone Treatment	Yes	44
Intensive Outpatient Treatment for SUD	Yes	38
Smoking/Tobacco Cessation Counseling	Yes	37
NOTE: MAT refers to Medication Assisted Treatment.		
SOURCE: KFF State Health Facts: <a href="https://www.kff.org/state-category/medicaid-chip/medicaid-behavioral-health-services/substance-use-disorder-sud-services/">2018 Medicaid Substance Use Disorder (SUD) Services (https://www.kff.org/state-category/medicaid-chip/medicaid-behavioral-health-services/substance-use-disorder-sud-services/)</a> .		

## Notes

Tests measuring statistical significance were at the  $p < 0.05$  level and all significant differences are noted with an asterisk.

For more information on Mental Health and Substance Use at the state-level, along with sources and/or methods, visit the [KFF Mental Health & Substance Use Disorder State Data \(https://www.kff.org/state-category/mental-health/\)](https://www.kff.org/state-category/mental-health/).

For information pertaining to COVID-19 and Mental Health, visit our analysis: [The Implications of COVID-19 for Mental Health and Substance Use \(https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/\)](https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/).

State fact sheets designed and created in RStudio by [Kendal Orgera](https://twitter.com/KendalOrgera) (<https://twitter.com/KendalOrgera>) and [Nirmita Panchal](https://twitter.com/NirmitaPanchal) (<https://twitter.com/NirmitaPanchal>).

*This work was supported in part by **Well Being Trust** (<https://wellbeingtrust.org/>). We value our funders. KFF maintains full editorial control over all of its policy analysis, polling, and journalism activities.*

## GET THE LATEST ON HEALTH POLICY

Sign Up For Email Alerts

Enter email address...

SIGN UP >

## FOLLOW KFF

Twitter

Facebook

Instagram

LinkedIn

Email Alerts

Feeds

**KFF**

© 2022 KAISER FAMILY FOUNDATION

Powered by WordPress VIP

[CITATIONS AND REPRINTS](#) [PRIVACY POLICY](#)

---

The Henry J. Kaiser Family Foundation Headquarters: 185 Berry St., Suite 2000, San Francisco, CA 94107 | Phone 650-854-9400

Washington Offices and Barbara Jordan Conference Center: 1330 G Street, NW, Washington, DC 20005 | Phone 202-347-5270

[www.kff.org](http://www.kff.org) | Email Alerts: [kff.org/email](mailto:kff.org/email) | [facebook.com/KaiserFamilyFoundation](https://facebook.com/KaiserFamilyFoundation) | [twitter.com/kff](https://twitter.com/kff)

*Filling the need for trusted information on national health issues, the Kaiser Family Foundation is a nonprofit organization based in San Francisco, California.*

**Attachment 4N-2**

**Letters of Support**

## **Letters from Referral Sources**

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Kristen Autry and I have worked as the Social Worker at Sig. Primary for 2 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 75-100 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,



NAME HERE, CREDENTIAL Kristen Autry  
TITLE Social Services Director  
EMAIL/PHONE 901-767-1040  
99427@shccs.com

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

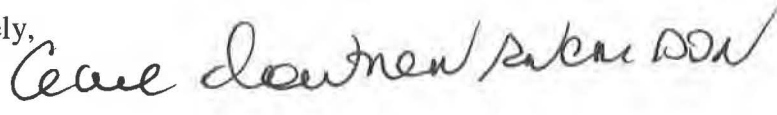
Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Gail Dowden and I have worked as the Water at \_\_\_\_\_ for 4 years. RN at Pleasant case manager formerly "Christian Care Center" for 15 years

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 100 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,  


NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Kimberly Reeve and I have worked as the Social Worker at Signetude for 1 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 150 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

NAME HERE, CREDENTIAL Kimberly Reeve, FSA BSW  
TITLE SSA  
EMAIL/PHONE 901-767-1040 ext 3205



March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9th Floor  
 Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Lorraine Kimmons and I have worked as the Dir. of Social Services at Waters of Memphis - formerly Christian Care Center for 8 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 100 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

*Lorraine Kimmons, Sr.  
 Director of Social Services*

NAME HERE, CREDENTIAL

TITLE

EMAIL/PHONE

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Shantay Alexander and I have worked as the LOSU at Memphis VA for 3 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 15 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,



NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is YANICAO and I have worked as the physician at VAHC for 14 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately >100 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,



NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE

Dr. Yan Cao.  
yan.cao@va.gov.

Tel: 901-523-8990 #7748.

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is CARLO and I have worked as the CMA at STFRANK for 3 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 75 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE



CMA

901-761-2074

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Beth Edwards and I have worked as the Case Manager at St Francis for 1 years. RW

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 100 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE



March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9th Floor  
 Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Janielle Masley and I have worked as the social worker at Saint Francis for 2 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 50 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

*Janielle R. Masley, LMSW*

*Social Worker II*

*janielle.masley@tenethealth.com / (901) 765-2949*

NAME HERE, CREDENTIAL

TITLE

EMAIL/PHONE

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Alexis Hodges and I have worked as the MSW at St. Francis for 1 years.  
Memphis

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately \_\_\_\_ patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE

*Alexis Hodges, MSW*

March 30, 2022

[ENTER AGENCY ADDRESS HERE] *Saint Francis Hospital*

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Latisha Phillips and I have worked as the Social Worker at SFH for 2 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 75-100 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

*Latisha Phillips, MSW*

NAME HERE, CREDENTIAL

TITLE *Social Worker, MSW*

EMAIL/PHONE *latisha.phillips@tenethealth.com*



March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9th Floor  
 Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Elizabeth Frisby <sup>RN CIL</sup> and I have worked as the CASE MANAGER SFH for 8 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 50 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

*Elizabeth Frisby, RN CIL*

NAME HERE, CREDENTIAL

TITLE

EMAIL/PHONE 901-765-1972

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9th Floor  
 Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Lynn Pike and I have worked as the RM at SFH for 38 years.  
*Case Manager*

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 75 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,



NAME HERE, CREDENTIAL  
 TITLE  
 EMAIL/PHONE

March 30, 2022

[ENTER AGENCY ADDRESS HERE] *Saint Francis Hospital - Memphis*

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Tawanda Williams and I have worked as the Social Worker at SFH for 4 1/2 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 75-100 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE

*Tawanda Williams*  
*MSW*  
*tawanda.williams@fenethealth.com*  
*901. 765-1153*

March 30, 2022

[ENTER AGENCY ADDRESS HERE] SAINT FRANCIS HOSPITAL Memphis

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Precious and I have worked as the social worker at SFH for 3 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 15-20 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

NAME HERE, CREDENTIAL Precious Watson, MSW  
TITLE social worker  
EMAIL/PHONE Precious I. Watson@tenethealth.com  
901-765-1984

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9th Floor  
 Nashville, TN 37243

Dear Mr. Grant,

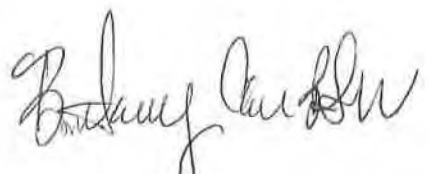
This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Brittany Carr and I have worked as the Social Worker at SFH for 3 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 50-80 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

NAME HERE, CREDENTIAL  
 TITLE  
 EMAIL/PHONE

  
 901-765-2158

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Shinese Webb and I have worked as the Social Worker at St. Francis for 4 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 50 patients to AccentCare West Tennessee per year for home health care. 50 to 75

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,



NAME HERE, CREDENTIAL

TITLE

EMAIL/PHONE

901-489-1999  
shinese.webb@arexhealth.com

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Marshelle Owens and I have worked as the CMA at St Francis for 5 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 80 patients to AccentCare West Tennessee per year for home health care. 50-

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

*Marshelle Owens, CMA*

NAME HERE, CREDENTIAL

TITLE CMA

EMAIL/PHONE (901) 765-1992 or marshelle.owens@tenethealth.com



March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9th Floor  
 Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Ashley Maddox and I have worked as the ~~Site of Primary~~ social worker at stc primary for 5 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 50 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

NAME HERE, CREDENTIAL Ashley Maddox  
 TITLE Admission Director  
 EMAIL/PHONE

asmaddox@starc.com  
(901) 569-1856



March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Telissa Nelson and I have worked as the LMSW, CM at \_\_\_\_\_ for 1 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately \_\_\_\_ patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

NAME HERE, CREDENTIAL Telissa Nelson  
TITLE LMSW, CM  
EMAIL/PHONE Telissa.Nelson@baptistrehab.com 901-275-3310

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Caroline Irons and I have worked as the RN-CM at Baptist Rehab for 1 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 50 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

*Caroline Irons, RN-CM*

NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9th Floor  
 Nashville, TN 37243

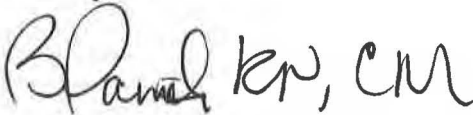
Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Bertha Daniels and I have worked as the Case Manager at BMRH for 5 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately Varies patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,



NAME HERE, CREDENTIAL

TITLE

EMAIL/PHONE bdaniels@baptistrehab.com  
901-275-3338

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

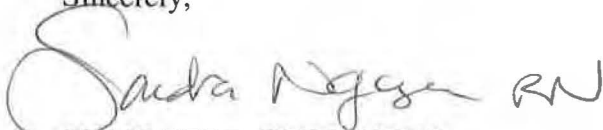
Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Sandra Nguyen and I have worked as the Lead Case Manager Rehab at Baptist for 1 years. RN, CCRK

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 500 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,



NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE

901-275-3320

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9th Floor  
 Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Felicia Bolton and I have worked as the Social Worker at Village for 4 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 40 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

NAME HERE, CREDENTIAL Felicia Bolton  
 TITLE Social Worker  
 EMAIL/PHONE fbolton@Village-germantown.com  
9017522505

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Jessica Pita and I have worked as the MA at Belleve Clinic for 13 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately \_\_\_\_ patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

 MA  
901-624-0920

NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9th Floor  
 Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is EMMA VAGNONE and I have worked as the Bellewre Clinic Office Mgr. for 17 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 10 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

Emma B. Vagnone  
Manager Kirby location  
 NAME HERE, CREDENTIAL 901-624-0920  
 TITLE  
 EMAIL/PHONE

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

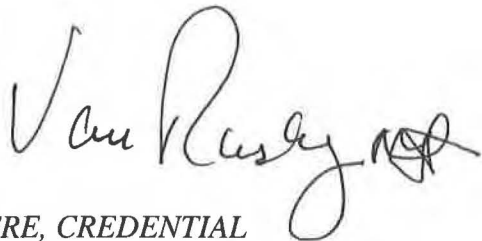
Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Dr. Van Rusk and I have worked as the MO at \_\_\_\_\_ for 42 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately \_\_\_\_\_ patients to AccentCare West Tennessee per year for home health care.  
12 to 20

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely, 

NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE



March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

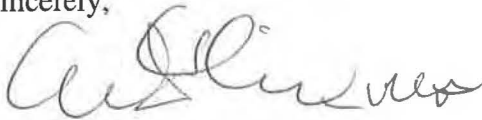
Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Angela Stiller and I have worked as the MA at Crestline for 7 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 10-20 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,



NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Christy Clark and I have worked as the Signature at SSD for 2 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 50-75 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,



NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE

March 30, 2022

8000 Centerview Parkway  
 [ENTER AGENCY ADDRESS HERE]

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9th Floor  
 Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Lisa Womack and I have worked as the CTL at Baptist for 3 years, months.

Trinity

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately \_\_\_\_\_ patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

Lisa Womack, LPN, CTL  
lisa.womack@lhgroup.com  
 NAME HERE, CREDENTIAL      901-415-3349  
 TITLE  
 EMAIL/PHONE

286

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Mantha Garfield and I have worked as the Admin coord at ROH for 5 <sup>years</sup> <sub>months</sub>.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 100 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

NAME HERE, CREDENTIAL  
TITLE  
EMAIL/PHONE

Mantha Garfield  
Admin coord  
mgarfield@regiononehealth.org  
901-545-8179

287

March 30, 2022

[ENTER AGENCY ADDRESS HERE]

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9th Floor  
 Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Keisha Bledsoe and I have worked as the Administrative Coordinator at Regional One for 12 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 150 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

NAME HERE, CREDENTIAL  
 TITLE  
 EMAIL/PHONE

Keisha Bledsoe  
Keisha Bledsoe  
Administrative Coordinator  
kbledsoe@regionalonehealth.org  
901-545-7301

March 30, 2022

*VAMC-Memphis*  
1030 Jefferson Avenue  
Memphis, TN 38104

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Temesha Polk-Howard, and I have worked as a Social Worker at VAMC-Memphis for 4 years.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 20-25 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,

/e/ Temesha Polk-Howard

*Temesha Polk-Howard, LMSW*  
*Social Worker*  
*temesha.polk-howard@va.gov*

March 30, 2022

*VA Medical Center  
1030 Jefferson Ave  
Memphis, TN 38104*

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

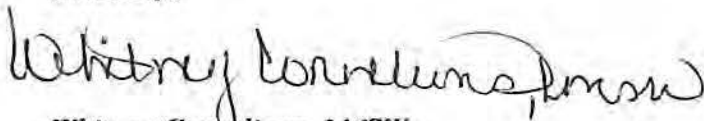
Dear Mr. Grant,

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Whitney Cornelious and I have worked as the Medical Social Worker at VA Medical Center-Memphis for one year.

I regularly refer my patients who live in Mississippi to AccentCare (formerly Sta-Home) for home health services after discharge. I have been very happy with the treatment my patients receive from AccentCare. AccentCare has always been responsive and the referral process has been easy. Approving AccentCare West Tennessee would benefit my patients and would give them access to a high-quality, trusted home health care provider. If AccentCare West Tennessee is approved, I would happily refer my Tennessee patients there for home health care. I anticipate I will refer approximately 60 patients to AccentCare West Tennessee per year for home health care.

We have maintained a good relationship with AccentCare and have appreciated their communication and excellence in service. I strongly support AccentCare West Tennessee in their application for the Certificate of Need in Memphis and am hopeful that we will have the opportunity to work collaboratively to serve patients and their families in Tennessee.

Sincerely,



*Whitney Cornelious, LMSW  
Medical Social Worker*

*Whitney.Cornelious@va.gov/901-523-8990 ext. 7736*

**Additional Letters**





February 28, 2022

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9<sup>th</sup> Floor  
 Nashville, TN 37243

Dear Director Grant,

I am writing this letter in support of AccentCare's CON application for Home Health and Hospice care to service the Greater Memphis area, including Shelby, Tipton, and Fayette counties. As the Executive Director of Tomorrow's Rainbow, I have had the pleasure of working with AccentCare for the past 7 years in several capacities. Without exception, they have been true professionals with giant, caring hearts. What makes AccentCare so special is their unwavering commitment to bringing comfort, support and dignity to their patients, their patient's families, and the entire bereaved community. Programs such as Namaste Care, honoring veterans, and ensuring that our community's diversity is uniquely supported, are only a few of the many reasons that sets AccentCare apart from other providers.

Since 2015, Tomorrow's Rainbow has partnered with AccentCare on many collaborations. When they were new to Broward County, they demonstrated a firm commitment to immediately provide bereavement services to grieving children and adolescents through Camp Kangaroo. Our first camp in 2015, was a huge success and led our agencies to work together on many more innovative, exciting bereavement programs.

One of my favorite collaborations with AccentCare was a two-year grant to provide bereavement services to homeless teens and young adults in Broward County. The program was the brainchild of AccentCare and demonstrates their power and dedication to be more than a typical hospice. AccentCare rallied and coordinated a collaboration between 4 nonprofits: The Covenant House, New York Life Foundation, Tomorrow's Rainbow and AccentCare Foundation to provide music therapy and equine assisted learning to this very troubled population. The success was extraordinary, and on a personal note, it has been an absolute privilege to work with this group and watch their transformation.

AccentCare lives up to its mission by continuously striving for excellence. When making a referral, I have the upmost confidence that the patient's needs will be addressed in a prompt, exceptional manner. The mission of Tomorrow's Rainbow is to provide grief support to children, teens, and their families. Reaching the tens of thousands of bereaved families in our community requires strong partnerships. AccentCare has forged a tremendous partnership with us over the last 7 years. Any community would be fortunate to benefit from their programs.

Most sincerely,

Abby Mosher  
 Founding CEO/Executive Director



February 23, 2022

2400 Poplar Avenue Suite 245  
Memphis, TN 38112

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Re: AccentCare CON Application

My name is Alfred Milan and I am the owner of Amada Senior Care in Memphis as well as Mississippi. I have been aware of AccentCare (formerly Sta-Home in Southaven) and have worked with the team there. I am happy to hear that AccentCare is applying for the license to have a hospice and home health program in Memphis including Shelby, Fayette and Tipton Counties.

I am proud to partner with people and organizations that are making a difference for the community. I learned that AccentCare is focused on health equity and access in the Black and African American communities and plans to hire Black leadership and team members to serve in end-of-life care. There is a need for education around hospice care and an advisory board would be something I would interested in should AccentCare receive the license.

AccentCare has programs to offer the community that currently aren't being offered by other providers including Open Access, Homeless Assistance programs, and locations in rural areas including Tipton County. Please consider this my letter of support for AccentCare and should they be operational I would like to work with them in the future in Memphis.

Sincerely,

DocuSigned by:

A handwritten signature in black ink, appearing to read "Alfred Milan", is enclosed in a blue DocuSign signature box.

8FE263B8933E451...  
Alfred Milan  
Owner  
901.489.3915  
[alfred.m@amadaseniorcare.com](mailto:alfred.m@amadaseniorcare.com)

March 14, 2022

Traditions of Mill Creek  
7110 Southpoint Parkway  
Brentwood, TN 37027

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Re: AccentCare CON Application

This letter is on behalf of AccentCare for their Certificate of Need application for their home health program in Memphis, Tennessee (Shelby, Fayette, and Tipton County). My name is Amanda Carver and I am currently serving as interim Executive Director at Traditions of Mill Creek.

Some things that stand out to me with AccentCare is their communication. The nurses are incredibly positive, empathetic, and upbeat with makes a huge difference in our community. Their special programs benefit not only the patients and families but also the staff in the buildings that they serve.

I am happy to hear that AccentCare is applying to serve Memphis. I have had a positive experience with AccentCare and know they will serve the Memphis residents with the same passion and dedication they do in Nashville. Please consider them for the CON license.

Sincerely,  
DocuSigned by:



9E868838C8Q04B0...  
Amanda Carver

Executive Director

[acarver@traditionssl.com](mailto:acarver@traditionssl.com)

615-375-3550



February 21, 2022

To Whom It May Concern,

I have had the pleasure of working with Accentcare, formerly Sta-Home Health & Hospice, in providing patients with home health services over the course of my twenty-one years at Campbell Clinic Orthopaedics. I have served in various roles during my tenure; Cast Technician, Clinic/Medical Assistant, Doctor's Assistant, Clinic Coordinator and most recently, Clinic Manager of the Campbell Clinic Desoto location as of April 2016.

The staff of Accentcare demonstrate superior quality, compassion, kindness, integrity and competence in their clinical, nursing, physical therapy and occupational therapy skills. The Accentcare staff communicate questions and concerns to the Campbell Clinic providers immediately and make themselves available should we have issues. They are timely in their documentation and maintain impeccable standards of care to the patients they serve.

As orthopaedic providers in Mississippi that borders Tennessee, Mississippi and Arkansas, the providers struggle to find quality home health, physical and occupational therapy services in Shelby County, TN. Frequently, we encounter patients that Accentcare cannot serve because the patient lives in Tennessee.

I recommend Accentcare to obtain their certificate of need from the Tennessee Health Services Development Agency, without reservation.

Please feel free to call should you have any questions.

Respectfully,

Ashley Reed  
Clinic Manager, Desoto  
Medical Assistant  
Work-Comp Liaison  
Campbell Clinic Orthopaedics



**BARBARA COOPER**  
STATE REPRESENTATIVE

HOME:  
668 Birthstone Avenue  
MEMPHIS, TENNESSEE 38109  
(901) 315-5287

LEGISLATIVE OFFICE:  
425 Fifth Avenue, Suite 410  
NASHVILLE, TENNESSEE 37243-0186  
(615) 741-4295  
FAX (615) 253-0327

E-MAIL:  
rep.barbara.cooper@capitol.tn.gov

**MEMBERS OF COMMITTEES**

CONSUMER & HUMAN RESOURCES

CONSUMER SUBCOMMITTEE

HEALTH

FACILITIES, LICENSURE, &  
REGULATIONS SUBCOMMITTEE

DEMOCRATIC CAUCUS

TENNESSEE BLACK CAUCUS  
FORMER CHAIR

March 27, 2022

Logan Grant, Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Director Grant,

As a member of the Tennessee House of Representatives, I am pleased to serve the citizens of our state and Shelby County. Quality healthcare providers for all citizens is of high importance, particularly given the challenges that we continue to address due to the pandemic. The dire situation of the last two years has also brought additional focus on the needs for community connections that are collaborative and address deficiencies and gaps in services for some of our most vulnerable individuals.

I understand AccentCare Home Health & Hospice are seeking approval of their CON application to serve the greater Memphis area. According to their representative, AccentCare seeks to focus outreach and education to those in our community that may have difficulty accessing services related to chronic health needs and end of life care. By providing continuity of care from home health services through end-of-life care and the specialized programs for veterans, individuals with dementia, and comfort care for chronic conditions would be a welcome resource in our community.

Respectfully,

Representative Barbara Cooper  
Tennessee House of Representatives  
410 Cordell Hull Bldg.  
NASHVILLE, TN 37243  
(901) 578-7002

March 14, 2022

Charter Senior Living of Hermitage  
4131 Andrew Jackson Pkwy  
Hermitage, TN 37076

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Re: AccentCare CON Application

This letter is on behalf of AccentCare for their Certificate of Need application for their home health program in Memphis, Tennessee (Shelby, Fayette, and Tipton County). My name is Brandi Sprague and I am the director of nursing at Charter Senior Living of Hermitage.

AccentCare has high visibility in our building and they will check in often with great communication. They are very quick to order DME and offer a variety of services that stand out amongst providers. In one instance AccentCare held a protocol meeting to ensure that nothing fell through the cracks and all things were communicated. These things are appreciated in the work that we do and this makes good community partners when serving patients and residents as well as their families.

I believe AccentCare would do an excellent job in Memphis serving the unique community there. The care they provider is tailored to the people in the community and they have demonstrated excellence in Nashville. Please consider AccentCare for the home health CON license in Memphis, TN.

Sincerely,  
DocuSigned by:



9DC45423702B4D9...  
Brandi Sprague, LPN

Director of Nursing

[bsprague@charterhermitage.com](mailto:bsprague@charterhermitage.com)

615-885-9989



February 22, 2022

Campbell Clinic Orthopaedics  
7545 Airways Boulevard  
Southaven, MS 38671

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Mr. Grant,

I am writing this letter for AccentCare for their Certificate of Need home health application in Memphis, Tennessee. I have been with Campbell Clinic Orthopaedics for 6 years and have experience with AccentCare. Their office in Southaven, Mississippi has cared for many of my post-op patients over the years and we have a good relationship with them.

Having an AccentCare location in Memphis will bring continuity of care across the Mississippi, and Tennessee state line. One of the things that I really appreciate with AccentCare is their communication. They also have made availability to my patients without transportation. These are stand out reasons why we continue to work with AccentCare and continue our relationship.

I am hopeful to see AccentCare in Memphis and would like to continue that relationship for patients in Tennessee. Please consider this letter of support for their application.

Sincerely,

DocuSigned by:

*Brenda Burgess*

D6C348989F5D476...

Brenda Burgess, NRCMA

Medical Assistant

[bburgess@campbellclinic.com](mailto:bburgess@campbellclinic.com)

901-759-5540





February 2, 2022

680 Oakleaf Office Ln  
Suite 200  
Memphis, TN 38117

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

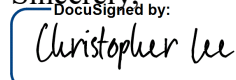
Mr. Grant,

My name is Christopher Lee, and I am writing this letter in support of AccentCare and their application for the CON in Memphis, Tennessee.

I am pleased to learn that AccentCare is applying and working towards bringing a new level of care in our community, as there is a great need. With an incredible number of rural areas and many people receiving medical care and treatments across state lines, it would be beneficial to have a provider that can serve all areas.

I am particularly interested in their efforts to support the black community in Memphis. Over 65% of the Memphis population is black and the black community is only 1.5% of the economy. In addition, 80% of the people that have access to the hospice benefit are white. AccentCare understands the lack of resources historically unavailable to the black community and is committing to hire a black leadership team, as well as work to provide education on hospice care and with the help of their foundation, will work to reach and provide a supported end-of-life experience.

AccentCare has a mission and vision that “No One Dies Alone,” and each death experience should be a peaceful and beautiful one. I support their desires to be a change in our community that allows people a safe space to be at home with their loved ones, while being supported by hospice and home health staff that look like them and represent them.

Sincerely,  
DocuSigned by:  
  
28F9438C6DF84D0...  
Christopher E. Lee  
CEO



Think Inspired, Inc.  
[cleo@thinkinspiredmarketing.com](mailto:cleo@thinkinspiredmarketing.com)  
901-258-9133

Team at Accentcare Hospice, Franklin-

I'm writing to express my appreciation and gratitude for the care that I receive from you all. I truly look forward to you coming, you take real good care of me. You always seem to go above and beyond in terms of thinking about and providing what I may need in any given circumstance. We make a good time out of what can sometimes be difficult care situations. I really appreciate the camaraderie and that you are all professional and treat me with respect. I know that you truly do care about me. Thank you for all that you do.

Sincerely,

A handwritten signature in cursive script that reads "David McCulston". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

David McCulston  
Patient, Hillcrest Health Care  
111 Pemberton Drive  
Ashland City, TN 37015



# THE BLVD

Mississippi Boulevard Christian Church  
(Disciples of Christ)

301

MISSISSIPPI BOULEVARD CHRISTIAN CHURCH

MIDTOWN CAMPUS: 70 N. BELLEVUE BOULEVARD • MEMPHIS, TN 38104

SOUTHWIND CAMPUS: 8220 E. SHELBY DRIVE • MEMPHIS, TN 38125

PHONE: 901.729.6222 | (TOLL FREE) 800-547-3058 • WWW.THEBLVD.ORG

REVEREND J. LAWRENCE TURNER  
SENIOR PASTOR

March 31, 2022

Mr. Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Re: AccentCare CON Application

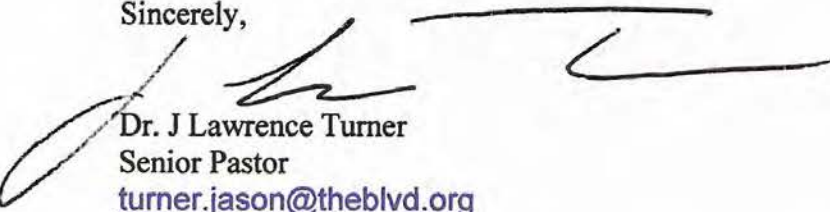
Dear Mr. Grant:

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Dr. J. Lawrence Turner and I have served as the Senior Pastor of the Mississippi Boulevard Christian Church (Disciples of Christ) in Memphis, TN since 2013. I am dedicated to the people of this community and hope for them to have all the resources that could be available to them, including those in healthcare.

I have been made aware that AccentCare is applying for the Certificate of Need to be a licensed home health provider in Memphis. AccentCare is a nationwide company that has focused on health equity and access in the communities they serve. They are extending a hand to the under resourced communities and looking to partner with organizations to provide education around healthcare, personal home care, and end-of-life care.

AccentCare also focuses on cultural diversity and hiring locally to create an expertise surrounding the needs in Memphis. Understanding what each community needs is an important part of person-centered care and this is something AccentCare is taking the time to do in Memphis. I support AccentCare in their efforts to become a licensed provider in our community and want to see them serve the people of Memphis.

Sincerely,

  
Dr. J Lawrence Turner  
Senior Pastor

[turner.jason@theblvd.org](mailto:turner.jason@theblvd.org)

JLT:vb

## DRAGONFLY

February 2, 2022

Dragonfly Collective  
424 N Cleveland St.  
Memphis, TN 38104

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Mr. Grant,

I am writing this letter on behalf of AccentCare for their CON application to be a licensed home health, and hospice provider in Memphis, TN. I met with two representatives from AccentCare to discuss their programs and also shared how we are working towards solutions for people who are experiencing homelessness. As a part of the Dragonfly Collective, a social impact development firm specializing in harnessing market forces to create and implement social change, we helped construct the Hospitality Hub in Memphis and work directly with the Hub, an effort to address homelessness from many directions including shelter, employment, and health services concentrated in one physical location with trauma-informed design.

After speaking with AccentCare I have become aware of their desire for partnerships in issues of homelessness and also finding solutions to identifying those people in need of end-of-life care. AccentCare has had successful partnerships in other CON states, including Broward County, Florida. A partnership was made with the Coalition to End Homelessness and are having much success in identifying and placing people who are need of hospice care and offering them a chance to die with dignity.

AccentCare has identified their goals for Memphis and their promise to the community and state, should they become a licensed hospice provider. This commitment includes funds allocated specifically to the Hub in sponsorship of at minimum two tiny studio homes which can be used to house individuals transitioning out of homelessness and also be used as a shelter/bed for individuals who require medical end-of-life care. This would be a huge benefit in our efforts to support the ongoing need in conjunction with the lasting effects of COVID 19.

I have learned that AccentCare uses a holistic and person-centered approach to hospice care rather than offering the minimum benefit services. In healthcare there is a great need to shift the way we treat patients and learning their story much sooner in life than when they are at the end of it. I am happy to learn about an organization that is aligned with my own personal beliefs and values. AccentCare provides death with dignity but also believes that each person is the expert in

their own care. They desire to meet patients where they are at and help guide them through their final days.

Memphis would benefit from the services AccentCare can provide and I believe they would be a good community partner. Please accept this letter as my support to their application.

Sincerely,  
DocuSigned by:



12C0B324D050462...  
Jarad Bingham

Dragonfly Collective

jarad@dragonflycollective.co

901-270-6157

March 28, 2022

125 N. Main St. #514  
Memphis, TN 38103  
901.628.7776

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

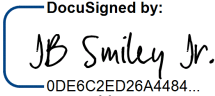
As a City Council Member in Memphis and a native Memphian, I believe in teamwork and a supportive community. There is a great need for more access to healthcare and I have learned that AccentCare and their efforts to bring more resources to Shelby, Fayette and Tipton County. This is a letter in support of their application for the home health license.

AccentCare has established partnerships in the community to assist the homelessness crisis. Should they receive the license they plan to fund the building of two tiny homes at the Hospitality Hub in downtown Memphis, which will allow those suffering from homelessness and in need of end-of-life care to receive a bed and the care that they deserve for their final days.

With the aftermath of the pandemic we need more providers than every before. AccentCare has proven to be successful in surrounding cities and are dedicated to learning the needs of Memphis. Please accept this letter of support on behalf of AccentCare for their CON application.

Sincerely,

DocuSigned by:



0DE6C2ED26A4484...

JB Smiley, Jr

Memphis City Council

[jb.smileyjr@memphistn.gov](mailto:jb.smileyjr@memphistn.gov)

March 9, 2022

Logan Grant, Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

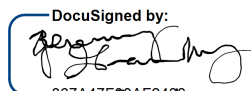
Director Grant,

As a Health Services Director, I have professional experience with cooperative services within our facility. A good relationship between a hospice company and the facility include availability for family and staff, being prompt to action when needed, and a team that is very attentive to the patient's needs and providing excellent communication to all parties involved. For two organizations to work well together for the betterment of the patient, it is essential that the needs of the patients and their families are put above the bottom line. It is not okay for the interdisciplinary team or physician to try to relocate patients to other facilities that they are affiliated with for any reason. AccentCare, who has very positive quality scores for their home health services in the surrounding areas, provide great communication to the families and facility, will make this difficult time a little easier on everyone.

Of the different programs I discussed with an AccentCare representative, I am interested in music therapy, '*Leaving a Legacy*': honoring patient's wishes for tangible ways they can be remembered by loved ones and having *Open Access* to palliative procedures programs as unique additions to the Memphis community.

Please consider AccentCare as a provider for the many needs of our Memphis community.

Respectfully,

DocuSigned by:  
  
867A47F68A52433

Jeremy Granberry  
Health Service Director  
Quail Ridge Assisted Living & Memory Care  
3168 Hacks Cross Rd.  
Memphis, TN 38125

JOYCE SIMARD M.S.W.  
Geriatric Consultant

February 28, 2022

To:  
Mr. Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street 9<sup>th</sup> Floor  
Nashville, TN 3743

Dear Mr. Grant

For over 10 years I was a consultant for Seasons Hospice, now AccentCare. When my husband became disabled, I was unable to continue in this role as it involved quite a bit of travel. I then became a volunteer for AccentCare in a county close to my home in Florida. I am writing this letter in support of their application for a certificate of need for a Home Health and Hospice in Shelby, Tipton and Fayette counties. In my over 40 years of working in long-term-care, I have had worked with several hospice organizations, none of them offered the services that AccentCare Hospice offers their patients, families and staff.

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. Patients with advanced dementia are usually non-verbal and have difficulty understanding what is being said to them. They are dependent on others to provide their activities of daily living (ADL's) and may become resistant when care is being given to them. I assisted them in offering their patients Namaste Care, a program I developed for nursing homes and assisted living communities that provides ADL's as meaningful activities for their residents with advanced dementia. This program is now offered in hospices all over the world!

Namaste Care had been successfully implemented in all AccentCarer sites for 14 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. This program is offered at all AccentCare sites, impacting nearly 50,000 lives annually. AccentCare staff see the positive reactions from patients, families who often are at a loss on how to interact with someone in hospice are taught how to provide gentle hand massages and other meaningful activities. AccentCare now offers Namaste Care to patients in all settings including nursing facilities, assisted living



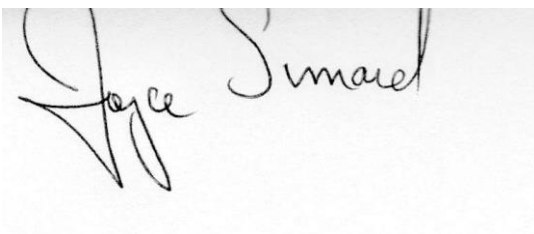
communities, in-patient units and those living at home. All disciplines have been involved in their Namaste Care. Social Services work with the family or facility staff to develop a special sensory assessment and Life Story. Clergy understands the need to have symbols of the patient's religion to help them feel connected to their faith. They are also the only hospice organization that employs board certified music therapists in all of their locations and these talented musicians help to bring back pleasant memories for their patients with dementia. AccentCare nursing staff also help healthcare staff in a variety of settings and families to assess pain and discomfort in patients with advanced dementia who may not be able to verbalize their discomfort.

Families as well as staff from healthcare facilities have been very impressed with Namaste Care and the sensitivity that AccentCare hospice has shown by understanding that patients with advanced dementia need a special approach to care. They also know that using fun items like blowing bubbles and offering life like animals or realistic looking dolls bring smiles and comfort to some of their patients with dementia.

AccentCare is always ready to find interesting ways to help their patients and families that other hospice organizations do not offer such as "Camp Kangaroo" a camp for children and teens who have lost a loved one and the Legacy Program helping patients to leave a special gift for their families.

Granting AccentCare a CON for the Memphis area will improve end-of-life care for the people of Tennessee, and I urge you to approve their application.

Sincerely,

A handwritten signature in black ink that reads "Joyce Simard". The signature is written in a cursive style with a large, stylized initial "J".

Joyce Simard M.S.W



Memphis Support Center  
530 Oak Court Drive, Suite 400  
Memphis, TN 38117

---

February 1, 2022

530 Oak Court  
Suite 400  
Memphis, TN 38117

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

RE: AccentCare CON Application

This letter is on behalf of AccentCare and their efforts to become a licensed Hospice and Home Health provider in Memphis, TN.

As a longtime resident of Memphis I understand there is always a need for additional end-of-life services specifically with home health and hospice. I met with some representatives from AccentCare and learned about a variety of robust specialty programs that treat patients in a holistic sense when families are faced with difficult situations.

With programs such as Music Therapy, Leaving a Legacy and Last Wish, they are providing a person-centered care at the last moments of life that go above and beyond the standard hospice services. One thing that stands out to me is their plans to support the organizations in Memphis that are helping people experiencing homelessness. Should AccentCare receive the license, their plan is to support HUB in building more tiny homes. This effort will not only provide a bed and medical care for people eligible for hospice and without housing, but will aid in furthering a long-term solution to the crisis.

I believe AccentCare will be a good community partner in their promise to help with the needs in Memphis and support their application.

Sincerely,

A handwritten signature in black ink that reads "Karl Schledwitz".

Karl Schledwitz  
Chairman & CEO  
Monogram Foods  
901-259-6657  
karl@monogramfoods.com





February 2, 2022

The Hospitality Hub  
590 Washington Ave  
Memphis, TN 38105

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

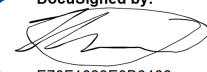
Re: AccentCare CON Application

This letter is on behalf of AccentCare for their CON application in Memphis, TN, which includes Shelby, Fayette, and Tipton County. I am currently serving as the Executive Director of the Hospitality Hub and have been serving the unhoused men and women in our community for over 20 years.

AccentCare home health and hospice programs are reaching outside of the box from traditional hospice care and partnering with community organizations that will help a much more diverse range of individuals that typically lack the resources and access when it comes to end-of-life care. AccentCare, should they be licensed in Memphis, plans to donate funds that will build at minimum two studio homes, in partnership with the Hub, for a long lasting solution in helping people transition out of homelessness. This sponsorship can also be utilized to house individuals who are in need of transitioning at the end of their life with dignity. AccentCare will provide the medical hospice services in these safe spaces.

We are interested in learning more about this partnership and would welcome AccentCare in our community in efforts to find solutions to the problems that the people of Memphis are facing.

Sincerely,

DocuSigned by:  


E70F1639E0B6466...

Kelcey Johnson

Executive Director

[kelcey@hospitalityhub.org](mailto:kelcey@hospitalityhub.org)

901-502-9759



**MARTAVIUS D. JONES**  
Councilman - Super District 8, Position 3

CITY COUNCIL

March 27, 2022


Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Director Grant,

As a member of the Memphis City Council, I am pleased to serve the community and to help create opportunities for our citizens to enjoy the best quality of life possible. As you are aware, the challenges presented to our healthcare system and our social services system are significant and we continue to seek innovative ways to support those that live in Memphis in an effort to work towards the best possible quality of life for all. By inviting and allowing new business to enter the market in Memphis, we provide additional options for service and support.

I learned that the continuum of services provided by AccentCare Home Health & Hospice, from Home Health to Palliative Care to Hospice support both patients and families as well as other healthcare partners. I see the approval of their CON application as a positive addition and extra support to the medical and social service agencies that are currently overburdened. Therefore, I am in support of providing additional healthcare service choices to Memphis by welcoming AccentCare Home Health and Hospice Services to the area.

Regards,



Martavius Jones  
Memphis City Council



Mary Lynn McPherson, PharmD, MA, MDE, BCPS, CPE  
Professor, Executive Director,  
Advanced Post-Graduate Education in Palliative Care  
Department of Pharmacy Practice and Science  
Program Director, Online Master of Science Program in Palliative Care  
Pharmacy Hall, 20 North Pine Street, Room S405  
Baltimore, Maryland, USA 21201  
Phone +1 (410) 706-3682  
Fax +1 (410) 706-4725  
mmcpfers@rx.umaryland.edu

February 25, 2022

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9<sup>th</sup> Floor  
Nashville, TN 37243

Dear Mr. Grant:

I am writing in support of AccentCare's applications for Home Health and Hospice Care for the Greater Memphis area including Shelby, Tipton, and Fayette counties. I am a Professor at the University of Maryland School of Pharmacy, and I serve as the National Consultant Pharmacist for AccentCare. In my capacity as a consultant for AccentCare, I am on call for physicians and nurses to contact me for advice on treating pain and non-pain symptoms associated with advanced illness. I am often called upon to calculate opioid doses when pain is difficult to control, and suggest alternate medications as the case demands.

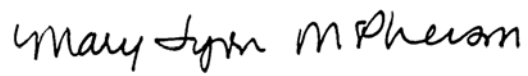
I have worked with AccentCare for over twenty years at this point, and I can speak to their dedication to "go the extra mile" for a patient. My presence as a consultant is one example. I provide an extra layer of support to the health care team at AccentCare, but in return I am supported and encouraged to develop my research interest in best practices to support informal caregivers (e.g., family members) in hospice care. We ask caregivers to perform increasingly complex medication management skills today, and I have worked to develop an educational initiative that AccentCare will be implementing to ease this burden.

I also provide extensive education to the health care professionals employed by AccentCare, from physicians to nurses, and the whole team. Some of this is face-to-face education, some is online, and often I give webinars to assure the staff are "cutting edge" in their efforts to aggressively manage pain and other symptoms at the end of life. One excellent example is an online course I developed for prescribers who are employed by AccentCare about using methadone as an analgesic. Methadone is a superb opioid, but the dosing can be tricky. To assure that our patients achieve pain relief as quickly as possible, while reducing the risk of adverse effects, all prescribers must complete this course, as well as complete twenty methadone calculations to become "certified" and allowed to independently manage methadone.

I have worked with numerous hospice programs over my career and I am continually impressed with the attention to detail I see every day with AccentCare. They invest in their staff, which translates into

superior care for their patients. I urge you to approve AccentCare's application, so they may continue to advance the practice of hospice and palliative care. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Mary Lynn McPherson". The signature is written in a cursive, flowing style.

Mary Lynn McPherson, PharmD, MA, MDE, BCPS  
Professor  
National Consultant Pharmacist, AccentCare

March 22, 2022

Fox Hollow Community  
100 Fox Hollow Run  
Covington, TN 38019

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243


Re: AccentCare CON Application

This letter is on behalf of AccentCare for their Certificate of Need application for their home health program in Memphis, Tennessee (Shelby, Fayette, and Tipton County). I am a licensed social worker and have worked in healthcare for over 30 years. I was born and raised in Covington, TN.

My biggest concern for the residents who live in the communities where I serve is finding health agencies that can work with insurance carriers. There have been a lot of programs coming through that mention they can work with Medicaid, QMB state Medicaid and TennCare residents, etc and there are not a lot of people who can work with them. I want to work side by side with home health and hospice providers who treat staff members as team members. We are a part of our residents care and working with providers who can collaborate and provide a circle of care with our staff is important to me.

I spoke with a representative from AccentCare who discussed their efforts to be a part of the Memphis community. They have programs like Open Access that allow patients to receive health program services that their insurances won't cover. This outside the box thinking in healthcare will make a difference in Memphis. Please consider this letter in support of AccentCare and the home health license application.

Sincerely,

DocuSigned by:  
  
A681E22C0DB446E...  
Michael Pruitt, MA  
Service Coordinator  
mpruitt@uchinc.org





315

MICHALYN EASTER-THOMAS  
MEMPHIS CITY COUNCIL  
DISTRICT 7

March 27, 2022

Logan Grant, Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Director Grant,

As a member of the Memphis City Council, I am pleased to serve the community and to help create opportunities for our citizens to enjoy the best quality of life possible. As you are aware, the challenges presented to our healthcare system and our social services system are significant and we continue to seek innovative ways to support those that live in Memphis in an effort to work towards the best possible quality of life for all. By inviting and allowing new business to enter the market in Memphis, we provide additional options for service and support.

After meeting with a representative from AccentCare Home Health & Hospice regarding their application to provide services in the Memphis area, I learned that their continuum of services, from Home Health to Palliative Care to Hospice support both patients and families as well as other healthcare partners. I see the approval of their CON application as a positive addition and extra support to the medical and social service agencies that are currently overburdened and would welcome a community partner that is here to serve. Therefore, I am in support of providing additional healthcare service choices to Memphis by welcoming AccentCare Home Health and Hospice Services to the area.

Respectfully,

Michalyn Easter-Thomas  
Memphis City Council – District 7

February 2, 2022

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Re: AccentCare CON Application

This letter is on behalf of AccentCare for their Certificate of Need application in Memphis, Tennessee. I learned about their efforts to become a licensed hospice and home health provider here in Shelby, Fayette, and Tipton County. I was interested to hear about the programs they offer which could benefit our community. In particular was the homeless assistance program that offers medical care and a bed for individuals who are in need of end-of-life care and also experiencing homelessness.

AccentCare is interested in funding a minimum of two tiny studio homes at the Hospitality Hub in downtown Memphis. With this partnership in the community there will be more space to transition people out of long-term homelessness and the facilities can also be used to provide hospice care. This out-of-the-box thinking in healthcare is what is needed in Shelby County. I also learned that their program Open Access, funded by the Seasons Hospice Foundation, allows for certain treatments to continue for pain management while transitioning onto hospice care. AccentCare does \$9 million dollars of charity care a year in supporting hospice patients in need. This is something that will be important for our community due to the high number of people enrolled in the Medicaid program.

AccentCare is the largest employer of music therapists nationwide and has a children's bereavement camp called Camp Kangaroo, which is another free resource to the community in helping children and their families with the grieving process. In addition to these plans with licensure, they will provide education in the community on hospice care resources and advance care planning. I would be pleased to see AccentCare serving our community and helping in our efforts to provide education and resources.

Sincerely,  
DocuSigned by:



8F0F01ACB5044F8...  
Michelle Taylor, MD, DrPH, MPA  
Director, Division of Health Services  
Shelby County  
[michelle.Taylor@shelbycountyttn.gov](mailto:michelle.Taylor@shelbycountyttn.gov)  
901-222-9080

March 28, 2022

125 N. Main St. #514  
Memphis, TN 38103  
901.573.5440

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This letter is in support of AccentCare for their Home Health Certificate of Need application in Memphis, Tennessee (Shelby, Fayette, and Tipton County).

My name is Mickell Lowery and I was elected to the County Commission in 2018 to represent the constituents of District 8 which includes areas of Downtown, Frayser, South Memphis, and Central Gardens. With the areas I serve, including downtown, I am interested in the needs of the community which includes healthcare.

AccentCare has expressed interest in providing home health care and hospice care in addition to education surrounding what resources can be available to those in need. They have developed a partnership and relationship with the HUB including the Hospitality HUB downtown, Memphis which serves the homeless community. AccentCare, should they be licensed, will fund two tiny home studios at the Hospitality Hub, to assist in the homeless crisis and provide beds for those who may need additional healthcare needs.

I appreciate the efforts that AccentCare is taking to understand the unique community of Memphis and their promise to hire local experts to run their programs here. Please consider this my support for their application.

Sincerely,

DocuSigned by:  
  
A104B92FE58045F...  
Mickell Lowery  
Shelby County Commission  
[mickell.lowery@shelbycountyttn.gov](mailto:mickell.lowery@shelbycountyttn.gov)



# INNOVATIVE

COUNSELING & CONSULTING

March 31, 2022

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Re: AccentCare CON Application

This is a letter of support on behalf of AccentCare West Tennessee for their Home Health Certificate of Need application in Memphis, Tennessee. My name is Norman N. Miller Jr and I am the President and CEO of Innovative Counseling & Consulting, Inc.

AccentCare has shown an interest in offering a new outside-the-box type of care that will bring additional resources to the community of Memphis. When it comes to healthcare, I believe there should be options in choosing the provider that is the right fit for you. AccentCare has a model that shows a person-centered care and has the highest quality scores in the nation for their home health program.

AccentCare would be a strong addition to the Memphis area. The special programs are tailored to each community they serve and I am happy to hear that AccentCare will be focusing on the under resourced communities such as the homeless community, African-American community to build trust and education surrounding end-of-life care. The model includes personal, home health and hospice care that will support families during the most difficult times in their life. Please consider this letter of support for AccentCare in their efforts to become a licensed home health provider in Memphis, Tennessee.

Sincerely,

Norman N. Miller Jr.  
President & CEO  
nmiller@icctreatment.com





PATRICE ROBINSON  
MEMPHIS CITY COUNCIL  
DISTRICT 3

March 28, 2022

125 N. Main St., Suite 514  
Memphis, TN 38103  
901.262.9952

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Dear Mr. Grant,

This letter of support is on behalf of AccentCare for their application to be a licensed home health provider in Shelby, Fayette, and Tipton County. I am Patrice Jordan Robinson and have served on the Memphis City Council since 2016 as well as Council Chairperson in 2020.

AccentCare has some of the highest quality scores for home health in the nation and they are the 5th largest hospice nationwide, providing a continuum of care with home health, hospice and palliative care. With a robust Bereavement program, including a children's bereavement program, Camp Kangaroo, and an integral Music Therapy program, AccentCare is extending their services to the community outside the standard provider programs.

Many communities in Memphis have historically been hesitant to personal home care and hospice care. AccentCare plans to partner with organizations in the community that are building trust in order to provide education that every Memphian deserves. AccentCare is making an effort to extend their resources and provide person-centered care and a peaceful end-of-life experience.

I would be pleased to see another provider in our community working hard for the people that I serve. Please accept this letter of support for AccentCare.

Sincerely,

Patrice J. Robinson  
Memphis City Council  
[patrice.robinson@memphistn.gov](mailto:patrice.robinson@memphistn.gov)



February 11, 2022

Logan Grant, Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Director Grant,

After nearly 30 years of experience in healthcare, the last 6+ at Trezevant, I encounter many community partners with whom our facility has shared interests. Successful collaboration is dependent upon communication and availability by those agencies with whom we partner. Being a healthcare provider, particularly in the past two years, has presented incredible challenges for our patients, their families, and our staff. Through these unprecedented times we have remained committed to sustaining the quality of services we provide. Partnering with like-minded agencies makes all of us stronger.

I recently met with a representative from AccentCare Home Health & Hospice regarding their application to provide services in the Memphis area and was pleased to learn that we have shared interests in providing the best care possible despite the challenges we are all facing related to staffing. Additionally, I understand that they also focus on education throughout the community about the purpose and need for the continuum of services, from Home Health to Palliative Care to Hospice, and the many benefits of these services for patients and families.

Please accept this letter of support for AccentCare Home Health and Hospice Services as an additional provider in the Memphis area.

Respectfully,

DocuSigned by:  
  
E2C8D1CCF45348F...  
Paul W. Martin, MPH  
Trezevant, Vice President-Health & Wellness  
177 North Highland Street  
Memphis, TN 38111-4747





6555 W. MAPLE ROAD  
WEST BLOOMFIELD, MI 48322

TELEPHONE  
248.592.2687

FAX  
248.592.2688

WEB SITE  
[www.jewishhospice.org](http://www.jewishhospice.org)

*Adding the Jewish Component to Hospice Care • Palliative Care • Hospice Care*

February 28, 2022

BOARD OF DIRECTORS

David Techner  
*President*

Rabbi E.B. Freedman  
*Vice President*

Zina Kramer  
*Secretary*

Dana Burnstein

Howard J. Gourwitz

Nancy Grosfeld

Joel Jacob

Martin Laker

Susan Lewis

Robert Nusbaum

Spencer Partrich

Mickey Shapiro

Rabbi Levi Shemtov

Lisa Shiffman

Steven Weisberg

Larry Wolfe

Alan Zekelman

Logan Grant, Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9<sup>th</sup> Floor  
Nashville, TN 37243

To Whom it May Concern,

Jewish Hospice and Chaplaincy Network provides supportive services to Jewish patients receiving medical care at hospices throughout Southeast Michigan. The staff of JHCN has worked closely with AccentCare in Michigan since they began their local operation in 2005. We have referred hundreds of Jewish patients to them, and we collaborate with them in ongoing care for all of these patients. I can state unequivocally that since they have come to Michigan and become a competitive force here, they have raised the standards of quality care for all hospices.

We know that they have exceedingly high standards because we communicate with our mutual patients, and their families and we receive almost universally positive feedback. While working with AccentCare on a regular basis for so long, we have come to know their wonderful staff. The management has a superior eye for talent and is diligent in its employee orientation, training and education programs.

AccentCare demands excellence from its staff and treats employees with respect and empowerment. This is reflected in their noticeable high morale and rates of retention. They are wonderful collaborators with healthcare partners, willing and even eager to make commitments to the community institutions that surround them. They value community education and are leaders in conducting healthcare educational forums for professional and community members.

They are deeply committed to flexibility in meeting the special needs of diverse populations. Our Jewish community includes many immigrants, orthodox Jews, Chasidic Jews, holocaust survivors, and the indigent. The metropolitan Detroit area has many other distinct ethnic populations. I know they are also proactive with the Muslim, Middle Eastern, African American, Hispanic, Indian, and other ethnic and faith-based groups, and care for all of them with equal sensitivity. AccentCare is highly innovative and does not hesitate to aggressively incorporate new technologies or complimentary therapies to help families and enhance patient care.

In summation, in less than a decade, AccentCare has become one of the finest and most well-respected healthcare providers in Southeast Michigan. I would suggest that if they are issued a certificate of need in District Shelby, Tipton, and Fayette counties in Tennessee. In a few years the members of these communities will feel very comfortable writing a very similar letter of approbation to the next community that AccentCare will plan to bless with their presence. Therefore, please accept this letter of support for AccentCare's applications for Home Health and Hospice care to service the Greater Memphis area.

Sincerely,

Rabbi E.B. (Bunny) Freedman  
Founding CEO

ADMINISTRATION

Rabbi Joseph H. Krakoff  
*CEO*

Rabbi E.B. Freedman  
*Founding CEO*





February 28, 2022

Renee Trincanello, CEO  
Covenant House Florida  
733 Breakers Avenue  
Ft. Lauderdale, FL 33304

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

RE: AccentCare's application for a CON for Memphis MSA

Dear Mr. Grant

As the CEO of Covenant House of Florida, I have had the pleasure of working with AccentCare (formerly Seasons Hospice & Palliative Care) to serve homeless youth here in Broward County. Covenant House Florida fulfills its mission by providing shelter and services to children and youth who are homeless or at great risk. Many of our youth have experienced tremendous grief and loss, often times through violence, causing not only a sense of complicated mourning but also leave our youth with the complications of working through trauma.

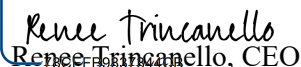
AccentCare approached us about serving our bereaved youth through their child and adolescent community bereavement program. They were concerned, as we were, about health disparity among African American and Hispanic youth. Together, we worked to secure funding in a grant from New York Life allowing our youth to receive bereavement counseling with Seasons counselors and music therapists at an equine therapy farm twice monthly. In addition to these counseling sessions, our bereaved youth attend Camp Kangaroo, a grief and loss camp led by AccentCare Hospice clinicians.

AccentCare has demonstrated their commitment to serving homeless youth in need in Broward County since being awarded the CON here. They are not only an exceptional hospice provider for patients facing life-limiting illnesses, they are a welcome partner in the community. Their initiative, outreach, and compassionate work to help homeless youth is extraordinary.

For these reasons, I support their application for a Certificate of Need in the Greater Memphis area. I am confident their presence will have a positive influence in the greater community.

Sincerely,

DocuSigned by:

  
Renee Trincanello, CEO

March 27, 2022

Logan Grant, Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Director Grant,

As a member of the Tennessee House of Representatives, I am pleased to serve the citizens of our state and Shelby County. Quality healthcare providers for all citizens is of high importance, particularly given the challenges that we continue to address due to the pandemic. The dire situation of the last two years has also brought additional focus on the needs for community connections that are collaborative and address deficiencies and gaps in services for some of our most vulnerable individuals.

I understand AccentCare Home Health & Hospice are seeking approval of their CON application to serve the greater Memphis area. According to their representative, AccentCare seeks to focus outreach and education to those in our community that may have difficulty accessing services related to chronic health needs and end of life care. By providing continuity of care from home health services through end-of-life care and the specialized programs for veterans, individuals with dementia, and comfort care for chronic conditions would be a welcome resource in our community.

Respectfully,

DocuSigned by:  
*State Representative Torrey C. Harris*

02DBD051D34941F...

Representative Torrey Harris  
Tennessee House of Representatives  
420 Cordell Hull Bldg.  
NASHVILLE, TN 37243  
(901) 232-9498

February 22, 2022

Logan Grant, Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Mr. Grant,

As the Executive Director for Allenbrooke Nursing and Rehabilitation Center, I have occasion to interact and contract with a variety of healthcare service providers in the Memphis area. As I'm sure you are aware, the last two years have been put quite a strain on patients, families, and staff alike. We have worked very hard during this time to ensure that we are doing all that we can to provide the best care possible despite the difficult conditions. At Allenbrooke, we prefer hospice companies that provide quality care, that are reliable, and that show up when contacted. We are quick to end relationships with hospices that are hardly available when help is needed in comforting a grieving family or that find it difficult to provide medication for the patients. We need reliable colleagues that are dependable and competent partners in care.

Earlier this week, I met with a representative from AccentCare Home Health & Hospice regarding their application to provide services in this area. Of the many services offered by their company, I am particularly interested in the fact that they have high quality scores in their programs that are already in operation, some of which are just across the state line in Mississippi. Additionally, they offer programs above and beyond those of our current providers which I am certain would of interest to both our patients and their families. Things like "Leaving a Legacy", Camp Kangaroo Children and Teen Bereavement Camp and music therapy services indicate to me that they are committed to serving the whole family and everyone's quality of life during the illness and following the patient's passing.

Please consider this letter our support for allowing AccentCare to serve the many needs of our Memphis community.

Respectfully,

DocuSigned by:  
  
A418E1D36D8744A...

Richie Anderson  
Executive Director  
Allenbrooke Nursing and Rehabilitation Center  
3933 Allenbrooke Cove  
Memphis, TN 38118

February 24, 2022

Logan Grant, Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Mr. Grant,

I have a very personal experience with hospice, as my mother was a hospice patient for a few days before passing. My siblings and I appreciated how genuine and honest the hospice staff were with their communication. They didn't offer false hope, but they weren't insensitive either. They spent several hours making my mother comfortable and being by her side until the end. At this difficult time for families, I believe that everyone can benefit from the support of a quality hospice provider. This week I met with a representative from AccentCare Home Health & Hospice regarding their application to provide services in this area. I am very interested in and support their "no one should die alone" program. While our experience with my mother's care was well supported, the bereavement services ended shortly after she passed. We all struggled quite a bit, especially my brother. I understand that AccentCare offers bereavement services to families for 13 months because they understand that healing takes time.

As the Assistant Director for the Lewis Senior Center, I know many families would benefit from what AccentCare has to offer. I understand that if awarded the license to open in the Memphis area, they would provide educational sessions and opportunities for patients and families to learn more about the benefits of hospice and how to access those services. I like the fact that they have high quality scores in their programs. Also, they are already operating just across the state line in Mississippi. They also offer programs above and beyond those of our current providers which I am certain would of interest to both our patients and their families. Things like "Leaving a Legacy", Camp Kangaroo Children and Teen Bereavement Camp and music therapy services indicate to me that they are committed to serving the whole family and everyone's quality of life during the illness and following the patient's passing.

I support AccentCare as a provide for the many needs of our Memphis community.

Respectfully,

DocuSigned by:  
  
Rochelle Landon

Rochelle Landon  
Lewis Senior Center, Assistant Director  
1188 North Parkway  
Memphis, Tennessee 38105  
(901) 636-4255

March 9, 2022

Logan Grant, Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Mr. Grant,

I understand that AccentCare is applying for the Certificate of Need in the Memphis area to provide home health and hospice services. As someone with more than 20 years experience in healthcare, I have seen how beneficial it is for both the patient and their family when healthcare providers are truly patient and family centered. Additionally, as a caregiver, I know that agencies that respect the family's time and home help to ease the burden of caring for a critically or terminally ill loved one. Adding another choice of provider in our area would provide options for patients and families.

In my conversation with an AccentCare representative, I appreciated that they propose to provide additional education and community outreach on the benefits of supportive home health care and hospice and how to access those services. Clear communication and building positive relationships with various organizations helps both the patients and the staff feel comfortable and supported and puts the patient first. I hope you will consider AccentCare as a provider for the many needs of our Memphis community.

Respectfully,

DocuSigned by:  
  
F61D8B12ED38448...  
Rosie Porter

Majestic Gardens at Memphis Rehabilitation and Skilled Nursing Center  
131 N Tucker Street  
Memphis, TN 38104



**We refuse to be invisible**

**National Headquarters**  
 305 Seventh Avenue, 15<sup>th</sup> Floor  
 New York, NY 10001  
 T: 212-741-2247  
[sageusa.org](http://sageusa.org)  
[lgbtagingcenter.org](http://lgbtagingcenter.org)

February 28th, 2022

Logan Grant  
 Executive Director  
 Health Services Development Agency  
 502 Deaderick Street, 9th Floor  
 Nashville, TN 37243

Dear Logan Grant,

Please accept this letter of support for AccentCare's applications for Home Health and Hospice care to service the Greater Memphis area including Shelby, Tipton, and Fayette counties. SAGE has a long and strong relation with Seasons Hospice & Palliative Care which is now a part of AccentCare, and we find them to be a committed partner. Many of their offices have earned the SAGE Platinum Certified, demonstrating their commitment to serving Lesbian, Gay, Bisexual, and Transgender (LGBT) Elders in the communities they serve.

Hospice care is a very intimate form of healthcare provided in private homes and at life's most vulnerable time. I am impressed that AccentCare recognizes the importance of helping all their staff and leaders become competent in serving the LGBT community. AccentCare shows their commitment to serving diverse populations with the highest degree of competence, respect, and dignity. I personally am continually impressed by their innovative approaches to LGBT inclusion and their willingness to enact their values.

Furthermore, they have a variety of unique approaches to care that include a variety of supportive care programs and they provide a great deal of education in the community to help people improve access to care. Given their commitment and dedication to providing the best end of life care possible, and our ongoing discussions to strengthen and deepen our engagement with the AccentCare, please accept this letter of support of AccentCare's application for a new Home Health and Hospice certificate of need.

A handwritten signature in black ink, appearing to read "Tim Johnston".

Tim Johnston  
 Senior Education Advisor  
 SAGE  
 305 7<sup>th</sup> Avenue  
 15<sup>th</sup> Floor  
 New York, NY 10001



The Langford of Collierville  
1633 E. Winchester Blvd  
Collierville, TN 38017

February 11, 2022

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Mr. Grant,

I am writing to you regarding a forthcoming application by AccentCare, home health and hospice service provider, to serve Shelby, Tipton and Fayette counties. While there are agencies that serve our area, it can be difficult to get a quick response to take care of our residents when needed. It is my understanding that AccentCare is seeking space in Shelby County to better serve the needs of this area in a timely manner. By having a team of individuals that are more accessible, we would also hope to have more frequent communication so that we are all able to better serve the residents and their needs.

In talking with a representative of AccentCare, I was pleased to hear that they will look to hire both from within the community (to utilize those that know the needs well) and that they are a nationally recognized provider that is able to recruit from within their own company, allowing professionals who were originally from the area to potentially return here to work. The services that they offer, such as music therapy and Namaste care for those with dementia, would be welcome new offerings for our residents as well.

It is my hope that you will carefully consider AccentCare Hospice and Palliative Care, Inc. as a provider for Shelby County and the Memphis area.

Sincerely,

DocuSigned by:

  
A2D20264FF2442B  
**Tawanna Kimbrough**

Memory Care Director, Wellness Nurse

[tawanna.kimbrough@parkavenuelifestyle.com](mailto:tawanna.kimbrough@parkavenuelifestyle.com)

February 2, 2022

2650 Thousand Oaks Blvd.  
Suite 2140  
Memphis, TN 38118

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Re: AccentCare CON Application

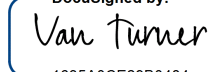
This letter is on behalf of AccentCare, a hospice and home health provider, for their Certificate of Need application in Memphis.

I met with two representatives from AccentCare who provided information on their programs and how they plan to partner with the community. Having already met with the Hospitality Hub in downtown Memphis, they are forming partnerships with organizations who are helping the unhoused population. AccentCare plans to donate funds to sponsor two studio homes which will be a space to provide end-of-life care for those transitioning at the end of their life.

AccentCare has a dedication to serving the historically marginalized communities and is committed to hiring a predominantly black leadership team in Memphis. AccentCare plans to provide continuous education in the community on the resources that have historically been unavailable to them. Their goal is to aid in changing the way people understand what the death and dying experience could be. Throughout their programs nationwide, they have successfully implemented Cultural Advisory Councils and educated internally and externally on how best to support individuals and families with different religions, race, cultural and ethnic backgrounds through the end-of-life process.

Please accept this letter of support for AccentCare in their efforts to bring their special programs to our community.

Sincerely,  
DocuSigned by:



1635A0CE29B0484...  
Commissioner Van D. Turner, Jr., Esq.  
President of NAACP Memphis Branch  
[vturner@bruceturnerlaw.net](mailto:vturner@bruceturnerlaw.net)  
901-290-6610



March 27, 2022

Logan Grant, Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Director Grant,

As a member of the Shelby County Board of Commissioners, I am pleased to serve the community. For more than 6 years, we have worked to expand the services we offer in Shelby County and to support workforce development despite the pandemic and the dire circumstances it has created in both the healthcare and social service arenas. As we continue recovery efforts, building new community partnerships with organizations that are willing to envision a long-term future and invest resources to support growth are imperative.

I recently met with a representative from AccentCare Home Health & Hospice regarding their application to provide services in the Memphis area (including Shelby County) and was pleased to learn about their continuum of services, from Home Health to Palliative Care to Hospice, and the many benefits they could bring to patients and families in this community. AccentCare has an excellent reputation in neighboring areas as well as in other parts of the state. Additionally, the continuum of services they provide would be a welcome complement to our ongoing efforts in providing access to quality healthcare for those in need.

I am in support of providing additional healthcare service choices to those in Shelby County by welcoming AccentCare Home Health and Hospice Services to the area.

Respectfully,

DocuSigned by:  
  
D8ED712E1C0C4F1...

Willie Brooks, Jr.  
Shelby County Commissioner  
160 N. Main Street, Suite 600  
MEMPHIS, TN 38103  
(901) 488-0381

**Attachment 7Q**  
**Information on Civil Monetary Penalties**



**TEXAS**  
Health and Human  
Services

**Texas Health and Human Services Commission**

**Cecile Erwin Young**  
Acting Executive Commissioner

October 11, 2018

**CERTIFIED MAIL: 7017 2680 0001 0109 4536**

ADMINISTRATOR  
SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS INC  
6341 CAMPUS CIRCLE DRIVE EAST SUITE 150  
IRVING, TX 75063

Sent First Class Mail: 10/11/18

**RE: Seasons Hospice & Palliative Care Of Texas Inc, License No. 011037  
Proposal to Assess Administrative Penalties**

Dear Administrator:

Pursuant to Texas Health and Safety Code (HSC) Chapter 142 and 40 Texas Administrative Code (TAC) Chapter 97, this is notice that the Texas Health and Human Services Commission (HHSC) proposes to assess administrative penalties in the amount of \$1,000.00 for state licensing violations identified during Seasons Hospice And Palliative Care Of Texas (the agency) May 14, 2018 survey.

Your agency's violation(s) of the state licensing regulations constitutes an independent basis for the following enforcement recommendation. For specific details regarding violations cited, please refer to the state form titled "Statement of Licensing Violations and Plan of Correction" which was mailed to the agency after the survey.

#### **State Licensing Violations**

Reference the Statement of Licensing Violations, item Z-0210; §97.247(a)(5)(B) Verif. Employability/Use of Unlicensed Persons – Level B

The agency failed, after the initial verification of employability, to search the nurse aide and employee misconduct registries at least every 12 months for an unlicensed employee with face-to-face client contact who was most recently hired on or after September 1, 2009. **A proposed administrative penalty in the amount of \$500.00 has been assessed.**

Reference the Statement of Licensing Violations, item Z-0740; §97.810(b) Hospice Initial Assessment – Level B

The agency failed to use the information gathered in the initial assessment for the client's immediate care needs according to the plan of care. **A proposed administrative penalty in the amount of \$500.00 has been assessed.**

SEASONS HOSPICE &amp; PALLIATIVE CARE OF TEXAS INC

October 11, 2018

Page 2

### Enforcement Options

As a result of the proposed enforcement action, the agency may choose one of the following options within 20 calendar days of receiving this Notice of Violation (NOV) letter:

- Option 1      Accept, in writing, the proposed enforcement action outlined within this letter by paying an administrative penalty in the amount of \$1,000.00. Payment of the administrative penalty must be made by **cashier's check or money order** and mailed to:

**Texas Health and Human Services Commission  
ARTS Mail Code 1470  
P.O. Box 149055  
Austin, TX 78714-9030**

The cashier's check or money order must be made payable to the Texas Health and Human Services Commission and must include the notation: **"Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 529201108."** Please include the attached payment coupon along with your check or money order. Should the proposed enforcement action outlined in this letter be accepted, an Order will be entered approving the determination and ordering the agency to pay the proposed penalty; or

- Option 2      You may appeal this enforcement action to HHSC. HHSC will docket the appeal request with the State Office of Administrative Hearings (SOAH). The request must be in writing, in the form of a petition or letter, and must state the basis of the appeal. You must include a legible copy of the letter or notice received from HHSC that specified the proposed enforcement action. The request for a hearing is not complete and will not be docketed at SOAH for hearing without a copy of the Enforcement Action letter. Your request for a hearing must be sent to HHSC at:

**Legal Services (W-615)  
Office of General Counsel  
Texas Health and Human Services Commission  
P.O. Box 149030  
Austin, TX 78714  
Fax: (512) 438-5759**

If a request for a hearing is not complete within 20 days of receipt of this letter, unless otherwise provided by statute, you will be deemed to have consented to the HHSC action and request for a hearing will be denied, and the proposed action outlined above will be taken. Specifically, an Order will be entered approving the determination and ordering that the agency pay an administrative penalty in the amount of \$1,000.00.

All submissions will be filed at SOAH and must be redacted to meet SOAH privacy requirements at 1 TAC RULE §155.101. Redaction must include all personal identifiers that are protected by law from disclosure or that are unnecessary for resolution of the case. Any documents received containing unredacted confidential information will be returned.

SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS INC

October 11, 2018

Page 3

If you have questions regarding the above-described procedures, please call Jorge Montemayor, Enforcement Specialist, at (512) 438-4113.

Sincerely,

A handwritten signature in blue ink, appearing to read "B. Cavuto".

Brian Cavuto, Manager  
Provider Licensing Enforcement Unit  
LTC Regulatory Services Division

SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS INC  
October 11, 2018  
Page 4

**PAYMENT COUPON**

**HCSSA ADMINISTRATIVE PENALTIES  
Provider Licensing Enforcement Unit – (Jorge Montemayor)**

---

**“Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 529201108”**

Agency License No.: **011037**

Claim Amount: \$1,000.00

Name: Seasons Hospice & Palliative Care Of Texas Inc  
Exit Date: May 14, 2018

Address: 6341 CAMPUS CIRCLE DRIVE EAST, SUITE 150  
IRVING, TX 75063

Please make cashier's check or money order payable to the Texas Health and Human Services Commission and return with this coupon to:

**Texas Health and Human Services Commission  
ARTS Mail Code 1470  
P.O. Box 149055  
Austin, TX 78714-9030**



**TEXAS**  
Health and Human  
Services

Texas Health and Human Services Commission

**Dr. Courtney N. Phillips**  
Executive Commissioner

February 19, 2019

**CERTIFIED MAIL: 7018 2290 0001 0083 1651**

ADMINISTRATOR Sent First Class Mail: 2/19/2019  
SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON LLC  
10318 LAKE ROAD BUILDING C SUITE 102  
HOUSTON, TX 77070

**RE: SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON, LLC dba  
SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON, LLC, License  
No. 014939  
Proposal to Assess Administrative Penalties**

Dear Administrator:

Pursuant to Texas Health and Safety Code (HSC) Chapter 142 and 40 Texas Administrative Code (TAC) Chapter 97, this is notice that the Texas Health and Human Services Commission (HHSC) proposes to assess administrative penalties in the amount of \$2,250.00 for state licensing violations identified during SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON, LLC dba SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON, LLC's (the agency) August 31, 2018 survey.

Your agency's violation(s) of the state licensing regulations constitutes an independent basis for the following enforcement recommendation. For specific details regarding violations cited, please refer to the state form titled "Statement of Licensing Violations and Plan of Correction" which was mailed to the agency after the survey.

#### **State Licensing Violations**

Reference the Statement of Licensing Violations, item Z130/§97.243(b)(1)(B) Management Responsibilities: Administrator – Level B  
The administrator failed to organize and direct the agency's ongoing functions. **A proposed administrative penalty in the amount of \$750.00 has been assessed.**

Reference the Statement of Licensing Violations, item Z767/§97.821(c) Hospice Plan of Care – Level B  
The agency failed to make sure that care and services furnished to clients and their families followed an individualized written POC established by the hospice interdisciplinary group. **A proposed administrative penalty in the amount of \$750.00 has been assessed.**

Reference the Statement of Licensing Violations, item Z798/§97.832(a) Hospice Nursing Services – Level B  
The agency's nursing services failed to ensure that the nursing needs of the client are met as identified in the client's initial assessment, comprehensive assessment and updated assessments. **A proposed administrative penalty in the amount of \$750.00 has been assessed.**

SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON, LLC

February 19, 2019

Page 2

### Enforcement Options

As a result of the proposed enforcement action, the agency may choose one of the following options within 20 calendar days of receiving this Notice of Violation (NOV) letter:

**Option 1** Accept, in writing, the proposed enforcement action outlined within this letter by paying an administrative penalty in the amount of \$2,250.00. Payment of the administrative penalty must be made by **cashier's check or money order** and mailed to:

**Texas Health and Human Services Commission  
ARTS Mail Code 1470  
P.O. Box 149055  
Austin, TX 78714-9030**

The cashier's check or money order must be made payable to the Texas Health and Human Services Commission and must include the notation: **"Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 529201108."** Please include the attached payment coupon along with your check or money order. Should the proposed enforcement action outlined in this letter be accepted, an Order will be entered approving the determination and ordering the agency to pay the proposed penalty; or

**Option 2** You may appeal this enforcement action to HHSC. HHSC will docket the appeal request with the State Office of Administrative Hearings (SOAH). The request must be in writing, in the form of a petition or letter, and must state the basis of the appeal. You must include a legible copy of the letter or notice received from HHSC that specified the proposed enforcement action. The request for a hearing is not complete and will not be docketed at SOAH for hearing without a copy of the Enforcement Action letter. Your request for a hearing must be sent to HHSC at:

**Legal Services (W-615)  
Office of General Counsel  
Texas Health and Human Services Commission  
P.O. Box 149030  
Austin, TX 78714  
Fax: (512) 438-5759**

If a request for a hearing is not complete within *20 days* of receipt of this letter, unless otherwise provided by statute, you will be deemed to have consented to the HHSC action and request for a hearing will be denied, and the proposed action outlined above will be taken. Specifically, an Order will be entered approving the determination and ordering that the agency pay an administrative penalty in the amount of \$2,250.00.



SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON, LLC

February 19, 2019

Page 3

All submissions will be filed at SOAH and must be redacted to meet SOAH privacy requirements at 1 TAC RULE §155.101. Redaction must include all personal identifiers that are protected by law from disclosure or that are unnecessary for resolution of the case. Any documents received containing unredacted confidential information will be returned.

If you have questions regarding the above-described procedures, please call Lydia Maese, Enforcement Specialist, at (512) 438-2409.

Sincerely,



Brian Cavuto  
Manager, Provider Licensing Enforcement Unit  
LTC Regulatory Services  
Regulatory Services Division  
Texas Health and Human Services Commission

SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON, LLC  
February 19, 2019  
Page 4

**PAYMENT COUPON**

**HCSSA ADMINISTRATIVE PENALTIES  
Provider Licensing Enforcement Unit – (LM)**

---

**“Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 529201108”**

Agency License No.: **014939**

Claim Amount: **\$2,250.00**

Name: SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON, LLC dba  
SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS– HOUSTON, LLC

Exit Date: August 31, 2018

Address: 10318 LAKE ROAD BUILDING C SUITE 102  
HOUSTON, TX 77070

Please make cashier's check or money order payable to the Texas Health and Human Services Commission and return with this coupon to:

**Texas Health and Human Services Commission  
ARTS Mail Code 1470  
P.O. Box 149055  
Austin, TX 78714-9030**



**TEXAS**  
Health and Human  
Services

**Texas Health and Human Services Commission**

**Cecile Erwin Young**  
Acting Executive Commissioner

October 25, 2018

**CERTIFIED MAIL: 7017 2680 0001 0109 7858**

Sent First Class Mail: 10/25/18

ADMINISTRATOR  
SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON LLC  
10318 LAKE ROAD BUILDING C SUITE 102  
HOUSTON, TX 77070

**RE: Seasons Hospice & Palliative Care Of Texas – Houston LLC, License No. 014939  
Proposal to Assess Administrative Penalties**

Dear Administrator:

Pursuant to Texas Health and Safety Code (HSC) Chapter 142 and 40 Texas Administrative Code (TAC) Chapter 97, this is notice that the Texas Health and Human Services Commission (HHSC) proposes to assess administrative penalties in the amount of \$1,000.00 for state licensing violations identified during Seasons Hospice & Palliative Care Of Texas – Houston LLC (the agency) June 14, 2018 survey.

Your agency's violation(s) of the state licensing regulations constitutes an independent basis for the following enforcement recommendation. For specific details regarding violations cited, please refer to the state form titled "Statement of Licensing Violations and Plan of Correction" which was mailed to the agency after the survey.

#### **State Licensing Violations**

Reference the Statement of Licensing Violations, item Z134 §97.234(b)(1)(D) Management Resp Administrator –Level B

The administrator failed to supervise to ensure implementation of agency policy and procedures. **A proposed administrative penalty in the amount of \$500.00 has been assessed.**

Reference the Statement of Licensing Violations, item Z776 §97.821(d)(5) Hospice Plan of Care-Level B

The agency failed to include all services necessary to meet the medical supply and equipment to meet the client's needs in the plan of care. **A proposed administrative penalty in the amount of \$500.00 has been assessed.**

#### **Enforcement Options**

As a result of the proposed enforcement action, the agency may choose one of the following options within 20 calendar days of receiving this Notice of Violation (NOV) letter:

Option 1 Accept, in writing, the proposed enforcement action outlined within this letter by paying an administrative penalty in the amount of \$1,000.00. Payment of the administrative penalty must be made by **cashier's check or money order** and mailed to:

SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON LLC  
October 25, 2018  
Page 2

**Texas Health and Human Services Commission  
ARTS Mail Code 1470  
P.O. Box 149055  
Austin, TX 78714-9030**

The cashier's check or money order must be made payable to the Texas Health and Human Services Commission and must include the notation: **"Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 529201108."** Please include the attached payment coupon along with your check or money order. Should the proposed enforcement action outlined in this letter be accepted, an Order will be entered approving the determination and ordering the agency to pay the proposed penalty; or

Option 2 You may appeal this enforcement action to HHSC. HHSC will docket the appeal request with the State Office of Administrative Hearings (SOAH). The request must be in writing, in the form of a petition or letter, and must state the basis of the appeal. You must include a legible copy of the letter or notice received from HHSC that specified the proposed enforcement action. The request for a hearing is not complete and will not be docketed at SOAH for hearing without a copy of the Enforcement Action letter. Your request for a hearing must be sent to HHSC at:

**Legal Services (W-615)  
Office of General Counsel  
Texas Health and Human Services Commission  
P.O. Box 149030  
Austin, TX 78714  
Fax: (512) 438-5759**

If a request for a hearing is not complete within *20 days* of receipt of this letter, unless otherwise provided by statute, you will be deemed to have consented to the HHSC action and request for a hearing will be denied, and the proposed action outlined above will be taken. Specifically, an Order will be entered approving the determination and ordering that the agency pay an administrative penalty in the amount of \$1,000.00.

All submissions will be filed at SOAH and must be redacted to meet SOAH privacy requirements at 1 TAC RULE §155.101. Redaction must include all personal identifiers that are protected by law from disclosure or that are unnecessary for resolution of the case. Any documents received containing unredacted confidential information will be returned.

If you have questions regarding the above-described procedures, please call Jorge Montemayor, Enforcement Specialist, at (512) 438-4113.

Sincerely,



Brian Cavuto, Manager  
Provider Licensing Enforcement Unit  
LTC Regulatory Services Division

SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON LLC  
October 25, 2018  
Page 3

**PAYMENT COUPON**

**HCSSA ADMINISTRATIVE PENALTIES  
Provider Licensing Enforcement Unit – (Jorge Montemayor)**

---

**"Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 529201108"**

Agency License No.: **014939**

Claim Amount: **\$1,000.00**

Name: **Seasons Hospice & Palliative Care Of Texas – Houston LLC**  
Exit Date: **June 14, 2018**

Address: **10318 LAKE ROAD BUILDING C SUITE 102  
HOUSTON, TX 77070**

Please make cashier's check or money order payable to the Texas Health and Human Services Commission and return with this coupon to:

**Texas Health and Human Services Commission  
ARTS Mail Code 1470  
P.O. Box 149055  
Austin, TX 78714-9030**

Tony Evers  
Governor



1 WEST WILSON STREET  
PO BOX 2969  
MADISON WI 53701-2969

Andrea Palm  
Secretary

State of Wisconsin  
Department of Health Services

Telephone: 608-266-8481  
Fax: 608-267-0352  
TTY: 711 or 800-947-3529

**BEFORE THE STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
DIVISION OF QUALITY ASSURANCE**

**NOTICE OF HOSPICE FORFEITURE ASSESSMENT**

**DATE:** October 8, 2020

**TO:** Seasons Hospice  
6737 W Washington St. Suite 2150  
West Allis, WI 53214

Pursuant to section 50.98, Wisconsin Statutes, the Department of Health Services has evaluated Statement of Deficiency #BFUL11, a copy of which is attached, for the purpose of determining whether a forfeiture should be assessed and, if so, in what amount.

Section 50.98, Wis. Stats., authorizes the Department to assess forfeitures in the following amounts:

“Any person who violates this subchapter or rules promulgated under this subchapter may be required to forfeit not more than \$100 for the first violation and may be required to forfeit not more than \$200 for the 2<sup>nd</sup> or any later violation within a year.”

The Statement of Deficiency number, Wisconsin Administrative Code and forfeiture amount(s) are explained in the enclosed forfeiture analysis worksheet.

Therefore pursuant to the authority of section 50.98, Wis., Stats., Seasons Hospice owes \$50.00 to the State of Wisconsin, Division of Quality Assurance.

Section 50.98(5), Wis. Stats., requires that, unless you contest this forfeiture assessment in accordance with section 50.98(4), Wis. Stats., you must pay the forfeiture to:

**Department of Health Services  
Division of Quality Assurance-BHS  
1 W. Wilson Street  
P.O. Box 2969  
Madison, Wisconsin 53701-2969**

within 10 days after receipt of this notice. *The check should be made payable to Division of Quality Assurance.*

If you desire to contest this assessment, you have a right to a hearing. Pursuant to section 50.98(4), Wis. Stats., a written request for a hearing must be sent within 10 days after receipt of this notice to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, Wisconsin 53705.

Please contact me at [Marsha.Musillami@dhs.wisconsin.gov](mailto:Marsha.Musillami@dhs.wisconsin.gov) if you have any questions.

Marsha Musillami, RN, BSN  
Nurse Consultant  
Division of Quality Assurance  
Department of Health Services

Tony Evers  
Governor

Andrea Palm  
Secretary



The State of Wisconsin  
Department of Health Services

Division of Quality Assurance  
1 W. Wilson Street  
P.O. Box 2969  
Madison, WI 53701-2969  
Telephone: (608) 266-8481  
FAX: (608)267-0352  
TTY: (608)266-7376  
dhs.wisconsin.gov

Please indicate INVOICE NUMBER  
on Remittance

Invoice #: 201568

Date:

INVOICE

BRYAN POTTOW  
SEASONS HOSPICE AND PALLIATIVE CARE, License: 2008  
6737 W WASHINGTON ST SUITE 2150  
WEST ALLIS, WI 53214

<u>Description</u>	<u>Amount</u>
Forfeiture assessment on Event ID BFUL11, issued 03/10/2020 131.31(2)	\$30.00
Forfeiture assessment on Event ID BFUL11, issued 03/10/2020 131.37(13)	\$20.00
<b>Total:</b>	<b>\$50.00</b>

Certified Mail Number: 70113500000339095419

FOR OFFICE USE ONLY

Forfeiture Status: -----

Date Received: -----

Date Appealed: -----

Date Paid: -----

MA Auditor: -----

Please make check payable to: Division of Quality Assurance and send to:

Lisa Imhof  
Department of Health Services  
1 West Wilson Street  
P.O. Box 2969  
Madison, WI 53701-2969





### HOSPICE FORFEITURE ANALYSIS WORKSHEET

This worksheet is used to analyze the events surrounding the violation and as guidance in analyzing statutory factors when assessing hospice forfeitures. All violations are reviewed for forfeiture on a case-by-case basis and, depending upon the overall circumstances, this worksheet may not encompass all factors in assessing this forfeiture. This worksheet may be altered to consider other factors that are relevant to a particular situation. After a thorough analysis, the enforcement specialist determines a baseline amount.

Name – Reviewer Marsha Musillami, RN	Date of Review 10/8/2020
Name – Hospice Seasons Hospice	License No. 64
Name – Owner Bryan Pottow, Administrator	

#### SURVEY INFORMATION

Survey Type	SOD No.	Date SOD Issued	SOD Listed Date(s) of Violation
Initial	BFUL11	3/3/2020 and 10/7/2020 (revised)	1/7/2020-3/9/2020

#### Code(s)

131.37(13) Physical Plant. The kitchen shall be located on the premises, or a satisfactory sanitary method of transportation of food shall be provided. If there is a kitchen on the premises, it shall meet food service needs and be arranged and equipped for proper refrigeration, heating, storage, preparation and serving of food. Adequate space shall be provided for proper refuse handling and washing of waste receptables, and for storage of cleaning compound.

#### Deficiency

The hospice failed to maintain food that was being delivered to patients according to professional standards of practice.

#### Surveyor Evidence Base

- Record Review     Family Interview     Staff Interview     Resident Interview     Observation  
 Other (Specify.)

#### STATUTORY FACTORS

The following four statutory factors are analyzed. Each factor is defined in Chapter 50.98, Wis. Stats.

##### 1. Gravity

A. What was the severity of the actual harm?

No actual harm noted.

B. What was the severity of the potential harm?

Moderate degree of potential harm if food is not maintained according to professional standards. The quality of food provided to hospice patients may be substandard affecting the patient's health and quality of life.

C. To what extent were the provisions of the applicable statutes or rules violated? (Considerations include number of staff involved; number of patients involved; length of time violations continued -- days, hours, etc.)

During the survey it was noted that hospice staff failed to record dates food packages were opened, and failed to always dispose of expired food.

D.  Yes  No Is there aggravating information? If Yes, list below.

(For example, the facility knew about the violation and did nothing to correct it.)

#### Analysis of Violation

During the survey observations were conducted, policy reviewed, and staff interviewed regarding the regulatory requirements of food management. Evidence revealed the facility was not following food maintenance protocol at all times. See detailed information under tag P948.

##### 2. Good Faith

Yes  No Has the hospice submitted an appropriate plan of correction?

Yes  No  Unk Was the plan of correction submitted in a timely manner?

Yes  No Is there mitigating information? *If Yes, list below:*

*(Mitigating information includes indications of good faith, awareness of applicable statutes and regulations, reasonable diligence to comply with such requirements, prior accomplishments manifesting the licensee's desire to comply with the requirements, and any other mitigating factors in favor of the licensee.)*

The agency submitted timely a plan of correction to address the deficiency. Corrective actions include immediate disposal of expired items, updating policy to assurance compliance with the regulation, education of staff, and regular audits to assure compliance.

**3. Previous Violations**

Yes  No Are there previous violations? *If Yes, list below:*

Yes  No Is the hospice eligible for a second violation assessment?

**4. Financial Benefit**

Yes  No Is there any financial benefit to the hospice for committing or continuing the violation? *If Yes, explain.*

**FORFEITURE RECOMMENDATION**

Dates of Violation Assessed: 1/7/2020-3/9/2020

Range of Forfeiture Potential: \$0 - \$100.00

Forfeiture Recommendation *(considering gravity, good faith, previous violations, and financial benefit)*

Date of Violation	Reason for Forfeiture	Amount Assessed
1/7/2020-3/9/2020	2 violations X\$10.00=\$20.00	\$20.00
<b>TOTAL Forfeiture Recommendation (based on review of SOD)</b>		<b>\$20.00</b>

### HOSPICE FORFEITURE ANALYSIS WORKSHEET

This worksheet is used to analyze the events surrounding the violation and as guidance in analyzing statutory factors when assessing hospice forfeitures. All violations are reviewed for forfeiture on a case-by-case basis and, depending upon the overall circumstances, this worksheet may not encompass all factors in assessing this forfeiture. This worksheet may be altered to consider other factors that are relevant to a particular situation. After a thorough analysis, the enforcement specialist determines a baseline amount.

Name – Reviewer Marsha Musillami, RN	Date of Review 10/8/2020
Name – Hospice Seasons Hospice	License No. 64
Name – Owner Bryan Pottow, Administrator	

#### SURVEY INFORMATION

Survey Type	SOD No.	Date SOD Issued	SOD Listed Date(s) of Violation
Initial	BFUL11	3/3/2020 and 10/7/2020 (revised)	1/7/2020-3/9/2020

Code(s)  
131.31(2) Employees. Orientation Program. Prior to beginning patient care every employee or contracted staff shall be oriented to the hospice program and the job to which he or she is assigned.

Deficiency  
The agency failed to ensure all new staff received orientation to specific job duties.

Surveyor Evidence Base

Record Review     Family Interview     Staff Interview     Resident Interview     Observation

Other (Specify.)

#### STATUTORY FACTORS

The following four statutory factors are analyzed. Each factor is defined in Chapter 50.98, Wis. Stats.

##### 1. Gravity

- A. What was the severity of the actual harm?  
No actual harm noted.
- B. What was the severity of the potential harm?  
Moderate risk of potential harm when employees do not receive orientation to specific job duties. Employees may not provide care according to agency policy and clinical standards. This could impact the health and quality of life of the patient.
- C. To what extent were the provisions of the applicable statutes or rules violated? (Considerations include number of staff involved; number of patients involved; length of time violations continued --- days, hours, etc.)  
In 3/6 staff personnel records reviewed the agency failed to ensure staff received orientation to specific job duties.
- D.  Yes  No Is there aggravating information? If Yes, list below.  
(For example, the facility knew about the violation and did nothing to correct it.)

#### Analysis of Violation

6 staff personnel records were reviewed during the survey. In 3 files reviewed the employee was not oriented to all job duties as required. This deficiency was confirmed during administrative staff via interview and e-mail. See Tag P844 for case specific details.

##### 2. Good Faith

- Yes  No Has the hospice submitted an appropriate plan of correction?

Yes  No  Unk Was the plan of correction submitted in a timely manner?

Yes  No Is there mitigating information? *If Yes, list below:*

*(Mitigating information includes indications of good faith, awareness of applicable statutes and regulations, reasonable diligence to comply with such requirements, prior accomplishments manifesting the licensee's desire to comply with the requirements, and any other mitigating factors in favor of the licensee.)*

The agency submitted timely a plan of correction to address the deficiency. Corrective actions include provision of necessary orientation so that the requirement is met, education of HR regarding requirement, and ongoing audit of new hire files for compliance.

**3. Previous Violations**

Yes  No Are there previous violations? *If Yes, list below:*

Yes  No Is the hospice eligible for a second violation assessment?

**4. Financial Benefit**

Yes  No Is there any financial benefit to the hospice for committing or continuing the violation? *If Yes, explain.*

**FORFEITURE RECOMMENDATION**

Dates of Violation Assessed: 1/7/2020-3/9/2020

Range of Forfeiture Potential: \$0 - \$100.00

Forfeiture Recommendation *(considering gravity, good faith, previous violations, and financial benefit)*

Date of Violation	Reason for Forfeiture	Amount Assessed
1/7/2020-3/9/2020	3 violations X \$10.00=\$30.00	\$30.00
<b>TOTAL Forfeiture Recommendation <i>(based on review of SOD)</i></b>		<b>\$30.00</b>

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  2008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/10/2020
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  SEASONS HOSPICE AND PALLIATIVE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6737 W WASHINGTON ST SUITE 2150 WEST ALLIS, WI 53214
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	INITIAL COMMENTS  An unannounced on-site initial licensure survey was conducted at Season's Hospice Inpatient Unit and was found to be out of compliance with WI Administrative rules for Hospice, DHS 131.	P 000		
P 844	131.31(2) Employees  GENERAL REQUIREMENTS. Prior to beginning patient care, every employee or contracted staff shall be oriented to the hospice program and the job to which he or she is assigned.  This Rule is not met as evidenced by: Based on record review and interview, staff failed to complete employee training specific to the hospice inpatient unit on 3 out of 6 inpatient orientation plan's (IPC) reviewed out of a total of 6 personnel files reviewed (Staff F, H, and I).  Findings include:  Date of Discovery: 3/9/2020 Dates of Violation: 1/7/2020 - 3/9/2020  A review of personnel files was conducted on 3/9/2020 at 12:00 PM. Staff F, H, and I were missing the IPC orientation check list.  In an interview with Human Resource Coordinator C on 3/9/2020 at 1:51 PM regarding Staff F, H and I's IPC orientation check list, Coordinator C stated, "I'm not going to find the IPC on Staff F, H, and I."  In an e-mail follow up received from Executive Director A on 3/10/2020 at 9:05 PM. Executive A	P 844		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  2008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/10/2020	
NAME OF PROVIDER OR SUPPLIER  SEASONS HOSPICE AND PALLIATIVE CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6737 W WASHINGTON ST SUITE 2150 WEST ALLIS, WI 53214		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 844	Continued From page 1  e-mail stated "unfortunately, the orientation check list used in 2011 did not breakout the IPC training. We will use the current IPC checklist for all current employees, as well as our new employees."	P 844		
P 948	131.37(13) Physical Plant  KITCHEN. The kitchen shall be located on the premises, or a satisfactory sanitary method of transportation of food shall be provided. If there is a kitchen on the premises, it shall meet food service needs and be arranged and equipped for proper refrigeration, heating, storage, preparation and serving of food. Adequate space shall be provided for proper refuse handling and washing of waste receptables, and for storage of cleaning compounds.  This Rule is not met as evidenced by: Based on observation, interview and record review, staff at the hospice residence failed to maintain expirations dates of food, and failed to document dates food items are opened in 1 of 1 kitchen observed. One patient in the residence has the potential to be served food from this kitchen.  Findings include:  Date of Discovery: 3/9/2020	P 948		

## Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  2008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/10/2020
NAME OF PROVIDER OR SUPPLIER  SEASONS HOSPICE AND PALLIATIVE CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6737 W WASHINGTON ST SUITE 2150 WEST ALLIS, WI 53214		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 948	<p>Continued From page 2</p> <p>Dates of Violation: 1/7/2020 - 3/9/2020</p> <p>The facility policy titled, "Nutrition - Inpatient Center" dated 9/2/2016, revealed in part under "Protocol 9. All refrigerators will be checked daily to assure that the temperature is within the acceptable range (38 - 41 degrees Fahrenheit). Daily temperatures will be recorded on the temperature log. All food store in this manner is to be consumed within the safe storage time appropriate to the type of food and storage temperature (0 to 3 days); non refrigerated food example: Thick It - 3 months after opening."</p> <p>A tour of the hospice inpatient kitchen was conducted on 3/9/2020 at 11:00 AM. The following observations were made:</p> <p>A review of the inpatient kitchen cupboards revealed the following items were expired. Thick-it expired 1/15/2020, Beneprotein expired 1/11/2017.</p> <p>A review of the inpatient kitchen cupboard revealed the following items were opened without a date of opened marked on the package: Toasted oats, crisp rice, honey nut cheerios, raisin bran, sugar, quick oats, and brown sugar.</p> <p>In an interview with Inpatient Unit Director E on 3/9/2020 at 12:20 PM. Director E stated "since we moved here 12/19/2019 I have only focused on the refrigerator dates and not the dry goods. I should be dating the opening of dry goods and checking expiration dates weekly with the refrigerator checks."</p>	P 948		







**TEXAS**  
Health and Human  
Services

**Texas Health and Human Services Commission**

**Cecile Erwin Young**

*Executive Commissioner*

January 19, 2022

**CERTIFIED MAIL: 7020 1810 0001 9452 6439**

OWNER/ADMINISTRATOR  
TEXAS HOME HEALTH HOSPICE  
5685 Eastex Freeway  
Beaumont, TX 77706

Sent First -Class Mail: 1/19/22

**RE: Texas Home Health Hospice, L.P. dba TEXAS HOME HEALTH HOSPICE (the agency), License No. 010904, Region 04, Notice of Violation (NOV) to Assess Administrative Penalties**

Dear Owner/Administrator:

Please be advised that effective May 1, 2019, Title 40 Texas Administrative Code (TAC) Chapter 97 transferred to Title 26 TAC Chapter 558.

Pursuant to Texas Health and Safety Code (HSC) Chapter 142 and 26 Texas Administrative Code (TAC) Chapter 558, this is notice that the Texas Health and Human Services Commission (HHSC) proposes to assess administrative penalties in the amount of \$1,500.00 for state licensing violations identified during the agency's December 15, 2021 survey.

Your agency's violation(s) of the state licensing regulations constitutes an independent basis for the following enforcement recommendation. For specific details regarding violations cited, please refer to the state form titled "Statement of Licensing Violations and Plan of Correction" which was mailed to the agency after the survey.

#### **State Licensing Violations**

Reference the Statement of Licensing Violations, item Z-236 §558.249(c)(1)-(2) Self-Reported Incidents of A, N & E – Level B

The agency failed to immediately (within 24 hours) report an allegation of neglect by agency staff to DFPS at 1-800-252-5400 and the HHSC at 1-800-458-9858 for a client reviewed for reporting abuse and neglect. **A proposed administrative penalty in the amount of \$750.00 has been assessed.**

Reference the Statement of Licensing Violations, item Z-239 §558.250(b)(2)(A)-(K) Agency Investigations - Level B

The agency failed to complete a Provider Investigation Report form to document the agency's investigation of an allegation of Neglect for a client reviewed. **A proposed administrative penalty in the amount of \$750.00 has been assessed.**

TEXAS HOME HEALTH HOSPICE  
 January 19, 2022  
 Page 2

### Enforcement Options

As a result of the proposed enforcement action, the agency may choose one of the following options within 20 calendar days of receiving this Notice of Violation (NOV) letter:

**Option 1** Accept, in writing, the proposed enforcement action outlined within this letter by paying the total administrative penalty assessed amount. Payment of the administrative penalty must be made by **cashier's check or money order** and mailed to the address on the attached HCSSA Administrative Penalties Payment Coupon. Please include the payment coupon with your cashier's check or money order.

The cashier's check or money order must be made payable to the Health and Human Services Commission and must include the notation: **"Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code No. 529201108" or**

**Option 2** You may appeal this enforcement action to HHSC Legal Services by requesting a hearing in writing, in the form of a petition or letter, stating the basis of the appeal. HHSC Legal Services will docket the appeal request with the State Office of Administrative Hearings (SOAH). **The request for a hearing is not complete and will not be docketed at SOAH for hearing without a copy of this NOV letter which specifies the proposed adverse action(s).** Your request for a hearing must be faxed to Legal Services at (512) 438-5759 or mailed to:

**Enforcement Department (W-615)**  
**Legal Services Division**  
**Texas Health and Human Services Commission**  
**P.O. Box 149030**  
**Austin, TX 78714**

If a request for a hearing is not complete within 20 days of receipt of this letter, unless otherwise provided by statute, you will be deemed to have consented to the enforcement action, request for a hearing will be denied, and the proposed enforcement action outlined above will be taken. Specifically, an Order will be issued requesting full payment of the administrative penalties.

All submissions will be filed at SOAH and must be redacted to meet SOAH privacy requirements at 1 TAC RULE §155.101. Redaction must include all personal identifiers that are protected by law from disclosure or that are unnecessary for resolution of the case. Any documents received containing unredacted confidential information will be returned.

If you are a debtor in possession in a pending bankruptcy proceeding, HHSC acknowledges that, while it may assess fines and penalties in accordance with the policy and regulatory exception to the automatic stay in bankruptcy under 11 U.S.C. section 362(b)(4), HHSC may not collect this sum without either seeking payment through the bankruptcy court (1) as a distribution from or administrative expense claim against the bankruptcy estate, (2) by seeking relief from the stay to effect setoff, and/or (3) through HHSC rights of recoupment.

TEXAS HOME HEALTH HOSPICE

January 19, 2022

Page 3

If you have any questions or need additional information, please contact Erika Alexander, Enforcement Specialist, at (512) 438-4113 or email [Erika.Alexander@hhs.texas.gov](mailto:Erika.Alexander@hhs.texas.gov).

Sincerely,

*D. Sue Anderson Mills*

D. Sue Anderson Mills, RN | Director  
HCSSA Enforcement | Regulatory Services Division  
Health and Human Services Commission

Enclosure(s)

TEXAS HOME HEALTH HOSPICE  
January 19, 2022  
Page 4

**HCSSA ADMINISTRATIVE PENALTIES PAYMENT COUPON**  
**Provider Licensing Enforcement Unit – (Erika Alexander)**

---

**“Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 529201108”**

Agency License No.: **010904**

Claim Amount: \$1,500.00

Name: TEXAS HOME HEALTH HOSPICE

Survey Date: December 15, 2021

Address: 5685 Eastex Freeway  
Beaumont, TX 77706

Please make cashier’s check or money order payable to the Texas Health and Human Services Commission  
**and return with this coupon to:**

**Texas Health and Human Services Commission**  
**ARTS Mail Code 1470**  
**P.O. Box 149055**  
**Austin, TX 78714-9030**

April 11, 2022

Thomas Pitt  
HSD Examiner  
Health Services and Development Agency  
Andrew Jackson Building  
502 Deadrick Street  
9th Floor  
Nashville, TN 37243

RE: Certificate of Need Application CN2203-016 AccentCare Home Health of West Tennessee, LLC

Dear Mr. Pitt:

I am the Applicant's designated representative for responses to questions regarding Certificate of Need Application CN2203-016. This letter responds to the Agency's letter of April 8, 2022. Below, please find responses to the Agency's questions. Each question is reproduced in bold text, below, followed by the Applicant's response. As the Agency has requested, the responses to questions 15-17 are included in an attachment to this response. An additional letter of support that was received after the application was filed is also included as an attachment to this response.

I hope this letter and attachments supply the information the Agency needs to deem the application complete. My direct telephone is 512-371-8011 and my email address is dschaeffer@rpccconsulting.com. Please contact me if you have questions or need additional information.

Sincerely,

*Darcy Schaeffer*

Darcy Schaeffer

---

**1. Item 4A., Purpose of Review**

**Please select Initiation of Health Care Service as Defined in TCA 68-11-1607(3) (Home Health Care) in addition to the Establishment of a New Health Care Institution. Please revise and resubmit Page 2 (labeled as Page 2R).**

This change has been made. Please see Page 2R.

**2. Item 9A., Legal Interest in the Site**

**Please briefly describe any specific improvements to the project site that will be required as Exhibit B of the attached lease agreement does not include any details.**

Mr. Thomas Pitt  
April 11, 2022  
Page 2

The improvements are expected to be minor and will include painting the space, purchasing and installing new carpet, renovating the kitchen and breakroom, including installing new countertops and configuring the space as necessary.

### 3. Item 1E., Overview

#### Existing Similar Service Providers

**Please clarify if the applicant is proposing any home health services that are not already available through licensed home health providers in the service area.**

Skilled nursing, occupational therapy, speech therapy, home health aide, infusion services and medical social services are currently available through one or more home health agencies licensed to serve the proposed service area. However, AccentCare West Tennessee is not aware of any providers offering AdvancedCare at Home (see page 21 of the application), partnerships with physician groups to improve access for residents without primary care physicians (see page 26 of the application), partnerships with Hospitality Hub (see page 29 of the application), behavioral health programs for late life depression and dementia care (see page 30 of the application), or a home health based palliative care program (see Attachment 1E-2 of the application).

**Please clarify which other providers offer infusion services in the service area.**

Based on the 2021 Joint Annual Report data, it is AccentCare West Tennessee's understanding that Implanted Pump Management, LLC, Methodist Alliance Home Care, Coram CVS Specialty Infusion Services and Accredo Health Group, Inc. offer infusion services and are licensed in the service area. It also appears from the Joint Annual Report data that OptumRx Infusion Services and Vanderbilt HC Option Care IV Services have provided infusion services in the proposed service area. AccentCare West Tennessee does not intend to provide the pharmacy portion of infusion services.

**Please confirm whether the applicant intends to provide private duty nursing services.**

The Applicant will provide private duty nursing, when needed and only under the circumstances a patient's payor will allow for it. AccentCare West Tennessee understands private duty nursing is not covered by Medicare, and that it is only covered by TennCare under certain circumstances.<sup>1</sup> AccentCare West Tennessee does not expect private duty nursing services to account for a substantial portion of its services.

### 4. Item 3N., Demographics

**There appear to be errors in the demographic tables provided in response to**

---

<sup>1</sup> The Applicant has reviewed the material on home health and private duty nursing services available at: [https://www.tn.gov/content/dam/tn/hsda/documents/TennCare\\_Memo\\_Relating\\_to\\_Home\\_Health.pdf](https://www.tn.gov/content/dam/tn/hsda/documents/TennCare_Memo_Relating_to_Home_Health.pdf)

**Item 3N in the following columns:**

- **Total Population - Projected Year 2024**
- **Target Population - Project Year 2024**
- **Target Population Projected Year as % of Total**
- **Median Household Income**
- **Person Below Poverty Level (should be a number)**
- **Person Below Poverty Level as a % of Total (should be a percentage)**

**Please revise and resubmit Page 18 (labeled as Page 18R).**

Please see revised Page 18R. Please note, some numbers in the table may not foot due to rounding.

**5. Item 4N., Special Needs of the Service Area Population**

**What percentage of the population to be served by this project is expected to be Black Non-Hispanic?**

AccentCare West Tennessee expects its patient population to closely reflect the demographic characteristics of the service area’s elderly population. While AccentCare West Tennessee will serve patients younger than 65, elderly patients make up the majority of home health patients. The table below shows the distribution of residents 65 and older in the service area in 2023, when AccentCare West Tennessee anticipates opening its home health program in the service area. This population data from the Boyd Center for Business and Economic Research estimates 42 percent of service area residents 65 and older will be Black, non-Hispanic in 2023. Therefore, AccentCare West Tennessee estimates 42 percent of its patients will be Black, non-Hispanic service area residents.

**Service Area Population 65+ by Race/Ethnicity, 2023**

	<b>Black Non-Hispanic</b>	<b>Hispanic</b>	<b>Other Non-Hispanic</b>	<b>White Non-Hispanic</b>	<b>Total</b>
Fayette	2,208	91	123	8,108	10,531
Shelby	67,103	2,651	3,880	72,203	145,837
Tipton	1,538	107	241	8,709	10,595
<b>Service Area Total</b>	<b>70,849</b>	<b>2,849</b>	<b>4,244</b>	<b>89,019</b>	<b>166,962</b>
% of Service Area Population	42%	2%	3%	53%	100%

Source: Boyd Center for Business and Economic Research, University of Tennessee, Knoxville - October 2019



**What relationships does the applicant have with area hospital emergency department physicians to support implementation of the AdvancedCare at Home program?**

AccentCare Home Health of Greenwood has established relationships with hospitals in Shelby County, as it serves patients who are discharged from Shelby County to their homes in Mississippi. AccentCare West Tennessee will build on those foundations, upon licensure in Tennessee.

AccentCare has been successful in engaging hospital systems and emergency department (ED) physicians to help them understand the services provided by home health. The Advanced Care at Home program is geared toward those patients who would require skilled care that would meet hospital admission criteria, but (in the judgement of the practitioner) the patient could be released or avoid an admission entirely with additional support in the home. Advanced Care at Home may be appropriate in some cases for ambulatory sensitive conditions such as cellulitis, stabilized asthma, heart failure and COPD or pneumonia. Health systems and physicians view Advanced Care at Home as a significant value for improving patient outcomes, reducing unnecessary admissions, and controlling overall costs of care. AccentCare has developed a communication and plan to ensure it employs each ED's preferred methods of communication to report on patient condition. This includes using mobile technology for compliant group texting with the ED physicians and the primary care physician along with virtual visit capabilities and remote patient monitoring. The communication system has worked well in other AccentCare service areas, and can be refined to meet the needs of each ED and its practitioners.

**Please identify the state license numbers and counties served for the affiliated agencies listed on Page 22.**

See Page 33R, which include license numbers and counties served for the affiliated entities listed.

**6. Item 5N., HHAs in the Proposed Service Area**

**Please include license numbers with the home health providers in the Table on Page 31.R Also please address the following items in the Table:**

- **Please separate the Shelby County and Madison County licensed offices for Intrepid USA Healthcare Services and revise the data submitted.**
- **Please confirm the license number for the provider listed as Maxim Healthcare Services Inc.**
- **Please update the provider name for Tennessee Quality Homecare - Southwest to Tennessee Quality Care - Home Health.**

- **Please confirm whether Extended Health Care, Inc. and Quality Home Health Services are the same agency and combine them into a single row in the Table.**
- **There are errors in the reported utilization in 2020 and 2021 for Amedisys Home Care, and Amedisys Home Health.**
- **There is a small error with the 2020 utilization for Amedisys Home Health Care.**

**Please revise and resubmit Page 31 (labeled as Page 31R).**

Please see Page 31R.

#### **7. Item 6N., Projected Utilization**

**What types of infusion services will be offered by the applicant?**

AccentCare West Tennessee will not provide advanced pain management infusion services. AccentCare West Tennessee will not provide pharmacy and does not intend to become a Medicare-certified home infusion therapy program. AccentCare West Tennessee will provide nursing services as well as patient and caregiver education for infusion services.

#### **8. Item 2C., Commercial Private Insurance Plans**

**It does not appear that the applicant's other affiliated home health agencies, Guardian Homecare, Inc. and Guardian Homecare of Nashville reported any revenue from commercial insurers in 2021 according to the Joint Annual Report. Please confirm whether this is accurate? If so, please explain why the applicant intends to contract with commercial insurers for this project but not with its other Tennessee affiliates?**

Both Guardian Homecare, Inc. and Guardian Homecare of Nashville reported revenue from commercial insurers on their 2021 Joint Annual Reports (JARs). Guardian Home Care, Inc. reported \$330,386 in gross revenue from commercial insurers in Schedule D of its 2021 JAR. Guardian Home Care of Nashville reported \$1,005,225 of gross revenue in the commercial category on its 2021 JAR. These two JARs are attached to this response.

#### **9. Item 4C., Availability and Accessibility of Human Resources**

**Please discuss any specific staffing and training requirements associated with the pursuit of the identified certifications/accreditations for this project - CHAP, SAGE, VA, etc.**

SAGE training is part of onboarding training for all new staff. Home health leadership

Mr. Thomas Pitt  
April 11, 2022  
Page 6

members have four hours of in-person training, and all staff do virtual training as part of their onboarding. All of AccentCare's protocols and standard operating procedures are CHAP-approved. This ensures that as each new employee goes through orientation, they are taught CHAP-approved protocols and procedures. AccentCare West Tennessee will meet or exceed all of CHAP's Home Health Standards of Excellence, which includes patient-centered care standards, care delivery and treatment standards, and human resource management standards. There are no additional staffing requirements for participation in the VA contract indicated.

**It does not appear that the applicant's other affiliated home health agencies, Guardian Homecare, Inc. and Guardian Homecare of Nashville reported being CHAP, or Medicaid Certified in 2021 according to the Join Annual report. Please confirm whether this is accurate? If, so please explain why the applicant intends to pursue this certifications for this project, not with its affiliates.**

Guardian Homecare, Inc. and Guardian Homecare of Nashville are CHAP certified. The JAR was filled out incorrectly. Evidence of CHAP accreditation for both providers is attached to this response. Both home health agencies also serve dual-eligible patients (those who have both Medicaid and Medicare coverage). In those instances, Medicare is the primary payor, so Medicaid does not appear as the payor source. AccentCare is committed to serving TennCare patients in all of its markets. To that end, AccentCare has begun contacting MCOs and anticipates serving TennCare patients in all of its Tennessee home health agencies in the near future.

#### **10. Item 5C., Category of License / Certification**

**Please identify the number of home health providers affiliated with the applicant through common ownership, which participate and do not participate in Medicaid.**

The Applicant is in the process of gathering the data to create this response and will send it to the Agency as soon as possible.

**Does the applicant intend to participate in the Medicare Quality Initiatives, Outcome and Assessment Information Set, and Home Health Compare, or other nationally recognized accrediting organization, for Home Health projects?**

Yes.

#### **11. Item 8C., Proposed Charges**

**Please include the average charges per visit for infusion services in the second chart on Page 41 and submit a replacement page 41 (labeled as 41R).**

Mr. Thomas Pitt  
April 11, 2022  
Page 7

See Page 41R. AccentCare West Tennessee will not provide pharmacy. However, nursing care will be provided for infusion services. As such, the charge will be the same as a nursing visit.

## **12. Item 10C., Payor Mix Chart**

**Please discuss the methodology used to project the payor mix on Page 44 including additional detail regarding the composition and comparability of payor sources at other regional affiliate providers.**

The payor mix was based on AccentCare's experience providing home health care in the region, including through its adjacent Mississippi program that serves portions of the Memphis MSA. The projected payor mix is similar to payor mix at affiliated home health agencies in the region, including in Mississippi.

**What type of home health services will the applicant bill TennCare?**

The Applicant will bill TennCare for all covered home health services provided to TennCare beneficiaries. This includes nursing care, home health aides, therapy, medical social services, and in some instances may include private duty nursing.

## **13. Item 7Q, Compliance History**

**Are any of applicant's affiliates subject to a Corporate Integrity Agreement?**

No. No affiliated entities are currently subject to a Corporate Integrity Agreement.

## **14. Item 8Q, Staffing Chart**

**Does the applicant plan to hire additional staff in Year 2 of the project to support the increased case volume projected? Is so, please detail the number and types of positions expected to be added.**

Yes. The chart below shows the staffing for the first two years. There will be 5.83 additional FTEs in year two. These additional FTEs will be in several positions, including RN nurse case managers, business office staff and admitting staff.

Mr. Thomas Pitt  
April 11, 2022  
Page 8

<b>Position Classification</b>	<b>Projected FTEs Year 1</b>	<b>Projected FTEs Year 2</b>
<b>A. Direct Patient Care Positions</b>		
<i>Social Worker</i>	1.00	1.00
<i>Home Health Aide</i>	1.00	1.00
<i>RN Case Mgr</i>	2.70	5.62
<i>OT</i>	1.00	1.00
<i>PT</i>	1.00	1.00
<i>RN Psych</i>	1.00	1.00
<i>Speech</i>	1.00	1.00
<i>PTA</i>	1.00	1.91
<b>Total Direct Patient Care Positions</b>	9.70	13.53
<b>B. Non-Patient Care Positions</b>		
<i>Executive Director</i>	1.00	1.00
<i>Business Office</i>	2.00	3.00
<i>Admitting</i>	1.00	2.00
<i>Other</i>	1.00	1.00
<b>Total Non-Patient Care Positions</b>	5.00	7.00
<b>Total Employees (A+B)</b>	14.70	20.53
<b>C. Contractual Staff</b>	-	
<b>Total Staff (A+B+C)</b>	14.70	20.53

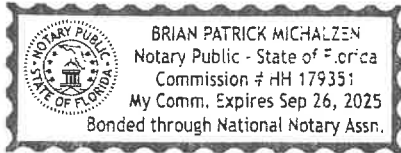
**AFFIDAVIT**

STATE OF TENNESSEE

COUNTY OF \_\_\_\_\_

NAME OF FACILITY: AccentCare Home Health of West Tennessee, LLC

I, Russell Hilliard, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.



Russell Hilliard, SRP  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 8<sup>th</sup> day of April, 2022  
witness my hand at office in the County of Broward, State of Tennessee.  
Florida (Bm)

Brian P Michalzen  
NOTARY PUBLIC

My commission expires 09/26, 25.

## Questions 15-17

**Please respond to the following project specific questions in an attachment. In your attachment, please list each question and response.**

**15. Item 1N., Project Specific Criteria (Home Health), Item #1**

The first chart on the top of page 2 in Attachment 1N is noted. However, it appears that some of the counties may be listed in the wrong row. If so, please revise and resubmit Attachment 1N, Page 2 (labeled as Attachment 1N, Page 2R).

Please see Attachment 1N, Page 2R.

**Please clarify whether the applicant is referring to home health agencies only, or to both in-home hospice agencies and home health agencies in its references to settlements under the heading “Outdated SHP Need Formula”.**

The discussion regarding settlements under the “Outdated SHP Need Formula” heading pertains only to home health agencies.

**16. Item 1N., Project Specific Criteria, County Need Standard (Home Health), Item #4**

**It is noted the applicant has included letters from several area referrals sources. However, the standard indicates “the applicant should demonstrate that there is a need for home health services in each county in the proposed service area by providing documentation (i.e., letters). Please indicate which county in the proposed 3-county service area each of the submitted referral letters represents.**

Each of the referral letters were from facilities and providers located in Shelby County. However, Michael Pruitt, the Service Coordinator at Fox Hollow Community submitted a letter of support. Fox Hollow Community is located in Tipton County.

**17. Item 1N., Project Specific Criteria, County Need Standard (Home Health), Item #5**

**There appear to be some errors in the Table listing Current Service Area Providers licensing status and identification of those providers serving 5 or fewer patients in the past 12-months. Please revise the Table to reflect the following and resubmit Attachment 1N-5 (labeled as Attachment 1N-5R).**

- **Extendicare Home Health of West Tennessee – appears to have served (39) patients in Fayette County and (96) patients in Tipton County in 2021, but they are shaded as serving 5 or fewer in the table.**



- **Maxim Healthcare Services (Shelby) reported (9) patients served in Fayette County and only (4) in Tipton County in 2021, but the shading indicates the reverse.**

**Please also revise the response Tables on Page 12 of Attachment 1N and resubmit (labeled as Attachment 1N Page 12R).**

Please see Attachment 1N, page 5R and Attachment 1N, page 12R.

## Proof of CHAP Accreditation



The continuation in good standing of this Accreditation is dependent upon your organization paying any and all accreditation and site visit fees in accordance with the terms and conditions of the Accreditation Services Agreement.

Please note that CHAP may conduct surveys less than every three years depending upon any applicable CMS or state regulation and/or the level of any deficiencies cited.

As a CHAP accredited agency, you are required to list our toll-free CHAP Hotline telephone number to all of your clients. This hotline receives consumer complaints and questions about CHAP accredited organizations 24 hours a day, seven days a week. **The CHAP Hotline is 1-800-656-9656.**

Thank you for choosing CHAP as your national accreditation partner. Please contact DeShanta Johnson at [djohnson@chapinc.org](mailto:djohnson@chapinc.org) or (202) 862-3413 if you have any questions.

Sincerely,

***Fran Petrella***

Frances B. Petrella, BSN, RN  
Senior Vice President, Accreditation

**Community Health Accreditation Partner (CHAP)**  
1275 K Street NW, Suite 800 | Washington, DC 20005  
Office: (202) 862-3413 | Fax: (202) 862-3419  
[fpetrella@chapinc.org](mailto:fpetrella@chapinc.org) | [www.chapinc.org](http://www.chapinc.org)

ID: JUL2919\_XDG  
Ref: BPDC134625



Community Health Accreditation Partner  
1275 K Street NW, Suite 800 / Washington, DC 20005  
P (202) 862-3413 / F (202) 862-3419

October 02, 2019

Mr. Roger Doyle  
Hospice Regional Operations Manager  
AccentCare, Inc  
17855 N Dallas Parkway, Suite 200  
Dallas, TX 75287

RE: Customer ID: 2016543  
Service: Home Health [Deemed]  
CCN/PTAN: 44-7566

Location and/or Site Accredited:

Guardian Home Care of Nashville, LLC  
741 Cool Springs Blvd., Suite 110  
Franklin, TN 37067

Guardian Home Care of Nashville, LLC  
2150 Wilma Rudolph Blvd., Suite 7  
Clarksville, TN 37040-6670

Guardian Home Care of Nashville, LLC  
407 Henslee Drive, Bldg. A  
Dickson, TN 37055

Site Visit Dates:	July 29, 2019 - August 2, 2019
Type of Survey/Site Visit:	Initial
Accreditation Determination:	Full Accreditation
Medicare Certification:	Pending
Deemed Status Recommendation:	Deemed Status Recommended
Plan of Correction Accepted Date:	August 20, 2019
Effective Date of Accreditation:	August 20, 2019
Expiration Date of Accreditation:	August 20, 2022
Method of Follow-up:	Acceptable POC

Dear Mr. Doyle,

I am pleased to inform you that based on the findings of the site visit conducted July 29, 2019 - August 2, 2019, at the location and service referenced above, your organization is found to be in compliance with the CHAP Standards of Excellence. The CHAP Board of Review (BOR) has granted Full Accreditation to your organization for the term of three (3) years. Additionally, CHAP has recommended Medicare certification.

As part of the Medicare certification process, the Centers for Medicare & Medicaid Services (CMS) Regional Office will make a final determination regarding your Medicare certification and the effective date of participation in

accordance with regulations at 42 CFR 489.13. If CMS does not accept CHAP's recommendation, you will be notified of next steps required.

Thank you for choosing CHAP as your national accreditation partner. Please contact DeShanta Johnson at [djohnson@chapinc.org](mailto:djohnson@chapinc.org) or (202) 862-3413 if you have any questions.

Sincerely,

*Fran Petrella*

Frances B. Petrella, BSN, RN  
Senior Vice President, Accreditation

**Community Health Accreditation Partner (CHAP)**  
1275 K Street NW, Suite 800 | Washington, DC 20005  
Office: 202.862.3413 | Fax: 202.862.3419  
[fpetrella@chapinc.org](mailto:fpetrella@chapinc.org) | [www.chapinc.org](http://www.chapinc.org)

CC: CMS Regional Office (CMS RO IV - Atlanta)  
CMS Central Office  
State Agency



### Guardian Home Care of Nashville, LLC dba ACCENTCARE HOME HEALTH OF NASHVILLE

377

Supplemental 1  
April 11, 2022

741 Cool Springs Blvd. Suite 110 Franklin, TN 37067

Monday-Friday, 8:00-17:00 CST [Visit Website](#) [Get Directions](#)

^ Accreditation

Location Accreditation

Corporate Accreditation

Home Health : 08/20/2019 - 08/20/2022

10/18/2019 - 10/25/2022

Palliative Care : 08/11/2021 - 08/11/2024

06/19/2020 - 06/19/2023

This organization offers services at other locations.



### Guardian Home Care of Nashville, LLC dba ACCENTCARE HOME HEALTH OF NASHVILLE

2150 Wilma Rudolph Blvd., Suite 7 Clarksville, TN 37040-6670

Monday-Friday, 8:00-17:00 CST [Visit Website](#) [Get Directions](#)

^ Accreditation

Location Accreditation

Corporate Accreditation

Home Health : 08/20/2019 - 08/20/2022

10/18/2019 - 10/25/2022



### Guardian Home Care of Nashville, LLC dba ACCENTCARE HOME HEALTH OF NASHVILLE

407 Henslee Drive, Bldg. A Dickson, TN 37055

Monday-Friday, 8:00-17:00 CST [Visit Website](#) [Get Directions](#)

^ Accreditation

Location Accreditation

Corporate Accreditation

Home Health : 08/20/2019 - 08/20/2022

10/18/2019 - 10/25/2022

## 2021 Joint Annual Reports





# Tennessee Department of Health

Health Statistics  
2nd Floor, Andrew Johnson Tower  
710 James Robertson Pkwy  
Nashville, TN 37243  
Telephone: (615)741-1954 - Fax: (615)253-1688

## Joint Annual Report of Home Health

### Contacts

**Trent Sansing**  
Email: [Trent.Sansing@tn.gov](mailto:Trent.Sansing@tn.gov)  
Call: (615)253-4702  
For: Assisted Care Living Facilities

**Cheryl Hines**  
Email: [Cheryl.Hines@tn.gov](mailto:Cheryl.Hines@tn.gov)  
Call: (615)532-7888  
For: Nursing Homes, Outpatient  
Diagnostic Centers

**Lonnie Matthews**  
Email: [Lonnie.Matthews@tn.gov](mailto:Lonnie.Matthews@tn.gov)  
Call: (615)741-5845  
For: Hospitals, Home Health Agencies,  
Hospice and ASTC

### 2021

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	17
G.	NOTES	18
Submit	Submit	19

SCHEDULE A - IDENTIFICATION

Supplemental 1  
35083 - Guardian  
April 14 2022

1. Legal Name: **Guardian Home Care, LLC**  
Did the agency's name change during the reporting period?  YES  NO  
If yes, Prior Name of your facility \_\_\_\_\_

2. Address of Facility Street: 6116 Shallowford Road, Suite 114  
City: Chattanooga State: Tennessee Zip: 37421  
County: Hamilton

3. Telephone Number (423)870-9771 (Only enter 10 consecutive digits, no special characters)

4. Name of Preparer Brian Harsy  
First Name Last Name

Preparer Title Financial and Accounting and A

Telephone Number (214)307-7155 (Only enter 10 consecutive digits, no special characters)  
Email Address brianharsy@accntcare.com

5. Administration  
Name of Facility Administrator Amanda Payne  
First Name Last Name

Name of Facility Medical Doctor Richard Garman  
First Name Last Name

6. Reporting Period:  
Is the Reporting Period July 1 through June 30 of the year specified above?  YES  NO  
Beginning Date 07/01/2020 Ending Date 06/30/2021

1. Owner

A. Type

For - Profit

Proprietorship

General Partnership

Limited Partnership (LP)

Limited Liability Partnership (LLP)

Limited Liability Company (LLC)

Corporation

B. Legal Name

Guardian Home Care, LLC

Street

6116 Shallowford Road, Suite 114

City

Chattanooga

State

Tennessee

2. Structure Type

Name of Organization

Guardian Home Care, LLC

Free Standing

Hospital Affiliated

Hospital Based

Nursing Home Based

Public Health Department

Rural Health Clinic Based

1. Licensure:

A. License Number 115  
B. Most recent survey date (yyyy) 2019

2. Accreditation:

A. **Yes**  **No**  The Joint Commission  
Approval Date (yyyy) \_\_\_\_\_  
Expiration Date (yyyy) \_\_\_\_\_

B. **Yes**  **No**  Community Health Accreditation Program (CHAP)  
Approval Date (yyyy) \_\_\_\_\_  
Expiration Date (yyyy) \_\_\_\_\_

C. **Yes**  **No**  Accreditation Commission for Health Care (ACHC)  
Approval Date (yyyy) \_\_\_\_\_  
Expiration Date (yyyy) \_\_\_\_\_

D. **Yes**  **No**  Other (Specify) \_\_\_\_\_  
Approval Date (yyyy) \_\_\_\_\_  
Expiration Date (yyyy) \_\_\_\_\_

E. **Yes**  **No**  Other (Specify) \_\_\_\_\_  
Approval Date (yyyy) \_\_\_\_\_  
Expiration Date (yyyy) \_\_\_\_\_

3. Participations:

A. **Yes**  **No**  Medicare  
B. **Yes**  **No**  TennCare

If yes, indicate the MCOs with whom you have contracts.

**Yes**  **No**  Amerigroup  
**Yes**  **No**  BlueCare  
**Yes**  **No**  United Health Care Community Plan  
**Yes**  **No**  TennCare MCO (Not Specified)  
**Yes**  **No**  TennCare Select  
**Yes**  **No**  Other (Specify One) \_\_\_\_\_

1. Charity Care:  
Number of Patients 0 Total Cost 0

2. Average Charges by Discipline:  
Do you provide private duty? Yes  No

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit -	Charge Per Visit -	Charge Per Episode of Care -	Charge Per Episode of Care -	Average Charge Per	Average Charge Per
	Direct Only	Direct & Indirect	Direct Only	Direct & Indirect	Visit	Hour
Home Health Aide Services	<u>175</u>	<u>175</u>	<u>175</u>	<u>175</u>	<u></u>	<u></u>
Homemaker Services	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Medical Social Services	<u>291</u>	<u>291</u>	<u>291</u>	<u>291</u>	<u></u>	<u></u>
Occupational Therapy	<u>275</u>	<u>275</u>	<u>275</u>	<u>275</u>	<u></u>	<u></u>
Physical Therapy	<u>267</u>	<u>267</u>	<u>269</u>	<u>269</u>	<u></u>	<u></u>
Skilled Nursing Care	<u>250</u>	<u>250</u>	<u>247</u>	<u>247</u>	<u></u>	<u></u>
Infusion Therapy - Pain Management	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Infusion Therapy - Other	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Speech Therapy	<u>275</u>	<u>275</u>	<u>275</u>	<u>275</u>	<u></u>	<u></u>
Other (specify):	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare		Gross Revenue	Percentage of Total
		Visits	Hours		
Home Health Aide Services		<u>21</u>	<u>130</u>		
Homemaker Services		<u></u>	<u></u>		
Medical Social Services		<u>18</u>	<u>23</u>		
Occupational Therapy		<u>5018</u>	<u>3476</u>		
Physical Therapy		<u>21674</u>	<u>16450</u>		
Skilled Nursing Care		<u>22537</u>	<u>15222</u>		
Infusion Nursing Greater than 2 Hours		<u></u>	<u></u>		
Infusion Nursing Less than 2 Hours		<u></u>	<u></u>		
Speech Therapy		<u></u>	<u></u>		
Other		<u></u>	<u></u>		
Total	<u>1600</u>	<u>49268</u>	<u>35301</u>	<u>9546531</u>	<u>76</u>

Medicare Advantage					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services		12	16		
Occupational Therapy		2797	2009		
Physical Therapy		10983	8411		
Skilled Nursing Care		10207	6830		
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy		586	355		
Other					
Total	864	24585	17621	2658558	21

United Health Care Community Plan (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Amerigroup (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Blue Care (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TennCare Select (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TennCare, MCO (not specified) (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Other State Medicaid (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

CoverKids (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TRICARE					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0



Commercial					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		3	2		
Homemaker Services					
Medical Social Services		1	1		
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care		1778	1278		
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total	147	1782	1281	330386	3

Self Pay					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Home and Community Based Waiver Programs					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TN Commission on Aging and Disability					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Charity Care					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Federal Department of Labor (EEOICP)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Discipline	Patients	Other		Gross Revenue	Percentage of Total
		Visits	Hours		
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
<b>Total</b>		<b>0</b>	<b>0</b>		<b>0</b>

Total All Revenue Sources					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services		24	132		
Homemaker Services		0	0		
Medical Social Services		31	40		
Occupational Therapy		7815	5485		
Physical Therapy		32657	24861		
Skilled Nursing Care		34522	23330		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		586	355		
Other		0	0		
<b>Total</b>	<b>2611</b>	<b>75635</b>	<b>54203</b>	<b>12535475</b>	<b>100</b>

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	19
No further care needed; reached maximum functional potential (Goals met)	962
Death	31
Patient Request	142
Transfer to hospital from home health agency	0
Transfer to nursing home from home health agency	0
Transfer out of service area	10
Transfer to hospice services from home health agency	139
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	0
Patient non-compliant (ex. Patient not remaining home bound)	10
Transfer to assisted living facility from home health agency	0
Hospitalized at the end of certification period	267
Transfer to school system	0
Transfer to outpatient care	0
Patient denied service due to lack of resources/room	0
Other (Specify) _____	0
Unknown	179
<b>Total Discharges</b>	<b>1759</b>
<b>Total Discharges by Number of Days (Length of Stay)</b>	<b>147284</b>

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source	2298
--	------

3. Utilization:

Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																	Total
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	
Anderson																		0
Bedford																		0
Benton																		0
Bledsoe																		0
Blount																		0
Bradley																		0
Campbell																		0
Cannon																		0
Carroll																		0
Carter																		0
Cheatham			15	19	15	0	0	4	30			1			33			34
Chester																		0
Claiborne																		0
Clay																		0
Cocke																		0
Coffee																		0
Crockett																		0
Cumberland																		0
Davidson	8	447	257	455	0	0	83	629		10	117	5		574		6	712	
Decatur																		0
DeKalb																		0
Dickson	2	131	93	133	0	0	36	190			15			211			226	
Dyer																		0
Fayette																		0
Fentress																		0
Franklin																		0
Gibson																		0
Giles																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	Total
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	
Grainger																		0
Greene																		0
Grundy																		0
Hamblen																		0
Hamilton																		0
Hancock																		0
Hardeman																		0
Hardin																		0
Hawkins																		0
Haywood																		0
Henderson																		0
Henry																		0
Hickman	1	37	30	38	0	0	14	54		3	1				64			68
Houston		13	10	13	0	0	7	16							23			23
Humphreys	1	33	37	34	0	0	15	56		4	3				64			71
Jackson																		0
Jefferson																		0
Johnson																		0
Knox																		0
Lake																		0
Lauderdale																		0
Lawrence																		0
Lewis																		0
Lincoln																		0
Loudon																		0
Macon																		0
Madison																		0
Marion																		0
Marshall																		0
Maury	0	0	0	5	0	0	0	3	2						5			5
McMinn																		0
McNairy																		0
Meigs																		0
Monroe																		0

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																	Total
	Female Ages			Gender		Age				Race								
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown	
Montgomery	0	11	107	136	118	0	0	82	172		5	45	4		199		1	254
Moore																		0
Morgan																		0
Obion																		0
Overton																		0
Perry																		0
Pickett																		0
Polk																		0
Putnam																		0
Rhea																		0
Roane																		0
Robertson			18	23	18	0	0	9	32			4	1	36				41
Rutherford		2	42	33	44			18	59	1		12	2	62				77
Scott																		0
Sequatchie																		0
Sevier																		0
Shelby																		0
Smith																		0
Stewart																		0
Sullivan																		0
Sumner		1	105	70	106	0	0	17	159		1	6		1	164		4	176
Tipton																		0
Trousdale	0	0	0	1	0			1				1						1
Unicoi																		0
Union																		0
Van Buren																		0
Warren																		0
Washington																		0
Wayne																		0
Weakley																		0
White																		0
Williamson		1	340	202	341	0	0	23	520		2	14	7	2	515		3	543
Wilson			43	24	43	0	0	6	61			3			62		2	67
Unknown																		0
Other States																		0
<b>Total</b>	<b>0</b>	<b>27</b>	<b>1331</b>	<b>940</b>	<b>1358</b>	<b>0</b>	<b>0</b>	<b>318</b>	<b>1980</b>	<b>1</b>	<b>25</b>	<b>222</b>	<b>19</b>	<b>101</b>	<b>1914</b>	<b>0</b>	<b>16</b>	<b>2298</b>

4. Provide Service:

Please select each county you are certified to provide service.

Counties Served

<input type="checkbox"/>	Anderson	<input checked="" type="checkbox"/>	Hickman	<input checked="" type="checkbox"/>	Stewart
<input type="checkbox"/>	Bedford	<input checked="" type="checkbox"/>	Houston	<input type="checkbox"/>	Sullivan
<input type="checkbox"/>	Benton	<input checked="" type="checkbox"/>	Humphreys	<input checked="" type="checkbox"/>	Sumner
<input type="checkbox"/>	Bledsoe	<input type="checkbox"/>	Jackson	<input type="checkbox"/>	Tipton
<input type="checkbox"/>	Blount	<input type="checkbox"/>	Jefferson	<input checked="" type="checkbox"/>	Trousdale
<input type="checkbox"/>	Bradley	<input type="checkbox"/>	Johnson	<input type="checkbox"/>	Unicoi
<input type="checkbox"/>	Campbell	<input type="checkbox"/>	Knox	<input type="checkbox"/>	Union
<input type="checkbox"/>	Cannon	<input type="checkbox"/>	Lake	<input type="checkbox"/>	Van Buren
<input type="checkbox"/>	Carroll	<input type="checkbox"/>	Lauderdale	<input type="checkbox"/>	Warren
<input type="checkbox"/>	Carter	<input type="checkbox"/>	Lawrence	<input type="checkbox"/>	Washington
<input checked="" type="checkbox"/>	Cheatham	<input type="checkbox"/>	Lewis	<input type="checkbox"/>	Wayne
<input type="checkbox"/>	Chester	<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	Weakley
<input type="checkbox"/>	Claiborne	<input type="checkbox"/>	Loudon	<input type="checkbox"/>	White
<input type="checkbox"/>	Clay	<input type="checkbox"/>	Macon	<input checked="" type="checkbox"/>	Williamson
<input type="checkbox"/>	Cocke	<input type="checkbox"/>	Madison	<input checked="" type="checkbox"/>	Wilson
<input type="checkbox"/>	Coffee	<input type="checkbox"/>	Marion		
<input type="checkbox"/>	Crockett	<input type="checkbox"/>	Marshall		
<input type="checkbox"/>	Cumberland	<input checked="" type="checkbox"/>	Maury		
<input checked="" type="checkbox"/>	Davidson	<input type="checkbox"/>	McMinn		
<input type="checkbox"/>	Decatur	<input type="checkbox"/>	McNairy		
<input type="checkbox"/>	DeKalb	<input type="checkbox"/>	Meigs		
<input checked="" type="checkbox"/>	Dickson	<input type="checkbox"/>	Monroe		
<input type="checkbox"/>	Dyer	<input checked="" type="checkbox"/>	Montgomery		
<input type="checkbox"/>	Fayette	<input type="checkbox"/>	Moore		
<input type="checkbox"/>	Fentress	<input type="checkbox"/>	Morgan		
<input type="checkbox"/>	Franklin	<input type="checkbox"/>	Obion		
<input type="checkbox"/>	Gibson	<input type="checkbox"/>	Overton		
<input type="checkbox"/>	Giles	<input type="checkbox"/>	Perry		
<input type="checkbox"/>	Grainger	<input type="checkbox"/>	Pickett		
<input type="checkbox"/>	Greene	<input type="checkbox"/>	Polk		
<input type="checkbox"/>	Grundy	<input type="checkbox"/>	Putnam		
<input type="checkbox"/>	Hamblen	<input type="checkbox"/>	Rhea		
<input type="checkbox"/>	Hamilton	<input type="checkbox"/>	Roane		
<input type="checkbox"/>	Hancock	<input checked="" type="checkbox"/>	Robertson		
<input type="checkbox"/>	Hardeman	<input checked="" type="checkbox"/>	Rutherford		
<input type="checkbox"/>	Hardin	<input type="checkbox"/>	Scott		
<input type="checkbox"/>	Hawkins	<input type="checkbox"/>	Sequatchie		
<input type="checkbox"/>	Haywood	<input type="checkbox"/>	Sevier		
<input type="checkbox"/>	Henderson	<input type="checkbox"/>	Shelby		
<input type="checkbox"/>	Henry	<input type="checkbox"/>	Smith		



**Schedule F - Personnel**  
**395**  
**Type of Employee by Service**

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Leave the item blank if the value is unknown. Full Time Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	<b>Type</b>	<b>Number of Employees Total in FTE</b>
<b>Office Staff:</b>	Administrator	13.00
	Assistant Administrator	0.00
	Clinical Director/In-Office Clinical Staff	8.00
	Office Personnel (Clerical)	0.00
	Financial/Billing Personnel	0.00
	Other Administrative Personnel (Marketing/Community Education, etc.)	0.00
<b>Field Staff:</b>	Registered Nurses	27.00
	Licensed Practical Nurses	19.00
	Certified Nurses Aides	0.00
	Physical Therapy Services	24.00
	Occupational Therapy	7.00
	Speech/Language Pathology Services	3.00
	Medical Social Services	3.00
	Respiratory Therapists	0.00
	Home Health Aides	1.00
	Homemakers	0.00
	Nutritionists/Dieticians	0.00
	Other Health	0.00
	Other Non-Health	0.00
		<b>Total (Office and Field Staff)</b>

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

**Notes:**

By Checking the Box, you have validated that your JAR has been reviewed and approved

By Checking the Box, you have validated that you will Submit the JAR with Errors

Date Submitted: 11/3/2021 9:14:20 AM

Date Finalized: 11/3/2021 9:14:23 AM



# Tennessee Department of Health

Health Statistics  
2nd Floor, Andrew Johnson Tower  
710 James Robertson Pkwy  
Nashville, TN 37243  
Telephone: (615)741-1954 - Fax: (615)253-1688

## Joint Annual Report of Home Health

### Contacts

**Trent Sansing**  
Email: [Trent.Sansing@tn.gov](mailto:Trent.Sansing@tn.gov)  
Call: (615)253-4702  
For: Assisted Care Living Facilities

**Cheryl Hines**  
Email: [Cheryl.Hines@tn.gov](mailto:Cheryl.Hines@tn.gov)  
Call: (615)532-7888  
For: Nursing Homes, Outpatient  
Diagnostic Centers

**Lonnie Matthews**  
Email: [Lonnie.Matthews@tn.gov](mailto:Lonnie.Matthews@tn.gov)  
Call: (615)741-5845  
For: Hospitals, Home Health Agencies,  
Hospice and ASTC

### 2021

Schedule	Description	Page Number
A.	Identification	2
B.	Organization Structure	3
C.	Licensure, Accreditations, Memberships, and Participations	4
D.	Finances	5
E.	Utilization	12
F.	Personnel Type of Employee by Service	17
G.	NOTES	18
Submit	Submit	19

SCHEDULE A - IDENTIFICATION

Year 2021

1. Legal Name: Guardian Home Care of Nashville  
Did the agency's name change during the reporting period?  YES  NO  
If yes, Prior Name of your facility \_\_\_\_\_

2. Address of Facility Street: 741 Cool Springs Boulevard Suite 110 City: Franklin State: Tennessee Zip: 37067  
County: Williamson

3. Telephone Number (214)307-7155 (Only enter 10 consecutive digits, no special characters)

4. Name of Preparer Brian Harsy  
First Name Last Name  
Preparer Title Financial and Accounting and A

Telephone Number (214)307-7155 (Only enter 10 consecutive digits, no special characters)  
Email Address brianharsy@accentcare.com

5. Administration  
Name of Facility Administrator Amanda Payne  
First Name Last Name

Name of Facility Medical Doctor Richard Garman  
First Name Last Name

6. Reporting Period: Is the Reporting Period July 1 through June 30 of the year specified above?  YES  NO  
Beginning Date 07/01/2020 Ending Date 06/30/2021

1. Owner

A. Type

For - Profit

- Proprietorship
- General Partnership
- Limited Partnership (LP)
- Limited Liability Partnership (LLP)
- Limited Liability Company (LLC)
- Corporation

Non - Profit

- Non-Religious Corporation or Association
- Religious Corporation or Association
- Limited Liability Company (LLC)

Government

- City
- County
- State
- Federal
- Other Government (Specify)

B. Legal Name

Guardian Home Care of Nashville

Street

741 Cool Springs Blvd Suite 110

City

Franklin

State

Tennessee



Zip

37067

2. Structure Type

Name of Organization

Guardian Home Care LLC

- Free Standing
- Hospital Affiliated
- Hospital Based
- Nursing Home Based
- Public Health Department
- Rural Health Clinic Based

Schedule C - License, Accreditations, Memberships, and Participations

Supplemental 1  
April 14 2022  
94074 - Guardian  
Nashville

1. License:  
A. License Number

607

B. Most recent survey date (YYYY)

2019

2. Accreditation:

A. Yes  No

The Joint Commission

Approval Date (YYYY)

Expiration Date (YYYY)

B. Yes  No

Community Health Accreditation Program (CHAP)

Approval Date (YYYY)

Expiration Date (YYYY)

C. Yes  No

Accreditation Commission for Health Care (ACHC)

Approval Date (YYYY)

Expiration Date (YYYY)

D. Yes  No

Other (Specify)

Approval Date (YYYY)

Expiration Date (YYYY)

E. Yes  No

Other (Specify)

Approval Date (YYYY)

Expiration Date (YYYY)

3. Participations:

A. Yes  No

Medicare

B. Yes  No

TennCare

If yes, indicate the MCOs with whom you have contracts.

Yes  No

Amerigroup

Yes  No

BlueCare

Yes  No

United Health Care Community Plan

Yes  No

TennCare MCO (Not Specified)

Yes  No

TennCare Select

Yes  No

Other (Specify One)

1. Charity Care:  
Number of Patients 0 Total Cost 0

2. Average Charges by Discipline:  
Do you provide private duty? Yes  No

Discipline	Medicare Certified Home Care Organization				Private Duty Company	
	Charge Per Visit -	Charge Per Visit -	Charge Per Episode of Care -	Charge Per Episode of Care -	Average Charge Per	Average Charge Per
	Direct Only	Direct & Indirect	Direct Only	Direct & Indirect	Visit	Hour
Home Health Aide Services						
Homemaker Services						
Medical Social Services	291	291	291	291		
Occupational Therapy	275	275	275	275		
Physical Therapy	269	269	269	269		
Skilled Nursing Care	250	250	247	247		
Infusion Therapy - Pain Management						
Infusion Therapy - Other						
Speech Therapy	275	275	275	275		
Other (specify):						

3. Patients Served and Gross Revenue by Revenue Source:

Discipline	Patients	Medicare		Gross Revenue	Percentage of Total
		Visits	Hours		
Home Health Aide Services					
Homemaker Services					
Medical Social Services		313	300		
Occupational Therapy		4037	3091		
Physical Therapy		18395	14376		
Skilled Nursing Care		13825	10777		
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy		1814	1399		
Other					
Total	1451	38384	29943	8511065	60



Medicare Advantage					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services		143	124		
Occupational Therapy		2199	1615		
Physical Therapy		8462	6782		
Skilled Nursing Care		6860	5277		
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy		821	600		
Other					
<b>Total</b>	<b>733</b>	<b>18485</b>	<b>14398</b>	<b>4686043</b>	<b>33</b>

United Health Care Community Plan (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
<b>Total</b>		<b>0</b>	<b>0</b>		<b>0</b>

Amerigroup (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
<b>Total</b>		<b>0</b>	<b>0</b>		<b>0</b>

Blue Care (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TennCare Select (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TennCare, MCO (not specified) (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Other State Medicaid (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

CoverKids (Medicaid/TennCare)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

TRICARE					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Discipline	Commercial				Percentage of Total
	Patients	Visits	Hours	Gross Revenue	
Home Health Aide Services					
Homemaker Services					
Medical Social Services		28	22		
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care		1673	1300		
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
<b>Total</b>	<b>169</b>	<b>1701</b>	<b>1322</b>	<b>1005225</b>	<b>7</b>

Discipline	Self Pay				Percentage of Total
	Patients	Visits	Hours	Gross Revenue	
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy		6	4		
Skilled Nursing Care		13	12		
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
<b>Total</b>	<b>3</b>	<b>19</b>	<b>16</b>	<b>4900</b>	<b>0</b>

Discipline	Home and Community Based Waiver Programs				Percentage of Total
	Patients	Visits	Hours	Gross Revenue	
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
<b>Total</b>		<b>0</b>	<b>0</b>		<b>0</b>

TN Commission on Aging and Disability					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Charity Care					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Federal Department of Labor (EEOICP)					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
Total		0	0		0

Discipline	Patients	Other		Gross Revenue	Percentage of Total
		Visits	Hours		
Home Health Aide Services					
Homemaker Services					
Medical Social Services					
Occupational Therapy					
Physical Therapy					
Skilled Nursing Care					
Infusion Nursing Greater than 2 Hours					
Infusion Nursing Less than 2 Hours					
Speech Therapy					
Other					
<b>Total</b>		<b>0</b>	<b>0</b>		<b>0</b>

Total All Revenue Sources					
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage of Total
Homemaker Services		0	0		
Medical Social Services		484	446		
Occupational Therapy		6236	4706		
Physical Therapy		26863	21162		
Skilled Nursing Care		22371	17366		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		0	0		
Speech Therapy		2635	1999		
Other		0	0		
<b>Total</b>	<b>2356</b>	<b>58589</b>	<b>45679</b>	<b>14207233</b>	<b>100</b>

1. Discharges:

Reason for Discharge	Total Number Discharged
Physician order (unplanned)	27
No further care needed; reached maximum functional potential (Goals met)	1089
Death	65
Patient Request	159
Transfer to hospital from home health agency	0
Transfer to nursing home from home health agency	0
Transfer out of service area	29
Transfer to hospice services from home health agency	241
Patient no longer met payer's home care qualifications for eligibility/coverage criteria	4
Patient non-compliant (ex. Patient not remaining home bound)	5
Transfer to assisted living facility from home health agency	
Hospitalized at the end of certification period	225
Transfer to school system	
Transfer to outpatient care	
Patient denied service due to lack of resources/room	
Other (Specify) _____	
Unknown	663
<b>Total Discharges</b>	<b>2507</b>
<b>Total Discharges by Number of Days (Length of Stay)</b>	<b>171662</b>

2. Patients Served:

Unduplicated - The number of individuals receiving services during the reporting year counted only once, regardless of number of services, frequency of admission, or payer source	2707
--	------

3. Utilization:

Indicate by resident county the number of patients who received home health services.

Only complete the counties you are licensed to serve	Number of Patients Served																		Total
	Female Ages			Gender		Age				Race									
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown		
Anderson				1					1						1			1	
Bedford																		0	
Benton																		0	
Bledsoe																		0	
Blount																		0	
Bradley	4	337	232	341			76	497			11	3		555		4		573	
Campbell																		0	
Cannon																		0	
Carroll																		0	
Carter																		0	
Cheatham																		0	
Chester																		0	
Claiborne																		0	
Clay																		0	
Cocke																		0	
Coffee																		0	
Crockett																		0	
Cumberland																		0	
Davidson																		0	
Decatur																		0	
DeKalb																		0	
Dickson																		0	
Dyer																		0	
Fayette																		0	
Fentress																		0	
Franklin																		0	
Gibson																		0	
Giles																		0	



3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																		Total
	Female Ages			Gender		Age				Race									
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown		
Grainger																		0	
Greene																		0	
Grundy																		0	
Hamblen																		0	
Hamilton	6	985	458	991			89	1360	1	3	84	5		1331		25	1449		
Hancock																		0	
Hardeman																		0	
Hardin																		0	
Hawkins																		0	
Haywood																		0	
Henderson																		0	
Henry																		0	
Hickman																		0	
Houston																		0	
Humphreys																		0	
Jackson																		0	
Jefferson																		0	
Johnson																		0	
Knox																		0	
Lake																		0	
Lauderdale																		0	
Lawrence																		0	
Lewis																		0	
Lincoln																		0	
Loudon																		0	
Macon																		0	
Madison																		0	
Marion																		0	
Marshall																		0	
Maury																		0	
McMinn	1	360	180	361	0	0	61	480			26	1		509		5	541		
McNairy																		0	
Meigs		48	34	48			20	62	1					80		1	82		
Monroe																		0	

3. Utilization (continued):

Only complete the counties you are licensed to serve	Number of Patients Served																		Total
	Female Ages			Gender		Age				Race									
	0-14	15-44	45+	Male	Female	0-12	13-17	18-64	65+	American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Multi-Race or Other	Unknown		
Montgomery																		0	
Moore																		0	
Morgan																		0	
Obion																		0	
Overton																		0	
Perry																		0	
Pickett																		0	
Polk		2	36	23	38			18	43				2		58		1	61	
Putnam																		0	
Rhea																		0	
Roane																		0	
Robertson																		0	
Rutherford																		0	
Scott																		0	
Sequatchie																		0	
Sevier																		0	
Shelby																		0	
Smith																		0	
Stewart																		0	
Sullivan																		0	
Sumner																		0	
Tipton																		0	
Trousdale																		0	
Unicoi																		0	
Union																		0	
Van Buren																		0	
Warren																		0	
Washington																		0	
Wayne																		0	
Weakley																		0	
White																		0	
Williamson																		0	
Wilson																		0	
Unknown																		0	
Other States																		0	
<b>Total</b>	<b>0</b>	<b>13</b>	<b>1766</b>	<b>928</b>	<b>1779</b>	<b>0</b>	<b>0</b>	<b>264</b>	<b>2443</b>	<b>2</b>	<b>3</b>	<b>121</b>	<b>11</b>	<b>0</b>	<b>2534</b>	<b>0</b>	<b>36</b>	<b>2707</b>	

4. Provide Service:

Please select each county you are certified to provide service.

Counties Served

<input checked="" type="checkbox"/>	Anderson	<input type="checkbox"/>	Hickman	<input type="checkbox"/>	Stewart
<input type="checkbox"/>	Bedford	<input type="checkbox"/>	Houston	<input type="checkbox"/>	Sullivan
<input type="checkbox"/>	Benton	<input type="checkbox"/>	Humphreys	<input type="checkbox"/>	Sumner
<input type="checkbox"/>	Bledsoe	<input type="checkbox"/>	Jackson	<input type="checkbox"/>	Tipton
<input type="checkbox"/>	Blount	<input type="checkbox"/>	Jefferson	<input type="checkbox"/>	Trousdale
<input checked="" type="checkbox"/>	Bradley	<input type="checkbox"/>	Johnson	<input type="checkbox"/>	Unicoi
<input type="checkbox"/>	Campbell	<input type="checkbox"/>	Knox	<input type="checkbox"/>	Union
<input type="checkbox"/>	Cannon	<input type="checkbox"/>	Lake	<input type="checkbox"/>	Van Buren
<input type="checkbox"/>	Carroll	<input type="checkbox"/>	Lauderdale	<input type="checkbox"/>	Warren
<input type="checkbox"/>	Carter	<input type="checkbox"/>	Lawrence	<input type="checkbox"/>	Washington
<input type="checkbox"/>	Cheatham	<input type="checkbox"/>	Lewis	<input type="checkbox"/>	Wayne
<input type="checkbox"/>	Chester	<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	Weakley
<input type="checkbox"/>	Claiborne	<input type="checkbox"/>	Loudon	<input type="checkbox"/>	White
<input type="checkbox"/>	Clay	<input type="checkbox"/>	Macon	<input type="checkbox"/>	Williamson
<input type="checkbox"/>	Cocke	<input type="checkbox"/>	Madison	<input type="checkbox"/>	Wilson
<input type="checkbox"/>	Coffee	<input type="checkbox"/>	Marion		
<input type="checkbox"/>	Crockett	<input type="checkbox"/>	Marshall		
<input type="checkbox"/>	Cumberland	<input type="checkbox"/>	Maury		
<input type="checkbox"/>	Davidson	<input checked="" type="checkbox"/>	McMinn		
<input type="checkbox"/>	Decatur	<input type="checkbox"/>	McNairy		
<input type="checkbox"/>	DeKalb	<input checked="" type="checkbox"/>	Meigs		
<input type="checkbox"/>	Dickson	<input type="checkbox"/>	Monroe		
<input type="checkbox"/>	Dyer	<input type="checkbox"/>	Montgomery		
<input type="checkbox"/>	Fayette	<input type="checkbox"/>	Moore		
<input type="checkbox"/>	Fentress	<input type="checkbox"/>	Morgan		
<input type="checkbox"/>	Franklin	<input type="checkbox"/>	Obion		
<input type="checkbox"/>	Gibson	<input type="checkbox"/>	Overton		
<input type="checkbox"/>	Giles	<input type="checkbox"/>	Perry		
<input type="checkbox"/>	Grainger	<input type="checkbox"/>	Pickett		
<input type="checkbox"/>	Greene	<input checked="" type="checkbox"/>	Polk		
<input type="checkbox"/>	Grundy	<input type="checkbox"/>	Putnam		
<input type="checkbox"/>	Hamblen	<input type="checkbox"/>	Rhea		
<input checked="" type="checkbox"/>	Hamilton	<input type="checkbox"/>	Roane		
<input type="checkbox"/>	Hancock	<input type="checkbox"/>	Robertson		
<input type="checkbox"/>	Hardeman	<input type="checkbox"/>	Rutherford		
<input type="checkbox"/>	Hardin	<input type="checkbox"/>	Scott		
<input type="checkbox"/>	Hawkins	<input type="checkbox"/>	Sequatchie		
<input type="checkbox"/>	Haywood	<input type="checkbox"/>	Sevier		
<input type="checkbox"/>	Henderson	<input type="checkbox"/>	Shelby		
<input type="checkbox"/>	Henry	<input type="checkbox"/>	Smith		

**Type of Employee by Service**

Please indicate the number of personnel as of June 30 (or the last day of the reporting period). Do not include a type of employee for which you do not provide that type of service. For Example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Leave the item blank if the value is unknown. Full Time Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE.

	<b>Type</b>	<b>Number of Employees Total in FTE</b>	
<b>Office Staff:</b>	Administrator	13.00	
	Assistant Administrator	0.00	
	Clinical Director/In-Office Clinical Staff	7.00	
	Office Personnel (Clerical)	0.00	
	Financial/Billing Personnel	0.00	
	Other Administrative Personnel (Marketing/Community Education, etc.)	0.00	
<b>Field Staff:</b>	Registered Nurses	31.00	
	Licensed Practical Nurses	16.00	
	Certified Nurses Aides	0.00	
	Physical Therapy Services	29.00	
	Occupational Therapy	5.00	
	Speech/Language Pathology Services	4.00	
	Medical Social Services	2.00	
	Respiratory Therapists	0.00	
	Home Health Aides	1.00	
	Homemakers	0.00	
	Nutritionists/Dieticians	0.00	
	Other Health	0.00	
	Other Non-Health	0.00	
	<b>Total (Office and Field Staff)</b>		<b>108.00</b>

Use this section to list additional data as needed. Please indicate Schedule and Question number to reference areas of the report.

**Notes:**

# JAR Home Health - Submit

Supplemental 1  
94074 - Guardian  
April 14 2022  
Nashville



By Checking the Box, you have validated that your JAR has been reviewed and approved



By Checking the Box, you have validated that you will Submit the JAR with Errors

Date Submitted: 11/9/2021 1:54:24 PM

Date Finalized: 11/9/2021 1:54:30 PM

## Additional Letter of Support



# Community Alliance for the Homeless

44 N. 2<sup>nd</sup> Street, Ste. 302  
Memphis, TN 38103  
P: (901) 527-1302  
F: (901) 527-1308

## Board of Directors

Paul Morris, Board Chair  
Dr. Larry Durbin, Vice-Chair  
Sheila Jordan Cunningham  
Steve Dean

Kevin Barton  
Bob Clark  
Susan Cooper  
Dr. Elena Delavega  
Barbara Feibelman  
Robert Hyde  
Yvonne Madlock  
Karla Miller  
Lori Patterson  
Dr. Sarah Petschonek  
Rev. Wesley Smith  
Carolyn Tisdale  
Julius C. Turner  
Rev. Dr. Dorothy Wells



In Partnership with the City of  
Memphis/Shelby County

April 4, 2022

Logan Grant  
Executive Director  
Health Services Development Agency  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243

Mr. Grant,

My name is Cheré Bradshaw and I am the Executive Director for the Community Alliance for the Homeless (CAFTH). CAFTH is a private, non-profit entity that provides planning, technical assistance, and service coordination to public and private agencies working to end homelessness in Memphis and Shelby County. Our mission is to end long-term homelessness and ensure that future homelessness is rare, brief, and one-time. CAFTH partners with and receives financial support from the City of Memphis, Shelby County Government, U.S. Department of Housing and Urban Development (HUD), private foundations, and additional sources.

Our team recently spoke with representatives of **AccentCare Hospice** about their **Homeless Assistance Program** and their efforts to help fight the crisis of those suffering and unhoused. An organization like **AccentCare Hospice** can help identify those who are eligible for hospice care, improve access to appropriate medical care for persons experiencing homelessness, and aid efforts to reach or maintain *functional zero* for veterans experiencing homelessness. The **AccentCare Hospice Homeless Assistance Program**, meal assistance resources, and respite care program, as well as their charitable work, foundation, and other programs would be great assets to our community. It would be beneficial for Memphis and Shelby County to have **AccentCare Hospice** as licensed hospice and home health provider. Community Alliance for the Homeless (CAFTH) on behalf of the Memphis/Shelby County Continuum of Care (TN-501 CoC) supports their application and we are eager to witness the work and the impact they will bring.

Sincerely,

A handwritten signature in blue ink that reads 'D. Cheré Bradshaw'.

D. Cheré Bradshaw  
Executive Director  
Community Alliance for the Homeless



April 13, 2022

RE: Certificate of Need Application CN2203-016  
AccentCare Home Health of West Tennessee, LLC

Dear Mr. Pitt:

I am the Applicant's designated representative for responses to questions regarding Certificate of Need Application CN2203-016. This letter responds to the Agency's letter of April 12, 2022. Below, please find responses to the Agency's questions.

I hope this letter and attachments supply the information the Agency needs to deem the application complete. My direct telephone is 512-371-8011 and my email address is dschaeffer@rpccconsulting.com. Please contact me if you have questions or need additional information.

Sincerely,



Darcy Schaeffer

---

**1. Item 3N., Demographics**

**Please revise and resubmit Page 18 (labeled as Page 18R). The attachment is referenced in the first supplemental responses but was not included.**

Please see Page 18R, attached.

**2. Item 4N., Special Needs of the Service Area Population**

**Does the applicant maintain any existing relationships, or has it conducted outreach to, any specific area hospital emergency department physicians in Tipton of Fayette Counties to support implementation of the AdvancedCare at Home program?**

There are no hospitals in Fayette County, and therefore no hospital-based emergency departments with which the Applicant can establish a relationship. There is only one acute care hospital in Tipton County – Baptist Memorial Hospital-Tipton. AccentCare does not have an existing relationship with Baptist Memorial Hospital-Tipton, as it does not currently receive referrals for patients being discharged from a Tipton County facility. However, as shown on page 33 of the CON application, AccentCare has existing relationships with other area Baptist Memorial Hospital locations. AccentCare West

Mr. Thomas Pitt  
April 13, 2022  
Page 2

Tennessee will build on these existing relationships to work with Baptist Memorial Hospital-Tipton and discuss the benefits of the AdvancedCare at Home Program, and how it could be useful to and accessible at Baptist Memorial Hospital-Tipton.

### **3. Item 5C., Category of License / Certification**

**Please identify the number of home health providers affiliated with the applicant through common ownership, which participate and do not participate in Medicaid.**

The table below shows all home health offices (both parent offices and branch offices) that have common ownership with the Applicant. Please note, the text that is struck through is the previous name of the agency. The table indicates the provider's Medicaid number. There are four home health agencies that do not participate in Medicaid: Aloha Home Care LLC, Oahu Home Care LLC, Doctors Choice Jacksonville LLC, and Halifax Health Services, LLC, all of which are located in Florida. Note that both the parent office and the branch office listed for those agencies show "NA" in the Medicaid number column of the table below. There are also three home health agencies that are in the process of being Medicaid certified: AccentCare UCLA, LLC, AccentCare Fairview Home Health-East and AccentCare Fairview Home Health-West. Please note AccentCare Fairview Home Health-West has four branch offices that also show "pending" in the Medicaid number column, and AccentCare UCLA has one branch office. All other home health providers affiliated with the applicant through common ownership are Medicaid certified in their respective states.

Office Name / Location	State	Legal Entity	Office Type (Parent/Branch)	Medicaid #
Crown Point	IN	HRS Home Health of Indiana, LLC dba " <del>HRS Home Health</del> " and " <del>HRS</del> " AccentCare Home Health of Indiana	Parent	300026939
Omaha	NE	HRS of Nebraska, Inc. dba "HRS Home Health"	Primary	10026689700
Westwood	MA	AccentCare of Massachusetts, Inc. dba AccentCare Home Health of Massachusetts	Parent	110087047A
Fall River	MA	AccentCare of Massachusetts, Inc. dba AccentCare Home Health of Massachusetts	Branch	110087047D
Methuen	MA	AccentCare of Massachusetts, Inc. dba AccentCare Home Health of Massachusetts	Branch	110087047C
San Diego	CA	AccentCare Home Health of California, Inc.	Parent	HHA70195G
Franklin	TN	Guardian Home Care of Nashville, LLC dba AccentCare Home Health of Nashville	Parent	447566
Dickson	TN	Guardian Home Care of Nashville, LLC dba AccentCare Home Health of Nashville	Branch	447566
Clarksville	TN	Guardian Home Care of Nashville, LLC dba AccentCare Home Health of Nashville	Branch	447566
Denver	CO	AccentCare Home Health of Mountain Valley, LLC	Parent	15181588
Carthage	MS	Sta-Home Health Agency of Carthage, Inc. dba AccentCare Home Health of Carthage	Parent	00770109
Greenwood	MS	Sta-Home Health Agency of Greenwood, Inc. dba AccentCare Home Health of Greenwood	Parent	00770110
Clinton	MS	Sta-Home Health Agency of Jackson, Inc. dba AccentCare Home Health of Jackson	Parent	00770108
Chattanooga	TN	Guardian Home Care, LLC dba AccentCare Home Health of Tennessee	Parent	447559
Athens	TN	Guardian Home Care, LLC dba AccentCare Home Health of Tennessee	Branch	447559
Cleveland	TN	Guardian Home Care, LLC dba AccentCare Home Health of Tennessee	Branch	447559
Amarillo	TX	KindStar, Inc. dba <del>Accolade Home Care</del> <del>Texas Home Health</del> eff 8/1/19 AccentCare Health	Parent	162709301

Mr. Thomas Pitt  
April 13, 2022  
Page 4

Office Name / Location	State	Legal Entity	Office Type (Parent/Branch)	Medicaid #
Bristol	PA	SOUTHEASTERN HEALTH SERVICES OF PENNSYLVANIA, LLC DBA: AccentCare Health of Pennsylvania	Parent	001110160-0005 001110160 0006 001110160 0007
Orange Park	FL	Doctors Choice Jacksonville LLC dba AccentCare Home Health of Jacksonville	Parent	NA
Jacksonville	FL	Doctors Choice Jacksonville LLC dba AccentCare Home Health of Jacksonville	Branch	NA
Ormond Beach	FL	Halifax Health Services, LLC (DBA: <del>Doctors Choice</del> ) dba Accentcare Home Health of Daytona, eff 8/31/19	Parent	NA
Palm Coast	FL	Halifax Health Services, LLC (DBA: <del>Doctors Choice</del> ) dba Accentcare Home Health of Daytona, eff 8/31/19	Branch	NA
San Diego UCSD	CA	AccentCare Home Health at UCSD Health, LLC	Primary	1568834653
Maplewood (Oakdale)	MN	AccentCare Fairview Home Health-East, LLC	Parent	pending
Minneapolis	MN	AccentCare Fairview Home Health-West, LLC	Parent	pending
El Centro	CA	AccentCare Home Health of California, Inc.	Primary	1740242718
Ontario	CA	AccentCare Home Health of California, Inc.	Primary	HHA07678G
Newport Beach	CA	AccentCare Home Health of California, Inc.	Primary	HHA70189F
San Ramon	CA	AccentCare Home Health of California, Inc.	Parent	HHA70130G
Redding	CA	AccentCare Home Health of California, Inc.	Primary	HHA57273F
Northridge UCLA	CA	AccentCare UCLA Health, LLC	Primary	pending
Lombard	IL	Health Resource Solutions, Inc. dba " <del>HRS Home Health</del> " and " <del>HRS</del> " AccentCare Home Health of Illinois	Parent	20697568-001
Lubbock	TX	KindStar, Inc. dba <del>Accolade Home Care</del> <del>Texas Home Health</del> eff 8/1/19 AccentCare Health	Parent	162709303; 162709306
Medford	OR	AccentCare Home Health of Rogue Valley, LLC	Parent	500612925
Rancho Cordova	CA	AccentCare Home Health of California, Inc.	Primary	HHA57253F
Melbourne	FL	Oahu, Home Care LLC dba <del>Aloha Home Health</del> AccentCare Home Health of Port Saint Lucie eff 8/31/19	Parent	NA
College Station	TX	Texas Home Health Group of College Station, LLC DBA: AccentCare Home Health of College Station	Parent	3883639-01
Huntsville	TX	Texas Home Health Group of College Station, LLC DBA: AccentCare Home Health of College Station	Branch	See College Station Parent

Mr. Thomas Pitt  
April 13, 2022  
Page 5

Office Name / Location	State	Legal Entity	Office Type (Parent/Branch)	Medicaid #
Brenham	TX	Texas Home Health Group of College Station, LLC DBA: AccentCare Home Health of College Station	Branch	See College Station Parent
Denton	TX	Texas Home Health Group of Denton, LLC DBA: AccentCare Home Health of Denton	Parent	4131989-01
Denton	TX	Texas Home Health Group of Denton, LLC DBA: AccentCare Home Health of Denton	Branch	See Denton Parent
Denton	TX	Texas Home Health Group of Denton, LLC DBA: AccentCare Home Health of Denton	Branch	See Denton Parent
DeSoto	TX	Texas Home Health Group of DeSoto, LLC DBA: AccentCare Home Health of DeSoto	Branch	4241002-01
DeSoto	TX	Texas Home Health Group of DeSoto, LLC DBA: AccentCare Home Health of DeSoto	Parent	4241002-01
Fort Worth	TX	Texas Home Health Group of Fort Worth, LLC DBA: AccentCare Home Health of Fort Worth	Parent	4047334-01
Marble Falls	TX	Texas Home Health Group of Marble Falls, LLC DBA: AccentCare Home Health of Marble Falls	Parent	3926644-01
McKinney	TX	Texas Home Health Group of McKinney, LLC DBA: AccentCare Home Health of McKinney	Parent	3913451-01
Hutto	TX	Texas Home Health Group of Taylor, LLC DBA: AccentCare Home Health of Taylor	Parent	3902132-01
Odessa	TX	Nurses Unlimited, Inc. dba <del>Texas Home Health</del> AccentCare Health and Personal Care Services of Texas	Parent	0236499-01
Temple	TX	Texas Home Health Group of Temple, LLC DBA: AccentCare Home Health of Temple	Parent	3892390-01
Round Rock	TX	KindStar, Inc. dba <del>Accolade Home Care</del> <del>Texas Home Health</del> eff 8/1/19 AccentCare Health	Parent	173200001
Waco	TX	Texas Home Health Group of Waco, LLC DBA: AccentCare Home Health of Waco	Parent	3891731-01
Waco	TX	Texas Home Health Group of Waco, LLC DBA: AccentCare Home Health of Waco	Branch	See Waco Parent
Odessa (Midland)	TX	KindStar, Inc. dba <del>Accolade Home Care</del> <del>Texas Home Health</del> eff 8/1/19 AccentCare Health	Parent	206982501

Mr. Thomas Pitt  
April 13, 2022  
Page 6

Office Name / Location	State	Legal Entity	Office Type (Parent/Branch)	Medicaid #
Longview	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Parent	1487993-01
Carthage	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Branch	1487993-01
Longview (Tyler)	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Branch	1487993-01
Austin North	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Parent	1487993-05
Marble Falls	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Branch	1487993-05
Austin (Georgetown)	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Branch	1487993-05
Nacogdoches	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Parent	1487993-04
Lufkin	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Branch	1487993-04
Livingston	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Branch	1487993-04
Galveston	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Parent	1488009-01
Lake Jackson	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Branch	1488009-01
Sugar Land	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Parent	1487993-02
San Antonio	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Parent	1487993-06
San Antonio	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Branch	1487993-06
Wharton	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Parent	1583569-01
Wharton ( Hallettsville & Sugar Land)	TX	Texas Home Health Skilled Services, LPDBA: AccentCare Home Health of Texas	Branch	1583569-01

Mr. Thomas Pitt  
April 13, 2022  
Page 7

Office Name / Location	State	Legal Entity	Office Type (Parent/Branch)	Medicaid #
Port Saint Lucie	FL	Aloha Home Care LLC dba <del>Aloha Home Health</del> AccentCare Home Health of Melbourne eff 8/31/19	Parent	NA
Watkinsville	GA	Guardian Home Care of Central Georgia, LLC dba AccentCare Home Health of Central Georgia	Parent	334739498A
Buford (Gainesville)	GA	Guardian Home Care of Northeast Georgia, LLC dba AccentCare Home Health of Northeast Georgia	Parent	786408665A
Roswell	GA	Guardian Home Care, LLC dba AccentCare Home Health of Georgia	Parent	000975917A
Decatur	GA	Guardian Home Care, LLC dba AccentCare Home Health of Georgia	Branch	000975917E
College Park	GA	Guardian Home Care, LLC dba AccentCare Home Health of Georgia	Branch	000975917B
Kennesaw (Atlanta or Marietta)	GA	Guardian Home Care, LLC dba AccentCare Home Health of Georgia	Branch	000975917C
Cleveland	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Parent	1487993-13
Madison Heights	MI	HRS Home Health of Michigan, LLC dba " <del>HRS Home Health</del> "—AccentCare Home Health of Michigan	Parent	1497370951
Beaumont	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Parent	1722951-01
Bloomington	MN	AccentCare Fairview Home Health-West, LLC	Branch	pending
Princeton	MN	AccentCare Fairview Home Health-West, LLC	Branch	pending
Burnsville	MN	AccentCare Fairview Home Health-West, LLC	Branch	pending
Chisago City	MN	AccentCare Fairview Home Health-West, LLC	Branch	pending
Shamrock	TX	KindStar, Inc. dba <del>Accolade Home Care</del> <del>Texas Home Health eff 8/1/19</del> AccentCare Health	Branch	See Amarillo Parent
Pampa	TX	KindStar, Inc. dba <del>Accolade Home Care</del> <del>Texas Home Health eff 8/1/19</del> AccentCare Health	Branch	See Amarillo Parent
Dumas	TX	KindStar, Inc. dba <del>Accolade Home Care</del> <del>Texas Home Health eff 8/1/19</del> AccentCare Health	Branch	See Amarillo Parent
Beaumont (Nederland)	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Branch	1722951-01

Mr. Thomas Pitt  
April 13, 2022  
Page 8

Office Name / Location	State	Legal Entity	Office Type (Parent/Branch)	Medicaid #
Victoria	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Parent	1487993-15
Longview	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Parent	4167652-01
Austin South	TX	Texas Home Health Skilled Services, LP DBA: AccentCare Home Health of Texas	Parent	3936445-01
Lubbock (formerly Jayton)	TX	KindStar, Inc. dba <del>Accolade Home Care</del> <del>Texas Home Health eff 8/1/19</del> AccentCare Health	Branch	See Lubbock Parent
Levelland	TX	KindStar, Inc. dba <del>Accolade Home Care</del> <del>Texas Home Health eff 8/1/19</del> AccentCare Health	Branch	See Lubbock Parent
Lubbock (formerly Muleshoe)	TX	KindStar, Inc. dba <del>Accolade Home Care</del> <del>Texas Home Health eff 8/1/19</del> AccentCare Health	Branch	See Lubbock Parent
Lubbock (formerly ALA)	TX	KindStar, Inc. dba <del>Accolade Home Care</del> <del>Texas Home Health eff 8/1/19</del> AccentCare Health	Branch	See Lubbock Parent
Plainview	TX	KindStar, Inc. dba <del>Accolade Home Care</del> <del>Texas Home Health eff 8/1/19</del> AccentCare Health	Branch	See Lubbock Parent
Petaluma	CA	AccentCare Home Health of California, Inc.	Branch	See Parent
Grants Pass	OR	AccentCare Home Health of Rogue Valley, LLC	Branch	See Parent
Culver City UCLA - PENDING	CA	AccentCare UCLA Health, LLC	Branch	See Parent
Forest	MS	Sta-Home Health Agency of Carthage, Inc. dba AccentCare Home Health of Carthage	Branch	See Parent - Carthage
Kosciusko	MS	Sta-Home Health Agency of Carthage, Inc. dba AccentCare Home Health of Carthage	Branch	See Parent - Carthage
Louisville	MS	Sta-Home Health Agency of Carthage, Inc. dba AccentCare Home Health of Carthage	Branch	See Parent - Carthage
Meridian	MS	Sta-Home Health Agency of Carthage, Inc. dba AccentCare Home Health of Carthage	Branch	See Parent - Carthage
Philadelphia	MS	Sta-Home Health Agency of Carthage, Inc. dba AccentCare Home Health of Carthage	Branch	See Parent - Carthage
Sebastopol	MS	Sta-Home Health Agency of Carthage, Inc. dba AccentCare Home Health of Carthage	Branch	See Parent - Carthage
Loveland	CO	AccentCare Home Health of Mountain Valley, LLC	Branch	See Parent - Denver



Mr. Thomas Pitt  
April 13, 2022  
Page 9

Office Name / Location	State	Legal Entity	Office Type (Parent/Branch)	Medicaid #
Batesville	MS	Sta-Home Health Agency of Greenwood, Inc. dba AccentCare Home Health of Greenwood	Branch	See Parent - Greenwood
Grenada	MS	Sta-Home Health Agency of Greenwood, Inc. dba AccentCare Home Health of Greenwood	Branch	See Parent - Greenwood
Indianola	MS	Sta-Home Health Agency of Greenwood, Inc. dba AccentCare Home Health of Greenwood	Branch	See Parent - Greenwood
Senatobia	MS	Sta-Home Health Agency of Greenwood, Inc. dba AccentCare Home Health of Greenwood	Branch	See Parent - Greenwood
Southaven	MS	Sta-Home Health Agency of Greenwood, Inc. dba AccentCare Home Health of Greenwood	Branch	See Parent - Greenwood
Brookhaven	MS	Sta-Home Health Agency of Jackson, Inc. dba AccentCare Home Health of Jackson	Branch	See Parent Clinton
Flowood	MS	Sta-Home Health Agency of Jackson, Inc. dba AccentCare Home Health of Jackson	Branch	See Parent Clinton
Gloster	MS	Sta-Home Health Agency of Jackson, Inc. dba AccentCare Home Health of Jackson	Branch	See Parent Clinton
Lexington	MS	Sta-Home Health Agency of Jackson, Inc. dba AccentCare Home Health of Jackson	Branch	See Parent Clinton
Madison	MS	Sta-Home Health Agency of Jackson, Inc. dba AccentCare Home Health of Jackson	Branch	See Parent Clinton
Magee	MS	Sta-Home Health Agency of Jackson, Inc. dba AccentCare Home Health of Jackson	Branch	See Parent Clinton
Natchez	MS	Sta-Home Health Agency of Jackson, Inc. dba AccentCare Home Health of Jackson	Branch	See Parent Clinton
Round Rock	TX	KindStar, Inc. dba Accolade Home Care <del>Texas Home Health</del> eff 8/1/19 AccentCare Health	Branch	See Round Rock Parent
San Marcos	CA	AccentCare Home Health of California, Inc.	Branch	See San Diego HH
Mechanicsville	VA	Southeastern Home Health Care, LLC DBA: AccentCare Home Health of Virginia	Parent	010140927

#### 4. Affidavit

**Please modify the header of the supplemental affidavit form to reflect the State of Florida and County of Broward and submit a revised affidavit for the first set of supplemental responses as well as the responses to this second set of supplemental questions.**

Please see the two affidavits attached to this filing.

# Affidavits

**AFFIDAVIT**

STATE OF Illinois  
COUNTY OF Cook

NAME OF FACILITY: AccentCare Home Health of West Tennessee, LLC

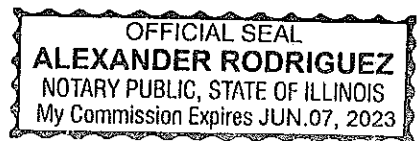
I, Russell Hilliard, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Russell Hilliard, SVP  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 12 day of April, 2022, witness my hand at office in the County of Cook, State of Illinois

Alexander Rodriguez  
NOTARY PUBLIC

My commission expires June 7, 2023



HF-0043

Revised 7/02

**AFFIDAVIT**

STATE OF Illinois  
COUNTY OF Cook

NAME OF FACILITY: AccentCare Home Health of West Tennessee, LLC

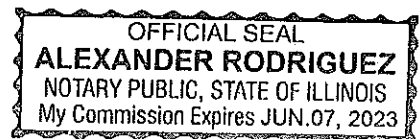
I, Russell Hilliard, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Russell Hilliard, SVP  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 12 day of April, 2022, witness my hand at office in the County of Cook, State of Illinois

Alexander Rodriguez  
NOTARY PUBLIC

My commission expires June 7, 2023



HF-0043

Revised 7/02