



home health • hospice • long-term acute care • community-based services

May 15, 2015

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MAY 15 2015

Via Email and U.S. Mail
Department of Health
Certificate of Need Program
Hospice Survey
111 Israel Road SE
Tumwater, Washington 98501

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

RE: Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health, Hospice & Home Care
NPI # 1154426815 Tax ID # 91-1738970 Provider # 50-1512
Certificate of Need - Hospice Use Survey for Calendar Year 2014

Dear Sir or Madam:

Enclosed please find the completed Hospice Use Survey for Calendar Year 2014 regarding the provider referenced above.

Should you have any questions or if I may be of further assistance, please do not hesitate to contact me at (337) 233-1307 or via email at jeffery.tramonte@lhcgroupp.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffery Tramonte', is written over a printed name and title.

Jeffery Tramonte
Licensure & Regulatory Affairs Paralegal

Enclosures

420 West Pinhook Road • Lafayette, Louisiana 70503
Toll free: 1.866.LHC.GROUP • Phone: 337.233.1307
LHCgroup.com

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**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

MAY 15 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health, Hospice & Home Care

Address: 2120 Northpark St., Suite B

City: Centralia State: WA Zip: 98531-9098

Person completing survey, include title (if any): Jeffery Tramonte - Licensure & Regulatory Paralegal

Phone # (337) 233-1307

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Vice President

Date: 5/15/2015



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam		✓	
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson		✓	
King			
Kitsap			
Kittitas			
Klickitat			
Lewis		✓	
Lincoln			
Mason		✓	
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston		✓	
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Assured Home Health, Hospice & Home Care

Please provide the following information *for each county served, separately*

County 1: Clallam

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	16
Total # of patients admitted under aged 65 with non-cancer diagnosis	8
Total # of patients admitted aged 65 and older with cancer diagnosis	53
Total # of patients admitted aged 65 and older with non-cancer diagnosis	102
Total Annual Patient Days	8943

County 2: Jefferson

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	1
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	3
Total Annual Patient Days	450

County 3: Lewis

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	14
Total # of patients admitted under aged 65 with non-cancer diagnosis	6
Total # of patients admitted aged 65 and older with cancer diagnosis	74
Total # of patients admitted aged 65 and older with non-cancer diagnosis	137
Total Annual Patient Days	22031



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Assured Home Health, Hospice & Home Care

County: Mason

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	4
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	23
Total # of patients admitted aged 65 and older with non-cancer diagnosis	52
Total Annual Patient Days	2676

County: Thurston

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	19
Total # of patients admitted under aged 65 with non-cancer diagnosis	11
Total # of patients admitted aged 65 and older with cancer diagnosis	66
Total # of patients admitted aged 65 and older with non-cancer diagnosis	139
Total Annual Patient Days	13919

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**

Include Hospice Data for Calendar Year 2014 Only
ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

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- You can mail this completed survey using the enclosed, self-addressed envelope.
- You can e-mail it to the Certificate of Need Program at fslcon@doh.wa.gov
- You can fax it to the Certificate of Need Program at (360) 236-2321
- You can send it to one of the following addresses.

Mailing Address:

Department of Health
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Hospice Survey
P O Box 47852
Olympia, WA 98504-7852

Physical Address:

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Address: 2120 Northpark St., Suite B

City: Centralia State: WA Zip: 98531-9098

Person completing survey, include title (if any): Jeffery Tramonte - Licensure & Regulatory Paralegal

Phone # (337) 233-1307

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Vice President

Date: 5/15/2015



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Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam		✓	
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson		✓	
King			
Kitsap			
Kittitas			
Klickitat			
Lewis		✓	
Lincoln			
Mason		✓	
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston		✓	
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



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Agency: Assured Home Health, Hospice & Home Care
Please provide the following information *for each county served, separately*

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County 2: Jefferson

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Total # of patients admitted aged 65 and older with non-cancer diagnosis	3
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County 3: Lewis

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	14
Total # of patients admitted under aged 65 with non-cancer diagnosis	6
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Total # of patients admitted aged 65 and older with cancer diagnosis	66
Total # of patients admitted aged 65 and older with non-cancer diagnosis	139
Total Annual Patient Days	13919

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

RE: Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice
NPI # 1417199696 Tax ID # 26-4568497 Provider # 50-1528
Certificate of Need - Hospice Use Survey for Calendar Year 2014

Dear Sir or Madam:

Enclosed please find the completed Hospice Use Survey for Calendar Year 2014 regarding the provider referenced above.

Should you have any questions or if I may be of further assistance, please do not hesitate to contact me at (337) 233-1307 or via email at jeffery.tramonte@lhcgroupp.com.

Sincerely,

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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice

Address: 1417 South Pioneer Way

City: Moses Lake State: WA Zip: 98837-2458

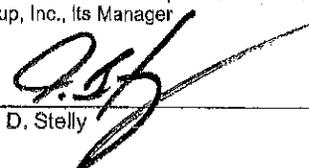
Person completing survey, include title (if any): Jeffery Tramonte - Licensure & Regulatory Paralegal

Phone # (337) 233-1307

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Washington HomeCare and Hospice of Central Basin, LLC
By: LHC Group, Inc., Its Manager

Signature of Responsible Officer: 
By: Donald D. Stelly

Title: President

Date: 5/15/2015



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R E C E I V E D

MAY 15 2015

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Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams		✓	
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant		✓	
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln		✓	
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



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Agency: Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice

Please provide the following information *for each county served, separately*

County 1: Adams

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	7
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	15
Total # of patients admitted aged 65 and older with non-cancer diagnosis	29
Total Annual Patient Days	3593

County 2: Grant

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	30
Total # of patients admitted under aged 65 with non-cancer diagnosis	18
Total # of patients admitted aged 65 and older with cancer diagnosis	74
Total # of patients admitted aged 65 and older with non-cancer diagnosis	111
Total Annual Patient Days	13632

County 3: Lincoln

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	6
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	5
Total # of patients admitted aged 65 and older with non-cancer diagnosis	8
Total Annual Patient Days	1281



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Agency Identification

Name of Agency: Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice

Address: 1417 South Pioneer Way

City: Moses Lake State: WA Zip: 98837-2458

Person completing survey, include title (if any): Jeffery Tramonte - Licensure & Regulatory Paralegal

Phone # (337) 233-1307

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Washington HomeCare and Hospice of Central Basin, LLC
By: LHC Group, Inc., its Manager

Signature of Responsible Officer: 
By: Donald D. Stelly

Title: President

Date: 5/15/2015



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Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams		✓	
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant		✓	
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln		✓	
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



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Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice

Agency: _____

Please provide the following information *for each county served, separately*

County 1: Adams

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	7
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	15
Total # of patients admitted aged 65 and older with non-cancer diagnosis	29
Total Annual Patient Days	3593

County 2: Grant

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	30
Total # of patients admitted under aged 65 with non-cancer diagnosis	18
Total # of patients admitted aged 65 and older with cancer diagnosis	74
Total # of patients admitted aged 65 and older with non-cancer diagnosis	111
Total Annual Patient Days	13632

County 3: Lincoln

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	6
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	5
Total # of patients admitted aged 65 and older with non-cancer diagnosis	8
Total Annual Patient Days	1281



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JUN 16 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Central Washington Homecare Services

Address: 1020 N. Wenatchee Avenue

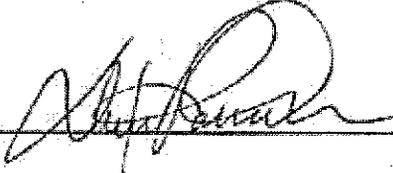
City: Wenatchee State: WA Zip: 98801

Person completing survey, include title (if any): Dixie Randall - Director

Phone # 509-665-6049

Previous names for this agency (if any): _____

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Signature of Responsible Officer: 

Title: Director of Homecare Services

Date: 6/3/2015



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Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan		X	9/1990
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas		X	9/1980
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Wheaton			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Central Washington Homecare Services

Please provide the following information for each county served, separately

County 1: Chelan

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	28
Total # of patients admitted under aged 65 with non-cancer diagnosis	19
Total # of patients admitted aged 65 and older with cancer diagnosis	88
Total # of patients admitted aged 65 and older with non-cancer diagnosis	211
Total Annual Patient Days	22,505

County 2: Douglas

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	5
Total # of patients admitted under aged 65 with non-cancer diagnosis	4
Total # of patients admitted aged 65 and older with cancer diagnosis	30
Total # of patients admitted aged 65 and older with non-cancer diagnosis	113
Total Annual Patient Days	6,120

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



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DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Community Home Health & Hospice

Address: PO Box 267 - 1035 11th Ave

City: Longview State: WA Zip: 98632

Person completing survey, include title (if any): Terry Skrentny - QI/Medical Records Director

Phone # 360-425-8510

Previous names for this agency (if any): _____

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Signature of Responsible Officer: 

Title: CEO

Date: 5/29/15



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Agency: Community Home Health & Hospice
Please provide the following information *for each county served, separately*

County 1: Cowlitz

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	59
Total # of patients admitted under aged 65 with non-cancer diagnosis	52
Total # of patients admitted aged 65 and older with cancer diagnosis	153
Total # of patients admitted aged 65 and older with non-cancer diagnosis	384
Total Annual Patient Days	28,081

County 2: Clark

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	26
Total # of patients admitted under aged 65 with non-cancer diagnosis	24
Total # of patients admitted aged 65 and older with cancer diagnosis	53
Total # of patients admitted aged 65 and older with non-cancer diagnosis	139
Total Annual Patient Days	14,987

County 3: Wahkiakum

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	4
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	11
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1
Total Annual Patient Days	1205

Green, Sandra E (DOH)

From: Cari Clizbe <Cari.Clizbe@chhh.org>
Sent: Friday, May 29, 2015 3:03 PM
To: DOH HSQA CHS CON
Subject: Cert of Need Program Survey
Attachments: [Untitled].pdf

Here is the yearly survey completed.

Please let me know if you need any additional information.

Thanks,

*Cari Clizbe
Executive Assistant
Community Home Health & Hospice
Phone 360.414.5401
Fax 360.425.4667
Cell 360.751.6933*



From: Cari Clizbe [<mailto:Cari.Clizbe@chhh.org>]
Sent: Friday, May 29, 2015 2:02 PM
To: Cari Clizbe
Subject:

Harlow, Beth A (DOH)

From: Cari Clizbe <Cari.Clizbe@chhh.org>
Sent: Monday, June 15, 2015 2:44 PM
To: Harlow, Beth A (DOH)
Subject: RE: DOH Hospice Survey
Attachments: [Untitled].pdf

[REDACTED]

Hi Beth,

JUN 15 2015

Sorry for the missed page. Here is the results.

If you need anything else.

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Cari

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Monday, June 15, 2015 2:35 PM
To: Cari Clizbe
Subject: DOH Hospice Survey

Good afternoon,

Thank you for your timely response to the Certificate of Need Hospice Agency Survey on behalf of Community Home Health and Hospice. Upon reviewing your data, we noted that the following information was omitted from your response:

- Page 2 – on which you indicate all counties you are authorized to serve

If you have authorization to provide service in an area for which you had zero patients, please indicate that in writing.

This data is **required** for us to accurately project service need for the state. I have attached a PDF of the survey.

Please respond by end of business on June 30th. The survey can be sent as a PDF via email, or by fax to (360) 236-2321.

Please let me know if I can answer any questions or provide any further information.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark	X	X	X
Columbia			
Cowlitz	X	X	
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum	X	X	
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

MAY 15 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Elite Home Health and Hospice

Address: 1372 Bridge Street

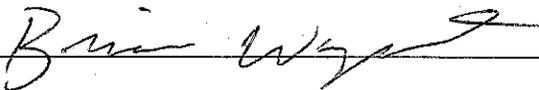
City: Clarkston State: WA Zip: 99403

Person completing survey, include title (if any): Brian Wayment, Administrator

Phone # 509-758-2568

Previous names for this agency (if any): Tri-State Memorial Hospital
Home Health and Hospice

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Administrator

Date: 5/11/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Elite Home Health and Hospice

Please provide the following information *for each county served, separately*

County 1: Asotin

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	4
Total # of patients admitted under aged 65 with non-cancer diagnosis	2
Total # of patients admitted aged 65 and older with cancer diagnosis	24
Total # of patients admitted aged 65 and older with non-cancer diagnosis	25
Total Annual Patient Days	2,499

County 2: Garfield

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	2
Total # of patients admitted aged 65 and older with non-cancer diagnosis	2
Total Annual Patient Days	20

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

Harlow, Beth A (DOH)

From: Wayment, Brian <BWayment@EliteHHH.com>
Sent: Tuesday, June 16, 2015 4:16 PM
To: Harlow, Beth A (DOH)
Subject: RE: DOH Hospice Survey
Attachments: Elite Copier_20150616_161023.pdf

See attached. I must have lost it in the shuffle of things. Thanks for following up!

From: Harlow, Beth A (DOH) [mailto:Beth.Harlow@DOH.WA.GOV]
Sent: Tuesday, June 16, 2015 4:11 PM
To: Wayment, Brian
Subject: RE: DOH Hospice Survey

R E C E I V E D

Just page 2 is great. Thank you for your response!

JUN 16 2015

Best,

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

-Beth Harlow

From: Wayment, Brian [mailto:BWayment@EliteHHH.com]
Sent: Tuesday, June 16, 2015 4:10 PM
To: Harlow, Beth A (DOH)
Subject: RE: DOH Hospice Survey

Do you just need me to fill out page 2 or would you like the whole document redone?

From: Harlow, Beth A (DOH) [mailto:Beth.Harlow@DOH.WA.GOV]
Sent: Monday, June 15, 2015 3:01 PM
To: Wayment, Brian
Subject: DOH Hospice Survey

Good afternoon,

Thank you for your timely response to the Certificate of Need Hospice Agency Survey on behalf of Elite Home Health and Hospice. Upon reviewing your data, we noted that the following information was omitted from your response:

- Page 2 – on which you indicate all counties you are authorized to serve

If you have authorization to provide service in an area for which you had zero patients, please indicate that in writing.

This data is **required** for us to accurately project service need for the state. I have attached a PDF of the survey.

Please respond by end of business on June 30th. The survey can be sent as a PDF via email, or by fax to (360) 236-2321.

Please let me know if I can answer any questions or provide any further information.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need Web site at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin		X	6/17/97
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield		X	6/17/97
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUN 29 2015

Agency Identification

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Name of Agency: Evergreen Health Hospice

Address: 12040 NE 128th St. MS #119

City: Kirkland State: WA Zip: 98034

Person completing survey, include title (if any): Molly McDonald, Clinical Quality

Phone # 425-899-3300

Previous names for this agency (if any): Evergreen Healthcare

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Director - Hospice & Palliative care

Date: 6/29/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island (Cameron only)		X	12/4/86
Jefferson			
King		X	12/4/86
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish		X	12/4/86
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: EvergreenHealth Hospice
Please provide the following information for each county served, separately

County 1: KING

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	223
Total # of patients admitted under aged 65 with non-cancer diagnosis	85
Total # of patients admitted aged 65 and older with cancer diagnosis	608
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1570
Total Annual Patient Days	124,911

County 2: Snohomish

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	36
Total # of patients admitted under aged 65 with non-cancer diagnosis	36
Total # of patients admitted aged 65 and older with cancer diagnosis	122
Total # of patients admitted aged 65 and older with non-cancer diagnosis	450
Total Annual Patient Days	44,497

County 3: Island

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1
Total Annual Patient Days	33



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**

Include Hospice Data for Calendar Year 2014 Only

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

There are many ways you can provide your information:

- You can mail this completed survey using the enclosed, self-addressed envelope.
- You can e-mail it to the Certificate of Need Program at fsicon@doh.wa.gov
- You can fax it to the Certificate of Need Program at (360) 236-2321
- You can send it to one of the following addresses.

Mailing Address:

Department of Health
Certificate of Need Program
Hospice Survey
P O Box 47852
Olympia, WA 98504-7852

Physical Address:

Department of Health
Certificate of Need Program
Hospice Survey
111 Israel Road SE
Tumwater, WA 98501

Thank you for your cooperation



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUN 09 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Franciscan Hospice

Address: 2401 Bridgeport Way West

City: University Place State: WA Zip: 98466

Person completing survey, include title (if any): Mark Rake-Marone

Phone # 253-534-7000

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Mark Rake-Marone

Title: Assoc. Vice-Pres.

Date: 6/11/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Franciscan Hospice

County: Pierce

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	47
Total # of patients admitted under aged 65 with non-cancer diagnosis	23
Total # of patients admitted aged 65 and older with cancer diagnosis	774
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1501
Total Annual Patient Days	118,474

County: King

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	29
Total # of patients admitted under aged 65 with non-cancer diagnosis	15
Total # of patients admitted aged 65 and older with cancer diagnosis	324
Total # of patients admitted aged 65 and older with non-cancer diagnosis	614
Total Annual Patient Days	52,355

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	10
Total # of patients admitted under aged 65 with non-cancer diagnosis	6
Total # of patients admitted aged 65 and older with cancer diagnosis	136
Total # of patients admitted aged 65 and older with non-cancer diagnosis	237
Total Annual Patient Days	19,376



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUL 08 2015

Check all service areas that apply:

Franciscan Hospice

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King		✓	
Kitsap		✓	
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce		✓	
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			

Mark Rake Mazon

Harlow, Beth A (DOH)

From: Rake-Marona, Mark (Tacoma-Hospice) <MarkRake-Marona@chifranciscan.org>
Sent: Wednesday, July 08, 2015 3:48 PM
To: Harlow, Beth A (DOH)
Subject: RE: Certificate of Need Hospice Survey
Attachments: 20150708160052512_0001.pdf

Beth – I've completed page 2 and attached to this email. Please let me know if you need anything else!

Mark Rake-Marona, Associate Vice-President

Franciscan Hospice & Palliative Care MS 62-02
2901 Bridgeport Way West
University Place, WA 98466
(253) 534-7026 off-net, 171-7026 on-net
markrake-marona@fhshealth.org



Our best care. Your best health.™



From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Wednesday, July 08, 2015 3:41 PM
To: Rake-Marona, Mark (Tacoma-Hospice)
Subject: Certificate of Need Hospice Survey
Importance: High

Good afternoon,

Thank you for taking the time to speak with me today Mark – much appreciated!

I've attached a PDF of the survey – all we need is page 2. It can be sent back as a PDF via return email or faxed to 360-236-2321.

Please let me know if I can provide any further information or answer any questions.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Green, Sandra E (DOH)

From: Gloria Lay <glay@frontierhhh.com>
Sent: Monday, June 01, 2015 10:56 AM
To: Green, Sandra E (DOH)
Subject: RE: Hospice Survey
Attachments: 2015 Hospice Care Survey Collecting 2014 data-signed.pdf

R E C E I V E D

JUN -1 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Sandra,

Attached is Frontier's completed survey.

Thank you,

Gloria Lay, RN

Branch Director
Frontier Home Health and Hospice
Phone: 509-422-8621
Cell: 509-429-5147
Fax: 509-422-1835
Email: glay@frontierhhh.com



CONFIDENTIAL: This email message and any attachments are intended solely for the use of a particular addressee(s) and may contain information that is privileged, confidential, and protected under applicable law (such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy regulations). If it is not clear that you are the intended recipient, or are the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, printing or copying of this email communication and its attachments is strictly prohibited. If you received this communication in error, please notify the sender immediately by replying to this message and then permanently delete the message and any accompanying files from your system. **READER BEWARE:** Internet e-mail is inherently unsecure and occasionally unreliable. Please contact the sender if you wish to arrange for secure communication or to verify the contents of this message.

From: Green, Sandra E (DOH) [<mailto:Sandra.Green@doh.wa.gov>]
Sent: Friday, May 29, 2015 3:35 PM
To: glay@frontierhhh.com
Subject: Hospice Survey

Attached is the hospice survey. You may return the completed form to me by return email if you would like. Thanks.

Sandi Green Langford



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only **RECEIVED**

JUN -1 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Frontier Home Health & Hospice

Address: 800 S. Jasmine, Suite #2

City: Omak State: WA Zip: 98841

Person completing survey, include title (if any): Gloria Lay, Branch Director

Phone # 509-422-8621

Previous names for this agency (if any): Okanogan Regional Home Health & Hospice
Amedisys Home Health & Hospice

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Gloria Lay, RN, BD

Title: Branch Director

Date: 5/29/2015



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas		X	
Ferry		X	
Franklin			
Garfield			
Grant		X	
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln		X	
Mason			
Okanogan		X	
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Frontier Home Health & Hospice
Please provide the following information *for each county served, separately*

County 1: Okanogan

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	31
Total # of patients admitted under aged 65 with non-cancer diagnosis	8
Total # of patients admitted aged 65 and older with cancer diagnosis	74
Total # of patients admitted aged 65 and older with non-cancer diagnosis	65
Total Annual Patient Days	10,266

County 2: Douglas

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	2
Total # of patients admitted aged 65 and older with non-cancer diagnosis	0
Total Annual Patient Days	82

County 3: Grant

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	2
Total # of patients admitted aged 65 and older with non-cancer diagnosis	4
Total Annual Patient Days	342



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**

Include Hospice Data for Calendar Year 2014 Only

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

There are many ways you can provide your information:

- You can mail this completed survey using the enclosed, self-addressed envelope.
- You can e-mail it to the Certificate of Need Program at fslcon@doh.wa.gov
- You can fax it to the Certificate of Need Program at (360) 236-2321
- You can send it to one of the following addresses.

Mailing Address:

Department of Health
Certificate of Need Program
Hospice Survey
P O Box 47852
Olympia, WA 98504-7852

Physical Address:

Department of Health
Certificate of Need Program
Hospice Survey
111 Israel Road SE
Tumwater, WA 98501

Thank you for your cooperation

Harlow, Beth A (DOH)

From: Gloria Lay <glay@frontierhhh.com>
Sent: Monday, June 15, 2015 2:44 PM
To: Harlow, Beth A (DOH)
Subject: RE: DOH Hospice Survey

R E C E I V E D

JUN 15 2015

Beth,

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

We did not have any referrals during 2014 for either of these counties.

Gloria

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Monday, June 15, 2015 2:40 PM
To: glay@frontierhhh.com
Subject: DOH Hospice Survey

Good afternoon,

Thank you for your timely response to the Certificate of Need Hospice Agency Survey on behalf of Frontier Home Health and Hospice. Upon reviewing your data, we noted that the following information was omitted from your response:

- Data for Ferry and Lincoln Counties. They were both marked on page 2 on the survey, but no patient data was provided.

If you have authorization to provide service in an area for which you had zero patients, please indicate that in writing.

This data is **required** for us to accurately project service need for the state. I have attached a PDF of the survey.

Please respond by end of business on June 30th. The survey can be sent as a PDF via email, or by fax to (360) 236-2321.

Please let me know if I can answer any questions or provide any further information.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need Web site at <http://www.doh.wa.gov/hsqa/FSL/certneed/>



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D
MAY 12 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: GENTIVA HOSPICE

Address: 115 NE 100th ST SUITE 210

City: SEATTLE State: WA Zip: 98125

Person completing survey, include title (if any): Maureen Horgan
Executive Director

Phone # 206-525-1090

Previous names for this agency (if any): ODYSSEY HEALTHCARE OPERATING B, LP
dba GENTIVA HOSPICE

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Maureen Horgan

Title: Executive Director

Date: 5.5.15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

MAY 12 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency: Gentiva Hospice
Please provide the following information *for each county served, separately*

County 1: King

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	2
Total # of patients admitted under aged 65 with non-cancer diagnosis	60
Total # of patients admitted aged 65 and older with cancer diagnosis	2
Total # of patients admitted aged 65 and older with non-cancer diagnosis	173
Total Annual Patient Days	11,736

County 2: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: _____

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

Harlow, Beth A (DOH)

From: Horgan, Maureen <Maureen.Horgan@gentiva.com>
Sent: Monday, June 15, 2015 5:39 PM
To: Harlow, Beth A (DOH)
Subject: RE: DOH Hospice Survey
Attachments: SKMBT_36315061516310.pdf; ATT00003.txt; ATT00004.htm

R E C E I V E D

JUN 15 2015

Hi Beth.
I apologize for not including page 2 of the survey.

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

My hospice has a CON for King county only and we are Medicare and CHAP certified. The CON for our company took several years of appeals and was approved by the WA Supreme Court September 5, 2013. I'm assuming that is the date you want? Our Medicare certification was a few months after the CON approval.

I've attached the survey with page 2. Let me know if you need any other information.

Thank you for being in touch.

Keep well, maureen

Maureen Horgan, LICSW, ACHP-SW

Executive Director
Gentiva® Hospice
An Affiliate of Kindred at Home
115 NE 100th St. Suite 210
Seattle, WA 98122
Tel: 206.525.1090
Fax: 206.525.1091
www.gentiva.com



From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Monday, June 15, 2015 3:47 PM
To: Horgan, Maureen
Subject: DOH Hospice Survey

Good afternoon,

Thank you for your timely response to the Certificate of Need Hospice Agency Survey on behalf of Gentiva Hospice. Upon reviewing your data, we noted that the following information was omitted from your response:

- Page 2 – on which you indicate all counties you are authorized to serve

If you have authorization to provide service in an area for which you had zero patients, please indicate that in writing.

This data is **required** for us to accurately project service need for the state. I have attached a PDF of the survey.

Please respond by end of business on June 30th. The survey can be sent as a PDF via email, or by fax to (360) 236-2321.

Please let me know if I can answer any questions or provide any further information.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need Web site at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King		X	Sept 5, 2013
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

MAY 28 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: GENTIVA Hospice

Address: 22820 E. Appleway Ave

City: LIBERTY LAKE State: WA Zip: 99019

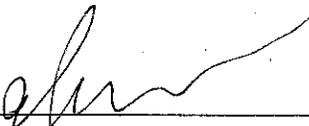
Person completing survey, include title (if any): Alex Klimpe, Office Manager

Office: 509-789-4377

Phone # 509-755-4985

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: OFFICE MANAGER

Date: 5/19/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: GENTIVA HOSPICE

Please provide the following information *for each county served, separately*

County 1: SPOKANE

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	8
Total # of patients admitted under aged 65 with non-cancer diagnosis	13
Total # of patients admitted aged 65 and older with cancer diagnosis	21
Total # of patients admitted aged 65 and older with non-cancer diagnosis	160
Total Annual Patient Days	17,588

County 2: WHITMAN

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	11
Total # of patients admitted under aged 65 with non-cancer diagnosis	9
Total # of patients admitted aged 65 and older with cancer diagnosis	45
Total # of patients admitted aged 65 and older with non-cancer diagnosis	102
Total Annual Patient Days	8,427

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



CERTIFICATE OF NEED HOSPICE AGENCY SURVEY Include Hospice Data for Calendar Year 2014 Only

RECEIVED

JUL 08 2015

Check all service areas that apply:

CERTIFICATE OF NEED PROGRAM DEPARTMENT OF HEALTH

Table with 4 columns: County, Licensed-Only, Medicare and/or Medicaid (CN Approved), Date CN Approved. Rows list Washington counties from Adams to Yakima. 'X' marks are present in the 'Medicare and/or Medicaid' column for Spokane and Whitman counties.



Date: 7/8/15

To: Beth Harlow

Fax: 360-236-2321

Subject: Survey Info

pages including this cover: 2

From: Jenny Owens RN

Phone: 509-789-4377

Fax: 509-755-4962

Email: _____

Location: 22820 E. Appleway Ave. Liberty Lake WA 99019

Hi Beth -

Here is the form from the survey. I do not have dates yet of the CN, but I am working on that part. Will get it to you when I have it.

Thank you,
Jenny Owens RN

CONFIDENTIALITY NOTICE: CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Protected Health Information (PHI) is personal and sensitive information related to a person's healthcare. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

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RECEIVED



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only **JUL 10 2015**

Check all service areas that apply:

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane		X	8/5/11
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman		X	5/1/08
Yakima			



RECEIVED

JUL 10 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Date: 7/8/15

To: Beth Harlow

Fax: 360-236-2321

Subject: Survey Info

From: Jenny Owens LPN

Phone: 509-789-4377

Fax: 509-755-4962

Email: _____

pages including this cover: 2

Location: 22820 E. Appleway Ave. Liberty Lake WA 99019

Hi Beth -

Here is the form from the survey. I do not have dates yet of the CN, but I am working on that part. Will get it to you when I have it.

Thank you,
Jenny Owens LPN

CONFIDENTIALITY NOTICE: CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Protected Health Information (PHI) is personal and sensitive information related to a person's healthcare. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

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If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is strictly prohibited. If you have received this message by error please notify the sender immediately to arrange for return or destruction of these documents.

Green, Sandra E (DOH)

From: Leigh, Vanessa (Wolfe) <leigh.v@ghc.org>
Sent: Friday, June 05, 2015 2:54 PM
To: Green, Sandra E (DOH)
Cc: Lasley, Christopher
Subject: Hospice Use Survey for Calendar Year 2014
Attachments: Document (4).pdf

RECEIVED

JUN 09 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Hi Sandi,

Attached is the information requested for the Hospice Use Survey for Calendar Year 2014. I spoke to you on Monday regarding emailing you this requested information by today.

Please confirm you received it and let me know if you have any questions or concerns.

Thank you, Vanessa

Vanessa Leigh | ACCOUNTING MANAGER
Continuing Care, Group Health Cooperative

PHONE 206-326-4538 | CDS 330-4538
CELL 206-200-3099
FAX 206-326-4555
E-MAIL wolfe.v@ghc.org
www.ghc.org

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**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency Identification

Name of Agency: Group Health Home Health & Hospice

Address: 201 10th AVE E.

City: Seattle

State: WA

Zip: 98112
~~98101~~

Person completing survey, include title (if any): Chris Lasley, Quality Specialist

Phone # 206-326-4544

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: [Signature]

Title: Accounting manager

Date: 4/3/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**

Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUN 09 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency: Group Health Home Health and Hospice
Please provide the following information for each county served, separately

County 1: King

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	76
Total # of patients admitted under aged 65 with non-cancer diagnosis	29
Total # of patients admitted aged 65 and older with cancer diagnosis	260
Total # of patients admitted aged 65 and older with non-cancer diagnosis	591
Total Annual Patient Days	44,449

County 2: Shohomish

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	13
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	41
Total # of patients admitted aged 65 and older with non-cancer diagnosis	82
Total Annual Patient Days	8,542

County 3: Kitsap

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	23
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	32
Total # of patients admitted aged 65 and older with non-cancer diagnosis	90
Total Annual Patient Days	7,022



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Group Health Home Health and Hospice

County: 4 Pierce

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	31
Total # of patients admitted under aged 65 with non-cancer diagnosis	11
Total # of patients admitted aged 65 and older with cancer diagnosis	102
Total # of patients admitted aged 65 and older with non-cancer diagnosis	150
Total Annual Patient Days	16,791

County: N/A

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: N/A

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

JUN 30 2015



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King		X	1982
Kitsap		X	1981
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce		X	1982
San Juan			
Skagit			
Skamania			
Snohomish		X	1982
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			

Harlow, Beth A (DOH)

From: Leigh, Vanessa (Wolfe) <leigh.v@ghc.org>
Sent: Tuesday, June 30, 2015 1:16 PM
To: Harlow, Beth A (DOH)
Subject: RE: DOH Hospice Survey
Attachments: Document.pdf

Hi Beth,

Attached is the information you requested. Please let me know if you have any questions.

Thank you, Vanessa

Vanessa Leigh | ACCOUNTING MANAGER
Continuing Care, Group Health Cooperative

PHONE 206-326-4538 | CDS 330-4538
CELL 206-200-3099
FAX 206-326-4555
E-MAIL wolfe.v@ghc.org
www.ghc.org

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Monday, June 15, 2015 4:03 PM
To: Leigh, Vanessa (Wolfe)
Subject: DOH Hospice Survey

Good afternoon,

Thank you for your timely response to the Certificate of Need Hospice Agency Survey on behalf of Group Health Home Health and Hospice. Upon reviewing your data, we noted that the following information was omitted from your response:

- Page 2 – on which you indicate all counties you are authorized to serve

If you have authorization to provide service in an area for which you had zero patients, please indicate that in writing.

This data is **required** for us to accurately project service need for the state. I have attached a PDF of the survey.

Please respond by end of business on June 30th. The survey can be sent as a PDF via email, or by fax to (360) 236-2321.

Please let me know if I can answer any questions or provide any further information.

Best,

Beth Harlow
Certificate of Need Analyst
Department of Health

**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

JUN 01 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Harbors Home Health & Hospice

Address: 201 7th St.

City: HOQUIAM State: WA Zip: 98550

Person completing survey, include title (if any): Cindy Minzey, RN
Clinical Director

Phone # 360-532-5454

Previous names for this agency (if any): NA

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Cindy Minzey, RN

Title: RN, Clinical Director

Date: 5-19-15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUN 01 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency: Harbor Home Health & Hospice
Please provide the following information *for each county served, separately*

County 1: Grays Harbor

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	33
Total # of patients admitted under aged 65 with non-cancer diagnosis	11
Total # of patients admitted aged 65 and older with cancer diagnosis	88
Total # of patients admitted aged 65 and older with non-cancer diagnosis	65
Total Annual Patient Days	6998

County 2: Pacific

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	11
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	24
Total # of patients admitted aged 65 and older with non-cancer diagnosis	31
Total Annual Patient Days	2124

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUL 08 2015

Check all service areas that apply: Harbors Home Health & Hospice

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor		Yes	5/7/1981
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific		Yes	5/7/1981
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			

Harlow, Beth A (DOH)

From: Carolyn Duckworth <carolynd@myhhhh.org>
Sent: Wednesday, July 08, 2015 12:55 PM
To: Harlow, Beth A (DOH)
Subject: Harbors Home Health & Hospice
Attachments: Certificate Of Need - Page 2.pdf

Beth:

Attached is Page 2 of the application per your request.

If you should need additional information please let me know.

Thank you,

Carolyn

Carolyn Duckworth, Administrative Assistant
Harbors Home Health & Hospice
Personal Service Providers
201 7th Street, Hoquiam WA 98550
Office: 360-532-5454
Fax: 360-533-0999

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**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUN 29 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: HEART OF HOSPICE

Address: 21621 WASCO ST.

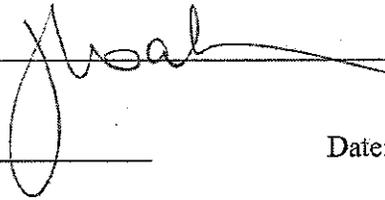
City: HOOD RIVER State: OR Zip: 97031

Person completing survey, include title (if any): JODI GOATCHER CEO

Phone # 541 386-1942

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: CEO Date: 6-19-15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat	✓		
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania		✓	6/18/2009
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: HEART OF HOSPICE
Please provide the following information *for each county served, separately*

County 1: SKAMANIA

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	3
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	12
Total # of patients admitted aged 65 and older with non-cancer diagnosis	13
Total Annual Patient Days	2,274

County 2: KLUCKITAT

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	2
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	11
Total # of patients admitted aged 65 and older with non-cancer diagnosis	10
Total Annual Patient Days	1,349

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

Harlow, Beth A (DOH)

From: Jodi Goatcher <Jodi@heartofhospice.org>
Sent: Monday, June 29, 2015 8:18 AM
To: DOH HSQA CHS CON
Cc: Harlow, Beth A (DOH); Jodi Goatcher
Subject: Heart of Hospice CON Survey 2014
Attachments: WA CON Survey 2014.pdf

Importance: High

Please see attached.
Thanks!

Jodi Goatcher BSN, RN, CNP
CEO/President

Heart of Hospice

HR 541 386-1942 | TD 541 296-2289 | Fax 541 386-1728
2621 Wasco Street, Hood River, OR 97031
508 Washington Street, The Dalles, OR 97058

Heart... it's in our name, it's in our care.

Jodi@heartofhospice.org
www.heartofhospice.org
www.heartofhospicefoundation.org



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUN 02 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification 601135790

Name of Agency: Heartlinks dba Heartlinks Hospice

Address: 3920 Outlook Rd

City: Sunnyside State: WA Zip: 98944

Person completing survey, include title (if any): Rev. Ronald K. Jetter, Executive Director

Phone # (509) 837-1903

Previous names for this agency (if any): Lower Valley Hospice

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Executive Director

Date: 5/21/2015



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**

Include Hospice Data for Calendar Year 2014 Only

Agency: HEARTLINKS 601135790
 Please provide the following information *for each county served, separately*

County 1: BENTON

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	7
Total # of patients admitted under aged 65 with non-cancer diagnosis	4
Total # of patients admitted aged 65 and older with cancer diagnosis	23
Total # of patients admitted aged 65 and older with non-cancer diagnosis	118
Total Annual Patient Days	9883

County 2: YAKIMA

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	14
Total # of patients admitted under aged 65 with non-cancer diagnosis	10
Total # of patients admitted aged 65 and older with cancer diagnosis	69
Total # of patients admitted aged 65 and older with non-cancer diagnosis	103
Total Annual Patient Days	9403

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: _____

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

RECEIVED

JUN 17 2015

FAX TRANSMITTAL FORM



3920 Outlook Road
Sunnyside, WA 98944

Helping Hands ♥ Caring Hearts

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

To:

360-236-2931

From:

Lower Valley Hospice and Palliative Care
Business Office
(509) 837-1676
Fax: (509) 837-1992

Beth Harlow
Certificate of Need
Washington State Dept

Number of Pages (including cover):

3

CONFIDENTIAL

Subject:

Pages 1 & 2 of Hospice CoN
as per our phone conversation,
Ron Jetter

NOTICE:

Unauthorized interception of this telephonic communication could be a violation of Federal and State law(s). The documents attached to this transmittal contain CONFIDENTIAL information. They belong to the sender and are legally privileged. The information contained herein is intended for use by the receiver named above. It cannot be redisclosed for use by any other party. If you are not the authorized receiver, you are hereby notified that any disclosure, copying, distribution or taking any action in reliance on the information contained herein is prohibited.

If you have received these documents in error, please notify the sender immediately.

RECEIVED

JUN 17 2015



CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY
Include Hospice Data for Calendar Year 2014 Only
CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Hear Think

Address: 3920 Outlook Rd

City: Sunnyside State: WA Zip: 98944

Person completing survey, include title (if any): Rev. Ronald K. Jetter

Phone # 509-837-1676

Previous names for this agency (if any): Lower Valley Hospice

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: [Signature]

Title: Executive Director

Date: 6/16/2015

Page 2 originally omitted, included here



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

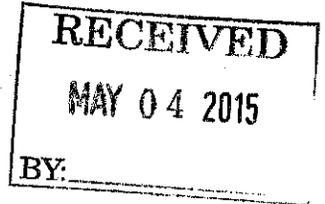
Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton		yes	grandfathered *
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima		yes	grandfathered *

* Agency founded in 1978, predates CON program start



State of Washington
Department of Health



R E C E I V E D
MAY 12 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

TO: Washington State Hospice Agencies
FROM: Washington State Department of Health
Certificate of Need Program
RE: Hospice Use Survey for Calendar Year 2014

The Certificate of Need program is conducting its annual survey of hospice agencies operating in Washington State. The survey asks for the data about care provided in calendar year 2014. I'm asking for your help by returning the completed survey by **May 31, 2015**.

The data you provide will be used in the 2015-2016 hospice need methodology that projects future need for hospice services throughout Washington. Because the projections are specific to each county, please complete one table for each county you serve.

Thank you in advance for taking the time to complete this survey. If you have any questions regarding the survey or would like an electronic version of it, please call Sandi Green at (360) 236-2971 or the Certificate of Need office general number at (360) 236-2955.

Sincerely,

Janis Sigman, Manager
Certificate of Need Program
Community Health Systems

Attachment



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D
MAY 12 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Horizon Hospice

Address: 123 W. Cascade Way, Ste A

City: Spokane State: WA Zip: 99208

Person completing survey, include title (if any): Loren Gaske

Phone # (509) 489-4581

Previous names for this agency (if any): NA

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: *Loren M. Gaske*

Title: Administrator

Date: 5-7-15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**

Include Hospice Data for Calendar Year 2014 Only

RECEIVED

MAY 12 2015

Agency: Horizon Hospice

Please provide the following information *for each county served, separately*

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

County 1: Spokane

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	18
Total # of patients admitted under aged 65 with non-cancer diagnosis	11
Total # of patients admitted aged 65 and older with cancer diagnosis	45
Total # of patients admitted aged 65 and older with non-cancer diagnosis	229
Total Annual Patient Days	36787

County 2: NA

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: NA

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

HORIZON HOSPICE



A TENDER CARING APPROACH TO HOME HOSPICE CARE

123 WEST CASCADE WAY, STE E ■ SPOKANE WA 99208

PHONE (509) 489-4581 ■ FAX (509) 482-0717

TO: Beth Harlow

DATE: 6-16-15

FAX #: (360) 236-2321

FROM: Loren Guske

SUBJECT: CO.N Agency Survey

PAGES: 4 Total
RECEIVED

URGENT
COMMENT

REPLY
REVIEW

JUN 16 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Beth,

Here is the information you requested. I apologize for the missing page.

Thanks,

Loren

Signed:

The pages comprising this facsimile transmission contain confidential information. This information is intended solely for the use by the individual and/or entity named as recipient thereof. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this transmission is prohibited by law. If you have received this transmission in error please notify us by phone immediately.



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency Identification

Name of Agency: Horizon Hospice

Address: 123 W. Cascade Way, Ste. A

City: Spokane State: WA Zip: 99208

Person completing survey, include title (if any): Loren Guska - Admin.

Phone # (509) 489-4581

Previous names for this agency (if any): NA

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Loren M Guska

Title: Administrator

Date: 6-16-15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Celan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane		X	1998
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Horizon Hospice

Please provide the following information for each county served, separately

County 1: Spokane

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	18
Total # of patients admitted under aged 65 with non-cancer diagnosis	11
Total # of patients admitted aged 65 and older with cancer diagnosis	45
Total # of patients admitted aged 65 and older with non-cancer diagnosis	229
Total Annual Patient Days	36,787

County 2: NA

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: NA

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

MAY 22 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: HOSPICE OF JEFFERSON COUNTY, JEFFERSON HEALTHCARE

Address: 2500 W SIMS WAY

City: PORT TOWNSEND State: WA Zip: 98368

Person completing survey, include title (if any): DEBORAH KOLDAN, PRACTICE MANAGER

Phone # 360-385-0610

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Deb Koldan

Title: Practice Manager

Date: 5/19/15



WASHINGTON STATE DEPARTMENT OF HEALTH FAX 509 8259 HOME HEALTH & HOSPICE 003/004

**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson		X	
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: HOSPICE OF JEFFERSON COUNTY
Please provide the following information for each county served, separately

County 1: JEFFERSON

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	14
Total # of patients admitted under aged 65 with non-cancer diagnosis	3
Total # of patients admitted aged 65 and older with cancer diagnosis	46
Total # of patients admitted aged 65 and older with non-cancer diagnosis	69
Total Annual Patient Days	8153

County 2: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUN 01 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Hospice of Kitsap County

Address: 10356 Silverdale Way NW PO Box 3416

City: Silverdale State: WA Zip: 98383

Person completing survey, include title (if any): Denise Hendrickson, Interim ED

Phone # 360-698-4611

Previous names for this agency (if any): N/A

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Denise Hendrickson

Title: Interim Executive Director

Date: 5/26/2015



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUN 01 2015

Check all service areas that apply:

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap		Grandfathered - 35yr operation	
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Hospice of Kitsap County
Please provide the following information *for each county served, separately*

County 1: Kitsap

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	66
Total # of patients admitted under aged 65 with non-cancer diagnosis	23
Total # of patients admitted aged 65 and older with cancer diagnosis	157
Total # of patients admitted aged 65 and older with non-cancer diagnosis	192
Total Annual Patient Days	23,993

County 2: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

MAY 15 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Hospice of the Northwest

Address: 227 Freeway Dr., Suite A

City: Mount Vernon State: WA Zip: 98273

Person completing survey, include title (if any): Christine Nidd, Mgr Quality/Compliance

Phone # 360-814-5550

Previous names for this agency (if any): Skagit Hospice Services LLC

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Sean Leib

Title: E.D.

Date: 5/11/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Hospice of the Northwest
Please provide the following information for each county served, separately

County 1: Island

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	22
Total # of patients admitted under aged 65 with non-cancer diagnosis	6
Total # of patients admitted aged 65 and older with cancer diagnosis	61
Total # of patients admitted aged 65 and older with non-cancer diagnosis	113
Total Annual Patient Days	9,715

County 2: San Juan

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	8
Total # of patients admitted under aged 65 with non-cancer diagnosis	5
Total # of patients admitted aged 65 and older with cancer diagnosis	15
Total # of patients admitted aged 65 and older with non-cancer diagnosis	29
Total Annual Patient Days	3,109

County 3: Skagit

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	61
Total # of patients admitted under aged 65 with non-cancer diagnosis	22
Total # of patients admitted aged 65 and older with cancer diagnosis	172
Total # of patients admitted aged 65 and older with non-cancer diagnosis	354
Total Annual Patient Days	26,101



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Hospice of the Northwest

County: Snohomish

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	4
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	19
Total # of patients admitted aged 65 and older with non-cancer diagnosis	37
Total Annual Patient Days	3551

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

Harlow, Beth A (DOH)

From: Nidd, Frances "Christine" <CNidd@hospicenw.org>
Sent: Tuesday, June 16, 2015 4:57 PM
To: Harlow, Beth A (DOH)
Subject: FW: DOH Hospice Survey - Attn: Jean Leib OR Christine Nidd
Attachments: CON county data.pdf

R E C E I V E D

Here you go! Let me know if you need anything else.

JUN 16 2015

From: Jule, Toccara
Sent: Monday, June 15, 2015 3:09 PM
To: Nidd, Frances "Christine"; Leib, Jean
Subject: FW: DOH Hospice Survey - Attn: Jean Leib OR Christine Nidd

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Monday, June 15, 2015 3:04 PM
To: Hospice Info
Subject: DOH Hospice Survey - Attn: Jean Leib OR Christine Nidd

Good afternoon,

Thank you for your timely response to the Certificate of Need Hospice Agency Survey on behalf of Hospice of the Northwest. Upon reviewing your data, we noted that the following information was omitted from your response:

- Page 2 – on which you indicate all counties you are authorized to serve

If you have authorization to provide service in an area for which you had zero patients, please indicate that in writing.

This data is **required** for us to accurately project service need for the state. I have attached a PDF of the survey.

Please respond by end of business on June 30th. The survey can be sent as a PDF via email, or by fax to (360) 236-2321.

Please let me know if I can answer any questions or provide any further information.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need Web site at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island		✓	Dec 11/89
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan		✓	Dec 11/89
Skagit		✓	Dec 11/89
Skamania			
Snohomish		✓	Dec 11/89
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

RECEIVED
MAY 13 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Hospice of Spokane

Address: 121 S. Arthur St / PO Box 2215

City: Spokane State: WA Zip: 99210

Person completing survey, include title (if any): April Hansen, RN, Performance Improvement Dir.

Phone # 509-456-0438

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: CEO

Date: 5-8-15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry		✓	1996
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille		✓	1996
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane		✓	1982
Stevens		✓	1996
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Hospice of Spokane

Please provide the following information *for each county served, separately*

County 1: Spokane

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	237
Total # of patients admitted under aged 65 with non-cancer diagnosis	89
Total # of patients admitted aged 65 and older with cancer diagnosis	544
Total # of patients admitted aged 65 and older with non-cancer diagnosis	955
Total Annual Patient Days	89167

County 2: Stevens

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	14
Total # of patients admitted under aged 65 with non-cancer diagnosis	4
Total # of patients admitted aged 65 and older with cancer diagnosis	58
Total # of patients admitted aged 65 and older with non-cancer diagnosis	63
Total Annual Patient Days	8330

County 3: Ferry

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	3
Total # of patients admitted under aged 65 with non-cancer diagnosis	3
Total # of patients admitted aged 65 and older with cancer diagnosis	9
Total # of patients admitted aged 65 and older with non-cancer diagnosis	8
Total Annual Patient Days	1223



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Hospice of Spokane

County: Pend Oreille

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	5
Total # of patients admitted under aged 65 with non-cancer diagnosis	3
Total # of patients admitted aged 65 and older with cancer diagnosis	18
Total # of patients admitted aged 65 and older with non-cancer diagnosis	18
Total Annual Patient Days	2444

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**

Include Hospice Data for Calendar Year 2014 Only

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

There are many ways you can provide your information:

- You can mail this completed survey using the enclosed, self-addressed envelope.
- You can e-mail it to the Certificate of Need Program at fslcon@doh.wa.gov
- You can fax it to the Certificate of Need Program at (360) 236-2321
- You can send it to one of the following addresses.

Mailing Address:

Department of Health
Certificate of Need Program
Hospice Survey
P O Box 47852
Olympia, WA 98504-7852

Physical Address:

Department of Health
Certificate of Need Program
Hospice Survey
111 Israel Road SE
Tumwater, WA 98501

Thank you for your cooperation



CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

MAY 20 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Hospice of Whidbey General HospitalAddress: 101 N Main StreetCity: Coupeville State: WA Zip: 98239Person completing survey, include title (if any): Diane Fiumara, Hospice ManagerPhone # 360-914-5635Previous names for this agency (if any): n/a

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Diane FiumaraTitle: Hospice ManagerDate: 5/4/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Hospice of Whidbey General Hospital
Please provide the following information for each county served, separately

County 1: Island

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	2
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	16
Total # of patients admitted aged 65 and older with non-cancer diagnosis	19
Total Annual Patient Days	72

County 2: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

RECEIVED

JUN 15 2015



Home Health Care & Hospice
of Whidbey General Hospital

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Date/Time: 6/15/15

FACSIMILE TRANSMISSION COVER SHEET

TO: Beth Harlow

FROM: Diane Fiumara, RN

PHONE: _____

PHONE: 360-914-5635

FAX: 360-236-2321

FAX: 360-678-1013

MESSAGE: My apologies for not including page 2.
We are only licensed/certified for Island
County - I have completed page 2

RESPONSE NEEDED YES NO ASAP

TOTAL PAGES (INCLUDING FACE SHEET) 3

CONFIDENTIAL

The information contained in this facsimile, and accompanying information, is privileged and/or confidential information intended only for the use of the individual or entity named above. If the reader of this page is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication or the information contained in this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender above by telephone. Thank you.



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency Identification

Name of Agency: Hospice of Whidbey General Hospital

Address: 101 N Main Street

City: Coupeville State: WA Zip: 98231

Person completing survey, include title (if any): Diane Fiumara, Manager

Phone # 360-914-5636

Previous names for this agency (if any): n/a

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Diane Fiumara

Title: Hospice Manager

Date: 6/15/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island		X	6-12-2014
Jefferson			
King			
Kitsap			
Kititas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUN 24 2015

Agency Identification

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Name of Agency: Hospice Southwest; Ray Hickey Hospice House

Address: PO Box 1600

City: Vancouver State: WA Zip: 98668

Person completing survey, include title (if any): Susan Curry, RN

Phone # 360-696-5100

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: scurry@peacehealth.org Digitally signed by scurry@peacehealth.org
DN: cn=scurry@peacehealth.org
Date: 2015.06.22 12:24:32 -07'00'

Title: RN Manager

Date: 6/22/2015



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark	✓	501501	
Columbia			
Cowlitz	✓	501501	
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania	✓	501501	
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Hospice Southwest and Ray Hickey Hospice House

Please provide the following information *for each county served, separately*

County 1: Clark

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	151
Total # of patients admitted under aged 65 with non-cancer diagnosis	87
Total # of patients admitted aged 65 and older with cancer diagnosis	342
Total # of patients admitted aged 65 and older with non-cancer diagnosis	796
Total Annual Patient Days	73028

County 2: Cowlitz

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	3
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	9
Total # of patients admitted aged 65 and older with non-cancer diagnosis	12
Total Annual Patient Days	1031

County 3: Skamania

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	0
Total Annual Patient Days	0



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**

Include Hospice Data for Calendar Year 2014 Only

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

There are many ways you can provide your information:

- You can mail this completed survey using the enclosed, self-addressed envelope.
- You can e-mail it to the Certificate of Need Program at fslcon@doh.wa.gov
- You can fax it to the Certificate of Need Program at (360) 236-2321
- You can send it to one of the following addresses.

Mailing Address:

Department of Health
Certificate of Need Program
Hospice Survey
P O Box 47852
Olympia, WA 98504-7852

Physical Address:

Department of Health
Certificate of Need Program
Hospice Survey
111 Israel Road SE
Tumwater, WA 98501

Thank you for your cooperation



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: _____

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

JUN 04 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Kaiser Continuing Care Services - Hospice

Address: 2701 NW. Vaughn Suite #140

City: Portland

State: OR

Zip: ~~97205~~ 97210

Person completing survey, include title (if any): Susan Mulligan
Hospice & Palliative Care Program Director

Phone # 503-449-5236

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Susan M. Mulligan

Title: Hospice Palliative Care
Program Director

Date: 5/28/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Kaiser Continuing Care Services - Aspire
Please provide the following information for each county served, separately

County 1: Clark

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	34
Total # of patients admitted under aged 65 with non-cancer diagnosis	10
Total # of patients admitted aged 65 and older with cancer diagnosis	122
Total # of patients admitted aged 65 and older with non-cancer diagnosis	270
Total Annual Patient Days	19,279

County 2: Cowlitz

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	2
Total # of patients admitted aged 65 and older with non-cancer diagnosis	7
Total Annual Patient Days	202

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUN 09 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Kittitas Valley Home Health and Hospice

Address: 401 E. Mountain View Ave Suite 3

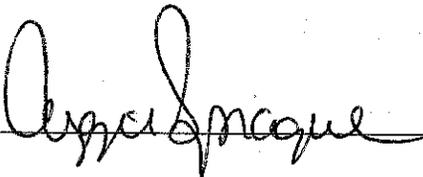
City: Ellensburg State: WA Zip: 98926

Person completing survey, include title (if any): Wendy K. Smith Director Home Health/Hospice

Phone # 509-962-7438

Previous names for this agency (if any): N/A

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Transitional Care Manager

Date: 6/5/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Kittitas Valley Home Health and Hospice
Please provide the following information *for each county served, separately*

County 1: Kittitas

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	8
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	34
Total # of patients admitted aged 65 and older with non-cancer diagnosis	53
Total Annual Patient Days	7819 days 82 average

County 2: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: _____

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

JUL 08 2015

Check all service areas that apply:

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas	✓	✓	
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			

Harlow, Beth A (DOH)

From: Wendy Smith <wsmith@kvhealthcare.org>
Sent: Wednesday, July 08, 2015 3:16 PM
To: Harlow, Beth A (DOH)
Subject: RE: Certificate of Need Hospice Survey

Beth,

Do you need me to complete it in its entirety or just page 2?

Wendy

From: Harlow, Beth A (DOH) [mailto:Beth.Harlow@DOH.WA.GOV]
Sent: Wednesday, July 08, 2015 2:57 PM
To: Wendy Smith
Subject: Certificate of Need Hospice Survey

Good afternoon – it was a pleasure speaking with you today Wendy, thank you for returning my call!

I've attached our annual hospice survey. All we need to complete the Kittitas Valley Home Health and Hospice response is page 2.

This page can be returned as a PDF via return email, or faxed to 360-236-2321.

Please let me know if I can provide any further information or answer any questions.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need website at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."

Harlow, Beth A (DOH)

From: Wendy Smith <wsmith@kvhealthcare.org>
Sent: Wednesday, July 08, 2015 3:22 PM
To: Harlow, Beth A (DOH)
Subject: FW:
Attachments: doc04200020150708141838.pdf

Wendy Smith RN,BSN
Director Home Health and Hospice
401 E. Mountain View Avenue Suite 3
Ellensburg, WA 98926
509-962-7438

-----Original Message-----

From: HC_MFP@kvhealthcare.org [mailto:HC_MFP@kvhealthcare.org]
Sent: Wednesday, July 08, 2015 3:19 PM
To: Wendy Smith
Subject:

TASKalfa 3501i
[00:c0:ee:b1:21:2d]



State of Washington
Department of Health

RECEIVED
MAY 12 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

TO: Washington State Hospice Agencies

FROM: Washington State Department of Health
Certificate of Need Program

RE: Hospice Use Survey for Calendar Year 2014

The Certificate of Need program is conducting its annual survey of hospice agencies operating in Washington State. The survey asks for the data about care provided in calendar year 2014. I'm asking for your help by returning the completed survey by **May 31, 2015**.

The data you provide will be used in the 2015-2016 hospice need methodology that projects future need for hospice services throughout Washington. Because the projections are specific to each county, please complete one table for each county you serve.

Thank you in advance for taking the time to complete this survey. If you have any questions regarding the survey or would like an electronic version of it, please call Sandi Green at (360) 236-2971 or the Certificate of Need office general number at (360) 236-2955.

Sincerely,

Janis Sigman, Manager
Certificate of Need Program
Community Health Systems

Attachment



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D
MAY 12 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Klickitat Valley Health Home Health & Hospice

Address: 310 S. Roosevelt

City: Goldendale State: WA Zip: 98620

Person completing survey, include title (if any): Tina Ervin
Administrative Assistant

Phone # (509) 773-0380

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: [Signature]

Title: Director of Home Health + Hospice Date: 05-06-15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

RECEIVED
MAY 12 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency: _____

Please provide the following information *for each county served, separately*

County 1: Klickitat County

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	4
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	13
Total # of patients admitted aged 65 and older with non-cancer diagnosis	12
Total Annual Patient Days	785

County 2: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: _____

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

Harlow, Beth A (DOH)

From: Kitt Tallman <ktallman@kvhealth.net>
Sent: Tuesday, June 16, 2015 1:25 PM
To: Harlow, Beth A (DOH)
Subject: Survey

R E C E I V E D

JUN 16 2015

Follow Up Flag: Follow up
Flag Status: Flagged

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

KVH Hospice is authorized to see patients in Klickitat County Washington.

PRIVACY NOTICE: The information contained in this message and any attachment is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you have received this message in error, you are prohibited from copying, distributing, and/or using the information. Please contact the sender immediately by return e-mail and delete the original message and any attachments.

Thank You.



CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

JUL 17 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Kline Galland Hospice

Address: 5950 6th Ave S. Suite 100

City: Seattle State: WA Zip: 98108

Person completing survey, include title (if any): Pam Swarborn, Director

Phone # 206 805.1930

Previous names for this agency (if any): /

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Director

Date: 7/10/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King		✓	
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Kline Galland Hospice

Please provide the following information *for each county served, separately*

County 1: King

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	14
Total # of patients admitted under aged 65 with non-cancer diagnosis	6
Total # of patients admitted aged 65 and older with cancer diagnosis	100
Total # of patients admitted aged 65 and older with non-cancer diagnosis	2360
Total Annual Patient Days	11875

County 2: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUL 08 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Memorial Home Care Services

Address: 302 S. 10th Ave

City: Yakima State: WA Zip: 98902

Person completing survey, include title (if any): Amber Hahn-Keenan, Finance Manager

Phone # 509-574-3611

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Amber Hahn-Keenan

Title: Finance Manager

Date: 6/8/2015



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: _____
Please provide the following information for each county served, separately

County 1: Yakima

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	54
Total # of patients admitted under aged 65 with non-cancer diagnosis	56
Total # of patients admitted aged 65 and older with cancer diagnosis	147
Total # of patients admitted aged 65 and older with non-cancer diagnosis	369
Total Annual Patient Days	24,576

County 2: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: _____

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

Attn: Beth H



Mailed 4/8/2015
fax 6/9/2015

State of Washington
Department of Health

TO: Washington State Hospice Agencies
FROM: Washington State Department of Health
Certificate of Need Program
RE: Hospice Use Survey for Calendar Year 2014

The Certificate of Need program is conducting its annual survey of hospice agencies operating in Washington State. The survey asks for the data about care provided in calendar year 2014. I'm asking for your help by returning the completed survey by **May 31, 2015**.

The data you provide will be used in the 2015-2016 hospice need methodology that projects future need for hospice services throughout Washington. Because the projections are specific to each county, please complete one table for each county you serve.

Thank you in advance for taking the time to complete this survey. If you have any questions regarding the survey or would like an electronic version of it, please call Sandi Green at (360) 236-2971 or the Certificate of Need office general number at (360) 236-2955.

Sincerely,

Janis Sigman, Manager
Certificate of Need Program
Community Health Systems

Attachment

Harlow, Beth A (DOH)

From: HahnKeenan, Amber <amberhahnkeenan@yvmh.org>
Sent: Wednesday, July 08, 2015 3:29 PM
To: Harlow, Beth A (DOH)
Subject: RE: Certificate of Hospice Survey

Beth,

Thank you for following up. We only service Yakima County and we are Medicare and Medicaid Approved.

Is this sufficient for your needs?

Amber

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Wednesday, July 08, 2015 3:24 PM
To: HahnKeenan, Amber
Subject: Certificate of Hospice Survey

Good afternoon Amber,

Thank you again for taking the time to speak with me today. Attached is the full survey – thank you for submitting all of the patient data for Memorial Home Care Services. I have attached the complete 2014 survey – please complete page 2 and return, OR you may respond by email with a statement indicating which counties were served.

Please let me know if I can answer any questions or provide any further information.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need website at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."



State of Washington
Department of Health

RECEIVED

JUL 14 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

TO: Washington State Hospice Agencies

FROM: Washington State Department of Health
Certificate of Need Program

RE: Hospice Use Survey for Calendar Year 2014

The Certificate of Need program is conducting its annual survey of hospice agencies operating in Washington State. The survey asks for the data about care provided in calendar year 2014. I'm asking for your help by returning the completed survey by **May 31, 2015**.

The data you provide will be used in the 2015-2016 hospice need methodology that projects future need for hospice services throughout Washington. Because the projections are specific to each county, please complete one table for each county you serve.

Thank you in advance for taking the time to complete this survey. If you have any questions regarding the survey or would like an electronic version of it, please call Sandi Green at (360) 236-2971 or the Certificate of Need office general number at (360) 236-2955.

Sincerely,

Janis Sigman, Manager
Certificate of Need Program
Community Health Systems

Attachment



CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

JUL 14 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Memorial Home Care Services

Address: 302 S. 10th Ave

City: Yakima State: WA Zip: 98902

Person completing survey, include title (if any): Amber Hahn-Keenan, Finance Manager

Phone # 509-574-3611

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Amber Hahn-Keenan

Title: Finance Manager

Date: 6/8/2015



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: _____
Please provide the following information *for each county served, separately*

County 1: Yakima

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	54
Total # of patients admitted under aged 65 with non-cancer diagnosis	56
Total # of patients admitted aged 65 and older with cancer diagnosis	147
Total # of patients admitted aged 65 and older with non-cancer diagnosis	369
Total Annual Patient Days	24,576

County 2: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

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JUL 20 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency Identification

Name of Agency: MultiCare Hospice

Address: 3901 S. Fife Street

City: Tacoma State: WA Zip: 98409

Person completing survey, include title (if any): Peg Isenover, Quality

Phone # 253-301-6400

Previous names for this agency (if any): MultiCare Good Samaritan Hospice

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: [Signature]

Title: Director

Date: 7/17/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King		X	
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce		X	
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**

Include Hospice Data for Calendar Year 2014 Only

Agency: Multi Care Hospice
Please provide the following information for each county served, separately

County 1: Pierce

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	104
Total # of patients admitted under aged 65 with non-cancer diagnosis	88
Total # of patients admitted aged 65 and older with cancer diagnosis	278
Total # of patients admitted aged 65 and older with non-cancer diagnosis	435
Total Annual Patient Days	41,350

County 2: King

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	13
Total # of patients admitted under aged 65 with non-cancer diagnosis	12
Total # of patients admitted aged 65 and older with cancer diagnosis	53
Total # of patients admitted aged 65 and older with non-cancer diagnosis	65
Total Annual Patient Days	4,943

County 3: N/A

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUN 30 2015

Agency Identification

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Name of Agency: Providence Hospice

Address: 6410 NE Halsey

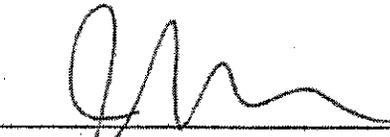
City: PORTLAND State: OR Zip: 97213

Person completing survey, include title (if any): MARIA KATIGBAK RN RN

Phone # 503 215 4640

Previous names for this agency (if any): Hospice of the Gorge

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Director

Date: 5/13/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Providence Hospice
Please provide the following information *for each county served, separately*

County 1: Klickitat

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	4
Total # of patients admitted under aged 65 with non-cancer diagnosis	2
Total # of patients admitted aged 65 and older with cancer diagnosis	9
Total # of patients admitted aged 65 and older with non-cancer diagnosis	19
Total Annual Patient Days	1145

County 2: SKAMANIA

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	2
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	4
Total # of patients admitted aged 65 and older with non-cancer diagnosis	6
Total Annual Patient Days	507

County 3: CLARK

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	1
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	1
Total # of patients admitted aged 65 and older with non-cancer diagnosis	2
Total Annual Patient Days	7



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUL 01 2015

Check all service areas that apply:

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asofin			
Benton			
Chelan			
Clallam			
Clark	✓	✓	11/8/93
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat	✓	✓	11/8/93
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania	✓	✓	11/8/93
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			

Revalidated in 2013

Revalidated in 2013

Revalidated in 2013

Harlow, Beth A (DOH)

From: Crockett, Lisa A <Lisa.Crockett@providence.org>
Sent: Wednesday, July 01, 2015 2:38 PM
To: Harlow, Beth A (DOH)
Subject: FW: DOH Hospice Use Survey 2014 - Please Respond
Attachments: [Untitled].pdf

Beth –

Attached is the completed survey that you needed. Please let me know if there's anything else I can do to help you at this time ---

Lisa

Lisa Crockett, MBA, DBA

Sr. Director, Strategy & Planning
Providence Health & Services
Ph: 360-486-6655 | Fax: 360-486-6659
Lisa.Crockett@providence.org

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**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

MAY 28 2015

CERTIFICATE OF NEED PRO
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Providence Hospice and Home Care of Snohomish County

Address: 2731 Wetmore Ave Suite 500

City: Everett

State: WA

Zip: 98201

Person completing survey, include title (if any): Lori Hermanson - Director of Hospice

Phone # 425-261-4843

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Lori Hermanson

Title: Director of Hospice

Date: 5/26/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Providence Hospice and HomeCare of Snohomish County
Please provide the following information *for each county served, separately*

County 1: Snohomish

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	177
Total # of patients admitted under aged 65 with non-cancer diagnosis	83
Total # of patients admitted aged 65 and older with cancer diagnosis	388
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1,007
Total Annual Patient Days	1,655

County 2: Island

*Camano Island
Exception to
serve*

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	4
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	9
Total # of patients admitted aged 65 and older with non-cancer diagnosis	12
Total Annual Patient Days	26

County 3: King County

Exception

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	2
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1
Total Annual Patient Days	3

Harlow, Beth A (DOH)

From: Hermansen, Lori <Lori.Hermansen@providence.org>
Sent: Tuesday, June 16, 2015 8:44 AM
To: Harlow, Beth A (DOH)
Subject: Hospice of Snohomish County
Attachments: 20150616084735643.pdf

Hi Beth here is the corrected form you needed from me please let me know if this is not what you wanted.
Thanks Lori

Lori Hermansen RN
Director of Hospice
Providence Hospice and Home Care of Snohomish County Phone 425-261-4843 Fax 425-261-4869

Lori.Hermansen@providence.org

-----Original Message-----

From: Brunner, Karla B
Sent: Tuesday, June 16, 2015 8:43 AM
To: Hermansen, Lori
Subject: FW: Message from "RNP00267383D126"

RECEIVED

JUN 16 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

-----Original Message-----

From: MPC4503@donoteply.com [<mailto:MPC4503@donoteply.com>]
Sent: Tuesday, June 16, 2015 8:48 AM
To: Brunner, Karla B
Subject: Message from "RNP00267383D126"

This E-mail was sent from "RNP00267383D126" (MP C4503).

Scan Date: 06.16.2015 08:47:35 (-0700)
Queries to: MPC4503@donoteply.com

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island		Exception 98282 only	unknown Date
Jefferson			
King		Exception 98288 only	unknown Date
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish		Yes	1983
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

JUL 15 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency: Providence Hospice and Home Care of Snohomish County
Please provide the following information for each county served, separately

County 1: Snohomish

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	177
Total # of patients admitted under aged 65 with non-cancer diagnosis	83
Total # of patients admitted aged 65 and older with cancer diagnosis	388
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1,007
Total Annual Patient Days	103059

103059

County 2: Island

Camano Island
Exception to
serve

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	4
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	9
Total # of patients admitted aged 65 and older with non-cancer diagnosis	12
Total Annual Patient Days	1068

1068

County 3: King County

Exception

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	2
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1
Total Annual Patient Days	356

356

Harlow, Beth A (DOH)

From: Hermansen, Lori <Lori.Hermansen@providence.org>
Sent: Friday, July 10, 2015 2:46 PM
To: Harlow, Beth A (DOH)
Subject: Providence Hospice of Snohomish County Corrected CON agency survey
Attachments: 201507101442.pdf

I again apologize for the error. I have attached a scan document with the corrected numbers. I have added the total patient days to the bottom of each county. Please let me know if you need anything else.

Thanks Lori

Lori Hermansen RN
Director of Hospice
Providence Hospice and Home Care of Snohomish County Phone 425-261-4843 Fax 425-261-4869

Lori.Hermansen@providence.org

-----Original Message-----

From: Hermansen, Lori [<mailto:Lori.Hermansen@providence.org>]
Sent: Friday, July 10, 2015 2:43 PM
To: Hermansen, Lori
Subject: Message from "RNP0026737D86E1"

This E-mail was sent from "RNP0026737D86E1" (Aficio MP 7502).

Scan Date: 07.10.2015 14:42:35 (-0700)
Queries to: MP7502@DoNotReply.com

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

JUN 24 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Providence Hospice of Seattle

Address: 425 Pontius Ave N. suite 300

City: Seattle State: WA Zip: 98119

Person completing survey, include title (if any): Kathleen S Belsky, Director of Hospice

Phone # 206-320-4000

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Kathleen S. Belsky

Title: Director of Hospice

Date: 6/19/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King		✓	
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish		✓	
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Providence Hospice of Seattle
Please provide the following information *for each county served, separately*

County 1: King

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	290
Total # of patients admitted under aged 65 with non-cancer diagnosis	125
Total # of patients admitted aged 65 and older with cancer diagnosis	551
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1,183
Total Annual Patient Days	179,436

County 2: Snohomish

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	-
Total # of patients admitted under aged 65 with non-cancer diagnosis	-
Total # of patients admitted aged 65 and older with cancer diagnosis	1
Total # of patients admitted aged 65 and older with non-cancer diagnosis	2
Total Annual Patient Days	274

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

JUN 02 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Providence Sound Home Care and Hospice

Address: 3432 S. Bay Rd NE

City: Olympia State: WA Zip: 98506

Person completing survey, include title (if any): Catherine Kozian, Director

Phone # 360-493-4697

Previous names for this agency (if any): Sound Home Care and Hospice

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Catherine Kozian

Title: Director of Hospice

Date: 5/22/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Providence Sound Home Care and Hospice
Please provide the following information for each county served, separately

County 1: Lewis

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	19
Total # of patients admitted under aged 65 with non-cancer diagnosis	9
Total # of patients admitted aged 65 and older with cancer diagnosis	45
Total # of patients admitted aged 65 and older with non-cancer diagnosis	66
Total Annual Patient Days	7292

County 2: Mason

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	20
Total # of patients admitted under aged 65 with non-cancer diagnosis	12
Total # of patients admitted aged 65 and older with cancer diagnosis	52
Total # of patients admitted aged 65 and older with non-cancer diagnosis	85
Total Annual Patient Days	8943

County 3: Thurston

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	77
Total # of patients admitted under aged 65 with non-cancer diagnosis	36
Total # of patients admitted aged 65 and older with cancer diagnosis	170
Total # of patients admitted aged 65 and older with non-cancer diagnosis	424
Total Annual Patient Days	51,741 51,741

Harlow, Beth A (DOH)

From: Koziar, Catherine W <Catherine.Koziar@providence.org>
Sent: Tuesday, June 16, 2015 12:42 PM
To: Harlow, Beth A (DOH); DOH HSQA CHS CON
Subject: RE: DOH Hospice Survey
Attachments: 2015 CON Hospice Agency Survey for 2014.pdf

R E C E I V E D

JUN 16 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Hi Beth,
I apologize for my oversight. The revised document is attached.
Thank you,
Catherine

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Monday, June 15, 2015 2:52 PM
To: Koziar, Catherine W
Subject: DOH Hospice Survey

Good afternoon,

Thank you for your timely response to the Certificate of Need Hospice Agency Survey on behalf of Providence Soundcare Home and Hospice. Upon reviewing your data, we noted that the following information was omitted from your response:

- Page 2 – on which you indicate all counties you are authorized to serve

If you have authorization to provide service in an area for which you had zero patients, please indicate that in writing.

This data is **required** for us to accurately project service need for the state. I have attached a PDF of the survey.

Please respond by end of business on June 30th. The survey can be sent as a PDF via email, or by fax to (360) 236-2321.

Please let me know if I can answer any questions or provide any further information.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need Web site at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."

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**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis		✓	9/12/85
Lincoln			
Mason		✓	9/12/85
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston		✓	9/12/85
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY

RECEIVED

Include Hospice Data for Calendar Year 2014 Only

JUN 03 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Tri Cities Chaplaincy

Address: 1480 Fowler St.

City: Richland

State: WA

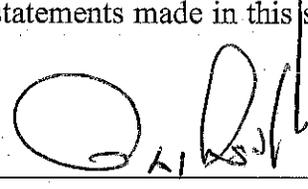
Zip: 99352

Person completing survey, include title (if any): Jill Adcock - EMR/Hospice Compliance

Phone # 509 783 7416

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Acting Executive Director

Date: 5/28/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

Agency: Tri Cities Chaplaincy

JUN 03 2015

County: Benton

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	41
Total # of patients admitted under aged 65 with non-cancer diagnosis	35
Total # of patients admitted aged 65 and older with cancer diagnosis	150
Total # of patients admitted aged 65 and older with non-cancer diagnosis	383
Total Annual Patient Days	27,920

County: Franklin

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	12
Total # of patients admitted under aged 65 with non-cancer diagnosis	7
Total # of patients admitted aged 65 and older with cancer diagnosis	29
Total # of patients admitted aged 65 and older with non-cancer diagnosis	74
Total Annual Patient Days	5319

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

Harlow, Beth A (DOH)

From: Diana Brown <DianaB@tricityschaplaincy.org>
Sent: Tuesday, June 16, 2015 1:24 PM
To: Harlow, Beth A (DOH)
Cc: Gary Castillo; Jill Adcock; Brenda Swenson; Diana Brown; Katie Kilbane; Rosemarie DeRuwe
Subject: RE: DOH Hospice Survey - Attn: Jill Adcock, EMR/Hospice Compliance
Attachments: WSDOH Hospice Use Survey - 2014.pdf

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

RECEIVED

JUN 16 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Harlow:

Please find attached to this e-mail a copy of the revised 2014 Hospice Use Survey for Tri-Cities Chaplaincy, including page 2.

If you need further information or have any questions, please let me know.

Sincerely,
Diana Brown
Executive Assistant
The Chaplaincy

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Monday, June 15, 2015 1:59 PM
To: [Info]
Subject: DOH Hospice Survey - Attn: Jill Adcock, EMR/Hospice Compliance

Good afternoon,

Thank you for your timely response to the Certificate of Need Hospice Agency Survey. Upon reviewing your data, we noted that the following information was omitted from your response:

- Page 2 – on which you indicate all counties you are authorized to serve

If you have authorization to provide service in an area for which you had zero patients, please indicate that in writing.

This data is **required** for us to accurately project service need for the state. I have attached a PDF of the survey.

Please respond by end of business on June 30th. The survey can be sent as a PDF via email, or by fax to (360) 236-2321.

Please let me know if I can answer any questions or provide any further information.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need Web site at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."

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**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency Identification

Name of Agency: Tri Cities Chaplaincy

Address: 1480 Fowler St.

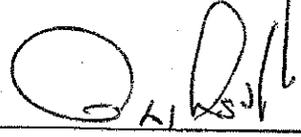
City: Richland State: WA Zip: 99352

Person completing survey, include title (if any): Jill Adenck - EMR/Hospice Compliance

Phone # 509 753 7416

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Acting Executive Director

Date: 5/28/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton		✓	
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin		✓	
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

R E C E I V E D

MAY 15 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Walla Walla Community Hospice

Address: 1067 Isaacs Ave

City: Walla Walla State: WA Zip: 99362

Person completing survey, include title (if any): Chris Pacheco

Phone # 509-525-5561

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: *Miss Hendrix, Executive Director*

Title: Executive Director

Date: 5-5-14



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Walla Walla Community Hospice
Please provide the following information *for each county served, separately*

County 1: Walla Walla

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	25
Total # of patients admitted under aged 65 with non-cancer diagnosis	13
Total # of patients admitted aged 65 and older with cancer diagnosis	99
Total # of patients admitted aged 65 and older with non-cancer diagnosis	140
Total Annual Patient Days	9644

County 2: Columbia

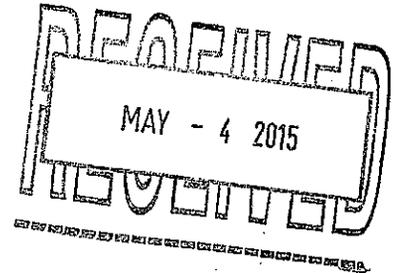
	2014
Total # of patients admitted under aged 65 with cancer diagnosis	Ø
Total # of patients admitted under aged 65 with non-cancer diagnosis	Ø
Total # of patients admitted aged 65 and older with cancer diagnosis	7
Total # of patients admitted aged 65 and older with non-cancer diagnosis	7
Total Annual Patient Days	303

County 3: Umatilla

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	8
Total # of patients admitted under aged 65 with non-cancer diagnosis	2
Total # of patients admitted aged 65 and older with cancer diagnosis	16
Total # of patients admitted aged 65 and older with non-cancer diagnosis	30
Total Annual Patient Days	1902



State of Washington
Department of Health



TO: Washington State Hospice Agencies
FROM: Washington State Department of Health
Certificate of Need Program
RE: Hospice Use Survey for Calendar Year 2014

The Certificate of Need program is conducting its annual survey of hospice agencies operating in Washington State. The survey asks for the data about care provided in calendar year 2014. I'm asking for your help by returning the completed survey by **May 31, 2015**.

The data you provide will be used in the 2015-2016 hospice need methodology that projects future need for hospice services throughout Washington. Because the projections are specific to each county, please complete one table for each county you serve.

Thank you in advance for taking the time to complete this survey. If you have any questions regarding the survey or would like an electronic version of it, please call Sandi Green at (360) 236-2971 or the Certificate of Need office general number at (360) 236-2955.

Sincerely,

Janis Sigman, Manager
Certificate of Need Program
Community Health Systems

Attachment

Harlow, Beth A (DOH)

From: Chris Pacheco <chrisp@wwhospice.org>
Sent: Thursday, June 18, 2015 9:00 AM
To: Harlow, Beth A (DOH)
Cc: Rebecca Hendricks
Subject: DOH Certificate of Need Survey
Attachments: 2015 cert of need page 2.pdf

RECEIVED

JUN 18 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Beth:

I did not realize you had emailed us a copy of the 2015 Certificate of Need Survey. Attached is page 2 of survey. Please let me know if you need anything else..

Chris Pacheco
Walla Walla Community Hospice
chrisp@wwhospice.org

CONFIDENTIALITY NOTICE:

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Visit our web site: www.wwhospice.org



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia		✓	9/16/88
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla		✓	9/16/88
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

JUL 15 2015

Agency Identification

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Name of Agency: WHATCOM HOSPICE

Address: 2800 DOUGLAS AVE

City: BELLINGHAM State: WA Zip: 98225

Person completing survey, include title (if any): VICKIE CHRISTY
HOSPICE OFFICE MANAGER

Phone # 360-733-5877

Previous names for this agency (if any): _____

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Patricia MacDonald

Title: HOSPICE MANAGER

Date: 6/15/2015



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**

Include Hospice Data for Calendar Year 2014 Only

Agency: WHATCOM HOSPICE

Please provide the following information *for each county served, separately*

County 1: WHATCOM

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	76
Total # of patients admitted under aged 65 with non-cancer diagnosis	48
Total # of patients admitted aged 65 and older with cancer diagnosis	190
Total # of patients admitted aged 65 and older with non-cancer diagnosis	547
Total Annual Patient Days	46,312

County 2: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: _____

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

Faxed From
Hospice

REFAX 7/13/15 1407

PeaceHealth
St. Joseph Medical Center

Whatcom Hospice

FAX

DATE: 6/15/15 FAX NUMBER: 360-236-2321
~~360-236-2901~~

TO: CERTIFICATE OF NEED PROGRAM

COMPANY: WA STATE DEPT OF HEALTH

FROM: PAT MACDONALD EXT: 6840

TOTAL PAGES SENT (INCLUDING COVER): 4

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Committed to Exceptional Medicine and Compassionate Care

2800 Douglas Ave.
Bellingham, WA 98225

Tel: (360) 733-5877
Fax: (360) 788-6884

06/16/2015 TUE 13:28

P500285

001

*** TX REPORT ***

JOB NO. 0859
ST. TIME 06/16 13:24
SHEETS 4
FILE NAME

TX INCOMPLETE -----
TRANSACTION OK 913602362901
ERROR -----



PeaceHealth
St. Joseph Medical Center

Whatcom Hospice

FAX

DATE: 6/15/15 FAX NUMBER: 360-236-2901
TO: CERTIFICATE OF NEED PROGRAM
COMPANY: WA STATE DEPT OF HEALTH
FROM: PAT MACDONALD EXT: 6840
TOTAL PAGES SENT (INCLUDING COVER): 4

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**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

RECEIVED

JUN 05 2015

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Yakima Regional Hospice

Address: 7 S. 10th Ave

City: Yakima State: WA Zip: 98902

Person completing survey, include title (if any): Ute Dedmore, RN
hospice manager

Phone # 509-575-5093

Previous names for this agency (if any): Ø

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Administrator

Date: 5/29/15



**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Agency: Yakima Regional Hospice

Please provide the following information *for each county served, separately*

County 1: Yakima

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	8
Total # of patients admitted under aged 65 with non-cancer diagnosis	19
Total # of patients admitted aged 65 and older with cancer diagnosis	9
Total # of patients admitted aged 65 and older with non-cancer diagnosis	66
Total Annual Patient Days	3,879

County 2: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2014
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

Harlow, Beth A (DOH)

From: Chambard, Ladonna <Ladonna.Chambard@yakimaregional.com>
Sent: Thursday, June 18, 2015 1:52 PM
To: Harlow, Beth A (DOH)
Subject: RE: [EXTERNAL] DOH Hospice Survey
Attachments: DOH hospice survey.pdf

R E C E I V E D

JUN 18 2015

Sorry, here ya go!

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

LaDonna Chambard | Administrator Home Health & Hospice | Yakima Regional Home Health & Hospice |
7 S. 10th Avenue | Yakima, WA, 98902 | Phone: 509-454-6539 | Fax: 509-575-5032
[|ladonna.chambard@yakimaregional.com](mailto:ladonna.chambard@yakimaregional.com) | YakimaRegional.com

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From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Monday, June 15, 2015 1:50 PM
To: Chambard, Ladonna
Subject: [EXTERNAL] DOH Hospice Survey

Good afternoon,

Thank you for your timely response to the Certificate of Need Hospice Agency Survey on behalf of Yakima Regional Hospice. Upon reviewing your data, we noted that the following information was omitted from your response:

- Page 2 – on which you indicate all counties you are authorized to serve

If you have authorization to provide service in an area for which you had zero patients, please indicate that in writing.

This data is **required** for us to accurately project service need for the state. I have attached a PDF of the survey.

Please respond by end of business on June 30th. The survey can be sent as a PDF via email, or by fax to (360) 236-2321.

Please let me know if I can answer any questions or provide any further information.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931

Fax: (360) 236-2321

Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need Web site at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."

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**CERTIFICATE OF NEED
HOSPICE AGENCY SURVEY**
Include Hospice Data for Calendar Year 2014 Only

Check all service areas that apply:

County	Licensed-Only	Medicare and/or Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima		X	1979