



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

September 21, 2022

Matthew Ham, Chief Operating Officer
Wenatchee Hospice, LLC, dba Advanced Hospice Northwest of Wenatchee
285 Technology Center Way, Suite 108
Wenatchee, WA 98801

Sent via email: matt@advhh.com

RE: Certificate of Need Application #22-18 – Department’s Chelan County Evaluation

Dear Mr. Ham:

We have completed review of the Certificate of Need application submitted by Stride Health Care, LLC proposing to provide Medicare and Medicaid-certified hospice services to the residents of Chelan County. Attached is a written evaluation of the application.

For the reasons stated in the attached decision, the application is consistent with the applicable criteria of the Certificate of Need Program, provided Stride Health Care, LLC agrees to the following in its entirety.

Project Description:

This Certificate of Need approves Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee to establish new Medicare and Medicaid-certified hospice services for the residents of Chelan County, Washington. The hospice services will be provided from its office located at 285 Technology Center Way, Suite 108, in Wenatchee [98801] within Chelan County. Hospice services provided to Chelan County residents include skilled nursing, physical and occupational therapies, medical social services, home health aide services, medical director services, palliative care, bereavement counseling, symptom and pain management, respite care, and spiritual counseling. Services may be provided directly or under contract.

Conditions:

1. Approval of the project description as stated above. Stride Health Care, LLC further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Stride Health Care, LLC will obtain and maintain Medicare and Medicaid certification.
3. Prior to providing Medicare and Medicaid-certified hospice services to Chelan County residents, Stride Health Care, LLC will provide an executed sublease to the Certificate of Need

Program for review. The executed sublease shall be substantially consistent with the draft sublease submitted during the review of this project.

4. Prior to providing Medicare and Medicaid-certified hospice services to Chelan County residents, Stride Health Care, LLC will provide an executed Professional Services Agreement Medical Director to the Certificate of Need Program for review. The executed agreement shall be substantially consistent with the draft agreement submitted during the review of this project.
5. Prior to providing Medicare and Medicaid-certified hospice services to Chelan County residents, Stride Health Care, LLC will provide a complete listing of its credentialed staff to the Certificate of Need Program for review. The listing shall include each staff person's name and professional license number.
6. The service area for this Medicare and Medicaid-certified hospice agency is Chelan County. Consistent with Washington Administrative Code 246-310-290(13) Stride Health Care, LLC must provide hospice services to residents of the entire county for which this Certificate of Need is granted.

Approved Costs:

There is no capital expenditure associated with this project.

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

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

Send your written response to the Certificate of Need Program at this email address:

FSLCON@doh.wa.gov.

If you have any questions or would like to arrange for a meeting to discuss our decision, please contact the Certificate of Need Program at (360) 236-2955.

Sincerely,



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

Attachment

EVALUATION DATED SEPTEMBER 21, 2022, FOR THE CERTIFICATE OF NEED APPLICATION SUBMITTED BY STRIDE HEALTHCARE, LLC DBA ADVANCED HOSPICE NORTHWEST OF WENATCHEE PROPOSING TO ESTABLISH MEDICARE AND MEDICAID-CERTIFIED HOSPICE SERVICES FOR RESIDENTS OF CHELAN COUNTY.

APPLICANT DESCRIPTION

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

Wenatchee Hospice, LLC dba Advanced Hospice Northwest of Wenatchee is a Washington State limited liability company¹ owned by Wenatchee Hospice Holdings, LLC,² which is owned by Stride Health Care, LLC. Stride Health Care, LLC's two owners each have 50% ownership.³ For this project, Stride Health Care, LLC is considered the applicant. [sources: Application, pdf 6 and March 4, 2022, screening response, pdf 10]

Stride Health Care, LLC provided the following statement about its mission and goal. [source: March 4, 2022, screening response, pdf 4]

“Stride Health Care LLC strives for excellence in outcomes and customer satisfaction in all in-home patient care. Our mission is to provide exceptional care with great outcomes for patients and their families, in both home health and hospice.

In alliance with our mission, our goal is to provide patient centered care and services needed to enable the comfortability and success for a patient to remain in their home with the best possible outcomes. In the event that a patient needs to transition into hospice care, our goal is that the patient and their family can do so seamlessly.”

Stride Health Care, LLC provided the following statement about its owners' histories. [source: March 4, 2022, screening response, pdfs 4-5]

“The two owners, Matt Ham and Elizabeth Perreault, connected instantly several years ago over their passion to help the aging population and the community in which they serve. Over time their partnership determined the best way to make a difference in patients' lives was to begin their own journey to provide the best possible in-home care. Matt has over 20 years of management experience in skilled nursing facilities and Elizabeth has over 10 years of experience in healthcare staffing. Their combined experience and passion for exceptional in-home care makes them a perfect partnership for outcome driven home health and hospice services.”

Stride Health Care, LLC owns and plans to operate through its subsidiaries, Advanced Hospice Northwest of Wenatchee. Advanced Hospice Northwest of Wenatchee is the agency Stride Health Care, LLC has proposed would provide hospice services to Chelan County residents. Stride Health Care, LLC is licensed to provide home health services⁴ to residents of Chelan and Douglas counties from an office in Wenatchee. [sources: Application, pdf 5 and Appendix 3, and Certificate of Need facility files]

¹ UBI 604 840 149

² UBI 604 839 931

³ The two individual owners are Matt Ham and Elizabeth Perreault

⁴ IHS.FS.60796898

For this evaluation, the applicant, Stride Health Care, LLC will be referenced in this evaluation as *Stride*. The agency that is the focus of this evaluation, Advanced Hospice Northwest of Wenatchee, will be referenced as *AHNW*.

PROJECT DESCRIPTION

Under the Medicare payment system, hospice care benefit consist of the following services: physician and clinical services, nursing care, medical equipment and supplies, prescription drugs, hospice aide and homemaker services, physical and occupational therapy, speech-language pathology services, social worker services, dietary counseling, grief and loss counseling, short-term inpatient care (for pain and symptom management), and short-term respite care.⁵ Hospice staff would be available 24/7 for emergencies.

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

Stride proposes to establish a new hospice agency which will provide Medicare and Medicaid-certified hospice services to the residents of Chelan County. The agency would share office space with its affiliated home health agency, located at 285 Technology Center Way, Suite 108, in Wenatchee [98801] within Chelan County. [sources: Application, pdf 7 and March 4, 2022, screening response, pdf 16]

Stride provided the following table identifying the hospice services it intends to provide in Chelan County. [source: Application, pdf 9]

Applicant’s Table

X Skilled Nursing	<input type="checkbox"/> Durable Medical Equipment
X Home Health Aide	<input type="checkbox"/> IV Services
X Physical Therapy	<input type="checkbox"/> Nutritional Counseling
X Occupational Therapy	X Bereavement Counseling
<input type="checkbox"/> Speech Therapy	X Symptom and Pain Management
<input type="checkbox"/> Respiratory Therapy	<input type="checkbox"/> Pharmacy Services
X Medical Social Services	X Respite Care
X Palliative Care	X Spiritual Counseling
<input type="checkbox"/> Other (please describe)	

Stride provided the following clarification about its assumed timeline. [source: March 4, 2022, screening response, pdf 5]

“Wenatchee Hospice LLC will take certain steps prior to CN approval that will help in meeting the timeline in Table 1 between CN approval and agency prepared for survey. Those steps include developing policies and procedures and submitting applications to both the Washington Department of Health Licensing and CMS. Policies and procedures have already been developed. The Department of Health license will be submitted approximately 4 -5 months prior to September 1 which will allow the department to work through its licensing process and be ready to issue an initial license following CN approval. The application for CMS will be submitted approximately 3 months prior to September 1 which will allow CMS to also process in time to be ready to coordinate for a certification survey prior to the end of 2022. These actions will allow for Wenatchee Hospice LLC to be in a position to get the necessary state license and begin providing services in preparation for CMS certification as soon as possible after CN approval. If CN approval is not granted, then these applications will be left to time out.

⁵ Medicare Hospice Benefits, page 8 Centers for Medicare & Medicaid Services. CMS Product No. 02154, Revised February 2022.

Wenatchee Hospice LLC will continue to work the steps in question 9 and will continue admitting and providing care to patients in preparation for CMS certification. Wenatchee Hospice LLC is planning to work with ACHC for initial certification. ACHC's timeline allows for them to generally conduct the initial certification within 30 days of being notified that the agency is ready and has provided care to the required number of patients in order to be surveyed for Medicare certification. It is expected that services will continue to be provided until the initial certification survey is complete. This should be able to be accomplished by the end of 2022."

If approved, Stride intends to begin providing Medicare and Medicaid-certified hospice services to the residents of Chelan County within four months of receiving a Certificate of Need, or by January 1, 2023. [source: Application, pdf 8] Based on the timeline identified by the applicant, full calendar year one of the project is 2023 and full calendar year three is 2025.

The applicant anticipates no capital expenditure associated with establishing the new agency. [source: Application, pdf 25]

APPLICABILITY OF CERTIFICATE OF NEED LAW

This application proposes to establish Medicare and Medicaid-certified hospice services for the residents of Chelan County. This action is subject to review as the construction, development, or other establishment of new health care facility under Revised Code of Washington (RCW) 70.38.105(4)(a) and Washington Administrative Code (WAC) 246-310-020(1)(a).

EVALUATION CRITERIA

WAC 246-310-200(1)(a)-(d) identifies the four determinations that the department must make for each application. WAC 246-310-200(2) provides additional direction in how the department is to make its determinations. WAC 246-310-290 contains service or facility-specific criteria for hospice projects and must be used to make the required determinations.

To obtain Certificate of Need approval, an applicant must demonstrate compliance with the applicable criteria found in WAC 246-310-210 (need); 246-310-220 (financial feasibility); 246-310-230 (structure and process of care); 246-310-240 (cost containment); and WAC 246-310-290 (hospice standards and forecasting method).

TYPE OF REVIEW

As directed under WAC 246-310-290(3) the department accepted this application under the 2021 annual hospice agency concurrent review timeline for Chelan County. Since this was the only hospice application proposing to provide services to the residents of Chelan County, it is deemed not to be competing, and was converted to the regular review process, as allowed by WAC 246-310-290(6). Regular review timelines are outlined in WAC 246-310-090. Following is a chronological summary of the 2021 annual review for this Chelan County project.

PIVOTAL UNRESOLVED ISSUE PROCESS

During the review of this project, it was apparent that specific financial information was omitted from the application materials that was pivotal to the decision. The department had two options at this point in the review: denial of the proposed project; or declare a pivotal unresolved issue (PUI) and obtain the

additional information. The prudent and responsible decision of declaring a PUI on this project is the process used. Further the PUI process is allowed for projects reviewed under a regular review timeline.

On August 18, 2020, the department notified Stride that additional information is required before proceeding with the evaluation. And that additional information could only be obtained through the PUI process consistent with Washington Administrative Code (WAC) 246-310-090(1)(a)(iii).

On August 25, 2022, Stride provided updated pro forma balance sheets consistent with the PUI request. The PUI process allows for both public comment and rebuttal comment that focuses on the PUI information. During this PUI review, the department received a letter from Tracey Kasnic, MBA, BSN, RN, CENP, Chief Nursing Officer/Administrator of Confluence Health stating that Confluence had no comments related to the PUI materials, but to see previous comment submitted related to the proposed project. No rebuttal comment was received.

APPLICATION CHRONOLOGY

Action	Stride Health Care, LLC
Letter of Intent Received	November 29, 2021
Application Received	December 29, 2021
Department's pre-review activities <ul style="list-style-type: none"> • DOH 1st Screening Letter Emailed • Applicant's Responses Received 	January 31, 2022 March 4, 2022
Department's pre-review activities <ul style="list-style-type: none"> • DOH 2nd Screening Letter Emailed • Applicant's Responses Received 	March 25, 2022 May 9, 2022
Beginning of Review	May 17, 2022
Public Hearing	None requested or conducted
Public Comments accepted through the end of public comment	June 21, 2022
Rebuttal Comments Deadline	July 6, 2022
Pivotal Unresolved Issue Declared	August 23, 2022
PUI Documents Deadline	August 26, 2022
PUI Documents Request Deadline for the Public	August 26, 2022
PUI Documents Public Comment Deadline	September 7, 2022
PUI Documents Rebuttal Deadline	September 16, 2022
Department's Anticipated Decision	September 23, 2022
Department's Actual Decision	September 21, 2022

AFFECTED PERSONS

Affected persons are defined under WAC 246-310-010(2). In order to qualify as an affected person someone must first qualify as an *interested person* defined under WAC 246-310-010(34). During the course of the review of this application five entities requested interested person status.

Megan Collyer, MSW, Director Home Care Services, Confluence Health and

Tracey Kasnic, MBA, BSN, RN, CENP, Chief Nursing Officer/Administrator, Confluence Health

Confluence Health is licensed as an in-home services provider with service areas of Chelan and Douglas counties for a variety of home health and hospice services.⁶ Additionally, Confluence Health's most recent Certificate of Need annual hospice utilization survey shows hospice volumes from Chelan County residents. On February 28, 2022, Confluence Health submitted its request for interested person status.

On June 21, 2022, a representative of Confluence Health submitted written information as public comment and requested in writing to be informed of the department's decision. Therefore, Confluence Health qualifies as an affected person.

Frank Fox, PhD, HealthTrends

HealthTrends is a consultant for multiple providers of healthcare services throughout the state and region. On March 4, 2022, HealthTrends submitted its request to be added to the distribution list for this project representing Confluence Health. HealthTrends did not provide written evidence on this application, therefore does not qualify as an affected person.

Lori Aoyama, Health Facilities Planning & Development

Health Facilities Planning & Development is a consultant for multiple providers of healthcare services throughout the state and region. On January 17, 2021, Health Facilities Planning & Development submitted its request for interested person status. Health Facilities Planning & Development did not provide written evidence nor request in writing to be informed of the department's decision, and therefore does not qualify as an affected person.

Nancy Field, Principal, Field Associates

Field Associates is a consultant for multiple providers of healthcare services throughout the state and region. On February 25, 2022, Field Associates submitted its request to be added to distribution lists for all Medicare hospice Certificate of Need applications. Field Associates did not provide written evidence and therefore does not qualify as an affected person.

In summary, one entity, Confluence Health, which includes the in-home service agency known as *Central Washington Hospital Home Care Services* qualifies as an affected person for this review.

SOURCE INFORMATION REVIEWED

- Stride's application received on December 29, 2021
- Stride's first screening responses received on March 4, 2022
- Stride's second screening responses received on May 9, 2022
- Stride's PUI information received on August 25, 2022
- Public comment received on and by June 21, 2022
- Rebuttal comment received on and by July 6, 2022
- Licensing and/or survey data provided by the Department of Health's Office of Health Systems Oversight
- Department of Health Integrated Licensing and Regulatory System database [ILRS]

⁶ According to the department's Integrated Licensing and Regulatory System database, license #IHS.FS.00000250

- Licensing data provided by the Medical Quality Assurance Commission, Nursing Quality Assurance Commission, and Health Systems Quality Assurance Office of Customer Service
- CMS QCOR Compliance website: https://qcor.cms.gov/index_new.jsp
- Washington State Secretary of State corporation data

CONCLUSION

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

For the reasons stated in this evaluation, the application submitted by Stride Health Care, LLC proposing to establish new Medicare and Medicaid-certified hospice services for the residents of Chelan County, is consistent with applicable criteria of the Certificate of Need Program, provided Stride Health Care, LLC agrees to the following in its entirety.

Project Description:

This Certificate of Need approves Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee to establish new Medicare and Medicaid-certified hospice services for the residents of Chelan County, Washington. The hospice services will be provided from its office located at 285 Technology Center Way, Suite 108, in Wenatchee [98801] within Chelan County. Hospice services provided to Chelan County residents include skilled nursing, physical and occupational therapies, medical social services, home health aide services, medical director services, palliative care, bereavement counseling, symptom and pain management, respite care, and spiritual counseling. Services may be provided directly or under contract.

Conditions:

1. Approval of the project description as stated above. Stride Health Care, LLC further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Stride Health Care, LLC will obtain and maintain Medicare and Medicaid certification.
3. Prior to providing Medicare and Medicaid-certified hospice services to Chelan County residents, Stride Health Care, LLC will provide an executed sublease to the Certificate of Need Program for review. The executed sublease shall be substantially consistent with the draft sublease submitted during the review of this project.
4. Prior to providing Medicare and Medicaid-certified hospice services to Chelan County residents, Stride Health Care, LLC will provide an executed Professional Services Agreement Medical Director to the Certificate of Need Program for review. The executed agreement shall be substantially consistent with the draft agreement submitted during the review of this project.
5. Prior to providing Medicare and Medicaid-certified hospice services to Chelan County residents, Stride Health Care, LLC will provide a complete listing of its credentialed staff to the Certificate of Need Program for review. The listing shall include each staff person's name and professional license number.

6. The service area for this Medicare and Medicaid-certified hospice agency is Chelan County. Consistent with Washington Administrative Code 246-310-290(13) Stride Health Care, LLC must provide hospice services to residents of the entire county for which this Certificate of Need is granted.

Approved Costs:

There is no capital expenditure associated with this project.

CRITERIA DETERMINATIONS

A. Need (WAC 246-310-210) and Hospice Services Standards and Need Forecasting Methodology (WAC 246-310-290)

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that the Stride Health Care, LLC project **meets** the applicable need criteria in WAC 246-310-210 and WAC 246-310-290(8).

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

WAC 246-310-290(8)-Hospice Agency Numeric Methodology

The numeric need methodology outlined in WAC 246-310-290(8) uses hospice admission statistics, death statistics, and county-level population projections to predict where hospice services will be needed in Washington State. If a planning area shows an average daily census of 35 unserved hospice patients three years after the application submission year, there is numeric need and the planning area is “open” for applications. The department published the step-by-step methodology in November 2021; and it is attached to this evaluation as Appendix A. Following is the discussion and evaluation of this applicant’s numeric need methodology outlined in WAC 246-310-290(8).

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

Stride provided a copy of the department’s methodology as Appendix 5 and the following statement related to this sub-criterion. [source: Application, pdfs 21-22]

“Although the state methodology does not show a numeric need, this application and supporting documentation will show applicability under WAC 246-310-290(12) in that:

- 1. All applicable review criteria and standards with the exception of numeric need will been met;*
- 2. Advanced Hospice does commit to serve Medicare and Medicaid patients; and*
- 3. There is a specific population that is underserved. See questions 3, 4, and 6 above along with all the supporting documentation referenced therein. In particular, the Hispanic population comprises 28.55% of the total population of Chelan County. Medicare billing data shows no Hispanic Hospice utilization in Chelan County and Dual Eligible data also shows underutilization as compared to national averages. This population is not accessing hospice services and is by definition underserved. There is no cultural programming to ensure this population has access to hospice services. Hispanic cultural programming combined with outreach to both the Hispanic population as well as the additional identified underserved populations will be the focus of this project.”*

Public Comment

The department received comments both in support and opposition of Stride’s application related to this sub-criterion.

Joel Stephens, Executive Director, Advanced Home Health NW Wenatchee – Support

“As the Executive Director for Advance Home Health, I would like to bring to your attention a situation that occurs much too often with our local hospice, Central Washington Home Health, and Hospice. We have a patient who, late last week, was told that it would be two weeks before he/she would be admitted to hospice care.

This inability to admit patients to hospice in a timely manner is very disturbing. Central Washington has an obligation to admit patients timely.

It is not uncommon for individuals to reach out to hospice within only weeks of their death. It is possible that this patient will die before receiving hospice services.

Access to care is a core value of Advanced Home Health and I believe it is my responsibility to advocate for a patient in need of hospice services.

I have been in the hospice industry for over 20 years and believe that every community has the right to have enough providers to provide adequate end-of-life care for its citizens.

For this reason, I'm requesting that Advanced Hospice be granted its Certification of Need to provide hospice services in Chelan County.

I have attached the communication from this patient's medical provider stating that this patient would not be admitted to hospice for two weeks. All patient identifying information was removed.

We know this happens to us often, we hear from others that it happens to them, and we just want to have another provider to help ensure all those who need hospice services, can access hospice services.”

Confluence Health, Central Washington Hospital & Clinics – Oppose [source: comment pdfs 5-6]

“1. The Department’s hospice numeric need methodology does not demonstrate need for Advanced Hospice’s request.

...

Chelan County is the relevant planning area for Advanced Hospice’s application. In the Department’s 2021-2022 Hospice Numeric Need Methodology publication, it did not forecast sufficient unmet need to warrant need for an additional hospice agency in Chelan County. An abbreviated summary of the Department’s forecast of hospice utilization and need in Chelan County is provided below in Table 1.

Table 1: Chelan County Forecasted Hospice Utilization and Need, 2023		
Chelan County Need Forecast	Row	2023 Target Year
Projected Patients		
Ages 0 to 64	1	42
Ages 65+	2	460
All ages ([1]+[2])	3	502
Supply (2018-2020 Chelan Avg. Admissions)	4	428.67
Unmet Admissions ([3]-[4])	5	73
ALOS (WA Avg.)	6	62.12
Unmet Patient Days ([5]*[6])	7	4,542
Unmet ADC ([7]/365)	8	12
Number of New Agencies Needed? (1 new agency needed per 35 Unmet ADC)	9	FALSE (No new agencies needed)

Sources: DOH 2021-2022 Hospice Need Methodology Publication

Notes: Patient days based on Washington State ALOS average of 62.12. ADC calculated by dividing patient days by 365. Numbers presented in table reflect rounding for presentation purposes.

As presented in Table 1 and the Department need publication posted in November 2021, the need methodology shows inadequate need in Chelan County to approve an additional hospice provider. In fact, the unmet ADC (‘Average Daily Census’) figure of 12 in Table 1 is only 35% of the threshold ADC of 35 that the Department uses to establish numeric need. Advanced Hospice’s application is not supported by the Department’s need methodology in WAC 246-310-290, and for reasons further described below, it has not demonstrated its proposed project should be approved under WAC 246-310-290(12).”

Rebuttal Comment of Stride Health Care, LLC [source: July 6, 2022, rebuttal, pdf 2]

“Although the department’s hospice numeric need methodology outlined in WAC 246-310-290(8) does not demonstrate a need of 35 average daily census, Advanced Hospice has demonstrated it should be approved under WAC 246-310-290(12), specifically in regard to underserved population cohorts within the county. See CN22-18 Application responses to Section A, Questions 3, 4, and 6.”

Rebuttal Comment of Confluence Health, Central Washington Hospital & Clinics – Oppose [source: July 6, 2022, rebuttal, pdfs 2-3]

“1. Central Washington Hospital Homecare Services (‘CWHHS’) regularly admits patients within 48 hours of referral and has high quality scores.

Joel Stephens, the executive director of an affiliate (Advanced Home Health) of the applicant (Advanced Hospice), submitted a public comment critical of CWHHS, stating that CWHHS’ ‘...inability to admit patients to hospice in a timely manner is very disturbing. Central Washington has an obligation to admit patients timely.’ Mr. Stephens’ comment is not supported by either internal CWHHS data or publicly available quality data.

According to CWHHS' internal tracking as part of its quality assurance process improvement ('QAPI') program, hospice admissions have occurred within 48 hours of referral 85.3% of the time for year-to-date 2022. This is above CWHHS' QAPI goal to have hospice admissions occur within 48 hours of referral 84% of the time.

With respect to publicly available data, CWHHS' quality compare scores available on Medicare's website show it exceeds the Washington State average in all sixteen of the quality measures the Department uses for evaluating hospice agencies' for WAC 246-310-290(11). This includes eight measures regarding family caregiver experience and eight quality of patient care measures. With respect to family caregiver experience, CWHHS is above the Washington State average in all eight measures. In particular, CWHHS scores 81% for 'Getting timely help' compared to the Washington State average of 75%, and the national average of 78%, which counters Advanced Hospice's suggestion there are timely access issues. For quality of patient care, CWHHS is above the Washington State average in all seven measures that make up the Hospice Item Set (HIS) Comprehensive Assessment Measure and is above the Washington State average for the composite process measure.

Mr. Stephens' critical assessment of CWHHS is unsubstantiated. A review of available internal and public data not only refutes Mr. Stephens' criticism but shows that CWHHS provides high quality and timely care to the community."

Rebuttal Comment of Stride Health Care, LLC [source: July 6, 2022, rebuttal, pdfs 11-12]

"The CMS quality measure of 'Getting timely help' noted by Confluence Health, is further explained on the CMS quality website referenced by Confluence Health. The explanation for the measure for getting timely help is described as 'The hospice team always gave patients and families help when they needed it'. From the patient and family perspective, and the feedback they give, this measure relates to how timely the hospice provider gave them help when they needed it after they have already been admitted to hospice services. The patient or family would not be considering how quickly the hospice agency admitted them."

Department's Evaluation of Numeric Methodology

The 2021-2022 hospice numeric need methodology was released on November 10, 2021; and followed the steps required by WAC 246-310-290(8). The methodology relies on three years of averaged historical data death, population data, existing hospice services, as well as a statewide average length of stay; and projects to year 2023. Any alternate methodologies that historically have been suggested or past public comments that suggest an alternative to the stated rules will not be included in this review.

Stride Health Care, LLC acknowledged that the numeric methodology posted to the department's website does not identify a need for another Medicare and Medicaid-certified hospice agency for Chelan County residents through projection year 2023. A summary of the results of the numeric methodology for Chelan County is shown in the following table.

**Department's Table 1
Chelan County Hospice Methodology Summary**

Step in WAC 246-310-290(8)		Resulting Calculations		
(a) Step 1: Anticipated statewide hospice use rates	(i) Aged 65 +	60.15%		
	(ii) Aged under 65	25.67%		
(b) Step 2: Three-year average of county's resident deaths by age cohort	Aged 65 +	661		
	Aged under 65	164		
(c) Step 3: Projected patients by county & age cohort, using statewide use rate by age cohort	Aged 65 +	398		
	Aged under 65	42		
		2021	2022	2023
(d) Step 4: Potential hospice volume (using a county-specific use rate) by county & age cohort	Aged 65 +	427	443	460
	Aged under 65	42	42	42
(e) Step 5: Combine the age cohorts & subtract the three-year average supply (for Chelan 428.67)	All ages	41	57	73
(f) Step 6: Unmet need patient days, using the statewide ALOS (62.12)	All ages	2,535	3,539	4,542
(g) Step 7: Unmet need ADC	All ages	7	10	12
(h) Step 8: Needed hospice agencies, using ADC of 35	All ages	0	0	0

In conclusion, the numeric methodology is a population-based assessment used to determine the projected need for hospice services in a county (planning area) for a specific projection year. Based solely on the numeric methodology applied by the department, need for additional hospice agencies to serve the residents of Chelan County is not demonstrated. **The department concludes that numeric need is not demonstrated for this project.**

Though numeric need is not met, this does not preclude the approval of this project, consistent with WAC 246-310-290(12). In the event that the applicant satisfies all other applicable review criteria, this project will be assessed under that sub-criterion, which provides for an exception to numeric need under limited circumstances. Therefore, the review for WAC 246-310-290(12) is completed at the end of this evaluation.

In addition to the numeric need, the department must determine whether other services and facilities of the type proposed are not or will not be sufficiently available and accessible to meet the planning area residents' needs.

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

Stride provided the following information related to this sub-criterion. [source: Application, pdfs 15-17]

“In a 2019 study among residents of Chelan County, 25% of those surveyed expressed access to healthcare was a significant factor that could help improve quality of life. The following factors could restrict patient access to hospice specific services in Chelan County:

1. *Lack of Hispanic programming and outreach. Of the total population in Chelan County, 28.55% is Hispanic as compared to 12.38% of the state's population. In addition, 10% of the population of Chelan County is linguistically isolated. This is much higher than WA averages of 7.6% and US averages of 8.5%. This number is important because it is made up of individuals who speak*

a language other than English at home and who do not speak English well. The inability to speak English well can create barriers such as healthcare access, provider communication and overall health literacy. Racial and ethnic minorities utilize hospice less than that of the White population. A recent study validated this even when controlling for other socioeconomic factors such as income, area population, education, and age. In Chelan County, this is also the case as there have been no claims submitted for hospice services for Hispanic beneficiaries. The current hospice provider does not offer any Spanish Language or cultural programming beyond basic translation services to reach this population. According to the most recent Washington State Department of Health Community Health Assessment, the state's population is becoming more racially and ethnically diverse. One implication identified by the state is an increased demand for linguistically and culturally appropriate health services. Specifically it reads, 'To be effective, service providers and organizations need to be reflective of the communities they serve. They also need to partner with communities to develop interventions, materials and services that are accessible and culturally appropriate.' Lack of Hispanic cultural programming and outreach in Chelan County restricts access to care among this population.

- 2. Lack of choice is a factor in access for patients. When dealing with something as challenging as death and dying, choice is extremely important for individuals to feel they have options and some control over their healthcare decisions. A negative experience, an employer/employee relationship, or many other considerations with the only provider of a particular healthcare service in a community can leave someone feeling they only have a choice of either care with the existing provider, or no care at all. This is a difficult indicator to measure but its impacts must be considered in a county of this size with only one provider. The state need methodology is most effective in assessing the needs of a larger community with multiple providers. One provider in a county this size should be considered as a significant factor in access to hospice services throughout the county.*
- 3. Speed of admissions for Chelan county is also a factor that can affect access to Hospice services for a number of populations. Speed of admissions is significantly lower in Chelan County than state averages. Only 31% of admits to Chelan County Hospice services are admitted on the day of discharge from the hospital. Nationally, 80% of hospice patients are admitted on the day of discharge from the hospital. This indicator speaks to the availability of the provider in meeting the community needs. Some simply are not able to access care timely. This has a most significant impact on patients who are on hospice for 7 days or less but can also have an impact on other patients accessing hospice services. Another hospice provider would give access to hospice services to those population groups that are limited due to choice or speed of admissions. At least three additional population cohorts will be impacted by choice and speed of admissions as outlined in the next 3 points.
 - a. Dual eligible hospice utilization data for Chelan County indicates much lower utilization than state and national averages. Dual eligible patients in Chelan County are admitted at a rate of 367 per 1000 Medicare Deaths where the national average is 474 admissions per 1000 Medicare Deaths. Choice and speed of admissions are significant barriers for this population.*
 - b. Skilled Nursing Facilities care for residents who require extensive assistance with Activities of Daily Living (ADL's) and are some of the most compromised residents in the county. Access to hospice services is an opportunity nationally and for residents of nursing facilities within Chelan county. When choice is limited or speed to admit to hospice is slow, this population cohort can be significantly impacted. In addition, limited**

awareness and understanding of services and their benefits can also be a barrier to hospice use in this setting.

c. Advanced Home Health refers Approximately 10% of Home Health patients for Hospice. Hospice referrals have at times taken over a week for admission due to capacity. Choice and speed of admissions are barriers to access of Hospice services.

- 4. Households that have no motor vehicle have a definite barrier to accessing healthcare. Chelan county reports 7% of households with no motor vehicle. Although hospice services are most often provided in the home, those with no motor vehicles are less likely to access even basic physician services, and are therefore less likely to even be aware of or have access to available home based services.*
- 5. The native population of Chelan County has expressed the need for additional services. Lack of cultural programming and outreach in Chelan County restricts access to care among this population on the Colville Reservation.*
- 6. With almost 5,000 Veterans in Chelan County, this population deserving special attention to ensure needs are met.”*

Specific to unnecessary duplication, Stride provided the following response. [source: Application, pdf 18]

“Advanced Hospice believes this project to be necessary to meet the community needs for access to hospice care. Although the current hospice provider is well respected and is well connected into the healthcare delivery system for the county, the following indicators point to the challenges of keeping up with the changing demand in the community.

- 1. County Hospice utilization has declined steadily over the past 3 years putting the county below the state average for utilization. See Exhibits 1 and 2.*
- 2. The lack of Hispanic cultural programming and outreach in the county where 28.55% of the population is Hispanic. There have been no claims for Hispanic hospice patients in Chelan County. See Exhibit 9*
- 3. Dual Eligible utilization in Chelan County is nearly 11% less than the national average. See Exhibits 5 and 6.*
- 4. Choice and speed of access are very real concerns in Chelan County. Only one provider of Hospice services operates in the county so there is no choice. Only 31% of hospital discharges to hospice are admitted on the day of discharge as compared to 80% annually. See Exhibits 3 and 4.*
- 5. Chelan County hospice data indicates average time spent with each hospice patient per day is .41 hours where national average is .52. This can be indicative of staffing challenges which can limit access to hospice services. See Exhibits 7 and 8.*

These indicators help in explaining how this project will focus on the underserved populations and unmet needs in the community. This project will improve access to those underserved without unnecessary duplication of services.”

Public Comment

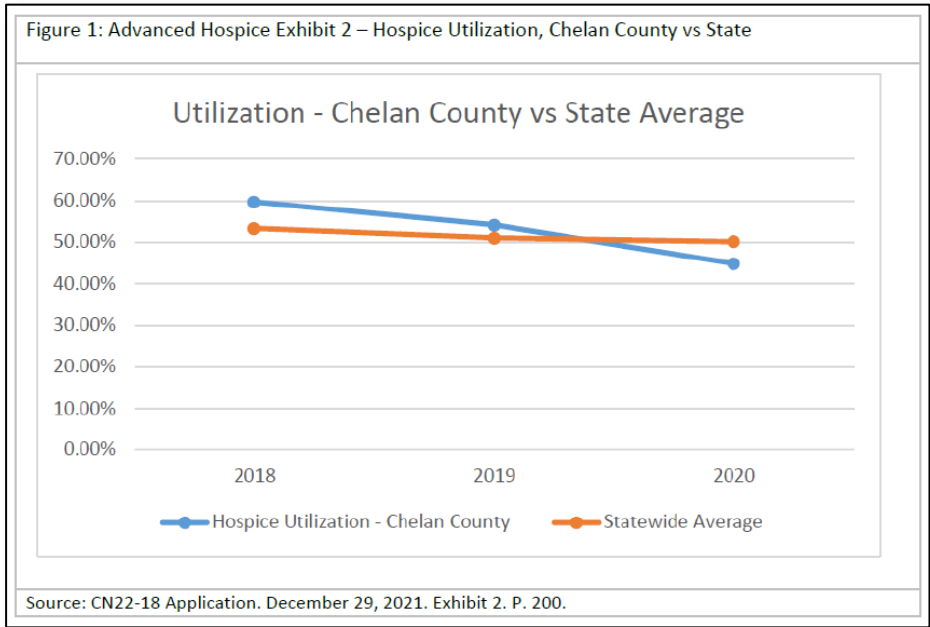
Confluence Health, Central Washington Hospital & Clinics – Oppose [source: comment pdfs 6-14]

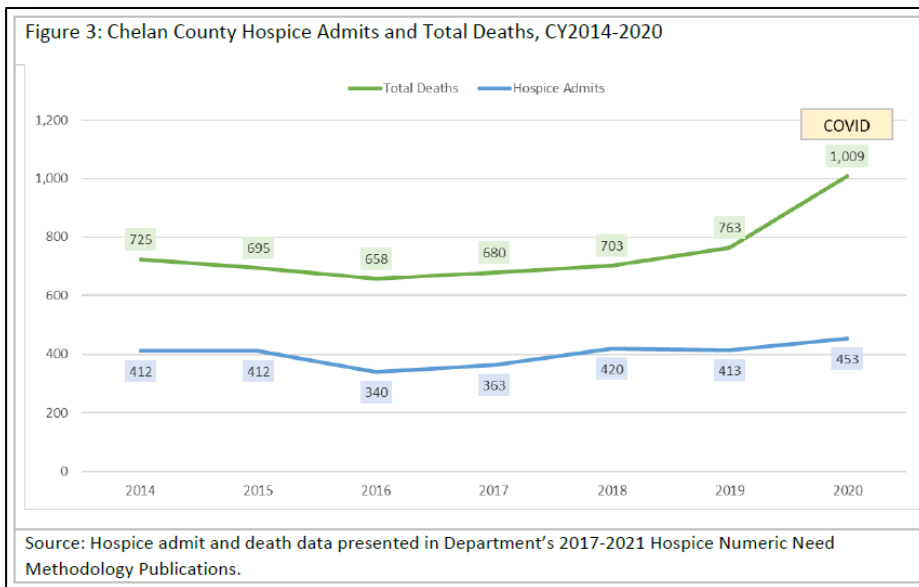
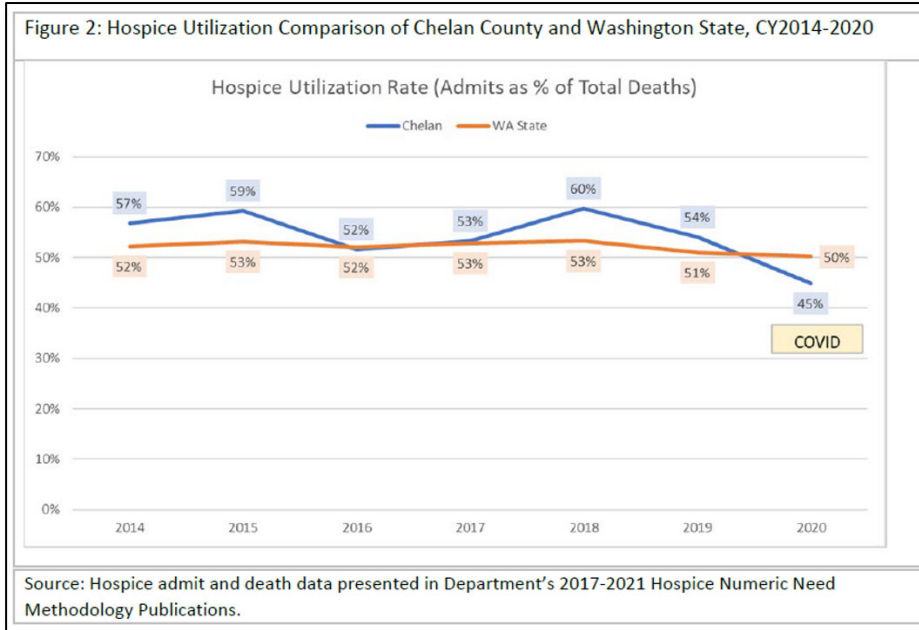
“2. There is no discernable decrease in Chelan County hospice utilization rate when recognizing the impact of COVID-19.

In Exhibit 2 of Advanced Hospice’s application, it includes a chart of hospice utilization for Chelan County and Washington State (replicated below in Figure 1). This exhibit is cited in the introduction of Advanced Hospice’s March 2022 screening responses as a key data finding, ‘Hospice utilization

in Chelan County has been decreasing over the last three years.’, in an effort to support its position there is need for an additional Medicare Certified and Medicaid eligible hospice agency in Chelan County.⁴ However, Advanced Hospice’s Exhibit 2 only includes utilization for a small three-year window, calendar years (CY) 2018 – 2020. As will be explained further, inferences from CY2020 data must be considered within the context of the COVID-19 pandemic.

To overcome some of the limitations with Advanced Hospice’s original analysis, Figure 2 and Figure 3 were developed (presented below). Figure 2 extends the original analysis to include all calendar years (2014-2020) with available data posted on the Department’s need methodologies webpage.⁵ This reveals there is oscillation in the Chelan hospice use rate. This suggests the Chelan 2018-2019 use rate decrease may simply reflect regular year-to-year variation, especially for a planning area with a relatively modest population base. And while there was a significant decrease Chelan’s use rate between 2019-2020 (54% in 2019 to 45% in 2020), the impact from COVID-19 must be recognized as it impacted some planning areas in Washington State more severely than others. Figure 3 presents the hospice admits and total death figures for CY2014-2020 used to develop the hospice utilization percentage estimates, as hospice admits is the numerator and total deaths is the denominator in the use-rate calculation. What becomes apparent from examining Figure 3 is the significant increase in total deaths in Chelan in 2020 (1,009 deaths) compared to range of deaths during the 2014-2019 period (range from 658 to 763 deaths). Importantly, the Chelan County death rate from COVID-19 was double that of the state overall during the Winter 2020 spike. Moreover, even though the hospice utilization rate dropped to 45% in 2020, the actual count of hospice admits increased from 413 admits in 2019 to 453 admits in 2020. Therefore, the main driver of the lower use-rate is the rapid and significant increase in total deaths, used as the denominator in the use-rate calculation. For comparison, the total deaths in Chelan increased by 32% in 2020 from the prior year, while Washington State’s total deaths increased by 8%. This explains why the decrease in hospice use rate was more pronounced in the Chelan data than the Washington State average; the denominator increased significantly in Chelan County.





3. Advanced Hospice's utilization forecast is significantly inflated due to its faulty use-rate adjustment methodology. Its forecasts are not supported with the correct use rates. If approved, Advanced Hospice would necessarily create fragmentation of care.

In its application, Advanced Hospice presents the methodology used to construct its utilization forecast. Overall, the methodology uses the unmet need projected according to the Department's need methodology, which produced an ADC of 18, and then further adjusts it by incorporating an additional ADC of 13 by raising Chelan County's hospice use rate to the Washington State average. This results in a total ADC of 31.

As demonstrated in the previous section, Chelan County's low hospice use rate in 2020 (45%) compared to the Washington State average (50%) is due to the impact of COVID-19. While the larger

population base of Washington State mitigates some of this effect, it had a disproportionate impact on the Chelan County, as depicted above in Figure 3. The large excess number of deaths in Chelan County in 2020 increases the denominator of the hospice use rate calculation; resulting in a lower hospice use rate.

Advanced Hospice artificially increased Chelan County utilization in its methodology, thereby significantly inflating its admissions and patient census forecasts. The adjustments made by Advance Hospice to the Chelan County use rate are not supported by an analysis of the historical hospice admits and deaths, especially when considering the impact of COVID-19 on the hospice-related statistics. This invalidates the ADC of 13 added to Advanced Hospice's forecast. This raises the obvious question of where the other patients Advanced Hospice proposes care for would come from? It is likely that such patients would come from the existing provider, causing fragmentation of care.

It should also be noted that Advanced Hospice's inflated ADC of 31 is still below the 35 ADC standard used in the numeric need methodology in WAC 246-310-290. As the Department recognized in a denial in the Spokane County planning area, the 35 ADC standard is intended to support approval where there is sufficient unmet need to sustain a new agency that is economically and functionally viable for itself and the greater health system.

'The department's need projection calculations specified in WAC 246-310-290(8) do, contrary to MultiCare's representations, currently demonstrate some level of unmet potential need in Spokane County. What the methodology does not do is project that sufficient unmet need exists that another hospice can be authorized at present. The department, as well as the stakeholders who participated in the drafting of this rule, recognized that a minimum number of potentially under-served patients is necessary to sustain a new hospice provider – a number intended to help ensure that a new provider would be likely to attract enough patients to make it economically and functionally viable while not destabilizing existing providers. It is vital that the reader of this evaluation understand that some level of projected need is not automatically indicative of patients in present time going without service – it is an extrapolation forward in time of current trends to determine whether sufficient growth in demand is likely to occur at a level that permits quality provider to enter the hospice market and remain viable.'

Even when accepting Advanced Hospice's faulty methodology that artificially inflates its utilization forecast, it still doesn't have volumes that meet the Department and hospice stakeholder community's generally accepted standard of the 35 ADC needed for a viable new agency to be approved. When the 13 ADC adjustment is corrected for, leaving a remaining ADC of 18 supported by the Department's need methodology, then this further demonstrates expected volumes are woefully inadequate to support approval of Advanced Hospice. Consequently, Advanced Hospice's request should be denied.

4. Advanced Hospice has not demonstrated the Hispanic population is underserved with the data provided. Cell suppression artificially lowers the estimated Hispanic utilization of hospice services. *In its application and screening responses, Advanced Hospice states: 'Per claims data, there is almost no hospice utilization among the Hispanic population in Chelan County.' The underlying data used to support this statement is presented in Exhibit 9 of Advanced Hospice's application. Exhibit 9 reports 96% of Chelan County hospice patients in 2020 were classified as 'White' and all demographic groups for Chelan County were suppressed to 0.0% per CMS requirements. Cell*

suppression of CMS data is required in its data use agreements and this limitation must be understood when making inferences of Chelan hospice utilization.

Table 2 below presents a sensitivity testing analysis of cell suppression to show how it artificially masks hospice utilization. A hypothetical hospice admit count of 1 through 15 is converted to the respective percentage of 2020 Chelan Hospice admits. Because CMS requires cell suppression for values with less than 11 patients, this artificially suppresses estimates of utilization. This suppression effect is amplified for areas where the total patient count is relatively low (such as 453 Chelan hospice admits in 2020). In order to avoid suppression, 2.4% of 2020 Chelan hospice admits would have to have been identified as Hispanic. This proportion of 2.4% is higher than the national average (2.2%), and significantly higher than the Washington State average (0.9%), as shown in Advanced Hospice’s Exhibit 9.

Hypothetical Hispanic Hospice Admits	2020 Chelan Hospice Admits	Non-suppressed % of Total	Suppressed % of Total
1	453	0.2%	*
2	453	0.4%	*
3	453	0.7%	*
4	453	0.9% ^a	*
5	453	1.1%	*
6	453	1.3%	*
7	453	1.5%	*
8	453	1.8%	*
9	453	2.0%	*
10	453	2.2% ^b	*
11	453	2.4%	2.4%
12	453	2.6%	2.6%
13	453	2.9%	2.9%
14	453	3.1%	3.1%
15	453	3.3%	3.3%

^a Advanced Hospice Exhibit 9 identified 0.9% as the Washington State Average.
^b Advanced Hospice Exhibit 9 identified 2.2% as the National Average.
* Indicates suppressed cell because hypothetical hospital count is less than eleven (11).
2020 Chelan Hospice Total Admits Source: Department’s 2021 Hospice Numeric Need Methodology Publication.

According to Washington State’s Office of Financial Management’s Small Area Demographic Estimates (SADE) for CY2020, 31% of the overall Chelan County population are Hispanic, compared to 13% for Washington State. Among the 65+ year old age cohort, 6.5% of the Chelan County population are Hispanic, compared to 3.7% for Washington State. In 2020, approximately 88% of Washington State hospice admits were for persons aged 65+ years old. Therefore, the demographic mix of the 65+ year old age cohort is more representative of the patient population expected to use hospice. Chelan’s 65+ age cohort Hispanic share (6.5%) is 174% of the comparable rate in Washington State (3.7%). If the Hispanic share of Washington State hospice patients is 0.9%, as presented in Advanced Hospice’s Application Exhibit 9, then consistent with Chelan County demographics, Chelan County’s Hispanic share of hospice patients would be approximately 1.6%. As demonstrated in Table 2 above, 1.6% of 2020 Chelan hospice admits would have been between 7-8 patients. Because 7-8 is less than CMS requirements to suppress values less than 11 patients,

then even if the expected number of Hispanic patients had been cared for in 2020 and were thus not underserved, the value would have been suppressed.

As demonstrated above, it is estimated that there are approximately 7-8 new hospice admits who are Hispanic in Chelan County each year. Again, this raises the obvious question of where the other patients Advanced Hospice proposes care for would come from? In full year 3, Advanced Hospice forecasts serving 183 admissions. Thus, there are approximately 175 admissions unaccounted for even under a hypothetical where Advanced Hospice serves all of the Hispanic hospice population. It is likely that such patients would come from the existing provider, causing fragmentation of care.

The existing provider of hospice services in Chelan County has a robust Health Equity, Diversity and Inclusion (HEDI) program contrary to Advanced Health assertions.

Confluence Health has strong community partnerships with organizations such as Our Valley Our Future, The Community for the Advancement of Family Education (CAFÉ), Parque Padrinos, North Central Washington Equity Alliance, and the Chamber of Commerce. Implicit Bias is already a part of all-staff training required annually. Further, Confluence Health recently finalized a contract with Diversity Sciences to provide annual required training for all-staff on Health Equity.

Confluence Health employs numerous Spanish speaking nurses and medical social workers who can meet the needs of our Spanish speaking patient population. All staff are also able to utilize interpretive services for not just Spanish, but with all language needs.

5. Advanced Hospice documentation regarding dual-eligible utilization does not persuasively demonstrate underutilization.

In its application and screening responses, Advanced Hospice states: ‘Dual eligible hospice utilization in Chelan County is nearly 11% below national utilization levels.’ The data used to support this statement regarding dual eligible hospice utilization in Chelan County is presented in Exhibits 5-6 of Advanced Hospice’s application. Exhibit 5 reports Chelan County admits 367 dual-eligible hospice admits per 1,000 Medicare deaths in comparison to the national average of 474 for dual-eligible patients. The exhibit attempts to highlight the gap between the dual-eligible admit rate of Chelan County with the national average.

A limitation of this comparison is that it is using 2020 data. As previously cited, the impact from COVID-19 must be recognized, especially on hospice utilization which uses deaths as the denominator in the hospice utilization calculations. Figure 3 above shows the dramatic increase in total deaths in 2020 compared to prior years for Chelan County. It is reasonable to expect the same dynamic occurred for the dual-eligible population. Moreover, its effect may be even more pronounced for dual-eligible population given the relatively low patient population size.

Advanced Hospice’s application Exhibit 6 also cited a decreasing hospice utilization rate during the CY2018-CY2020 period. As previously discussed with respect to the overall Chelan County hospice rate, it is difficult to extrapolate inferences from this limited window. The 2020 rate would be expected to drop due to the impact from COVID-19, leaving the comparison between 2018 and 2019. Without additional data from prior years, it is not possible to evaluate whether the decrease between

2018 and 2019 is indicative of a true decreasing trend or due to random variation and year-to-year volatility of hospice utilization.

...

8. Without reasonable utilization projections, the Department is unable to evaluate the reasonableness and reliability of the financial forecasts. Without reliable financials, the financial feasibility of the proposed project cannot be evaluated, and it should be denied.

Advanced Hospice's utilization forecast is unsupported and relies on a faulty methodology of artificially increasing the Chelan County use rate. Because Advanced Hospice has failed to demonstrate need for an additional hospice agency is justified, then the Department cannot conclude its utilization assumptions are reasonable. Without reliable utilization projections, the Department is unable to evaluate the reliability of proposed project, including but not limited to its ability to meet immediate and long-range capital and operating costs of the project. This invalidates its conformance to financial feasibility criteria outlined in WAC 246-310-220, and its request should be denied."

Rebuttal Comment of Stride Health Care, LLC [source: July 6, 2022, rebuttal, pdfs 2-9 and 11]

"2. There is no discernable decrease in Chelan County hospice utilization rate when recognizing the impact of COVID-19.

This comment is not accurate when evaluating all available COVID-19 data, and not just the COVID-19 death rate as compared to other counties. It should be noted that Confluence Health did not present the actual death rate or number of COVID-19 Deaths in Chelan County during 2020 despite those numbers being available in the data they reference. When this data is analyzed, it becomes clear that COVID-19 was not the main reason for the decrease in Chelan County hospice utilization rate for 2020 making this and all arguments below that build from this point unreliable.

Advanced Hospice only presented 3 years of data in Exhibit 2 of its application despite 7 years being available, however, as Confluence Health points out, the 7-year picture indicates the same accurate reflection of the most recent 3-year hospice utilization trend. Although the use rate oscillates from 2014-2017, the expanded graph also shows that the current hospice provider has never dropped below the state average use rate until 2020, despite the oscillations. In addition, when analyzing the 7-year graph, there has never been more than a year that showed a drop in utilization without the following year showing an increase in utilization until 2018. At this point on the graph a significant 3-year negative trend emerges and presents a drop in utilization below the state average for the first time since 2014. For this reason, and because the state methodology focuses primarily on the previous 3 years, Advanced Hospice focused its application on the previous 3-year trend which indicates the current providers difficulty in keeping up with changing demands in the planning area.

Confluence Health makes the point that COVID-19 is the cause for the increase in the number of deaths and therefore the lowered utilization rate while only using the COVID-19 death rate as compared to other planning areas as a basis for that argument. To overcome the limitations of Confluence Health's analysis, the actual number of COVID-19 deaths in the planning area needs to be analyzed.

According to the data referenced by Confluence Health in the states COVID-19 data dashboard, there were 41 COVID-19 Deaths in Chelan County during 2020. This only makes up 4% of the total number of deaths in the county for 2020. The increase from 2019 (763 deaths) to 2020 (1009 deaths)

indicates an increase of 245 deaths. Confluence Health implies this dramatic increase in deaths in Chelan County during 2020 is related only to COVID-19. However, deaths related to COVID-19 made up just 17% of the total significant increase in deaths in the county and as Confluence Health points out, the denominator. This leaves 83% of the increase in deaths in Chelan County related to other factors. Advanced Hospice did not include the COVID-19 related death data into its application because as Confluence Health points out, there was a significant increase in the numbers of deaths in the planning area and the numbers were not significantly different when factored for COVID-19 related deaths despite Confluence Health's argument otherwise. The fact remains that while there was some impact on the county deaths by COVID-19, there was in fact a significant decrease in Chelan County Hospice utilization rate even when recognizing the impact of COVID-19. It should also be noted that State Methodology Data presented in Advanced Hospice's application, appendix 5, indicates that the increase in deaths in Chelan County has outpaced the state for the last 3 years, not just from 2019-2020. This further validates the importance of 2020 data and the 3-year trend used to analyze the planning area.

Further, Confluence Health points out that it was able to increase admits from 413 in 2019 to 453 in 2020. This indicates they were only able to accommodate 40 of the 123 patients who, according to the state average utilization rates, normally would have utilized hospice. That left 83 patients without access to hospice services. When factoring in that Chelan County utilization is normally higher than the state utilization, a higher number would have utilized hospice. In a planning area with only 1 provider, the importance of adjusting to current and changing demands cannot be overstated as there is no other provider to meet patient needs. The most vulnerable in the planning area will be the ones who cannot access hospice services. This data further validates the need for Advanced Hospice application to be approved in order to meet the underserved population cohorts within the county. See CN22-18 Application responses to Section A, Questions 3, 4, and 6.

3. Advanced Hospice's utilization forecast is significantly inflated due to its faulty use-rate adjustment methodology. Its forecasts are not supported with the corrected use rates. If approved, Advanced Hospice would necessarily create fragmentation of care.

As demonstrated in the previous section, Chelan County's low hospice use rate in 2020 (45%) compared to the Washington State average (50%) is NOT due to the impact of COVID-19 as indicated by Confluence Health. Confluence argues in its public comment, pages 8-9 that

'Advanced Hospice artificially increased Chelan County utilization in its methodology, thereby significantly inflating its admissions and patient census forecasts. The adjustments made by Advanced Hospice to the Chelan County use rate are not supported by an analysis of the historical hospice admits and deaths, especially when considering the impact of COVID-19 on the hospice-related statistics.'

As evidenced in point 2 above, this is not accurate. In fact, Advanced Hospice used a very conservative approach to forecasting unmet need. Especially considering Confluence Health's own data presented in its public comment shows that prior to the last 3-year trend, there has been a much higher utilization rate in Chelan County than the state average. Confluence Health's departure and trending away from their higher utilization rate to below the state utilization rate represents a much larger variance than what Advanced Health used to calculate unmet need. The state average, vs the planning area average was used to calculate the unmet need in order to be as conservative as possible. As pointed out on page 13 of Advanced Hospice's application, the 3-year drop in utilization in Chelan County from 2018 to 2020 was 15% vs the drop of State utilization of 3% during the same

time period. Advanced Hospice could have used a more aggressive approach to return to the planning area average but chose to only use the state average for the year 2020, which was the most conservative number possible. Advanced Hospice stands by its calculations of unmet need and argues they are reasonable and appropriate in reflecting the decreased utilization which was not significantly impacted by COVID-19.

In addition, Confluence Health argues that because of a particular portion of a decision by the department in the denial of a Spokane County hospice application, that a census of 35 must be obtained in order for an application to be approved. Advanced Hospice has demonstrated it should be approved under WAC 2460310-290(12), specifically in regard to underserved population cohorts within the county. Confluence Health's representation from page 9 of their public comment of why the department denied this particular Spokane County application is based on one paragraph from the evaluation as follows:

'The department's need projection calculations specified in WAC 246-310-290(8) do, contrary to MultiCare's representations, currently demonstrate some level of unmet potential need in Spokane County. What the methodology does not do is project that sufficient unmet need exists that another hospice can be authorized at present. The department, as well as the stakeholders who participated in the drafting of this rule, recognized that a minimum number of potentially under-served patients is necessary to sustain a new hospice provider – a number intended to help ensure that a new provider would be likely to attract enough patients to make it economically and functionally viable while not destabilizing existing providers. It is vital that the reader of this evaluation understand that some level of projected need is not automatically indicative of patients in present time going without service – it is an extrapolation forward in time of current trends to determine whether sufficient growth in demand is likely to occur at a level that permits quality provider to enter the hospice market and remain viable.'

A more appropriate representation of the departments rationale for denial is obtained if the paragraph before and some paragraphs after what Confluence Health quoted is considered as follows:

'The department does not dispute the calculations prepared by MultiCare – the mathematical results appear calculated correctly given the assumptions and alterations made by MultiCare to the methodology for purposes of this application. The department does, however, conclude that to accept MultiCare's argument that application of the statewide methodology to Washington's fourth-most populous county inaccurately portrays true need is unreasonable and not sufficiently supported by the information provided in the application and supplemental materials.

...

MultiCare uses its mathematical calculations of unmet 'qualitative' need and alternately contended that area residents 85 years of age and older or Spokane residents in general represent an underserved population for the purposes of WAC 246-310-290(12)(a)(iii) and this sub criterion. With acknowledgement of the extensive discussion of this argument by the applicant and the parties opposing this application, the department will not restate MultiCare's specific arguments other than what has been stated earlier. MultiCare asks that the department conclude, on the basis of its quantitative and qualitative representations of how many Spokane residents ought to be served but are allegedly not served by existing providers, that 'Spokane County residents represent a currently underserved population who will continue to be underserved to a greater extent annually in years to come. These underserved populations

include residents aged 0 to 64, residents aged 65 and older, and residents aged 85 and older. We emphasize the underserved population age 85 and over and have provided specific statistics and examples of unmet need, as well as a plan for how to meet those needs.’ [Source: MultiCare Rebuttal, p26]’

Further on the department explains:

‘While any group of people anywhere that can be identified by objective criteria may be determined to be a specific population, they may not all be so designated for the purposes of WAC246-310- 290(12)(a)(iii). In WAC 246-310-290(11)(a)(ii), the example of pediatrics is used as context for what a specific population might be. Pediatric patients who may require hospice services are sufficiently different from the typical hospice patient that traditional hospices, used to serving adults, may be unable to adequately care for them. Similarly, populations with specific cultural traditions that are historically underserved by general health services, such as members of the Native American community may be reasonably deemed a ‘specific population’ for purposes of this regulation. Other specific populations referenced in recent applications are: veterans, unhoused persons, and identifiable ethnic or racial groups. The department has not, however, viewed an entire county or a subset of the population (patients aged 85+) that already makes up a significant portion of the group that uses the overwhelming majority of hospice patients (patients aged 65+). The department concludes that the contention that an entire county may be viewed as a ‘specific population’ that is underserved cannot be supported by the information contained in MultiCare’s submissions. Similarly, designation of an entire county as a specific underserved population exceeds the department’s interpretation of ‘specific population.’ To conflate pediatric or Native American patients’ distinct needs and potential to be underserved with the population of an entire county that is already served by several existing hospice providers is not consistent with this regulation and is not reasonable.

When balanced against the requirement of this subsection that one may conclude that other services and facilities of the type proposed are not or will not be sufficiently available and accessible to meet the planning area resident’s needs, MultiCare’s numeric calculation of estimated unmet ‘qualitative’ need in Spokane is not compelling.’

This more complete representation shows the department is not diminishing the ability for a provider to be approved under WAC246-310- 290(12). The rationale for denial of the Spokane application is more appropriately focused on applying a methodology based on the county population as a whole and not on a specific cohort as Advanced Hospice has done. In addition, this Spokane application was in the 4th most populous county with several other providers with the ability for each to meet needs of the general population as there was no true underserved population identified. Chelan County on the contrary is significantly smaller and has only one hospice provider. Any potential patient population this single provider cannot serve, has no other option in the county. This application will not lead to fragmentation of care but will help improve access to care to underserved population cohorts in Chelan County. It will likewise not in any way affect the economical and functional viability of the current provider. Due to the cost control measures outlined in the application, Advanced Hospice has demonstrated it will be financially viable while serving the population not served by the current provider. See CN22-18 Application responses to Section A, Questions 3, 4, 6, and section B. Again, Advanced Hospice has demonstrated an underserved population(s) exists, has developed a reasonable and conservative unmet need analysis, and provided financial projections that demonstrate financial viability, both immediate and long-term.

4. Advanced Hospice has not demonstrated the Hispanic population is underserved with the data provided. Cell suppression by CMS artificially lowers estimates of Hispanic utilization of hospice services.

Advanced Hospice is aware of and notes the CMS requirement of cell suppression in Exhibit 9 of its application. This exhibit was used to show that in a county where almost 30% of the population is Hispanic, 96% of the admissions were classified as white. Confluence Health's argument in this point speaks only to what the Hispanic admissions as a percentage of actual admissions, might have been because it was suppressed. It is not a complete assessment of the actual needs of the Hispanic community. It does not present a complete picture and ultimately helps make the argument Advanced Hospice lays out in its application that the Hispanic population is in fact underserved. Additionally, Confluence Health's argument is only applied to the 65+ Hispanic population which they point out is 6.5% of the county population. It does not consider the Hispanic population of ages 0-64% which, according to Confluence's data, makes up another 24.5% of the population.

To help bring context to this argument, it is important to consider need in actual numbers. Confluence states that 'Among the 65+ year old age cohort, 6.5% of the Chelan County population are Hispanic.' If this 6.5% is applied to the state methodology publication that is presented in appendix 5 of Advanced Hospice's application and referenced by Confluence health, a picture of the expected numbers can be viewed in a more complete and appropriate light. In step 3, the state methodology uses a 3-year average (data from 2018-2020) and identifies 398 as the projected number of patients in the 65+ population of Chelan County. If, as Confluence Health states, 6.5% of this population is Hispanic, then this projects a need of 26 patients. This demonstrates a much higher number than what Confluence Health shows as its potential for patients served and still hasn't accounted for the 0-64 age group. Again, Confluence states 6-10 admissions is enough to be meeting the Hispanic population need. Advanced Hospice adamantly disagrees with that characterization. It cannot be overstated that only Confluence Health knows the exact number of Hispanic patients served but it likely could be that no Hispanic patients were served and at most 10 were served. Depending on the actual number of Hispanic patients served, the true need identified above reflects 2.5 to 4 times the services that Confluence Health could have actually provided. Advanced Hospice reiterates its argument that an underserved population exists as evidenced by an analysis of all existing data submitted in its application, in particular the responses to Section A, Questions 3, 4, and 6.

Confluence Health also implies that there are only 8 potential admits that Advanced Hospice could anticipate and expresses that there is a shortfall of 175 admissions to justify Advanced Hospice's application. This is not accurate and is addressed in points 2 and 3 above. In addition, Advanced Hospice has demonstrated it will not cause fragmentation of care but will improve access and utilization among this underserved population.

Confluence Health states it has a robust Health Equity, Diversity, and Inclusion (HEDI) program. It further states they accomplish this through all staff training along with some staff who speak Spanish. This program is simply not working as evidenced by the low Hispanic utilization within the county. No other provider exists to meet this need. The current provider has been in operation for over 10 years and has had time to develop cultural programming and outreach education to help meet the needs of this population but has not developed a meaningful program that has led to increased utilization among the Hispanic Population. With current programming in place by the only provider,

Chelan County will not improve its access to or utilization by the Hispanic Population. It should be emphasized that all of Confluence Health's expressed efforts to improve utilization among this population are internal trainings with staff. As expressed in its application, Advanced Hospice is committed to not just providing training among staff, but to implementing a wholistic cultural education program within the community along with a cultural delivery of care program. Advanced Hospice's programming will go beyond staff training to hiring a community liaison specifically for community outreach and education as well as hire a volunteer coordinator geared towards ensuring programming and delivery of care is consistently carried out in a culturally accepted and individualized way for the Hispanic population utilizing both staff and volunteers to make sure each patient/family individual needs are met.

Confluence also says they have strong community partnerships, which Advanced Hospice would agree that as the significantly largest provider in the health delivery system within the county, they naturally have a strong community presence, however those partnerships are not focused in any meaningful way on expanding hospice services or utilization within the Hispanic community. As a large health delivery system, community partnerships focus naturally on the larger issues at hand and Hospice has not risen as a priority in the community relations. Advanced Hospice would not have other competing priorities. Also, a significant missing piece to Confluence Health's community partnerships is Columbia Valley Community Health whose patient makeup is 49% Hispanic. Through their clinics, Columbia Valley Community Health has a significant reach into the Hispanic population of Chelan County.

As Advanced Hospice demonstrates in Section A, Questions 3 and 6 of its application, the Washington department of health has identified the gap in utilization among minority populations as a problem and emphasizes cultural programming as a solution. In addition, national studies have indicated that utilization increases through effective community outreach and education and meaningful cultural programming – both of which are truly lacking with the current provider.

5. Advanced Hospice documentation regarding dual-eligible utilization does not persuasively demonstrate underutilization.

Confluence Health argues that a limitation of the dual-eligible data presented by Advanced Hospice is that using 2020 data is not accurate due to the impact of COVID-19, specifically that the utilization decreased during 2020 because of COVID-19 thereby rendering 2020 data not useful in establishing a trend. As established in point 2 above, COVID-19 was not the significant factor in the increased number of deaths in Chelan County during 2020 and therefore should be viewed as unreliable. The 2020 data should be relied upon. A trend using three years data is sufficient to show that this population cohort experienced a decreased utilization of hospice services. Advanced Hospice reiterates the points emphasized in Exhibits 5 and 6 in its initial application in that Chelan County dual-eligible admissions are significantly lower than the state and national levels. This population is underserved and Advanced Hospice will work as outlined in its application to meet the needs of this population cohort. It should be noted that Confluence Health was not able to keep pace with changing dynamics in the community and this has worsened when analyzing the last 3 years of data evidenced in multiple data points. There is an established 3-year trend of increased deaths that significantly outpace the state death rate and decreased utilization within the planning area. With only one provider in the county, individuals needing hospice services simply have no other option if the only provider is not able to keep pace with the changing environment. The data points presented

by Advanced Hospice in its application indicate a decreasing ability to meet community needs over time. Unfortunately, the populations most significantly impacted by this are those most vulnerable population cohorts identified by Advanced Hospice in its application. See CN22-18 Application responses to Section A, Questions 3, 4, and 6.

...

8. Without reasonable utilization projections, the Department is unable to evaluate the reasonableness and reliability of the financial forecasts. Without reliable financials, the financial feasibility of the proposed project cannot be evaluated, and it should be denied.

Advanced Hospice respectfully disagrees with Confluence Health's characterization of the utilization forecast and, as discussed in points 2, 3, and 4 above, reiterates its assertion that the utilization forecast presented by Advanced Hospice is both reasonable and appropriate based on the information presented in its application. The utilization forecast is representative of the actual circumstances in Chelan County and is adequately supported by complete and accurate data reflecting a need for an additional hospice agency. The reasonable and appropriate utilization forecast prepared by Advanced Hospice has led to the development of a reasonable and appropriate financial projection which demonstrates that Advanced Hospice can meet immediate and long-range capital and operating costs of this project. Because of the potential cost savings by sharing certain costs with Advanced Home Health, this project, although slightly below the desired and generally accepted ADC of 35 can still be financially viable, as shown in the detailed forecast documents. Advanced Hospice has demonstrated it should be approved under WAC 2460310-290(12)."

Department Evaluation

This section of the application allows an applicant to explain why the proposed project is not an unnecessary duplication of existing services. This section also overlaps with the hospice-specific rules found in WAC 246-310-290(12), discussed at the end of this evaluation.

Stride and the existing hospice provider both acknowledge the hospice need methodology shows no numeric need in Chelan County to approve an additional hospice provider. Stride instead is seeking approval under the exception criteria under WAC 246-310-290(12). Which allows *[t]he department to grant a certificate of need for a new hospice agency in a planning area where there is not numeric need.*

Public comment was provided by the Executive Director, Advanced Home Health NW Wenatchee, a staff member of a subsidiary of the applicant, which highlighted service gaps of the existing hospice provider, namely lack of timely admissions. Giving one recent example of service gaps and in summary, stating that this is common in his experience. Confluence Health, Central Washington Hospital & Clinics (Confluence) the existing hospice provider rebutted these statements saying that the comments are not supported by Confluence's internal data or publicly available data. Detailing that 85.3% of its hospice admissions are admitted within 48 hours of referral. Confluence further states that it scores well above the State and national average in a family caregiver experience survey for the measure *Getting timely help*. Stride notes that the *Getting timely help* measure in the Consumer Assessment of Healthcare Providers and Systems Survey refers to provider responsiveness once already admitted, which is different than timeliness referenced in comment, which refers to timely admission to the agency.

Whether or not Confluence's current hospice operations are able to timely admit patients could be a rationale to show that *other services and facilities of the type proposed are not or will not be*

sufficiently available or accessible to meet that need. Although Confluence's data depicts an operation with quality outcomes and reviews, it also demonstrates it expects 14.7% of referrals to not be admitted within a few days of receiving the referral.

Another criticism in Confluence's comment was that Stride had not proven underutilization by the dual-eligible population since by using year 2020 data, according to Confluence, deaths were artificially inflated due to COVID-19 impacts. Stride's Exhibit 5 comparison is Chelan County performance relative to nationwide, both for year 2020. Stride rebutted this comment highlighting that actual reported deaths from and related to COVID-19 were a minority of the deaths for Chelan County, and that Confluence's expanded Figure 2 chart shows other important trends. First, that 2020 is the first time since 2014 the existing provider's utilization dropped below that of the State's average. Second, that since 2014 the use rate has only once dropped in consecutive years. Third, that by using data in the methodology, Chelan County's death rate has outpaced that of the State for years 2018 through 2020.

Public comment was submitted by the existing Chelan County hospice provider critiquing Stride's utilization projections relative to the department's methodology. Stating that they are unreasonable, unsupported, and relied on a faulty methodology which artificially increases the Chelan County use rate. Although Stride used the department's methodology and some of its assumptions as a baseline for its utilization projections, it is not seeking approval by asserting the department's method erroneously found no numeric need. An applicant must project admissions even for proposals in planning areas where no numeric need is found, such as this project. WAC 246-310-290(12) states *[t]he department may grant a certificate of need for a new hospice agency in a planning area where there is not numeric need.* If an applicant couldn't reasonably project admissions because it had to project more than the numeric method calculates, no applicant could ever be approved under WAC 246-310-290(12). This part of the WAC for this project, demonstrates it is unreasonable to determine a project an unnecessary duplication or fragmenting care simply because there is no numeric need or the applicant assumes admissions. In summary Stride is not using the extrapolated method to demonstrate need, rather using known data points also used by the department and accepted broadly by the hospice provider community to project patients.

Confluence further states that Stride's projected ADC does not meet a specific standard used in the methodology. Quoting a department evaluation in part as saying *[t]he department, as well as the stakeholders who participated in the drafting of this rule, recognized that a minimum number of potentially under-served patients is necessary to sustain a new hospice provider – a number intended to help ensure that a new provider would be likely to attract enough patients to make it economically and functionally viable while not destabilizing existing providers.* Stride rebutted this information providing the full context of the denial evaluation Confluence quoted. While Confluence is not wrong that an ADC reflecting likely profitability of a new agency had to be chosen for the purposes of the method, it is again comparing the Stride project to the numeric methodology; to which Stride has acknowledged no need is calculated, nor is it using as a vehicle to prove need.

Based on the information that Stride based its utilization on Chelan County's projected population and the assumption that it could increase Chelan County's hospice use rate closer to that of the statewide use rate. With a corresponding detailed plan and allocated funding to execute such a plan, the department finds Stride's utilization assumptions reasonable.

Stride also contends that lack of Hispanic, Native, and Veteran programming and outreach, and lack of provider choice are all rationales for deeming its project to not be unnecessarily duplicating services. The applicant supports these claims with sourced local assessments, population surveys, and articles. Stride's data compares the percent of Hispanic population in Chelan County (28.55%) relative to the rest of the State (12.38%). Then continues to discuss the barriers to hospice care for the Hispanic community and how it plans to overcome these barriers.

Confluence provided public comment analyzing some of Stride's data. Confluence does not appear to dispute that *96% of Chelan County hospice patients in 2020 were classified as 'White'* rather, Confluence Health focuses on the fact that small number suppression may show 0% when in fact *2.4% of 2020 Chelan hospice admits would have to have been identified as Hispanic* according to its analysis. Confluence continues by applying the Washington State Hispanic hospice admissions of 0.9% to Chelan County to extrapolate potential admissions. Despite the admissions expected by Stride, and as pointed out by Stride in rebuttal, Confluence has unintentionally and reasonably proven Stride's position that the Hispanic population in Chelan County (28.55%, or 6.5% of the 65+) makes up a small percentage (at least less than 4%) of historical Chelan County hospice admissions and is therefore underserved. Confluence seems to argue that Stride should apply the statewide Hispanic population hospice use rate to Chelan County, but this is contrary to Stride's project that Hispanic use of hospice could be higher in and that it intends to seek out this underserved population and provide these services.

Confluence presented additional comment stating it *has strong community partnerships*, requires annual implicit bias training, has recently begun contracting with an outside organization for additional all-staff annual trainings, has credentialed staff who speak Spanish, and that all staff have access to interpretive services. Stride rebutted this comment as well stating that although Confluence may have trainings and programs to improve the Hispanic community's use of hospice, over the last 10 years it *has not developed a meaningful program that has led to increased utilization among the Hispanic Population*. Further stating that in addition to trainings, Stride will implement *a wholistic cultural education program within the community along with a cultural delivery of care program*, and will hire positions whose focus is community education, outreach, and consistency in delivery of care. Stride also responded to Confluence's assertion that it has strong community partnerships, saying that as the area's largest health delivery system they would naturally have a presence, but that system-wide issues have taken priority over hospice utilization by the Hispanic community, and that Stride would not have competing priorities.

The approval of an additional Medicare and Medicaid hospice provider in the planning area will result in an additional hospice option for many terminally ill patients in the area. Based on the information above, the department concludes that Stride provided a complete rationale to support its project and the statements in the applications support need for this project. **This sub-criterion is met.**

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

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

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

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

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

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

In response to this sub-criterion, Stride provided the following statements. [source: Application, pdfs 18-20]

"This agency will be available and accessible to the entire geography of Chelan County. Advanced Home Health already has a footprint throughout the county and is familiar with the geography and Advanced Hospice will be able to serve the entire county.

As discussed in 3 above, there are some barriers that exist for some being able to access hospice services. This project will be available and accessible to underserved groups in the following ways:

- 1. Through development of a Spanish language outreach and education program along with cultural programming for staff and volunteers. This will including written materials in Spanish along with staff and volunteers available to help promote and educate the Hispanic community regarding hospice services. One of the key recommendations to decreasing the gap between white and ethnic minorities hospice utilization is through outreach and education. Through a culturally competent program, Advanced will enhance understanding and utilization of Hospice services among the Hispanic Population and provide care to this population utilizing staff and volunteers that have been trained and are able to provide culturally competent care.*

Advanced Hospice will work with the Hispanic Business Council and Chamber of Commerce as well as Columbia Valley Community Health clinics to identify opportunities for outreach and education. Just over 49% of Columbia Valley Community Health Clinics patient population is Hispanic. This project will engage resources and support from the Hispanic community in order to promote the program to help ensure maximum exposure to the targeted audience.

Patient services will also be provided by staff who are culturally trained and where possible, speak Spanish, or, work in coordination with the volunteer programming to ensure availability of community support and cultural awareness. Resources will be allocated given the patient and family needs and desires. The volunteer program will play a key role in filling in gaps with non-bilingual staff or in assisting in culturally sensitive care discussions surrounding delivery of care. Training will be carried out on the cultural programming with all staff of the agency and will be a competency item for each team member. See Appendix 10 for a sample competency and orientation checklist. Materials are being developed and will be available prior to project completion. Training will be upfront and ongoing for staff and volunteers in order to ensure programming goes beyond just language translation, to cultural programming that meets needs of both patients and their families. Focus will be on all aspects of caring for individuals while respecting cultural needs and expectations. It will not simply be a translation into Spanish but a holistic program to ensure understanding and meeting of cultural needs within the hospice framework. The outreach coordinator and volunteer coordinator will also be bilingual.

Benefits of serving this population are many including improved access to care, more appropriate cultural programming, improved understanding of objectives and benefits of hospice services, and decreased overall healthcare costs across the healthcare continuum. Nationally, Medicare spends close to 20% more on the last year of life for Hispanic People than White people due to underutilization of Hospice.

- 2. The dual eligible population in Chelan County will be a focus for outreach and education. Dual eligible needs are dependent on their unique circumstances. Advanced Hospice will work with health plans and providers to identify and work to overcome their barriers to accessing hospice care. This will overlap into skilled nursing facilities, Hispanic programming and other areas.*
- 3. Advanced Hospice will work with the 3 local skilled nursing facility providers, namely, Regency Wenatchee Rehabilitation and Nursing Center, Cashmere Care Center, and Colonial Vista Post-acute & Rehab Center to offer outreach regarding involvement of Hospice in meeting this specific populations needs. Because of the patient being in a residential care facility, assumptions are often made that all needs are being met by clinicians in the SNF, however, Advanced Hospice will work to provide outreach to local SNFs on the benefits of hospice as they relate to both the patient and their families. This population can benefit from appropriate and timely hospice intervention and will also include some of the dual eligible population as many dual eligible patients reside in skilled nursing facilities.*
- 4. Advanced Hospice will improve overall accessibility through additional staff and resources in the county to help reach additional households with no motor vehicles. Having a second provider will not only allow choice in the community, but will also allow for additional access for all patients in Chelan County and will increase opportunities for outreach and education to those with no motor vehicles. Community outreach and volunteer support will help in better reaching and assisting this population in obtaining awareness and access to available resources. In essence there will be a wider net cast over the county. The existing home health footprint can also be used to enhance community outreach and education in this area. Columbia Valley Community Health clinics provide care to low income families in Chelan County. Advanced*

Hospice will work to partner with Columbia Valley Community Health clinics to identify opportunities for outreach and education.

5. *Advanced Hospice will work to develop and provide cultural programming to the native population on the Colville Reservation through partnerships being developed with tribal leaders and medical delivery services.*
6. *Advanced Hospice will meet with the veterans advisory board and focus education and outreach efforts to include veteran community of Chelan County.”*

Stride also provided copies of policies it plans to use at AHNW, stating that some of the policies may be similar to those of its affiliated home health agency but adapted for use in hospice. Of the policies provided by the applicant, the following policies are directly related to this sub-criterion for hospice services. All policies listed below are executed. [sources: Application, Exhibits 6 through 11, and March 4, 2022, screening response, pdf 11]

Admission Criteria and Process Policy No.-4-021 – the stated purpose of this policy is *“To establish standards and a process by which a patient can be evaluated and accepted for admission.”* This policy states that patients will be admitted if they meet the admission criteria, and then identifies the admission criteria. The policy also provides the following non-discrimination language: *“Patients will be accepted for care without discrimination on the basis of race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, or place of national origin.”* Additionally, the policy outlines the procedure for admission.

Charity Care Policy No. 3-007 – the stated purpose of this policy is *“To identify the criteria to be applied when accepting patients for charity care regardless of race, color, religion, age, sex (an individual’s sex, gender identity, sex stereotyping, pregnancy, childbirth and related conditions), sexual orientation, disability (mental or physical), communicable disease, or national origin.”* The policy’s purpose statement includes non-discrimination language. The policy also provides the procedure to determine if a patient qualifies for charity care. The policy identifies that the Executive Director/Administrator and appropriate program director will review all applicable patient information and determine acceptance for charity care.

Patient Bill of Rights Policy No. 2-002 – the stated purpose of this policy is *“To encourage awareness of patient rights, to provide guidelines to assist patients making decisions regarding care, and to support active participation in care planning.”* The policy also provides the procedure for informing patients of their rights, defines the rights, and includes a statement on how to ensure staff are aware of these rights.

Nondiscrimination Policy and Grievance Process Policy No. 2-037 – the stated purpose of this policy is *“To prevent organization personnel from discriminating against other personnel, patients, or other organizations on the basis of race, color, religion, age, sex (an individual’s sex, gender identity, sex stereotyping, pregnancy, childbirth and related conditions), sexual orientation, disability (mental or physical), communicable disease, or national origin.”* The policy’s purpose statement includes non-discrimination language. The policy also provides the procedure to inform its patients what to expect from Stride hospice services and staff, how to file a grievance, as well as the procedure of the agency in responding to a grievance.

Additionally, Stride provided the following anticipated payer mix for its Chelan County hospice services: [source: Application, pdf 27]

**Department’s Table 2
Stride’s Chelan County Projected Payer Mix**

Payer	Percent of Gross Revenue	Percent by Patient
Medicare	89%	88%
Medicaid	7%	7%
Commercial	4%	5%
Self-Pay	0%	0%
Total	100.0%	100%

Stride provided the following statements on which it based these projections.

“The payer mix information in Table 10, page 27 was based upon an assessment of a number of assumptions used in applications from other counties similar to Chelan County including CN20-37 in Whatcom County, CN 19-57 in Thurston County, CN19-42 in Clallam County, and CN21-41 in Harbor County. Ultimately, Thurston and Harbor Counties were removed as both used company wide data for their assumptions which were based on national averages from within the organization.” [source: March 4, 2022, screening response, pdf 7]

“An assessment of approved applications and their assumptions was conducted. Larger counties like King and Pierce were not used as they are significantly different than Chelan County. There were no other approved applications in recent years in central Washington so the more rural counties were used. Clallam and Whatcom counties seemed to most closely resemble the assessment that was made of Chelan County given the focus on the dual eligible and Medicaid populations. An average of the two counties was used to form the assumption for Chelan County. Additionally, the administrator for Advanced Home Health has over 20 years of experience as an administrator for both home health and hospice, with over 10 years of experience in Washington state. We consulted with him as we looked at these counties and developed the assumption. He agreed that based on his experience and in considering the counties we assessed that our assumptions would be reasonable.” [source: May 9, 2022, screening response, pdf 5]

Stride further specified that *[t]he assumption and projection that these percentages will remain consistent through the first 3 years of operation.* [source: March 4, 2022, screening response, pdf 7]

WAC 246-310-290(13) Any hospice agency granted a certificate of need for hospice services must provide services to the entire county for which the certificate of need was granted.

The applicant stated that the new hospice agency would be available to all residents of the service area as required by WAC 246-310-290(13) and provided the following specific information regarding its availability. [source: Application, pdf 8]

“This agency will be available and accessible to the entire geography of Chelan County. Advanced Home Health already has a footprint throughout the county and is familiar with the geography and Advanced Hospice will be able to serve the entire county.”

Public Comment

Confluence Health, Central Washington Hospital & Clinics – Oppose [source: comment pdfs 12-13]

“6. There are open issues with Advanced Hospice’s Charity Care Policy. These must be addressed. The second sub-criterion under WAC 246-310-210 is ‘(2) All residents...’

We recognize and appreciate that Advanced Hospice submitted (1) an admission policy demonstrating non-discriminatory practices, (2) a payer mix table showing its intent to accept and treat Medicare and Medicaid patients and (3) a charity care policy for uninsured persons unable to pay for services.

Regarding Advanced Hospice’s charity care policy, we wish to highlight outstanding questions regarding the sliding fee schedule and scope of policy for financial assistance to underinsured persons.

Sliding Fee Schedule

Advanced Hospice’s charity care policy allows for financial assistance, but it does not provide specific discount rates by income level. Instead, it states that ‘...the Executive Director/Administrator, with the appropriate program director, will determine the sliding-fee schedule to be implemented based upon current Federal Poverty Level Guidelines.’ Although these payment plans provide financial assistance, we recommend the Department attach a condition on any approval of Advanced Hospice’s application to provide charity care discounts consistent with those of the existing Chelan health system.

Financial Assistance for Insured Patients

Advanced Hospice’s charity care policy states: ‘Patients without third-party payer coverage and who are unable to pay for medically necessary care will be accepted for charity care admission, per established criteria.’ and ‘1. When it is identified that the patient has no source for payment of services and requires medically necessary care/service, the patient will be requested to provide personal financial information upon which the determination of charity care will be made.’ Moreover, Advanced Hospice’s Admission Policy states: ‘While patients are accepted for services based on their hospice care needs, the patient’s ability to pay for such services, whether through state or federal assistance programs, private insurance, or personal assets is a factor that will be considered. Due to the language in the policies, there are concerns that there may be limited financial assistance available for persons who are insured but may have limited means of payment for any out-of-pocket responsibilities such as copayments or coinsurance. This further reinforces the recommendation that the Department consider attaching a condition on any approval of Advanced Hospice’s application to provide charity care discounts consistent with those of the existing Chelan health system.’”

Rebuttal Comment of Stride Health Care, LLC [source: July 6, 2022, rebuttal, pdf 14]

“The Charity Care Policy submitted by Advanced Hospice is consistent with other policies submitted in approved Hospice applications. The policy is developed from an agency recognized for writing policies compliant with various Hospice accrediting body standards and similar policies are used in Washington state and across the country. As stated in the admission policy and quoted by Confluence Health in its public comment, the Advanced Hospice policy says that patients are accepted for services based on their hospice care needs. Certainly, the ability to pay for services will need to be

considered in order to bill the appropriate party whenever possible. The policy is clear however that admission is not determined on ability to pay but rather the hospice care needs and ability of the agency to meet those care needs. Charity care will be applied consistently per the sliding fee schedule as stated in the policy.

As a provider of Hospital services in addition to many other services, Confluence Health has a requirement for a more robust and defined (per WAC) charity care policy. However, as it relates to the sliding fee schedule that is posted by Confluence Health, and as it relates to their specific comments related to out-of-pocket responsibilities such as copayments or coinsurance, Advanced Hospice is not opposed to a condition to provide charity care discounts consistent with those of the existing Chelan health system as what Confluence Health publishes in regards to these items are well within what Advanced Hospice will practice.”

Department Evaluation

The *Admission Criteria and Process Policy No. 4-021* provided by the applicant describes the process and criteria Stride would use to admit a patient to its hospice agency. The policy includes language to ensure all patients will be admitted for treatment without discrimination.

The *Charity Care Policy No. 3-007* includes non-discrimination language to ensure all patients eligible for hospice services would be served by the agency. The Charity Care Policy also provides the process to obtain charity care.

Public comment provided by Chelan County’s existing hospice provider criticized specific language within the Charity Care Policy. Specifically, that it may limit financial assistance for those that are underinsured. If this project is approved, the remedy identified by Confluence is to ‘condition’ the approval requiring the applicant to ‘*provide charity care discounts consistent with those of the existing Chelan health system.*’ However, the department does not track hospice-only charity care percentages nor does it have criteria directly applicable to hospice agencies which dictate specific requirements of a hospice agency’s charity care policy or generosity. Stride rebutted this information stating that its *Admission Criteria and Process Policy No. 4-021* clearly states *admission is not determined on ability to pay*. Additionally, the *Charity Care Policy No. 3-007* states *[p]atients without third-party payer coverage and who are unable to pay for medically necessary care will be accepted for charity care admission, per established criteria*. Stride further demonstrated its commitment to provide charity care to patients by including a *Charity Care* line item as a deduction from revenue within its pro forma income statements. Stride’s intention to provide indigent patients with care is clear. The department does not concur with Confluence’s suggestion of a specific charity care percentage if this project is approved.

The applicant also provided a *Patient Bill of Rights Policy No. 2-002* and *Nondiscrimination Policy and Grievance Process Policy No. 2-037* these policies serve to further assure the department of Stride’s intention to provide access to hospice services to all the residents of Chelan County.

Furthermore, Stride provided its projected percentages of Medicare and Medicaid patients and revenues for Chelan hospice operations and based its projections on successful applications for hospice services in Clallam and Whatcom counties. These projects were intentionally chosen due to the populations targeted by each applicant and the more rural nature of the planning areas. These

percentages were additionally reviewed by AHNW's Administrator who has an abundance of experience as an administrator and in Washington State healthcare.

Based on the information reviewed, public and rebuttal comment, the department concludes that Stride's policies demonstrate that all residents of the service area will be accepted for services, regardless of the ability to pay. The department concludes that **this sub-criterion is met.**

- (3) The applicant has substantiated any of the following special needs and circumstances the proposed project is to serve.
 - (a) The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers providing a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas.
 - (b) The special needs and circumstances of biomedical and behavioral research projects designed to meet a national need and for which local conditions offer special advantages.
 - (c) The special needs and circumstances of osteopathic hospitals and non-allopathic services.
- (4) The project will not have an adverse effect on health professional schools and training programs. The assessment of the conformance of a project with this criterion shall include consideration of:
 - (a) The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided.
 - (b) If proposed health services are to be available in a limited number of facilities, the extent to which the health professions schools serving the area will have access to the services for training purposes.
- (5) The project is needed to meet the special needs and circumstances of enrolled members or reasonably anticipated new members of a health maintenance organization or proposed health maintenance organization and the services proposed are not available from nonhealth maintenance organization providers or other health maintenance organizations in a reasonable and cost-effective manner consistent with the basic method of operation of the health maintenance organization or proposed health maintenance organization.

Department Evaluation

This sub-criterion under WAC 246-310-210(3), (4), and (5) is not applicable to this hospice project.

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

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that the Stride Health Care, LLC project **meets** the applicable structure and process of care criteria in WAC 246-310-220.

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

Chapter 246-310 WAC does not contain specific WAC 246-310-220(1) financial feasibility criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that directs what the operating revenues and expenses should be for a project of this type and size. Therefore, using its experience and expertise the department evaluates if the applicant's pro forma income statements reasonably project the

proposed project is meeting its immediate and long-range capital and operating costs by the end of the third complete year of operation.

To evaluate this sub-criterion, the department reviews the assumptions provided by an applicant, projected revenue and expense (income) statements, and projected balance sheets. The assumptions are the foundation for the projected statements. The income statement is a financial statement that reports a company's financial performance over a specific period—either historical or projected. Projected financial performance is assessed by giving a summary of how the business expects its revenues to cover its expenses for both operating and non-operating activities. It also projects the net profit or loss incurred over a specific accounting period.⁷

The purpose of the balance sheet is to review the financial status of company at a specific point in time. The balance sheet shows what the company owns (assets) and how much it owes (liabilities), as well as the amount invested in the business (equity). This information is more valuable when the balance sheets for several consecutive periods are grouped together, so that trends in the different line items can be viewed.

As a part of this Certificate of Need review, the department must determine that an approvable project is financially feasible – not just as a stand-alone entity in a new county, but also as an addition to its own existing operations. To complete its review, the department requested the applicant provide additional projected financial information for the parent corporation since the proposed agency would be operated under its parent.

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

Stride through its subsidiary (Wenatchee HH Holdings, LLC) currently owns and operates in Washington State one in-home services home health agency (Wenatchee Home Health, LLC) serving the residents of Chelan and Douglas counties. Wenatchee Home Health, LLC operates out of an office at 285 Technology Center Way, Suite 108, in Wenatchee [98801]. [sources: Application, pdf 7 and March 4, 2022, screening response, pdfs 10 and 16]

Stride provided the following assumptions used to determine the projected number of patients and visits for the proposed Chelan County hospice agency. [source: Application, pdfs 12-15]

“Assumption 1:

Advanced Hospice plans to be ready to start its first year of operation in 2023. State methodology calculated unmet need from 2021-2023. See appendix 5 for Department of Health 2021-2022 Hospice Numeric Need Methodology. In order to calculate unmet need in years 2024 and 2025, and to maintain consistency, Advanced Hospice used the same calculations from the Department of Health 2021-2022 Hospice Numeric Need Methodology, but expanded its application into 2024 and 2025 using population data provided in the state methodology to determine the projected average daily census for these years. Steps 1-3 remained consistent. Step 4 applied the same calculated use rate to the state provided population projections for 2024 and 2025. Steps 5-7 remained consistent. This calculation yielded the following results:

⁷ One purpose behind the income statement is to allow key decision makers to evaluate the company's current situation and make changes as needed. Creditors use these statements to make a decision on loans it might make to the company. Stock investors use these statements to determine whether the company represents a good investment.

	0-64	65+
Step 1: Calculate the Two Statewide Hospice Use Rates:	25.67%	60.15%
Step 2: Calculate the 3 Yr Death Rate by Age Cohort:	164	661
Step 3: Calculate Projected # of Patients	42	398
Step 4: Calculate Use Rate from Projected Patients	0.000677	0.025044

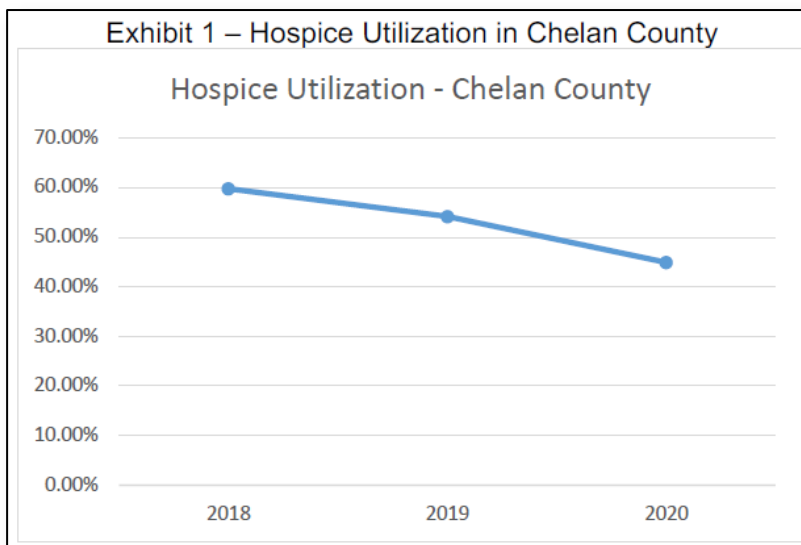
	2021	2022	2023	2024	2025
Population					
0-64	62512	62562	62611	62611 ⁷	62710
65+	17052	17695	18339	18982	19626
Expected Admissions					
0-64	42	42	42	42	42
65+	427	443	459	475	492
Total both Cohorts	469	486	502	518	534
Step 5: Subtract the Actual Capacity of 428.69 from the Total Both Cohorts	41	57	73	89	105
Step 6: Multiply the unmet Admissions determined in step 5 by the state ALOS of 62.12	2525	3560	4531	5534	6538
Step 7: Divide the Daily Census by the number of days in the year to get Unmet ADC	7	10	12	15	18

The highlighted data is condensed and presented in Table 6 to assist in presenting the following assumptions.

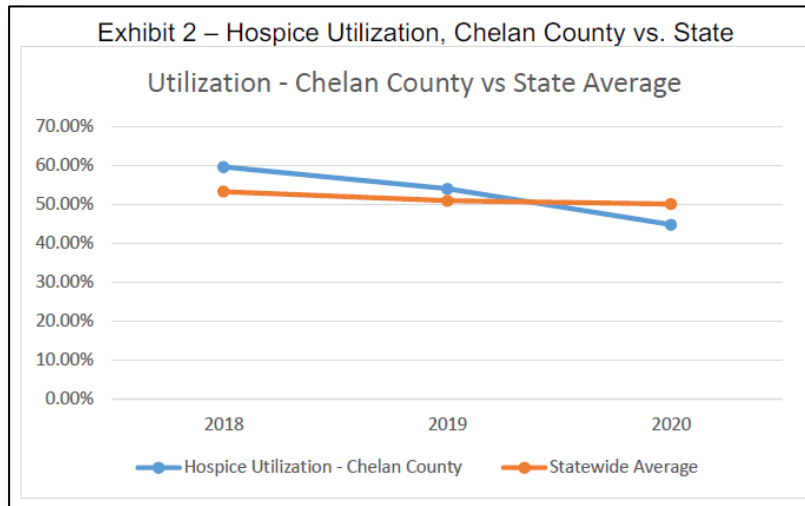
Year	2023	2024	2025
Projected Need Based on State Methodology	12	15	18

Assumption 2:

Calculations from the Data provided in the Department of Health 2021-2022 Hospice Numeric Need Methodology showed a significant drop in combined utilization rate in Chelan County.



The combined rate for Chelan County dropped from 59.74% in 2018 to 44.90% in 2020. The statewide average utilization during the same time dropped from 53.36% to 50.19%. This is a drop in utilization of 15% in Chelan County as compared to 3% statewide.



Because of this decreasing trend in utilization, an assessment of the impact of this trend was conducted and represented in Table 7. The decreased actual utilization rate of Chelan County for 2020 was compared to the Statewide average utilization rates. Expected admissions were calculated as per State Methodology using the statewide average. This was compared to Chelan County Actual Admissions and the Difference was noted. Based on this assessment, after combining the difference of each age cohort, an additional 77 patients should have needed services. This number of additional patients was multiplied by the Average Length of Stay as per State Methodology, showing need for patient days of 4,763. This was then divided by 365 as per State Need Methodology and determined an additional unmet need of 13 ADC.

	WA State Avg Use Rate	Chelan 2020 Actual Deaths	Expected Admissions	Chelan 2020 Actual Admissions	Difference
0-64	25.67%	224	58	32	26
65+	60.15%	785	472	421	51
Total					77
Patient Days					4763
Additional Unmet Need					13

This additional unmet need was added to the projected unmet ADC for years 2023, 2024, and 2025 as outlined in Table 8.

Year	2023	2024	2025
Projected Need Based on State Methodology	12	15	18
Adjusted unmet ADC based on Low Utilization	25	28	31

Advanced Hospice is confident these numbers more appropriately reflect the Hospice need in Chelan County versus available capacity and will discuss this further in questions 3, 4, and 6 of this section. Applying this additional numeric unmet need to future expected need demonstrates a need in the third year of operation for Advanced Hospice of 31 ADC. In addition, as financial projections indicate, this will be a financially viable project and will allow for the underserved Hispanic population in Chelan county to gain access to hospice services as discussed below.”

Using the assumptions stated here, Stride projected utilization for its Chelan hospice operations summarized in the following table. [source: Application, pdf 11]

Applicant’s Table

ADVANCED HOSPICE UTILIZATION PROJECTION	2023	2024	2025
Total number of admissions	85	165	183
Total number of patient days	5,263	10,220	11,383
Projected average daily census	14.3	27.8	31

If this project is approved, the new hospice agency would be operated under its parent, that also operates a home health agency. Based on this, the department requested Stride provide pro forma financial statements for newly proposed Chelan County hospice operations alone, as well as combined statements of the new agency with its parent’s existing home health agency operations. The various financial statements were helpful for the department to determine potential impacts of the hospice project on existing home health operations.

Stride provided payer mix information and assumptions outlined in WAC 246-310-210(2) of this evaluation and will not be repeated here. Stride also provided the following assumptions used to project profits and losses.

“The financial system in use has a revenue book rate that is lower than the actual reimbursement rate. This causes adjustments to the revenue. Since the adjustments are simply a function of the financial software and not a true contractual adjustment, the financial statement was updated to remove the contractual adjustments line and simply list the gross revenue. There was no significant change to the gross revenue due to this change but to avoid confusion, the update was made.

Note: Related to the combined statement – the projections initially used for Stride included anticipated increases to both revenues and expenses. In order to be conservative and consistent among statements, this was corrected with the largest variances being in Revenues in years 2 and 3 along with salaries and wages in years 2 and 3. Other variances are relatively minor and are represented in the updated statement included below. Additionally, a correction was made to dues wherein expenses had been categorized that were should have been in Professional Services/Software/Payroll Services. This adjustment was made and is reflected on the updated financial statement below.” [source: May 9, 2022, screening response, pdf 18]

Charity Care	2% based on averages from hospice providers
Bad Debt	1% based on averages from hospice providers
Payroll Taxes	10.6% of employee wages based on home health experience
Workers Compensation	1.23% based on home health experience
<u>Ancillary Expense</u>	(Based on averages from hospice providers)
Ambulance/Transportation	.34 PPD
Medical Director	\$200/hour contract and assumption of 1.04 hours per ADC
Equipment Rental / DME	4.40 PPD
GIP	700 per GIP day
Inpatient Respite	200 per Respite day
Contract Rehabilitation	3 hours per 10 ADC at avg rate of 49.96
Medical Supplies	1.90 PPD
Pharmacy / Lab / Xray	7.17 PPD
Payroll Taxes - Admin	10.6% of employee wages based on home health experience
Workers Compensation - Admin	1.23% of employee wages based on home health experience
Employee Benefits	3.78% of employee wages based on home health experience
Mileage	Per patient average cost of \$432.92 from home health experience
Advertising	\$1,200 / month based on advertising pricing
Liability Insurance	Estimate from Broker
Licenses and Fees	Accreditation and state licenses
Software	\$2,000/month based on rates quoted by vendors
Payroll Services	\$500/month based on home health experience
Management Fees	\$10,000/month for operational support
B & O Taxes	1.75% of gross revenues
Dues & Education	\$1,000/month for cultural education and 3,000/year in dues
Legal & Professional	\$100/month
Office Supplies and Postage	\$450/month
Telephone/Internet	93.57 per actual employee per month based on home health experience
Repairs and Maintenance	\$100/month
Recruitment	\$5,000 annual based on home health experience
Lease Expense (Incl Utilities)	6,000 \$500/month

[source: May 9, 2022, screening response, pdfs 12-13]

“a. Staff salaries/wages

The calculation used for labor was built from the hourly rates listed in the table below. Salaries were then calculated using the expected hours per day based either on staffing ratios or salaried positions calculated at 5.71 per day and multiplied by 30.42 days per month to determine monthly expense. The Pro Forma then rolls up the monthly expenses and the annual totals are included below.

Clinical Director	\$ 50.00
Outreach Coordinator	\$ 27.00
RN Case Manager	\$ 36.00
CNA	\$ 19.00
Volunteer Coordinator	\$ 24.00
QAPI Nurse	\$ 39.00
Intake Coordinator / Clinical Support	\$ 18.00
Social Worker	\$ 35.00
Spiritual Care Coordinator	\$ 28.00
Administrator	\$ 55.29
Office Manager	\$ 30.00

b. Payroll taxes

Payroll taxes were calculated at 10.6% based on Advanced Home Health experience.

c. Workers compensation

Workers Compensation was calculated at 1% based on new entity rate posted on L & I

d. All expenses

See Pro Forma below with assumptions for expenses. For many ancillary and some other expenses as well as revenue assumptions, where there was no historical that could be extrapolated from Home Health experience, assumptions were developed based on averages from other hospice providers financial reports. These other hospice providers are customers to an accountant/bookkeeper that Advanced Home Health also uses. This accountant was able to pull averages from the hospice providers that was used as an assumption for Advanced Hospice.

...

Yes, there is \$12,000 in funds allocated in dues and education for maintaining cultural training and competencies.” [source: March 4, 2022, screening response, pdfs 12 and 14]

When asked in screening to provide some more background for the basis of some assumptions stated to be ‘developed based on averages from other hospice providers financial reports’ Stride provided the following details. [source: May 9, 2022, screening response, pdf 9]

“These other providers are similar in size to what this operation will be. These were used to assess and validate assumptions, in particular ancillary and administrative expenses. Although these entities operate outside the state of Washington, they were used as a benchmark to validate that our assumptions on pricing would be accurate based on pricing with national vendors of similar sized hospice agencies. These factors drive pricing and were found to be in line with what other operators of similar size were averaging based on their contracted rates and utilization. In addition, the administrator who will be overseeing the standing up of this hospice has over 20 years of experience as an administrator of home health and hospice with over 10 years of experience in Washington state. He also reviewed the expenses based on the assumptions and validated the assumptions were reasonable and appropriate based on his experience.”

In assuming the basis for some line items in its revenue and expense statements, Stride provided the following additional specifics.

RN Case Manager and On-Call Salary

“Hourly Rate of \$36 x 5.71 hours per day x 30.42 days per month x 12 months per year = annual salary of \$75,038. RN Case Manager is assumed at a ratio of 1:10 and will also provide On-call

services at .4 FTE per census of 10 or .4 : 10. This assumption for on call was developed with our administrator based on his experience operating hospice in Washington State. The annual salary is then multiplied by the number of FTE's based on the ratios.

Year 1 - $\$75,038 \times 2 (1.43 \text{ for RN Case Manager} + .57 \text{ for on Call}) = \$150,076$

Year 2 - $\$75,038 \times 3.89 (2.78 + 1.11 \text{ for on Call}) = \$291,898$

Year 3 - $\$75,038 \times 4.34 (3.1 + 1.24 \text{ for on Call}) = \$325,665$ "

[source: May 9, 2022, screening response, pdf 6]

CNA Salary

"Hourly Rate of $\$19 \times 5.71 \text{ hours per day} \times 30.42 \text{ days per month} \times 12 \text{ months per year} = \text{annual salary of } \$39,603.$

Year 1 - $\$39,603 \times 1.43 = \$56,632$

Year 2 - $\$39,603 \times 2.78 = \$110,096$

Year 3 - $\$39,603 \times 3.10 = \$122,769$ "

[source: May 9, 2022, screening response, pdf 7]

Social Worker Salary

"Hourly Rate of $\$35 \times 5.71 \text{ hours per day} \times 30.42 \text{ days per month} \times 12 \text{ months per year} = \text{annual salary of } \$72,953.$

Year 1 - $\$72,953 \times .48 = \$35,017$

Year 2 - $\$72,953 \times .93 = \$67,846$

Year 3 - $\$72,953 \times 1.03 = \$75,142$ "

[source: May 9, 2022, screening response, pdf 7]

Spiritual Care Coordinator Salary

"Hourly Rate of $\$28 \times 5.71 \text{ hours per day} \times 30.42 \text{ days per month} \times 12 \text{ months per year} = \text{annual salary of } \$58,363.$

Year 1 - $\$58,363 \times .48 = \$28,014$

Year 2 - $\$58,363 \times .93 = \$54,278$

Year 3 - $\$58,363 \times 1.03 = \$60,114$ "

[source: May 9, 2022, screening response, pdf 7]

Worker's Compensation

"This assumption was based on what was posted on the L&I website for new entities which was understood to be 1% of gross wages. Clarification was made with an L&I representative, and after viewing the specific home health rate for Advanced Home Health, the representative expressed this rate would be the most accurate workers comp rate for the new hospice entity. The financial statement was adjusted to reflect 1.23% of wages." [source: May 9, 2022, screening response, pdf 9]

General Inpatient and Respite Days

"The first cost which has an assumption relative to general inpatient days is correct. The second was meant to be respite days and has been updated on the financial statement. I am including the assumed days by year for both the general inpatient and respite for reference. The formula for respite costs needed correction and financial statement was updated.

Year 1:

General Inpatient days = 23.16

Respite days = 66.63

Year 2:

General Inpatient days = 44.97

Respite days = 130.20

Year 3:

General Inpatient days = 50.09

Respite days = 149.83" [source: May 9, 2022, screening response, pdf 10]

Mileage

"The mileage formula needed an update. Although mileage is based on the IRS rate of \$0.56/mile in this assumption, it was determined that the formula used had overstated mileage expense and that it was more appropriately based on a mileage cost per average annual patient on home health in Chelan County. This was assessed and determined to be an average that could be used given the current experience in Chelan County providing home based services. This average annual per patient cost of \$432.92 was applied to the hospice census assumptions and the cost was updated on the financial statement." [source: May 9, 2022, screening response, pdf 10]

Contract Rehabilitation

"A slight revision was made to correct this calculation. The formula for this is Average Daily Census / 10 x 3 (hours per month) x 12 months x average rate of 49.96. Below is each year calculation.

Year 1 - (14.3/10) x 3 hours x 49.96 avg rate x 12 months = 2,572

Year 2 - (27.8/10) x 3 hours x 49.96 avg rate x 12 months = 5,000

Year 3 - (31/10) x 3 hours x 49.96 avg rate x 12 months = 5,576"

[source: May 9, 2022, screening response, pdf 11]

Employee Benefits for years 2024 and 2025

"This was adjusted to reflect the 3.78% cost." [source: May 9, 2022, screening response, pdf 11]

Management Fees

"This is correct. There are no associated costs with this agreement. There is an arrangement for management support and for the services listed below, Wenatchee Hospice LLC will pay \$10,000 per month to Stride Health Care LLC.

Operational consultation including

- *Regulatory support*
- *Human resources*
- *Financial forecast and financial report preparation*
- *Operational reviews and consultations*
- *QAPI support and consultation*
- *Contracts management*
- *Insurance and payroll consulting*
- *Coordination and assistance in any other needed areas as they arise*

These payments are forecasted under management fees and total \$120K per year." [source: May 9, 2022, screening response, pdf 15]

Lease Additional Costs

“There is no additional cost as insurance will not be purchased due to minimal cost of personal property. This language is meant to protect the landlord against claims if damage to personal property is experienced. Wenatchee Hospice will in essence be self-insured for personal property as it will not be worth insuring for such a small amount.” [source: March 4, 2022, screening response, pdf 26]

Professional Services/Software/Payroll Services

“The name has been updated to Professional Services/Software/Payroll Services for clarity. This includes services in place with home health for quality consulting along with software costs. Also included are the hospice Medical Director, GIP and Inpatient ancillary expenses, Contract Rehabilitation, along with software expenses. Assumptions are listed on the financial statement.” [source: May 9, 2022, screening response, pdf 19]

Interest Expense

“Stride has some loans and incurs interest on those loans. AHNW does not have any loans or interest. Combining the two entities pulls the interest from the existing Stride entity into the combined statement.” [source: May 9, 2022, screening response, pdf 19]

Table 3 below is a summary of the projected Revenue and Expense Statement for Stride’s Chelan County hospice agency. Table 4 below is a summary of the applicant’s projected Revenue and Expense Statement that combines the home health and the proposed hospice operations. [source: May 9, 2022, screening response, pdfs 12-13] For both of the following Revenue and Expense Statement summaries the amounts in the “Net Revenue” row includes gross revenues minus charity care and bad debt. The amounts in the “Total Expenses” row represent all direct patient care costs, all administrative costs, and non-operating costs.

**Department’s Table 3
Stride’s Chelan County Hospice Operation’s
Revenue and Expense Statement Summary for Years 2023 through 2025**

	CY 2023 (Year 1)	CY 2024 (Year 2)	CY 2025 (Year 3)
Net Revenue	\$1,026,476	\$1,993,422	\$2,222,319
Total Expenses	\$1,074,534	\$1,528,088	\$1,635,426
Net Profit / (Loss)	(\$48,058)	\$465,334	\$568,718

As discussed earlier in this section, the department also expects to see how the proposed project could financially impact the new agency’s parent organization’s other operations. Following is a summary of the projected Revenue and Expense Statement for Stride’s existing home health operations with the proposed Chelan County hospice operations. [source: May 9, 2022, screening response, pdf 20]

Department's Table 4
Stride's Hospice and Home Health Operations'
Combined Revenue and Expense Statement Summary for Years 2023 through 2025

	CY 2023 (Year 1)	CY 2024 (Year 2)	CY 2025 (Year 3)
Net Revenue	\$2,905,091	\$3,872,037	\$4,100,935
Total Expenses	\$2,715,521	\$3,169,075	\$3,276,413
Net Profit / (Loss)	\$189,570	\$702,962	\$824,522

Stride also provided projected balance sheets for the proposed Chelan County hospice agency. A summary is shown in the following table. [source: August 25, 2022, PUI response]

Department's Table 5
Stride's Chelan County Hospice Operation's
Balance Statement Summary for Years 2023 through 2025

ASSETS	CY 2023 (Year 1)	CY 2024 (Year 2)	CY 2025 (Year 3)
Current Assets	\$228,349	\$783,497	\$1,466,519
Property and Equipment	\$0	\$0	\$0
Other Assets	\$0	\$0	\$0
Total Assets	\$228,349	\$783,497	\$1,466,519

LIABILITIES	CY 2023 (Year 1)	CY 2024 (Year 2)	CY 2025 (Year 3)
Current Liabilities	\$131,407	\$221,221	\$317,350
Long-Term Debt	\$0	\$0	\$0
Equity	\$96,942	\$562,276	\$1,149,169
Total Liabilities, Long-Term Debt, and Equity	\$228,349	\$783,497	\$1,466,519

As mentioned above, the department also expects to see how the proposed project could financially impact the new agency's parent organization's other operations. Following is a summary of the projected balance sheets for Stride's existing home health operations with the proposed Chelan County hospice operations. [source: August 25, 2022, PUI response]

**Department's Table 6
Stride's Hospice and Home Health Operations'
Balance Statement Summary for Years 2023 through 2025**

ASSETS	CY 2023 (Year 1)	CY 2024 (Year 2)	CY 2025 (Year 3)
Current Assets	\$1,199,716	\$2,106,801	\$3,141,760
Property and Equipment	\$0	\$0	\$0
Other Assets	\$47,416	\$44,080	\$40,744
Total Assets	\$1,247,132	\$2,150,881	\$3,182,504

LIABILITIES	CY 2023 (Year 1)	CY 2024 (Year 2)	CY 2025 (Year 3)
Current Liabilities	\$483,847	\$684,634	\$891,735
Long-Term Debt	\$0	\$0	\$0
Equity	\$763,285	\$1,466,247	\$2,290,769
Total Liabilities, Long-Term Debt, and Equity	\$1,247,132	\$2,150,881	\$3,182,504

Public Comment

Confluence Health, Central Washington Hospital & Clinics – Oppose [source: comment pdf 13]

“7. Advanced Hospice’s lease is not fully notarized, which is a requirement in Washington State. In Appendix 15 of Advanced Hospice’s application and screening response, it provides a letter of intent to sublease the proposed site for its proposed hospice agency, including the primary lease. The letter of intent for the sublease is signed by both the Sublessor (Advanced Home Health) and Sublessee (Advanced Hospice). Further, the primary lease, including the 1st amendment to the lease agreement, is signed by both the Landlord (Chelan Douglas Regional Port Authority) and Tenant (Advanced Home Health). However, neither of the signature blocks on either the original or first amendment to the primary lease is notarized. Real Estate law in Washington State requires all signatures be notarized in leases with terms over a one-year period, which is not the case with the lease document presented by Advanced Hospice. Thus, based off the documents submitted, Advanced Hospice has not demonstrated Site Control. We would also note that at this point in the review cycle, Advanced Hospice cannot supplement its record.”

Rebuttal Comment of Stride Health Care, LLC [source: July 6, 2022, rebuttal, pdfs 10-11]

“7. Advanced Hospice’s lease is not fully notarized, which is a requirement in Washington State. This is not a CN requirement and Advanced Hospice has demonstrated Site Control with the documents submitted in its application. Confluence Health merely stated this is a ‘real estate law’ but has failed to even reference the law. This is because it is not applicable to this situation as Confluence Health alleges and is not a CN requirement. The CN application requires the following:

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

If this is an existing hospice agency and the proposed services would be provided from an existing main or branch office, provide a copy of the deed or lease agreement for the site. If a lease

agreement is provided, the agreement must extend through at least the third full year following the completion of the project. Provide any amendments, addendums, or substitute agreements to be created as a result of this project to demonstrate site control.

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

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

Advanced Hospice provided executed and draft agreements that meet the requirements of the CN application. Advanced Hospice also reviewed nearly 100% of hospice decisions issued under the current rules/CN application packet, and did not see any rejection of a lease, that meets the requirements of the guideline above, because of it not being notarized.

Further, Advanced Hospice consulted a real estate attorney. Case law clearly indicates a written lease agreement prepared by the landlord and signed by both parties is fully executed and legally binding whether fully notarized or not. Further, a lease agreement that has been in place for almost 2 years with no disputes is also more clearly fully executed and legally binding. The lease agreement and addendum submitted by Advanced Hospice are fully executed and legally binding. The Landlord would not legally be able to involuntarily remove the tenant except as outlined in the lease agreements submitted, whether fully notarized or not, making Confluence Health's argument unrelated and invalid. Advanced Hospice did submit appropriate documents to establish site control."

Department Evaluation

Utilization Assumptions

An applicant's utilization assumptions are the foundation for the financial review under this sub-criterion. The applicant currently operates a home health agency in Washington State, and based its projected utilization of the proposed new hospice agency on specific factors:

- Statewide use rates of:
 - 25.67% for those 0-64 years
 - 60.15% for those 65+ years
- Average length of stay of 62.12 days
- Based on the factors above, the three-year average daily census calculates to approximately 14 in year one, 28 in year two, and 31 in year three.

Stride first extrapolated the department's rule-based methodology to extend to years 2024 and 2025. It then applied the statewide hospice use rates to Chelan County projected populations to see what expected admits there would be in its projection years had Chelan County been utilizing hospice services at the same rate as the statewide average. Therefore, it follows that if Stride is successful in increasing Chelan County's hospice use rate to that of the statewide average its utilization could be achievable.

Confluence provided extensive criticism of Stride's utilization analysis and resulting projections, these critiques were reviewed under WAC 246-310-210 of this evaluation. The department found Stride's utilization assumptions reasonable. The comments, rebuttal, and department's review will not be restated here.

Pro Forma Financial Statements

As stated earlier, since AHNW would be operated under a parent which owns a home health agency, Stride provided pro forma financial statements for newly proposed Chelan County hospice operations alone, as well as combined statements of the new agency with its parent's existing home health agency operations. The various financial statements were helpful for the department to determine potential impacts of the hospice project on existing home health operations.

The department first examined the financial feasibility of the proposed new hospice agency alone. As summarized in Table 3 above, this new agency is projected to be profitable from its second full calendar year of operation (2024) and continues to increase its profits through year three; with an expected \$568,718 more in revenues than expenses.

Since the new agency is part of a larger organization the department then reviewed the financial practicality of the Chelan hospice agency in the context of the applicant's complete operations. As summarized in Table 4 above, the combined operations show profitability from this project's first year (2023) and continues to increase its profits through year three; with an expected \$824,522 more in revenues than expenses.

Stride based its anticipated revenue and expenses for its new hospice agency on the assumptions referenced earlier. Stride also used its leadership's industry experience as a second check on multiple line items that would likely be consistent industry wide. From its Washington State in-home services experience, Stride expects a gradual start-up, which results in net gains for the agency and larger parent company by its second full year of operation; with a growing profit through year three.

Stride also provided its home health operation's historical balance sheet and historical tax form 1065 which includes all the information typically found on a company's balance sheet. In response to the PUI request Stride provided pro forma balance sheets for the new agency alone as well as its parent's combined operation's detailing all three projection years. As previously stated, the purpose of a balance sheet is to review the financial status of the project at a specific point in time. The balance sheets show what the hospice agency owns (assets) and how much it owes (liabilities), as well as the amount invested in the business (equity). Table 4 shows that the hospice operations alone will be lean and no debt is assigned to the agency.

Table 5 above summarizes the hospice agency’s projected balance sheet provided by the applicant. The balance sheets provided in the review demonstrate that the applicant is financially healthy company that is able to support a relatively small project and investment.⁸ Again, as an in-home services agency, the balance sheets are lean, yet financially capable of operating both home health and hospice services.

Lease

For this project Stride intends to sublet space for its proposed hospice operations from its parent’s home health operations. The applicant’s existing home health agency, Advanced Home Health Northwest of Wenatchee (providing home health services to Chelan and Douglas county residents) currently leases office space located at 285 Technology Center Way, Suite 108 in Wenatchee within Chelan County. Stride provided an executed lease agreement and draft sublease agreement.

The executed lease was signed on August 5, 2020, and commenced on September 1, 2020. It identifies the entities involved, outlines roles and responsibilities of both entities, and specifies all costs associated with the agreement. This lease agreement’s initial term ends August 31, 2022, but includes two one-year renewal options which would take the initial lease to August 31, 2024. Additionally, the applicant included an addendum, signed on December 14, 2021, which adds three additional one-year renewal options taking the lease to August 31, 2027. The addendum specifies that all other parts of the lease remain in full force and effect. [source: Application, Appendix 15]

Comment was provided which claims that no site control is demonstrated since the signatures of the lease and amendment are not notarized. Stride provided rebuttal noting correctly that CN review does not require what was suggested in comment. It further stated that the lease has been in place for two years without issue and demonstrates site control. Stride’s assertion that the CN review does not require notarized documents for lease agreements is accurate.

Draft Sublease

The draft sublease agreement for the same location as the executed lease agreement identifies the entities involved, outlines roles and responsibilities of both entities, and specifies all costs associated with the agreement. Its initial term ends August 31, 2023, and includes three one-year renewal options extending the sublease to August 31, 2026. Since the sublease is a draft, the applicant also provided a letter signed by both entities of the draft sublease, dated December 29, 2021, stating both entities’ intention to execute the sublease following CN approval. The documentation provided substantiates all sublease costs which are identified in the pro forma revenue and expense statement for the hospice agency alone. [source: Application, Appendix 15]

Draft Professional Services Agreement Medical Director

Stride provided a copy of a draft Professional Services Agreement Medical Director with Jonathan Kim, M.D. The draft agreement identifies the roles and responsibilities of both the hospice agency and its medical director, has an initial term of one calendar year with automatic annual renewals. The costs for the agreement are included in the Revenue and Expense Statements as a “*Medical Director*” line item. Since the agreement is a draft, the applicant also provided a letter signed by both entities identified in the draft agreement, dated December 28, 2021, stating both entities’ intention

⁸ This project’s start-up costs are \$35,000.

to execute the professional services agreement following CN approval. [source: Application, Appendix 14]

Since several of the agreements in this section are in draft form, if this project is approved, a condition is necessary to ensure Stride executes the draft agreements. Based on the information reviewed, public comment, and rebuttal comment, with written agreement to the conditions in the conclusion section of this evaluation, the department concludes that Stride’s project, **meets this sub-criterion.**

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

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

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

There is no capital cost or construction associated with this project. Stride identified start-up costs of \$35,000. In response to this sub-criterion, Stride provided the following statements regarding startup costs.

“Start-up costs will be minimal as office space and computer/electronic equipment is available in the current Home Health space. In addition, key staffing positions (i.e. administrator, social worker, etc.,) will be shared from Home Health initially to keep costs at a minimum.

Start-up costs for this project are estimated at \$35,000. This will include salaries for staff and cost for development of supplies and materials related to cultural programming.

\$7,500 is expected for development of materials and supplies

\$27,500 is expected for salaries related to programming development, staff training, competencies and outreach” [source: Application, pdf 26]

“\$7,500 is expected for development of materials and supplies. This is based on estimates from the vendor and this will include development of informational and marketing materials along with the cost of translation services for Spanish materials. This will include brochures, pamphlets, admission information and other marketing items (pens, post-its, hand sanitizers, etc) used to help market the new services.

Start-up Material Costs	
Printed Materials	\$4,500
Translation Services	\$1,500
Marketing Items	\$1,500
Total	\$7,500

\$27,500 is expected for salaries related to programming development, staff training, competencies, and outreach. This will include time spent by the administrator and clinical director in meeting with Columbia Valley Community Health in developing partnerships and connections to start the building

of the volunteer programming that will be focused heavily on the cultural programming. A volunteer and outreach coordinator will be hired, and the start-up costs will include the onboarding and development of their roles and positions along with the cultural programming and plan for community outreach. Assumptions include the equivalent of 2 months of salary for the clinical director and administrator positions along with the equivalent of 1 month's salaries for the volunteer and outreach coordinators prior to being certified by Medicare. Lastly, approximately 2 days will be spent with the Spiritual Care Coordinator for some targeted outreach.

Start-up Labor Costs	
Clinical Director	\$8,685
Administrator	\$9,605
Volunteer Coordinator	\$4,170
Outreach Coordinator	\$4,690
Spiritual Care Coordinator	\$350
Total	\$27,500

[source: May 9, 2022, screening response, pdf 6]

“This project will not negatively impact costs or charges in Chelan County. It would allow for choice and for services to be more readily available to underserved populations and will allow for more effective use of existing healthcare and management personnel. Hospice care is also shown to reduce end of life costs and this project will increase access to Hospice services for additional individuals, ultimately decreasing overall health care costs.

Because Advanced Hospice will have a connection to Advanced Home Health, both startup costs and some fixed expenses will be kept to a minimum. There will be no negative impact on the costs and charges for health services in Chelan County due to this project. Improved efficiencies will be promoted through this project in that some staff and ancillary expenses will be able to be shared across the two entities allowing for cost containment.” [source: Application, pdf 26]

“There is no equipment needed for this project as office and computer/telephone equipment is owned and will be shared through Advanced Home Health’s current office.

Wenatchee Hospice Holdings LLC through Stride Health Care LLC, its manager, will finance the project. See Appendix 16.” [source: Application, pdf 27]

Stride also provided a letter of financial commitment to demonstrate the organization’s commitment to the project’s start-up costs. It is dated December 23, 2021, and signed by Matt Ham, Chief Operating Officer of Stride Health Care, LLC committing to the necessary start-up cost associated with the project. [source: Application, Appendix 16]

Also included in its submission is a U.S. Return of Partnership Income form 1065. This shows Stride’s business start date, May 18, 2020; as well as information that would appear in a corporate balance sheet which documents Stride’s existing available capital. [source: March 4, 2022, screening response, pdfs 30-36]

There were no public comments or rebuttal comments provided under this sub-criterion.

Department Evaluation

There are no capital costs and no construction associated with this project. There is an estimated start-up cost of \$35,000 associated with printed materials, translation services, marketing, and labor.

Stride provided a letter dated December 23, 2021, signed by its Chief Operating Officer, Matt Ham, demonstrating its commitment to this project, including its financial commitment for start-up costs.

The department does not have an adopted standard on what constitutes an unreasonable impact on charges for health services. Since Medicare patients typically make up the largest percentage of patients served in hospice care; and for the proposed project, the applicant projected that 95% of its patients would be eligible for Medicare or Medicaid. Gross revenue from Medicare and Medicaid is projected to 96% of total revenues. Thus, standard reimbursement amounts and related discounts are not likely to increase with the approval of this project.

Based on the information reviewed the department concludes that approval of this project is not expected to have an unreasonable impact on the costs and charges of healthcare services in the planning area. Based on the information, the department concludes that this Chelan County project, **meets this sub-criterion.**

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

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

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

There is no capital cost or construction associated with this project. Rather, \$35,000 estimated for start-up costs. In response to this sub-criterion, Stride provided the following statements.

“Start-up costs will be minimal as office space and computer/electronic equipment is available in the current Home Health space. In addition, key staffing positions (i.e. administrator, social worker, etc.,) will be shared from Home Health initially to keep costs at a minimum.

Start-up costs for this project are estimated at \$35,000. This will include salaries for staff and cost for development of supplies and materials related to cultural programming.

\$7,500 is expected for development of materials and supplies

\$27,500 is expected for salaries related to programming development, staff training, competencies and outreach” [source: Application, pdf 26]

“There is no equipment needed for this project as office and computer/telephone equipment is owned and will be shared through Advanced Home Health's current office.

Wenatchee Hospice Holdings LLC through Stride Health Care LLC, its manager, will finance the project. See Appendix 16.” [source: Application, pdf 27]

Stride also provided a letter of financial commitment to demonstrate the organization’s commitment to the project. It is dated December 23, 2021, and signed by Matt Ham, Chief Operating Officer of Stride Health Care, LLC committing to the necessary working capital to finance the project. [source: Application, Appendix 16]

Also included in its submission is a U.S. Return of Partnership Income form 1065. This show Stride’s business start date, May 18, 2020; as well as information that would appear in a corporate balance sheet which documents Stride’s existing capital available. [source: March 4, 2022, screening response, pdfs 30-36]

There were no public comments or rebuttal comments provided under this sub-criterion.

Department Evaluation

This project’s estimated start-up costs total \$35,000. Stride intends to pay for start-up costs using available member funds; and provided a letter from its Chief Operating Officer demonstrating financial commitment to this project, including all funding related to the project. This approach is appropriate because documentation was provided to demonstrate assets are sufficient to cover these costs. Based on the above information department concludes **this sub-criterion is met.**

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

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that the Stride Health Care, LLC project **meets** the applicable structure and process of care criteria in WAC 246-310-230.

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

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

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

To demonstrate compliance with this sub-criterion, Stride provided the following assumptions it used in projecting full-time equivalents (FTEs) for this project. [source: Application, pdf 29]

“The number and types of FTE’s is based off of data taken from other agencies offering Hospice services in Washington and other states. Special emphasis for this project was placed on the outreach coordinator and volunteer coordinator positions given the focus of the Hispanic community and the need for programming and outreach.

Advanced Hospice is confident in the adequacy of planned staffing levels and verified through a review and comparison to a number of other entities that are currently in operation as well as a comparison to approved certificate of need applications in the 2018, 2019, and 2020 application cycles.”

Applicant's Table

Category	Wenatchee Hospice FTE Assumptions
Skilled Nursing (RN & LPN)	1:10
Physical Therapist	Contract only
Occupational Therapist	Contract only
Medical Social Worker	1:30
Speech Therapist	Contract only
Home Health / Hospice Aide	1:10
Chaplain	1:30

[source: Application, pdf 29]

When asked in screening to provide more detail on the basis for its staffing assumptions specifically which past approved CN applications were used as models, Stride provided the following information. [source: March 4, 2022, screening response, pdfs 7-8]

“Below is an analysis that was conducted in order to validate the appropriateness of staffing for Wenatchee Hospice. This assessment showed that Wenatchee Hospice was in line with 4 other applicants approved over the past 2 years in Washington. These applicants were in rural counties, similar to Chelan County. This is applicable to this project in Chelan County as the requirements for Hospice providers related to delivery of care are all the same. Although there are variations in some other areas of staffing a hospice agency, this direct care staffing is fairly consistent among providers and was found to be in line with what Wenatchee Hospice determined its staffing requirements would be.”

Applicant's Table

Staff Ratio's	Wenatchee Hospice	Eden Of Whatcom County	Symbol Thurston County	Olympic Medical Hospice - Clallum County	Symbol Greys Harbor County
Category		CN20-37	CN19-57	CN19-42	CN21-41
Skilled Nursing (RN & LPN)	1 FTE for 10 Patients	1:10	1:10	1:10	1:12
Physical Therapist	Contract only	contract only		As Needed	
Occupational Therapist	Contract only	Contract only		As Needed	
Medical Social Worker	1 FTE for 30 Patients	1:30	1:30	1:35	1:30
Speech Therapist	Contract only	Contract only		As Needed	
Home Health / Hospice Aide	1 FTE for 10 Patients	1:10	1:10	1:10	1:10
Chaplain	1 FTE for 30 Patients	1:40	1:30	Contracted per visit	1:30

[source: March 4, 2022, screening response, pdf 8]

Stride also provided the following projected full-time equivalents (FTEs) for this project. [sources: May 9, 2022, screening response, pdf6-8 and March 4, 2022, screening response, pdf 7]

**Department's Table 7
Stride's Chelan County FTE Projections**

FTE Type	2023 (Year 1)	2024 (Year 2)	2025 (Year 3)
Clinical Director*	0.50	0.50	0.50
RN Case Manager (including On-Call)	2.00	3.89	4.34
CNA	1.43	2.78	3.10
QAPI Nurse*	0.50	0.50	0.50
Social Worker	0.48	0.93	1.03
Spiritual Coordinator	0.48	0.93	1.03
Administrator*	0.50	0.50	0.50
Outreach Coordinator	1.00	1.00	1.00
Volunteer Coordinator	1.00	1.00	1.00
Intake Coordinator/Clinical Support	1.00	1.00	1.00
Office Manager*	0.50	0.50	0.50
Total FTEs	9.39	13.53	14.50

** These staff will be shared with home health operations.*

In addition to the table summarized above, Stride clarified that the positions of medical director, physical, occupational, and speech therapists will be under contract and not included in this FTE count. [source: Application, pdf 29]

Stride also provided the following statements regarding the recruitment and retention of necessary staff. [source: Application, pdfs 30-31]

“Staff recruitment and retention is key in order for any health care organization to meet its objectives. Advanced Hospice is a local provider who will work to not only recruit talented and competent staff for its needs, but as a member of the state and national Home Care Association, will continue to do all it can to promote state and national campaigns as well in order to recruit compassionate individuals to the healthcare industry.

Advanced Home Health has had a presence in the community for years and as such, is familiar with the challenges and opportunities of recruiting talent both locally in Chelan County as well as outside of the county and state. Advanced Home Health has been able to recruit talent to meet its objectives in providing home health services in Chelan County. They offer competitive wages and benefits. Many of its current staff have interest and availability to also provide hospice services. This will help improve access in the county by allowing additional workforce to be available to meet hospice needs in the community.

Recruitment efforts will continue in the same manner for Advanced Hospice as has worked for Advanced Home Health, in order to meet staffing needs.

Advanced Hospice will carry forward the same fundamental operating focus embraced by Advanced Home Health. This starts with the belief that culture is the most important factor in recruitment and retention. An advantage of being a smaller local provider is the direct involvement in the community allowing decisions to be made locally that are best for the community. Culture for the organization is not based on a larger corporate goals, but rather developed by the team providing care in Chelan

County. The culture is a sum of the actions of each employee each day and the operational focus is to keep those actions centered on respect, competency, meeting people where they are, and working to fulfil the personal mission of making a difference in the lives of those served. This focus drives all actions and decisions in the organization.

All phases of recruitment and onboarding lead to effective retention and as such, great emphasis is placed on the orientation and onboarding process. In order to succeed, the organization works to ensure the right people are brought onboard and then onboarded for success. In order to consistently ensure this process is followed, Advanced Hospice has policies and procedures addressing selection and hiring of personnel as well as orientation. See Appendix 10.

The most effective recruitment has been through word of mouth referrals from existing staff. Referral bonuses are offered internally as positions become available. Advanced Hospice also has access to typical recruiting platforms such as Indeed, Glassdoor, Linked In, etc. and will use those as needed to fill immediate and ongoing needs. Advanced Hospice also has access to national recruiters and additional resources available to garner potential interest in open positions.”

Stride provided the following statement in response to a screening question about known staffing shortages and competitive demand for skilled labor across Washington State. [source: May 9, 2022, screening response, pdf 8]

“Based on experience in filling positions for home health in Chelan County, there are limited options for skilled labor outside of opportunities offered by the largest healthcare provider in the county. Advanced Home Health has found that when they post advertisements for open positions there is often interest for these positions, even over the last couple of years. It is not uncommon to have candidates express that for various reasons they wanted an opportunity outside of the larger provider in the area but felt their options were limited. This environment has allowed Advanced Home Health to be able to fill key positions as needs have arisen. This is expected to be the case with Advanced Hospice as well. In addition, the spouse of an owner has a staffing agency where skilled staff are placed in various entities throughout Washington. Advanced Home Health has been able to draw applicants from this source and fill temporary or permanent needs with this connection. Lastly, the other owner has a long work history with a large skilled nursing facility provider in the southwest US. There has been significant burnout among skilled nursing facility staff and there have been many who have reached out and expressed interest in transitioning more to home-based care. This has led to an increase in interest in open positions as many staff from that setting have a relationship with the owner and have reached out with interest in making a change. This has brought additional skilled staff to Washington and to the home-based setting. These factors have helped Advanced Home Health be able to staff adequately despite the competitive demand for skilled labor across Washington State. Agreements with additional staffing agencies are in place in the event that a more sudden staffing challenge arises.”

Public Comment

Confluence Health, Central Washington Hospital & Clinics – Oppose [source: comment pdfs 14-16]

“9. The existing planning area hospice agency, Central Washington Hospital Homecare Services, has high quality scores.

Advanced Hospice’s application references comparative hourly visit data between Chelan County’s existing hospice agency, Central Washington Hospital Homecare Services, and the national average: ‘Chelan County hospice data indicates average time spent with each hospice patient per

day is .41 hours where national average is .52. This can be indicative of staffing challenges which can limit access to hospice services. See Exhibits 7 and 8.' Application Exhibit 7 presents a bar chart showing all Washington hospice agencies' visit hours per patient day, as well as a line indicating the national average. We emphasize that while Advanced Hospice focuses on Central Washington Hospital Homecare Services (CWHHS) being below the national average, the bar chart shows CWHHS in the top half (i.e. above average) of all Washington hospice agencies. Although statistics based on national averages are useful benchmarks, they have limitations if not adjusted for patient and overall health delivery system characteristics. In fact, only two Washington State hospice agencies are above the national average, suggesting differences in Washington State relative to the U.S overall, at a minimum, mean such comparisons are suspect.

With regards to national statistics on hospice quality, Central Washington Hospital Homecare Services' quality compare scores available on Medicare's website shows it exceeds the Washington State average in all sixteen of the quality measures the Department uses for evaluating hospice agencies' for WAC 246-310-290(11). This includes eight measures regarding family caregiver experience and eight quality of patient care measures. With respect to family caregiver experience, CWHHS is above the Washington State average in all eight measures. In particular, CWHHS scores 81% for 'Getting timely help' compared to the Washington State average of 75%, and the national average of 78%, which counters Advanced Hospice's suggestion there are timely access issues. For quality of patient care, CWHHS is above the Washington State average in all seven measures that make up the Hospice Item Set (HIS) Comprehensive Assessment Measure, and is above the Washington State average for the composite process measure. If CWHHS had low staffing, then its scores would be expected to low, but this is not the case. Instead, Advanced Hospice's Application Exhibit 7 shows that CWHHS is the top half compared to its Washington peers with respect to visit hours, and CWHHS' patient quality is above the Washington State average according to publicly available Medicare benchmarks.

...

11. Approval of an additional provider will exacerbate staffing issues, well-known in health care services.

Staffing shortages have been incredibly challenging for healthcare providers. COVID-19 has placed a further strain on health systems but staffing shortages have been well recognized before the onset of the pandemic. According to ECRI, one of the nation's largest nonprofit patient safety organization, staffing shortages was listed as the top patient safety concern for 2022.

“To identify the most pressing patient safety threats, ECRI analyzed a wide scope of data, including scientific literature, patient safety events or concerns reported to or investigated by ECRI, client research requests and queries, and other internal and external data sources.

The top 10 patient safety concerns for 2022 are:

1. **Staffing shortages**
2. COVID-19 effects on healthcare workers’ mental health
3. Bias and racism in addressing patient safety
4. Vaccine coverage gaps and errors
5. Cognitive biases and diagnostic error
6. Nonventilator healthcare-associated pneumonia
7. Human factors in operationalizing telehealth
8. International supply chain disruptions
9. Products subject to emergency use authorization
10. Telemetry monitoring”

(Emphasis Added)

Source: ECRI. ECRI Reports Staffing Shortages and Clinician Mental Health are Top Threats to Patient Safety. March 14, 2022. Available at <https://www.ecri.org/press/ecri-reports-staffing-shortages-and-clinician-mental-health-are-top-threats>. Accessed on June 2, 2022.

The Department also recognizes the staffing shortages, even asking in question 17 of its January 31st screening questions the following: ‘The department is aware of staffing shortages and the competitive demand for skilled labor across Washington State. In the event that this facility faces any barriers to recruiting staff, please outline the plan the applicant would use to ensure timely patient care.’ While Advanced Hospice articulated and outlined its proposed approach to recruitment, these efforts would primarily represent an unnecessary duplication of resources and services, as need for an additional hospice agency has not been demonstrated. As previously referenced, the Department understands approval of a new hospice agency in a planning area with insufficient volumes would likely result in the new agency not being economically and functionally viable, and it can be destabilizing to the existing health system. By fragmenting care, this will disrupt existing staffing resources and harm economies of scale achieved by Chelan County health providers.

Overall, in a staffing environment which is challenging, spreading community resources between agencies could negatively impact and disrupt care. An additional agency, especially one not supported by the need methodology, would exacerbate these staffing issues and further strain and fragment existing community resources.”

Rebuttal Comment of Stride Health Care, LLC [source: July 6, 2022, rebuttal, pdfs 11-14]

“9. The existing planning area hospice agency, Central Washington Hospital Homecare Services, has high quality scores.

Advanced Hospice applauds Confluence Health and its quality metrics. It is understood in the community that they do a quality job of providing services to patients and families. This is no easy task. However, the focus for purposes of this application is centered on the community having access to care. In considering the Quality Measures addressed by Confluence Health the following should be considered.

The CMS quality measure of ‘Getting timely help’ noted by Confluence Health, is further explained on the CMS quality website referenced by Confluence Health. The explanation for the measure for getting timely help is described as ‘The hospice team always gave patients and families help when they needed it’. From the patient and family perspective, and the feedback they give, this measure relates to how timely the hospice provider gave them help when they needed it after they have already been admitted to hospice services. The patient or family would not be considering how quickly the hospice agency admitted them. Confluence Health states that their high-quality measure scores ‘counter(s) Advanced Hospice’s suggestion there are timely access issues.’ However, a key data point referenced in Advanced Hospice’s application but not addressed beyond this comment by Confluence Health is a measure that is not on the CMS quality indicators but is noted from claims data and indicates how quickly a patient is admitted to hospice services once discharged from the hospital. This is referenced in Advanced Hospice’s application in Exhibits 3 and 4 and is referred to as Speed of Admissions. As explained in Advanced Hospice’s application, this indicator is a more accurate measure of access to care than the quality measure of ‘Getting timely help’. An agency can be staffing challenged and still provide quality care or ‘timely help’ when the patient or family needs it, however, it will not be able to admit patients to hospice services in a timely manner. As indicated in Exhibit 3, Confluence Health is one of the lowest in the state and well below state and national averages, admitting only 31% of patients on the day of discharge from the hospital. This indicator is much more helpful in understanding the issue of access to care in Chelan County than the quality measures outlined by Confluence Health.

Again, Advanced Hospice recognizes Confluence Health’s exceptional quality scores and applauds them for the high customer satisfaction scores they achieve. Advanced Hospice’s argument is simply that many are kept from receiving these services due to access to care issues, as outlined in the application.

...

11. Approval of an additional provider in Chelan County will exacerbate staffing issues, that are well-known in health care services.

Advanced Hospice did respond to question 17 of its January 31st screening questions and the response addresses what Confluence Health discusses in this point. To reiterate a detail presented in that response it should be understood that Advanced Home Health currently has part time staff who are available and working in home health. They have expressed a desire to also work in Hospice but do not want to work elsewhere. These staff will be an additional resource in the planning area that can immediately ADD TO the hospice resources in Chelan County while Advanced Hospice stands up its operation. They are not currently in use beyond their part time status and have no plans to be full time unless this application is approved. Again, this already available resource is in addition to what Confluence Health currently has available to provide hospice services. This is not pulling from their staff to then staff Advanced Hospice. This will not cause a fragmenting of care in any way but will more effectively use available resources to meet the needs of Chelan County. Micro opportunities like this exist and can provide help to a stressed system. Additionally, Advanced Hospice’s owner has longstanding connections with skilled nursing operators and staff. Many staff in this setting have left healthcare all together. Advanced Home Health has been successful in rehabilitating staff back into the industry. In some cases that has been into home health instead of back to skilled nursing. In other cases, people have returned to their former jobs in skilled nursing. This has been in various states, not just Washington state. Advanced Hospice understands the

staffing shortages but recognizes opportunities for small actions that can lead to improved overall staffing within the service area and therefore improved patient safety.

Advanced Hospice also reiterates its argument presented in its application, that when only one provider is offering hospice services, there will naturally be limitations with staff who do not want to work with that provider. Having 2 providers will allow for available resources in the service area to be added to the workforce and help the staffing challenges. This will ultimately work to help both providers in the future as both will have unique networks and be able to sponsor talent development, recruitment efforts and ultimately attract additional talent to the market in order to help make care more accessible to county residents and therefore less fragmented. It will ultimately work both ways in the long-term to benefit both providers, as some staff hired by Advanced Hospice will also prefer to work at a larger provider. Additional efforts to develop and attract talent to the market will ultimately help both providers. Fragmentation can and does occur within Chelan County even when only one provider exists, and that provider struggles to keep up with the changing dynamics in the service area.

Furthermore, as mentioned above, Advanced Hospice will serve those not able to access current hospice services and will not create unnecessary duplication of services.”

Department Evaluation

Stride based its staffing ratios on a comparison of a number of other approved hospice agencies currently in operation, intentionally looking at projects which proposed hospice services in areas geographically similar to Chelan County. It then made adjustments to these assumed staff counts to include outreach and volunteer staff necessary to execute its plan to target specific underserved populations.

As shown in the earlier FTE table, 9.39 FTEs are needed in the first full year of operation (2023), which increases to 14.50 FTEs by the end of full year three (2025). Stride also clarified that its Medical Director and therapy staff would be contracted and are not included in the FTE table. This approach is reasonable.

For recruitment and retention of staff, Stride listed multiple strategies that it has successfully used for its home health operations including the following list.

- Participation in the State and national Home Care Association
- Competitive wages and benefits
- Current home health staff have interest and availability to provide hospice services
- Being a small business with decision-makers that are local, lends to a desirable work culture
- Employee investments, thorough onboarding and training
- Word of mouth referrals from existing staff
- Referral bonuses
- Online recruitment platforms
- Access to national recruiters and resources for staffing
- Chelan County options for credentialed staff
- Owner’s personal network provides access to additional statewide recruiting resources
- Owner’s personal experience provides a source of out of state skilled professionals

Public comment was provided by Confluence analyzing Stride's comparison of Confluence's (the existing provider) average time spent with each hospice patient per day.⁹ Stride stated that an average lower than the national average could be indicative of staffing challenges and access issues. Confluence defended its record in comment pointing out that it may be below the national average but is in the top half of providers for the State and that only two Washington State providers top the national average. Confluence continues that it has high marks in several Federal surveys the department uses in its superiority review. Although Stride's comparison is telling of improvement that can be made in the planning area, and Confluence's response may indicate a high bar to match, neither is on its own reason for approval or denial of this project.

Public comment was submitted by Confluence stating that staffing shortage problems will only be exacerbated by adding a competing hospice agency to the planning area. The commenter seems to suggest that any approval when numeric need is not demonstrated would disrupt existing staffing resources by spreading resources between agencies. Again, if this was the department's stance it would never be able to approve an agency under WAC 246-310-290(12).

In rebuttal Stride reiterates several points: that it currently employs part-time staff who are available and interested in providing hospice services, this opportunity will actually reinforce local services by using available resources more efficiently, that it has a network with skilled nursing facility operators and staff that have left the industry all together but may be interested in in-home work, and that the project will provide credentialed Chelan County staff options for employment that may in the end benefit both the existing provider and Stride.

Based on the information reviewed the department determined that Stride likely has the ability and expertise to recruit and retain a sufficient supply of qualified staff for its Chelan County project. **This sub-criterion is met.**

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

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

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

In response to this sub-criterion, Stride provided the following statement and list of ancillary and support service vendors already in place. [source: Application, pdf 32]

“Advanced Home Health provides ancillary and support services including Occupational Therapy and Physical Therapy. Advanced Hospice will be able to meet the needs of the project through contract for many services already established with Advanced Home Health and will be able to quickly establish contractors including:

Wellsky – EMR

Forcura – Document Management and HIPAA compliant communication platform for clinicians

⁹ This information is included under WAC 246-310-210(1)

Medbridge – Learning and resource platform for clinicians
Pharmacy Vendor – Enclara Pharmacia, Local pharmacies as needed
Medline – Supply Vendor
DME Vendor – Bellevue Healthcare Central Washington
Fazzi - Customer Satisfaction.”

Stride also provided a copy of a draft Professional Services Agreement Medical Director between Jonathan Kim, M.D. and Advanced Hospice Northwest of Wenatchee. The agreement specifies that it is *effective as of the date Advanced Hospice Northwest of Wenatchee is licensed as a state certified hospice agency*. The agreement outlines obligations, duties, and responsibilities for each of the parties, as well as compensation. Additionally, there is an expense line item to account for this cost in Stride’s projected Revenue and Expense Statements. The agreement is effective for one year, with automatic annual renewals in perpetuity. [sources: Application, Appendix 14 and May 9, 2022, screening response, pdf 13]

Further, Stride provided a copy of the executed Operational Agreement between Wenatchee Hospice LLC and Wenatchee Hospice Holdings LLC. The agreement was executed on December 22, 2021; includes its definitions; outlines the organization of the company; details rights, authority, duties, and obligations of its members and manager; financial considerations; record keeping procedures; and miscellaneous other considerations. Additionally, there is an expense line item to account for this cost on Stride’s projected Revenue and Expense Statements. The term of each manager is *until the Manager resigns, dies, or is removed or replaced*. [sources: Application, Appendix 13 and May 9, 2022, screening response, pdf 13]

There were no public comments or rebuttal comments provided under this sub-criterion.

Department Evaluation

Stride already has local in-home services operations through its subsidiary, Advanced Home Health which provides Medicare and Medicaid-certified home health services to residents of Chelan and Douglas counties. Not only will the home health operations provide some contracted credentialed labor, but it also already has established many of the services Stride will need for its proposed hospice services. Stride also provided a copy of its draft Professional Services Agreement Medical Director and executed Operational Agreement. If this project is approved, the department would include a condition requiring the applicant to provide a copy of its executed Professional Services Agreement Medical Director that is substantially consistent with the draft agreement provided in the application.

Information provided in the application demonstrates that the proposed hospice agency would have the experience and access to all necessary hospice ancillary and support services needed by the new agency. Based on the information reviewed and the applicant’s agreement to the condition described above, the department concludes that Stride has the experience and expertise to maintain and expand existing ancillary and support relationships for the proposed project. Thus, the department concludes **this sub criterion is met.**

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

WAC 246-310-230(3) does not contain specific criteria as identified in WAC 246-310-200(2)(a)(i). There are known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that a facility must meet when it is to be Medicare certified and Medicaid eligible. Therefore, using its experience and expertise the department assessed each applicant's history in meeting these standards at other facilities owned or operated by an applicant.

As part of this review, the department must also conclude that the proposed services provided by an applicant would be provided in a manner that ensures safe and adequate care to the public.¹⁰ To accomplish this task, the department reviews the quality of care compliance history for all Washington State and out-of-state healthcare facilities owned, operated, or managed by an applicant, its parent company, or its subsidiaries.

For hospice agencies, the department reviews two different areas when evaluating this sub-criterion. One is a review of the Centers for Medicare and Medicaid Services (CMS) *Terminated Provider Counts Report* covering years 2019 through current. The department uses this report to identify agencies that were involuntarily terminated from participation in Medicare reimbursement.

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

- Standard Level

A deficiency is at the Standard level when there is noncompliance with any single requirement (or several requirements) within a particular standard that is not of such character as to substantially limit a facility's capacity to furnish adequate care, or which would not jeopardize or adversely affect the health or safety of patients if the deficient practice recurred.

- Condition Level

Deficiency at the Condition level may be due to noncompliance with requirements in a single standard that, collectively, represent a severe or critical health or safety breach, or it may be the result of noncompliance with several standards within the condition. Even a seemingly small breach in critical actions, or at critical times, can kill or severely injure a patient, and such breaches would represent a serious or severe health or safety threat.

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

When asked about criminal conviction, revocation of a license, and decertification histories Stride provided the following statement.

"No individual, facility or practitioner associated with this application has had a history of actions a-d above." [source: Application, pdf 33]

¹⁰ WAC 246-310-230(5).

When asked about any pattern of condition-level findings in surveys of facilities or agencies owned or operated by the applicant, Stride provided the following response. [source: Application, pdf 35] *“No pattern of condition-level findings are reflected by the applicant.”*

There were no public comments or rebuttal comments provided under this sub-criterion.

Department Evaluation

As stated in the applicant’s description section of this evaluation, Stride Health Care, LLC is the applicant. As of the writing of this evaluation, the applicant operates one in-home services agency in Washington State which provides home health services to Chelan and Douglas counties.

Conformance with Medicare and Medicaid Standards

Using the CMS Quality, Certification & Oversight Reports (QCOR) website, the department reviewed the historical survey information for Stride’s in-home services agencies.¹¹ The following table summarizes Stride’s survey activity reported on the QCOR website from year 2019 through current year 2022.¹²

**Department’s Table 8
Stride’s In-Home Services
Federal Survey Summary Record Year 2019 through Current**

Service Type	State	# of Agencies	Standard Surveys	Complaint Surveys	Deficiency Information
Home Health	Washington	1	1	0	One standard deficiency
Totals			1	0	Total of one standard

Since 2019, no reported surveys of Stride’s home health agency resulted in condition-level findings and the single standard deficiency was resolved and no follow-up survey was required.

Terminated Provider Counts Report

Focusing on years 2019 through current, there is no evidence that any Stride-affiliated agencies were involuntarily terminated from participation in Medicare reimbursement. The department concludes that Stride Health Care, LLC is substantially compliant with state licensure and Medicare conditions of participation. [source: CMS Quality, Certification, and Oversight Reports, as of August 7, 2022]

Stride provided the name and professional license number for its proposed Medical Director, Jonathan Kim, M.D.¹³ Using data from the Washington State Medical Quality Assurance Commission the department confirmed that Dr. Kim has an active license with no enforcement action in Washington State. Another key staff member identified in this application is Clinical Director, Maria Jay, R.N.¹⁴ who also has an active license with no enforcement action in Washington State.

¹¹ In home service agencies are home care agencies, home health agencies, and hospice agencies.

¹² ‘Current’ in this section of the evaluation is through August 7, 2022.

¹³ MD60204584

¹⁴ RN00122257

Given the compliance history of Stride’s existing home health agency, as well as that of the agency’s proposed Medical Director and Clinical Director, there is reasonable assurance the proposed hospice agency would be operated in conformance with applicable state and federal licensing and certification requirements. However, since only a few of the agency’s staff have been identified, a condition is necessary to ensure Stride’s commitment to qualified, credentialed staff is met. The department concludes the Stride project, with written agreement to the condition in the conclusion section of this evaluation, **meets this sub-criterion.**

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

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

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

The applicant provided the following statements related to this sub-criterion.

“This proposed project will promote continuity in the provision of health care services and diminish fragmentation of services in a few ways.

First, by not significantly changing the landscape of providers in the community. Currently, there are two providers of home health care in Chelan County. Central Washington Hospital Home Health and Advanced Home Health. There is only one provider of Hospice services – Central Washington Hospital Hospice. Central Washington Hospital Hospice is part of Confluence Health and is well known and respected for their services across all levels of care from physicians to hospitals and home health and hospice. They are an important and influential provider of health care in the community. Advanced Hospice will work to enhance and expand the already existing community outreach and education provided by Central Washington Hospital Hospice by focusing specifically on outreach and education to the Hispanic population as there is a need for culturally competent hospice service delivery to this underserved population.

This service will improve continuity and decrease fragmentation in the community. This project will not detract from, but will add to what is being done.

Second, Advanced Home Health already has relationships in place within the health care community and Advanced Hospice will work to build on these relationships and partner with Skilled Nursing and Assisted Living Facilities in particular to identify needs among the patients who are most at risk and in need of hospice services. This will be in addition to what is already being done for the patients in the Skilled Nursing and Assisted Living Facilities. This project will work through outreach to help ensure hospice services that are needed by patients are identified and accessed in order to help decrease overall healthcare costs and provide timely and appropriate palliative, comfort and supportive services to the patients and their families. This will add value and improve continuity in the delivery of healthcare in this market. It will not create unwarranted fragmentation.

Lastly, some fragmentation currently exists when patients from Advanced Home Health need hospice services. They currently have to change providers to receive hospice services. This happens in nearly 10% of those patients on home health services. This project would allow choice for all residents of Chelan County but in particular for those already familiar with the staff, culture, and services of Advanced Home Health to transition to hospice services in a less fragmented way.

To reiterate, having an additional provider of Hospice that already has a footprint in Home Health throughout the county will also allow for additional outreach and therefore improved utilization of hospice services for both providers as additional populations would be able to receive outreach, education, and access to hospice services. This increased utilization will bring the county closer to state and national levels of utilization. This increased utilization will ultimately lead to improved patient and family outcomes and satisfaction when dealing with death and dying. It will also lead to improved efficiency in use of the healthcare system as well as decreased overall healthcare costs.

...

Advanced Home Health has been serving the community of Chelan County for years and has already established appropriate relationships in the existing health care system. This proposed project will allow for a seamless transition into the existing health care system. Advanced Hospice will be able to build upon and expand the already existing appropriate relationships with health care partners in the community. Advanced Hospice will be able to utilize existing resources in an effective and efficient manner to add needed hospice services in the county without creating a burden to the existing healthcare system. Through utilizing existing admin and clinical staff from home health, It will lead to a more effective use of resources to allow for additional staff and resources to help meet community needs.” [source: Application, pdfs 33-35]

In response to a question asking about relationships with other healthcare facilities the hospice agency intends on establishing relationships, Stride provided the following list. [source: Application, pdfs 32-33]

“Hospitals: Central Washington Hospital, Wenatchee Valley Medical Center, Lake Chelan Community Hospital.

Skilled Nursing Facilities: Colonial Vista Post-acute & Rehab Center, Regency Wenatchee Rehabilitation & Nursing Center, and Cashmere Care Center.

Assisted Living Facilities: Prestige Senior Living at Colonial Vista, Blossom Valley Assisted Living, Highgate at Wenatchee, Avamere Wenatchee, Riverwest Assisted Living, Mountain Meadows Senior Living Campus, Western Saddlerock, and Heritage Heights.

Clinics: Columbia Valley Community Health Clinics, Indian Health Services, and Wenatchee VA Clinic”

Specific to the hours of operation Stride provided the following statements.

“Hours of operation will be Monday through Friday 8 am to 5 pm. Patients will have access to services outside of intended hours of operation through an on call program overseen by the clinical director and medical director. Information will be given to patients upon admission to hospice services.” [source: Application, pdf 31]

*“The on-call program will be available for **all** hours beyond regular business hours (Mon-Fri, 8am-5pm). This will include evenings, nights, weekends, holidays or any time the office is not open for any reason.”* [source: May 9, 2022, screening response, pdf 8]

Stride also provided its Death with Dignity Policy, which outlines its purpose, defines relevant terms, and details its procedure. [source: May 9, 2022, screening response, pdfs 3-4]

“In accordance with the Washington Death with Dignity Act (RCW 70.245), Advanced Hospice Northwest of Wenatchee recognizes the patient’s right to request a prescription for a life-ending dose of medication to end his or her life.

...

This policy is designed to provide guidelines for staff caring for a patient who expresses interest in proceeding with The Washington Death with Dignity Act, RCW 70.245.

Giving patients general information about their available options under the Washington Death with Dignity law is to be distinguished from activities directly related to the delivery, ingestion, or direct facilitation of life-ending activities under the act.

It is the policy of Advanced Hospice Northwest of Wenatchee that it respects the right of both employees and patients to determine whether they wish to participate in actions defined in this policy about the Death with Dignity Act.”

Public Comment

Brett Hearl, AGNP-C – Support

“I would like to express my professional opinion about the possibility of the Wenatchee area getting another hospice. I am a geriatrics and palliative care nurse practitioner working in this area and would like to encourage the state of Washington to allow a second hospice in the Chelan county area. Working in geriatrics I have seen a tremendous increase in the request for our services. This geographical region is becoming a retirement mecca and the increase in need for the geriatric population has outstripped most resources. The ‘aging in place’ movement and the aging of our population in general has led us to a point of trying to support our fellow citizens with a humane treatment of the aging process. The Wenatchee area, and the Chelan and Grant county area would benefit greatly if another hospice were allowed to practice here. While Confluence Health has done a wonderful job providing hospice services to our area, given hospice regulations under Medicare, a second, competitive hospice, would increase out [sic] ability to provide for our population.”

Confluence Health, Central Washington Hospital & Clinics – Oppose [source: comment pdf 15]

“10. There is no demonstrated need under the Department’s hospice need model for Chelan County. Further, the applicant uses a flawed need methodology to ‘create’ its forecasted utilization. It is clear, under these circumstances, approval of another provider will create fragmentation of care.

As described above, the Department’s numeric need methodology does not demonstrate need for an additional hospice agency in the Chelan County planning area. Moreover, Advanced Hospice’s own internal utilization forecast does not support a 35 average daily census by its third full year. In the pro forma presented in its May 2022 screening response, Advanced Hospice only forecasts an average daily census of 31 by its third full year of operation (2025). This is below the 35 ADC

standard used in the numeric need methodology in WAC 246-310-290. There are also fundamental issues with Advanced Hospice's assumptions underlying its utilization forecast needed to produce an ADC of 31. Advanced Hospice's assumption to adjust the use-rate leads to an additional 13 ADC, but this assumption is unsupported. If Advanced Hospice's use-rate assumption adjustment is removed, then this results in an ADC of 18, consistent with the Department's need methodology.

These concerns of unreliable utilization assumptions and insufficient unmet need for an additional hospice provider must raise questions regarding the viability of Advanced Hospice's project, and if approved, the likely impact of causing unwarranted fragmentation in care. In fact, if approved it is highly likely that Advanced Hospice will simply compete for patients with CWHHS, a zero sum game. This clearly is the definition of Fragmentation of Care. Unnecessary fragmentation can degrade continuity of care and potentially jeopardize patient safety, harming quality, especially when factoring spillover effects such as exacerbating staffing shortages which is discussed below."

Rebuttal Comment of Confluence Health, Central Washington Hospital & Clinics [source: July 6, 2022, rebuttal, pdf 3]

"2. Approval of Advanced Hospice's request will fragment care, harming rather than supporting access to quality care.

Separate public comments by Joel Stephens and Brett Hearl, AGNP-C4 advocate for the approval of a new hospice agency to provide services in Chelan County on the grounds of increasing access and promoting quality of care. However, as stated in our public comment, the Department's hospice numeric need methodology does not demonstrate need for Advanced Hospice's request. Advanced Hospice's utilization and financial forecasts are significantly inflated due to its faulty use-rate adjustment methodology by failing to recognize the impact of COVID-19 on use rates.

If approved, Advanced Hospice would necessarily create fragmentation of care and exacerbate staffing issues widely experienced by all health services but especially hospice. According to ECRI, one of the nation's largest nonprofit patient safety organization, staffing shortages were listed as the top patient safety concern for 2022.

As demonstrated in the previous section, the existing local hospice agency, CWHHS, has high quality scores that are consistently above the Washington State averages. There is no numeric need for this project, and this translates into unnecessary duplication and fragmentation of care that will strain existing organizational and health system resources. This can lead to net negative impacts on access and jeopardize the high quality of hospice care currently provided to the community.

For the reasons collectively stated in our public comments and rebuttal, Advanced Hospice has failed to demonstrate conformance to criteria established in Need (WAC 246-310-210), Financial Feasibility (WAC 246-310-220), Structure and Process of Care (WAC 246-310-230), and Cost Containment (WAC 246-310-240). Its certificate of need request should be denied."

Rebuttal Comment of Stride Health Care, LLC [source: July 6, 2022, rebuttal, pdfs 12-13]

"10. There is no demonstrated need under the Department's hospice need model for Chelan County. Further, the applicant uses a flawed need methodology to 'create' its forecasted utilization. It is clear, under these circumstances, approval of another provider will create fragmentation of care.

Advanced Hospice disagrees with Confluence Health’s arguments regarding this point. As discussed in point 3 above, and under WAC 246-310-290(12), an average daily census of 35 is not required in cases where underserved populations exist, the applicant commits to serving Medicare and Medicaid patients, and where all other CN criteria are met. As explained above, Advanced Hospice has identified and will meet the need of underserved population cohorts and will give access to these populations that currently are not accessing hospice services. Confluence Health has demonstrated an inability to adapt and meet the changing dynamics within the planning area and those most vulnerable are the ones least able to access care. Approval of this application will not lead to fragmentation of care as Advanced Hospice will simply be meeting the unmet and underserved need in the planning area. This will not be direct competition to the current provider, nor will it jeopardize patient safety in any way. It will however improve continuity of care and access to care, allowing the underserved population cohorts who can’t currently gain access to hospice services to now access those services. See CN22-18 Application responses to Section A, Questions 3, 4, and 6. As discussed in points 1, 2, 3, and 8 above, the methodology applied by Advanced Hospice is not flawed or inflated and does not simply ‘create’ a forecasted utilization. Rather, it uses data from Chelan County to reasonably and appropriately assess the unmet hospice needs in the planning area. As stated above in point 2, Advanced Hospice’s methodology is conservative in its need calculations. In addition, Advanced Hospice produced reasonable and appropriate financial projections in its application. Advanced Hospice demonstrates the ability, through cost containment, to be financially viable without competing with the current provider. Advanced Hospice’s Staffing needs will be discussed below.”

Department Evaluation

For this proposed new hospice agency, Stride identified potential referral sources, including an affiliate that is interested in partnering in the planning area, detailed its existing area relationships and network, discussed its plans to not impact existing services, as well as its strategies to complement and build on existing services. Further, Stride explained how its project is aimed to decrease existing fragmentation that its affiliate currently experiences.

Public comment in support and opposition to this project were received related to this sub-criterion. The supporting comment was from an area geriatrics and palliative care nurse practitioner who believes there is need for another agency as there has been a *tremendous increase* in need for services so much so that *the geriatric population has outstripped most resources*.

The existing area hospice provider commented summarizing many of its earlier arguments related to Stride’s utilization forecast and the project’s impact on staffing. It is worth restating here that an applicant must project admissions even for proposals in planning areas where no numeric need is found, such as this project. The meaning of WAC 246-310-290(12) clearly indicates it is unreasonable to determine a project an unnecessary duplication or fragmenting care simply because there is no numeric need or because the applicant assumes admissions.

Stride rebutted this comment correctly stating that a minimum ADC is not required when targeting an underserved population. Additionally, the applicant earlier stated that it will be able to utilize existing part-time home health staff that are interested and available to work for AHNW as well as has resources and a network to bring additional credentialed staff to the planning area.

To evaluate this sub-criterion, the department also considers its own analysis and conclusions of this project as related to WACs 246-310-210, 220, and earlier portions of 230. The department concluded this application was compliant with the need criterion under WAC 246-310-210 and the financial feasibility criterion under WAC 246-310-220.

Based on the information reviewed, the department concludes that approval of the Stride project would likely not result in unwarranted fragmentation of hospice services in the planning area. **This sub-criterion is met.**

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

This sub-criterion is addressed in sub-section (3) above and **is met for** Stride’s Chelan hospice project.

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

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that the Stride Health Care, LLC project **meets** the applicable cost containment criteria in WAC 246-310-240.

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

To determine if a proposed project is the best alternative, the department takes a multi-step approach. Step one determines if the application has met the other criteria of WAC 246-310-210 thru 230. If it has failed to meet one or more of these criteria, then the project is determined not to be the best alternative and would fail this sub-criterion.

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

If there are multiple applications, the department’s assessment is to apply any service or facility superiority criteria contained throughout Chapter 246-310 WAC related to the specific project type in Step three.

Step One

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

For this project, the Stride Health Care, LLC project met the applicable review criteria under WAC 246-310-210, 220, and 230.

There were no public comments or rebuttal comments provided under this sub-criterion.

Department Evaluation

Therefore, the department moves to step two for this project.

Step Two

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

In response to a question on alternatives to this project considered, Stride provided the following list and table.

“Alternatives considered prior to submission include:

- A. Do nothing or postpone the project
- B. Purchase an existing hospice
- C. Apply for CN and move forward with the project”

[source: Application, pdfs 35-36]

Applicant’s Alternatives Analysis Table

	A. Do Nothing	B. Purchase Existing Hospice	C. Apply for Certificate of Need and move project forward
Patient Access to Healthcare Services	This option would continue with the status quo in the community which has shown a 3 year trend of decreased utilization. The identified underserved populations would continue to be underserved.	This is not an option as there is not an available Hospice for sale. It would likely not allow for significant improvements in access to care in the immediate. It would take more time as time and energy would be focused on a transition.	This option will allow for an efficient use of an already existing network to allow for quick set up and improved access to care for the identified underserved populations.
Capital Cost	This option would include no capital cost.	Depending on purchase price, this could have significant implications on immediate ability to expand and meet underserved population needs.	This project will be co-located with Advanced Home Health, therefore eliminating capital costs, and minimizing startup costs. In addition, the speed to project completion and improved access would be quickest.
Legal Restrictions	There would be no real advantages.	A lengthy and costly process to evaluate purchase would be a disadvantage. There would be no real advantages.	Advanced Home Health staff that have interest and availability would be able to provide care to underserved population which improves access and quality of care and continuity. It does take time for CN approval which is a disadvantage.
Staffing Impacts	It would have no real impact on staffing in community.	It would have no real impact on staffing in community.	It will have an advantage of sharing key staff and allowing more clinicians to meet community hospice needs. It will also create new jobs in the community.

Applicant’s Alternatives Analysis Table

Quality of Care	There would be no change to quality of Care in Chelan County.	It would have no real impact on quality of care in Chelan County.	This will allow for improved access to care by underserved Hispanic population.
Cost/Operation Efficiency	There would be no real cost/operational efficiency change.	This option could potentially have a negative impact based on purchase price with no real improvement.	This option allows for a cost-effective method to leverage existing resources in an efficient way to meet the identified underserved populations. Administrative, Lease, equipment and other fixed and variable costs could be minimized by sharing them between Home Health and Hospice. Start up and operational costs would be minimized as compared to other options.
Analysis and Rationale	This option does not improve access to identified underserved populations.	This option is not realistic in that a hospice is not for sale. It would also not likely improve access to underserved populations or	This option would improve access to identified underserved populations in a very cost effective and timely manner while improving continuity and minimizing any impact to the existing community healthcare services.

[source: Application, pdfs 36-37]

Stride provided the following response to a screening question about whether the option to expand the services of its existing home health agencies license was considered. [source: March 4, 2022, screening response, pdf 9]

“It was not considered; however, this assessment would produce an identical analysis to column C in Table 13 on page 36. The only difference from column C would be a slight cost savings related to license renewal costs. This would be minimal in the overall project analysis and all other considerations are identical. In essence, column C is a representative of the analysis of the option of expanding Advanced Home Health’s license to include hospice services.”

When further asked about the earlier mentioned *slight cost savings* Stride provided the following response. [source: May 9, 2022, screening response, pdf 5]

“The structure of the entity is important to the applicant based on input from a corporate structure attorney and tax advisor. Recommendations from these professionals was to maintain a separate license for various lines of service unless the saving was significant. A discussion with a representative from the Washington State Department of Health was conducted. It was explained that it is up to the business if they prefer to apply to expand the same license or have a new license issued for the new line of in-home service. This discussion also revealed that the potential cost saving in combining the license is less than \$300.00 per year. This is not a significant savings. Based on the recommendations from the corporate structure attorney, tax advisor and assessment of the potential cost savings, the decision was made to maintain separate licenses for the different lines of service.”

There were no public comments or rebuttal comments provided under this sub-criterion.

Department Evaluation

Stride is currently approved to operate a Medicare and Medicaid-certified home health agency which provides services to residents of Chelan and Douglas counties. Stride provided analysis on two alternatives to its proposed project, do nothing or purchase an existing hospice. The analysis weighed access to healthcare services, capital costs, legal restrictions, staffing impacts, quality of care, and efficiency. Stride concluded that the best option was submitting its proposed project.

The department asked the applicant to discuss its rationale for not adding the hospice services to its existing home health license. Stride provided a logical explanation for its consideration and dismissal of this option as well.

Based on the information reviewed the department finds the applicant’s analysis reasonable and moves to step three for this project.

Step Three

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

For this project there are no competing or concurrently reviewed application.

There were no public comments or rebuttal comments provided under this sub-criterion.

Department Evaluation

WAC 246-310-290(11) identifies the criteria and measures the department shall use to compare two or more applications to each other. No other application was submitted during this concurrent review cycle proposing services to Chelan County residents. Thus, step three does not apply to this project under review.

The department concludes that the project submitted by Stride is the best available alternative for the community. **This sub-criterion is met.**

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

Department Evaluation

There is no construction associated with this proposed project, thus this sub-criterion is not applicable to this project.

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

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

Stride provided the following statement related to this sub-criterion. [source: Application, pdf 38]

“This project will promote cost effectiveness and will meet the criteria of WAC 246-310-240. This project will share or spread already existing fixed and variable costs between Advanced Home Health and Advanced Hospice, decreasing overall costs. Entry into the market will come with minimal expense. The time needed to connect and integrate into the existing healthcare network will be almost nonexistent as relationships already exist between current providers and Advanced Home Health. In addition, time to setup and initiate services will be minimal as there will not be significant hiring efforts needed to begin offering services. Many key staff are already in place to begin Hispanic cultural program development and outreach and ultimately to start providing care. Only chaplain services, outreach coordinator and volunteer coordinator will need to be identified and hired in order to begin services. This project will lead most quickly and cost effectively to serving the identified underserved Hispanic population. All other options would have increased capital and startup costs as well as time to form connections in the healthcare system.

This project will also promote quality assurance from its inception as Advanced Home Health has been able to implement and learn from new QAPI programming. This process has involved all staff and involves systematic review of key performance metrics to assess and improve quality outcomes. A framework and structure to build upon is already in place and will require minimal efforts. See Appendix 11 for QAPI Policy. The project will allow for seamless integration into the community and to continue to work to partner with other providers in improving continuity and access to quality care.”

There were no public comments or rebuttal comments provided under this sub-criterion.

Department Evaluation

Stride provided sound and reasonable rationale for establishing Medicare and Medicaid-certified hospice services for Chelan County residents. If approved, this project has the potential to improve delivery of necessary in-home services to Chelan County residents.

During the review of this project the sole provider of Medicare and Medicaid-certified hospice services in Chelan County provided public comments. Confluence agreed in its comments that the numeric methodology does not calculate need for a second agency in the county. The public comments also focus on Stride’s projected utilization, whether the Hispanic community in Chelan County is underserved, Stride’s charity care commitment, its lease, and staffing impacts. Each of these comments was addressed in the applicable section of this evaluation and the department did not find any of them convincing enough to warrant failure of applicable sub-criterion or denial of this application.

For the reasons stated above, the department concludes that this project has the potential to improve delivery of necessary in-home services to Chelan County residents. **This sub-criterion is met.**

WAC 246-310-290(12)

The department may grant a certificate of need for a new hospice agency in a planning area where there is not numeric need.

(a) The department will consider if the applicant meets the following criteria:

- (i) All applicable review criteria and standards with the exception of numeric need have been met;*
- (ii) The applicant commits to serving medicare and medicaid patients; and*

- (iii) *A specific population is underserved; or*
- (iv) *The population of the county is low enough that the methodology has not projected need in five years, and the population of the county is not sufficient to meet an ADC of thirty-five.*

As previously stated, the numeric methodology shows no need for an additional hospice provider in Chelan County. WAC 246-310-290(12) quoted above allows the department to approve a hospice application absent numeric need provided specific criteria are met. Below is the information related to this sub-criterion submitted for this review.

Stride Health Care, LLC dba Advanced Hospice Northwest of Wenatchee

Stride provided the following statement related to this sub-criterion. [source: Application, pdfs 21-22]
“Although the state methodology does not show a numeric need, this application and supporting documentation will show applicability under WAC 246-310-290(12) in that:

- 1. All applicable review criteria and standards with the exception of numeric need will be met;*
- 2. Advanced Hospice does commit to serve Medicare and Medicaid patients; and*
- 3. There is a specific population that is underserved. See questions 3, 4, and 6 above along with all the supporting documentation referenced therein. In particular, the Hispanic population comprises 28.55% of the total population of Chelan County. Medicare billing data shows no Hispanic Hospice utilization in Chelan County and Dual Eligible data also shows underutilization as compared to national averages. This population is not accessing hospice services and is by definition underserved. There is no cultural programming to ensure this population has access to hospice services. Hispanic cultural programming combined with outreach to both the Hispanic population as well as the additional identified underserved populations will be the focus of this project.”*

Public Comment

Rafael Aguilar, Wenatchee, Washington

“I am Hispanic 100% born in El Salvador [sic] and moved to LA California in 1981

Then moved to Washington in 2013. In April 2022 my mother in law pass she had several issues one of them cancer. Her health went from bad to worst in 1 year...going to ER almost every week...UTI was one of many problems and her 2 daughters share her caring. But she liked to spent time with us me and my girl friend [sic]. When she fell from her bed her leg broke and she couldn't do many things on her own. We needed help but struggle to find services for her until the DECISION was made to put her in a nursing home. But it was hard for everyone. Eventually she gave up. After 3 months of her funeral my girls [sic] friend keeps receiving bills, invoices, charges and lots mail that she gets frustrated for not taking care of everything prior her mom passing. I have been directly affected [sic] by providing time, efforts, emotional support and felt the pain as well seen her in a place that we drove almost 2 hours to go see her due to lack of services in our area.

Hospice services at home could have made a big difference and is something that we need in our communities.”

Manases Aguilar

“my name is Manases Aguilar, the reason of this email is to let you know that last year I lost my loved wife, in those days I didn't know about hospice was a [sic] option for me, but now I know what

it's about, I hope someone in the Hispanic community can get help through this have a blessed [sic] afternoon”

Rebuttal Comment

None

For this application, sub-criterion (iv) under WAC 246-310-290(12)(a) will not be reviewed in this evaluation because even though numeric need has not been projected in Chelan County for years for years 2016 through 2020, the numeric methodology currently projects an unmet ADC of seven, ten, and 12 for years 2021, 2022, and 2023, respectively. If a county shows an ADC of 35 or above, there is numeric need for a new agency. Given the projected population growth in the county, the department cannot conclude in this evaluation that the population of the county is not sufficient to meet an ADC of 35 in future methodologies as required for WAC 246-310-290(12)(a)(iv).

The sub-criteria under WAC 246-310-290(12)(a)(i), (ii), and (iii) apply for this application. Following is a restatement of the criteria with the department's evaluation.

The department may grant a certificate of need for a new hospice agency in a planning area where there is not numeric need.

(a) The department will consider if the applicant meets the following criteria:

- (i) All applicable review criteria and standards with the exception of numeric need have been met;*

Department Evaluation of WAC 246-310-290(12)(a)(i)

For this project, the Stride Health Care, LLC project met the applicable review criteria under WAC 246-310-210, 220, 230, and 240. Therefore, the department will continue its evaluation of WAC 246-310-290(12).

- (ii) The applicant commits to serving Medicare and Medicaid patients; and*

Department Evaluation of WAC 246-310-290(12)(a)(ii)

For this project, Stride provided documentation to demonstrate the new agency would be available to serve both Medicare and Medicaid patients. This conclusion is shown in sections WAC 246-310-210(2) and WAC 246-310-220(1) of this evaluation. Therefore, the department will continue its evaluation of WAC 246-310-290(12).

- (iii) A specific population is underserved; or...*

Department Evaluation of WAC 246-310-290(12)(a)(iii)

For this project, Stride identified several underserved populations within Chelan County: the Hispanic community, the dually eligible population, the Native community, and the Veteran population. As stated earlier in this evaluation, a subsidiary of the applicant currently operates a Medicare and Medicaid-certified home health agency that serves the residents of Chelan and Douglas counties. This demonstrates Stride likely has a good understanding of these communities' needs for in-home services.

Stride further detailed existing barriers to hospice services for these underserved populations in Chelan County. These include cultural and language barriers, timely admissions, lack of choice of provider and employer. The applicant then, discussed how it plans to overcome these existing barriers, so that it will not impact the existing provider's hospice patient base. These plans include additional staff that will focused on outreach, education, and development of culturally appropriate materials and services. Stride additionally provided data and analysis to quantify how many admissions it expects from one of these target underserved populations. All of Stride's assertions were based on research and/or industry-accepted data, much of it reviewed by Stride leadership who have many years of local post-acute healthcare experience.

As noted throughout the evaluation, the existing provider of hospice services in Chelan County, Confluence provided comment opposing this project and questioning multiple aspects of Stride's proposed project. Stride provided rebuttal to allay each of these concerns. These points are discussed in more detail within each applicable sub-criterion.

Related to this sub-criterion there was public comment provided suggesting outreach and education could help the Hispanic community better understand and utilize hospice services.

Based on this information the department concludes that Stride Health Care, LLC demonstrated that an additional Medicare and Medicaid-certified hospice agency should be approved for Chelan County absent numeric need. **This sub-criterion is met.**

APPENDIX A

Department of Health
2021-2022 Hospice Numeric Need Methodology
Posted November 10, 2021



WAC246-310-290(8)(a) Step 1:

Calculate the following two statewide predicted hospice use rates using department of health survey and vital statistics data:

WAC 246-310-290(8)(a)(i) The percentage of patients age sixty-five and over who will use hospice services. This percentage is calculated by dividing the average number of unduplicated admissions over the last three years for patients sixty five and over by the average number of past three years statewide total deaths age sixty-five and over.

WAC246-310-290(8)(a)(ii) The percentage of patients under sixty-five who will use hospice services. This percentage is calculated by dividing the average number of unduplicated admissions over the last three years for patients under sixty-five by the average number of past three years statewide total of deaths under sixty-five.

Hospice admissions ages 0-64	
Year	Admissions
2018	4,114
2019	3,699
2020	3,679
average: 3,831	

Deaths ages 0-64	
Year	Deaths
2018	14,055
2019	14,047
2020	16,663
average: 14,922	

Use Rates	
0-64	25.67%
65+	60.15%

Hospice admissions ages 65+	
Year	Admissions
2018	26,207
2019	26,017
2020	27,956
average: 26,727	

Deaths ages 65+	
Year	Deaths
2018	42,773
2019	44,159
2020	46,367
average: 44,433	

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WAC246-310-290(8)(b) Step 2:

Calculate the average number of total resident deaths over the last three years for each planning area by age cohort.

0-64				
County	2018	2019	2020	2018-2020 Average Deaths
Adams	28	35	20	28
Asotin	52	54	56	54
Benton	331	346	555	411
Chelan	130	137	224	164
Clallam	191	186	195	191
Clark	874	887	1,043	935
Columbia	6	7	7	7
Cowlitz	300	294	314	303
Douglas	51	63	42	52
Ferry	28	20	19	22
Franklin	145	123	100	123
Garfield	5	5	5	5
Grant	195	197	186	193
Grays Harbor	227	251	209	229
Island	135	167	110	137
Jefferson	64	72	68	68
King	3,264	3,275	4,456	3,665
Kitsap	515	557	454	509
Kittitas	68	90	78	79
Klickitat	58	46	42	49
Lewis	227	210	205	214
Lincoln	25	25	15	22
Mason	158	167	143	156
Okanogan	103	119	88	103
Pacific	64	66	55	62
Pend Oreille	43	31	41	38
Pierce	1,964	1,911	2,364	2,080
San Juan	19	20	18	19
Skagit	231	229	269	243
Skamania	27	19	26	24
Snohomish	1,533	1,533	1,587	1,551
Spokane	1,177	1,143	1,634	1,318
Stevens	113	112	86	104
Thurston	554	525	628	569
Wahkiakum	13	11	10	11
Walla Walla	110	118	150	126
Whatcom	360	394	457	404
Whitman	66	47	51	55
Yakima	601	555	653	603

65+				
County	2018	2019	2020	2018-2020 Average Deaths
Adams	72	93	59	75
Asotin	214	222	186	207
Benton	1,125	1,154	1,522	1,267
Chelan	573	626	785	661
Clallam	871	955	777	868
Clark	2,767	2,987	3,205	2,986
Columbia	43	52	43	46
Cowlitz	840	951	968	920
Douglas	255	270	160	228
Ferry	55	64	58	59
Franklin	278	313	263	285
Garfield	30	21	11	21
Grant	524	508	455	496
Grays Harbor	647	659	558	621
Island	675	642	505	607
Jefferson	336	338	273	316
King	9,917	10,213	11,186	10,439
Kitsap	1,713	1,811	1,714	1,746
Kittitas	239	266	241	249
Klickitat	158	160	113	144
Lewis	730	722	653	702
Lincoln	94	89	75	86
Mason	526	548	408	494
Okanogan	332	358	277	322
Pacific	279	265	177	240
Pend Oreille	130	125	101	119
Pierce	4,926	5,002	5,608	5,179
San Juan	114	127	94	112
Skagit	1,001	1,018	1,068	1,029
Skamania	56	87	47	63
Snohomish	4,055	4,081	4,278	4,138
Spokane	3,556	3,545	4,322	3,808
Stevens	373	345	248	322
Thurston	1,823	1,908	2,007	1,913
Wahkiakum	33	53	18	35
Walla Walla	445	450	522	472
Whatcom	1,252	1,461	1,481	1,398
Whitman	199	219	226	215
Yakima	1,517	1,451	1,675	1,548

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WAC246-310-290(8)(c) Step 3.

Multiply each hospice use rate determined in Step 1 by the planning areas' average total resident deaths determined in Step 2, separated by age cohort.

0-64		
County	2018-2020 Average Deaths	Projected Patients: 25.67% of Deaths
Adams	28	7
Asotin	54	14
Benton	411	105
Chelan	164	42
Clallam	191	49
Clark	935	240
Columbia	7	2
Cowlitz	303	78
Douglas	52	13
Ferry	22	6
Franklin	123	31
Garfield	5	1
Grant	193	49
Grays Harbor	229	59
Island	137	35
Jefferson	68	17
King	3,665	941
Kitsap	509	131
Kittitas	79	20
Klickitat	49	12
Lewis	214	55
Lincoln	22	6
Mason	156	40
Okanogan	103	27
Pacific	62	16
Pend Oreille	38	10
Pierce	2,080	534
San Juan	19	5
Skagit	243	62
Skamania	24	6
Snohomish	1,551	398
Spokane	1,318	338
Stevens	104	27
Thurston	569	146
Wahkiakum	11	3
Walla Walla	126	32
Whatcom	404	104
Whitman	55	14
Yakima	603	155

65+		
County	2018-2020 Average Deaths	Projected Patients: 60.15% of Deaths
Adams	75	45
Asotin	207	125
Benton	1,267	762
Chelan	661	398
Clallam	868	522
Clark	2,986	1,796
Columbia	46	28
Cowlitz	920	553
Douglas	228	137
Ferry	59	35
Franklin	285	171
Garfield	21	12
Grant	496	298
Grays Harbor	621	374
Island	607	365
Jefferson	316	190
King	10,439	6,279
Kitsap	1,746	1,050
Kittitas	249	150
Klickitat	144	86
Lewis	702	422
Lincoln	86	52
Mason	494	297
Okanogan	322	194
Pacific	240	145
Pend Oreille	119	71
Pierce	5,179	3,115
San Juan	112	67
Skagit	1,029	619
Skamania	63	38
Snohomish	4,138	2,489
Spokane	3,808	2,290
Stevens	322	194
Thurston	1,913	1,150
Wahkiakum	35	21
Walla Walla	472	284
Whatcom	1,398	841
Whitman	215	129
Yakima	1,548	931

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WAC246-310-290(8)(d) Step 4:

Using the projected patients calculated in Step 3, calculate a use rate by dividing projected patients by the three-year historical average population by county. Use this rate

0-64								
County	Projected Patients	2018-2020 Average Population	2021 projected population	2022 projected population	2023 projected population	2021 potential volume	2022 potential volume	2023 potential volume
Adams	7	18,160	18,456	18,622	18,787	7	7	7
Asotin	14	16,715	16,596	16,540	16,485	14	14	14
Benton	105	167,984	171,026	172,638	174,249	107	108	109
Chelan	42	62,227	62,512	62,562	62,611	42	42	42
Clallam	49	52,494	52,233	52,027	51,821	49	49	48
Clark	240	411,278	421,901	426,529	431,158	246	249	252
Columbia	2	2,822	2,745	2,710	2,675	2	2	2
Cowlitz	78	85,817	85,843	85,769	85,695	78	78	78
Douglas	13	35,130	35,803	36,080	36,356	14	14	14
Ferry	6	5,628	5,541	5,506	5,470	6	6	6
Franklin	31	88,012	92,443	94,784	97,124	33	34	35
Garfield	1	1,581	1,541	1,522	1,502	1	1	1
Grant	49	86,033	88,240	89,322	90,403	51	51	52
Grays Harbor	59	57,387	56,679	56,401	56,122	58	58	57
Island	35	63,114	63,280	63,296	63,312	35	35	35
Jefferson	17	20,705	20,636	20,550	20,463	17	17	17
King	941	1,885,115	1,918,470	1,930,192	1,941,913	958	963	969
Kitsap	131	218,538	220,614	221,192	221,771	132	132	133
Kittitas	20	38,453	39,286	39,556	39,827	21	21	21
Klickitat	12	15,702	15,439	15,304	15,168	12	12	12
Lewis	55	62,700	63,164	63,327	63,491	55	55	56
Lincoln	6	7,864	7,751	7,698	7,644	5	5	5
Mason	40	50,632	51,397	51,672	51,946	41	41	41
Okanogan	27	32,364	32,087	31,991	31,896	26	26	26
Pacific	16	14,545	14,322	14,242	14,161	16	16	15
Pend Oreille	10	9,859	9,769	9,727	9,684	10	10	10
Pierce	534	756,339	769,918	774,696	779,475	543	547	550
San Juan	5	10,863	10,730	10,707	10,684	5	5	5
Skagit	62	100,807	101,887	102,236	102,586	63	63	63
Skamania	6	9,248	9,223	9,205	9,186	6	6	6
Snohomish	398	705,787	721,527	726,273	731,019	407	410	412
Spokane	338	423,256	426,740	428,033	429,326	341	342	343
Stevens	27	34,109	33,917	33,841	33,766	26	26	26
Thurston	146	238,190	243,867	246,235	248,602	150	151	152
Wahkiakum	3	2,498	2,405	2,368	2,332	3	3	3
Walla Walla	32	50,763	51,028	51,075	51,121	33	33	33
Whatcom	104	185,418	189,267	190,722	192,178	106	107	107
Whitman	14	43,222	43,315	43,322	43,330	14	14	14
Yakima	155	222,774	225,822	227,147	228,473	157	158	159

Sources:
 Self-Report Provider Utilization Surveys for Years 2018-2020
 Vital Statistics Death Data for Years 2018-2020
 Prepared by DOH Program Staff

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WAC246-310-290(8)(d) Step 4:

Using the projected patients calculated in Step 3, calculate a use rate by dividing projected patients by the three-year historical average population by county. Use this rate to determine the potential volume of hospice use by the projected population by age cohort using Office of Financial Management (OFM) data.

65+								
County	Projected Patients	2018-2020 Average Population	2021 projected population	2022 projected population	2023 projected population	2021 potential volume	2022 potential volume	2023 potential volume
Adams	45	2,227	2,383	2,424	2,466	48	49	50
Asotin	125	5,812	6,175	6,344	6,514	132	136	140
Benton	762	30,986	33,373	34,597	35,820	821	851	881
Chelan	398	15,876	17,052	17,695	18,339	427	443	460
Ciallam	522	21,800	22,901	23,535	24,168	548	563	579
Clark	1,796	78,605	85,686	89,247	92,807	1,958	2,039	2,121
Columbia	28	1,236	1,287	1,304	1,322	29	29	30
Cowlitz	553	22,148	23,719	24,470	25,220	592	611	630
Douglas	137	7,976	8,666	8,974	9,283	149	155	160
Ferry	35	2,168	2,289	2,337	2,386	37	38	39
Franklin	171	9,188	10,083	10,557	11,030	188	197	206
Garfield	12	645	669	680	692	13	13	13
Grant	298	14,861	16,071	16,665	17,258	322	334	346
Grays Harbor	374	16,123	17,133	17,612	18,092	397	408	419
Island	365	20,239	21,412	22,047	22,682	386	398	409
Jefferson	190	11,588	12,323	12,722	13,121	202	208	215
King	6,279	310,572	337,771	350,881	363,992	6,829	7,094	7,359
Kitsap	1,050	53,833	58,185	60,492	62,800	1,135	1,180	1,225
Kittitas	150	7,647	8,266	8,589	8,911	162	168	174
Klickitat	86	5,829	6,268	6,448	6,627	93	96	98
Lewis	422	16,808	17,697	18,175	18,652	444	456	468
Lincoln	52	2,891	3,039	3,119	3,200	54	56	57
Mason	297	15,905	17,167	17,836	18,504	321	333	346
Okanogan	194	10,475	11,210	11,519	11,827	207	213	219
Pacific	145	6,747	7,035	7,159	7,284	151	153	156
Pend Oreille	71	3,925	4,239	4,371	4,504	77	80	82
Pierce	3,115	130,688	142,422	148,729	155,037	3,395	3,545	3,695
San Juan	67	5,768	6,174	6,357	6,541	72	74	76
Skagit	619	27,881	30,314	31,460	32,607	673	698	724
Skamania	38	2,670	2,923	3,048	3,172	42	43	45
Snohomish	2,489	119,333	131,978	138,737	145,495	2,753	2,894	3,035
Spokane	2,290	87,852	94,670	97,979	101,288	2,468	2,554	2,641
Stevens	194	11,360	12,214	12,591	12,969	208	215	221
Thurston	1,150	50,757	54,900	56,967	59,035	1,244	1,291	1,338
Wahkiakum	21	1,503	1,580	1,595	1,611	22	22	22
Walla Walla	284	11,006	11,350	11,632	11,915	293	300	308
Whatcom	841	40,902	44,217	45,794	47,372	909	941	974
Whitman	129	5,526	6,008	6,201	6,395	140	145	149
Yakima	931	37,530	39,475	40,559	41,643	979	1,006	1,033

Sources:
 Self-Report Provider Utilization Surveys for Years 2018-2020
 Vital Statistics Death Data for Years 2018-2020
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WAC246-310-290(8)(e) Step 5:

Combine the two age cohorts. Subtract the average of the most recent three years hospice capacity in each planning area from the projected volumes calculated in Step 4 to determine the number of projected admissions beyond the planning area capacity.

County	2021 potential volume	2022 potential volume	2023 potential volume	Current Supply of Hospice Providers	2021 Unmet Need Admissions*	2022 Unmet Need Admissions*	2023 Unmet Need Admissions*
Adams	55	56	57	51.33	4	5	6
Asotin	146	150	153	105.00	41	45	48
Benton	928	959	990	1,016.67	(88)	(57)	(26)
Chelan	469	486	502	428.67	41	57	73
Clallam	597	612	627	392.80	204	219	234
Clark	2,204	2,288	2,372	2,584.47	(380)	(296)	(212)
Columbia	30	31	31	35.00	(5)	(4)	(4)
Cowlitz	670	689	708	788.00	(118)	(99)	(80)
Douglas	163	168	174	160.67	2	8	13
Ferry	43	44	45	32.00	11	12	13
Franklin	221	231	240	201.67	19	29	39
Garfield	14	14	15	6.00	8	8	9
Grant	373	386	398	292.33	81	93	106
Grays Harbor	455	466	477	295.57	160	170	181
Island	422	433	445	399.67	22	34	45
Jefferson	219	226	232	198.00	21	28	34
King	7,786	8,057	8,328	7,830.73	(44)	226	497
Kitsap	1,267	1,312	1,358	1,223.57	43	89	134
Kittitas	182	189	195	168.00	14	21	27
Klickitat	105	108	110	217.80	(113)	(110)	(107)
Lewis	500	512	524	445.33	54	67	79
Lincoln	60	61	63	29.00	31	32	34
Mason	361	374	387	304.57	57	70	82
Okanogan	234	239	245	188.33	45	51	57
Pacific	166	169	171	93.00	73	76	78
Pend Oreille	87	89	92	65.33	22	24	26
Pierce	3,938	4,092	4,246	3,596.23	342	496	649
San Juan	77	79	81	87.00	(10)	(8)	(6)
Skagit	736	762	787	729.00	7	33	58
Skamania	48	50	51	32.00	16	18	19
Snohomish	3,160	3,303	3,447	3,508.33	(349)	(205)	(61)
Spokane	2,809	2,897	2,984	2,720.50	89	176	263
Stevens	235	241	247	148.67	86	92	99
Thurston	1,394	1,442	1,491	1,565.30	(171)	(123)	(75)
Wahkiakum	25	25	25	9.33	15	16	16
Walla Walla	326	333	340	272.33	53	60	68
Whatcom	1,015	1,048	1,081	1,094.57	(80)	(46)	(13)
Whitman	154	159	163	158.17	(4)	1	5
Yakima	1,136	1,164	1,192	1,261.00	(125)	(97)	(69)

*a negative number indicates existing hospice service capacity exceeds the projected utilization based on the statewide use rate.

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WAC246-310-290(8)(f) Step 6:

Multiply the unmet need from Step 5 by the statewide average length of stay as determined by CMS to determine unmet need patient days in the projection years.

County	2021 Unmet Need Admissions*	2022 Unmet Need Admissions*	2023 Unmet Need Admissions*	Step 6 (Admits * ALOS) = Unmet Patient Days			
				Statewide ALOS	2021 Unmet Need Patient Days*	2022 Unmet Need Patient Days*	2023 Unmet Need Patient Days*
Adams	4	5	6	62.12	244	300	356
Asotin	41	45	48	62.12	2,563	2,786	3,009
Benton	(88)	(57)	(26)	62.12	(5,497)	(3,565)	(1,633)
Chelan	41	57	73	62.12	2,535	3,539	4,542
Clallam	204	219	234	62.12	12,682	13,613	14,543
Clark	(380)	(296)	(212)	62.12	(23,619)	(18,396)	(13,174)
Columbia	(5)	(4)	(4)	62.12	(281)	(258)	(235)
Cowlitz	(118)	(99)	(80)	62.12	(7,320)	(6,160)	(5,000)
Douglas	2	8	13	62.12	134	470	807
Ferry	11	12	13	62.12	691	737	784
Franklin	19	29	39	62.12	1,201	1,801	2,401
Garfield	8	8	9	62.12	506	518	531
Grant	81	93	106	62.12	5,021	5,799	6,578
Grays Harbor	160	170	181	62.12	9,916	10,589	11,261
Island	22	34	45	62.12	1,377	2,090	2,802
Jefferson	21	28	34	62.12	1,324	1,726	2,127
King	(44)	226	497	62.12	(2,759)	14,070	30,899
Kitsap	43	89	134	62.12	2,696	5,513	8,331
Kittitas	14	21	27	62.12	889	1,290	1,691
Klickitat	(113)	(110)	(107)	62.12	(6,994)	(6,835)	(6,676)
Lewis	54	67	79	62.12	3,378	4,132	4,886
Lincoln	31	32	34	62.12	1,917	2,004	2,091
Mason	57	70	82	62.12	3,529	4,319	5,108
Okanogan	45	51	57	62.12	2,823	3,173	3,523
Pacific	73	76	78	62.12	4,554	4,714	4,875
Pend Oreille	22	24	26	62.12	1,337	1,483	1,630
Pierce	342	496	649	62.12	21,240	30,788	40,337
San Juan	(10)	(8)	(6)	62.12	(639)	(507)	(375)
Skagit	7	33	58	62.12	435	2,029	3,623
Skamania	16	18	19	62.12	984	1,094	1,204
Snohomish	(349)	(205)	(61)	62.12	(21,649)	(12,726)	(3,802)
Spokane	89	176	263	62.12	5,511	10,934	16,357
Stevens	86	92	99	62.12	5,345	5,741	6,136
Thurston	(171)	(123)	(75)	62.12	(10,646)	(7,645)	(4,643)
Wahkiakum	15	16	16	62.12	956	967	977
Walla Walla	53	60	68	62.12	3,304	3,758	4,213
Whatcom	(80)	(46)	(13)	62.12	(4,953)	(2,888)	(823)
Whitman	(4)	1	5	62.12	(231)	50	330
Yakima	(125)	(97)	(69)	62.12	(7,760)	(6,032)	(4,305)

*a negative number indicates existing hospice service capacity exceeds the projected utilization based on the statewide use rate.

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WAC246-310-290(8)(g) Step 7:

Divide the unmet patient days from Step 6 by 365 to determine the unmet need ADC.

County				Step 7 (Patient Days / 365) = Unmet ADC		
	2021 Unmet Need Patient Days*	2022 Unmet Need Patient Days*	2023 Unmet Need Patient Days*	2021 Unmet Need ADC*	2022 Unmet Need ADC*	2023 Unmet Need ADC*
Adams	244	300	356	1	1	1
Asotin	2,563	2,786	3,009	7	8	8
Benton	(5,497)	(3,565)	(1,633)	(15)	(10)	(4)
Chelan	2,535	3,539	4,542	7	10	12
Clallam	12,682	13,613	14,543	35	37	40
Clark	(23,619)	(18,396)	(13,174)	(65)	(50)	(36)
Columbia	(281)	(258)	(235)	(1)	(1)	(1)
Cowlitz	(7,320)	(6,160)	(5,000)	(20)	(17)	(14)
Douglas	134	470	807	0	1	2
Ferry	691	737	784	2	2	2
Franklin	1,201	1,801	2,401	3	5	7
Garfield	506	518	531	1	1	1
Grant	5,021	5,799	6,578	14	16	18
Grays Harbor	9,916	10,589	11,261	27	29	31
Island	1,377	2,090	2,802	4	6	8
Jefferson	1,324	1,726	2,127	4	5	6
King	(2,759)	14,070	30,899	(8)	39	85
Kitsap	2,696	5,513	8,331	7	15	23
Kittitas	889	1,290	1,691	2	4	5
Klickitat	(6,994)	(6,835)	(6,676)	(19)	(19)	(18)
Lewis	3,378	4,132	4,886	9	11	13
Lincoln	1,917	2,004	2,091	5	5	6
Mason	3,529	4,319	5,108	10	12	14
Okanogan	2,823	3,173	3,523	8	9	10
Pacific	4,554	4,714	4,875	12	13	13
Pend Oreille	1,337	1,483	1,630	4	4	4
Pierce	21,240	30,788	40,337	58	84	111
San Juan	(639)	(507)	(375)	(2)	(1)	(1)
Skagit	435	2,029	3,623	1	6	10
Skamania	984	1,094	1,204	3	3	3
Snohomish	(21,649)	(12,726)	(3,802)	(59)	(35)	(10)
Spokane	5,511	10,934	16,357	15	30	45
Stevens	5,345	5,741	6,136	15	16	17
Thurston	(10,646)	(7,645)	(4,643)	(29)	(21)	(13)
Wahkiakum	956	967	977	3	3	3
Walla Walla	3,304	3,758	4,213	9	10	12
Whatcom	(4,953)	(2,888)	(823)	(14)	(8)	(2)
Whitman	(231)	50	330	(1)	0	1
Yakima	(7,760)	(6,032)	(4,305)	(21)	(17)	(12)

*a negative number indicates existing hospice service capacity exceeds the projected utilization based on the statewide use rate.

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WAC246-310-290(8)(h) Step 8:

Determine the number of hospice agencies in the planning area that could support the unmet need with an ADC of thirty-five.

Application Year					
Step 7 (Patient Days / 365) = Unmet ADC			Step 8 - Numeric Need		
County	2021 Unmet Need ADC*	2022 Unmet Need ADC*	2023 Unmet Need ADC*	Numeric Need?	Number of New Agencies Needed?***
Adams	1	1	1	FALSE	FALSE
Asotin	7	8	8	FALSE	FALSE
Benton	(15)	(10)	(4)	FALSE	FALSE
Chelan	7	10	12	FALSE	FALSE
Clallam	35	37	40	TRUE	1
Clark	(65)	(50)	(36)	FALSE	FALSE
Columbia	(1)	(1)	(1)	FALSE	FALSE
Cowlitz	(20)	(17)	(14)	FALSE	FALSE
Douglas	0	1	2	FALSE	FALSE
Ferry	2	2	2	FALSE	FALSE
Franklin	3	5	7	FALSE	FALSE
Garfield	1	1	1	FALSE	FALSE
Grant	14	16	18	FALSE	FALSE
Grays Harbor	27	29	31	FALSE	FALSE
Island	4	6	8	FALSE	FALSE
Jefferson	4	5	6	FALSE	FALSE
King	(8)	39	85	TRUE	2
Kitsap	7	15	23	FALSE	FALSE
Kittitas	2	4	5	FALSE	FALSE
Klickitat	(19)	(19)	(18)	FALSE	FALSE
Lewis	9	11	13	FALSE	FALSE
Lincoln	5	5	6	FALSE	FALSE
Mason	10	12	14	FALSE	FALSE
Okanogan	8	9	10	FALSE	FALSE
Pacific	12	13	13	FALSE	FALSE
Pend Oreille	4	4	4	FALSE	FALSE
Pierce	58	84	111	TRUE	3
San Juan	(2)	(1)	(1)	FALSE	FALSE
Skagit	1	6	10	FALSE	FALSE
Skamania	3	3	3	FALSE	FALSE
Snohomish	(59)	(35)	(10)	FALSE	FALSE
Spokane	15	30	45	TRUE	1
Stevens	15	16	17	FALSE	FALSE
Thurston	(29)	(21)	(13)	FALSE	FALSE
Wahkiakum	3	3	3	FALSE	FALSE
Walla Walla	9	10	12	FALSE	FALSE
Whatcom	(14)	(8)	(2)	FALSE	FALSE
Whitman	(1)	0	1	FALSE	FALSE
Yakima	(21)	(17)	(12)	FALSE	FALSE

*a negative number indicates existing hospice service capacity exceeds the projected utilization based on the statewide use rate.

**The numeric need methodology projects need for whole hospice agencies only - not partial hospice agencies. Therefore, the results are rounded down to the nearest whole number.

Department of Health
2021-2022 Hospice Numeric Need Methodology
Admissions - Summarized



0-64 Total Admissions by County

Sum of 0-64	Column Labels		
Row Labels	2018	2019	2020
Adams	6	8	4
Asotin	6	9	24
Benton	118	103	132
Chelan	34	28	32
Clallam	16	23	24
Clark	336	287	297
Columbia	1	3	3
Cowlitz	107	121	94
Douglas	10	19	17
Ferry	6	5	3
Franklin	30	26	34
Garfield	1	1	3
Grant	41	45	40
Grays Harbor	35	41	27
Island	38	43	54
Jefferson	21	26	17
King	1009	765	889
Kitsap	180	173	96
Kittitas	15	16	12
Klickitat	10	12	12
Lewis	56	50	47
Lincoln	7	3	5
Mason	14	34	43
Okanogan	21	27	31
Pacific	13	15	12
Pend Oreille	8	4	17
Pierce	543	556	425
San Juan	6	6	8
Skagit	48	77	70
Skamania	2	1	3
Snohomish	422	342	361
Spokane	400	329	362
Stevens	30	20	21
Thurston	114	115	129
Wahkiakum	2	0	3
Walla Walla	24	41	41
Whatcom	117	138	80
Whitman	19	12	12
Yakima	248	175	195

65+ Total Admissions by County

Sum of 65+	Column Labels		
Row Labels	2018	2019	2020
Adams	34	54	48
Asotin	121	71	84
Benton	887	837	973
Chelan	386	385	421
Clallam	187	234	283
Clark	2124	2060	2238
Columbia	23	25	50
Cowlitz	600	735	707
Douglas	136	130	170
Ferry	29	25	28
Franklin	155	166	194
Garfield	2	4	7
Grant	261	236	254
Grays Harbor	180	212	186
Island	348	341	375
Jefferson	155	181	194
King	6359	6315	7131
Kitsap	1021	1074	921
Kittitas	135	169	157
Klickitat	81	90	87
Lewis	420	362	401
Lincoln	29	22	21
Mason	161	193	263
Okanogan	148	171	167
Pacific	72	98	69
Pend Oreille	53	65	49
Pierce	3175	3170	2714
San Juan	79	73	89
Skagit	680	705	607
Skamania	20	33	37
Snohomish	2636	2214	2636
Spokane	2247.5	2175	2648
Stevens	121	126	128
Thurston	936	947	1070
Wahkiakum	5	7	11
Walla Walla	227	242	242
Whatcom	770	995	978
Whitman	226.5	77	128
Yakima	977	998	1190

Total Admissions by County - Not Adjusted for New

County	2018	2019	2020	Average
Adams	40	62	52	51.33
Asotin	127	80	108	105.00
Benton	1005	940	1105	1016.67
Chelan	420	413	453	428.67
Clallam	203	257	307	255.67
Clark	2460	2347	2535	2447.33
Columbia	24	28	53	35.00
Cowlitz	707	856	801	788.00
Douglas	146	149	187	160.67
Ferry	35	30	31	32.00
Franklin	185	192	228	201.67
Garfield	3	5	10	6.00
Grant	302	281	294	292.33
Grays Harb	215	253	213	227.00
Island	386	384	429	399.67
Jefferson	176	207	211	198.00
King	7368	7080	8020	7489.33
Kitsap	1201	1247	1017	1155.00
Kittitas	150	185	169	168.00
Klickitat	91	102	99	97.33
Lewis	476	412	448	445.33
Lincoln	36	25	26	29.00
Mason	175	227	306	236.00
Okanogan	169	198	198	188.33
Pacific	85	113	81	93.00
Pend Oreill	61	69	66	65.33
Pierce	3718	3726	3139	3527.67
San Juan	85	79	97	87.00
Skagit	728	782	677	729.00
Skamania	22	34	40	32.00
Snohomish	3058	2556	2997	2870.33
Spokane	2647.5	2504	3010	2720.50
Stevens	151	146	149	148.67
Thurston	1050	1062	1199	1103.67
Wahkiakun	7	7	14	9.33
Walla Wall	251	283	283	272.33
Whatcom	887	1133	1058	1026.00
Whitman	245.5	89	140	158.17
Yakima	1225	1173	1385	1261.00

Total Admissions by County - Adjusted for New

Adjusted Cells Highlighted in YELLOW				
County	2018	2019	2020	Average
Adams	40	62	52	51.33
Asotin	127	80	108	105.00
Benton	1005	940	1105	1016.67
Chelan	420	413	453	428.67
Clallam	203	462.7	512.7	392.80
Clark	2460	2552.7	2740.7	2584.47
Columbia	24	28	53	35.00
Cowlitz	707	856	801	788.00
Douglas	146	149	187	160.67
Ferry	35	30	31	32.00
Franklin	185	192	228	201.67
Garfield	3	5	10	6.00
Grant	302	281	294	292.33
Grays Harb	215	253	418.7	295.57
Island	386	384	429	399.67
Jefferson	176	207	211	198.00
King	7368	7400.4	8723.8	7830.73
Kitsap	1201	1247	1222.7	1223.57
Kittitas	150	185	169	168.00
Klickitat	272.7	281.7	99	217.80
Lewis	476	412	448	445.33
Lincoln	36	25	26	29.00
Mason	175	227	511.7	304.57
Okanogan	169	198	198	188.33
Pacific	85	113	81	93.00
Pend Oreill	61	69	66	65.33
Pierce	3718	3726	3344.7	3596.23
San Juan	85	79	97	87.00
Skagit	728	782	677	729.00
Skamania	22	34	40	32.00
Snohomish	3058	3378.8	4088.2	3508.33
Spokane	2647.5	2504	3010	2720.50
Stevens	151	146	149	148.67
Thurston	1255.7	1449.4	1990.8	1565.30
Wahkiakun	7	7	14	9.33
Walla Wall	251	283	283	272.33
Whatcom	887	1133	1263.7	1094.57
Whitman	245.5	89	140	158.17
Yakima	1225	1173	1385	1261.00

35 ADC * 365 days per year = 12,775 default patient days
 12,775 patient days/62.12 ALOS = 205.7 default admissions
 205.7 Default

For affected counties, the actual volumes from these recently approved agencies will be subtracted, and default values will be added.

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Admissions - Summarized



Recent approvals showing default volumes:

Olympic Medical Center - Clallam County. Approved in September 2019. Default volumes for 2019-2020

Providence Hospice - Clark County. Approved in 2019. Default volumes in 2019-2020

The Pennant Group - Grays Harbor County. Approved August 2021. No adjustment possible for 2021, adjustment in 2020 as proxy.

Wesley Homes Hospice - King County. Approved in 2015, operational since 2017. 2018 volumes exceed "default" - no adjustment for 2018. Adjustments in 2019.

Envision Hospice - King County. Approved in 2019. Default volumes for 2019-2020

Continuum Care of King - King County. CN issued March 2020. Default volumes for 2020

EmpRes Healthcare Group - King County. Approved in 2021. No adjustment possible for 2021, adjustment in 2020 as proxy.

Seasons Hospice - King County. Approved in 2021. No adjustment possible for 2021, adjustment in 2020 as proxy.

Envision Hospice - Kitsap County. Approved in 2020. Default volumes for 2020

Heart of Hospice - Klickitat County. Approved in August 2017. Operational since August 2017. Default volumes in 2018-2019.

The Pennant Group - Mason County. Approved September 2021. No adjustment possible for 2021, adjustment in 2020 as proxy.

Providence Health & Services - Pierce County. Approved in 2021. No adjustment possible for 2021, adjustment in 2020 as proxy.

Continuum Care of Snohomish - Snohomish County. Approved in July 2019. Default volumes in 2019-2020

Heart of Hospice - Snohomish County. Approved in November 2019. Default volumes for 2019-2020

Envision Hospice - Snohomish County. Approved in November 2019. Default volumes for 2019-2020

Glacier Peak Healthcare - Snohomish County. Approved in November 2019. Default volumes for 2019-2020

EmpRes Healthcare Group - Snohomish County. Approved in 2021. No adjustment possible for 2021, adjustment in 2020 as proxy.

Seasons Hospice - Snohomish County. Approved in 2021. No adjustment possible for 2021, adjustment in 2020 as proxy.

Envision Hospice - Thurston County. Approved in September 2018. Default volumes in 2018-2020.

Symbol Healthcare - Thurston County. Approved in November 2019. Default volumes for 2019-2020

Bristol Hospice - Thurston County. Approved March 2021. No adjustment possible for 2021, adjustment in 2020 as proxy.

MultiCare Health - Thurston County. Approved in 2021. No adjustment possible for 2021, adjustment in 2020 as proxy.

EmpRes Healthcare Group - Whatcom County. Approved in 2020. Default volumes for 2020

Department of Health
2021-2022 Hospice Numeric Need Methodology
 Survey Responses



Note: Kindred Hospice in Whitman and Spokane Counties did not respond to the department's survey for 2018 data. As a result, the average of 2016 and 2017 data was used as a proxy for 2018.

Agency Name	License Number	County	Year	0-64	65+
Assured Home Health and Hospice (Central Basin/Assured Hospice)	IHS.FS.60092413	Grant	2018	40	254
Assured Home Health and Hospice (Central Basin/Assured Hospice)	IHS.FS.60092413	Lincoln	2018	6	28
Assured Home Health and Hospice (Central Basin/Assured Hospice)	IHS.FS.60092413	Adams	2018	6	34
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Jefferson	2018	1	11
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Mason	2018	4	44
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Clallam	2018	16	186
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Thurston	2018	24	273
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Lewis	2018	35	280
Astria Home Health and Hospice (Yakima Regional Home Health and Hospice)	IHS.FS.60097245	Yakima	2018	41	8
Central Washington Hospital Home Care Services	IHS.FS.00000250	Douglas	2018	10	133
Central Washington Hospital Home Care Services	IHS.FS.00000250	Chelan	2018	34	386
Community Home Health and Hospice CHHH Community Home Care Hospice	IHS.FS.00000262	Wahkiakum	2018	2	5
Community Home Health and Hospice CHHH Community Home Care Hospice	IHS.FS.00000262	Clark	2018	54	383
Community Home Health and Hospice CHHH Community Home Care Hospice	IHS.FS.00000262	Cowlitz	2018	87	524
Elite Home Health and Hospice	IHS.FS.60384078	Garfield	2018	1	2
Elite Home Health and Hospice	IHS.FS.60384078	Asotin	2018	6	121
Evergreen Health Home Care Services	IHS.FS.00000278	Island	2018	1	9
Evergreen Health Home Care Services	IHS.FS.00000278	Snohomish	2018	79	690
Evergreen Health Home Care Services	IHS.FS.00000278	King	2018	348	1989
Franciscan Hospice	IHS.FS.00000287	Kitsap	2018	141	693
Franciscan Hospice	IHS.FS.00000287	King	2018	102	921
Franciscan Hospice	IHS.FS.00000287	Pierce	2018	331	2110
Frontier Home Health and Hospice (Okanogan Regional)	IHS.FS.60379608	Douglas	2018	0	3
Frontier Home Health and Hospice (Okanogan Regional)	IHS.FS.60379608	Grant	2018	1	7
Frontier Home Health and Hospice (Okanogan Regional)	IHS.FS.60379608	Okanogan	2018	21	148
Gentiva Hospice (Odyssey Hospice)	IHS.FS.60330209	King	2018	37	180
Harbors Home Health and Hospice	IHS.FS.00000306	Pacific	2018	13	71
Harbors Home Health and Hospice	IHS.FS.00000306	Grays Harbor	2018	35	180
Heart of Hospice	IHS.FS.00000185	Skamania	2018	none repo	10
Heart of Hospice	IHS.FS.00000185	Klickitat	2018	1	23
Heartlinks Hospice and Palliative Care (Lower Valley Hospice)	IHS.FS.00000369	Benton	2018	6	137
Heartlinks Hospice and Palliative Care (Lower Valley Hospice)	IHS.FS.00000369	Yakima	2018	24	219
Home Health Care of Whidbey General Hospital (Whidbey General)	IHS.FS.00000323	Island	2018	20	235
Homecare and Hospice Southwest (Hospice SW)	IHS.FS.60331226	Skamania	2018	1	1
Homecare and Hospice Southwest (Hospice SW)	IHS.FS.60331226	Cowlitz	2018	20	76
Homecare and Hospice Southwest (Hospice SW)	IHS.FS.60331226	Clark	2018	243	1305
Horizon Hospice	IHS.FS.00000332	Spokane	2018	31	389
Hospice of Kitsap County	IHS.FS.00000335	Kitsap	2018	0	0
Hospice of Spokane	IHS.FS.00000337	Lincoln	2018	1	1
Hospice of Spokane	IHS.FS.00000337	Ferry	2018	6	29
Hospice of Spokane	IHS.FS.00000337	Pend Oreille	2018	8	53
Hospice of Spokane	IHS.FS.00000337	Stevens	2018	30	121
Hospice of Spokane	IHS.FS.00000337	Spokane	2018	346	1593
Hospice of Spokane	IHS.FS.00000337	Whitman	2018	none repo	none repor
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	Island	2018	6	60
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	Snohomish	2018	2	67
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	San Juan	2018	6	79
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	Skagit	2018	48	680
IRREGULAR-COMMUNITY HOME HEALTH & HOSPICE	IHS.FS.00000262	Pacific	2018	0	1
IRREGULAR-MULTICARE	IHS.FS.60639376	Clallam	2018	0	1
Jefferson Healthcare Home Health and Hospice (Hospice of Jefferson County)	IHS.FS.00000349	Jefferson	2018	20	144
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Clark	2018	39	436
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Cowlitz	2018	none repo	none repor
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Skamania	2018	none repo	none repor
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	Snohomish	2018	14	94
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	Kitsap	2018	14	96
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	Pierce	2018	35	198
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	King	2018	25	416
Kindred Hospice (Gentiva Hospice)	IHS.FS.60308060	Whitman	2018	19	226.5
Kindred Hospice (Gentiva Hospice)	IHS.FS.60308060	Spokane	2018	23	265.5
Kittitas Valley Home Health and Hospice	IHS.FS.00000320	Kittitas	2018	15	135
Klickitat Valley Home Health & Hospice (Klickitat Valley Health)	IHS.FS.00000361	Klickitat	2018	5	40
Kline Galland Community Based Services	IHS.FS.60103742	King	2018	29	368
Memorial Home Care Services	IHS.FS.00000376	Yakima	2018	183	750
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60639376	King	2018	32	158

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Agency Name	License Number	County	Year	0-64	65+
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60639377	Kitsap	2018	25	232
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60639378	Pierce	2018	177	867
Providence Hospice (Hospice of the Gorge)	IHS.FS.60201476	Skamania	2018	1	9
Providence Hospice (Hospice of the Gorge)	IHS.FS.60201476	Klickitat	2018	4	18
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Island	2018	11	44
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Snohomish	2018	316	1772
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	King	2018	none repo	none repor
Providence Hospice of Seattle	IHS.FS.00000336	Snohomish	2018	11	13
Providence Hospice of Seattle	IHS.FS.00000336	King	2018	407	1959
Providence SoundHomeCare and Hospice	IHS.FS.00000420	Mason	2018	10	117
Providence SoundHomeCare and Hospice	IHS.FS.00000420	Lewis	2018	21	140
Providence SoundHomeCare and Hospice	IHS.FS.00000420	Thurston	2018	90	663
Tri-Cities Chaplaincy	IHS.FS.00000456	Franklin	2018	30	155
Tri-Cities Chaplaincy	IHS.FS.00000456	Benton	2018	112	750
Walla Walla Community Hospice	IHS.FS.60480441	Columbia	2018	1	23
Walla Walla Community Hospice	IHS.FS.60480441	Walla Walla	2018	24	227
Wesley Homes	IHS.FS.60276500	King	2018	29	368
Whatcom Hospice (Peacehealth)	IHS.FS.00000471	Whatcom	2018	117	770
Alpha Home Health	IHS.FS.61032013	Snohomish	2019	0	0
Alpowa Healthcare Inc. d/b/a Elite Home Health and Hospice	IHS.FS.60384078	Asotin	2019	9	71
Alpowa Healthcare Inc. d/b/a Elite Home Health and Hospice	IHS.FS.60384078	Garfield	2019	1	4
Central Washington Homecare Services	IHS.FS.00000250	Chelan	2019	28	385
Central Washington Homecare Services	IHS.FS.00000250	Douglas	2019	19	125
Chaplaincy Health Care 2018	IHS.FS.00000456	Benton	2019	96	700
Chaplaincy Health Care 2018	IHS.FS.00000456	Franklin	2019	26	164
Community Home Health/Hospice	IHS.FS.00000262	Cowlitz	2019	98	636
Community Home Health/Hospice	IHS.FS.00000262	Wahkiakum	2019	0	7
Community Home Health/Hospice	IHS.FS.00000262	Clark	2019	60	453
Continuum Care of King LLC	IHS.FS.61058934	King	2019	0	0
Continuum Care of Snohomish LLC	IHS.FS.61010090	Snohomish	2019	0	0
Envision Hospice of Washington	IHS.FS.60952486	Thurston	2019	2	22
EvergreenHealth	IHS.FS.00000278	King	2019	225	2025
EvergreenHealth	IHS.FS.00000278	Snohomish	2019	53	471
EvergreenHealth	IHS.FS.00000278	Island	2019	1	11
Franciscan Hospice	IHS.FS.00000287	King	2019	92	921
Franciscan Hospice	IHS.FS.00000287	Kitsap	2019	118	757
Franciscan Hospice	IHS.FS.00000287	Pierce	2019	364	2236
Frontier Home Health & Hospice	IHS.FS.60379608	Okanogan	2019	27	171
Frontier Home Health & Hospice	IHS.FS.60379608	Douglas	2019	0	5
Frontier Home Health & Hospice	IHS.FS.60379608	Grant	2019	4	8
Harbors Home Health and Hospice	IHS.FS.00000306	Grays Harbor	2019	41	212
Harbors Home Health and Hospice	IHS.FS.00000306	Pacific	2019	15	98
Heartlinks	IHS.FS.00000369	Benton	2019	7	137
Heartlinks	IHS.FS.00000369	Yakima	2019	21	180
Heartlinks	IHS.FS.00000369	Franklin	2019	0	2
Horizon Hospice	IHS.FS.00000332	Spokane	2019	30	393
Hospice of Jefferson County, Jefferson Healthcare	IHI.FS.00000349	Jefferson	2019	26	172
Hospice of Spokane	IHS.FS.00000337	Spokane	2019	289	1692
Hospice of Spokane	IHS.FS.00000337	Stevens	2019	20	126
Hospice of Spokane	IHS.FS.00000337	Ferry	2019	5	25
Hospice of Spokane	IHS.FS.00000337	Pend Oreille	2019	4	65
Hospice of the Northwest	IHS.FS.00000437	Island	2019	14	56
Hospice of the Northwest	IHS.FS.00000437	San Juan	2019	6	73
Hospice of the Northwest	IHS.FS.00000437	Skagit	2019	77	705
Hospice of the Northwest	IHS.FS.00000437	Snohomish	2019	5	58
Inspiring Hospice Partners of Oregon dba Heart of Hospice	IHS.FS.60741443	Skamania	2019	0	17
Inspiring Hospice Partners of Oregon dba Heart of Hospice	IHS.FS.60741443	Klickitat	2019	2	24
Inspiring Hospice Partners of Oregon dba Heart of Hospice	IHS.FS.60741443	Clark	2019	0	3
Inspiring Hospice Partners of Oregon dba Heart of Hospice	IHS.FS.60741443	Snohomish	2019	0	0
Kaiser Continuing Care Services Hospice	IHS.FS.00000353	Clark	2019	43	387
Kaiser Permanente Home Health and Hospice	IHS.FS.00000305	King	2019	37	489
Kaiser Permanente Home Health and Hospice	IHS.FS.00000305	Kitsap	2019	18	123
Kaiser Permanente Home Health and Hospice	IHS.FS.00000305	Pierce	2019	25	176
Kaiser Permanente Home Health and Hospice	IHS.FS.00000305	Snohomish	2019	7	62
Kindred Hospice	IHS.FS.60308060	Spokane	2019	10	90
Kindred Hospice	IHS.FS.60308060	Whitman	2019	12	77
Kindred Hospice	IHS.FS.60330209	King	2019	6	217
Kittitas Valley Healthcare Home Health and Hospice	IHS.FS.00000320	Kittitas	2019	16	169

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Agency Name	License Number	County	Year	0-64	65+
Klickitat Valley Hospice	IHS.FS.00000361	Klickitat	2019	1	44
Kline Galland Community Based Services	IHS.FS.60103742	King	2019	35	345
Memorial Home Care Services	IHS.FS.00000376	Yakima	2019	148	730
MultiCare Hospice	IHS.FS.60639376	King	2019	27	149
MultiCare Hospice	IHS.FS.60639376	Pierce	2019	167	758
MultiCare Hospice	IHS.FS.60639376	Kitsap	2019	37	194
Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health & Hospice	IHS.FS.00000229	Clallam	2019	23	234
Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health & Hospice	IHS.FS.00000229	Jefferson	2019	0	9
Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health & Hospice	IHS.FS.00000229	Lewis	2019	17	244
Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health & Hospice	IHS.FS.00000229	Mason	2019	6	45
Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health & Hospice	IHS.FS.00000229	Thurston	2019	22	240
Olympic Medical Hospice	IHS.FS.00000393	Clallam	2019	0	0
PeaceHealth Hospice	IHS.FS.60331226	Clark	2019	184	1217
PeaceHealth Hospice	IHS.FS.60331226	Cowlitz	2019	23	99
PeaceHealth Hospice	IHS.FS.60331226	Skamania	2019	0	1
PeaceHealth Whatcom	IHS.FS.00000471	Whatcom	2019	138	995
Providence Hospice	IHS.FS.60201476	Klickitat	2019	9	22
Providence Hospice	IHS.FS.60201476	Skamania	2019	1	15
Providence Hospice	IHS.FS.60201476	Clark	2019	0	0
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Snohomish	2019	272	1613
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Island	2019	1	29
Providence Hospice of Seattle	IHS.FS.00000336	King	2019	338	2083
Providence Hospice of Seattle	IHS.FS.00000336	Snohomish	2019	5	10
Providence Sound HomeCare and Hospice	IHS.FS.00000420	Thurston	2019	91	685
Providence Sound HomeCare and Hospice	IHS.FS.00000420	Mason	2019	28	148
Providence Sound HomeCare and Hospice	IHS.FS.00000420	Lewis	2019	33	118
Puget Sound Hospice	IHS.FS.61032138	Thurston	2019	0	0
Walla Walla Community Hospice	IHS.FS.60480441	Walla Walla	2019	41	242
Walla Walla Community Hospice	IHS.FS.60480441	Columbia	2019	3	25
Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice	IHS.FS.60092413	Adams	2019	8	54
Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice	IHS.FS.60092413	Grant	2019	41	228
Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice	IHS.FS.60092413	Lincoln	2019	3	22
Wesley Homes	IHS.FS.60276500	King	2019	5	86
WhidbeyHealth Home Health, Hospice	IHS.FS.00000323	Island	2019	27	245
Yakima HMA Home Health, LLC	IHS.FS.60097245	Yakima	2019	6	88
Alpha Hospice	IHS.FS.61032013	Snohomish	2020	1	30
Alpowa Healthcare, Inc. d/b/a Elite Home Health & Hospice	IHS.FS.60384078	Asotin	2020	24	84
Alpowa Healthcare, Inc. d/b/a Elite Home Health & Hospice	IHS.FS.60384078	Garfield	2020	3	7
Astria Hospice	IHS.FS.60097245	Yakima	2020	0	56
Central Washington Home Care Service	IHS.FS.00000250	Chelan	2020	32	421
Central Washington Home Care Service	IHS.FS.00000250	Douglas	2020	13	159
Chaplaincy Health Care	IHS.FS.00000456	Benton	2020	118	821
Chaplaincy Health Care	IHS.FS.00000456	Franklin	2020	30	192
Community Home Health/Hospice	IHS.FS.00000262	Cowlitz	2020	78	616
Community Home Health/Hospice	IHS.FS.00000262	Pacific	2020	1	3
Community Home Health/Hospice	IHS.FS.00000262	Wahkiakum	2020	3	11
Community Home Health/Hospice	IHS.FS.60547198	Clark	2020	61	430
Continuum Care of King LLC	IHS.FS.61058934	King	2020	0	0
Continuum Care of Snohomish	IHS.FS.61010090	King	2020	2	40
Continuum Care of Snohomish	IHS.FS.61010090	Snohomish	2020	12	131
Eden Hospice at Whatcom County, LLC	IHS.FS.61117985	Whatcom	2020	0	0
Envision Hospice of Washington LLC	IHS.FS.60952486	King	2020	1	76
Envision Hospice of Washington LLC	IHS.FS.60952486	Kitsap	2020	0	0
Envision Hospice of Washington LLC	IHS.FS.60952486	Pierce	2020	1	20
Envision Hospice of Washington LLC	IHS.FS.60952486	Thurston	2020	1	24
Envision Hospice of Washington LLC	IHS.FS.60952486	Snohomish	2020	0	0
EvergreenHealth	IHS.FS.00000278	King	2020	316	2451
EvergreenHealth	IHS.FS.00000278	Snohomish	2020	70	672
EvergreenHealth	IHS.FS.00000278	Island	2020	0	6
Frontier Home Health & Hospice	IHS.FS.60379608	Douglas	2020	4	11
Frontier Home Health & Hospice	IHS.FS.60379608	Grant	2020	0	3
Frontier Home Health & Hospice	IHS.FS.60379608	Okanogan	2020	30	167
Harbors Home Health and Hospice	IHS.FS.00000306	Grays Harbor	2020	27	186
Harbors Home Health and Hospice	IHS.FS.00000306	Pacific	2020	11	66
HEART OF HOSPICE	IHS.FS.60741443	Clark	2020	0	3
HEART OF HOSPICE	IHS.FS.60741443	Klickitat	2020	2	21
HEART OF HOSPICE	IHS.FS.60741443	Skamania	2020	2	18
HEART OF HOSPICE	IHS.FS.60741443	Snohomish	2020	0	0

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Agency Name	License Number	County	Year	0-64	65+
Heartlinks	IHS.FS.00000369	Benton	2020	14	152
Heartlinks	IHS.FS.00000369	Yakima	2020	20	181
Heartlinks	IHS.FS.00000369	Franklin	2020	4	2
Horizon Hospice & Palliative Care	IHS.FS.00000332	Spokane	2020	28	456
Hospice of Jefferson County	IHS.FS.00000349	Jefferson	2020	17	178
Hospice of Spokane	IHS.FS.00000337	Spokane	2020	302	1895
Hospice of Spokane	IHS.FS.00000337	Stevens	2020	21	128
Hospice of Spokane	IHS.FS.00000337	Ferry	2020	3	28
Hospice of Spokane	IHS.FS.00000337	Pend Oreille	2020	17	49
Hospice of Spokane	IHS.FS.00000337	Lincoln	2020	0	0
Hospice of Spokane	IHS.FS.00000337	Whitman	2020	0	1
Hospice of Spokane	IHS.FS.00000337	Okanogan	2020	1	0
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Clark	2020	42	433
Kaiser Permanente Home Health & Hospice	IHS.FS.00000305	King	2020	49	446
Kaiser Permanente Home Health & Hospice	IHS.FS.00000305	Kitsap	2020	13	114
Kaiser Permanente Home Health & Hospice	IHS.FS.00000305	Pierce	2020	30	181
Kaiser Permanente Home Health & Hospice	IHS.FS.00000305	Snohomish	2020	3	84
Kindred Hospice	IHS.FS.60308060	Spokane	2020	32	297
Kindred Hospice	IHS.FS.60308060	Whitman	2020	12	127
Kindred Hospice	IHS.FS.60330209	King	2020	9	200
Kittitas Valley Home Health and Hospice	IHS.FS.00000320	Kittitas	2020	12	157
Klickitat Valley Health Home Health & Hospice	IHS.FS.00000361	Klickitat	2020	4	38
Kline Galland Hospice	IHS.FS.60103742	King	2020	83	896
Memorial Home Care Services	IHS.FS.00000376	Yakima	2020	175	953
Multicare Home Health, Hospice	IHS.FS.60639376	Pierce	2020	161	866
Multicare Home Health, Hospice	IHS.FS.60639376	King	2020	36	137
Multicare Home Health, Hospice	IHS.FS.60639376	Kitsap	2020	12	126
Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health & Hospice	IHS.FS.00000229	Clallam	2020	24	283
Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health & Hospice	IHS.FS.00000229	Jefferson	2020	0	16
Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health & Hospice	IHS.FS.00000229	Lewis	2020	15	226
Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health & Hospice	IHS.FS.00000229	Mason	2020	8	70
Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health & Hospice	IHS.FS.00000229	Pierce	2020	0	1
Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health & Hospice	IHS.FS.00000229	Thurston	2020	22	268
Olympic Medical Hospice	IHS.FS.00000393	Clallam	2020	0	0
PeaceHealth Hospice Southwest	IHS.FS.60331226	Clark	2020	194	1372
PeaceHealth Hospice Southwest	IHS.FS.60331226	Cowlitz	2020	16	91
PeaceHealth Hospice Southwest	IHS.FS.60331226	Skamania	2020	0	3
Providence Hospice	IHS.FS.60201476	Klickitat	2020	6	28
Providence Hospice	IHS.FS.60201476	Skamania	2020	1	16
Providence Hospice	IHS.FS.60201476	Clark	2020	0	0
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Snohomish	2020	267	1645
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Island	2020	5	36
Providence Hospice of Seattle	IHS.FS.00000336	King	2020	338	2059
Providence Hospice of Seattle	IHS.FS.00000336	Snohomish	2020	0	0
Providence Sound HomeCare and Hospice	IHS.FS.00000420	Thurston	2020	106	772
Providence Sound HomeCare and Hospice	IHS.FS.00000420	Mason	2020	35	193
Providence Sound HomeCare and Hospice	IHS.FS.00000420	Lewis	2020	32	175
Puget Sound Hospice	IHS.FS.61032138	Thurston	2020	0	6
Skagit Hospice Services dba Hospice of the Northwest	IHS.FS.00000437	Island	2020	20	81
Skagit Hospice Services dba Hospice of the Northwest	IHS.FS.00000437	San Juan	2020	8	89
Skagit Hospice Services dba Hospice of the Northwest	IHS.FS.00000437	Skagit	2020	70	607
Skagit Hospice Services dba Hospice of the Northwest	IHS.FS.00000437	Snohomish	2020	8	74
Virginia Mason Franciscan Hospice & Palliative Care	IHS.FS.00000287	King	2020	52	716
Virginia Mason Franciscan Hospice & Palliative Care	IHS.FS.00000287	Pierce	2020	232	1630
Virginia Mason Franciscan Hospice & Palliative Care	IHS.FS.00000287	Kitsap	2020	71	681
Walla Walla Community Hospice	IHS.FS.60480441	Walla Walla	2020	41	242
Walla Walla Community Hospice	IHS.FS.60480441	Columbia	2020	3	50
Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice	IHS.FS.60092413	Adams	2020	4	48
Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice	IHS.FS.60092413	Grant	2020	40	251
Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice	IHS.FS.60092413	Lincoln	2020	5	21
Wesley Homes Hospice, LLC	IHS.FS.60276500	King	2020	3	110
Wesley Homes Hospice, LLC	IHS.FS.60276500	Pierce	2020	1	16

Department of Health
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Preliminary Death Data Updated October 12, 2021



County	0-64			65+		
	2018	2019	2020	2018	2019	2020
ADAMS	28	35	20	72	93	59
ASOTIN	52	54	56	214	222	186
BENTON	331	346	555	1,125	1154	1522
CHELAN	130	137	224	573	626	785
CLALLAM	191	186	195	871	955	777
CLARK	874	887	1043	2,767	2987	3205
COLUMBIA	6	7	7	43	52	43
COWLITZ	300	294	314	840	951	968
DOUGLAS	51	63	42	255	270	160
FERRY	28	20	19	55	64	58
FRANKLIN	145	123	100	278	313	263
GARFIELD	5	5	5	30	21	11
GRANT	195	197	186	524	508	455
GRAYS HARBOR	227	251	209	647	659	558
ISLAND	135	167	110	675	642	505
JEFFERSON	64	72	68	336	338	273
KING	3,264	3,275	4456	9,917	10213	11186
KITSAP	515	557	454	1,713	1811	1714
KITTITAS	68	90	78	239	266	241
KLICKITAT	58	46	42	158	160	113
LEWIS	227	210	205	730	722	653
LINCOLN	25	25	15	94	89	75
MASON	158	167	143	526	548	408
OKANOGAN	103	119	88	332	358	277
PACIFIC	64	66	55	279	265	177
PEND OREILLE	43	31	41	130	125	101
PIERCE	1,964	1,911	2364	4,926	5002	5608
SAN JUAN	19	20	18	114	127	94
SKAGIT	231	229	269	1,001	1018	1068
SKAMANIA	27	19	26	56	87	47
SNOHOMISH	1,533	1,533	1587	4,055	4081	4278
SPOKANE	1,177	1,143	1634	3,556	3545	4322
STEVENS	113	112	86	373	345	248
THURSTON	554	525	628	1,823	1908	2007
WAHKIAKUM	13	11	10	33	53	18
WALLA WALLA	110	118	150	445	450	522
WHATCOM	360	394	457	1,252	1461	1481
WHITMAN	66	47	51	199	219	226
YAKIMA	601	555	653	1,517	1451	1675

Sources:

Vital Statistics Death Data for Years 2018-2020
Prepared by DOH Program Staff

Department of Health
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0-64 Population Projection



County	2018-2020											Average Population
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
Adams	17,637	17,768	17,899	18,029	18,160	18,291	18,456	18,622	18,787	18,953	19,118	18,160
Asotin	16,969	16,906	16,842	16,779	16,715	16,652	16,596	16,540	16,485	16,429	16,373	16,715
Benton	162,262	163,693	165,123	166,554	167,984	169,415	171,026	172,638	174,249	175,861	177,472	167,984
Chelan	61,284	61,520	61,755	61,991	62,227	62,463	62,512	62,562	62,611	62,661	62,710	62,227
Clallam	52,716	52,661	52,605	52,550	52,494	52,439	52,233	52,027	51,821	51,615	51,409	52,494
Clark	387,296	393,291	399,287	405,282	411,278	417,273	421,901	426,529	431,158	435,786	440,414	411,278
Columbia	2,988	2,947	2,905	2,863	2,822	2,780	2,745	2,710	2,675	2,640	2,605	2,822
Cowlitz	85,417	85,517	85,617	85,717	85,817	85,917	85,843	85,769	85,695	85,621	85,547	85,817
Douglas	33,540	33,938	34,335	34,732	35,130	35,527	35,803	36,080	36,356	36,633	36,909	35,130
Ferry	5,834	5,782	5,731	5,680	5,628	5,577	5,541	5,506	5,470	5,435	5,399	5,628
Franklin	79,651	81,742	83,832	85,922	88,012	90,102	92,443	94,784	97,124	99,465	101,806	88,012
Garfield	1,665	1,644	1,623	1,602	1,581	1,560	1,541	1,522	1,502	1,483	1,464	1,581
Grant	81,535	82,660	83,784	84,909	86,033	87,158	88,240	89,322	90,403	91,485	92,567	86,033
Grays Harbor	59,105	58,675	58,246	57,817	57,387	56,958	56,679	56,401	56,122	55,844	55,565	57,387
Island	62,514	62,664	62,814	62,964	63,114	63,264	63,280	63,296	63,312	63,328	63,344	63,114
Jefferson	20,636	20,653	20,670	20,688	20,705	20,722	20,636	20,550	20,463	20,377	20,291	20,705
King	1,798,581	1,820,215	1,841,848	1,863,482	1,885,115	1,906,749	1,918,470	1,930,192	1,941,913	1,953,635	1,965,356	1,885,115
Kitsap	212,548	214,045	215,543	217,040	218,538	220,035	220,614	221,192	221,771	222,349	222,928	218,538
Kittitas	36,206	36,768	37,330	37,892	38,453	39,015	39,286	39,556	39,827	40,097	40,368	38,453
Klickitat	16,208	16,082	15,955	15,828	15,702	15,575	15,439	15,304	15,168	15,033	14,897	15,702
Lewis	61,494	61,796	62,097	62,398	62,700	63,001	63,164	63,327	63,491	63,654	63,817	62,700
Lincoln	8,101	8,042	7,982	7,923	7,864	7,805	7,751	7,698	7,644	7,591	7,537	7,864
Mason	48,672	49,162	49,652	50,142	50,632	51,122	51,397	51,672	51,946	52,221	52,496	50,632
Okanogan	33,087	32,906	32,726	32,545	32,364	32,183	32,087	31,991	31,896	31,800	31,704	32,364
Pacific	15,115	14,972	14,830	14,688	14,545	14,403	14,322	14,242	14,161	14,081	14,000	14,545
Pend Oreille	10,045	9,998	9,952	9,905	9,859	9,812	9,769	9,727	9,684	9,642	9,599	9,859
Pierce	721,137	729,937	738,738	747,538	756,339	765,139	769,918	774,696	779,475	784,253	789,032	756,339
San Juan	11,305	11,194	11,084	10,974	10,863	10,753	10,730	10,707	10,684	10,661	10,638	10,863
Skagit	97,885	98,616	99,346	100,076	100,807	101,537	101,887	102,236	102,586	102,935	103,285	100,807
Skamania	9,272	9,266	9,260	9,254	9,248	9,242	9,223	9,205	9,186	9,168	9,149	9,248
Snohomish	661,812	672,806	683,800	694,793	705,787	716,781	721,527	726,273	731,019	735,765	740,511	705,787
Spokane	414,493	416,684	418,875	421,066	423,256	425,447	426,740	428,033	429,326	430,619	431,912	423,256
Stevens	34,576	34,459	34,343	34,226	34,109	33,992	33,917	33,841	33,766	33,690	33,615	34,109
Thurston	224,951	228,261	231,571	234,880	238,190	241,500	243,867	246,235	248,602	250,970	253,337	238,190
Wahkiakum	2,726	2,669	2,612	2,555	2,498	2,441	2,405	2,368	2,332	2,295	2,259	2,498
Walla Walla	49,893	50,111	50,328	50,546	50,763	50,981	51,028	51,075	51,121	51,168	51,215	50,763
Whatcom	175,840	178,234	180,629	183,023	185,418	187,812	189,267	190,722	192,178	193,633	195,088	185,418
Whitman	42,880	42,965	43,051	43,137	43,222	43,308	43,315	43,322	43,330	43,337	43,344	43,222
Yakima	215,882	217,605	219,328	221,051	222,774	224,497	225,822	227,147	228,473	229,798	231,123	222,774

Sources:
2017 OFM Population Projections, Medium-Series
Prepared by DOH Program Staff

Department of Health
2020-2021 Hospice Numeric Need Methodology
65+ Population Projection



County	2018-2020											Average Population
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
Adams	1,773	1,887	2,000	2,114	2,227	2,341	2,383	2,424	2,466	2,507	2,549	2,227
Asotin	5,041	5,233	5,426	5,619	5,812	6,005	6,175	6,344	6,514	6,683	6,853	5,812
Benton	26,328	27,492	28,657	29,821	30,986	32,150	33,373	34,597	35,820	37,044	38,267	30,986
Chelan	13,746	14,279	14,811	15,343	15,876	16,408	17,052	17,695	18,339	18,982	19,626	15,876
Clallam	19,934	20,401	20,867	21,334	21,800	22,267	22,901	23,535	24,168	24,802	25,436	21,800
Clark	64,524	68,044	71,564	75,085	78,605	82,125	85,686	89,247	92,807	96,368	99,929	78,605
Columbia	1,102	1,135	1,169	1,202	1,236	1,269	1,287	1,304	1,322	1,339	1,357	1,236
Cowlitz	18,863	19,684	20,505	21,326	22,148	22,969	23,719	24,470	25,220	25,971	26,721	22,148
Douglas	6,450	6,831	7,213	7,595	7,976	8,358	8,666	8,974	9,283	9,591	9,899	7,976
Ferry	1,876	1,949	2,022	2,095	2,168	2,241	2,289	2,337	2,386	2,434	2,482	2,168
Franklin	7,499	7,921	8,343	8,765	9,188	9,610	10,083	10,557	11,030	11,504	11,977	9,188
Garfield	595	607	620	633	645	658	669	680	692	703	714	645
Grant	12,395	13,011	13,628	14,244	14,861	15,477	16,071	16,665	17,258	17,852	18,446	14,861
Grays Harbor	14,005	14,535	15,064	15,594	16,123	16,653	17,133	17,612	18,092	18,571	19,051	16,123
Island	18,086	18,625	19,163	19,701	20,239	20,777	21,412	22,047	22,682	23,317	23,952	20,239
Jefferson	10,244	10,580	10,916	11,252	11,588	11,924	12,323	12,722	13,121	13,520	13,919	11,588
King	254,219	268,307	282,395	296,484	310,572	324,660	337,771	350,881	363,992	377,102	390,213	310,572
Kitsap	45,652	47,697	49,743	51,788	53,833	55,878	58,185	60,492	62,800	65,107	67,414	53,833
Kittitas	6,464	6,760	7,055	7,351	7,647	7,943	8,266	8,589	8,911	9,234	9,557	7,647
Klickitat	4,792	5,051	5,310	5,570	5,829	6,088	6,268	6,448	6,627	6,807	6,987	5,829
Lewis	15,166	15,576	15,987	16,398	16,808	17,219	17,697	18,175	18,652	19,130	19,608	16,808
Lincoln	2,619	2,687	2,755	2,823	2,891	2,959	3,039	3,119	3,200	3,280	3,360	2,891
Mason	13,528	14,123	14,717	15,311	15,905	16,499	17,167	17,836	18,504	19,173	19,841	15,905
Okanogan	8,773	9,198	9,624	10,050	10,475	10,901	11,210	11,519	11,827	12,136	12,445	10,475
Pacific	6,095	6,258	6,421	6,584	6,747	6,910	7,035	7,159	7,284	7,408	7,533	6,747
Pend Oreille	3,195	3,378	3,560	3,742	3,925	4,107	4,239	4,371	4,504	4,636	4,768	3,925
Pierce	108,983	114,409	119,836	125,262	130,688	136,114	142,422	148,729	155,037	161,344	167,652	130,688
San Juan	4,876	5,099	5,322	5,545	5,768	5,991	6,174	6,357	6,541	6,724	6,907	5,768
Skagit	22,735	24,021	25,308	26,595	27,881	29,168	30,314	31,460	32,607	33,753	34,899	27,881
Skamania	2,158	2,286	2,414	2,542	2,670	2,798	2,923	3,048	3,172	3,297	3,422	2,670
Snohomish	95,788	101,674	107,560	113,447	119,333	125,219	131,978	138,737	145,495	152,254	159,013	119,333
Spokane	73,817	77,325	80,834	84,343	87,852	91,361	94,670	97,979	101,288	104,597	107,906	87,852
Stevens	9,454	9,930	10,407	10,884	11,360	11,837	12,214	12,591	12,969	13,346	13,723	11,360
Thurston	42,459	44,534	46,608	48,683	50,757	52,832	54,900	56,967	59,035	61,102	63,170	50,757
Wahkiakum	1,254	1,316	1,379	1,441	1,503	1,565	1,580	1,595	1,611	1,626	1,641	1,503
Walla Walla	10,757	10,819	10,881	10,944	11,006	11,068	11,350	11,632	11,915	12,197	12,479	11,006
Whatcom	33,950	35,688	37,426	39,164	40,902	42,640	44,217	45,794	47,372	48,949	50,526	40,902
Whitman	4,370	4,659	4,948	5,237	5,526	5,815	6,008	6,201	6,395	6,588	6,781	5,526
Yakima	34,088	34,949	35,809	36,670	37,530	38,391	39,475	40,559	41,643	42,727	43,811	37,530