WESLEY
Community · Choice · Continuing Care

RECEIVED
By CERTIFICATE OF NEED PROGRAM at 7:44 pm, Jan 31, 2022

January 28, 2022

Eric Hernandez, Program Manager
Certificate of Need Program
Department of Health
111 Israel Road Southeast
Tumwater, WA 98501
Via email: fsl@doh.wa.gov; eric.hernandez@doh.wa.gov>

Dear Mr. Hernandez:

Attached please find a copy of the certificate of need application of Wesley Homes Hospice, LLC to permanently establish a CN approved hospice agency in Pierce County. .

The appropriate review and processing fee of $21,968 was sent to the Certificate of Need Program via Federal Express on Tuesday, January 25. The tracking number was 855950591245. It arrived at the CN on Thursday morning, January 27, and was signed for by A. Ashley. A copy of the confirmation of delivery is attached to this letter.

Please do not hesitate to contact me if you have any questions or require any additional information.

Sincerely,

Kevin Anderson,
President & Chief Executive Officer

RECEIVED
By CERTIFICATE OF NEED PROGRAM at 7:44 pm, Jan 31, 2022

Certificate of Need Application
Hospice Agency

CN22-36

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code (WAC) 246-310-990.

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington (RCW) 70.38 and WAC 246-310, rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

Signature and Title of Responsible Officer: Kevin Anderson, President & Chief Executive Officer Email Address: KAnderson@WesleyHomes.org	**Date:** January 28, 2021 **Telephone Number**: 206-870-1100
Legal Name of Applicant: Wesley Homes Hospice, LLC **Address of Applicant:** 815 South 216th Street Des Moines, WA 98198	**Provide a brief project description:** Wesley Homes Hospice, LLC is an existing Medicare certified/Medicaid certified hospice agency serving King County, with CN approval we will expand the existing agency into Pierce County. ☐ New Agency X Expansion of Existing Agency ☐ Other: _____ **Estimated capital expenditure:** $0

Identify the county proposed to be served for this project. Note: Each hospice application must be submitted for one county only. If an applicant intends to obtain a Certificate of Need to serve more than one county, then an application must submitted for each county separately.

Pierce County

Wesley Homes Hospice, LLC

Establishment
of a
Medicare/Medicaid Certified Hospice Agency
in
Pierce County

January 2022

APPLICANT DESCRIPTION

1. **Provide the legal name(s) and address(es)of the applicant(s).**
   Note: The term "applicant" for this purpose includes any person or individual with a ten percent or greater financial interest in the partnership or corporation or other comparable legal entity as defined in WAC 246-310-010(6).

The legal name of the applicant is Wesley Homes Hospice, LLC. Wesley Homes Hospice, LLC's (WHH) parent is Wesley Homes Community Health Services (CHS), which is a subsidiary of Wesley Homes Corporation (Wesley). Wesley and its subsidiaries are mission driven, not-for-profit organizations that provide a network of services offering a continuum of care for older adults and are affiliated with the Pacific Northwest Conference of the United Methodist Church.

WHH is CN approved to provide hospice services in King County. The proposed Pierce County hospice services will be an extension of our King County hospice agency. The permanent address of WHH is:

815 S. 216th St.
Des Moines, WA 98198

WHH has been temporarily relocated to:

18000 72nd Ave S Ste 217
Kent, WA, 98032-1035

2. **Identify the legal structure of the applicant (LLC, PLLC, etc.) and provide the Unified Business Identifier (UBI).**

WHH, CHS and Wesley are not-for-profit organizations. WHH's UBI number is 604058745.

3. **Provide the name, title, address, telephone number, and email address of the contact person for this application.**

The contact person for this application is:

Melinda Moore, BSN RN, Executive Director
Wesley Homes Community Health Services
815 South 216th Street
Des Moines, WA 98198
(206) 870-1118; MMoore@WesleyHomes.org

4. **Provide the name, title, address, telephone number, and email address of the consultant authorized to speak on your behalf related to the screening of this application (if any).**

Not Applicable.

5. **Provide an organizational chart that clearly identifies the business structure of the applicant(s).**

Organizational charts for both Wesley and Wesley Homes Community Health Services Are included in Exhibit 1.

6. **Identify all healthcare facilities and agencies owned, operated by, or managed by the applicant or its affiliates with overlapping decision-makers. This should include all facilities in Washington State as well as out-of-state facilities. The following identifying information should be included:**
   - **Facility and Agency Name(s)**
   - **Facility and Agency Location(s)**
   - **Facility and Agency License Number(s)**
   - **Facility and Agency CMS Certification Number(s)**
   - **Facility and Agency Accreditation Status**
   - **If acquired in the last three full calendar years, list the corresponding month and year the sale became final**
   - **Type of facility or agency (home health, hospice, other)**

All of the requested information is included in Table 1. None of the facilities listed below has been acquired in the last three full years.

Table 1
Licensed and Certified Facilities and Entities Owned and Operated by Wesley Homes Corporation

Name	License Type	License Number	Medicare Provider Number	Medicaid Provider Number
Wesley Homes Hospice, LLC and Wesley Homes at Home, LLC	In Home Services, Hospice and Home Health	IHS.FS.60276500	50-1543 (hospice) 50-7092 (home health)	2098216 (hospice) 9062811 (home health)
Wesley Homes Community Health Services	In Home Services- Home Care and Home Health (non-Medicare	IHS.FS.00000028	NA	NA
Wesley Homes Health Center, Des Moines	Nursing Home	1382	50-5475	8450807
Wesley Lea Hill Rehabilitation & Care Center	Nursing Home	1551	50-5528	2085577
Terrace Assisted Living, Des Moines	Boarding Home-Des Moines	1824	N/A	N/A
The Arbor at Wesley Homes Lea Hill, Auburn	Boarding Home-Auburn	1964	N/A	N/A
Wesley Homes Bradley Park, Puyallup	Boarding Home-Puyallup	2520	NA	N/A
Wesley Homes Tehaleh, Bonney Lake	Boarding Home-Bonney Lake	Pending	NA	N/A

PROJECT DESCRIPTION

1. **Provide the name and address of the existing agency, if applicable.**

The name and permanent address of WHH is:

Wesley Homes Hospice, LLC
815 S. 216th St.
Des Moines, WA 98198

WHH has been temporarily relocated to:

18000 72nd Ave S Ste 217
Kent, WA, 98032-1035

2. **If an existing Medicare and Medicaid certified hospice agency, explain if/how this proposed project will be operated in conjunction with the existing agency.**

WHH will serve Pierce County under our current license and certification.

3. **Provide the name and address of the proposed agency. If an address is not yet assigned, provide the county parcel number and the approximate timeline for assignment of the address.**

Our current permanent home location, based in Des Moines in King County will serve as the home address for Pierce County as well. We have been advised by CN Program staff that this is allowable.

The Des Moines location has been temporarily relocated to an office location in Kent (referenced above).

4. **Provide a detailed description of the proposed project.**

WHH received CN approval in 2015 and began providing Medicare and Medicaid certified hospice services in King County late 2017. Within weeks of the Governor's Proclamation 20-36, WHH, in support of existing hospice providers and persons and families in need of hospice in Pierce County, began serving Pierce County, and have done so continuously since. Specifically, we received acknowledgement from DOH to begin service in Pierce on April 3. We admitted our first patients in Pierce on April 8, within 24 hours of referral and have been serving Pierce since that date. This CN will allow us to, post-Public Health Emergency, continue responding to the unmet need in Pierce County.

5. **Confirm that this agency will be available and accessible to the entire geography of the county proposed to be served.**

WHH will be available and accessible to the entirety of Pierce County.

6. **With the understanding that the review of a Certificate of Need application typically takes at least six to nine months, provide an estimated timeline for project implementation, below:**

Event	**Anticipated Month/Year**
CN Approval	October/November 2022
Design Complete (if applicable)	N/A
Construction Commenced* (if applicable)	NA
Construction Completed* (if applicable)	NA
Agency Prepared for Survey	NA
Agency Providing Medicare and Medicaid hospice services in the proposed county.	January 1, 2023

The WAC defined date for the Program's issuance of the CN analysis is mid-September. We are aware that nine parties submitted LOIs. Our timing assumes that this unprecedented number of applications delays the review timeline. We, therefore, conservatively assumed a January 1, 2023, CN approved start date. The reality is that we are currently serving Pierce and will do so throughout the life of the PHE. We are, of course, fully prepared to commence CN approved services immediately following a CN decision.

7. **Identify the hospice services to be provided by this agency by checking all applicable boxes below. For hospice agencies, at least two of the services identified below must be provided.**

✓ Skilled Nursing	✓ Durable Medical Equipment
✓ Home Health Aide	IV Services
✓ Physical Therapy	✓ Nutritional Counseling
✓ Occupational Therapy	✓ Bereavement Counseling
✓ Speech Therapy	✓ Symptom and Pain Management
Respiratory Therapy	✓ Pharmacy Services
✓ Medical Social Services	✓ Respite Care
✓ Palliative Care	✓ Spiritual Counseling
Other (please describe): Patient and family education, assistance with personal care and daily living activities such as eating, walking and dressing, trained volunteer support, 24/7 on-call, and in-home respite services.	

8. **If this application proposes expanding an existing hospice agency, provide the county(ies) already served by the applicant and identify whether Medicare and Medicaid services are provided in the existing county(ies).**

WHH currently serves King County. On an interim basis consistent with the Governor's Proclamation 20-36, we are also serving Pierce County. WHH is Medicare and Medicaid certified.

9. **If this application proposes expanding the service area of an existing hospice agency, clarify if the proposed services identified above are consistent with the existing services provided by the agency in other planning areas.**

The services offered in Pierce are currently, and upon CN approval, will continue to be identical to the services offered in King County.

10. **Provide a general description of the types of patients to be served by the agency at project completion (age range, diagnoses, special populations, etc.).**

WHH provides a full range of hospice services designed to meet the physiological, psychological, social, and spiritual needs of people and their families facing the end of life and bereavement. With this application, WHH is proposing to permanently expand into

Pierce County. Consistent with the diagnoses and care needs of the terminal residents we currently serve, we expect to care for patients with cancer, dementia, Parkinson's disease, congestive health failure, COPD, stroke, and renal failure, among other conditions. WHH is increasingly known for and has developed strong expertise in hospice care for those with dementia and Parkinson's disease.

Dementia represents one of the fastest growing populations served by hospice. National statistics indicate that dementia is the 6th leading cause of death in the United States. About 15.6% of hospice recipients during 2018 had some form of dementia as a primary diagnosis, according to the National Hospice & Palliative Care Organization (NHPCO). Dementia patients are often challenging to serve in hospice for a number of reasons, including long lengths of stay.

The Parkinson's Prevalence Study, a 2018 study of the Parkinson's Foundation, found that the prevalence of Parkinson's disease is increasing. By 2030, it's estimated that 1.2 million Americans will be living with the disease. This nearly doubles previous estimates. The study predicted that nearly one million Americans over age 45 will be diagnosed with Parkinson's by 2020, a number expected to rise to 1.24 million by 2030. It also found that risk for everyone increases with age. The provision of optimal end-of-life care for people living with Parkinson's disease is challenging because the disease trajectory is longer and less predictable than other progressive illnesses such as cancer. In advanced stages of Parkinson's disease, sufferers are also more likely to develop several co-morbidities and complications, such as thrombosis, infections of the lung and urinary tract, and dementia. To be successfully managed at home, and reduce hospitalization, hospice staff needs to be well trained and available and accessible for both the dementia and Parkinson's communities. Wesley has been exceptionally successful in supporting these patients and their families.

In addition, and based on the location of our main campus in South King County and our growing presence in Pierce County, we are aware that a number of ethnic and minority groups use hospice less or are otherwise underserved by hospice. The Wesley Corporation has a highly diverse employee base and provides comprehensive cultural competency and outreach programs. These programs use our existing multicultural staff to train other staff in recognizing and valuing different cultures, including various aging beliefs and rituals surrounding death and dying. Our hospice patients and families have been receptive to and comforted by having their beliefs and traditions represented by caregiver staff.

11. Provide a copy of the letter of intent that was already submitted according to WAC 246-310-080 and WAC 246-310-290(3).

A copy of the letter of intent is included as Exhibit 2.

12. **Confirm that the agency will be licensed and certified by Medicare and Medicaid. If this application proposes the expansion of an existing agency, provide the existing agency's license number and Medicare and Medicaid numbers.**

WHH is already licensed by Washington State and CMS certified. The requested information is:

IHS.FS: 60276500

Medicare #: 50-1543

Medicaid #: 2098216

.

Certificate of Need Review Criteria
A. NEED (WAC 246-310-210)

1. **For existing agencies, using the table below, provide the hospice agency's historical utilization broken down by county for the last three full calendar years. Add additional tables as needed.**

WHH became Medicare certified in November of 2017, such that our first three full years were 2018-2020. As requested, Table 2 provides data for the period of 2019-2021. As the Program is aware two of those years saw unprecedented impacts on the health care delivery system and health care staffing.

Table 2
WHH Historical Utilization, by County, 2019-2021

Year and County	2019 King Only	2020 King	2020 Pierce	2020 Total	2021 King	2021 Pierce	2021 Total
Total admissions[1]	89	98	17	115	117	47	164
Total patient days	6,025	4,091	621	4,712	5,984	1,311	7,295
Average daily census	16.5	11.2	1.7	12.9	15.2	4.8	20.0
ALOS	67.7	41.7	36.5	41.2	51.1	27.9	44.4

2. **Provide the projected utilization for the proposed agency for the first three full years of operation. For existing agencies, also provide the intervening years between historical and projected. Include all assumptions used to make these projections.**

The requested information is included in Table 3.

[1] Total admissions represent about 88-89% of the total patients care for annually. Total patients include patients admitted in the specific year, as well as patient that continue on service from the prior year.

Table 3
WHH Intervening and Projected Utilization, by County, 2022 and 2023-2025

	Intervening Year			Projections								
Year and County	**2022 King**	**2022 Pierce**	**2022 Total**	**2023 King**	**2023 Pierce**	**2023 Total**	**2024 King**	**2024 Pierce**	**2024 Total**	**2025 King**	**2025 Pierce**	**2025 Total**
Total admissions	214	55	269	218	105	323	223	134	357	227	195	422
Total patient days	9,490	2,190	11,680	10,900	4,745	15,645	13,380	8,030	21,410	13,620	11,680	25,300
ADC	26.0	6.0	32.0	29.9	13.0	42.9	36.7	22.0	58.7	37.3	32.0	69.3
ALOS	44.3	39.8	43.4	50.0	45.1	48.4	60.0	59.9	59.9	60.0	60.0	60.0

3. Identify any factors in the planning area that could restrict patient access to hospice services.

WHH has operated in Pierce for two years. This fact, along with our growing retirement community presence, has given us great insight into where patient access is currently, and what obstacles, if not addressed, could continue to restrict patient access.

First, the County's existing providers are very good providers, but they are simply unable to timely meet demand. WHH has appreciated our partnership with the three existing providers, and we look forward to continuing to partner well beyond the PHE. When the existing agencies are unable to admit timely, length of stay in hospice is shortened, and patients and families miss out on the true promise of hospice. The inability today to admit timely is primarily a staffing issue. The issue is real, and we discuss this, and our response, at several places in this application.

A number of examples of patients, and the LOS of patients we have served under the PHE in Pierce County are listed below:

Location: Tacoma, WA
Dx: Neuroendocrine Cancer
Referral Date: 10/19/21
Admit Date: Same day; 10/19/21
LOS: 3 days
78 y/o admitted to Wesley Hospice due to existing providers being over capacity. He declined quite quickly. Our nurse was able to get out there, admit, get comfort meds on board, and he passed peacefully on 10/22/21 at home.

Location: Tacoma, WA
Dx: Ovarian Cancer
Referral Date: 09/29/2021
Admitted: Within 24 hours, 09/30/2021
Discharged 10/14/2021- Pt wanted to go the hospital and pursue treatment
2nd Referral: 10/15/2021
Admitted: 10/18/2021
LOS-67 days
74 y/o admitted to Wesley Hospice due to existing provider being over capacity. We cared for this patient at home until end of life on 12/6/2021.

Location: Tacoma, WA
Dx: Lung Cancer
Referral Date: 10/13/21
Admitted: Within 24 hours; 10/14/21; LOS: 49 days
72 y/o male admitted to Wesley Hospice due to existing provider being at capacity for Pierce County. We were able to provide care to this family until 12/02/2021 when he passed away peacefully at home.

Location: University Place, WA
Dx: Esophageal Cancer
Referred: Private Practice
Referral Date: 11/11/2021
Admit: Within 36 hours; 11/13/2021; LOS: 21 days
76 y/o referred to Wesley Hospice due to all hospices in Pierce County on divert or 1-2 weeks out for intake. We cared for this family from 11/13 through 12/4/2021 until the patient passed away peacefully at home.

Location: Tacoma, WA
Referral Date: 10/19/21
Admitted: Within 24 hours; 10/20/2021; LOS: 9 days
61 y/o referred to Wesley due to patient exhausting all treatments and unfortunately needed hospice sooner than what existing providers could provide. This patient's insurance status was unclear. We accepted her into care and provided services without knowledge of if we would receive payment or not. We cared for this family until 10/29/2021 until the patient passed away peacefully at home.

Location: Puyallup, WA
Dx: Alzheimer's Disease
Referral Date: 10/6/2021
Admitted: 10/14/2021 (after hospitalization); LOS: 17 days
We admitted this 91 y/o patient d/t existing provider being on divert for Pierce County. Patient passed away on 10/31/21 peacefully at home.

Compounding the lack of access and delays in admission, public health data and Medicare data both show a number of underserved groups in Pierce County. We do note for the record that the untimely admissions and diverts are generally associated with staffing shortages, which Wesley, to a lesser extent is experiencing as well.

Pierce County's most recent Community Health Needs Assessment (CHNA) documents that life expectancy in Pierce County is about 1.3 years less than the State at large, and that Black, American Indian or Alaska Native and Native Hawaiian or Pacific Islander all had life expectancies even lower. It also showed that cancer is the leading cause of death. Other top causes of death include heart disease, COPD and Alzheimer's disease. One applicant from the 2021 CN cycle in Pierce determined that if the penetration rate for these ethnic and racial groups "matched" the general population's penetration that 1,000 more patients would be admitted for hospice in the County. We reviewed the data and analysis, and fully agree with the finding.

The general Medicare population's penetration rate in Pierce County for Medicare is less than the State average. The same 2021 CN applicant, using Medicare Fee-For-Service data for Pierce County found that hospice utilization for that cohort was below both the Washington State average and the National median. The applicant concluded that if Pierce County were to achieve the Washington State rate an additional 164 patients would have been served in 2019. We reviewed the data and analysis, and fully agree with the finding. We also updated this data for 2020 and found that the under-utilization continued, and even worsened. Had Pierce County achieved the Washington State rate, an additional 400 Medicare Fee for Service patients would have been served in hospice in 2020.

Finally, Wesley operates two retirement communities in Pierce County, and has plans for several additional communities in the next few years. The two existing communities include:

- **Bradley Park, Puyallup** offers independent and assisted living to approximately 210 residents including independent living and memory care. Wesley is also undertaking a project of 32 additional independent living units and 36 skilled nursing beds.

- **Tehaleh, Bonney Lake** opened in 2021. It offers independent living services to residents, with an assisted living license pending.

Prior to us beginning service in Pierce, our staff at Bradley Park regularly reported delays in access to hospice. These delays impact the quality of life for our residents and made it challenging to provide the support needed. We seek to make sure that access is not compromised.

4. **Explain why this application is not considered an unnecessary duplication of services for the proposed planning area. Provide any documentation to support the response.**

There are currently three (3) existing CN providers in Pierce County, and one CN approved provider, for a total of four (4) providers. One of the existing providers, Kaiser, serves only their enrollees, and is not available to the general population.

The CN Program's methodology estimates a need for three additional providers in 2022.

For all of the reasons detailed in response to Q3 above, we know, first-hand, that our new agency will address the access gap and will not be unnecessary duplication.

5. **Confirm the proposed agency will be available and accessible to the entire planning area.**

WHH is today and will continue to be available and accessible to the entirety of Pierce County; measured both geographically and by race, ethnicity and special population (i.e.: dementia, Parkinson's and the homeless).

6. **Identify how this project will be available and accessible to under-served groups.**

WHH tackles availability and accessibility a number of ways. First, WHH prioritizes initial admissions; and have been successful, even in the current COVID environment, in admitting patients within an average of 12-24 hours of referral. Today, our experience in Pierce County is that existing providers are struggling to admit within 1-2 weeks; and too many patients and families suffer as a result.

The Hospice team is also committed to meet the needs of those referred to hospice care. Our experience is that too often the referral is made very late, i.e., within days or weeks of death. This is the experience especially during the COVID pandemic. The team developed and implemented an intake process designed to admit within 24 hours (next day) or even within hours when death is imminent. The referral documentation is reviewed by the team and Hospice Medical Director for approval within 2-4 hours and the admission visit is then made as soon as appropriate, within 24-48 hours or less. It is an 'all hands-on deck' for every Hospice referral. Discharge planners and referral coordinators have expressed 'so glad you guys are here because otherwise this family would not have care'.

Furthermore, we have high levels of expertise with a number of end-of-life conditions including late-stage dementia and late-stage Parkinson's. Earlier in this application, we provided data showing that these two groups are challenging because their diseases do not follow a normal progression like cancer typically does (making it harder to determine death within six months) and because many of these patients have multiple co-morbidities.

We will market these services in Pierce and strive to enroll early, engage patients and/or families, and bring the expertise to the family to support quality end of life care.

To increase enrollment of traditionally underserved groups, Wesley uses our multicultural staff, Corporation-wide, to train other staff in recognizing and valuing different cultures, including various aging beliefs and rituals surrounding death and dying. These employees are also our ambassadors into their communities. Our staff is incredibly diverse, we have large numbers of first-generation immigrant staff from the Ukraine, Philippines, and Kenya, as well as staff from both Eastern and Western Africa, the Middle East, and a number of Southeast Asian countries. The staff have been invaluable in helping with outreach and supporting Wesley in assuring that culturally sensitive information is available and accessible to these traditionally underserved groups.

7. **Provide a copy of the following policies:**
   - **Admissions policy**
   - **Charity care or financial assistance policy**
   - **Patient Rights and Responsibilities policy**
   - **Non-discrimination policy**

   Suggested additional policies include any others believed to be directly related to patient access (death with dignity, end of life, advanced care planning)

Copies of the requested policies are included in Exhibit 3.

8. **If there is not sufficient numeric need to support approval of this project, provide documentation supporting the project's applicability under WAC 246-310-290(12). This section allows the department to approve a hospice agency in a planning area absent numeric need if it meets the following review criteria:**

- **All applicable review criteria and standards with the exception of numeric need have been met;**
- **The applicant commits to serving Medicare and Medicaid patients; and**
- **A specific population is underserved; or**
- **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.**

There is numeric need. This question is not applicable.

B. FINANCIAL FEASIBILITY (WAC 246-310-220)

1. Provide documentation that demonstrates the immediate and long-range capital and operating costs of the project can be met. This should include but is not limited to:

- **Utilization projections. These should be consistent with the projections provided under the Need section. Include all assumptions.**
- **Pro Forma revenue and expense projections for at least the first three full calendar years of operation using at a minimum the following Revenue and Expense categories identified at the end of this question. Include all assumptions.**
- **Pro Forma balance sheet for the current year and at least the first three full calendar years of operation. Include all assumptions.**
- **For existing agencies proposing addition of another county, provide historical revenue and expense statements, including the current year. Ensure these are in the same format as the projections. For incomplete years, identify whether the data is annualized.**

The required pro forma information is included as Exhibit 4. The underlying assumptions for our utilization projections, by County are below.

A. King County:

Admissions: Four hospice agencies have been granted CN approval in the past three years in King County, of which we understand that only one of these providers are operational at his time. We further understand that the 2022 hospice methodology suggests that another 2 are needed. Given the relatively large increase in provider supply in King County (if two are approved in 2022, the cumulative new providers represent a 75% increase in supply since 201, WHH has elected to be very conservative in estimating future growth in King.

LOS: We elected to keep LOS deflated in King County in 2022 but over the three year projection period increase it to nearly the statewide LOS by the third year of operation (60 days). Our assumption here is that the PHE crisis will resolve, and staffing will begin to stabilize.

B. Pierce County:

Admissions: Here, we assumed that the PHE will stay in effect, and we will continue serving Pierce until our CN is awarded. Our 2021 ADC in Pierce averaged 4.8, but Q4 exceeded an ADC of 6. We have not and will not "market" in Pierce until we have a CN, but as our presence and expertise become widely known, census has increased. We conservatively assumed an ADC in 2022 of 6 (no growth over Q4 2021). With CN approval no later than late 2022, we expect to more than double ADC to 13 in

2023. The increase will come from marketing, continued partnerships with existing providers, outreach via Wesley ambassadors, our growing retirement community presence in Pierce, and other approaches to undeserved groups and increased staffing.

LOS: We elected to keep LOS deflated in Pierce in 2022 but begin to grow it to nearly the statewide length of stay by the third year of operation (60). Our growth will be partially attributable to the fact that we will get a greater percentage of our patients directly from providers, and not from referrals from agencies tht have delayed admissions for several weeks. Further, as in King, we have assumed that as the PHE is declared over, volumes will return, and staffing will begin to stabilize. And referral patterns will return to baseline.

2. Provide the following agreements/contracts:

- **Management agreement.**
- **Operating agreement**
- **Medical director agreement**
- **Joint Venture agreement**

Note, all agreements above must be valid through at least the first three full years following completion or have a clause with automatic renewals. Any agreements in draft form must include a document signed by both entities committing to execute the agreement as submitted following CN approval.

The Medical Director position is contracted. A copy of the existing medical director agreement is included as Exhibit 5. There are no other agreements.

3. 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:

a. **An executed purchase agreement or deed for the site.**
b. **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.**
c. **An executed lease agreement for at least three years with options to renew for not less than a total of two years.**
d. **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.**

We intend to co-locate and operate our hospice agency within our existing permanent hospice office location in Des Moines, King County. Wesley has owned the facility and property outright since 1945. A copy of the King County Assessor records demonstrating ownership and site control is included as Exhibit 6. Our hospice offices are temporarily located at an office location in Kent (address provided above).

4. Complete the following table with the estimated capital expenditure associated with this project. Capital expenditure is defined under WAC 246-310-010(10). If you have other line items not listed in the table, include the definition of the line item. Include all assumptions used to create the capital expenditure estimate.

There is no capital expenditure.

5. Identify the entity responsible for the estimated capital costs identified above. If more than one entity is responsible, provide breakdown of percentages and amounts for each.

There is no capital expenditure. This question is not applicable.

6. **Identify the amount of start-up costs expected to be needed for this project. Include any assumptions that went into determining the start-up costs. Start-up costs should include any non-capital expenditure expenses incurred prior to the facility opening or initiating the proposed service. If no start-up costs are expected, explain why.**

WHH is simply expanding its current Medicare certified King County hospice agency permanently into adjacent Pierce County. There are no start-up costs.

7. **Identify the entity responsible for the estimated start-up costs identified above. If more than one entity is responsible, provide breakdown of percentages and amounts for each.**

The key contact for this application, Melinda Moore BSN RN, the Executive Director of Wesley Homes Community Health Services and Jim Yamamoto, Vice President of Finance determined that there would be no start-up costs required.

8. **Explain how the project would or would not impact costs and charges for healthcare services in the planning area.**

There are no capital costs and rates are established by payers, including Medicare, the largest payer, not the provider.

Hospice care has also proven cost-effective. It reduces the total costs of care by reducing hospitalizations and emergency room use. Research has documented that persons not enrolled in hospice were more likely to die in the hospital or a skilled nursing facility than those that selected the hospice benefit.[2]

A report published by the American Journal of Hospice and Palliative Care in 2019 found that the average Medicare expenditures for patients treated in acute hospitals during the last 180 days of life, far exceeds the hospice per diem cost.

In addition, hospice has also demonstrated savings to patients in terms of reduced out of pocket expenses through coverage of medication related to the hospice diagnosis (particularly for pain controlling medications) and medical equipment and supplies. For these reasons, an adequate supply of hospice ice services in Pierce County will help reduce the total cost of care for patients at end of life.

[2] Association Between the Medicare Hospice Benefit and Health Care Utilization and Costs for Patients With Poor-Prognosis Cancer, Ziad Obermeyer, MD, et. al, JAMA, November 12, 2014; (312(18): 1888-1896

9. Explain how the costs of the project, including any construction costs, will not result in an unreasonable impact on the costs and charges for health services in the planning area.

There are no capital expenditures for this project, as Wesley already has the infrastructure (our existing hospice agency) in place that will allow us to expand immediately following CN approval into Pierce County.

10. Provide the projected payer mix by revenue and by patients by county as well as for the entire agency using the example table below. Medicare and Medicaid managed care plans should be included within the Medicare and Medicaid lines, respectively. If "other" is a category, define what is included in "other."

This information is provided in Table 4.

Table 4
Current and projected Payer Mix by County and Payer

	King County Current		Pierce County Current		King County Projected		Pierce County Projected	
Payer Mix	**% Of Gross Revenue**	**% By Patient**	**% Of Gross Revenue**	**% By Patient**	**% Of Gross Revenue**	**% By Patient**	**% Of Gross Revenue**	**% By Patient**
Medicare	69.5%	78.4%	98.0%	96.0%	71.1%	70.5%	71.0%	64.6%
Medicaid	28.5%	20.9%	0.0%		27.7%	19.8%	24.7%	23.1%
Private Pay	2.0%	0.7%	1.8%	2.0%	1.2%	5.3%	4.3%	7.2%
Other			0.2%	2.0%	0	4.4%		5.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

11. If this project proposes the addition of a county for an existing agency, provide the historical payer mix by revenue and patients for the existing agency. The table format should be consistent with the table shown above.

This information is included in Table 4, above.

12. Provide a listing of equipment proposed for this project. The list should include estimated costs for the equipment. If no equipment is required, explain.

Wesley defines equipment is defined as a tangible asset with a cost of $5,000 or more. Under this definition, and while we will purchase new laptops, cell phones etc., no new equipment is proposed for this project.

13. Identify the source(s) of financing (loan, grant, gifts, etc.) and provide supporting documentation from the source. Examples of supporting documentation include: a letter from the applicant's CFO committing to pay for the project or draft terms from a financial institution.

There are no capital expenditures, and therefore no need for financing. This question is not applicable.

14. If this project will be debt financed through a financial institution, provide a repayment schedule showing interest and principal amount for each year over which the debt will be amortized.

There are no capital expenditures, and therefore no need for financing. This question is not applicable.

15. Provide the most recent audited financial statements for:
The applicant, and
Any parent entity responsible for financing the project.

WHH's historical financials are included in Exhibit 4.

C. STRUCTURE AND PROCESS (QUALITY) OF CARE (WAC 246-310-230)

1. **Provide a table that shows FTEs [full time equivalents] by category for the county proposed in this application. All staff categories should be defined.**

Table 5 details the projected FTEs for the first three full years of operation for the Pierce County operations.

Table 5
WHH Pierce County Projected FTEs

Position	FTE 2022	FTE 2023	FTE 2024	FTE 2025
RN/LPN	1.0	1.4	1.9	2.9
HHA	0.3	0.4	0.6	0.8
Social Services	0.3	0.4	0.6	0.7
Volunteer Coordinator	0.2	0.4	0.5	0.6
Therapy (PT and OT)	*Contracted*			
Spiritual Care/Bereavement	0.2	0.4	0.6	0.7
Subtotal	**2.0**	**3.0**	**4.2**	**5.7**
Administrative				
Executive Director	.08	.1	.15	.15
Director	0.2	0.3	0.4	0.5
Admin. Assistant/Billing	0.1	0.3	0.6	0.8
Clinical Director	0.1	0.2	0.3	0.5
Liaison	0.08	0.1	0.65	0.65
Subtotal	**0.56**	**1.0**	**2.1**	**2.6**
Total	**2.56**	**4.00**	**6.30**	**8.30**

Source: Applicant

2. **If this application proposes the expansion of an existing agency into another county, provide an FTE table for the entire agency, including at least the most recent three full years of operation, the current year, and the first three full years of operation following project completion. There should be no gaps in years. All staff categories should be defined.**

Table 6
Total (King and Pierce) WHH FTEs

Position	FTE 2021	FTE 2022	FTE 2023	FTE 2024	FTE 2025
RN/LPN	2.9	3.6	4.7	5.1	5.6
HHA	1.3	1.0	1.4	1.6	1.8
Social Services	0.8	1.0	1.4	1.6	1.7
Volunteer Coordinator	0.8	0.8	1.3	1.3	1.3
Therapy (PT, OT, ST)	*Contracted*				
Spiritual Care/Bereavement	0.8	0.8	1.3	1.5	1.5
Subtotal	**6.6**	**7.2**	**10.1**	**11.1**	**11.9**
Administrative					
Executive Director	0.33	0.33	0.33	0.33	0.33
Director	1.0	1.0	1.0	1.0	1.0
Admin. Assistant/Billing	0.5	0.5	1.0	1.5	1.5
Clinical Manager	0.3	0.3	0.5	0.7	1.0
Liaison	0.3	0.3	0.3	0.5	0.8
Subtotal	2.43	2.43	3.13	4.03	4.63
Total	**9.03**	**9.63**	**13.23**	**15.13**	**16.53**

Source: Applicant

3. **Provide the assumptions used to project the number and types of FTEs identified for this project.**

The following assumptions were used to project the number and types of FTEs for this project:

- WHH will continue to deploy WHH staff and cross-trained HH nurses, MSW, and HHA, contracted therapists.
- Administrative office functions delivered from parent office in King County including administrative oversight, referral, intake, EMR management, phone and fax, scheduling, QAPI, medical records, billing records
- Recruit additional staff as census grows based on existing agency experience.
- Optimize use of technology:
    - WHH has been utilizing Brightree EMR for 5+ years and found it to be stable and scalable. HH/HO has fully implemented current features and on track to deploy enhancements, such as streamlined IDG process, to achieve efficiencies and maintain regulatory compliance.
    - FTEs are assigned for optimal quality of care and business outcomes. meaning, we know how to use the EMR functionality to extend FTE efficacy into Pierce County. Basically, the software EMR works fine for Pierce business, and we do not need to add FTEs for business office operations to handle projected volumes in Pierce.
- Assume continued low therapy utilization experienced through pandemic.
- Medical Director has capacity to extend presence into Pierce County, as does the Hospice physician/Alternate Medical Director. Increased monthly stipend to address additional Pierce County volume is included in the financial projections.

4. **Provide a detailed explanation of why the staffing for the agency is adequate for the number of patients and visits projected.**

WHH's staffing ratios are well in-line with national averages. In fact, WHH proposes lower (better) staff to patient ratios for nursing and medical social work than the national average. This is based on our experience that carrying a higher skilled nursing and social work staff is often necessary to address the complex and changing needs of hospice patients.

5. **Provide the name and professional license number of the current or proposed medical director. If not already disclosed under 210(1) identify if the medical director is an employee or under contract.**

WHH's hospice medical director is Jude Gerard Verzosa, MD. Dr. Verzosa professional license number is MD00042893. Dr. Verzosa's medical specialty is internal medicine. His services are provided under agreement, A copy of the agreement is included as Exhibit 5

6. **If the medical director is/will be an employee rather than under contract, provide the medical director's job description.**

This question is not applicable.

7. **Identify key staff by name and professional license number, if known. If not yet known, provide a timeline for staff recruitment and hiring (nurse manager, clinical director, etc.)**

Key staff are detailed in Table 6.

Table 6
Key Staff

Name	Title	DOH Credential Number (if applicable)
Melinda Moore, RN	Executive Director	RN00073794
Carl Ball, RN	Clinical Director	RN60148029
Michelle Elliott, MBA	Director	NA
Patricia Travi, RN	Case Manager/Lead RN	RN60091056
Alisa Murray, RN	Hospice Nurse	RN00150828
Hilda Rodriquez, CNA	Hospice Aide	NC10040806
Ann Keller	Volunteer coordinator/Bereavement	NA
Soon Jung	Chaplain	NA
Jude Verosa, MD	Medical Director	MD00042893
Maria Melendez, MD	Hospice Physician and Alternate Medical Director	MD60509455

Source: Applicant

8. **For existing agencies, provide names and professional license numbers for current credentialed staff.**

The current credentialed staff are listed in response to Question 7 above.

9. **Describe your methods for staff recruitment and retention. If any barriers to staff recruitment exist in the planning area, provide a detailed description of your plan to staff this project.**

The larger Wesley system has been providing high quality care that meets the spiritual, emotional and physical needs of King County's elderly residents and their families since 1944. Today, Wesley operates on four campuses in King and Pierce Counties and offers independent, assisted and skilled nursing services, as well as range of other outpatient services and

Wesley also operates a Medicare certified home health and a home care agency. Each of Wesley's services are operated in compliance with State licensing requirements, and where applicable with Medicare and Medicaid Conditions of Participation.

As noted in earlier sections of this application, many health care providers, including hospice agencies are challenged by staff shortages. WHH has also had challenges, but our Pierce County staffing is shared with our King County agency. WHH also has home health nurses that are also cross trained in hospice and can be shared between its hospice and home health programs. This also helps with continuity of care as some patients can have the same caregiver regardless of if they are in home health or hospice. Wesley is a well-established, highly regarded long-term care provider.

The relatively small number of staff needed to maintain and grow operations into Pierce County, and 2) our ability to recruit from both King and Pierce Counties, has led us to conclude that we will be able to recruit and retain the staff needed to support the Program.

10. **Identify your intended hours of operation and explain how patients will have access to services outside the intended hours of operation.**

WHH's hospice business hours are Monday through Friday from 8:30 a.m. to 5:00 p.m. In addition, we have a Hospice nurse available 24 hours a day/7 days per week.

11. **For existing agencies, clarify whether the applicant currently has a method for assessing customer satisfaction and quality improvement for the hospice agency.**

WHH has a Hospice Quality Assurance Committee to oversee all quality assurance and performance improvement activities including performance improvement projects, problem/study selection activities, and patient, family, and caregiver satisfaction efforts.

WHH meets the CMS requirements for the Hospice Quality Reporting Program. QAPI program results are included in the meeting agenda of the Wesley CHS Board of directors (governing body). WHH home health program is awarded CMS 5- Star rating for Quality of Patient Care through 2019, and also awarded Home Care Elite status for 2019. Patients receiving hospice care from Wesley in Pierce County can expect the same exemplary quality of care as we provide in our other services.

12. For existing agencies, provide a listing of ancillary and support service vendors already in place.

WHH's CN approved agency in King County works closely with local physicians, hospitals, family and other providers to ensure patients' comprehensive medical, social, and spiritual needs are met. We have done the same since beginning to serve Pierce in early 2020 under the Governor's Proclamation. We work closely with the following ancillary and support providers:

Ancillary Services:

- Bellevue Health Care, Bellevue, WA (DME)
- Medtrak Services dba Elixir Overland Park, KS (PBM)
- TriMed Ambulance, Kent, WA
- Medline (nursing supplies)
- Functional Integrative Training, Sumner, WA (Physical Therapy)
- CareerStaff Unlimited, Tacoma, WA (OT and SLP)
- Matrixcare EMR

In addition, Wesley has established the below working relationships in Pierce County:

Facilities:

- MultiCare Good Samaritan Hospital
- MultiCare Tacoma General Hospital
- MultiCare Allenmore Hospital
- CHI Franciscan St Joseph Medical Center al
- CHI Franciscan St Elizabeth
- CHI Franciscan St Anthony
- CHI Franciscan St Clare
- Kaiser Permanente
- Life Care Center- South Hill
- Wesley Bradley Park
- Wesley at Tehaleh

Other Providers and Community Resources:

- Primary care and specialty providers
- Home Health agencies
- Pierce County Health and Human Services Departments
- Other long-term care providers
- Local Churches

13. **Identify whether any of the existing ancillary or support agreements are expected to change as a result of this project.**

None of the existing relationships or agreements are expected to change.

14. **For new agencies, provide a listing of ancillary and support services that will be established.**

This application does not propose a new agency, so this question is not applicable.

15. **For existing agencies, provide a listing of healthcare facilities with which the hospice agency has documented working relationships.**

The list of healthcare facilities with whom Wesley has existing relationships is included in response to Question 12 above.

16. **Clarify whether any of the existing working relationships would change as a result of this project.**

None of the existing working relationships are expected to change as a result of this project.

17. **For a new agency, provide the names of healthcare facilities with which the hospice agency anticipates it would establish working relationships.**

This question is not applicable

18. **Identify whether any facility or practitioner associated with this application has a history of the actions listed below. If so, provide evidence that the proposed or existing facility can and will be operated in a manner that ensures safe and adequate care to the public and conforms to applicable federal and state requirements. WAC 246-310-230(3) and (5)**

a. A criminal conviction which is reasonably related to the applicant's competency to exercise responsibility for the ownership or operation of a hospice care agency; or

b. A revocation of a license to operate a health care facility; or

c. A revocation of a license to practice a health profession; or

d. Decertification as a provider of services in the Medicare or Medicaid program because of failure to comply with applicable federal conditions of participation.

Neither Wesley nor WHH has any history with respect to the actions noted in CN regulation WAC 246-310-230.

19. Provide a discussion explaining how the proposed project will promote continuity in the provision of health care services in the planning area, and not result in an unwarranted fragmentation of services. WAC 246-310-230

Wesley is already a well-respected provider of long-term care services in Pierce and King Counties and collaborates closely with local physicians, hospitals, and other providers to ensure patients' comprehensive medical, social, and spiritual needs are met. Permanently extending Wesley's King County Hospice operations into Pierce County will enhance and promote continuity in care delivery in Pierce County and support the needs of hospice patients and their families overall and specifically promote continuity of care for Pierce County patients currently served by Wesley in its Pierce County facilities. This comprehensive continuum of care ensures the provision of excellent, high quality, comprehensive and compassionate care.

The proposed project will not result in duplication of services or unwarranted fragmentation of care for all of the reasons outlined in the Need section of this application. WHH will address the unmet need and long waiting times for admission currently faced by patients desiring hospice services in Pierce County. WHH's on dementia, Parkinson's and traditionally underserved groups will also address the specific unmet need for these populations. The recently published Hospice Numeric Need Methodology shows a need for 3 additional hospice agencies in Pierce County in 2023. WHH will work closely, and in partnership with existing providers to improve access and reduce wait times and provide services to underserved populations.

20. Provide a discussion explaining how the proposed project will have an appropriate relationship to the service area's existing health care system as required in WAC 246-310-230.

The proposed project will have an appropriate relationship with Pierce County's existing health care system. As noted elsewhere, we intend to continue to partner and support the three existing providers in Pierce County. Wesley is also an existing well-respected provider of essential long-term care services in Pierce County and will leverage and build upon our existing relationships to ensure coordination of its services throughout the Pierce County system of care.

21. The department will complete a quality-of-care analysis using publicly available information from CMS. If any facilities or agencies owned or operated by the applicant reflect a pattern of condition-level findings, provide applicable plans of correction identifying the facility's current compliance status.

No facility or agency owned or operated by Wesley has a pattern of condition level findings[3]. We do note that the last published CMS data for hospice is from 2019. In that year, our "n's" were too small in a number of metrics to be scored. We want to assure that we will not be penalized in any comparative review because of a lack of data.

22. If information provided in response to the question above shows a history of condition-level findings, provide clear, cogent and convincing evidence that the applicant can and will operate the proposed project in a manner that ensures safe and adequate care, and conforms to applicable federal and state requirements.

This question is not applicable.

[3] In the first half of 2021, we experienced non-compliance, which was resolved by the end of 2021.

C. COST CONTAINMENT (WAC 246-310-240)

1. **Identify all alternatives considered prior to submitting this project. At a minimum include a brief discussion of this project versus no project.**

WHH considered the following options:

1) Not apply for permanent approval in Pierce County and when the PHE ends, cease providing hospice care in Pierce County;
2) Expand in Pierce County as a new agency, or
3) Expand our existing King County agency to also serve Pierce County.

2. **Provide a comparison of the project with alternatives rejected by the applicant. Include the rationale for considering this project to be superior to the rejected alternatives. Factors to consider can include but are not limited to: patient access to healthcare services, capital cost, legal restrictions, staffing impacts, quality of care, and cost or operation efficiency.**

Not Apply for Permanent Approval in Pierce County:
In our nearly two years of providing hospice in Pierce County, we have experienced first-hand the significant unmet need for hospice. For us this has most commonly been experienced as delays in admission and patients entering hospice late. We have also experienced the impacts that late hospice has on the patient and family. Further, we also have reviewed data that shows lower Medicare penetration in Pierce than Statewide and even lower rates of hospice use by traditionally underserved groups.

WHH concluded that not seeking permanent CN approval for Pierce County would result in a continued lack of immediate access to hospice care for the community and also has the potential to impact the quality of life of our growing and aging retirement communities in Pierce County. For these reasons, this option was rejected.

Create a new Pierce County Agency:
The second option, that of establishing a new agency in Pierce County, was also rejected. The timeline for licensure and certification for a brand-new agency is estimated at 6-8 months longer, and it is also more costly than expanding an existing agency, and the need in Pierce County is immediate. Further, we expect that the PHE will be over before we could get a new agency certified. As such, we would have to end service in Pierce and then restart. This would be costly and disruptive.

Permanently Expand our current King County Agency into Pierce County:
The chosen option, expanding our existing King County agency is the preferred choice in terms of:

- Access: An expansion agency will be able to immediately meet the significant unmet need upon CN approval. Because our existing King agency is already serving Pierce through the waivers allowed due to the COVID PHE, there will also be less of a risk of a break in service between when the PHE ends and the CN is operational.
- Staffing impacts: Providing services to two counties through one agency will allow for the highest level of staff coordination.
- Cost/Operational Efficiency: Through our existing King County agency, administrative and clinical staff are already in place and duplication of costs can be avoided by covering both counties from a single agency. Since the expansion of our King County agency into Pierce during the PHE, WHH has already been able to provide hospice services to 49 Pierce County residents and their families without additional overhead and management expense.

3. **If the project involves construction, provide information that supports conformance with WAC 246-310-240(2):**
    - **The costs, scope, and methods of construction and energy conservation are reasonable; and**
    - **The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.**

This question is not applicable.

4. **Identify any aspects of the project that 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.**

WHH is already authorized to provide the full range of hospice services to patients in King County and is currently providing services through the PHE in Pierce County. Expanding permanently WHH's ability to provide services in Pierce County will, first and foremost, allow WHH to better address the identified need for hospice service in Pierce County. Importantly, it will also promote both staff and system efficiency, making WHH's hospice agency more efficient and effective. As a CN approved agency, the Pierce County operations will be able to market and invest in the staffing and outreach that will allow a higher patient census; thereby better addressing the significant unmet need and supporting operational efficiencies.

From a system and health care delivery perspective, Hospice is a very efficient way of providing care to persons at end of life. It reduces the total costs of care by reducing hospitalizations and emergency room use. Research has documented that persons not enrolled in hospice were more likely to die in the hospital or a skilled nursing facility than hospice beneficiaries, and costs in these settings are, of course, higher. In addition, hospice has also demonstrated savings to patients in terms of reduced out of pocket expenses

through coverage of medication related to the hospice diagnosis (particularly for pain controlling medications) and medical equipment and supplies.

HOSPICE AGENCY SUPERIORITY

In the event that two or more applications meet all applicable review criteria and there is not enough need projected for more than one approval, the department uses the criteria in WAC 246-310-290(11) to determine the superior proposal.

Multiple Applications in One Year

In the event you are preparing more than one application for different planning areas under the same parent company – regardless of how the proposed agencies will be operated – the department will require additional financial information to assess conformance with WAC 246-310-220. The type of financial information required from the department will depend on how you propose to operate the proposed projects. Related to this, answer the following questions:

WHH is not submitting more than one application for different planning areas, so the below questions are not applicable.

1. **Is the applicant (defined under WAC 246-310-010(6)) submitting any other hospice applications under either of this year's concurrent review cycles? This could include the same parent corporation or group of individuals submitting under separate LLCs under their common ownership.**

   If the answer to this question is no, there is no need to complete further questions under this section.

2. **If the answer to the previous question is yes, clarify:**
   Are these applications being submitted under separate companies owned by the same applicant(s); or
   Are these applications being submitted under a single company/applicant? Will they be operated under some other structure? Describe in detail.

3. **Under the financial feasibility section, you should have provided a pro forma balance sheet showing the financial position of this project in the first three full calendar years of operation. Provide pro forma balance sheets for the applicant, assuming approval of this project showing the first three full calendar years of operation. In addition, provide a pro forma balance sheet for the applicant assuming approval of all proposed projects in this year's review cycles showing the first three full calendar years of operation.**

4. **In the event that the department can approve more than one county for the same applicant, further pro forma revenue and expense statements may be required.**

If your applications propose operating multiple counties under the same license, provide combined pro forma revenue and expense statements showing the first three full calendar years of operation assuming approval of all proposed counties.

If your applications propose operating multiple counties under separate licenses, there is no need to provide further pro forma revenue and expense statements.

Exhibit 1

Organizational Charts

WESLEY HOMES CORPORATE STRUCTURE
with Federal Employer ID Numbers

WESLEY
Community · Choice · Continuing Care

PNW ANNUAL CONFERENCE
UNITED METHODIST CHURCH

WESLEY HOMES FOUNDATION

9-15 MEMBER BOARD OF DIRECTORS
SOLE MEMBER 501(C) 3
EIN (FEDERAL) 91-1732317
815 S. 26TH STREET, DES MOINES, WA 98198

WESLEY HOMES CORPORATION

9-15 MEMBER BOARD OF TRUSTEES
501(C) 3 EIN (FEDERAL) 91-0583380
815 S. 26TH STREET, DES MOINES, WA 98198

WESLEY HOMES COMMUNITY HEALTH SERVICES

5-7 MEMBER BOARD OF DIRECTORS
SOLE MEMBER 501(C) 3
EIN (FEDERAL) 57-1160339
815 S. 26TH STREET, DES MOINES, WA 98198

WESLEY HOMES AT HOME, LLC
EIN (FEDERAL) 20-8593142
815 S. 26TH STREET
DES MOINES, WA 98198

WESLEY HOMES HOSPICE, LLC
EIN (FEDERAL) 81-4451201
815 S. 26TH STREET
DES MOINES, WA 98198

WESLEY HOMES BRADLEY PARK, LLC
EIN (FEDERAL) 47-5289602
815 S. 26TH STREET
DES MOINES, WA 98198

WESLEY HOMES DES MOINES, LLC
EIN (FEDERAL) 20-3541243
815 S. 26TH STREET
DES MOINES, WA 98198

WESLEY HOMES LEA HILL, LLC
EIN (FEDERAL) 20-2347503
32049 109TH PL SE
AUBURN, WA 98092

WESLEY HOMES RENTON, LLC
EIN (FEDERAL) 81-3601830
815 S. 26TH STREET
DES MOINES, WA 98198

WESLEY HOMES PIERCE COUNTY
(JOINT PARTNERSHIP WITH PHS)
EIN (FEDERAL) 82-3901394
815 S. 26TH STREET
DES MOINES, WA 98198

Wesley Health & Home Care

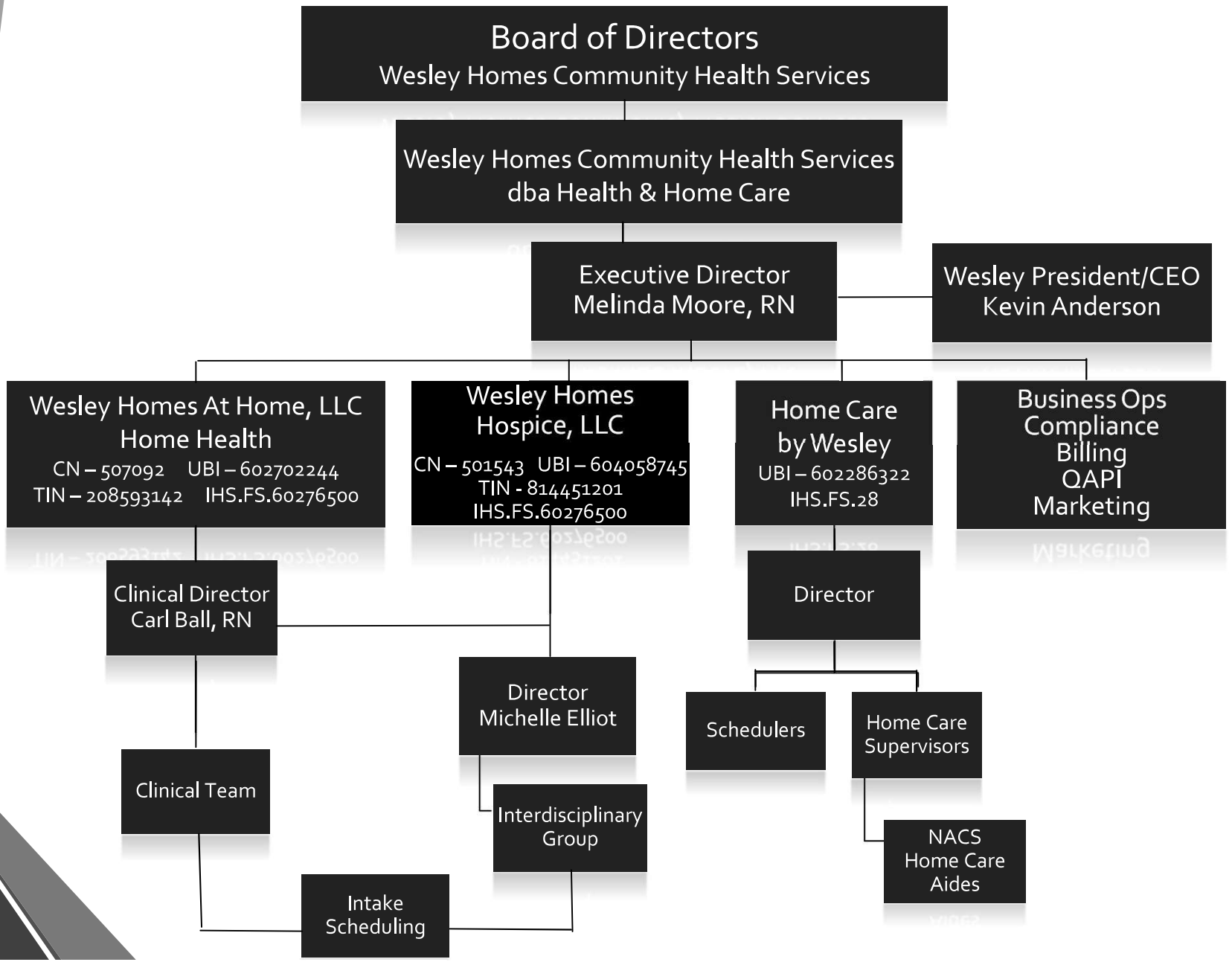


Exhibit 2

Letter of Intent

WESLEY

December 23, 2021

RECEIVED
By CERTIFICATE OF NEED PROGRAM at 10:23 am, Dec 21, 2021

LOI21-12WesHP

Eric Hernandez, Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852
Via email: FSLCON@DOH.WA.GOV; eric.hernandez@doh.wa.gov

Dear Mr. Hernandez:

Wesley Homes Hospice, LLC submits this letter of intent to establish a Medicare certified/Medicaid eligible hospice agency in Pierce County. Wesley Homes Hospice, LLC's parent is Wesley Homes Community Health Services (CHS), which is a subsidiary of Wesley Homes Corporation (Wesley). Wesley and its subsidiaries are mission driven, not-for-profit organizations that provide a continuum of care for older adults. In conformance with the requirements of WAC 246-310-080 and WAC 246-310-290, the following information is provided:

1. A Description of the Extent of Services Proposed:
Wesley Homes Hospice, LLC is an existing Medicare certified/Medicaid certified hospice agency serving King County. This letter of intent proposes to expand into Pierce County.

2. Estimated Cost of the Proposed Project:
There are no capital costs to establish the agency.

3. Description of the Service Area:
The primary service area is Pierce County.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

Kevin Anderson,
President and Chief Executive Officer

Exhibit 3

Policies

Wesley Homes Hospice

Nondiscrimination for Admissions and Services	Policy No. HO 150	Page 1 of 1
WAC: Plan of Operation		Reviewed:11/2/2017
Effective Date: 11/1/2016	Date of review 1/21/2019	Approved: MJM

POLICY: As a recipient of Federal financial assistance, Wesley Homes Hospice, LLC does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in th4e employment therein, whether carried out by the Company directly or through a contractor or any other entity with whom the company arranges to carry out its programs and activities. In accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and with the Age Discrimination Act of 1975, it is the policy of Wesley Homes Hospice to admit and treat all persons without regard to age, race, color, creed, national origin, religion, veteran status, socioeconomic status, sex, sexual preference, gender identity or expression, or disability.

PURPOSE: To meet federal and state standards and requirements relative to nondiscrimination in Hospice practices.

PROCEDURE: Requests for services will be handled in a consistent manner by all staff assigned to process inquiries for service and during the intake process.

Staff assignments will be based on clients' needs, staffing level and availability, without regard to age, race, color, creed, national origin, religion, veteran status, socioeconomic status, sex, sexual preference, gender identity or expression, or disability.

Nondiscrimination policy is made available in marketing material, Patient Rights and Responsibilities statement, and the Wesley Homes website

Wesley Homes Hospice

Patient Rights and Responsibilities	Policy No. HO 600	Page 1 of 4
WAC: Patient Bill of Rights	Date of Origin: June 2016	Reviewed:06.2021
Effective Date June 2016	Date: Jan 2022	Approved:

POLICY: Wesley Homes Hospice staff will provide the patient with a written Bill of Rights and will review it with them at the time of admission to the service.

PURPOSE:

1. To inform patients of their rights.
2. To promote and protect the exercise of the patient's rights.

PROCEDURE:

1. Every patient admitted to Wesley Homes Hospice will receive a written Patient Bill of Rights from the admitting staff person before care is initiated.

2. The written Bill of Rights will be reviewed orally with the patient and/or family.

3. The patient and/or family will sign the Consent for Care Form, which acknowledges receipt and review of the Bill of Rights, a copy of the Bill of Rights will be left with the patient.

As a Patient receiving services from Wesley Homes Hospice, I have the right to:

1. A listing of the services offered by the program and information on the scope of services that will be provided to a patient and family through the Medicare Hospice benefit**,** including frequency of visits and any limitations due to any other payer restrictions or availability of hospice resources.

2. The right to choose a health care provider, including choosing an attending physician, and to receive appropriate care without discrimination in accordance with physician orders.

3. Be cared for by appropriately trained or credentialed personnel, contractors, and volunteers with coordination of services.

4. The right to receive effective pain management and symptom control and quality services from Hospice for conditions related to terminal illness(s).

5. The names and types of hospice clinicians providing services and the person supervising my care and the manner in which that supervisory person can be contacted 24 hours a day, seven days a week, as well as weekends, holidays and after hours.

Reviewed 7/2021, 1/2022

6. A description of the process for submitting and addressing complaints, and the name of appropriate individuals, such as Executive Director and Clinical Director, to whom complaints should be presented.

7. Understand that complaints can be submitted to the agency without fear of retaliation, and with an expectation the agency will address the compliant. Not to be subject to discrimination or reprisal for the exercising of one's rights.

8. A statement advising me, or my representative, of the right to participate in the development of the plan of care for my services, and participate in the development and periodic revision of the plan of care.

9. Be informed of the agency's policies and procedures regarding circumstances that may cause the agency to discharge a patient.

10. Be informed of the agency's policies and procedures for providing back-up care when services cannot be provided as scheduled.

11. A statement that I, or my representative, is entitled to information regarding access to the Department of Health's Registry of Providers and to select any licensed provider to provide my care, subject to my reimbursement mechanism or other relevant contractual obligations.

12. Be treated with courtesy, respect, privacy, and freedom from abuse and discrimination; be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property. Right to have property and person treated with respect, consideration and recognition of patient dignity and individuality.

13. The right to refuse treatment or services after the consequences of refusing care or treatment are fully presented.

14. The right to voice a grievances or complaint regarding treatment or care that is furnished without desired respect of property by anyone who is furnishing care or service on behalf of Wesley Home Hospice.

15. To be informed of the availability of the Washington State on-line portal and toll free hot-line number for registering complaints (1-800-633-6828**)**, and its hours of operation which are, Monday through Friday 8:00 AM to 4:00 PM.

16. The right to be advised on agency's policies and procedures regarding the privacy protections of disclosure of personal information, release of information process and confidentiality of health care records.

17. Have properly trained staff and coordinated services that can be identified as hospice personnel through proper identification.

18. Be informed, both orally and in writing, in a language which is your first language, in advance of care being provided, methods of payment for care or services expected from third parties, any charges for which the patient is responsible. Interpreters will be provided to aid in this endeavor with clarification of the comprehensive coverage of the Hospice benefit.

19. Upon request, have Wesley Homes Hospice provide me, or my representative, with a fully itemized billing statement at least monthly, including the date of each service and the charge. (Licensed providers providing services through a managed care plan shall not be required to provide itemized billing statements**).** To be fully informed of any financial benefits associated with the election of hospice services.

20. The right to recommend changes in policies and procedures, personnel or care/service.

21. Be informed and educated about Advanced Directives, under the state law and the agency's responsibility to implement them.

22. The right to be informed of anticipated outcomes of care and of any barriers in outcome achievement relative to diagnosis and risks and or benefits of alternative therapies**.**

Prior to care and during the initial assessment visit be provided with verbal (spoken) and written notice of the Patient's Rights and Responsibilities in a language and manner that the patient understands. For a minor or a patient needing assistance in understanding, these rights and responsibilities, both the patient and the parent, legal guardian or other responsible person are fully informed of these rights and responsibilities.

POLICY:

<u>AS A PATIENT YOU ARE RESPONSIBLE FOR:</u>

1. Providing complete and accurate information about your health history.
2. Notifying Wesley Homes Hospice about any changes in your health.
3. Remaining under the care of a licensed physician during your hospice care program and inform Wesley Homes Hospice of all health professionals involved in your care.

4. Participating in the planning and revising of you home hospice care program.
5. Treating our personnel with consideration, courtesy and respect.
6. Providing a safe environment for your home hospice care treatment.
7. Notifying Wesley Homes Hospice as early as possible if you will be unavailable for a scheduled visit.
8. Provided accurate insurance and financial information, including any changes in coverage.
9. Advising Wesley Homes Hospice of problems or dissatisfaction you may have regarding the services you are receiving.
10. Identify a Primary Care Practitioner (M.D. or D.O.) who has seen you within 90 days of initiating hospice services and is willing to order and coordinate your care with Wesley Homes Hospice staff.
    a. If you have not been seen by your doctor, you agree you will see your doctor within the first 30 days of home hospice care.

12. Complete the admission and election process to Wesley Homes Hospice if the agency has the resources to provide the care safely, and at the required level of intensity, as determined by a professional assessment.

13. Accept responsibility to notify Hospice in case of an emergency consistent with the guidelines provided for emergencies and disaster preparedness. Your care provider will develop an emergency plan specific to your level of care and service needs.

14. Most importantly, you have the right to receive care of the highest quality and actively participate in all aspects of care planning during the different phases of Hospice care.

<u>Confidentiality of the clinical records maintained by Wesley Homes Hospice</u>

We must advise you of our policies regarding disclosure of clinical or health information. These policies provide for:

- Releasing your information only as required by law or authorized by you.
- Your access to the health record upon written request unless it is contraindicated in the record.

Maintaining the confidentiality of all patient-identifiable information contained in the record. Wesley Homes Hospice may not release patient-identifiable information to the public.

Wesley Homes Hospice

Charity Care Policy	Policy No. HO 211	Page 1 of 2
WAC: Plan of Operation	Date of Origin: 10/2016	Reviewed: 1/21/2019
Effective Date: 11/2016	Date:	Approved: MJM

POLICY: Wesley Homes Hospice will apply a standard process to identify patients unable to pay for services that would qualify for charitable care.

PURPOSE: Wesley Homes Hospice is committed to meeting the needs of the patients who seek care, regardless of their financial ability to pay for services provided. Charity care may be provided to patients who are uninsured, underinsured, or determined to be medically indigent.

PROCEDURE:

1. A financial assessment will be done by the social worker to determine charitable cases. All requested information shall remain confidential and will be retained in the separate, confidential patient record.

2. At the initial eligibility assessment, the assessing social worker shall make a determination as to insurance coverage. In determining the patient's financial responsibility, the social worker shall use the following decision tool:
   A. Is the patient covered by private insurance with a Hospice benefit?
   B. If there is a co-pay involved with the private insurance, ask if the patient will be able to make the co-payments. If yes, notify the business office.
   C. After determining that there is no insurance available to cover the hospice services, discuss with the patient and/or responsible party the private pay options.
   D. If a private pay option exists, or if co-pays are required by the patient, the patient may request financial assistance from Wesley Homes Hospice. (Note: If a patient chooses the private pay option and requests financial assistance, the responsible party may be asked to apply for Medicaid assistance at the time of admission.)

3. If financial assistance is requested by the patient, Wesley Homes Hospice will determine the level of financial assistance to be provided. The amount of financial assistance will be determined by taking into account the responsible parties' family income, assets, family size, and other relevant factors.

4. "Income": means total cash receipts, before taxes, derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual.

5. Wesley Homes Hospice shall rely upon information provided orally and in written form by the responsible party. The responsible party will be required to sign a statement attesting to the accuracy of the information provided to the hospice for purposes of the initial determination of sponsorship status.

6. Wesley Homes Hospice will request the following documents to base the final determination of charity care status:
   A. A "W-2" withholding statement;
   B. Pay stubs;
   C. An income tax return from the most recently filed calendar year;
   D. Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;
   E. Forms approving or denying unemployment compensation;
   F. Written statements from employers or welfare agencies.
   G. List of all financials accounts and a copy of the most recent statement.
   H. List of all other assets with a fair market value of over $500.00 each.

7. Information requests for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the responsible party's qualification for charity sponsorship, and will not be used to discourage applications for such sponsorship.

8. Wesley Homes Hospice will make all final determinations on charity care after reviewing all the documentation.

Wesley Homes Hospice

Admission Criteria	Policy No. HO 300	Page 1 of 7
WAC: Delivery of Services	Date of Origin: 12/2016	Reviewed:10/2017
Effective Date: 12/2016	Date:	Approved: 2/2017

POLICY:

Wesley Homes Hospice will admit patients to service who meet the requirements and conditions for admission to Wesley Hospice services. Admission criteria includes:

- Terminal Diagnosis with a life expectancy of six months or less if the disease runs its normal course, as determined by the attending physician or Medical Director.
- Be under the care of a physician.
- Declines further aggressive or curative treatment.
- Reside in King County as required by the Certificate of Need issued by Washington State.
- Agree to accept Hospice services and be aware of his/her diagnosis and prognosis.
- Identify a family member, caregiver, or legal representative who agrees to be the primary support care person.
- Wesley Homes Hospice can reasonably meet the identified needs of the patient and loved ones.
- Meet financial requirements for payment of services.

PURPOSE: To establish the criteria and process of receiving and evaluating referral information and evaluating for appropriateness for admission.

PROCEDURE:

1. Hospice staff shall accept referrals to admit adult patients age 18 or older with a terminal illness that indicate interest in Hospice election and meet admission criteria.

    A. Referral information is entered directly into the electronic medical record system of Brightree by Hospice team members knowledgeable of the referral intake process.

2. Patient has a terminal diagnosis

    A. Life expectancy of six months or less if the terminal illness or disease runs its normal course

    B. Must have been under a physician's care

C. Declines further aggressive treatment or hospitalizations. Hospice staff will inform patients and families in regard to the hospice's policies and procedures for resuscitation, POLST options medical emergencies and accessing or declining 911 services via EMS

3. Required information at referral includes: demographic information made available with name, address, insurance information, social security number.

4. Hospice shall admit a patient only on the recommendation of Hospice Medical Director in consultation with or input from the patient's attending physician (if any).

5. The Hospice Medical Director shall consider the following information when reaching a decision to certify that the patient is terminally ill:

   A. Diagnosis establishing the terminal condition of the patient,
   B. Other health conditions whether related or unrelated to the terminal condition,
   C. Current clinically relevant information supporting all diagnoses.

6. Hospice will communicate admission criteria and admission process to employees during orientation and on-going campus activities; patients during the pre-admission discussion and the admission contact and during the comprehensive assessment visit; community via marketing collateral, website, and response to phone inquiries, including contact information of office phone 206-870-1127, email via web contact link, and Wesley Homes campus phone and intranet.

7. Admission criteria and process:

   A. The patient must be under the care of a physician. The patient's physician must order and approve care by Hospice. The physician must be willing to sign or get another physician to sign the certification of terminal illness (CTI). The physician must discuss the patient's resuscitation status with the patient, family, or caregiver.
   B. Attending physician duties include relevant care while patient receives hospice services, participate in the development, revision and approval of the interdisciplinary group plan of care, respect patient confidentiality and choices, communicate with hospice interdisciplinary group members, sign orders and the plan of care in a timely manner, manage patient medical care, be available to hospice personnel, patient, family and caregivers.

      1) The patient must identify a family member, a caregiver, or legal representative who agrees to be the primary support care person.

Terminally ill patients (who are currently independent in activities of daily living) without an identified support person will require the development of a specific plan for the future need of a primary support care person. Hospice staff will discuss and plan for this at the time of admission.

2) The patient must have a life-threatening illness with a life expectancy of six (6) months or less, should the disease run its normal course, as determined by the attending physician and the Hospice Medical Director.

3) The patient must want hospice services, and be aware of his/her diagnosis and prognosis.

4) The focus of care must be palliative vs curative:

Palliative care is the focus of Wesley Homes Hospice care and services. Palliative care is treatment intended to relieve symptoms and distress of the disease process rather than to cure the disease or extend days of life. Wesley Homes Hospice service's goal is to improve the quality of life and assist patients and their families in experiencing death with peace and dignity.

Hospice palliative care neither hastens nor artificially prolongs the time of death. Wesley Homes Hospice emphasizes the least invasive and most effective interventions to achieve pain and symptom management and provide comfort. Wesley Homes Hospice respects patient and family choice regarding treatment decisions.

When necessary for symptom management, more aggressive, invasive measures may be appropriate. This may include limited radiation therapy, or by exception provide minimal chemotherapy medication.

- Patients receiving a maintenance level of minimally intensive chemotherapy or supplemental nutrition could be admitted in transition to hospice palliative care as an exception and when the patient's care plan meets the guidelines of the IDG.
- Intravenous or subcutaneous administration of medications will be provided only upon approval of IDG and Hospice Medical Director in consultation with attending physician.
- Hospice maintains that invasive administration of medication is usually contrary to "comfort care measures"
- Blood products will not be given in the home environment.

8. If the patient's choices for intervention appear in conflict with Wesley Homes Hospice's focus on palliative care, the IDG will conference to determine the effectiveness and appropriateness of continued Wesley homes Hospice involvement, recognizing the patient and family as decisions makers in treatment choices.

9. The patient and family or caregiver must agree to participate in the plan of care and sign the hospice consent form.
    a. The patient, family or caregiver understands and agrees that Hospice primarily will provide care at home.
    b. The physical facilities and equipment in the patient's home must be adequate for safe and effective care.
    c. The patient must reside within the Hospice geographic area in King County, Washington.
    d. Hospice does not base eligibility for participation on the patient's race, color, creed, sex, age (18 years or older), disability (mental or physical), communicable disease, nor place of national origin.
    e. The patient must meet the applicable eligibility requirements for Medicare, Medicaid, or private insurance benefit.
    f. In order to elect Hospice care under Medicare, the patient must be:
        i. Entitled to Medicare Part A and
        ii. Be certified as being terminally ill.

10. Hospice accepts patients based on their care needs. Hospice considers the adequacy and suitability of staff and the resources required to provide the service safely and effectively. A reasonable expectation must exist the hospice can adequately take care of the patient at home.
11. Patient distribution will be based on location and on patient need requiring specialized training. Distribution will also be based on number of nurses that can reach the patient in less than one hour from office or home, per regulation.

12. Hospice accepts patients based on the patient's ability to pay for services, either through state or federal assistance programs, private insurance or personal assets. Refer to Charity Care policy.
13. Hospice reserves the right to refuse patients who do not meet the admission criteria and will refer those patients to other resources.

PROCEDURE:

1. Referral information provided by family, caregiver, healthcare providers from other facilities, other agencies and physician offices may help determine eligibility for admission. If the patient's primary physician does not make the request for service, hospice will consult with the physician before the assessment visit. Referrals may be accepted by Director of Clinical Services, MSW, RN or faxed information may be received by clerical staff.

2. Requests for Hospice services are documented in the electronic medical record system (EMR).

3. Assignment of appropriate staff to conduct the initial assessment to decide the patient's eligibility for admission is based on:
    a. Complexity and requirement of the patient's needs and level of care
    b. Hospice staff's education and experience
    c. Hospice staff are hired with the requirement of hospice experience, hospice certified training or the intention to seek certification while working with Wesley Homes Hospice.
    d. Urgency of patient's identified needs.

4. Hospice staff shall make the initial home visit within the timeframe requested by the referral source or as ordered by the physician or at least 48 hours after the referral. The purpose of the initial visit:

    a. To explain hospice and its philosophy and services to the patient, family member or caregiver.

    b. To assess the patient, the availability of a support system, the physical facilities and equipment

    c. To decide if the patient meets the criteria for admission, is appropriate for hospice and has a safe environment for effective care,

    d. To allow the patient and family or caregiver to ask questions and decide about the Hospice services, especially those provided under the Medicaid/Medicare Hospice benefit.

    e. To review appropriate forms and subsequently sign forms if the patient, family member or caregiver agrees that the patient is appropriate for Hospice services

    f. To provide services as needed and ordered by the physician and to incorporate additional needs into the Hospice plan of care

    g. To give the patient information about Durable Power of Attorney for healthcare.

5. Hospice staff shall notify the patient, physician or referrer of a delay in meeting the timeframe for an assessment visit.
    a. Hospice staff shall document the notification in the patient's clinical record

b. Hospice shall refer the patient to another hospice if the delay is unacceptable.

6. During the initial assessment visit, Hospice staff shall assess the patient's eligibility and decide or confirm:
    a. Level of services required
    b. Eligibility (meeting admission requirements)
    c. A source of payment

7. Upon admission, Hospice staff shall give the patient, family or caregiver a brochure and various educational material on:

    - Nature and goals of care, treatment and services
    - Hours of operation
    - Access to care after hours
    - Hospice charges
    - Hospice's objectives and scope of care
    - Staff services directly provided and through contractual agreement
    - Safety information, including encouraging patient/family to report safety concerns and how to report those concerns
    - Infection control information
    - Emergency management plans
    - Available community resources
    - Complaint process
    - Advance directives
    - Transfer and discharge criteria
    - Other staff who may be involved in care, treatment and services
    - The notification mechanism for changes in care, treatment and services and/or related liability

8. Hospice staff shall document the furnishing and understanding of the above information by the patient, family or caregiver.

9. Hospice staff shall give the patient, family or caregiver the opportunity to either accept or refuse care treatment and services.

10. Based on the assessment of eligibility criteria, the Hospice RN shall contact and collaborate with the physician in the development, clarification and acceptance of the plan of care and then submit the plan of care to the physician for signature.

11. The hospice RN must complete an initial assessment within 48 hours of the effective date of the election of hospice and this must be conducted on the location where hospice services will be provided.

12. After admission to hospice, the comprehensive assessment is completed within 48 hours. Psychosocial, spiritual, and bereavement assessments are completed within 5 days of the comprehensive assessment. Assessment documentation is entered into the EMR and synched within 24 hours of completion of the assessment visit.

13. All communication, documentation, scanned and attached documents are maintained in the electronic medical record.

14. Hospice staff shall notify the following individuals when the patient is not admitted:
    a. Physician
    b. The referral source (if not the physician)

15. Data related to patients not admitted for service will be entered into the electronic record, to include patient name, date of referral, date of assessment, and reason not admitted. Referral; to other hospice or health care facilities, and other data required by the electronic medical record software to complete the record of the referred individual.

Exhibit 4

WHH Financials

WHH Historical Financials

	A	Q	R	S	T	U
3		**Wesley Hospice**				
4		**2019**	**2020**	**2021 King**	**2021 Pierce**	**2021 combined**
9	Total Days	**6025**	**4712**	**5984**	**1311**	**7295**
11	General Inpatient Care	0	0	0	0	0
12	Inpatient Respite Care	0	0	0	0	0
13	Routine Home Care	6025	4712	5984	1311	7295
14	Continuous Home Care	0	0	0	0	0
15						
18	General Inpatient Care	0	0	0	0	0
19	Inpatient Respite Care	0	0	0	0	0
20	Routine Home Care 1-60	$ 1,114,920	$ 970,316	$ 1,197,670	$ 262,391	$ 1,460,061
21	Routine Home Care 61-					
22	Continuous Home Care	0	0	0	0	0
23	Medicaid R&B	$ 289,764	$ 387,459	$ 422,511	$ -	$ 422,511
24	Total Revenue	$ 1,404,684	$ 1,357,775	$ 1,882,571	$ 262,391	$ 1,882,572
25			74468			149912
26	Revenue		$ 1,432,243			$ 2,032,484
27						
28	Medicare	79%	71%	74%	69%	78%
29	Medicare Managed Care	0%	0%	1%	0%	0%
30	Medicaid	0%	0%	0%	0%	0%
31	Self (Private) Pay/Pri insur	0%	0%	0%	1%	1%
32	Medicaid R&B	21%	29%	22%	0%	22.44%
33		**100%**	**100%**	**97%**	**70%**	**101%**
34						
35	Contractual Adjustments for Sequestration					
36	Operating Revenue					
37						
38	Aveg. Daily Rate	$ 233.14	$ 288.15	$ 314.60	$ 200.15	$ 258.06
39						
40	Non-Operating Revenue (United Way, etc.)					
41						
42						
43	**Deductions from Revenue**					
44	Charity Care	$ (14,047)	$ -			
45	Provision for Bad Debts	$ -	$ -			
46	Contractual Allowance	$ (31,671.00)	$ (28,809.00)			
47						
48	TOTAL REVENUE	$ 1,358,966.16	$ 1,328,966.00			
49						
50	**Patient Care Costs**					
51	Salaries and Benefits					
52	Hospice Employees	519649	519955	$ 544,917	$ 119,383	$ 664,300
53	Payroll Taxes and Benefits	87764	65630	$ 80,679	$ 17,704	$ 98,355
55	Total Salaries and Benefits	607413	585585	$ 625,597	$ 137,058	$ 762,655
56						
57	Medical Director (Contracted)	54000	63000	$ 54,000	$ 30,000	$ 84,000
58	Pharmacy - Medications & IV Su	27741	21778	$ 32,538	$ 7,142	$ 39,680
59	DME Costs (Equipment, oxygen)	130447	44355	$ 71,191	$ 15,627	$ 86,818
60	Medical Supplies	19400	18185	$ 24,985	$ 5,484	$ 30,469
61	Imaging Services	0	0	$ -		$ -
62	Contract therapy	1599	1589	$ -	$ -	$ -
63	Contract services- software, EM	10082	17176	$ 17,997	$ 3,950	$ 21,947
64	coding,Billing, CAHPS, labs, consulting	31689	20166	21147	4642	25789
65	General Inpatient Costs	0	0	0	0	0
66	Inpatient Respite Coasts	0	0	0	0	0
67	Medicaid R&B costs	304818	340625	354409	0	354409
68	Mileage	7723	6740	12042	2,643	14,685
69	Marketing	8293	5160	16940	3,718	20,658
70	Office supplies	3371	1353	2308	507	2815
71	Equipment	0	0	0	0	0
72	postage	55	0	0	0	0
73	license fees	1232	21968	1141	251	1392
74	registration, association fees	5346	1435	682	150	832
75	Utilities	3481	3164	3852	846	4698
76	Professional Services	32795	72888	42075	9236	51311
77	Insurance	111	1497	2084	457	2541
78	Leases and Rentals	190	357	308	68	375
79	Total Patient Care Costs					
80		1249786	1227021	$ 1,283,294	$ 221,780	$ 1,505,074
86						
87	Allocated	70234	84206	97457	21393	118850
88	Other Out-of-pocket					
89		1320020	1311227			$ 1,623,924
90	Total Administrative Costs					
91						
92	Total Costs					
93						
94	Income (Loss) from Operations.	40339	22630			

WHH King County

Pro Forma

	A	V	W	X	Y
1	**Wesley Homes**				
2	**Hospice ProForma**				
3		**King Co budget**	**King County Projections**		
4		**2022**	**2023**	**2024**	**2025**
9	Total Days	**9,490**	**10,900**	**13,380**	**13,620**
11	General Inpatient Care	**15**	**17**	**21**	**18**
12	Inpatient Respite Care	**72**	**83**	**102**	**104**
13	Routine Home Care	**9,371**	**10,764**	**13,217**	**13,454**
14	Continuous Home Care	**31**	**36**	**40**	**45**
15		**9,490**	**10,900**	**13,380**	**13,620**
18	General Inpatient Care	**16,221**	**18,631**	**22,870**	**19,229**
19	Inpatient Respite Care	**34,169**	**39,245**	**48,175**	**49,039**
20	Routine Home Care 1-60	**1,238,989**	**1,423,075**	**1,747,387**	**1,778,720**
21	Routine Home Care 61-	**527,224**	**605,558**	**743,561**	**756,895**
22	Continuous Home Care	**45,802**	**52,607**	**58,501**	**65,734**
23	Medicaid R&B	**598,144**	**717,773**	**837,401**	**837,401**
24	Total Revenue	**2,460,549**	**2,856,889**	**3,457,894**	**3,507,018**
25					
26	Revenue				
27					
28	Medicare	1,680,325	1,942,684	2,351,368	2,382,825
29	Medicare Managed Care	29,527	32,161	104,434	112,225
30	Medicaid	103,343	105,705	131,400	133,267
31	Self (Private) Pay/Pri insur	49,211	58,566	34,579	42,084
32	Medicaid R&B	**598,144**	**717,773**	**837,401**	**837,401**
33		**2,460,549**	**2,856,889**	**3,459,182**	**3,507,802**
34					
35	Contractual Adjustments for Sec	34,197	39,497	49,116	49,901
36	Operating Revenue	2,494,746	2,896,386	3,508,298	3,557,703
37					
38	Aveg. Daily Rate	$ 262.88	$ 265.72	$ 262.20	$ 261.21
39					
40	Non-Operating Revenue (United Way, etc.)				
42					
43	**Deductions from Revenue**				
44	Charity Care	-24,605	-28,569	-34,579	-35,070
45	Provision for Bad Debts	-12,303	-14,284	-17,289	-17,535
46	Contractual Allowance	-49,211	-57,138	-69,158	-70,140
47					
48	TOTAL REVENUE	2,408,627	2,796,395	3,387,272	3,434,958
49					
50	**Patient Care Costs**				
51	Salaries and Benefits				
52	Hospice Employees	760,995	1,045,383	1,092,713	1,105,586
53	Payroll Taxes and Benefits	106,182	219,530	229,470	232,173
55	Total Salaries and Benefits	867,177	1,264,913	1,322,183	1,337,759
56					
57	Medical Director (Contracted)	60,000	60,000	60,000	60,000
58	Pharmacy - Medications & IV Su	69,277	78,480	107,039	108,962
59	DME Costs (Equipment, oxygen)	104,390	119,900	147,178	149,822
60	Medical Supplies	37,960	43,600	53,519	54,481
61	Imaging Services	759	872	1,070	1,090
62	Contract therapy	8,125	9,333	11,455	11,661
63	Contract services- software, EM	17,258	19,823	24,331	24,768
64	coding,Billing, CAHPS, labs, consulting	29,419	33,790	41,478	42,222
65	General Inpatient Costs	19,739	22,672	27,830	23,400
66	Inpatient Respite Coasts	25,627	29,434	36,131	36,779
67	Medicaid R&B costs	629,625	755,550	881,475	881,475
68	Mileage	8,125	9,333	11,455	11,661
69	Marketing	16,656	19,132	23,483	23,905
70	Office supplies	4,063	4,687	5,753	5,857
71	Equipment	1,000	500	500	1,000
72	postage	406	467	573	583
73	license fees	1,131	970	1,117	962
74	registration, association fees	1,219	1,393	1,250	1,077
75	Utilities	3,575	4,106	5,040	5,131
76	Professional Services	66,219	76,087	93,390	95,065
77	Insurance	2,234	2,567	3,150	3,207
78	Leases and Rentals	551	633	777	791
79	Total Patient Care Costs	1,974,534	2,558,242	2,860,179	2,881,657
80					
86					
87	Allocated	123,027	142,844	172,895	175,351
88	Other Out-of-pocket				
89					
90	Total Administrative Costs	123,027	142,844	172,895	175,351
91					
92	Total Costs	2,097,562	2,701,086	3,033,074	3,057,008
93					
94	Income (Loss) from Operations.	311,065	95,309	354,198	377,950

WHH Pierce County Pro Forma

	A	Z	AA	AB	AC
1	**Wesley Homes**				
2	**Hospice ProForma**				
3		**Pierce**	**Pierce**		
4		**2022**	2023	2024	2025
9	Total Days	**2,190**	**4,745**	**8,030**	**11,680**
11	General Inpatient Care	**4**	**8**	**13**	**15**
12	Inpatient Respite Care	**16**	**36**	**61**	**69**
13	Routine Home Care	**2,163**	**4,686**	**7,930**	**11,566**
14	Continuous Home Care	**7**	**16**	**26**	**30**
15		**2,190**	**4,746**	**8,030**	**11,680**
18	General Inpatient Care	**4,273**	**8,546**	**13,888**	**16,024**
19	Inpatient Respite Care	**7,580**	**17,055**	**28,899**	**32,689**
20	Routine Home Care 1-60	**285,970**	**619,536**	**1,002,503**	**1,462,232**
21	Routine Home Care 61-	**121,688**	**263,630**	**426,630**	**622,274**
22	Continuous Home Care	**10,238**	**23,400**	**38,026**	**43,876**
23	Medicaid R&B	**72,818**	**218,453**	**364,088**	**582,540**
24	Total Revenue	**502,567**	**1,150,620**	**1,874,032**	**2,759,634**
25					
26	Revenue				
27					
28	Medicare	376,920	810,036	1,293,082	1,884,626
29	Medicare Managed Care	16,614	40,272	74,024	104,866
30	Medicaid	19,098	39,750	77,690	110,385
31	Self (Private) Pay/Pri insur	20,103	50,627	79,272	121,424
32	Medicaid R&B	**72,818**	**218,453**	**364,088**	**582,540**
33		**505,552**	**1,159,137**	**1,888,156**	**2,803,841**
34					
35	Contractual Adjustments for Sec	7,871	17,006	27,342	39,790
36	Operating Revenue	513,423	1,176,144	1,915,498	2,843,631
37					
38	Aveg. Daily Rate	$ 234.44	$ 247.87	$ 238.54	$ 243.46
39					
40	Non-Operating Revenue (United Way, etc.)				
42					
43	**Deductions from Revenue**				
44	Charity Care	-5,026	-11,506	-18,740	-27,596
45	Provision for Bad Debts	-2,513	-5,753	-9,370	-13,798
46	Contractual Allowance	-10,051	-23,012	-37,481	-55,193
47					
48	TOTAL REVENUE	495,833	1,135,872	1,849,907	2,747,044
49					
50	**Patient Care Costs**				
51	Salaries and Benefits				
52	Hospice Employees	175,614	390,660	787,719	1,136,381
53	Payroll Taxes and Benefits	24,504	82,039	165,421	250,004
55	Total Salaries and Benefits	200,118	472,699	953,140	1,386,385
56					
57	Medical Director (Contracted)	42,000	42,000	42,000	42,000
58	Pharmacy - Medications & IV Su	15,987	34,171	48,178	65,408
59	DME Costs (Equipment, oxygen)	24,090	52,206	88,326	105,120
60	Medical Supplies	8,760	18,984	32,119	46,720
61	Imaging Services	175	380	642	934
62	Contract therapy	1,875	4,063	6,875	10,000
63	Contract services- software, EM	3,983	8,629	14,603	21,240
64	coding,Billing, CAHPS, labs, consulting	6,789	14,710	24,893	36,208
65	General Inpatient Costs	5,200	10,400	16,900	17,250
66	Inpatient Respite Coasts	7,580	12,791	17,339	19,613
67	Medicaid R&B costs	76,650	229,950	383,250	613,200
68	Mileage	1,875	4,063	6,875	10,000
69	Marketing	3,844	8,329	14,093	20,500
70	Office supplies	938	2,040	3,453	5,022
71	Equipment	1,000	3,500	500	500
72	postage	94	203	344	100
73	license fees	261	422	670	825
74	registration, association fees	281	607	750	923
75	Utilities	825	1,788	3,025	3,941
76	Professional Services	15,281	33,122	56,048	81,525
77	Insurance	516	1,117	1,891	2,750
78	Leases and Rentals	127	275	466	678
79	Total Patient Care Costs	418,248	956,448	1,716,379	2,490,843
80					
86					
87	Allocated	60,547	57,531	93,702	137,982
88	Other Out-of-pocket	25,128			
89					
90	Total Administrative Costs		57,531	93,702	137,982
91					
92	Total Costs		1,013,979	1,810,081	2,628,825
93					
94	Income (Loss) from Operations.		121,893	39,826	118,219

WHH Combined Pro Forma

	A	AD	AE	AF	AG	AH
1	**Wesley Homes**					
2	**Hospice ProForma**					
3		**Combined**				
4		2022	2023	2024	2025	
9	Total Days	**11,680**	**15,645**	**21,410**	**25,300**	
11	General Inpatient Care	**19**	**25**	**34**	**33**	
12	Inpatient Respite Care	**88**	**119**	**163**	**173**	
13	Routine Home Care	**11,534**	**15,450**	**21,146**	**25,020**	
14	Continuous Home Care	**38**	**52**	**66**	**75**	
15		**11,680**	**15,646**	**21,409**	**25,300**	
18	General Inpatient Care	**20,494**	**27,177**	**36,757**	**35,253**	
19	Inpatient Respite Care	**41,749**	**56,300**	**77,073**	**81,728**	
20	Routine Home Care 1-60	**1,524,960**	**2,042,611**	**2,749,889**	**3,240,952**	
21	Routine Home Care 61-	**648,912**	**869,187**	**1,170,191**	**1,379,168**	
22	Continuous Home Care	**56,039**	**76,007**	**96,526**	**109,610**	
23	Medicaid R&B	**670,961**	**936,225**	**1,201,489**	**1,419,941**	
24	Total Revenue	**2,963,115**	**4,007,509**	**5,331,926**	**6,266,652**	
25						
26	Revenue					
27						
28	Medicare	2,057,245	2,752,721	3,644,450	4,267,452	
29	Medicare Managed Care	46,141	72,432	178,458	217,091	
30	Medicaid	122,441	145,455	209,090	243,652	
31	Self (Private) Pay/Pri insur	69,314	109,193	113,850	163,508	
32	Medicaid R&B	670,961	936,225	1,201,489	1,419,941	
33		**2,966,101**	**4,016,026**	**5,347,338**	**6,311,644**	
34						
35	Contractual Adjustments for Sec	42,068	56,503	76,458	89,691	
36	Operating Revenue	3,008,169	4,072,529	5,423,796	6,401,334	
37						
38	Aveg. Daily Rate	$ 257.55	$ 260.31	$ 253.33	$ 253.02	
39						
40	Non-Operating Revenue (United Way, etc.)					
42						
43	**Deductions from Revenue**					
44	Charity Care	-29,631	-40,075	-53,319	-62,667	
45	Provision for Bad Debts	-14,816	-20,038	-26,660	-31,333	
46	Contractual Allowance	-59,262	-80,150	-106,639	-125,333	
47						
48	TOTAL REVENUE	2,904,460	3,932,267	5,237,178	6,182,002	
49						
50	**Patient Care Costs**					
51	Salaries and Benefits					
52	Hospice Employees	936,609	1,436,043	1,880,432	2,241,967	
53	Payroll Taxes and Benefits	130,686	301,569	394,891	482,177	
55	Total Salaries and Benefits	1,067,295	1,737,612	2,275,323	2,724,144	
56						
57	Medical Director (Contracted)	102,000	102,000	102,000	102,000	
58	Pharmacy - Medications & IV Su	84,000	112,651	155,217	174,370	
59	DME Costs (Equipment, oxygen)	128,480	172,106	235,504	254,942	
60	Medical Supplies	46,720	62,584	85,638	101,201	
61	Imaging Services	934	1,252	1,713	2,024	
62	Contract therapy	10,000	13,396	18,330	21,661	
63	Contract services- software, EM	21,240	28,452	38,934	46,008	
64	coding,Billing, CAHPS, labs, consulting	36,208	48,500	66,371	78,430	
65	General Inpatient Costs	24,939	33,072	44,730	40,650	
66	Inpatient Respite Coasts	33,207	42,225	53,470	56,392	
67	Medicaid R&B costs	706,275	985,500	1,264,725	1,494,675	
68	Mileage	10,000	13,396	18,330	21,661	
69	Marketing	20,500	27,461	37,577	44,405	
70	Office supplies	5,000	6,727	9,206	10,879	
71	Equipment	2,000	4,000	1,000	2,000	
72	postage	500	670	917	1,083	
73	license fees	1,392	1,392	1,787	1,787	
74	registration, association fees	1,500	2,000	2,000	2,000	
75	Utilities	4,400	5,894	8,065	9,531	
76	Professional Services	81,500	109,209	149,438	176,590	
77	Insurance	2,750	3,684	5,041	5,957	
78	Leases and Rentals	678	908	1,243	1,469	
79	Total Patient Care Costs	2,392,782	3,514,690	4,576,558	5,372,500	
80						
86						
87	Allocated	183,574	200,375	266,596	313,333	
88	Other Out-of-pocket					
89						
90	Total Administrative Costs	123,027	200,375	266,596	313,333	
91						
92	Total Costs	2,097,562	3,715,065	4,843,154	5,685,833	
93						
94	Income (Loss) from Operations.	311,065	217,201	394,024	496,169	

Exhibit 5

Medical Director Agreement

Hospice Medical Director's Agreement

The AGREEMENT is made as of the 14th day of December, 2016

Between

Wesley Homes At Home, LLC

815 S. 216th Street

Des Moines, WA 98198

And:

Dr. Jude Verzosa, MD License Certification # MD00042893

Address: 7008 Woodmark Rd E, Bonney Lake WA 98391

Telephone: (253) 886 8953

General Qualifications

The Hospice Medical Director must fully meet those pertinent qualifications specified by governmental or professional agency regulations. The Hospice Medical Director shall hold a medical degree, have a formal relationship with the Hospice either by contract or employment, and be knowledgeable of the hospice philosophy, and hospice regulations. The Hospice Medical Director must also have experience in palliative care and the management of the terminal illness and conditions related to the terminal illness, and perform effectively as a member of the interdisciplinary team.

License and Duties

The Hospice Medical Director must at all times be qualified, professionally competent, duly licensed under the laws of Washington State, have a current narcotics number, and be enrolled in the Medicare Provider Enrollment, Chain, and Ownership system. The Hospice Medical Director must provide oversight of the medical component of the hospice plan of care for each patient. The Hospice Medical Director and other members of the Interdisciplinary Team (IDT) must collaborate with the patient's attending physician, communicating the patient's wishes and status. As a member of the interdisciplinary team, the Hospice Medical Director participates in the development of assessment tools, processes, and care coordination activities, actively participates in IDT meetings, and participates in quality assurance/performance improvement (QAPI) activities.

The Hospice Medical Director shall:

1. In collaboration with the Executive Director and Hospice Director of Clinical Services and other health professionals develop formal patient care policies for the Hospice that:
    a. Ensure that the patient rights are applied to every patient and that the patient, family or caregiver receives notification of patient rights.

    b. Provide for all services necessary for the palliation and management of the terminal illness and related conditions;

    c. Identify measureable outcomes anticipated from implementing and coordinating the plan of care; and,

    d. Include evaluation of drugs and treatments necessary to meet the needs of the patient.

    e. Define the process of development of an individualized plan of care by the IDT to be approved by the physician that recognizes the patient's wishes and status.

2. Act as liaison between the patient's attending physician and other health professionals caring for the patient.

3. Be prepared to assume responsibility for the care of the patient if the patient's attending or designated alternate physician is not available.

4. Develop, amend, recommend, and implement appropriate clinical practices and medical care policies that help ensure that each patient's medical regimen is incorporated appropriately into the hospice plan of care.

5. Participate as a member of the hospice interdisciplinary team and attend required meetings to review patient status, develop and periodically reassess the plan of care for every hospice patient.

6. Review recommendations and reports of drug regiment review and quality assurance activities, and take appropriate and timely action as needed to implement recommendations. Attend and participate in quarterly Quality Assurance meetings and report actions, concerns and recommendations.

7. In cooperation with the administration, develop rules, regulations and policies for the attending physicians whose patients are admitted to hospice.

8. Meet periodically with administration and the IDT to discuss clinical and administrative issues, specific patient care problems and professional staff needs for education or

consultants, offering solutions to problems and identifying area where policy should be developed.

9. Help the administrator and professional staff ensures a safe and sanitary environment for patients and personnel by: reviewing incidents and accidents, identifying hazards of health and safety, and advising about possible correction or improvement of the environment.

10. Attain and provide information about federal, state and local regulations applicable to hospice agencies.

11. Provide current information and advice about patient care, new treatment modalities, and the pathophysiology of illness for symptom management and palliative care.

12. Help manage review and respond to federal, state or local surveys and inspections.

13. Participate as a member of the Professional Advisory Council and attend meetings of Wesley Homes Community Health Services Board of Directors.

The Hospice Shall:

1. Assure adequate personnel support to implement appropriate proposals and recommendations of the Medical Director.

2. Coordinate and schedule interdepartmental or committee meetings or conferences and notify the Medical Director of any anticipated need for his/her involvement therein.

3. Permit the Medical Director to exercise his/her independent, professional judgment concerning the type and manner of medical services and the monitoring clinical performance.

4. The Hospice will provide the Medical Director with adequate space, support and supplies needed in order to perform his administrative and managerial functions.

Duration of Agreement:

This agreement shall become effective on Dec. 14th, 2016 and shall remain in effect unless terminated by either party upon 30 days written notice. This agreement may be modified, expanded or changed at any point in the future upon mutual agreement by both parties concerned.

Relationship:

The relationship between Wesley Homes Hospice and the Medical Director shall be that of a consultant relationship, not that of an employee-employer relationship.

OUTSIDE SERVICES

Nothing in this agreement shall be construed as limiting or restricting in any manner the Medical Director's right during the term of this agreement, to render the same or similar services as those covered by this agreement to other individuals and entities, including other hospices, nursing homes and acute care facilities.

The Medical Director agrees to make available, upon request, any relevant documents, records, or other materials, that Wesley Homes needs to conduct business to deal with fiscal intermediaries, third party payers, regulatory agencies, or other similar entities, but does not necessarily include books, records, documents deemed confidential under any evidentiary privileges, including the attorney/client, doctor/patient, or accountant/client privileges.

Such right of access shall prevail consistent with state laws.

Signature of Medical Director — Date 12/14/16

Signature of Executive Director, Melinda Moore — Date 12/14/16

INSURANCE AND INDEMNIFICATION

A. **Coverage provided by facility for liability arising from Medical Director's Administrative duties.** It is the intent of this Agreement that Wesley Homes will provide adequate professional liability and general liability insurance with companies insuring Wesley Homes Hospice and Medical Director for liability arising out of or resulting from alleged negligent acts or omissions in the performance or non-performance of Medical Director's administrative duties and obligations under the terms of this Agreement. If so requested by Medical Director, Wesley Homes shall provide Medical Director with evidence of such coverage. In no way and under no circumstances shall Wesley Homes be responsible for providing professional liability, negligence, public liability and/or property damage insurance for, nor shall Wesley Homes be liable for, any cause of action or claim arising from the acts of omissions, including, without limitation, negligence or other misconduct of Medical Director in the performance or nonperformance of Medical Director's duties as an attending physician to any patient of the Medical Director nor shall Wesley Homes be responsible in any way for Director's activities including the provision for medically related services, which are determined by Wesley Homes in its sole and exclusive discretion to be outside the course and scope of Medical Director's authority or duties as defined herein.

B. **Coverage provided by Doctor for liability arising from non-administrative Medical and Professional services.** Wesley Homes agrees to provide professional liability insurance as an Independent Contractor endorsement for professional services provided by the Medical Director for professional duties performed within the course and scope of Medical Director's authority and duties defined for Wesley Homes Hospice. The Medical Director may choose to acquire comparable coverage that meets the criteria defined by Wesley Homes insurer in effect at the time. Each party shall notify the other thirty days in advance of any cancellation or material change in coverage.

C. Each party agrees to indemnify and hold harmless the other from and against any and all claims, costs, actions, suits, judgments, damages, liabilities, losses, or expenses including, without limitation, reasonable attorneys' fees and the reasonable fees of expert witnesses and other consultants, which arise or are asserted against or imposed upon or incurred by the party seeking indemnification ("Indemnitee") as a consequence of any act or omission by the party from whom indemnification is sought ("Indemnitor") or any employees, agents, or contractors of the Indemnitor. This provision shall survive termination of this Agreement. Nothing in this Agreement shall be construed to limit the indemnity or contribution rights that the parties may have under law.

ATTORNEY'S FEES

If any action at law or in equity is brought to enforce or interpret the provision of this Agreement, the prevailing party will be entitled to all actual attorneys' fees and other costs incurred in that action, in addition to any other relief to which that party may be entitled.

HOLD HARMLESS

Medical Director agrees to indemnify and hold harmless Wesley Homes, its employees, officers, and trustees, from all claims of every type and nature arising from the services provided by Medical Director pursuant to this agreement, including all attorney's fees and court or arbitration costs incurred in defending against such claims. Medical Director shall employ legal counsel approved by Wesley Homes in defense of said claims. Medical Director further agrees to indemnify and hold harmless Wesley Homes, its employees, officers, and trustees from all claims arising from Medical Director's services rendered directly to individuals where indemnification shall also include attorney's fees and court or arbitration costs.

Medical Director assumes professional and administrative responsibilities to the hospice patients for above services in this facility while Medical Director is acting in the capacity and scope of services outlined in this agreement.

TERMS

1. Hours of Service:

   Hours will be commensurate with the needs of the Hospice as determined mutually by the Executive Director and the Medical Director.

2. Compensation:

   $ 2,500 per month of service in the Hospice. All amounts due the Medical Director shall be billed to the Hospice.

Exhibit 6
Documentation from King County Assessor's Website

Department of Assessments

500 Fourth Avenue, Suite ADM-AS-0708, Seattle, WA 98104

Office Hours: Mon - Fri 8:30 a.m. to 4:30 p.m.

TEL: 206-296-7300
FAX: 206-296-5107
TTY: 206-296-7888

Send us mail

ADVERTISEMENT

- New Search
- Property Tax Bill
- Map This Property
- Glossary of Terms
- Area Report
- Property Detail

PARCEL

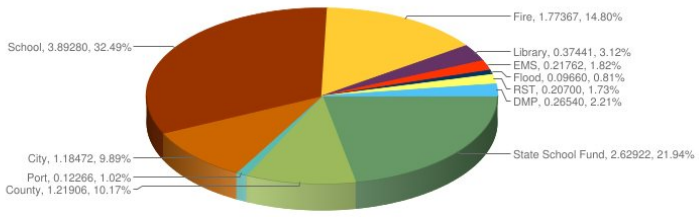
Parcel Number	082204-9014
Name	WESLEY HOMES DES MOINES L L
Site Address	815 S 216TH ST 98198
Legal	PORTION OF NW QTR SE QTR STR 08-22-04 DAF: BEGINNING AT POINT ON W LINE OF NW QTR SE QTR 1827.42 FT NORTH OF SW CORNER OF SE QTR OF SAID SECTION 8 TH EAST 418.00 FT TH SOUTH TO N LINE OF S 219TH ST FORMERLY ETHEL O PECK CO ROAD (40 FT WIDE) TH EAST ALONG N LINE OF SAID S 218TH ST TO W LINE OF H J LATIMER CO ROAD NO 823 TH NORTH ALONG SAID W LINE OF ROAD TO N LINE OF SAID NW QTR SE QTR TH WEST ALONG SAID N LINE TO NW CORNER OF SAID NW QTR SE QTR TH SOUTH ALONG W LINE THEREOF TO POB; EXC PORTION INCLUDED IN MORGAN O'BRIEN CO RD NO 155 ALONG N LINE THEREOF; AND EXC FOLLOWING DESCRIBED PORTION THEREOF: BEGINNING AT POINT ON N LINE OF SAID S 219TH ST DISTANT 115 FT WEST OF W LINE OF SAID H J LATIMER CO RD NO 823 TH CONTINUING ALONG N LINE OF SAID S 219TH ST 200.00 FT TH NORTH PARALLEL WITH W LINE OF H J LATIMER CO RD NO 823 DISTANCE OF 107.10 FT TH EAST PARALLEL WITH N LINE OF SAID 219TH ST 200.00 FT TH SOUTH PARALLEL WITH W LINE OF SAID H J LATIMER CO RD NO 823 DISTANCE OF 107.10 FT TO POB; AND EXC S 10 FT THEREOF CONVEYED TO KING CO BY DEED UNDER RECORDING NO 4801586; AND EXC FOLLOWING DESCRIBED PORTION THEREOF: BEGINNING AT INTERSECTION OF N LINE OF S 219TH ST FORMERLY ETHEL O PECK COUNTY ROAD AND W LINE OF 11TH AVENUE S FORMERLY H J LATIMER CO RD NO 823 TH NORTH ALONG W LINE OF 11TH AVENUE S 97.1 FT TH WESTERLY PARALLEL TO S 219TH ST 115 FT TH S PARALLEL TO 11TH AVENUE S 97.1 FT TO SAID N LINE OF S 219TH ST TH ELY ALONG SAID N LINE 115 FT TO POB; AND EXC PORTION THEREOF CONVEYED TO CITY OF DES MOINES BY DEED UNDER RECORDING NO 20100301000781 DAF: BEGINNING AT INTERSECTION OF S MARGIN OF S 216TH STREET AND W MARGIN OF 11TH AVENUE S TH S00-01-43E ALONG SAID W MARGIN 11.22 FT TH N54-50-35W 20.58 FT TO SAID S MARGIN TH S84-51-30E ALONG SAID S MARGIN 16.84 FT TO POB

BUILDING 1

Year Built	1953
Building Net Square Footage	151696
Construction Class	REINFORCED CONCRETE
Building Quality	AVERAGE
Lot Size	826675
Present Use	Retirement Facility
Views	Yes
Waterfront	

TOTAL LEVY RATE DISTRIBUTION

Tax Year: 2019 **Levy Code:** 1107 **Total Levy Rate:** $11.98316 **Total Senior Rate:** $6.93995



46.00% Voter Approved

Click here to see levy distribution comparison by year.

TAX ROLL HISTORY

Valued Year	Tax Year	Appraised Land Value ($)	Appraised Imps Value ($)	Appraised Total ($)	Appraised Imps Increase ($)	Taxable Land Value ($)	Taxable Imps Value ($)	Taxable Total ($)
2019	2020	5,373,300	35,120,700	40,494,000	15,956,100	0	0	0
2018	2019	5,373,300	19,164,600	24,537,900	9,562,700	0	0	0
2017	2018	5,373,300	9,840,700	15,214,000	0	0	0	0

Reference Links:

- King County Taxing Districts Codes and Levies (.PDF)
- King County Tax Links
- Property Tax Advisor
- Washington State Department of Revenue (External link)
- Washington State Board of Tax Appeals (External link)
- Board of Appeals/Equalization
- Districts Report
- iMap
- Recorder's Office
- Scanned images of surveys and other map documents

ADVERTISEMENT

Notice mailing date: 10/03/2019

2016	2017	5,373,300	9,853,700	15,227,000	0	0	0	0
2015	2016	5,166,700	10,651,300	15,818,000	0	0	0	0
2013	2014	5,166,700	8,686,300	13,853,000	0	0	0	0
2012	2013	4,960,000	8,040,000	13,000,000	0	0	0	0
2011	2012	4,960,000	8,040,000	13,000,000	0	0	0	0
2010	2011	4,960,600	7,199,900	12,160,500	0	0	0	0
2009	2010	4,960,600	7,199,900	12,160,500	0	0	0	0
2008	2009	4,960,600	8,551,100	13,511,700	0	0	0	0
2007	2008	4,133,800	8,522,200	12,656,000	0	0	0	0
2006	2007	4,133,800	7,396,600	11,530,400	0	0	0	0
2005	2006	3,307,000	7,167,400	10,474,400	0	0	0	0
2004	2005	3,307,000	7,167,400	10,474,400	0	0	0	0
2003	2004	2,066,900	8,176,600	10,243,500	0	0	0	0
2002	2003	2,066,900	8,223,400	10,290,300	0	0	0	0
2001	2002	2,066,900	9,052,000	11,118,900	0	0	0	0
2000	2001	2,066,900	10,885,500	12,952,400	0	0	0	0
1999	2000	985,100	5,438,500	6,423,600	0	985,100	5,438,500	6,423,600
1997	1998	0	0	0	0	2,066,900	9,855,900	11,922,800
1995	1996	0	0	0	0	2,066,900	9,698,800	11,765,700
1994	1995	0	0	0	0	2,066,900	9,698,800	11,765,700
1992	1993	0	0	0	0	159,200	969,600	1,128,800
1991	1992	0	0	0	0	159,200	969,600	1,128,800
1990	1991	0	0	0	0	144,700	881,900	1,026,600
1988	1989	0	0	0	0	1,423,500	8,102,000	9,525,500
1987	1988	0	0	0	0	1,423,500	8,102,000	9,525,500
1986	1987	0	0	0	0	1,423,500	7,306,000	8,729,500
1984	1985	0	0	0	0	1,137,800	7,298,700	8,436,500
1983	1984	0	0	0	0	1,137,800	7,278,700	8,416,500
1982	1983	0	0	0	0	1,137,800	7,078,700	8,216,500

ADVERTISEMENT

Updated: Jan. 29, 2019

Share Tweet Email

© King County, WA 2020 Privacy Accessibility Terms of use

Information for... **Do more online**
Get help