

Draft proposed rule language for WAC 246-310-290(8)(e)

Proposal #1

Step 5:

(a) Combine the two age cohorts. Calculate the most recent three-year average hospice capacity, as measured by admissions, in each planning area.

(b) If the planning area has a hospice agency that is operating within its first three years, and the reported admissions are below an ADC of thirty-five, then add the total default admissions to the planning area average, as calculated in (a), for each qualifying hospice agency.

(c) Subtract the planning average admissions figure, as adjusted in (b), from the projected volumes calculated in Step 4 to determine the number of projected admissions beyond the planning area capacity.

Proposal #2

8(e) Step 5. Combine the two age cohorts. Calculate the most recent three-year average hospice capacity in each planning area using hospice agency admissions. Subtract the calculated hospice capacity from the projected volumes calculated in Step 4 to determine the number of projected admissions beyond the planning area capacity.

(i) For hospice agencies as defined under WAC 246-310-290(7)(b), and whose three-year average hospice capacity is below an ADC of thirty-five, replace any reported admissions with default admissions for each year over which the three-year average is calculated.

Proposal #3

(a) Step 5. Combine the two age cohorts.

(b) Step 6. Subtract Calculate the most recent three-year average hospice capacity in each planning area and incorporate default volumes for newly approved agencies to the applicable county. This is done using the following method.

(i) To qualify for the default volume adjustment, hospice agencies must be approved in the three years preceding the methodology, inclusive; and hospice agencies only qualify for an adjustment in years for which the agency has reported admissions below an ADC of thirty-five or were not yet in operation (pre-CN approval).

(ii) For hospice agencies that qualify for an adjustment, the department will add to the applicable county's total average hospice capacity default volumes for up to three qualifying years preceding approval, inclusive.

(c) Step 7. Subtract the hospice capacity calculated in Step 6 from the projected volumes calculated in Step 4 to determine the number of projected admissions beyond the planning area capacity.

(d) Step 68. Multiply the unmet need from Step 5 by the statewide average length of stay as determined by CMS to determine unmet need patient days in the projection years.

Draft proposed rule language for WAC 246-310-290(8)(e)

(e) Step **79**. Divide the unmet patient days from Step 6 by 365 to determine the unmet need ADC.

(f) Step **810**. Determine the number of hospice agencies in the planning areas that could support the unmet need with an ADC of thirty-five.

Proposal #4

(e) Step 5. Combine the two age cohorts. Calculate the most recent three-year average hospice capacity in each planning area. Subtract the average hospice capacity for planning area from the "Potential Volume" calculated in step 4 to determine the number of projected admissions beyond the planning area capacity.