

September 5, 2025

Samuel Stern, Managing Member & Chief Executive Officer  
Shalom Hospice of Southwest Washington, LLC  
*Sent via email only:* [sstern@affinityhealthmanagement.com](mailto:sstern@affinityhealthmanagement.com)

**RE: Certificate of Need Application #25-14 – Department’s Evaluation**

Samuel Stern:

We have completed review of the Certificate of Need application submitted by Shalom Hospice of Southwest Washington, LLC proposing to provide Medicare and Medicaid-certified hospice services to the residents of Clark County. Attached is a written evaluation of the application.

For the reasons stated in the attached decision, the application is consistent with the applicable criteria of the Certificate of Need Program, provided Shalom Hospice of Southwest Washington, LLC agrees to the following in its entirety.

Project Description:

This Certificate of Need approves Shalom Hospice of Southwest Washington, LLC to establish a Medicare and Medicaid-certified hospice agency in Clark County. The hospice services will be provided from its office located at 3205 NE 78th Street, Suite 10, in Vancouver [98665] within Clark County.

Hospice services provided to Clark County residents include skilled nursing; palliative care; durable medical equipment; nutritional, bereavement, and spiritual counseling; symptom and pain management; respite care; physical, occupational, respiratory, speech, music, equine, pet, virtual reality, and massage therapies; and medical social, home health aide, homemaker, pharmacy, and volunteer services. Services may be provided directly or under contract.

Conditions:

1. Approval of the project description as stated above. Shalom Hospice of Southwest Washington, LLC further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Shalom Hospice of Southwest Washington, LLC will obtain and maintain Medicare and Medicaid certification.
3. Shalom Hospice of Southwest Washington, LLC shall finance this project using existing reserves of Stern Family Trust, as described in the application.
4. Prior to providing Medicare and Medicaid-certified hospice services to Clark County residents, Shalom Hospice of Southwest Washington, LLC will provide a listing of its credentialed staff to

the Certificate of Need Program for review. The listing shall include each staff person's name and professional license number.

5. Prior to providing Medicare and Medicaid-certified hospice services to Clark County residents, Shalom Hospice of Southwest Washington, LLC will provide the Certificate of Need Program with an executed Shared Services Agreement.
6. Prior to providing Medicare and Medicaid-certified hospice services to Clark County residents, Shalom Hospice of Southwest Washington, LLC will provide the Certificate of Need Program with an executed Supplemental Staffing Services Agreement
7. The service area for this Medicare and Medicaid-certified hospice agency is Clark County. Consistent with Washington Administrative Code 246-310-290(13) Shalom Hospice of Southwest Washington, LLC must provide hospice services to residents of the entire county for which this Certificate of Need is granted.

Approved Costs:

The capital expenditure for this project is \$118,000. The costs are for office equipment, communication devices, furniture, leasehold improvements, signage, and associated sales tax. Additional identified start-up costs are \$260,112, which includes payroll, benefits, legal, consulting, and contracted administrative service costs.

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

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

Email your response to the Certificate of Need Program at [CN@doh.wa.gov](mailto:CN@doh.wa.gov). If you have any questions or would like to arrange for a meeting to discuss our decision, please contact the Certificate of Need Program at (360) 236-2955.

Sincerely,



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

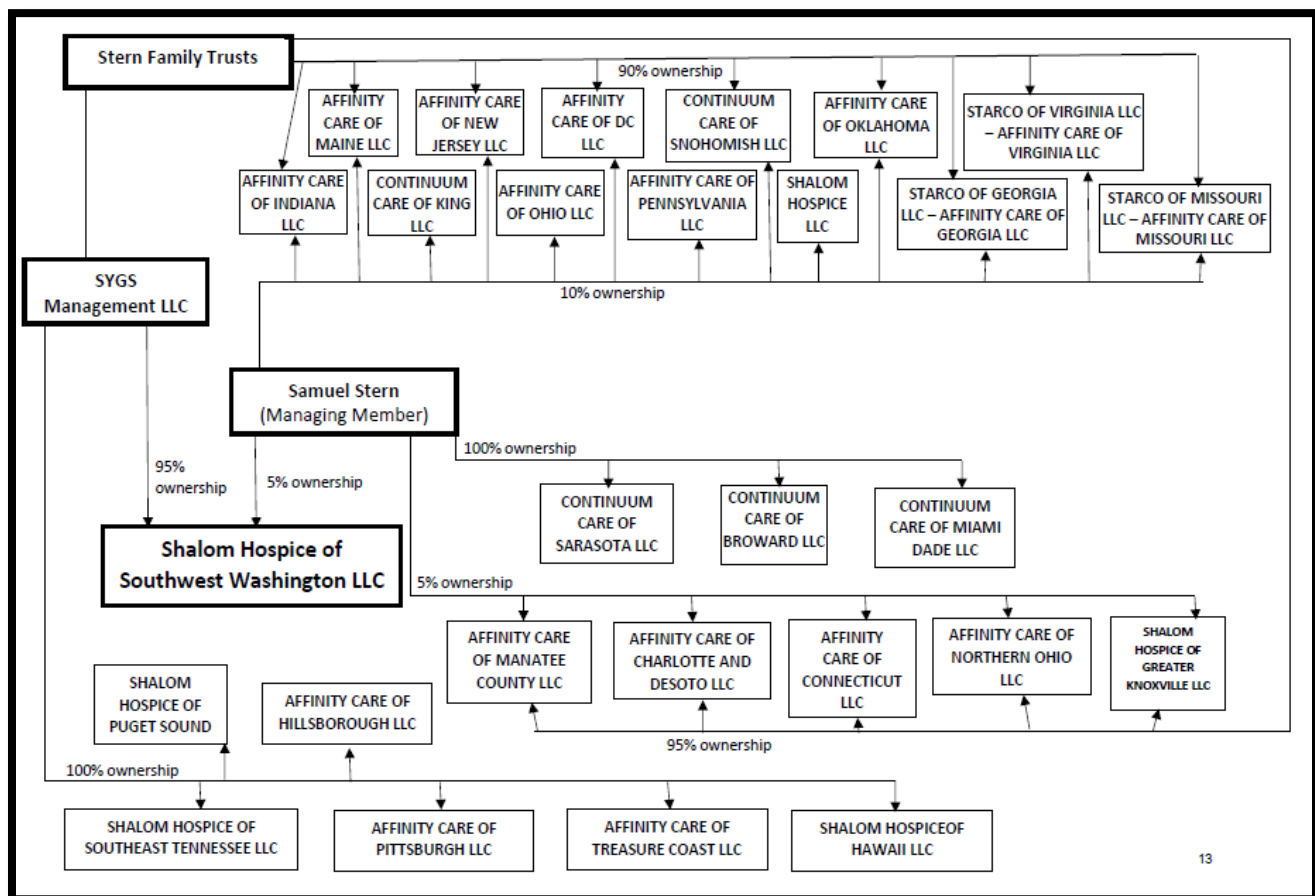
Attachment

**EVALUATION DATED SEPTEMBER 5, 2025, FOR THE CERTIFICATE OF NEED APPLICATION SUBMITTED BY SHALOM HOSPICE OF SOUTHWEST WASHINGTON LLC PROPOSING TO PROVIDE MEDICARE AND MEDICAID-CERTIFIED HOSPICE SERVICES TO RESIDENTS OF CLARK COUNTY**

**APPLICANT DESCRIPTION**

**Shalom Hospice of Southwest Washington, LLC**

Shalom Hospice of Southwest Washington LLC (Shalom) is a Washington State limited liability company.<sup>1</sup> Shalom is owned by SYGS Management, LLC (SYGS). SYGS is owned by the SYGS 2023 Trust (95% ownership) and by Samuel Stern (5% ownership). [source: application pdf 3] For this project, Shalom Hospice of Southwest Washington, LLC is considered the applicant. Samuel Stern is listed as the sole Governor for Shalom Hospice of Southwest Washington, LLC on its Washington State business license. Samuel Stern and his trust own and operate hospice agencies in several states across the US.<sup>2</sup> Shalom also provided an organizational chart demonstrating this ownership structure. [sources: Application pdf 4 and Exhibit 1, March 31, 2025, screening response, Attachment 1, and Washington Secretary of State website, ILRS, and Certificate of Need files]



<sup>1</sup> UBI 605 376 453

<sup>2</sup> Connecticut, Florida, Georgia, Hawaii, Indiana, Maine, Missouri, New Jersey, Ohio, Oklahoma, Pennsylvania, Tennessee, Virginia, Washington, and Washington DC

For this evaluation, the applicant, Shalom Hospice of Southwest Washington, LLC will be referenced as “*Shalom*.”

### **PROJECT DESCRIPTION**

This project proposes to establish a new hospice agency in Clark County, Washington. Shalom’s new hospice agency intends to focus on serving terminally ill individuals of the Jewish faith, offering culturally appropriate end-of-life care that honors Jewish traditions and rituals. Hospice services provided to Clark County residents will include skilled nursing; palliative care; durable medical equipment; nutritional, bereavement, and spiritual counseling; symptom and pain management; respite care; physical, occupational, respiratory, speech, music, equine, pet, virtual reality, and massage therapies; and medical, social, home health aide, homemaker, pharmacy, and volunteer services. Services may be provided directly or under contract. [source: Application, pdf 8]

### **Shalom Hospice of Southwest Washington, LLC**

Shalom proposes to establish a Medicare and Medicaid-certified hospice agency in Clark County, to be located at 3205 NE 78th Street, Suite 10, in Vancouver [98665].

If approved, Shalom intends to begin providing Medicare and Medicaid-certified hospice services to the residents of Clark County by March 2026. [source: Application, pdf 7] Based on the timeline identified by the applicant, full calendar year one of the project is 2027 and full calendar year three is 2029.

Shalom identified an estimated capital expenditure of \$118,000 for this project. The costs are for office equipment, leasehold improvements such as signage and space readiness, and associated sales tax. The applicant also identified a total of \$378,112 in other start-up costs including payroll, benefits, legal, consulting, and contracted administrative service costs. All costs are to be paid by the applicant. [source: Application, pdf 23 and March 31, 2025, Screening Response pdf 6]

### **APPLICABILITY OF CERTIFICATE OF NEED LAW**

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

### **EVALUATION CRITERIA**

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

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

### **TYPE OF REVIEW**

As directed under WAC 246-310-290(3) the department accepted this application under the 2024 annual hospice agency concurrent review timeline for Clark County. Given that this application was

the only hospice application proposing to provide services to the residents of Clark County, it was converted to the regular review process, as allowed by WAC 246-310-290(6).

### **APPLICATION CHRONOLOGY**

<b>Action</b>	<b>Shalom</b>
Letter of Intent Received	November 27, 2024
Application Received	December 31, 2024
Department's pre-review activities including: <ul style="list-style-type: none"><li>• DOH First Screening Letter</li><li>• Applicant's Responses Received</li><li>• DOH Second Screening Letter</li><li>• Applicant's Responses Received</li></ul>	February 12, 2025 March 31, 2025 April 30, 2025 May 29, 2025
Beginning of Review	July 5, 2025
End of Public Comment No public hearing requested or conducted	July 10, 2025
Rebuttal Comments Deadline <sup>3</sup>	July 24, 2025
Department's Anticipated Decision Date	September 8, 2025
Department's Actual Decision Date	September 5, 2025

### **AFFECTED PERSONS**

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

#### **Health Trends**

Health Trends is a business located in Seattle that supports health organizations, specializing in a variety of health economic and analytic services. Health Trends submitted a request for interested person status on January 21, 2025. On its own, this entity does not qualify for interested person status and, therefore, cannot qualify for affected person status.

### **PUBLIC COMMENT AND REBUTTAL**

Twelve letters of support were received from industry professionals across the state, emphasizing the need for improved access and specialized programming in Clark County. Relevant excerpts are included in the applicable sections of this evaluation. All comments, whether quoted or not, were considered in the department's review.

### **SOURCE INFORMATION REVIEWED**

- Shalom's Certificate of Need application received on December 31, 2024
- Shalom's first screening responses received on March 31, 2025
- Shalom's second screening responses received on May 29, 2025
- Licensing and/or survey data provided by the Department of Health's Office of Health Systems Oversight
- Department of Health Integrated Licensing and Regulatory System database [ILRS]
- Licensing data provided by the Medical Quality Assurance Commission, Nursing Quality Assurance Commission, and Health Systems Quality Assurance Office of Customer Service

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<sup>3</sup> Given that no public comments opposing this project were submitted, the applicant did not submit rebuttal comments.

- CMS QCOR Compliance website: [https://qcor.cms.gov/index\\_new.jsp](https://qcor.cms.gov/index_new.jsp)
- CMS Internet Quality Improvement and Evaluation System (iQIES) program: <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/provider-of-services-file-internet-quality-improvement-and-evaluation-system-home-health-agency-ambulatory-surgical-center-and-hospice-providers>
- CMS Hospice Quality Reporting Program: <https://data.cms.gov/provider-data/topics/hospice-care>
- Washington State Secretary of State corporation data
- Certificate of Need Program reports

## **CONCLUSION**

### **Shalom Hospice of Southwest Washington, LLC**

For the reasons stated in this evaluation, the application submitted by Shalom Hospice of Southwest Washington, LLC proposing to Establish a Medicare and Medicaid-certified Hospice Agency in Clark County is consistent with applicable criteria of the Certificate of Need Program, provided Shalom Hospice of Southwest Washington, LLC agrees to the following in its entirety.

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Approved Costs:

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## **CRITERIA DETERMINATIONS**

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

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

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

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

The numeric need methodology outlined in WAC 246-310-290(8) uses hospice admission and death statistics, along with county-level population projections to forecast hospice service requirements in Washington State. A planning area is considered "open" for applications if it shows an average daily census of 35 unserved hospice patients three years post-application submission, indicating numeric need. The department published the step-by-step methodology in November of 2023, and it is attached to this evaluation as Appendix A. The following discussion evaluates this applicant's numeric need methodology as per WAC 246-310-290(8).

The numeric methodology follows the Washington Administrative Code standards as written. Alternate methodologies or past public comments suggesting alternatives to these rules will not be considered in this review.

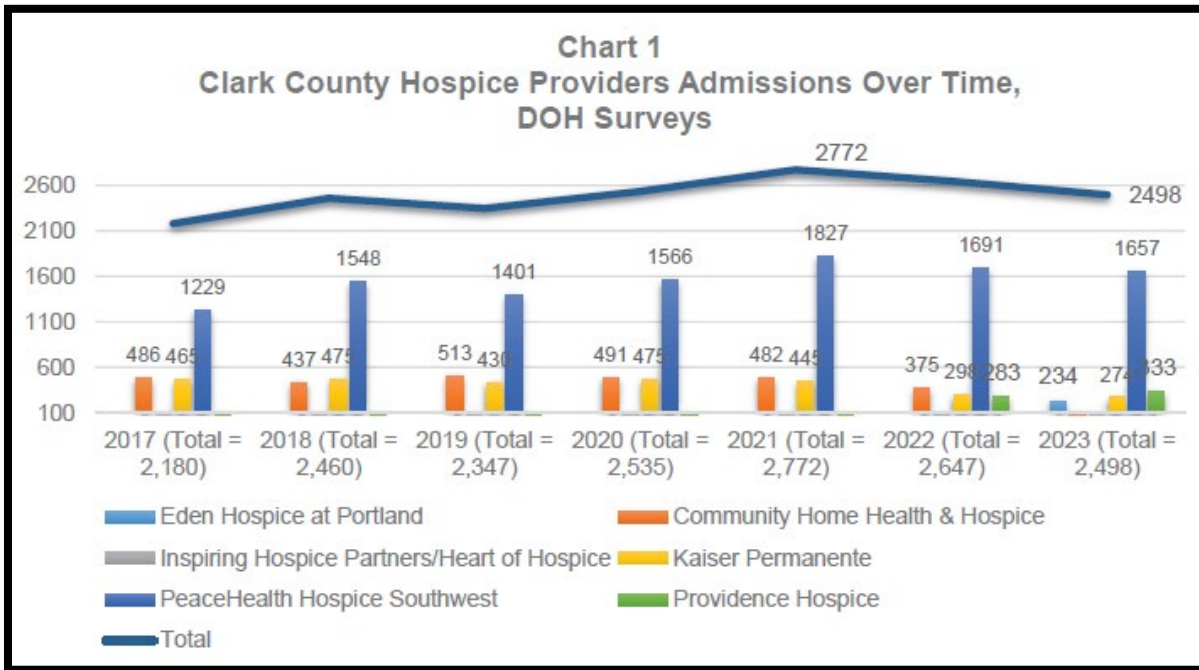
#### **Shalom Hospice of Southwest Washington, LLC**

Shalom provided a chart demonstrating Clark County hospice admissions, a summary of the department's *Hospice Use Rates Over Time* for years 2019-2024, and a discussion of the implications of these trends for Clark County. [source: application pdf 14] Additionally, Shalom included a copy of the department's numeric need methodology which indicates no projected need for a new hospice agency in Clark County by 2025. [source: Application Exhibit 3]

*"Using data that the Department's annual survey has collected from the period of 2017-2023, Chart 1 below demonstrates that hospice admissions have declined nearly 10% since peaking in 2021. The downward trend is a direct result of the decreasing use rate and length of stay."*



Applicant's Table



“To determine the projected hospice admissions in each Planning Area, the Department calculates a statewide use rate and applies that use rate to each Planning Area's average total resident deaths by age cohort. As can be seen in Table 2, the Statewide 65+ use rate has been declining since the 2019 methodology (which used 2016-2018 data) was published.”

Applicant's Table

Table 2: Department of Health Methodology Statewide Hospice Use Rates Over Time							
	2019 (2016-2018 Data)	2020 (2017-2019 Data)	2021 (2018-2020 Data)	2022 (2019-2021 Data)	2023 (2020-2022 Data)	2024 (2021-2023 Data)	Chg. 2019- 2024
0-64	27.89%	27.41%	25.67%	23.16%	21.09%	20.44%	27%
65+	61.56%	60.52%	60.15%	58.07%	56.80%	54.75%	11%

Source: Department of Health Certificate of Need Hospice Methodologies; 2018-2024

**Department's Evaluation of Numeric Methodology**

The 2024-2025 hospice numeric need methodology was released in October 2024 and followed the steps required by WAC 246-310-290(8). The methodology relies on 2023 historical data and projects to year 2026. Shalom acknowledged that the numeric methodology posted on the department's website indicates no need for an additional Medicare and Medicaid certified hospice agency in Clark County for projection year 2026. The results of the numeric methodology are shown in the table below.

**Department's Table 1**  
**Clark County Hospice Methodology Projection Summary for Year 2026**

Year 2026 - Unmet Patient Days divided by 365	-28
Year 2026 - Number of Agencies Needed (divide by 35) <sup>4</sup>	0

The numeric methodology is a population-based assessment used to determine the projected need for hospice services in a county (planning area) for a specific projection year. Based solely on this methodology, no need for additional hospice agencies in Clark County has been demonstrated. **The department concludes that numeric need is not demonstrated for this project.**

Though numeric need is not met, this does not preclude project approval under WAC 246-310-290(12). If the applicant meets all other applicable review criteria, the project will be evaluated under this sub-criterion, which allows for exceptions to numeric need in limited circumstances. The review for WAC 246-310-290(12) is provided at the end of this evaluation.

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

**Shalom Hospice of Southwest Washington, LLC**

Shalom states that its proposed project would not be an unnecessary duplication of hospice services in Clark County because no existing providers offer programming specific to Jewish residents, nor hold NIJH (National Institute for Jewish Hospice) accreditation. Shalom asserts that its culturally specialized services would fill a gap in Clark County hospice care and address barriers that prevent Jewish patients from accessing care. Highlights include: [source: Application, pdfs 15-19]

- *"Shalom's unique programming will focus on providing recognition and support for survivors of the Holocaust; addressing pain control measures; providing life-sustaining measures in accordance with religious observances; coordinating with and having available support from local Rabbis for spiritual care, guidance, and consultation; and coordinating with the various Chabads to ensure patient care plans include recognition of Kosher diet requirements."*
- *"[The Jewish population is] concerned that the specific special needs of the Jewish people and personalized care within the framework of Jewish law and ritual will not be provided or respected. This creates a barrier to end-of-life hospice services for the Jewish population."*
- *"We will also work with the Chabad organizations, local Rabbis, and other organizations to sponsor quarterly community education events and workshops at various religiously affiliated sites, including local congregations, regarding the benefits of hospice services."*
- *"Our bereavement program will also include a track specifically designed to address the needs of Jewish patients, families, caregivers, and those who need grief support regardless of whether they are associated with hospice services."*

In addition to the information provided in its application and throughout screening, much of the public comment received focused on the need for additional hospice services in Clark County. As

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<sup>4</sup> The numeric need methodology projects need for whole hospice agencies only – not partial hospice agencies. Therefore, the results are rounded down to the nearest whole number.

previously stated, all public comments received were in support of Shalom’s proposed project. A selection of relevant excerpts to these review criteria are below [source: Public comments received by July 10, 2025]:

### **Public Comment**

#### **Les Ostermeier, Owner, 1<sup>st</sup> Choice Advisory Services**

*“Because of our close working relationship with senior housing and care providers in Clark County, we know that hospice care is lagging, and that there are gaps and delays that impact resident and family quality of life. Shalom is a sister organization of Continuum, and we have every confidence that they would mitigate these gaps and delays.”*

#### **Yehuda Schmukler, Vancouver Specialty and Rehabilitative Care**

*“We understand that the Department of Health's available data suggests that there is no need for another hospice provider in the county. This does not match our experience. Too frequently it is challenging for us to secure hospice care for residents nearing the end of life in a timely manner, or at the level needed.”*

### **Department Evaluation**

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

Shalom acknowledged that the hospice need methodology indicates no numeric need for an additional hospice provider in Clark County in 2026. Instead, Shalom seeks approval under the exception criteria in WAC 246-310-290(12), which permits the department to grant a certificate of need for a new hospice agency in areas with no numeric need.

Shalom presented a thorough argument for the approval of its project absent numeric need, claiming no service duplication due to overall underservice in Clark County and its focus on the Jewish community. Shalom emphasized that local hospice providers do not offer services specifically for Jewish residents, and notably, no hospice providers in Clark County hold National Institute for Jewish Hospice (NIJH) accreditation status.

While the department did not conduct extensive research into surrounding providers’ policies, it reviewed the websites<sup>5</sup> of the four CN-approved hospice agencies serving Clark County.<sup>6</sup> These providers either did not reference religious services or only described general spiritual amenities such as chapels, meditation rooms, or prayer spaces. Consistent with the applicant’s claims, no provider listed services tailored to the Jewish faith.

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<sup>5</sup> <https://www.eden-health.com/>  
<https://wa-provider.kaiserpermanente.org/>  
<https://www.peacehealth.org/locations/vancouver/peacehealth-southwest-hospice>  
<https://www.providence.org/services/hospice>

<sup>6</sup> Eden Hospice at Portland, LLC; IHS.FS.61290232; Kaiser Permanente Continuing Care Services, IHS.FS.00000353; PeaceHealth Hospice Southwest, IHS.FS.60331226; and Providence Hospice, IHS.FS.60201476

The approval of an additional provider in the planning area will offer more hospice options for terminally ill patients. Based on the information reviewed, the department concludes that Shalom provided a practical rationale to support its project. **This sub-criterion is met.**

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

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

The admission policy outlines the guiding principles for determining appropriate candidates for the facility and ensures access to treatment. It must include language that guarantees all residents in the planning area have access to the proposed services by stating that patients will be admitted without regard to race, ethnicity, national origin, age, sex, pre-existing condition, physical, or mental status.

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

Charity care reflects a provider's commitment to serving individuals without private insurance, those who do not qualify for Medicare or Medicaid, or those who are underinsured.

#### **Shalom Hospice of Southwest Washington, LLC**

Shalom provided copies of policies that will be used at the new facility and are already in use at Shalom's sister agency, Shalom Hospice of Puget Sound, LLC.<sup>7</sup> The following policies are directly related to this sub-criterion. [source: Application, Exhibit 6]

Admission Criteria and Process – the stated purpose of this policy is “*To establish standards and a process by which a patient can be evaluated and accepted for admission.*” This policy identified the admission criteria and states that patients will be admitted if they meet these criteria. The policy also provides the following non-discrimination language: “*Patients will be accepted for care without discrimination on the basis of race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, or place of national origin.*”

Charity Care Policy – the stated purpose of this policy is “*To identify the criteria to be applied when accepting patients for charity care.*” The policy identifies that a social worker will be assigned to a patient to determine eligibility for financial assistance, and the Executive Director/Administrator and appropriate program director will determine the appropriate amount of charity care to be provided.

Nondiscrimination Policy and Grievance Process – the stated purpose of this policy is “*To prevent organization personnel from discriminating against other personnel, patients, or other organizations on the basis of race, color, religion, age, sex (an individual's sex, gender identity, sex stereotyping, pregnancy, childbirth and related conditions), sexual orientation, disability*

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<sup>7</sup> CN2015, issued October 11, 2024

(mental or physical), communicable disease, or national origin.” It includes the process for filing a grievance including internal and external contact information for filing complaints. The policy is used to ensure hospice patients are aware of what services are available to them, how to access services, and how to air grievances if standards are not met.

Medical Aid in Dying – the stated purpose of this policy is “To provide general guidelines for supporting hospice patients who live in a state with legal medical aid in dying regulations and who express interest in this option or who acquire life-ending medication per their state regulations.” It includes language which states, “No patient will be denied Shalom Care Hospice services based on interest or active participation in these Acts.” The policy details what training all staff must review related to this policy and outlines the role that staff will participate in should a patient request a death with dignity option.

Shalom also provided the anticipated payer mix for its Clark County hospice services and the assumptions used to create the table. [source: Application, pdf 26 and March 31, 2025, Screening Response pdf 7]

*“The assumptions are based on 2022 Level of Care data provide from Berg Data Solutions and historical payor mix by service based on the actual experiences of our sister agencies in Washington.*

*The percentage of patients is calculated by multiplying the level of care percentages by the payor mix percentages for each service.*

*The percentage of gross revenue is calculated based on the gross revenue shown on the pro forma income statement... This is calculated using the level of care percentages, the payor mix percentages, and 2025 hospice rates from CMS (increased by an estimated 3% inflation for 2026).”*

**Department’s Table 2  
Shalom’s Clark County Projected Payer Mix**

<b>Payer</b>	<b>Percentage of Gross Revenue</b>	<b>Percentage of Patients</b>
Medicare/Medicare Advantage	88.7%	88.5%
Medicaid	3.9%	4.0%
Commercial/VA/TriCare	5.8%	6.0%
Self-Pay	1.6%	1.5%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

### **Public Comment**

No public comments relating to this sub-criterion were received.

### **Department Evaluation**

The Admission Policy provided by the applicant describes the process Shalom would use to admit a patient to its hospice agency. The policy includes language to ensure all patients will be admitted for treatment without discrimination.

The Charity Care Policy outlines the process for obtaining charity care. Shalom's commitment to serving indigent patients with care is clear. Shalom further demonstrated its intent to provide charity care to patients by including a "Charity Care" line item as a deduction from revenue within its pro forma income statements.

The Non-Discrimination Policy and Grievance Process further assures the department of Shalom's intention to provide access to hospice services to all the residents of Clark County.

Lastly, Shalom provided its Medical Aid in Dying policy, which includes language that no patient will be denied services based on their choice to participate in Washington State's Death with Dignity Act.

Shalom's application indicates that if approved, Shalom will apply for an in-home services license and pursue Medicare certification and a Medicaid contract for Clark County services. Shalom's financial projections also include anticipated Medicare and Medicaid revenues for Clark County.

Based on the information reviewed and the lack of public comment in opposition to the project, the department concludes that Shalom's policies demonstrate that all residents of the service area may be accepted for services, regardless of the ability to pay. **This sub-criterion is met.**

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

#### **Department Evaluation**

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

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

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that Shalom's project **meets** the applicable financial feasibility criteria in WAC 246-310-220.

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

Chapter 246-310 WAC does not contain specific WAC 246-310-220(1) financial feasibility criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) regarding expected operating revenues and expenses for projects of this size. Therefore, using its experience and expertise, the department assesses whether the applicant's pro forma income statements reasonably demonstrate that the project will cover its immediate and long-range capital and operating costs by the end of its third year of operation.

To evaluate this sub-criterion, the department reviews the applicant's assumptions, projected revenue and expense statements, and projected balance sheets. The assumptions are the foundation for the projected statements. The income statement reports a company's financial performance over a specific period—either historical or projected. Projected performance summarizes how the business anticipates its revenues will cover both operating and non-operating expenses, along with projecting net profit or loss for that period.<sup>8</sup>

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

As part of the Certificate of Need review, the department must assess whether an approvable project is financially feasible both as a standalone entity and as an addition to existing operations. To complete its review, the department requests each applicant provide projected financial information for the parent corporation if the proposed agency would be operated under the parent.

### **Shalom Hospice of Southwest Washington, LLC**

Shalom provided the following assumptions used to determine the projected number of patients and visits for the proposed Clark County hospice services. [source: Application, pdf 10]

*“According to OFM, Clark County's 2025 population is estimated at nearly 521,000. It is projected to be over 583,000 by 2030. Those over 65+ are the primary users of hospice, and Clark County is aging rapidly. Its 65+ population grew nearly 69% between 2010 and 2020, while the total County population during the same time frame increased by just over 17% Countywide. Statewide, the 65+ age cohort grew 55% between 2010 and 2020. In 2025, it is estimated that the 65+ population will represent nearly 20% of the total population (compared to 19% statewide). Projected utilization is detailed in Table 1.”*

Using the information and assumptions stated above, Shalom projected utilization for its Clark County operations summarized in the following table. [source: Application, pdf 10]

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<sup>8</sup> One purpose behind the income statement is to allow key decision makers to evaluate the company's current situation and make changes as needed. Creditors use these statements to make a decision on loans it might make to the company. Stock investors use these statements to determine whether the company represents a good investment.

*Applicant's Table*  
*Clark County Projected Patient Days and Admissions, 2026-2029*

	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
	<b>Partial Year 1</b>	<b>Full Year 1</b>	<b>Full Year 2</b>	<b>Full Year 3</b>
Estimated number of Jewish admissions	20	30	35	40
Estimated total number of admissions <sup>9</sup>	107	177	214	244
Estimated total number of patient days	6,398	10,583	12,795	14,589
Average daily census	21	29	35	40

Shalom provided the revenue, expense, payer mix, and staffing assumptions based on the admissions projections shown in the preceding table. These assumptions are shown on the following pages. [source: Application, Exhibit 7]

*Applicant's Table*  
*Revenue Rates*

<b>Level of Care</b>	<b>2026 Estimated Medicare Rates</b>	<b>2026 Estimated Medicaid Rates</b>
1-60 days	\$259.99	\$259.99
61+	\$204.78	\$204.78
Cont HC (per hour)	\$79.26	\$79.26
Respite	\$595.46	\$595.46
GIP	\$1,348.63	\$1,348.63
R&B Rate	\$401.24	(blank)
Service Intensity Add On	\$79.26	(blank)

*Applicant's Table*  
*Level of Care*

<b>Level of Care</b>	<b>Percent of Total Days</b>
General Inpatient Care	0.36%
Inpatient Respite Care	0.02%
Routine Home Care	99.62%
Continuous Home Care	0.00%

*Applicant's Table*  
*Financial Assumptions*

<b>Line Item</b>	<b>Assumption</b>
<i>Rounding</i>	<i>For reporting of numbers, Shalom rounded to the nearest dollar using Excel. So when manually calculating, there may be immaterial differences in the results due to this rounding. The pro forma financials have been hand-keyed. As such, there are some rounding in both census (patient days and ADC) as well as the estimated dollars.</i>
<i>Contractual Adjustments</i>	<i>Approximately 3.5% of total gross revenue.</i>

<sup>9</sup> Includes Jewish admissions



<b>Line Item</b>	<b>Assumption</b>
<i>Charity Care</i>	<i>Assume 100% Self Pay</i>
<i>Bad Debt</i>	<i>2% of total operating revenue reduced by charity care.</i>
<i>Salaries and Benefits</i>	<i>Based on FTE and staffing, benefits are assumed to be 21% of salaries.</i>
<i>Contracted Services</i>	<i>For PT/OT/SP/RT/Nurse/dietician/IV services; assumed to be \$0.06/per patient day (PPD). Shalom has not previously experienced contracting for Nurse services as we utilize part time staff; however, we have contracts in place for contingency.</i>
<i>Pharmacy</i>	<i>Assumed to be \$6.70/PPD</i>
<i>DME</i>	<i>Assumed to be \$8.90/PPD</i>
<i>Medical Supplies</i>	<i>Assumed to be \$4.52/PPD</i>
<i>Other Direct Expenses</i>	<i>Assumed to be \$5.09 per patient per month (includes ambulance, chemotherapy, imaging, lab, radiation, transport)</i>
<i>General Inpatient Costs</i>	<i>Assumed GIP expense at 80% of the GIP rate, or \$1,078.90 PPD. Due to the census rounding, even a 0.5 patient day difference equates to about \$539 difference in the total costs.</i>
<i>Inpatient Respite Costs</i>	<i>Pass thru cost.</i>
<i>5% room and board expense for Medicaid patients in nursing homes receiving routine care</i>	<i>3% of routine patient days are assumed for room and board pass through for 2026, 5% for 2027 &amp; 2028, and 7% for 2029. Room and Board rate assumed to be \$401.24 and is based on the State of Washington, DSHS/Aging and Disability Services Administration Current Rate Report Run Date: November 1, 2024 using Clark County average nursing home Medicaid rate. Assumes Medicaid reimburses 95% of the rate. Assume no increase in the rate.</i>
<i>Mileage</i>	<i>Assumed \$81.47 X ADC X 12 Months</i>
<i>Administrative &amp; Facility Costs</i>	<i>Non direct clinical staff including but not limited to Medical Director, Bereavement Coordinator, Volunteer Coordinator, Clinical Director, Office Manager, Administrator/Executive Director, Intake, Team Coordinator, and Marketing. Benefits are estimated at 21% of salary.</i>
<i>Advertising</i>	<i>Assumed to be \$21.70 per patient per month.</i>
<i>Auto (cars, gas, parking, tolls) + Admin Mileage</i>	<i>Assumed to be \$21.10 per patient per month</i>
<i>Amortization</i>	<i>Amortization of capitalized office equipment, software, and leasehold improvements over 15 years estimated useful life</i>
<i>Bank Service Charges</i>	<i>Assumed to be \$0.09 per patient per month.</i>
<i>Payroll Services &amp; Recruiting</i>	<i>Assumed to be \$96.60 per patient per month. This includes all Payroll Processing fees, recruiting such as job boards, recruiting services, and recruiting incentives.</i>
<i>Background Screening</i>	<i>Assumed to be \$23.31 per patient per month</i>
<i>Business licenses and permits</i>	<i>Assumed to be \$6.62 per patient per month</i>
<i>Computer / Internet</i>	<i>Assumed to be \$3.81 per patient per month</i>
<i>Dues/Subscriptions</i>	<i>Assumed to be \$4.85 per patient per month</i>

<b>Line Item</b>	<b>Assumption</b>
<i>Insurance</i>	<i>Assumed to be \$73.37 per patient per month based upon current experiences in Snohomish County with State Workers Compensation and other insurance policies (such as General &amp; Professional, E&amp;O, etc). Please note that Professional Liability coverage includes Medical Director. The worker's comp rates are based on employee hours by job classification.</i>
<i>Legal, Professional Services</i>	<i>Assumed to be \$12.38 per patient per month. In 2026, an additional \$35,834 has been assumed for certificate of need related expenses and other startup costs</i>
<i>Meals and entertainment</i>	<i>Assumed to be \$6.30 per patient per month.</i>
<i>Office Expenses &amp; Supplies</i>	<i>Assumed to be \$62.75 per patient per month.</i>
<i>Rent &amp; Operating Costs</i>	<i>Rent and operating costs are based on the lease agreement in Attachment 6.</i>
<i>Repairs, Maintenance, Janitorial</i>	<i>Assumed costs are janitorial at (\$50 per week/52 weeks) and Repairs/Maintenance of (.11 per patient per month)</i>
<i>Software</i>	<i>Assumed licensure fees of \$45/month per user (user determined by ADC/2.4)</i>
<i>Taxes (Includes B&amp;O and Permits)</i>	<i>Assumed to be .018 X Total Revenue</i>
<i>Phone</i>	<i>Assumed to be \$51.85 per patient per month</i>
<i>Travel</i>	<i>Assumed to be \$7.34 per patient per month</i>
<i>Uniforms</i>	<i>Assumed to be \$2.30 per patient per month</i>
<i>Shared Services Agreement</i>	<i>Includes .1 FTE allocation for each of several key administrative staff (COO, Chief Compliance Officer, CFO, Triage) for 2026. In years 2027 - 2029, this is reduced to .056 FTE each. In addition, \$12,000 annually has been allocated for billing, accounting, and other overhead, except in the first half year, which is assumed to be \$10,000.</i>
<i>Miscellaneous</i>	<i>Estimated 1% of indirect costs (Advertising, Auto and mileage, amortization, Bank charges, Payroll Services &amp; recruiting, Background Screening, Business Licenses and Permits, Computer &amp; Internet, Dues &amp; Subscriptions, Insurance, contracted admin services, Legal &amp; Professional, meals and entertainment, office Expenses &amp; Supplies, Rent &amp; Operating Costs Allocation, Repairs/Maintenance/Janitorial, software, Taxes, Phone, and Travel) to cover unplanned expenses, and atypical expenses, such as but not limited to After Hours maintenance fees, additional fees and expenses related to COVID, overages on utilities, increases in or new taxes and licensing fees, Meals/Snacks, seminar, etc.</i>

As previously shown, Shalom also provided the following anticipated payer mix for its Clark County hospice services:

**Department's Table 3**  
**Shalom's Clark County Projected Payer Mix**

<b>Payer</b>	<b>Percentage of Gross Revenue</b>	<b>Percentage of Patients</b>
Medicare/Medicare Advantage	88.7%	88.5%
Medicaid	3.9%	4.0%
Commercial/VA/TriCare	5.8%	6.0%
Self-Pay	1.6%	1.5%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

A summary of the projected Revenue and Expense Statement for Shalom's Clark County hospice project is shown below. [source: March 31, 2025, Screening Response, Excel Workbook] The "*Total Revenue*" row reflects gross revenues minus contractual adjustments, charity care, and bad debt. The "*Total Expenses*" row represents all direct patient care costs and all administrative costs, including salaries and benefits.

**Department's Table 4**  
**Shalom Hospice of Southwest Washington, LLC**  
**Revenue and Expense Statement Summary for Years 2025 through 2028**

	<b>2026 Partial Year 1</b>	<b>2027 Full Year 1</b>	<b>2028 Full Year 2</b>	<b>2029 Full Year 3</b>
Total Revenue	\$1,474,680	\$2,439,355	\$2,949,472	\$3,363,683
Total Expenses	\$2,075,639	\$2,550,874	\$2,959,225	\$3,318,063
<b>Income / (Loss)</b>	<b>\$(600,959)</b>	<b>\$(111,519)</b>	<b>\$(9,753)</b>	\$45,620

Below is a summary of the projected Balance Sheets for Shalom's Clark County operations. [source: Application, Exhibit 7]

**Department's Table 5**  
**Shalom Hospice of Southwest Washington, LLC**  
**Balance Statement Summary for Years 2025 through 2028**

<b>Assets</b>	<b>2026 Partial Year 1</b>	<b>2027 Full Year 1</b>	<b>2028 Full Year 2</b>	<b>2029 Full Year 3</b>
Current Assets	\$298,012	\$256,422	\$340,185	\$478,146
Property and Equipment	\$111,444	\$103,577	\$95,710	\$87,843
Other Assets	\$5,000	\$5,000	\$5,000	\$5,000
<b>Total Assets</b>	<b>\$414,456</b>	<b>\$364,999</b>	<b>\$440,895</b>	<b>\$570,989</b>

<b>Liabilities</b>	<b>2026 Partial Year 1</b>	<b>2027 Full Year 1</b>	<b>2028 Full Year 2</b>	<b>2029 Full Year 3</b>
Current Liabilities	\$211,560	\$218,371	\$247,295	\$272,666
Equity	\$202,896	\$146,628	\$193,600	\$298,323
<b>Total Liabilities and Equity</b>	<b>\$414,456</b>	<b>\$364,999</b>	<b>\$440,895</b>	<b>\$570,989</b>

**Public Comment**

No public comments relating to this sub-criterion were received.

## **Department Evaluation**

### **Utilization Assumptions**

An applicant's utilization assumptions are the foundation for the financial review under this sub-criterion. Shalom based projections on unmet admissions, ADC, population growth, and historical use rate trends for Clark County. This approach is reasonable.

### **Pro Forma Financial Statements**

Shalom provided projected financial statements for partial year 2026 and full years 2027 through 2029. Shalom's proposed project is for a new hospice agency; therefore, historical financials are not available, and Shalom based its anticipated revenue and expenses for this project on the assumptions referenced earlier. Shalom projects modest losses in 2026 and 2027, near break-even in 2028, and profitability by 2029.

Shalom provided balance sheets for partial year 2026 and full years 2027 through 2029. As previously stated, the purpose of the balance sheet is to review the financial status of the project at a specific point in time. The balance sheet shows the hospice agency's assets, liabilities, and equity. Table 5 above summarizes the projected balance sheets provided by the applicant which demonstrate that the applicant is a financially healthy company able to support the costs associated with this project.

### **Lease**

The applicant provided an executed lease agreement between Garden Park Property, LLC (Landlord) and Shalom Hospice of Southwest Washington, LLC (Tenant) identifying the property address as 3205 NE 78th Street, Suite 10, in Vancouver [98665]. The lease agreement was signed by both parties on February 21, 2025, and has a commencement date of September 1, 2025, with automatic annual renewals unless terminated by either party. [source: March 31, 2025, screening response, Exhibit 3]

All costs associated with the lease are clearly defined and Shalom included these expenses in its projected Revenue and Expense Statements under "*Rent and Operating Costs*." The anticipated amounts align with those in the draft lease agreement's first amendment. In screening, the applicant provided further clarification on which costs are assumed to be used: [sources: March 31, 2025, screening response, Exhibit 3, May 29, 2025, screening response, pdf 2 and Excel document]

*"Also note that the pro forma line item, "Rent and Operating Costs" assumes the renewal option in section 22.2 is exercised. Attachment 1 to this document (also provided in an attached excel file) identifies the base rent costs for each year (by month) that match the costs identified in both the Base Rent Adjustment in Item K and in the renewal option in Section 22.2 of the lease. It also includes details on the additional rent costs that are also included in the "Rent and Operating Costs" line item."*

### **Shared Services Agreement**

Shalom provided a draft copy of a shared services agreement between Shalom Hospice of Southwest Washington, LLC and Affinity Hospice Management, LLC. The agreement identifies the responsibilities of Affinity Hospice Management. [source: March 31, 2025, screening response, Attachment 6] The projected Revenue and Expense Statements identify the costs associated with this agreement under the line item "*Contracted administrative services*." [source: March 31, 2025, screening response, Excel workbook] Since Shalom's shared services agreement is in draft form, if

this project is approved a condition would be placed on the certificate to provide an executed copy of this agreement.

Based on the information reviewed and the lack of public comment in opposition to this project, with agreement to the above reference condition, the department concludes that this project **meets this sub-criterion**.

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

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

#### **Shalom Hospice of Southwest Washington, LLC**

The estimated capital expenditure for this project is \$118,000, which includes office equipment, communication devices, furniture, leasehold improvements, signage, and associated sales tax. Shalom also identified expected start-up costs of \$260,112, which include payroll, benefits, legal and consulting fees, and contracted administrative services. Combined, total pre-certification costs are \$378,112. A summary of the identified costs is shown below. [source: March 31, 2025, screening response Excel workbook]

**Department's Table 6  
Shalom's Start-Up Costs**

<b>Category</b>	<b>Cost</b>
Payroll Costs December 2025 - February 2026	\$150,098
Benefits	\$31,520
Legal, consulting, and other fees for the CN application:	\$35,834
Contracted Administrative Services	\$42,660
<b>Total Startup Costs</b>	<b>\$260,112</b>

**Department's Table 7  
Shalom's Estimated Capital Expenditure**

<b>Capital Expenditure Category</b>	<b>Total Capital Expenditure</b>
Office Equipment and Computers/Communication Devices/Furniture	\$76,000
Leasehold Improvements/Signage	\$33,000
Sales Tax on Capital Expenditure at 7.8% (rounded)	\$9,000
<b>Total</b>	<b>\$118,000</b>

Shalom provided the following statement relating to this sub-criterion. [source: Application, pdf 25]

*“Shalom's charges for hospice services will not be determined by its capital expenditures nor its initial pre-opening and operating deficits. The project will not affect the charges for hospice, and, importantly, this project will have no effect on billed rates to patients, providers, or payers.”*

In screening, Shalom provided a letter from Dime Private & Commercial Banking confirming sufficient funds to cover the costs of the project. It is dated March 24, 2025, and signed by Cristine Zipf, Client Associate for Dime Private & Commercial Banking. [source: March 31, 2025, screening response, Attachment 5].

### **Public Comment**

No public comments relating to this sub-criterion were received.

### **Department Evaluation**

The estimated capital expenditure is \$118,000, with no construction costs. These costs are for office equipment, computers, furniture, signage, space readiness, and associated sales tax. The applicant identified additional start-up costs of \$260,112 for payroll, benefits, legal and consulting fees, and the shared services agreement.

The applicant provided a letter attesting to the Stern Family Trusts and Mr. Samuel Stern's commitment and contribution to support the capital expenditure for this project. It is dated March 24, 2025, and signed by Cristine Zipf, Client Associate for Dime Private & Commercial Banking.

The department does not have an adopted standard for defining an unreasonable impact on charges. Hospice services are typically reimbursed by Medicare, and Shalom anticipates that 88.5% of its patients will qualify for Medicare and 4.0% for Medicaid, for a combined total of 92.5%. Gross revenue from Medicare and Medicaid is projected to be 92.6% of total revenues. Standard reimbursement rates and related discounts are therefore not likely to increase as a result of this project.

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

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

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

### **Shalom Hospice of Southwest Washington, LLC**

Shalom estimates a capital expenditure of \$118,000 and start-up costs of \$260,112, totaling \$378,112 in pre-certification costs. Shalom provided the following statement regarding financing: [source: Application, pdf 23]

*“The LLC’s Managing Member, or Governor, is responsible for the capital expenditure.” and “The LLC is responsible for funding the start up.”*

Shalom also submitted documentation confirming the availability of funds, including a letter from Dime Private & Commercial Banking. The letter, dated March 24, 2025, and signed by Cristine Zipf, Client Associate, confirmed sufficient funds are available to cover the project costs. [source: March 31, 2025, screening response, Attachment 5].

### **Public Comment**

No public comments relating to this sub-criterion were received.

### **Department Evaluation**

The estimated capital cost for this project is \$118,000 plus start-up costs of \$260,112, resulting in a total of \$378,112. Shalom intends to finance the project using available reserves and provided a bank letter confirming sufficient funds. This approach is reasonable.

If approved, the department would attach a condition requiring Shalom to finance the project consistent with the financing description in the application. With this condition, the department concludes **this sub-criterion is met.**

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

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

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

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

### **Shalom Hospice of Southwest Washington, LLC**

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

*"Table 7 depicts the projected staff to patient ratio. The ratios included in the table represent the average ratio across the three-year projection period."*

*Applicant's Table*

<b>Table 7</b>	
<b>Proposed Staff to Patient ADC Ratio</b>	
<b>Type of Staff</b>	<b>Staff / Patient Ratio</b>
Skilled Nursing (RN)	1:10
Medical Social Worker	1:25
Hospice Aide	1:10
Chaplain	1:25
<i>Source: Applicant</i>	

Shalom also provided the following projected full-time equivalents (FTEs) needed to staff this new hospice agency. [source: Application, pdf 28]

**Department's Table 8**  
**Shalom Clark County FTE Projections**

<b>Staff</b>	<b>2026 Partial Year 1</b>	<b>2027 Full Year 1</b>	<b>2028 Full Year 2</b>	<b>2029 Full Year 3</b>
Administrator	1.08	1.00	1.00	1.00
Medical Director	0.35	0.20	0.20	0.20
Clinical Director	0.83	1.00	1.00	1.00
Registered Nurse	1.90	2.90	3.50	4.00
Hospice Aide	1.90	2.90	3.50	4.00
MSW	0.74	1.16	1.40	1.60
Chaplain	0.74	1.16	1.40	1.60
Music Therapist	0.35	0.58	0.70	0.80
Intake	0.83	1.00	1.00	1.00
Office Manager	0.42	0.50	1.00	1.00
Team Coordinator	0	0	0	0.25
Marketing	0.42	0.50	0.75	1.00
Volunteer Coordinator	0.83	1.00	1.00	1.00
Bereavement Coordinator	0	0	0	0.25
PT/OT/SP/RT	Contracted			
Dietitian	Contracted			
Nurse Practitioner	0.08	0.14	0.17	0.19
<b>Total</b>	<b>10.38</b>	<b>13.90</b>	<b>16.62</b>	<b>18.89</b>

Shalom provided the following statement identifying why the staffing projections above will be adequate for the proposed agency. [source: Application pdf 29]

*“Shalom's staffing is based, primarily, on the experience of Shalom's sister agencies in Washington. It is also based on national staffing data from the National Hospice and Palliative Care Organization (NHPCO). NHPCO provides its members with many tools related to standards and practices for operating a community hospice agency. Shalom's direct patient staffing ratios (RN, HHA, chaplain and MSW) are consistent with, or in most cases better, than the NHPCO national averages.*

*Based on the performance of our sister organizations, we know that the staffing is adequate. We also know that it produces exceptionally high metrics on quality and patient and family satisfaction.”*

Shalom also provided the following statements regarding the recruitment and retention of necessary staff, summarized below. [source: Application, pdfs 31-32]

Shalom plans to use strategies that have proven successful at its sister agencies, noting that *“Shalom will employ daily searches for qualified candidates through the major employment sites*



*and LinkedIn. We will host and partner job fairs with others to increase opportunities and support and encourage staff interested in part-time only employment.”*

For hard-to-fill roles, *“we will engage with recruiters that specialize in the positions they are hiring for and are familiar with the Clark County and Portland metro markets.”* If needed, they are also prepared to *“use staffing agencies, temporarily borrow staff from other agencies, use traveling staff and/or rely on recruiters to cast a search nationally and relocate providers and staff to the area.”*

Regarding the retention of staff, Shalom provided the following statement: *“Shalom will additionally offer competitive compensation packages (including 401K plans with generous matches), paid time off, a wide selection of health insurance options... and excellent work/life balance.”* They also prioritize growth by offering *“comprehensive in-service training and professional development opportunities with the main objective to enable and incentivize staff to work together to benefit patients and their families.”*

Shalom will also recruit volunteers *“to provide companionship and socialization, as well as volunteers who are able to provide art therapy, pet therapy, massage, hair cutting and styling, designing and delivery of flower bouquets, making lap blankets, teddy bears, etc.”* Shalom also partners with *“local colleges and university websites that connect students to volunteer opportunities, particularly for pre-med students, nursing programs, chaplaincy programs, and social work programs.”*

#### **Public Comment**

No public comments relating to this sub-criterion were received.

#### **Department Evaluation**

Shalom would be a new Medicare and Medicaid hospice provider in Clark County but has operational ties to other agencies serving multiple Washington counties. Staffing ratios and projections are based on this affiliate experience.

As shown in Table 8 above, 13.90 FTEs are needed in the first full year of operation (2027), which increases to 18.89 FTEs by the end of full year three (2029). Shalom also clarified that its therapy staff and dietician would be contracted and are not included in the FTE totals. This approach is reasonable.

For recruitment of staff, Shalom plans to use its proven strategies for recruitment efforts including various online job postings, participating in job fairs, and using recruiters for more specific, high demand positions. Retention strategies include competitive compensation packages, in-service training, and professional development opportunities. Should Shalom still face a staffing shortage, Shalom plans to utilize staffing agencies, traveling staff, or borrow from nearby agencies.

Based on the information reviewed and the lack of public comment in opposition to this project, the department determined that Shalom likely has the ability and expertise to recruit and retain a sufficient supply of qualified staff for its Clark County project. **This sub-criterion is met.**

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

Chapter 246-310 WAC does not contain specific WAC 246-310-230(2) criteria as identified in WAC 246-310-200(2)(a)(i). There are no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that an agency must meet when it is to be Medicare certified and Medicaid eligible. Therefore, using its experience and expertise the department assessed the applicant's ability to establish and maintain appropriate relationships.

**Shalom Hospice of Southwest Washington, LLC**

In response to this sub-criterion, Shalom provided the following list of ancillary and support service vendors with which they intend to establish relationships with as part of this project. [source: Application, pdf 33]

- Inpatient Care
- PT/OT/ST/RT/IV therapy
- X-Ray
- Pharmacy
- Durable Medical Equipment
- Medical Supplies
- Laboratory
- Dietary/Nutritionist
- Ambulance
- Biowaste removal
- Specialty therapies

Shalom also provided a list identifying healthcare organizations with which the applicant intends to establish working relationships. [source: Application, pdf 33]

- Jewish Organizations, Chabads, Congregations and Clergy
- Jewish Family and Child Services
- Discharging hospitals, physicians, and coordinators
- Home Health and home care agencies
- Nursing Homes, Assisted Living and Adult Family Homes
- VA
- HMOs and other payers
- State and County Veteran's Programs

Shalom identified its medical director, Don Nguyen, MD, and confirmed that they will be an employee at Shalom. Shalom provided a copy of the Medical Director job description detailing the functions, responsibilities, and qualifications for the role. [source: Application, Exhibit 8]

Shalom provided a draft Supplemental Staffing Services Agreement between Shalom Hospice of Southwest Washington, LLC and Affinity Hospice Management, LLC, outlining roles and responsibilities for requesting staffing services for health professionals. Additionally, there is an expense line item to account for this cost on Shalom's projected Revenue and Expense Statements under "*Contracted Administrative Services*." The agreement is effective for an initial term of one

year with automatic annual renewals in perpetuity, unless terminated. [source: Application, Exhibit 4] If this project is approved, a condition of approval would be for Shalom to provide an executed copy of this Supplemental Staffing Services Agreement.

### **Public Comment**

Public comments also noted positive working relationships with the applicant's sister hospice agency, Continuum, in other Washington counties. Relevant excerpts are provided below: [source: Public comments received by July 11, 2025]

Laurel Cline, Executive Director, Cogir of Bothell

*"Our support is based on our experience with Shalom's sister agencies, which do business as Continuum Hospice in King and Snohomish Counties. We have come to work very closely with Continuum and know first-hand how they have improved access and the patient and family care experience. They have earned our referrals and support by being accessible, resident centered and always of the highest quality. Their focus on patient and family centered care; innovation in programming (including their various therapies); clinical excellence, recruiting and retaining staff, and on serving all people regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age, or other characteristics have greatly benefited our residents and their families."*

### **Department Evaluation**

Shalom proposes to establish a new Medicare- and Medicaid-certified hospice agency in Clark County. The applicant identified ancillary and support vendors and healthcare organizations with which it intends to form relationships. Shalom also confirmed Don Nguyen, MD, as Medical Director and submitted a draft Supplemental Staffing Services Agreement with Affinity Hospice Management.

Public comments referenced positive experiences with Shalom's affiliate, Continuum Hospice, noting quality of care, staff recruitment and retention, and collaborative relationships with healthcare providers.

Based on the information reviewed and the support received in public comment, the department concludes that Shalom has the ability to establish and maintain ancillary and support relationships necessary for the proposed project. With the applicant's agreement to provide an executed Shared Services Agreement, **this sub criterion is met.**

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

Chapter 246-310 WAC does not contain specific WAC 246-310-230(3) criteria as identified in WAC 246-310-200(2)(a)(i). There are no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that an agency must meet when it is to be Medicare certified and Medicaid eligible. Therefore, using its experience and expertise the department assessed the applicant's history in meeting these standards at other agencies owned or operated by the applicant.

As a part of this review, the department must conclude that the proposed services provided by an applicant would be provided in a manner that ensures safe and adequate care to the public.<sup>10</sup> For hospice services, the department reviews two different areas when evaluating this sub-criterion. One is a review of the Internet Quality Improvement and Evaluation System (iQIES) report, which provides the current termination status of a provider. The department uses this report to identify agencies that were involuntarily terminated from participation in Medicare reimbursement.

The department also reviews an applicant's conformance with Medicare and Medicaid standards. The department uses the iQIES report to review facilities' most recent compliance status. The iQIES report does not include detailed survey findings but does identify agencies terminated from Medicare participation as well as those in compliance with Medicare Conditions of Participation as of their most recent survey.

### **Shalom Hospice of Southwest Washington, LLC**

In response to this sub-criterion, Shalom provided the following statements.

*"No member of the LLC nor the proposed medical director or interim administrator have any history with respect to the items noted in Q18."* [source: Application, pdf 34]

Because this would be a new agency, Shalom does not yet have methods for assessing customer satisfaction and quality improvement. [source: Application, pdf 32]

### **Public Comment**

No public comments relating to this sub-criterion were received.

### **Department Evaluation**

Shalom Hospice of Southwest Washington, LLC is a Washington limited liability company owned and governed by the Stern Family 2023 Trust and Samuel Stern. The organizational chart provided in screening shows its relationship to other hospice agencies under the Stern Family Trusts, including Continuum agencies already established in Washington State.

**Department's Table 9**  
**Shalom Hospice Affiliate Agencies<sup>11</sup>**

State	# of Agencies	State	# of Agencies
Connecticut	1	New Jersey	2
District of Columbia	1	Ohio	4
Florida	6	Oklahoma	1
Georgia	2	Pennsylvania	3
Hawaii	1	Tennessee	2
Indiana	1	Virginia	4
Maine	1	Washington	3
Missouri	1		

[source: Application, Exhibit 1]

<sup>10</sup> WAC 246-310-230(5).

<sup>11</sup> Includes branches

#### Terminated Provider Counts Report for Shalom Hospice of Southwest Washington, LLC

The department reviewed iQIES data for Quarter 2 of 2025. None of the hospice agencies owned or operated by the Stern Family Trusts were involuntarily terminated from Medicare participation. [source: Internet Quality Improvement and Evaluation System (iQIES) reports as of July 1, 2025]

Shalom provided the name and professional license number for the individual who will be the Medical Director for the new hospice agency, Don Nguyen, MD.<sup>12</sup> Using data from the Medical Quality Assurance Commission, the department found that Don Nguyen, MD is compliant with state licensure and has no enforcement actions on their license.

As a new agency, only the Medical Director and Interim Administrator have been identified. If approved, the department would attach a condition requiring Shalom to provide the names and license numbers of hospice staff serving Clark County prior to initiating services.

In review of this sub-criterion, the department considered the total compliance history of Shalom and its affiliates, and the compliance history and licensure status of the Medical Director associated with the agency.

Based on this information and the lack of opposing public comment, the department concludes that Shalom's proposed hospice agency is likely to operate in compliance with applicable state licensing and Medicare/Medicaid certification requirements. There is reasonable assurance that the project will not negatively affect the compliance history of Shalom or its affiliates. With agreement to the staffing condition detailed above, the department concludes that this project **meets this sub-criterion.**

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

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

#### Shalom Hospice of Southwest Washington, LLC

In response to this sub-criterion, the applicant also provided the following statement. [source: Application, pdf 35]

*"The Need Section of this CN application demonstrates the lack of services for the Jewish community and the decreasing use rate and ALOS for the entire County. While serving all, Shalom will focus on the Jewish community and on increasing use of hospice. We will do so by outreach, building trust and by assuring our staff is trained and respectful of culture, values, and beliefs.*

*Our efforts will ensure that all people who would benefit from hospice care will have the knowledge and opportunity to choose that option if they so desire. In this way we expect to contribute toward the improvement of the broader system of care in the County and Portland metro*

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<sup>12</sup> MD60957806

*area and support collaboration and coordination and reduce fragmentation of services, particularly for the most underserved in our community.”*

*“Shalom will work directly with the existing Clark and Portland metro Jewish organizations to ensure patients' comprehensive medical, social, and spiritual needs are met. We will also have resources to support any special population and the general public.”*

When asked in screening for additional details around their relationship to the service area's existing health care system, Shalom provided additional information: [source: March 31, 2025, screening response pdf 10]

*“Shalom collaborates with the patient’s primary care, specialty care, hospital, and long-term care providers. Our organization’s success has been in working with health care providers to understand where their “pain points” are. It is commonly in time to discharge, response time for care initiation, GIP, frequent ED or specialty care visits, and staff education. Once we understand, we are able to facilitate positive change for health care providers, which ultimately benefits the patient and their family.”*

Shalom provided the following statements regarding its intended hours of operation and access to services outside of these hours. [source: Application, pdf 32]

*“Shalom's business hours will be Monday through Friday from 8:30 a.m. to 5:00 p.m. In addition, a Hospice RN will be available 24 hours a day/7 days per week. Families are able to access the hospice nurse after hours by calling the 24/7/365 triage phone line. Response time is programmed to be 30 minutes or less. This RN will have access to the patient's record and will assist them with any concerns and help manage their symptoms and facilitate any needed additional care.”*

### **Public Comment**

No public comments relating to this sub-criterion were received.

### **Department Evaluation**

Shalom identified plans to collaborate with area healthcare providers and community organizations, including those serving the Jewish community. The applicant described outreach and education strategies intended to improve access to hospice services for underserved populations and to promote collaboration within the broader healthcare system.

The applicant also outlined operational plans that include regular business hours and 24/7 access to an RN via a triage line with a 30-minute or less response time. This structure is designed to ensure continuity of care and timely management of patient needs.

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

Based on the information reviewed, the department concludes that Shalom’s Clark County project is not likely to result in unwarranted fragmentation of hospice services in the planning area. **This sub-criterion is met.**

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

This sub-criterion is addressed in sub-section (3) above and **is met for** this project.

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

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

- (1) Superior alternatives, in terms of cost, efficiency, or effectiveness, are not available or practicable.  
To determine if a proposed project is the best alternative, the department takes a multi-step approach.

Step One: If the application fails to meet one or more criteria under WAC 246-310-210 through -230, the project is not the best alternative and fails this sub-criterion.

Step Two: If the project has met the applicable criteria in WAC 246-310-210 through -230, the department assesses the other options considered by the applicant. If the proposed project is better than or equal to those options, and the department has not identified any better options, the sub-criterion is met unless there are multiple competing applications.

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

Step One

**Department Evaluation**

For this project, the Shalom project met the applicable review criteria under WAC 246-310-210, -220, and -230. Therefore, the department proceeded to Step Two.

Step Two

**Shalom Hospice of Southwest Washington, LLC**

Shalom considered three alternatives: (1) take no action, (2) provide services in Clark County only, or (3) undertake the proposed project serving both Clark County and the Portland metro area. The applicant compared these options across access, capital cost, legal restrictions, staffing, quality of care, and cost/efficiency. [source: Application, pdf 38]

**Department's Table 10**  
**Option 1: Take No Action (Do Nothing)**

<b>Criteria</b>	<b>Results</b>
<b>Patient Access to Health Care Services</b>	No ability to improve access, especially for the Jewish community.
<b>Capital Cost</b>	No capital
<b>Legal Restrictions</b>	none
<b>Staffing Impacts</b>	None
<b>Quality of Care</b>	No improvement
<b>Cost or Operation Efficiency</b>	None

**Department's Table 11**  
**Option 2: Provide service in Clark County Only**

<b>Criteria</b>	<b>Results</b>
<b>Patient Access to Health Care Services</b>	Our analysis demonstrated that a large Jewish population exists contiguous to Clark County in the Portland metro area and there are no providers that are NIJH accredited in either community.
<b>Capital Cost</b>	Capital cost estimated at \$105,000 (less equipment) than Option 2.
<b>Legal Restrictions</b>	Certificate of Need Required
<b>Staffing Impacts</b>	Requires close to the same number of staff, at least administrative staff, as Option 3.
<b>Quality of Care</b>	Ability to provide a high-quality hospice option for Jewish residents and the County at large. Through the shared services agreement, Shalom will have access to data, metrics, policies, and QI initiatives.
<b>Cost or Operation Efficiency</b>	Will allow for the provision of services to Clark patients needing services. Improved access may reduce total costs of care for the County by reducing unnecessary ED visits, specialty provider visits and hospitalizations.

**Department's Table 12**  
**Option 3: Undertake the Project Described in this Application (Clark and Portland Metro)**

<b>Criteria</b>	<b>Results</b>
<b>Patient Access to Health Care Services</b>	Ability to serve the Jewish community in both Clark County and the Portland Metro area is positive. Further, in conversation with the CN Program we found that inclusion of Portland metro would be perceived as a positive.
<b>Capital Cost</b>	Capital cost is \$118,000.
<b>Legal Restrictions</b>	Certificate of need required for Washington. No CN requirement in Oregon.
<b>Staffing Impacts</b>	Requires the highest level of additional staff, but still a relatively small number.
<b>Quality of Care</b>	Same as Option 2
<b>Cost or Operation Efficiency</b>	Same as Option 2 but expand benefit to Portland metro market and supports increase operational efficiency and financial viability.



### **Department Evaluation**

Shalom provided a comparison demonstrating why submitting this application is the superior alternative when considering advantages and disadvantages related to the criteria shown in the preceding tables for each of the three options considered, including the proposed project.

Option 3 was chosen because it provides the greatest benefit in terms of patient access, particularly for the Jewish community in both Clark County and the Portland metro area. While it does have a slightly higher capital cost and staffing requirement than Option 2, the expansion into the Portland market enhances financial viability, operational efficiency, and community impact. Shalom concluded that the most advantageous option was submitting this proposed project.

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

### **Step Three**

### **Public Comment**

No public comments relating to this sub-criterion were received.

### **Department Evaluation**

For this project there is no competing or concurrently reviewed application for Clark County. Thus, Step Three does not apply to this project under review.

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

### **(2) In the case of a project involving construction:**

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

### **Department Evaluation**

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

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

### **Shalom Hospice of Southwest Washington, LLC**

Shalom provided the following statements related to this sub-criterion. [source: Application, pdf 39]

*“Hospice care has been demonstrated to be a cost-effective service. A study published in the March 2013 Health Affairs found that hospice enrollment saves money for Medicare and improves care quality for Medicare beneficiaries. Researchers at the Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mt. Sinai looked at the most common hospice enrollment periods: 1 to 7 days, 8 to 14 days, 15 to 30 days, and 53 to 105 days. Within all enrollment periods studied, hospice patients had significantly lower rates of hospital and intensive*

*care use, hospital readmissions, and in-hospital death when compared to the matched non-hospice patients. The study found savings to Medicare for both cancer patients and non-cancer patients. It also found that savings grow as the period of hospice enrollment lengthens.*

*In terms of staffing, hospice fosters efficiency by allocating scarce RN and other resources to those most in need. For example, instead of a patient requiring a 1:1 ratio in the ICU, the patient is at home with nursing resources to provide comfort care.”*

### **Public Comment**

No public comments relating to this sub-criterion were received.

### **Department Evaluation**

Shalom’s project is likely to improve delivery of hospice services to the residents of Clark County with the addition of needed service to the planning area. The department concludes that **this sub-criterion is met.**

### **Department Evaluation of WAC 246-310-290(12)**

#### **WAC 246-310-290(12)**

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

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

- (i) All applicable review criteria and standards with the exception of numeric need have been met;*
- (ii) The applicant commits to serving Medicare and Medicaid patients; and*
- (iii) A specific population is underserved; or*
- (iv) The population of the county is low enough that the methodology has not projected need in five years, and the population of the county is not sufficient to meet an ADC of thirty-five.*

*(b) If more than one applicant applies in a planning area, the department will give preference to a hospice agency that proposes to be physically located within the planning area.*

*(c) The department has sole discretion to grant or deny application(s) submitted under this subsection.*

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

For this application, sub-criterion (iv) will not be reviewed. Although Clark County’s numeric methodology has not projected need for 2020–2025, projected population growth suggests the county could meet an ADC of 35 in future methodologies, and thus WAC 246-310-290(12)(a)(iv) does not apply.

The department therefore evaluates the application under WAC 246-310-290(12)(a)(i)–(iii). Below is a restatement of each criterion with the department’s evaluation.

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

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

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

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

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

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

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

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

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

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

Shalom is proposing a new hospice agency to serve the residents of Clark County. For this project, Shalom identified individuals of the Jewish faith as an underserved population. The applicant provided an extensive discussion of how it intends to serve this population; a summary is provided below. [source: application pdfs 15-19]

Shalom explained that no hospice providers in Clark County currently offer services specific to Jewish residents or hold NIJH accreditation. They further assert that many Jewish individuals are hesitant to use hospice because of concerns their religious practices, rituals, and dietary needs will not be respected. Shalom aims to eliminate these barriers by providing care within the framework of Jewish law and tradition.

Planned services include:

- Specialized recognition and support for Holocaust survivors.
- Pain control and life-sustaining measures consistent with Jewish observances.
- Rabbinic support for spiritual care, guidance, and consultation.
- Collaboration with local Chabad organizations to ensure Kosher dietary needs are met.

All staff will undergo NIJH training covering Jewish medical ethics, mourning practices, and traditions. Training resources include Jewish living wills, taharah guidance, and materials authored by respected Rabbis. Shalom's triage partner, Affinity Hospice Management, already employs NIJH-trained and accredited staff.

To build trust and awareness, Shalom will sponsor quarterly workshops and educational events at congregations and religious sites. These will explain Medicare hospice benefits, highlight the interdisciplinary care model, and demonstrate how hospice can meet the physical, emotional, and spiritual needs of Jewish patients and families. Shalom also proposes the use of Virtual Reality

modules to honor Jewish history and allow immersive experiences of religiously significant sites worldwide.

In addition to its application materials, public comments emphasized the need for this specialized programming in Clark County. As previously noted, all comments received supported Shalom's proposed project. Selected excerpts are provided below. [source: Public comments received by July 10, 2025]:

### **Public Comment**

#### **Yehuda Schmukler, Kamlu Retirement Inn**

*"The growing and vibrant Jewish community in the greater Portland area needs an option that respects and operates with Jewish culture, values, and traditions... Shalom holds great promise for improving care delivery and increasing access our Jewish residents."*

#### **Yehuda Schmukler, Cedar Sinai Park**

*"The addition of Shalom will prioritize serving terminally ill individuals of the Jewish faith in a manner that recognizes, and honors Jewish heritage, history, rituals, and traditions. Our staff knows and experience firsthand the reality of the fact that few providers, and none in Clark County, have practices or staff that are trained in or aware of Jewish rituals and traditions and none offer comprehensive rabbinic support."*

#### **Amy Schmidt, CEO, Retirement Connections**

*"...Shalom will offer specific programming to address Jewish end of life customs and practices. The greater Portland area and Clark County are home to a large Jewish population. Supporting and respecting Jewish culture, values, and traditions is a top priority for many."*

### **Department Evaluation**

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