



## Certificate of Need Application Home Health Agency

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

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

<b>Signature and Title of Responsible Officer</b> <small>DocuSigned by:</small> <i>Hazeline V. Gumiran</i> <small>A39FD7894196486</small> Hazeline V. Gumiran Administrator <b>Email Address</b> inquire@as-homehealthcare.com	<b>Date</b> 9/29/2025  <b>Telephone Number</b> 206-372-2960
<b>Legal Name of Applicant</b> Aspire Serenity Home Health Care, Inc.  <b>Address of Applicant</b> 27305 110th Ave SE Kent, WA 98030	<b>Provide a brief project description</b> <input checked="" type="checkbox"/> New Agency <input type="checkbox"/> Expansion Of Existing Agency <input type="checkbox"/> Other  <b>Estimated capital expenditure:</b> \$40,972
<b>Identify the county proposed to be served for this project. Note: Each home health application must be submitted for one county only. If an applicant intends to obtain a Certificate of Need to serve more than one county, then an application must submitted for each county separately.</b>  King County	

## Contents

<b>I. Applicant Description .....</b>	<b>3</b>
<b>II. Project Description .....</b>	<b>5</b>
<b>Certificate of Need Review Criteria .....</b>	<b>8</b>
<b>A. Need (WAC 246-310-210) .....</b>	<b>8</b>
<b>B. Financial Feasibility (WAC 246-310-220) .....</b>	<b>16</b>
<b>C. Structure and Process (Quality) of Care (WAC 246-310-230) .....</b>	<b>26</b>
<b>D. Cost Containment (WAC 246-310-240) .....</b>	<b>33</b>
<b>Exhibit A: Regulatory Foundation Documents .....</b>	<b>37</b>
<b>Exhibit A-1: Letter of Intent .....</b>	<b>38</b>
<b>Exhibit B: King County Home Health Agency Market Analysis .....</b>	<b>39</b>
<b>Exhibit B-1: King County Home Health Agencies – Supply Analysis .....</b>	<b>40</b>
<b>Exhibit C: Numeric Need Methodology Supporting Documentation .....</b>	<b>45</b>
<b>Exhibit C-1: Population Projection Tables .....</b>	<b>46</b>
<b>Exhibit C-2: Patient Projection Tables .....</b>	<b>47</b>
<b>Exhibit C-3: Visit Projection Tables .....</b>	<b>48</b>
<b>Exhibit C-4: Agency Need Calculation Tables .....</b>	<b>49</b>
<b>Exhibit C-5: Net Need Analysis Tables .....</b>	<b>50</b>
<b>Exhibit D: Required Policies and Procedures .....</b>	<b>51</b>
<b>Exhibit D-1: Admissions Policy .....</b>	<b>52</b>
<b>Exhibit D-2: Charity Care Policy .....</b>	<b>57</b>
<b>Exhibit D-3: Patient Rights and Responsibilities .....</b>	<b>60</b>
<b>Exhibit D-4: Non-Discrimination Policy .....</b>	<b>63</b>
<b>Exhibit D-5: Patient Discharge .....</b>	<b>65</b>
<b>Exhibit E: Pro Forma Financial Statements and Assumptions .....</b>	<b>68</b>
<b>Exhibit E-1: Market Analysis and Utilization Methodology .....</b>	<b>69</b>
<b>Exhibit E-2: Revenue Projections and Assumptions .....</b>	<b>71</b>
<b>Exhibit E-3: Operating Expense Assumptions .....</b>	<b>73</b>
<b>Exhibit F: Site Control Documentation .....</b>	<b>76</b>
<b>Exhibit F-1: Property Deed .....</b>	<b>77</b>
<b>Exhibit F-2: Office Floor Plan .....</b>	<b>80</b>
<b>Exhibit G: Financing Commitment Letters .....</b>	<b>81</b>

## **I. Applicant Description**

Answers to the following questions will help the department fully understand the role of the applicant(s). Your answers in this section will provide context for the reviews under Financial Feasibility (WAC 246-310-220) and Structure and Process of Care (WAC 246-310-230).

**1. Provide the legal name(s) and address(es) of the applicant(s).**

**Note: The term “applicant” for this purpose includes any person or individual with a ten percent or greater financial interest in the partnership or corporation or other comparable legal entity as defined in WAC 246-310-010(6).**

Legal Name: Aspire Serenity Home Health Care, Inc.

Address: 27305 110<sup>th</sup> Ave SE Kent, WA 98030

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

Legal Structure: Corporation (Inc.)

Unified Business Identifier (UBI): 605 380 447

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

Name: Hazeline V. Gumiran

Title: Administrator

Address: 714 S 38<sup>th</sup> Ct Renton, WA 98055

Telephone Number: (206) 372-2960

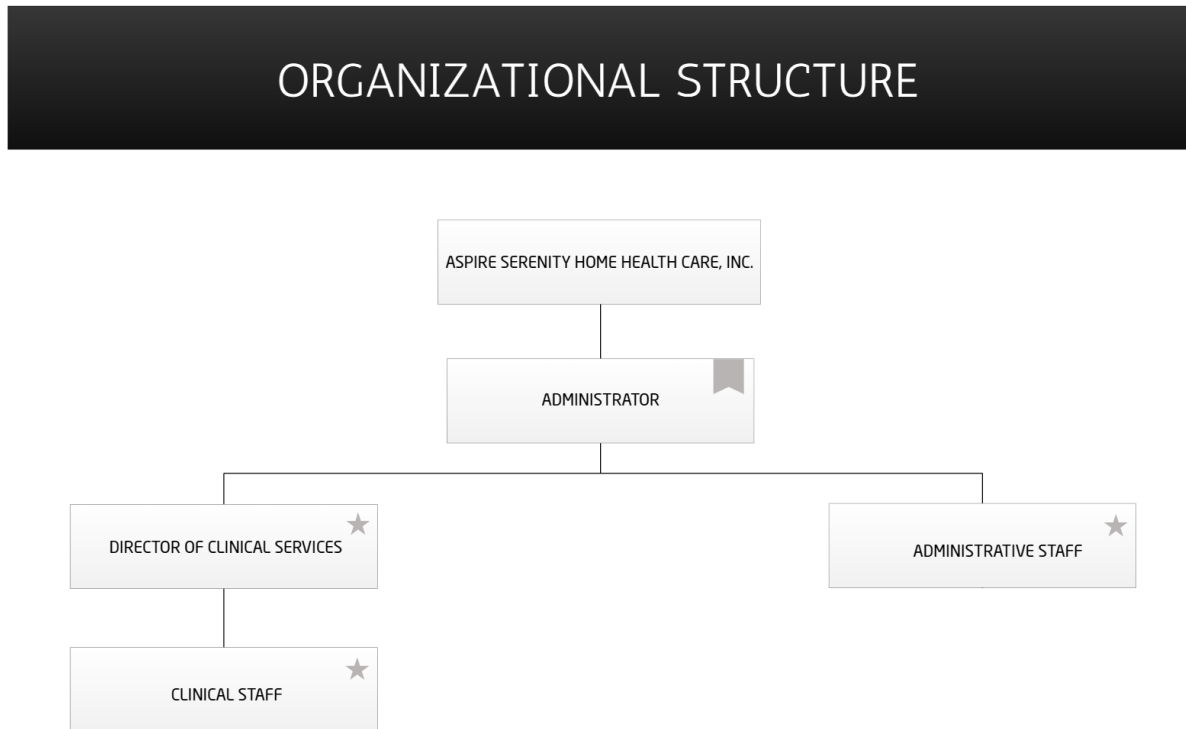
Email Address: hvgumiran@gmail.com

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

Not applicable. No consultant has been retained for this application.

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

The organizational structure of Aspire Serenity Home Health Care, Inc. is shown below:



**6. Identify all healthcare facilities and agencies owned, operated by, or managed by the applicant or its affiliates with overlapping decision-makers. This should include all facilities in Washington State as well as out-of-state facilities. The following identifying information should be included:**

- Facility and Agency Name(s)
- Facility and Agency Location(s)
- Facility and Agency License Number(s)
- Facility and Agency CMS Certification Number(s)
- Facility and Agency Accreditation Status
- If acquired in the last three full calendar years, list the corresponding month and year the sale became final
- Type of facility or agency (home health, hospice, other)

Not applicable. The applicant does not currently own, operate, or manage any healthcare facilities or agencies in Washington State or out-of-state. This certificate of Need application represents the applicant's first healthcare facility/agency operation. The applicant has no affiliates with overlapping decision-makers who own, operate, or manage healthcare facilities or agencies.

## **II. Project Description**

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

Not applicable. This is a new home health agency application. Aspire Serenity Home Health Care, Inc. does not currently operate any existing Medicare and Medicaid certified home health agencies.

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

Not Applicable. This is a new agency with no existing Medicare or Medicaid certification.

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

Agency Name: Aspire Serenity Home Health Care, Inc.  
Address: 27305 110<sup>th</sup> Ave SE Kent, WA 98030

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

Aspire Serenity Home Health Care, Inc proposes to establish a new Medicare and Medicaid certified home health agency to serve the residents of King County, Washington. The agency will provide comprehensive skilled home health services delivered directly in patients' homes throughout the entire geographic area of King County.

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

Aspire Serenity Home Health Care, Inc. confirms that the agency will be available and accessible to the entire geography of King County, Washington.

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

Event	Anticipated Month/Year
CN Approval	June 2026
Design Complete (if applicable)	Not applicable
Construction Commenced* (if applicable)	Not applicable
Construction Completed* (if applicable)	Not applicable
Agency Prepared for Survey	August 2026
Agency Providing Medicare and Medicaid home health services in the proposed county.	September 2026

**\* If no construction is required, commencement of the project is project completion, commencement of the project is defined in WAC 246-310-010(13) and project completion is defined in WAC 246-310-010(47).**

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

Services	
<input checked="" type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Occupational Therapy
<input checked="" type="checkbox"/> Home Health Aide	<input type="checkbox"/> Nutritional Counseling
<input checked="" type="checkbox"/> Durable Medical Equipment Coordination	<input type="checkbox"/> Bereavement Counseling
<input checked="" type="checkbox"/> Speech Therapy	<input checked="" type="checkbox"/> Physical Therapy
<input type="checkbox"/> Respiratory Therapy	<input checked="" type="checkbox"/> IV Services
<input checked="" type="checkbox"/> Medical Social Services	<input type="checkbox"/> Applied Behavioral Analysis

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

Not applicable. This application does not propose expanding the service area of an existing home health agency.

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

Not applicable. Aspire Serenity Home Health Care, Inc. does not currently operate any home health agencies.

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

Aspire Serenity Home Health Care, Inc. will serve a diverse population of King County residents requiring skilled nursing and therapeutic services in their homes. The agency will provide services to adult patients who meet Medicare and Medicaid home health eligibility criteria.

**Age Range:**

- Adult patients (18 to 64 years)
- Elderly patients (65+ years), who typically represent the largest patient population

**Primary Diagnoses and Conditions Served:**

- Post-acute care following hospitalization
- Chronic disease management (diabetes, heart failure, COPD, hypertension)
- Wound care and post-surgical recovery
- Medication management and education
- Mobility and rehabilitation need
- Neurological conditions (stroke, Parkinson's disease, multiple sclerosis)
- Orthopedic conditions and joint replacements
- Cardiac conditions and recovery
- Respiratory conditions requiring ongoing care
- Pain management

**Patient Eligibility Criteria:**

Patients must be homebound as defined by Medicare guidelines, require skilled nursing or therapy services, have a physician's plan of care, and demonstrate medical necessity for home health services. The agency will serve patients regardless of race, ethnicity, national origin, age, sex, disability, or source of payment, ensuring equitable access to all qualifying King County residents.

The agency anticipates that approximately 78% of patients will be Medicare beneficiaries, reflecting the demographic profile typical of home health services, with the remainder covered by Medicaid, commercial insurance, and other payers.

**11. Provide a copy of the applicable letter of intent that was submitted according to WAC 246-310-080.**

See Exhibit A-1 – Letter of Intent submitted March 31, 2025.

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

IHS.FS. :

Medicare #:

Medicaid #:

Aspire Serenity Home Health Care, Inc. confirms that upon Certificate of Need approval, the agency will obtain licensure and certification by Medicare and Medicaid.

This is a new agency establishment, not an expansion of an existing agency.

**Certificate of Need Review Criteria**

**A. Need (WAC 246-310-210)**

WAC 246-310-210 provides general criteria for an applicant to demonstrate need for healthcare facilities or services in the planning area. Documentation provided in this section must demonstrate that the proposed agency will be needed, available, and accessible to the community it proposes to serve. Some of the questions below only apply to existing agencies proposing to expand. For any questions that are not applicable to your project, explain why.

**1. List all home health providers currently operating in the planning area.**

To identify all home health providers currently operating in King County, we followed the methodology established by the Washington State Department of Health (DOH) in their Certificate of Need evaluation for King County.

The DOH methodology involved starting with all licensed in-home services agencies, eliminating inactive licenses, and applying the State Health Plan (SHP) definition of home health agency. The SHP definition requires provision of nursing services along with at least one therapeutic service or supervised home health aide service on an intermittent basis.

Based on our analysis following the DOH methodology, 30 home health agencies with active in-home services licenses were identified as meeting the SHP definition and currently operating in King County.



**Table 1: Existing Home Health Agencies Included in Supply Count**

Agency Name	License #	CCN
AccentCare Home Health of King County	IHS.FS.61618307	-
Amedisys Home Health	IHS.FS.61035006	507123
Amicable Health Care	IHS.FS.00000215	507131
Annexia Home Health	IHS.FS.61485352	-
Aspire Serenity Home Health Care Inc	IHS.FS.61557582	-
Assured Home Health	IHS.FS.61186662	-
BrightStar Care of Bellevue and North Seattle	IHS.FS.61107218	-
Careage Home Health	IHS.FS.60007888	507102
CenterWell Home Health	IHS.FS.00000293	507082
CenterWell Home Health	IHS.FS.00000295	-
Chesterfield Health Services	HS.FS.00000252	-
CHI Franciscan Health at Home	IHS.FS.60506466	-
Day by Day Nursing Services	IHS.FS.60907239	-
Eden Home Health	IHS.FS.60871865	507128
EvergreenHealth Home Care Services	IHS.FS.00000278	507079
Everhome Healthcare	IHS.FS.00000184	-
Haven Home Health Care	IHS.FS.61108148	507132
Home Care by Wesley	IHS.FS.00000028	-
Infinity Homehealth Solutions Inc.	IHS.FS.60955703	-
Interim Healthcare of Bellevue	IHS.FS.60889708	-
Kline Galland Benaroya Community Services	IHS.FS.60103742	507121
Light Within Home Health	IHS.FS.61143217	-
Magenta Care	IHS.FS.61325814	-
Providence at Home with Compassus Home Health, King	IHS.FS.61634661	507068
Providence ElderPlace	IHS.FS.00000415	-
Puget Sound Home Health of King County	IHS.FS.60751653	-
Sea Mar Home Health / Sea Mar Home Care	IHS.FS.00000433	507052
Serengeti Care	IHS.FS.60660148	-
Signature Healthcare at Home	IHS.FS.61586428	507110
Universal Home Care LLC	IHS.FS.60631342	-
Wesley Health and Homecare	IHS.FS.60276500	507092

**Table 2: Summary of Agency Review Results**

Total Agencies Reviewed	Included	Excluded
63	31	32

The complete detailed analysis including all 63 agencies reviewed is provided in Appendix B – King County Home Health Agency Market Analysis.

This analysis was conducted using the most current DOH licensing data available as of September 2025.

## 2. Complete the numeric methodology.

The numeric need for home health services in King County was calculated using the methodology established in the 1987 Washington State Health Plan. This analysis projects population growth by age cohort, applies established use rates and visit patterns, and determines the number of additional home health agencies needed to serve the planning area adequately.

The methodology follows five sequential steps: (1) project population by age cohort using official state demographic data, (2) calculate projected home health patients by applying SHP use rates to each age group, (3) determine total visit demand by multiplying patients by average visits per patient, (4) calculate gross agency need by dividing total visits by the 10,000 visit minimum operating volume, and (5) subtract existing agency supply to determine net additional need.

**Table 2: Numeric Need Methodology for King County Home Health Services**

Age Cohort	Use Rate	Visits per Patient	2025	2026	2027	2028
<b>Population Projections</b>						
0-64	0.005	10	2,012,962	2,022,512	2,032,062	2,041,611
65-79	0.044	14	284,867	291,085	297,303	303,520
80+	0.183	21	79,906	86,067	92,228	98,390
<b>Patient Projections</b>						
0-64			10,065	10,113	10,160	10,208
65-79			12,534	12,808	13,081	13,355
80+			14,623	15,750	16,878	18,005
<b>Visit Projections</b>						
0-64			100,648	101,126	101,603	102,081
65-79			175,478	179,308	183,139	186,968
80+			307,079	330,755	354,432	378,113
<b>TOTAL VISITS</b>			<b>583,205</b>	<b>611,189</b>	<b>639,174</b>	<b>667,162</b>
Target Minimum Operating Volume			10,000	10,000	10,000	10,000
Number of Agencies (Calculated)			58.32	61.12	63.92	66.72
Gross Agencies Needed (Rounded Down)			58	61	63	66
Number of Existing Agencies			31	31	31	31
<b>NET AGENCIES NEEDED</b>			<b>27</b>	<b>30</b>	<b>32</b>	<b>35</b>

The analysis demonstrates substantial unmet need for home health services in King County, with demand growing from 583,205 annual visits in 2025 to 667,162 visits by 2028. This growth is driven primarily by the expanding elderly population, particularly residents aged 80 and above, who require the highest intensity of home health services. King County requires 35 additional home health agencies by 2028 to meet projected demand under the established state methodology. Supporting documentation for the numeric need methodology, including detailed calculations, data sources, and assumption, is provided in Exhibit C – Numeric Need Methodology Supporting Documentation.

3. **If applicable, provide a discussion identifying which agencies identified in response to Question 1 should be excluded from the numeric need methodology and why. Examples for exclusion could include but are not limited to: not serving the entire geography of the planning area, being exclusively dedicated to DME, infusion, or respiratory care, or only serving limited groups.**

Of the 63 licensed in-home services agencies reviewed, 32 agencies were excluded from the numeric need methodology. Following the Department of Health methodology, agencies were excluded if they did not meet the State Health Plan definition of home health agency, had geographic service limitations, or had population access restrictions.

#### **Primary Exclusion Categories:**

**Geographic Service Limitations (4 agencies):** Agencies that do not serve the entire King County geography were excluded. For example, MultiCare Home Health services appear primarily based in Pierce County (Tacoma), and Wellspring Home Health Center is based in Pierce County serving only Tacoma/Lakewood areas. A Kind Heart Home Care Services showed fragmented geographic coverage with different services listed in different counties, and Bethany Home Health LLC's focus on Everett/Snohomish County with only partial King County coverage.

**Population Access Restrictions (3 agencies):** Agencies serving only specific populations were excluded, including Ashley House (children/teens/young adults only), Husky Senior Care (seniors only), and Kaiser Permanente Home Health (Kaiser members only).

**Staffing Agencies Rather Than Direct Service Providers (6 agencies):** Agencies operating as healthcare staffing companies rather than direct home health providers were excluded, including 144 Family Care LLC, Dependable Staffing and Home Health Services, Pristine Health, Proactive Home Health, Restoration Health Services, and Ro Health.

**Personal Care/Private Duty Only (11 agencies):** Agencies providing only personal care, companion services, or private duty nursing without the full range of skilled nursing and therapeutic services required under the SHP definition were excluded.

**Specialized/Other Service Models (8 agencies):** Additional exclusions included specialized service providers, facility-based operations, and agencies with insufficient information that do not meet the SHP definition.

**Table 3: Summary of Exclusions:**

Exclusion Category	Number of Agencies
Geographic service limitations	4
Population access restrictions	3
Staffing agencies	6
Personal care/private duty only	11
Specialized/other service models	8
<b>Total Excluded</b>	<b>32</b>

**Detailed rationale for each excluded agency is provided in Exhibit B.**

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

This application does not represent an unnecessary duplication of services for King County based on the substantial numeric need demonstrated through the 1987 Washington State Health Plan methodology. The analysis projects a requirement for 66 home health agencies by 2028, compared to the current supply of 31 agencies, indicating a deficit of 35 additional agencies needed to serve the planning area adequately.

The numeric methodology reveals significant unmet demand, with projected annual visits growing from 583,205 in 2025 to 667,162 by 2028. By 2028, this represents a capacity gap of approximately 357,162 visits annually, as current agency capacity can accommodate only 310,000 visits (31 agencies x 10,000 visits per agency minimum operating volume). The growing elderly population, particularly the 80+ age group increasing from 79,906 to 98,390 residents over the projection period, drives this substantial demand growth.

**Net Agency Need Summary:**

- 2025: 27 additional agencies needed
- 2026: 30 additional agencies needed
- 2027: 32 additional agencies needed
- 2028: 35 additional agencies needed

King County's geographic expanse of 2,307 square miles and diverse population centers throughout Seattle, Bellevue, and surrounding communities require multiple providers to ensure adequate access and availability of services. Additional providers will enhance patient choice, reduce travel times for home visits, and improve service quality through appropriate market competition.

The substantial numeric need, combined with King County's geographic diversity and growing elderly population, demonstrates that this application addresses genuine healthcare access needs rather than creating unnecessary duplication. The proposed agency would serve approximately 2% of the total projected need while enhancing patient choice, geographic accessibility, and service quality through appropriate market competition.

**Supporting documentation:** See Exhibit B – King County Home Health Agency Market Analysis and Exhibit C – Numeric Need Methodology Supporting Documentation.

5. **For existing agencies, using the table below, provide the home health agency's historical utilization broken down by county for the last three full calendar years.**

This question is not applicable. Aspire Serenity Home Health Care, Inc. is a new home health agency seeking initial Certificate of Need approval.

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

The following projections represent anticipated utilization for the proposed King County home health agency for the first three full years of operation. The agency will begin operations in September 2026, with projections based on conservative market penetration rates applied to the total market demand established in the numeric methodology analysis.

**Table 4: Projected Utilization**

County: King County	2026	2027	2028	2029
<b>Months</b>	4	12	12	12
Total number of admissions	161	505	614	732
Total number of visits	3056	9588	11675	13903
Average number of visits/patient	19 <sup>1</sup>	19 <sup>1</sup>	19 <sup>1</sup>	19 <sup>1</sup>

---

<sup>1</sup> Visits per patient: Centers for Medicare & Medicaid Services, "Medicare Home Health Agency Utilization by State, Calendar Year 2023," Washington State: 19 average visits per patient

**Table 5: Utilization Calculation Methodology**

Calculation Component	2026	2027	2028	2029
<b>Months</b>	4	12	12	12
Total County Market Visits <sup>2</sup>	611,189	639,174	667,162	695,141 <sup>3</sup>
Projected Market Penetration	1.5%	1.5%	1.75%	2%
Base Market Share (visits)	3,056	9,588	11,675	13,903
Admissions (visits ÷ 19)	161	505	614	732

**Key Assumptions:**

- Average visits per patient: 19 visits per patient (CMS Medicare national average)
- Market penetration: Conservative growth from 1.5% to 2% reflecting new agency establishment and referral development
- Operational start: September 2025 (4-month partial year)

**7. Identify any factors in the planning area that could restrict patient access to home health services.**

Several factors in King County may restrict patient access to home health services:

- **Geographic barriers:** King County's 2,307 square miles include remote areas and islands (Vashon Island) that may experience longer travel times for staff
- **Transportation challenges:** Limited public transportation in suburban/rural areas affects family caregiver support
- **Language barriers:** Significant non-English speaking populations requiring multilingual staff and culturally competent care
- **Provider capacity limitations:** Current 31 agencies serving demand requiring 58 agencies creates immediate access delays
- **Insurance authorization delays:** Complex prior authorization processes can delay service initiation
- **Staffing shortages:** Healthcare workforce shortages may limit agency capacity to accept new patients
- **Housing accessibility:** Some residential settings may lack appropriate access for medical equipment or safety concerns

<sup>2</sup> Market demand: Based on Washington State Health Plan numeric methodology (Table 2) using official state demographic projections and established use rates

<sup>3</sup> 2029 projection: Calculated using same Washington State Health Plan methodology as 2025-2028 projections

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

This application addresses substantial unmet need in King County, where numeric methodology demonstrates a requirement for 66 home health agencies by 2028 versus current supply of 31 agencies. This creates a deficit of 35 additional agencies needed to serve projected demand of 667,162 annual visits by 2028.

King County's geographic expanse of 2,307 square miles and growing elderly population (80+ age group increasing from 79,906 to 98,390 residents) require multiple providers to ensure adequate access. The proposed agency would serve approximately 2% of total projected need while enhancing patient choice and geographic accessibility.

Supporting Documentation: See Exhibit B – King County Home Health Agency Market Analysis and Exhibit C – Numeric Need Methodology Supporting Documentation.

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

Aspire Serenity Home Health Care, Inc. confirms that the agency will be available and accessible to all residents throughout the entire geography of King County, Washington.

**10. Identify how this project will be available and accessible to underserved groups.**

Aspire Serenity Home Health Care, Inc. will enhance access for underserved populations through:

**Financial Access:**

- Accept Medicare and Medicaid patients without restriction
- Provide charity care for uninsured and underinsured patients
- Offer sliding fee scale payment options
- No patient turned away based on ability to pay

**Cultural and Linguistic Access:**

- Recruit multilingual staff reflecting King County's diversity
- Partner with community organizations serving immigrant populations
- Provide interpreter services and translated materials
- Deliver culturally competent care sensitive to diverse backgrounds

Geographic Access:

- Prioritize service to underserved areas including South King County
- Maintain flexible scheduling for working families
- Provide services to all residential settings including low-income housing

**Special Populations:**

- LGBTQ+ inclusive care policies and staff training
- Services for individuals with disabilities and complex medical needs
- Coordination with social services for vulnerable populations
- Outreach to historically underserved communities through community partnerships

**11. Provide a copy of the following policies:**

- **Admissions policy**
- **Charity care or financial assistance policy**
- **Patient Rights and Responsibilities policy**
- **Non-discrimination policy**
- **Any other policies directly related with patient access (involuntary discharge)**

The following policies are provided as separate exhibits to this Certificate of Need application:

- Exhibit B-1: Admissions Policy
- Exhibit B-2: Charity Care Policy
- Exhibit B-3: Patient Rights and Responsibilities
- Exhibit B-4: Non-Discrimination Policy
- Exhibit B-5: Patient Discharge

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

**Financial feasibility of a home health project is based on the criteria in WAC 246-310-220.**

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

- **Utilization projections. These should be consistent with the projections provided under the Need section. Include all assumptions.**
- **Pro Forma revenue and expense projections for at least the first three full calendar years of operation using at a minimum the following Revenue and Expense categories identified at the end of this question. Include all assumptions.**



- **Pro Forma balance sheet for the current year and at least the first three full calendar years of operation. Include all assumptions.**
- **For existing agencies proposing addition of another county, provide historical revenue and expense statements, including the current year.**

**Ensure these are in the same format as the pro forma projections. For incomplete years, identify whether the data is annualized.**

### **Documentation of Immediate and Long-Range Capital and Operating Costs**

The financial projections demonstrate that the immediate and long-range capital and operating costs of the proposed home health agency can be met through market-based revenue projections, efficient staffing models, and proven operational assumptions derived from Washington State approved agencies. The projections show positive net income beginning in year two with increasing profitability through year four.

### **Utilization Projections**

The utilization projections are consistent with those provided under the Need section and are based on conservative market penetration of King County's growing home health demand.

**Table 6: Utilization Projections Summary**

<b>Year</b>	<b>Total Visits</b>	<b>Total Patients</b>	<b>Market Penetration</b>	<b>Visits per Patient</b>
2026 (4 months)	3,056	161	1.5%	19
2027	9,588	505	1.5%	19
2028	11,675	614	1.75%	19
2029	13,903	732	2.0%	19

**Table 7: Visit Distribution by Discipline**

<b>Discipline</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
Skilled Nursing	1,222	3,835	4,670	5,561
Physical Therapy	1,070	3,356	4,086	4,866
Occupational Therapy	367	1,151	1,401	1,668
Speech Pathology	61	192	234	278
Medical Social Services	31	96	117	139
Home Health Aide	306	959	1,168	1,390

**Key Utilization Assumptions:**

- Market penetration based on King County total annual visit projections growing from 611,189 (2026) to 695,141 (2029)
- Conservative market entry strategy with gradual growth to 2.0% market share
- Visit mix by discipline based on Washington State approved agency averages, including Unity Home health (CN#22-38), Universal Home Care (CN#23-32), Wellspring Home Health (CN#21-35), and AccentCare (CN#23-22). Detailed benchmark analysis provided in Exhibit E-1.
- Average 19 visits per patient consistent with Medicare utilization patterns

## Pro Forma Revenue and Expense Projections

**Table 8: Revenue and Expense Summary**

	2026	2027	2028	2029
Months of Operation	4	12	12	12
<b>REVENUE:</b>				
Medicare	\$ 526,688	\$ 1,652,413	\$ 2,012,230	\$ 2,396,134
Medicaid	33,762	105,924	128,989	153,598
Commercial/Other	114,791	360,141	438,563	522,234
<b>TOTAL GROSS REVENUE</b>	<b>675,242</b>	<b>2,118,478</b>	<b>2,579,782</b>	<b>3,071,967</b>
<b>DEDUCTIONS FROM REVENUE:</b>				
Charity	9,116	28,599	34,827	41,472
Provision for Bad Debt	6,752	21,185	25,798	30,720
Contractual Allowances	96,425	302,519	368,393	438,677
<b>TOTAL DEDUCTIONS</b>	<b>112,293</b>	<b>352,303</b>	<b>429,018</b>	<b>510,868</b>
<b>NET REVENUE</b>	<b>562,949</b>	<b>1,766,175</b>	<b>2,150,764</b>	<b>2,561,099</b>
<b>EXPENSES:</b>				
Salaries & Wages <sup>4</sup>	248,449	766,286	870,434	981,554
Employee Benefits	75,031	231,418	262,871	296,429
Contracted Professional Services <sup>5</sup>	139,962	439,113	534,730	636,749
Medical Supplies	12,835	40,268	49,036	58,392
Purchased Services	31,018	97,314	118,505	141,114
License	0	4618	0	4618
Information Technology	24,000	24,000	24,000	24,000
Travel (patient care)	16,808	52,732	64,214	76,466
Maintenance	333	1,000	1,000	1,000
Equipment	2,000	6,000	6,000	6,000
Advertising	500	2,000	3,000	4,000
Education and Training	500	2,000	2,500	3,000
B & O Taxes	8,444	26,493	32,261	38,416
Depreciation & Amortization	424	1,272	1,272	1,272
Insurance	1,016	4,000	5,000	6,000
Other operating expenses	3,667	11,505	14,010	16,683
<b>TOTAL EXPENSES</b>	<b>564,987</b>	<b>1,710,019</b>	<b>1,988,835</b>	<b>2,295,694</b>
<b>NET INCOME</b>	<b>(\$2,038)</b>	<b>\$56,156</b>	<b>\$161,929</b>	<b>\$265,405</b>

<sup>4</sup> Salaries & Wages: Direct employees only (Administrator, Clinical Director, RNs, HHAs, Administrative Staff)

<sup>5</sup> Contracted Professional Services: Independent contractor therapy services (PT, OT, ST, MSW) paid per visit

## Staffing Cost Summary

The staffing model utilizes a hybrid approach with direct employees for core services and contracted professionals for specialized therapy services. Direct employee positions grow from 4.47 FTEs in 2026 to 10.69 FTEs in 2029, while contracted services scale from 1.30 to 5.90 FTE equivalents. Detailed staffing analysis provided in Structure and Process section.

**Table 10: Balance Sheet Summary**

Item	2026	2027	2028	2029
<b>ASSETS</b>				
Cash and Cash Equivalents	\$ 234,416	\$ 237,746	\$ 375,567	\$ 615,856
Accounts Receivable (Net)	69,363	217,634	265,094	315,618
Equipment (Net)	8,048	6,776	5,504	4,232
Other Current Assets	0	0	0	0
<b>Total Assets</b>	<b>311,827</b>	<b>462,156</b>	<b>646,165</b>	<b>935,706</b>
<b>LIABILITIES</b>				
Accounts Payable	19,763	58,537	70,431	83,660
Accrued Expenses	26,602	82,001	93,187	105,094
<b>Total Liabilities</b>	<b>46,365</b>	<b>140,538</b>	<b>163,618</b>	<b>188,754</b>
<b>EQUITY</b>				
Member Contributions	300,000	300,000	300,000	300,000
Retained Earnings	(34,538)	21,618	183,547	448,952
<b>Total Equity</b>	<b>265,462</b>	<b>321,618</b>	<b>482,547</b>	<b>746,952</b>
<b>Total Liabilities &amp; Equity</b>	<b>311,827</b>	<b>462,156</b>	<b>646,165</b>	<b>935,706</b>

## Key Financial Assumptions

### Revenue Assumptions:

- Payer mix: Medicare 78%, Medicaid 5%, Commercial/Other 17%
- Contractual allowances: Medicare 7%, Medicaid 54%, Commercial 36%
- Bad debt 1.0%, charity care 1.35% gross revenue

### Expense Assumptions:

- Employee benefits at 30.2% of salaries
- Therapy services provided through contracted professionals
- Conservative cost management during startup and growth phases

## Financial Feasibility Conclusion

The financial projections demonstrate strong financial feasibility with positive net income from year one, progressive margin improvement, and sustainable cash flow growth. The conservative market penetration strategy provides upside potential while ensuring realistic operational targets.

Complete financial projections, detailed assumptions, and supporting calculations are provided in Exhibit E – Pro Forma Financial Statements and Assumptions.

**2. Provide the following agreements/contracts:**

- **Management agreement**

Not applicable – Aspire Serenity Home Health Care, Inc. will directly manage the home health agency through its corporate structure. Not third-party management company is involved.

- **Operating agreement**

Not applicable – Aspire Serenity Home Health Care, Inc. is a corporation governed by corporate bylaws and articles of incorporation rather than an operating agreement.

- **Medical director agreement**

Not applicable – Aspire Serenity Home Health Care, Inc., will not employ a medical director position.

- **Joint Venture agreement**

Not applicable – This project does not involve a joint venture with another entity.

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

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

**If this is an existing home health agency and the proposed services would be provided from an existing main or branch office, provide a copy of the deed or lease agreement for the site. If a lease agreement is provided, the agreement must extend through at least the third full year following the completion of the project. Provide any amendments, addenda, or substitute agreements to be created as a result of this project to demonstrate site control.**

**If this is a new home health agency site, documentation of site control includes one of the following:**

- a. An executed purchase agreement or deed for the site.**
- b. A draft purchase agreement for the site. The draft agreement must include a document signed by both entities committing to execute the agreement as submitted following CN approval.**

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

Site control documentation is provided through property ownership. Aspire Serenity Home Health Care, Inc. will operate from property owned by Hazeline V. Gumiran at 27305 110th Ave SE Kent, WA 98030, King County, Washington.

Attached as Exhibit C-1: Property deed showing ownership by Hazeline V. Gumiran

Attached as Exhibit C-2: Office floor plan showing designated business space.

This ownership-based approach provides long-term site control that exceeds the minimum three-year requirement specified in the regulations, ensuring operational stability without lease expiration concerns.

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

Item	Cost
a. Land Purchase	\$ 0
b. Utilities to Lot Line	\$ 0
c. Land Improvements	\$ 0
d. Building Purchase	\$ 0
e. Residual Value of Replaced Facility	\$ 0
f. Building Construction	\$ 0
g. Fixed Equipment (not already included in the construction contract)	\$ 0
h. Movable Equipment	\$ 7,688
i. Architect and Engineering Fees	\$ 0
j. Consulting Fees	\$ 0
k. Site Preparation	\$ 0
l. Supervision and Inspection of Site	\$ 0
m. Any Costs Associated with Securing the Sources of Financing (include interim interest during construction)	
1. Land	\$ 0
2. Building	\$ 0
3. Equipment	\$ 0

4. Other	\$ 0
n. Washington Sales Tax	\$ 784
<b>Total Estimated Capital Expenditure</b>	<b>\$ 8,472</b>

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

Aspire Serenity Home Health Care, Inc. will be responsible for 100% of the estimated capital costs totaling \$8,472.

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

**Table 11: Start-Up Cost Breakdown and Assumptions**

Cost Category	Estimated Cost	Assumptions
Certificate of Need application fee	\$ 24,666	Required filing fee per WAC 246-310-990
Professional consulting fees	3,500	Consulting support for CON and licensure prep
Initial licensing and permit fees	1,500	In-home services license application, business license
Initial marketing and promotional materials	1,000	Website development, brochures
Pre-opening training costs	1,000	HIPAA, infection control, CPR, initial EMR onboarding
Initial insurance premiums	834	General liability and professional liability insurance
Recruitment and onboarding	3,500	Posting, screening, credentialing for initial clinical team
<b>Total Estimated Start-Up Costs</b>	<b>32,500</b>	

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

Aspire Serenity Home Health Care, Inc. will be responsible for 100% of the start-up costs totaling \$32,500.

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

This project will not impact costs and charges for healthcare services in the planning area. Aspire Serenity Home Health Care, Inc., will operate using established

Medicare and Medicaid reimbursement rates set by CMS and Washington State Medicaid. Our rates will be competitive with existing providers and will not increase healthcare costs for residents. The addition of our services will increase competition, potentially helping to contain costs through market forces.

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

The project costs are minimal (\$40,972 total capital and start-up costs) and will not result in unreasonable impact on healthcare service costs because:

- No construction costs involved
- Low capital investment compared to other healthcare facilities
- Operations based on regulated reimbursement rates
- Increased competition may help contain costs
- Services target underserved populations, improving access without increasing charges

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

Payer Mix	Percentage of Gross Revenue	Percentage by Patient
Medicare	78%	78%
Medicaid	5%	5%
Commercial/Other	17%	17%
Total	100%	100%

**Other Payers Defined:** Commercial/Other Insurance: Commercial insurance plans, TriCare military benefits, Veterans Administration healthcare benefits, Labor & Industries workers compensation, employer-sponsored health plans, and other third-party payers.

**County and Agency Breakdown:** Since this application is for King County only, the projected payer mix is identical for both the county and the entire agency.

**Methodology and Assumptions:**

- Base payer mix percentages (Medicare 78%, Medicaid 5%, Commercial/Other 17%) derived from analysis of four comparable Washington State home health agencies: Unity Home health (CN#22-38), Universal Home Care (CN#23-32), Wellspring Home Health (CN#21-35), and AccentCare (CN#23-22).



This payer mix supports sustainable operations while ensuring access for all patient populations regardless of insurance coverage.

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

Not applicable. Aspire Serenity Home Health Care does not currently operate a Medicare and Medicaid-certified home health agency.

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

Equipment	Quantity	Unit Cost	Total cost
<b>Office Furniture</b>			
Desk/chair	4	\$ 350	\$ 1,400
Filing cabinet	3	250	750
<b>Computer equipment</b>			
Office Desktop	3	1,200	3,600
Tablet	2	200	400
Printer/scanner/copier	1	936	936
<b>Medical Equipment</b>			
Basic Clinical Equipment (e.g. BP cuffs, pulse oximeters, thermometers) set	3	94	282
Medical bags/supply kits	3	40	120
<b>Telecommunications Equipment</b>			
Phone system	1	200	200
<b>Total</b>			<b>7,688</b>

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

**Source of Financing:** Owner equity contributions from shareholders of Aspire Serenity Home Health Care, Inc., with committed personal funds totaling \$300,000 available for startup costs and initial working capital requirements.

**Financing Structure:**

- Total committed funding: \$300,000
- Source: Personal equity contributions from ownership group
- Availability: Funds will be available as needed and deposited into agency business account upon Certificate of Need approval
- Purpose: Startup costs, working capital, and operational requirements

**Supporting Documentation:** See Exhibit G – Financing Commitment Letters.

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

Not applicable – This project will not be debt financed through a financial institution.

**15. Provide the most recent audited financial statements for:**

- The applicant, and
- Any parent entity responsible for financing the project.

Not applicable. Aspire Serenity Home Health Care, Inc. is a newly incorporated entity. As a startup corporation, no audited financial statements exist for the applicant. There is no parent entity responsible for financing the project.

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

Projects are evaluated based on the criteria in WAC 246-310-230 for staffing availability, relationships with other healthcare entities, relationships with ancillary and support services, and compliance with federal and state requirements. Some of the questions within this section have implications on financial feasibility under WAC 246-310-220.

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

Staff Category	2026	2027	2028	2029	Definition
<b>Direct Employees</b>					
Administrator	1.00	1.00	1.00	1.00	Overall agency management and regulatory compliance
Director of Clinical Services	1.00	1.00	1.00	1.00	Clinical oversight and nursing supervision
Registered Nurses	1.23	3.87	4.72	5.62	Direct patient care and skilled nursing services
Home Health Aides	0.24	0.74	0.90	1.07	Personal care and support services
Administrative Staff	1.00	1.00	1.00	1.00	Scheduling, billing, and clerical support
<b>Contracted Services (FTE Equivalent)</b>					
Physical Therapists	0.92	2.89	3.51	4.18	Contracted therapy services
Occupational Therapists	0.30	0.94	1.15	1.37	Contracted therapy services
Speech Therapists	0.05	0.16	0.20	0.23	Contracted therapy services
Medical Social Worker	0.03	0.08	0.10	0.12	Contracted social services
<b>Total FTEs</b>	<b>5.77</b>	<b>11.68</b>	<b>13.58</b>	<b>15.59</b>	

**Staffing Model:** Aspire Serenity Home Health Care, Inc. utilizes a hybrid staffing model. Core services (skilled nursing, home health aide, and administrative functions) are provided by direct employees to ensure continuity of care and operational control. Specialized therapy services (PT, OT, ST) and medical social work are provided through independent contractor agreements, allowing for scheduling flexibility and specialized expertise while maintaining cost efficiency. FTE equivalents for contracted services are calculated based on anticipated visit volume and standard productivity ratios.

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

Not applicable – Aspire Serenity Home Health Care, Inc. does not currently operate a Medicare and Medicaid-certified home health agency.

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

The FTE projections for this project are based on benchmarking analysis using data from previously approved home health agencies in Washington state including Unity Home health (CN#22-38), Universal Home Care (CN#23-32), Wellspring Home Health (CN#21-35), and AccentCare (CN#23-22).

### **Clinical Staffing Assumptions**

Position	FTE Ratio (per 1,000 visits)
Skilled Nursing	1.01
Physical Therapy*	0.86
Occupational Therapy*	0.82
Speech Pathology*	0.84
Medical Social Services*	0.86
Home Health Aide	0.77

\*These services will be provided by independent contractors.

**Source:** King County agency average from benchmark analysis

### **Administrative Staffing Assumptions**

Position	FTE Ratio (per 1,000 visits)	Rationale
Administrator	1.00	Medicare CoPs requirement
Director of Clinical Services	1.00	Clinical oversight mandate
Administrative Staff	1.00	Operational support

**Service Delivery Model:** Therapy services (PT, OT, Speech, MSW) will be provided through contracted professionals rather than direct employees, allowing for flexible scheduling and specialized expertise while maintaining cost-effectiveness.

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

The staffing model for Aspire Serenity Home Health Care, Inc. is based on proven ratios from four recently approved Washington State home health agencies serving similar demographics: Unity Home Health (CN#22-38), Universal Home Care (CN#23-32), Wellspring Home Health (CN#21-35), and AccentCare (CN#23-22).

**Staffing Adequacy by Category:**

**Direct Care Staff:**

- **Skilled Nursing (1.01 FTE per 1,000 visits):** Ensures adequate time for comprehensive patient assessments, medication management, wound care, and care coordination
- **Home Health Aide (0.77 FTE per 1,000 visits):** Provides sufficient personal care support based on proven productivity standards

**Therapy Services (Contracted):**

- **Physical/Occupational/Speech Therapy (0.82-0.86 FTE per 1,000 visits):** Contract model provides specialized expertise with scheduling flexibility
- **Medical Social Services (0.86 FTE per 1,000 visits):** Ensures professional services for psychosocial assessments and discharge planning

**Administrative Structure:**

- **Fixed positions (3.0 FTE total):** Ensure Medicare compliance, clinical oversight, and operational continuity.

These ratios have been successfully implemented by approved agencies in King County, demonstrating effectiveness in maintaining quality care while ensuring operational efficiency.

**5. If you intend to have a medical director, provide the name and professional license number of the current or proposed medical director. If not already disclosed under 210(1) identify if the medical director is an employee or under contract.**

Aspire Serenity Home Health Care, Inc. does not intend to have a medical director at this time. Aspire Serenity Home Health Care, Inc. has a strategic plan in place for managing clinical operations by appointing a Registered Nurse as the Director of

Clinical Services. This approach ensures that clinical operations are effectively managed while maintaining compliance with healthcare regulations.

Aspire Serenity Home Health Care, Inc. will work directly with patients' attending physicians for orders, medication management, required documentation, face-to-face visits, and follow-up appointments. The registered nurse Director of Clinical Services will provide clinical supervision and coordinate care with referring physicians to ensure continuity of care and adherence to established plans of care.

This approach also provides operational flexibility and cost-effectiveness while ensuring appropriate clinical supervision.

This operational model complies with federal Medicare conditions of participation under 42 CFR Part 484 and Washington State licensing requirements under WAC 246-335, which do not mandate medical director positions for home health agencies.

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

Not applicable. Aspire Serenity Home Health Care, Inc. does not intend to appoint a medical director.

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

**Current Key Staff:**

Position	Name	License No.
Administrator	Hazeline V. Gumiran, MSN, AGPCNP-BC	AP61317271
Director of Clinical Services	Karen Lopez, BSN, RN	RN60736470
Additional staff positions will be recruited and hired following anticipated Certificate of Need (CN) approval in June 2026.		

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

Not applicable – Aspire Serenity Home Health Care Inc., is establishing a new Medicare and Medicaid-certified home health agency.

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

Aspire Serenity Home Health Care, Inc. uses a focused recruitment strategy that includes targeted outreach and advertising through platforms such as Indeed,

LinkedIn, and ZipRecruiter, offering competitive compensation and benefits, flexible scheduling, and a strong commitment to diversity and inclusion.

Our retention strategy emphasizes professional development, continuing education, strong clinical supervision, and fostering a positive, supportive work environment.

We recognize that King County faces workforce challenges due to the high demand for skilled home health professionals. To address this, we will invest in staff development and promote work-life balance and staff satisfaction to help reduce turnover. This approach supports a sustainable staffing model and ensures high-quality care delivery in King County.

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

Our regular business hours are Monday through Friday, 8:00 AM to 5:00 PM. Outside of these hours, we provide 24/7 access to an on-call nursing supervisor who is available for urgent patient consultations. In the event of a life-threatening emergency, patients are instructed to call 911 in accordance with our emergency protocol. For non-urgent matters, patients may leave a message through our voicemail system, and they will receive a response by the next business day. We also coordinate care as needed with hospital emergency departments to support our patients during after-hours situations.

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

Not applicable – Aspire Serenity Home Health Care Inc., is establishing a new Medicare and Medicaid-certified home health agency.

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

Not applicable – Aspire Serenity Home Health Care Inc., is establishing a new Medicare and Medicaid-certified home health agency.

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

Not applicable – Aspire Serenity Home Health Care Inc., is establishing a new Medicare and Medicaid-certified home health agency.

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

**Clinical Support:**

- Laboratory: LabCorp and Quest Diagnostics
- Durable Medical Equipment: Apria Healthcare, Lincare
- Pharmacy: Local hospital pharmacies and retail chains
- Radiology: Regional imaging centers

**Administrative Support:**

- Electronic Health Records/Billing Services: Alora Health Home Health Software
- Legal: Healthcare law firm specializing in regulatory compliance
- Accounting: Local CPA firm with healthcare experience

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

Not applicable – Aspire Serenity Home Health Care Inc., is establishing a new Medicare and Medicaid-certified home health agency.

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

Not applicable – Aspire Serenity Home Health Care Inc., is establishing a new Medicare and Medicaid-certified home health agency.

**17. For a new agency, provide the names of healthcare facilities with which the home health agency anticipates it would establish working relationships.****Primary Referral Sources:**

- Harborview Medical Center
- UW Medical Center
- Swedish Medical Center systems
- Virginia Mason Franciscan Health
- Kaiser Permanente Washington

**Community Partners:**

- NeighborCare Health clinics
- Community Health Centers of King County
- Skilled nursing facilities throughout King County
- Rehabilitation hospitals and centers

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

- a. **A criminal conviction which is reasonably related to the applicant's competency to exercise responsibility for the ownership or operation of a health care facility; or**
- b. **A revocation of a license to operate a healthcare facility; or**
- c. **A revocation of a license to practice as a health profession; or**
- d. **Decertification as a provider of services in the Medicare or Medicaid program because of failure to comply with applicable federal conditions of participation.**

No principals or entities associated with Aspire Serenity Home Health Care, Inc. have any history of criminal convictions, license revocations, or Medicare/Medicaid sanctions related to healthcare operations.

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

This project promotes healthcare continuity by adding much-needed capacity to an underserved market, with 35 additional home health agencies identified as necessary based on Washington State Department of Health methodology. It supports smooth transitions from hospital to home while coordinating with existing providers to enhance rather than fragment care. By offering a comprehensive array of services, the project reduces the need for patients to engage with multiple agencies. Ongoing communication with referring physicians and care teams ensures consistency and alignment throughout the continuum of care.

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

Aspire Serenity Home Health Care, Inc. will integrate with King County's healthcare system through formal referral relationships with major hospital systems and active participation in discharge planning processes. We will ensure care coordination with primary care providers and collaborate closely with other post-acute care providers to support seamless transitions of care. Additionally, we will implement clear communication protocols to promote continuity and consistency across all care settings.

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

Not applicable. The applicant has no existing Medicare or Medicaid certifications.



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

Not applicable. The applicant has no existing Medicare or Medicaid certifications.

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

Projects are evaluated based on the criteria in WAC 246-310-240 in order to identify the best available project for the planning area.

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

**Alternative 1:** Proposed Project – Establish Medicare and Medicaid-certified home health agency serving King County residents.

**Alternative 2:** State-Licensed Only Operations – Continue operating as state-licensed only home health agency without pursuing Medicare/Medicaid certification.

**Alternative 3:** Partnership/Management Agreement – Provide services through contractual arrangement with existing Medicare/Medicaid certified agency.

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

**Alternative 2 (No Project/Status Quo) – REJECTED**

**Patient Access:** This alternative would exclude Medicare beneficiaries, who represent approximately 77% of the target population, as well as Medicaid recipients (6%), significantly limiting access for the community's most vulnerable patients.

**Capital Cost:** While this option avoids additional capital investment, it also severely restricts revenue potential, undermining long-term sustainability.

**Legal Restrictions:** Inability to bill Medicare or Medicaid renders the model financially nonviable under Washington's reimbursement structure.

**Quality of Care:** Services would be limited to private-pay patients only, leading to inequitable access and excluding those with complex medical or financial needs.

**Operational Efficiency:** This approach would underutilize existing infrastructure and prior licensing investments, resulting in inefficiencies and diminished return on exiting assets.

### **Alternative 3 (Partnership) – REJECTED**

**Patient Access:** This option offers less direct control over service delivery and availability, potentially limiting responsiveness to community needs.

**Capital Cost:** It involves a lower initial investment but offers reduced long-term financial returns, making it less sustainable.

**Legal Restrictions:** Operations would depend heavily on the partner's capacity and decisions, introducing legal and logistical uncertainty.

**Staffing Impact:** This alternative creates limited opportunities for job creation, reducing potential local employment benefits.

**Quality Control:** There would be less ability to implement specialized care protocols or maintain consistent clinical standards.

**Operational Efficiency:** The model introduces administrative complexity and divided responsibility, which could negatively impact coordination and performance.

### **Rationale for Selected Project Superiority**

The proposed project is considered superior because it maximizes patient access by serving all payer types, including Medicare and Medicaid, thereby ensuring equitable care across the community. It allows for direct control over quality and service delivery standards, which supports consistent clinical outcomes and regulatory compliance. The project also contributes to workforce development by creating sustainable employment opportunities for healthcare professionals in King County. Importantly, it directly addresses the documented numeric need identified in the Department of Health's methodology, aligning with statewide planning objectives. Service delivery will be cost-effective due to an efficient staffing model based on Washington State benchmarks, optimizing labor use without compromising care quality. Additionally, the project leverages existing infrastructure to minimize startup costs, with a total project cost of \$40,972, demonstrating fiscal responsibility and resource efficiency.

### **3. If the project involves construction, provide information that supports conformance with WAC 246-310-240(2):**

- The costs, scope, and methods of construction and energy conservation are reasonable; and

- The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.

Not applicable. This project involves no construction activities.

**4. Identify any aspects of the project that will involve appropriate improvements or innovations in the financing and delivery of health services which foster cost containment and which promote quality assurance and cost effectiveness.**

**Cost Containment Innovations:**

**A. Efficient Staffing Model:**

Aspire Serenity Home Health Care, Inc. incorporates a range of strategies designed to promote cost containment while maintaining high standards of patient care. The staffing model is designed for maximum efficiency, with staffing ratios based on proven benchmarks from recently approved Washington State home health agencies. This approach allows the agency to optimize labor utilization without compromising quality. Administrative staffing is carefully managed to minimize overhead expenses while ensuring adequate operational support. In addition, contracted therapy services provide the agency with flexibility in resource allocation, enabling better cost control as demand fluctuates.

**B. Technology Integration**

Technology plays a central role in operational efficiency. The agency will utilize an electronic health record system that reduces administrative costs and enhances coordination among care providers. Digital documentation tools streamline billing processes and minimize reimbursement errors.

**Quality Assurance Innovations:**

**A. Evidence-Based Care Protocols:**

In terms of quality assurance, Aspire Serenity Home Health Care, Inc. will implement standardized, evidence-based care protocols to ensure consistency in care delivery and improved patient outcomes. Performance will be tracked using quality metrics, which will allow the agency to identify inefficiencies and implement timely interventions. Preventive care will be emphasized, supporting reductions in hospital readmissions and unnecessary emergency department utilization.

**B. Care Coordination Enhancement:**

The agency will also strengthen care coordination by establishing direct communication protocols with referring physicians and hospitals. Integrated

discharge planning processes will ensure that transitions of care are smooth and well-managed. In addition, collaboration with other post-acute providers will help reduce service duplication and improve continuity of care.

### **C. Financial Efficiency Measures:**

Financial efficiency is supported through an owner-operated model, which eliminates costly management fees and reduces administrative overhead. By utilizing existing office space, the agency avoids the added expense of commercial rent. Furthermore, growth projections are deliberately conservative to ensure that operations remain sustainable and aligned with demand.

### **D. Population Health Benefits:**

Finally, Aspire Serenity Home Health Care, Inc. is committed to addressing the needs of underserved populations, which in turn supports better population health outcomes. The agency's accessible location, combined with culturally competent and multilingual care, reduces barriers to service utilization. Offering a comprehensive array of services through a single provider also minimizes the need for patients to coordinate across multiple agencies, improving efficiency and continuity.

These strategies demonstrate Aspire Serenity Home Health Care, Inc.'s commitment to cost containment and quality assurance. The proposed project will offer an efficient, scalable, and patient-centered model of care that enhances the home health landscape in King County.

## **Exhibit A: Regulatory Foundation Documents**

## Exhibit A-1: Letter of Intent



27305 110<sup>th</sup> Ave SE  
Kent, WA 98030  
Phone: (206) 372-2960  
Website: [www.as-homehealthcare.com](http://www.as-homehealthcare.com)

March 29, 2025

Eric Hernandez  
Program Manager  
Certificate of Need Program  
Washington State Department of Health  
111 Israel Road, S. E.  
Tumwater, WA 98501


Subject: Letter of Intent to Apply for Certificate of Need for Home Health Agency

Dear Mr. Hernandez,

In accordance with WAC 246-310-080, Aspire Serenity Home Healthcare, Inc. submits this Letter of Intent to apply for a Certificate of Need (CN) to establish and operate a Home Health Agency in King County, Washington. The following information is provided as part of the CN application process:

1. Description of Services  
Aspire Serenity Home Healthcare, Inc. proposes to establish a Medicare and Medicaid-certified home health agency in King County, Washington.
2. Estimated cost  
The estimated cost for establishing the home health agency is \$75,000.
3. Service Area  
The agency will serve King County, Washington.

Thank you for your time and consideration. Please feel free to contact me if you need any further information.

Sincerely,  
  
Hazeline Gumban, MSN, ARNP  
Administrator  
Aspire Serenity Home Healthcare, Inc.

## **Exhibit B: King County Home Health Agency Market Analysis**

## Exhibit B-1: King County Home Health Agencies – Supply Analysis

License #	Agency	CCN	Status	Services	Exclusion Reason
IHS.FS.61618307	AccentCare Home Health of King County		Included	NC, PT, OT, ST, HHA, MSW, IV, ABA	N/A
IHS.FS.61035006	Amedisys Home Health	507123	Included	RN, PT, OT, ST, HHA, MSW, IV	N/A
IHS.FS.00000215	Amicable Health Care	507131	Included	HHA, MSW, NC, OT, PC, PT, RN, ST, Tr	N/A
IHS.FS.61485352	Annexia Home Health		Included	NC, PT/OT/ST (inferred), HHA, MSW	N/A
IHS.FS.61186662	Assured Home Health		Included	NC, PT, OT, ST, HHA	N/A
IHS.FS.61107218	BrightStar Care of Bellevue and North Seattle		Included	NC, PT, OT, ST, PC, HHA, IV, MSW	N/A
IHS.FS.60007888	Careage Home Health	507102	Included	HHA, HM, MSW, NC, OT, PC, PT, RN, ST	N/A
IHS.FS.00000293	CenterWell Home Health	507082	Included	HHA, MSW, OT, PT, RN, ST	N/A
IHS.FS.00000295	CenterWell Home Health		Included	RN, PT, OT, ST, HHA, MSW	N/A
HS.FS.00000252	Chesterfield Health Services		Included	HHA, HM, MSW, NC, OT, PC, PT, RC, RN, RT, ST, Tr	N/A
IHS.FS.60506466	CHI Franciscan Health at Home		Included	RN, PT, OT, ST, case management	N/A
IHS.FS.60907239	Day by Day Nursing Services		Included	RN, PT, OT, ST, HHA	N/A
IHS.FS.60871865	Eden Home Health	507128	Included	RN, LPN, PT, OT, ST, HHA, IV, MSW	N/A
IHS.FS.00000278	EvergreenHealth Home Care Services	507079	Included	BC, DME, HHA, IV, MSW, NC, OT, PC, PT, RT, RN, ST	N/A
IHS.FS.00000184	Everhome Healthcare		Included	RN, TP, OT, ST, HHA, specialized services	N/A
IHS.FS.61108148	Haven Home Health Care	507132	Included	RN, PT, OT, ST, MSW	N/A
IHS.FS.00000028	Home Care by Wesley		Included	HHA, MSW NC, OT, PT, RN, ST	N/A
IHS.FS.60955703	Infinity Homehealth Solutions Inc.		Included	RN, PT, OT, HHA	N/A



License #	Agency	CCN	Status	Services	Exclusion Reason
IHS.FS.60889708	Interim Healthcare of Bellevue		Included	RN, LPN, PT, OT, ST, HHA, MSW	N/A
IHS.FS.60103742	Kline Galland Benaroya Community Services	507121	Included	HHA, MSW, OT, PT, RN, ST	N/A
IHS.FS.61143217	Light Within Home Health		Included	NC, PT, OT, ST, RT, HHA, MSW, IV, nutritional counseling, ABA	N/A
IHS.FS.61325814	Magenta Care		Included	NC, PT, OT, ST, HHA, IV, wound care, nutritional therapy	N/A
IHS.FS.61634661	Providence at Home with Compassus Home Health, King	507068	Included	RN, PT, OT, MSW, HHA, ST	N/A
IHS.FS.00000415	Providence ElderPlace		Included	HHA, IV, MSW, OT, PT, RN, ST	N/A
IHS.FS.60751653	Puget Sound Home Health of King County		Included	RN, PT, OT, ST, HHA, MSW, specialized services	N/A
IHS.FS.00000433	Sea Mar Home Health / Sea Mar Home Care	507052	Included	RN, PT, OT	N/A
IHS.FS.60660148	Serengeti Care		Included	RN, LPN, PT, OT, ST, HHA, IV	N/A
IHS.FS.61586428	Signature Healthcare at Home	507110	Included	NC, PT, OT, ST, MSW, HHA	N/A
IHS.FS.60631342	Universal Home Care LLC		Included	HHA, IV, OT, PT, ST, RN, RT	N/A
IHS.FS.60276500	Wesley Health and Homecare	507092	Included	HHA, MSW, OT, PT, RN, ST	N/A
IHS.FS.70041641	144 Family Care LLC		Excluded	N/A	License application pending; healthcare staffing agency
IHS.FS.60803191	A Kind Heart Home Care Services		Excluded	NC, PT, OT, ST, RT, HHA, IV, nutritional therapy (but with geographic limitations)	Geographic service area appears fragmented and may not provide comprehensive coverage throughout King County based on inconsistent location references for different services. The website lists Skilled Nursing, OT, ST, RT, and NT services in Snohomish County, and PT services in Seattle, WA.

License #	Agency	CCN	Status	Services	Exclusion Reason
IHS.FS.00000204	Alliance Nursing		Excluded	RN	Provides private duty nursing and adult family home care
IHS.FS.00000214	American Healthcare Services		Excluded	DME, RN	Insufficient information on website to determine if all required SHP services are provided
IHS.FS.00000219	A-One Home Care		Excluded	Private duty nursing, HHA	Operates as a specialized private duty nursing agency focused on medically fragile children and high-tech adult patients.
IHS.FS.61100576	Aristo Healthcare Services, LLC		Excluded	BC (facility-based only)	Operates as an intensive residential mental health treatment facility
IHS.FS.00000227	Ashley House		Excluded	HHA, MSW, NC, OT, PC, PT, RC, RN, ST, Tr	Services limited by age; provides only to children, teen, and young adults, not accessible to all residents of King County
IHS.FS.60966822	Bethany Home Health LLC		Excluded	RN, PT, OT, ST, HHA, MSW	The geographic coverage appears limited. The agency's focus on Everett/Snohomish County with only partial ("North King County") coverage does not meet the comprehensive King County service requirement
IHS.FS.00000253	Children's Country Home		Excluded	HHA, MSW, NC, OT, PC, PT, RC, RN, ST, Tr	Services not accessible to all due to age restrictions and does not meet the SHP definition of intermittent home-based care.
IHS.FS.60959298	Childress Nursing Services DBA: CNS, Complete Nurturing Solutions		Excluded	Limited nursing services (injection-focused)	Operates as a specialized injection service provider focused on fertility, maternity, and home injection services
IHS.FS.00000259	Comfort Keepers		Excluded	HHA, HM, PC, RC, RN (limited private duty), Tr	Provides companion and personal care services and private duty nursing
IHS.FS.61650165	Concierge Nurse Services LLC		Excluded	IV, PC, NC (concierge model)	Operates as a private pay concierge nursing service
IHS.FS.60876098	Dependable Staffing and Home Health Services		Excluded	N/A	Operates as a medical staffing agency

License #	Agency	CCN	Status	Services	Exclusion Reason
IHS.FS.61425657	Fedelta Home Care		Excluded	PC, HM, RC, NC (private duty model)	Provides private duty home care
IHS.FS.00000309	Health People Inc,		Excluded	HHA, HM, PC, RN (limited scope)	Provides home care services and private duty nursing
IHS.FS.60082962	Husky Senior Care		Excluded	HHA, HM, PC, RC, RN, Tr	Age-restricted to seniors only
IHS.FS.60904213	ICHS PACE at Legacy House		Excluded	N/A	Operates as a federally qualified health center (FQHC) providing clinic-based medical and dental services
IHS.FS.61666942	Joy Charitas Staffing Agency LLC		Excluded	Private duty nursing, PC, HM, RC	Provides private nursing services and therapy assistance
IHS.FS.60291296	Judson Park		Excluded	HHA, HM, PC, RN, Tr (within facility setting)	Life Plan Community/Continuing Care Retirement Community; services are provided within the residential community setting
IHS.FS.00000305	Kaiser Permanente Home Health and Hospice	507007	Excluded	HHA, MSW, OT, PT, RN, ST	Services only available to Kaiser Permanente members
IHS.FS.61239698	MGA Homecare		Excluded	Private duty nursing, PT, OT, ST, PC	Provides private duty nursing
IHS.FS.60081744	MultiCare Home Health, Hospice and Palliative Care		Excluded	RN, PT, OT, ST, HHA, MSW	Geographic service limitations - Multicare's home health services appear to be primarily based in Pierce County (Tacoma) and may not provide comprehensive coverage throughout King County.
IHS.FS.00000142	New Care Concepts		Excluded	RN	Provides private duty nursing
IHS.FS.61493424	Pristine Health		Excluded	N/A	Operates as a healthcare staffing agency
IHS.FS.61517002	Proactive Home Health		Excluded	N/A	Operates as a healthcare staffing agency
IHS.FS.61090653	Restoration Health Services		Excluded	RN, PC, PT/OT	Operates as a staffing service
IHS.FS.00000096	Right At Home		Excluded	HHA, IV, PC, RN	Provides personal care and private duty nursing
IHS.FS.60610351	Ro Health		Excluded	N/A	Operates as a medical staffing agency
IHS.FS.60950400	Sofavi Home Health LLC		Excluded	N/A	No website

License #	Agency	CCN	Status	Services	Exclusion Reason
IHS.FS.61407976	Unity Home Health		Excluded	Unknown	Cannot determine, insufficient information
IHS.FS.61055973	Wellspring Home Health Center, LLC		Excluded	RN, PT, OT, ST, HHA, MSW	Geographic service limitations - agency is based in Pierce County (Tacoma/Lakewood) and does not appear to serve King County.
IHS.FS.60055610	Wilderness Shores Nursing		Excluded	RN	Provides private duty nursing and skilled nursing visits; no evidence of therapeutic or home health aide services

## **Exhibit C: Numeric Need Methodology Supporting Documentation**

## Exhibit C-1: Population Projection Tables

**Table C1.1: King County Population Projections by Age Cohort**

Year	Age 0-64	Age 65-79	Age 80+	Total Population
2025	2,012,962	284,867	79,906	2,377,735
2026	2,022,512	291,085	86,067	2,399,664
2027	2,032,062	297,303	92,228	2,421,593
2028	2,041,611	303,520	98,390	2,443,521

**Source:** Washington State Office of Financial Management. Growth Management Act Population Projections for Counties: 2020 to 2050, 2022 Projections, Population by Age and Sex, Five-Year Age Groups. Olympia, WA: OFM, 2022.

## Exhibit C-2: Patient Projection Tables

**Table C2.1: Projected Home Health Patients by Age Cohort**

Age Cohort	Use Rate	2025	2026	2027	2028
<b>Population</b>	0.005	2,012,962	2,022,512	2,032,062	2,041,611
0-64	0.044	284,867	291,085	297,303	303,520
65-79	0.183	79,906	86,067	92,228	98,390
80+					
<b>Calculation Examples</b>					
0-64 patients		2,012,962 × 0.005 =	2,022,512 × 0.005 =	2,032,062 × 0.005 =	2,041,611 × 0.005 =
65-79 patients		284,867 × 0.044 =	291,085 × 0.044 =	297,303 × 0.044 =	303,520 × 0.044 =
80+ patients		79,906 × 0.183 =	86,067 × 0.183 =	92,228 × 0.183 =	98,390 × 0.183 =
<b>Projected Patients</b>					
0-64		10,065	10,113	10,160	10,208
65-79		12,534	12,808	13,081	13,355
80+		14,623	15,750	16,878	18,005
<b>Total Patients</b>		<b>37,222</b>	<b>38,671</b>	<b>40,119</b>	<b>41,568</b>

**Use rates source:** Washington State Health Plan for Health Services, Chapter 8: Home Health Services, 1987. Washington State Department of Health.

## Exhibit C-3: Visit Projection Tables

Table C3.1: Projected Patient Visits by Age Cohort

Age Cohort	Visits per Patient	2025	2026	2027	2028
<b>Projected Patients</b>	10	10,065	10,113	10,160	10,208
0-64	14	12,534	12,808	13,081	13,355
65-79	21	14,623	15,750	16,878	18,005
80+					
<b>Calculation Examples</b>					
0-64 visits		$10,065 \times 10 =$	$10,113 \times 10 =$	$10,160 \times 10 =$	$10,208 \times 10 =$
65-79 visits		$12,534 \times 14 =$	$12,808 \times 14 =$	$13,081 \times 14 =$	$13,355 \times 14 =$
80+ visits		$14,623 \times 21 =$	$15,750 \times 21 =$	$16,878 \times 21 =$	$18,005 \times 21 =$
<b>Projected Visits</b>					
0-64		100,648	101,126	101,603	102,081
65-79		175,478	179,308	183,139	186,968
80+		307,079	330,755	354,432	378,113
<b>Total Visits</b>		<b>583,205</b>	<b>611,189</b>	<b>639,174</b>	<b>667,162</b>

Visit rates source: Washington State Health Plan for Health Services, Chapter 8: Home Health Services, 1987. Washington State Department of Health



## Exhibit C-4: Agency Need Calculation Tables

Table C4.1: Gross Agency Need Analysis

Year	Total Projected Visits	Calculation	Agencies (Decimal)	Agencies Needed (Rounded Down)
2025	583,205	$583,205 \div 10,000$	58.32	58
2026	611,189	$611,189 \div 10,000$	61.12	61
2027	639,174	$639,174 \div 10,000$	63.92	63
2028	667,162	$667,162 \div 10,000$	66.72	66

**Methodology Note:** Per 1987 Washington State Health Plan guidelines, the target minimum operating volume for a home health agency is 10,000 visits annually. Fractions are rounded down to the nearest whole number as specified in the SHP.

## Exhibit C-5: Net Need Analysis Tables

Table C5.1: Net Agency Need Calculation

Year	Gross Agencies Needed	Existing Agencies	Calculation	Net Additional Agencies Needed
2025	58	31	58 - 31 =	27
2026	61	31	61 - 31 =	30
2027	63	31	63 - 31 =	32
2028	66	31	66 - 31 =	35

**Current Supply Basis:** Based on analysis of licensed in-home services agencies supplying King County as of September 2025. Count includes 31 agencies meeting the Washington State Health Plan definition of home health agency. Detailed agency analysis provided in Exhibit B.

## **Exhibit D: Required Policies and Procedures**

## **Exhibit D-1: Admissions Policy**

### **Admission and Assessment**

#### **POLICY**

---

Aspire Serenity Home Health Care Inc. is committed to providing timely, well-coordinated, comprehensive, competent, quality, and supportive services by utilizing its personnel to meet the identified needs of its patients. The agency admits a patient to skilled service on referral if ordered by the patient's authorized practitioner of care and patient agrees to privately pay or the insurance payer authorizes reimbursement. No authorized practitioner of care orders is required for basic Nurse Assistant Registered or homemaker services.

If the agency is taking Medicaid patients, the "Comprehensive assessment reporting evaluation" or "CARE" which is the Department of Social and Health Services [DSHS] assessment tool will be used by the case managers to document a patient's functional ability, determine eligibility for long-term care services, evaluate what and how much assistance a patient will receive, and develop a plan of care.

All referrals made to the agency will be reviewed for appropriateness prior to acceptance for services. The agency takes into consideration the adequacy and suitability of the agency's personnel to meet the patient's needs, agency resources to provide the required services, and the reasonable expectation that the patient's needs will be adequately met in the patient's place of residence. Those judged to require services beyond the agency's ability to serve or insufficient staff to assure appropriate and timely care will be referred to an agency that can service the patient.

Aspire Serenity Home Health Care Inc understands that once the patient is admitted as evidenced by a signed admission form and plan of care, that the agency cannot end the care relationship without referring to an appropriate alternative agency or caregiver or by not following applicable discharge requirements in WAC 246-335-420, 246-335-520 and 246-335-620. Failure to comply with these rules will be judged as "Patient Abandonment." In order to minimize the possibility of patient abandonment, patients must be given at least forty-eight (48) hours written or verbal notice prior to discharge that will be documented in the patient record.

Forty-eight (48) hours' notice is not required if home health agency worker safety, significant patient noncompliance, or patient's failure to pay for services rendered are the reason(s) for the discharge.

#### **PURPOSE**

---

1. To ensure that referrals accepted by Aspire Serenity Home Health Care Inc are appropriate.

2. To ensure that referrals accepted by Aspire Serenity Home Health Care Inc can be adequately serviced in the time frame and to the extent needed by the patient.

## PROCEDURE

---

1. The Agency RN case manager performs the initial evaluation and assessment of the patient's needs within the time frame.
2. The Agency Establishes the Care Plan with team and coordinates and implements appropriate alternatives.
3. All skilled admissions will include a comprehensive assessment by an RN Case Manager within services starting within seven calendar days of receiving and accepting an authorized practitioner of care or practitioner referral for services.
4. Longer time frames are permitted when one or more of the following is documented:
  - a. Longer time frame for the start of services is requested by authorized practitioner of care or practitioner.
  - b. Longer time frame for the start of services is requested by the patient, designated family member, legal representative, or referral source; or
  - c. Start of services was delayed due to the agency having challenges contacting patient, designated family member, or legal representative.
5. The assessment includes the following information:
  - a. Referral source.
  - b. Patient's name, address, and phone number.
  - c. Social security number.
  - d. Diagnoses.
  - e. Primary physician.
  - f. Services needed, including equipment and supplies.
  - g. Comprehensive assessment of physical, psychosocial, pain, environmental safety, economic condition, and active symptoms.
  - h. Specific functional limitations related to ADLs and IADLs.
  - i. Allergies, nutritional status, medication regime.
  - j. Coordination of services to address patient preferences.
  - k. Source of payment.

The RN completing the assessment is responsible to develop and implement a written home health plan of care for each patient with input from the patient, designated family member, or legal representative and authorizing practitioner.

1. The plan of care will include:
  - a. Current diagnoses and information on health status.
  - b. Goals or outcome measures.
  - c. Types and frequency of services to be provided.
  - d. Palliative Care if applicable.
  - e. Telehealth or telemedicine, if applicable.
  - f. Home medical equipment and supplies used by the patient.
  - g. Orders for treatments and medications and their frequency to be provided and monitored by the licensee.
  - h. Special nutritional needs and food allergies.
  - i. Orders for medications to be administered and monitored by the licensee including name, dose, route, and frequency.
  - j. Medication allergies.
  - k. The patient's physical, cognitive, and functional limitations.
  - l. Discharge and referral plan.
  - m. Patient and family education needs pertinent to the care being provided by the licensee.
    - a. The patient's physical, cognitive, and functional limitations.
    - b. Discharge and referral plan.
    - c. Patient and family education needs pertinent to the care being provided by the licensee.
    - d. Indication that the patient has a signed advanced directive or POLST, if applicable.
    - e. Include resuscitation status according to advance directives or POLST, if applicable; and
    - f. The level of medication assistance to be provided.
1. The Agency has additionally developed and implemented a system to:
  - a. Ensure and document that the plan of care is reviewed and updated by appropriate agency personnel according to the following time frames:
    - i. For patients requiring acute care services, every two months.

- ii. For patients requiring maintenance services, every six months; and
  - iii. For patients requiring only professional medical equipment assessment services or home health aide only services, every twelve months.
- b. Ensure the plan of care is signed or authenticated and dated by appropriate agency personnel and the authorizing practitioner, according to the time frames in (a) of this subsection.
- c. Ensure the signed or authenticated plan care is returned to the agency within sixty days of the initial date of service or date of review and update.
- d. Inform the authorizing practitioner regarding changes in the patient's condition that indicate a need to update the plan of care.
- e. Obtain approval from the authorizing practitioner for additions and modifications.
- f. Ensure all verbal orders for modification to the plan of care are immediately documented in writing and signed or authenticated and dated by an agency individual authorized within their scope of practice to receive the order and signed or authenticated by the authorizing practitioner and returned to the agency within sixty days of the date the verbal orders were received.
- 2. If the Home Health agency is providing only home health aide services to a patient the agency may:
  - a. Develop a modified plan of care by providing only the following information on the plan of care:
    - i. Types and frequency of services to be provided.
    - ii. Home medical equipment and supplies used by the patient.
    - iii. Special nutritional needs and food allergies.
    - iv. The patient's physical, cognitive, and functional limitations; and
    - v. The level of medication assistance to be provided.
  - b. This does not require an authorizing practitioner signature on the plan of care.
- 3. If the agency is providing a one-time visit for a patient, it will provide the following written documentation in lieu of the home health plan of care and patient record requirements in WAC 246-335-525:
  - a. Patient name, age, current address, and phone number.
  - b. Confirmation that the patient was provided a written bill of rights under WAC 246-335-535
  - c. Patient consent for services to be provided.
  - d. Authorizing practitioner orders; and
  - e. Documentation of services provided.

REFERENCES:

WAC 246-335-520

WAC 246-335-540

WAC 246-335-525

WAC 246-335-535

WAC 246-335-440



## **Exhibit D-2: Charity Care Policy**

### **Charity Care and Financial Assistance**

#### **POLICY**

---

ASPIRE SERENITY Home Health Care Inc. is committed to providing quality home health services to all patients in King County, Washington, regardless of their ability to pay. The agency will provide charity care and financial assistance to patients who demonstrate financial need and meet established eligibility criteria. ASPIRE SERENITY Home Health Care Inc. understands that once a patient is admitted as evidenced by a signed admission form and plan of care, the agency will work with patients to ensure continued access to medically necessary services regardless of temporary financial hardship.

The agency is committed to providing care without discrimination based on ability to pay, offering financial assistance options to qualified patients, maintaining transparent billing and collection practices, and ensuring access to essential home health services for vulnerable populations.

#### **PURPOSE**

---

1. To ensure that financial barriers do not prevent access to medically necessary home health services.
2. To provide a fair and consistent process for evaluating requests for charity care and financial assistance.
3. To comply with Washington State charity care requirements and organizational mission to serve the community.

#### **PROCEDURE**

---

1. Charity care and financial assistance will be provided based on Federal Poverty Level (FPL) guidelines: a. 100% Charity Care (Free Care): Patients with family income at or below 200% of Federal Poverty Level b. 75% Financial Assistance: Patients with family income between 201-250% of Federal Poverty Level c. 50% Financial Assistance: Patients with family income between 251-300% of Federal Poverty Level d. 25% Financial Assistance: Patients with family income between 301-350% of Federal Poverty Level
2. Additional considerations may include exceptional medical expenses, family size and dependents, assets and resources available, other financial hardships, and catastrophic circumstances.
3. Patient categories eligible for consideration include: a. Uninsured patients b. Underinsured patients c. Patients with high deductibles or copayments d. Medicare/Medicaid patients with uncovered services e. Patients experiencing

temporary financial hardship f. Patients with chronic conditions requiring ongoing care

4. Patients requesting financial assistance must provide: a. Completed charity care application b. Proof of income (pay stubs, tax returns, benefits statements) c. Bank statements for past 3 months d. Documentation of medical expenses e. Insurance information (if applicable) f. Identification and social security documentation
5. Applications may be submitted before, during, or after service provision with initial determination made within 30 days of complete application. Retroactive application accepted up to 12 months after service date.

The Administrator or designee reviews all charity care applications with complex cases referred to charity care committee. Medical Director consultation available for medical necessity questions.

1. Review includes assessment of: a. Patient income and family size b. Available resources and assets c. Medical necessity of services d. Insurance coverage limitations e. Other available funding sources
2. Written notification provided within 30 days including approval letters specifying discount percentage and duration or denial letters with reason and appeal process. All decisions documented in patient financial record.
3. Charity care applies to: a. Skilled nursing services b. Physical therapy c. Occupational therapy d. Speech therapy e. Medical social services f. Home health aide services g. Medical supplies and equipment (when medically necessary)
4. Services must be medically necessary with non-medical services having limited coverage. Durable medical equipment subject to availability and transportation services not typically covered.
5. For patients receiving charity care: a. All patients receive itemized bills with charity care discounts applied before billing b. Payment plans available for remaining balances with no interest charged on charity care accounts c. No aggressive collection activities or liens on primary residences d. No garnishment of wages below 200% FPL e. No reporting to credit agencies for approved charity care
6. Reasonable efforts made to determine charity care eligibility before bad debt write-off with documentation required for all charity care and bad debt determinations.
7. Patients may appeal charity care denials by: a. Submitting written appeal within 30 days b. Providing additional financial documentation c. Requesting review by charity care committee d. Presenting extenuating circumstances

Appeals reviewed within 30 days with additional documentation requested if needed. Face-to-face meetings available with final decisions communicated in writing.

1. ASPIRE SERENITY Home Health Care Inc. will assist patients in identifying: a. Government benefit programs (Medicaid, Medicare) b. Community assistance programs c. Disease-specific foundations d. Religious and charitable organizations e. Pharmaceutical assistance programs f. Transportation assistance
2. The Agency has additionally developed and implemented a system to: a. Maintain charity care applications and supporting documents including income verification

and asset information b. Document medical necessity and decision rationale with approval letters c. Compile annual charity care statistics for Board of Directors reporting d. Ensure compliance with Washington State charity care reporting requirements e. Monitor charity care approvals and denials through regular review f. Conduct patient satisfaction surveys regarding financial assistance and assess community benefit impact.

3. This policy ensures compliance with Washington State charity care requirements (RCW 70.170), federal tax-exempt organization requirements, Medicare and Medicaid regulations, and applicable quality standards.

REFERENCES: RCW 70.170 - Washington State Charity Care Requirements 42 CFR Part 484 - Medicare Home Health Agency Standards WAC 246-335 - In-Home Services Agencies

## **Exhibit D-3: Patient Rights and Responsibilities**

### **Patient Bill of Rights and Responsibilities POLICY**

---

Aspire Serenity Home Health Care Inc supports the principle that each patient has the right to dignity, respect, and involvement in his or her Plan of Care. The patient has the right to be informed of his or her rights. The agency will protect and promote the exercise of these rights. The agency will provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment.

The admitting RN Case Manager or Clinical Supervisor will review a written Patient Bill of Rights with the patient prior to initiating service. The patient or their legal guardian will sign the form and will be given a copy. The text of the Patient Bill of Rights conforms to accrediting body and/or State mandates, if required. Aspire Serenity Home Health Care Inc admission is non-discriminatory. The agency will inform the patient, orally and in writing, of any liability for payment not covered by insurance prior to the start of service or within 30 days of agency learning that there will be patient liability for payment.

### **PURPOSE**

---

To promote the ability of the patient/representative to understand and exercise their rights.

### **PROCEDURE**

---

#### ***Patient Bill of Rights***

The agency at the time of admission, will provide each patient or client, or designated family member with a written bill of rights affirming each individual's right to:

Receive effective treatment and quality services from the home health agency for services identified in the plan of care.

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

A statement advising of the right to ongoing participation in the development of the plan of care;

A statement advising of the right to have access to the department's listing of licensed home health agencies and to select any licensee to provide care, subject to the individual's reimbursement mechanism or other relevant contractual obligations;

A listing of the total services offered by the home health agency and those being provided to the patient; (

Refuse specific treatments or services;

The name of the individual within the home health agency responsible for supervising the patient's care and the manner in which that individual may be contacted;

Be treated with courtesy, respect, and privacy.

Be free from verbal, mental, sexual, and physical abuse, neglect, exploitation, and discrimination;

Have property treated with respect;

Privacy and confidentiality of personal information and health care related records;

Be informed of what the home health agency charges for services, to what extent payment may be expected from health insurance, public programs, or other sources, and what charges the patient may be responsible for paying;

A fully itemized billing statement upon request, including the date of each service and the charge. Agencies providing services through a managed care plan are not required to provide itemized billing statements;

Be informed about advanced directives and POLST and the agency's scope of responsibility;

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

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

A description of the agency's process for patients and family to submit complaints to the home health agency about the services and care they are receiving and to have those complaints addressed without retaliation;

Be informed of the department's complaint hotline number to report complaints about the licensed agency or credentialed health care professionals; and

Be informed of the DSHS end harm hotline number to report suspected abuse of children or vulnerable adults.

Aspire Serenity Home Health Care Inc ensures that the patient rights under this section are implemented and updated as appropriate.

### ***Patient Responsibilities***

In addition to a patient's rights there are also patient responsibilities as listed below:

Providing complete and accurate information about illnesses, hospitalizations, medications and other matters relating to your health.

Informing our agency when you will not be able to keep home health care visits.

Treating our agency's personnel with respect.

Cooperating with our agency's personnel and asking questions if you do not understand instructions or information given to you.

Following your home health care plan.

Participating in the planning of your home health care and treatment.

The agency will maintain documentation showing that it has complied with the patient bill of rights requirements.

*References:*

WAC 249-335-075

WAC 246-335-420

## Exhibit D-4: Non-Discrimination Policy

### INTIMIDATION, DISCRIMINATION, AND HARASSMENT

#### DEFINITIONS

---

**Intimidation** is defined as undue pressure, bullying, or threats that negatively affect the job performance of both involved individuals.

**Discrimination** is defined as an unfair bias or prejudice that negatively affects and influences behavior toward another individual or group.

**Harassment** is any unwelcome nuisance, annoyance, or stalking either explicit or implied. Sexual harassment is any unwelcome sexual advancement. All such behavior is strictly prohibited.

#### POLICY

---

Aspire Serenity Home Health Care Inc. holds that all employees are entitled to a work environment free from all forms of discrimination or harassment, including sexual harassment. This policy applies to all employees of the agency. If any conduct, whether verbal, visual, or physical in nature, is considered to be inappropriate, the agency will take all such reports seriously. If any investigation confirms the activity occurred, corrective action will be initiated up to and including termination for cause.

#### PURPOSE

---

4. To ensure that the agency provides a positive work environment free of incidents of intimidation, discrimination, and harassment.
5. To ensure that the agency is in compliance with state and federal rules regarding, intimidation, discrimination, and harassment, including sexual harassment regarding personnel education, incident investigation, and follow-up.

#### PROCEDURE

---

1. The agency will make every effort to ensure that all complaints related to sexual harassment or the existence of a hostile work environment, are fully investigated.
2. Employees making a report may do so without fear of retaliation.
3. Any employee or patient found to be in violation under this policy will be disciplined and possibly discharged if the offender is an employee, or if it is the patient, possibly services discontinued.

4. Any employee who feels that they are being subjected to sexual harassment should immediately report the incident to their supervisor.
5. If the offender is the supervisor, then the employee should report the incident to the agency Owner/Administrator.
6. All reports are kept strictly confidential.

#### REFERENCES:

WAC 392-190-059



## **Exhibit D-5: Patient Discharge**

### **PATIENT DISCHARGE**

#### **POLICY**

---

With the exception of a discharge for death while in home health services, a patient may be discharged or transferred if they; no longer meeting eligibility requirements for payer source or have not paid private charges, patient needs require acute care or more services than the agency can provide, patient requests, or for “cause.” Aspire Serenity Home Health Care Inc provides a systematic and legal process to effectively accomplish discharge and/or transfer.

Aspire Serenity Home Health Care Inc understands that failure to follow the applicable discharge requirements as specified in WAC 246-335-520 could lead to charges of client/patient abandonment.

When Aspire Serenity Home Health Care Inc is discharging a patient and is concerned about the patient’s ongoing care and safety Aspire Serenity Home Health Care Inc may submit a self-report to appropriate State agencies in which Aspire Serenity Home Health Care Inc identifies the reasons for discharge and the steps taken to mitigate safety concerns and specific home health services, including any nonmedical services, available to meet patient or family needs as are identified in the plans of care.

#### **PURPOSE**

---

To ensure that the agency provides needed information to patient/representative, other agencies or providers involved in the discharge or transfer, and to complete the clinical record for the home health services provided.

#### **PROCEDURE**

---

##### **Reason for Discharge**

1. The patient moves out of the service area or transfers to another home health agency.
2. The patient requests home health services end.
  3. The patient is no longer meets the insurance eligibility requirements.
  4. The patient’s (or another person in the home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of service to the patient or the ability of the agency personnel to operate effectively is seriously impaired.
7. The patient requires acute or more service than the agency can provide.
8. The patient has not paid for private services.

### **Discharge Order**

9. Obtain a discharge order from the patient's physician.
10. Include authorized practitioner of care review notes of the discharge decision considerations.

### **Discharge Planning**

11. The RN Case Manager will inform the patient/responsible party when considering discharge. Discharge planning begins on admission.
12. The discharge plan includes any necessary counseling, education, and referral before each patient's discharge.
13. If the agency decides to discharge a patient, the discharge will be explained to the patient in writing with at least a three-day notice.

### **Prior To Discharge\Cause**

1. Advise the patient/representative that discharge for cause is being considered.
2. Make a serious effort to resolve the problem, e.g., have social work involved.
3. Document in the clinical record the problem, efforts to resolve the issues, and the discharge plan for patient follow-up service.

### **Patient Requested Discharge**

1. The patient/representative may choose to discontinue home health services at any time.
2. The RN Case Manager will provide information to the patient regarding the ramifications of discontinuing services and information about how to obtain community or home services in the future should the patient change their mind.
3. If at all possible, a written note from the patient about the reason for the decision to stop services should be obtained. If not, the RN Case Manager will document the reasons in the clinical record and prepare the patient for discharge.
4. The patient may at any time choose to be re-admitted to home health services if their eligibility requirements are still being met.

### **Transfer/Referral to Another Agency or Facility**

1. The patient may choose to change agencies.
2. Confirm that the other agency or facility will admit the patient.
3. Inform Clinical Supervisor of the patient decision, so arrangements can be made.
4. Document the date they wish to discontinue service, name of the new agency or facility, and date service will start. Complete transfer process per transfer policy.

### **Discharge Summary Content**

1. All discharges will have a discharge summary.

2. The discharge summary for a transfer may include the patient's record, if requested by the patient for the agency or facility.
3. The discharge summary will include:
  - a. Date and reason for discharge.
  - b. Patient's name, physician, and diagnoses.
  - c. Presence of advance directives and end-of-life decisions.
  - d. Summary of the patient's stay including treatments, symptoms, and pain management.
  - e. Patient's current plan of care and authorized practitioner of care orders.
  - f. Any documentation that will assist in post-discharge continuity of patient service.

#### REFERENCES:

WAC 246-335-520

## **Exhibit E: Pro Forma Financial Statements and Assumptions**

## Exhibit E-1: Market Analysis and Utilization Methodology

**Table E1.1: King County Home Health Market Data**

Market Metric	2026	2027	2028	2029	Source/Assumption
Total King County Visits	611,189	639,174	667,162	695,141	Calculated using 1987 SHP numeric methodology
Market Penetration %	1.5%	1.5%	1.75%	2.0%	Conservative ramp-up for new agency
Operating Months	4	12	12	12	Startup September 2026
Our Total Visits	3,056	9,588	11,675	13,903	Market Size × Penetration × (Months÷12)
Total Patients	161	505	614	732	Total Visits ÷ 19 visits per patient
Visits per Patient	19	19	19	19	CMS Medicare Home Health Utilization, CY 2023, Washington State average

**Table E1.2: Visit Distribution by Discipline**

Discipline	Percentage	2026	2027	2028	2029
Skilled Nursing	40%	1,222	3,835	4,670	5,561
Physical Therapy	35%	1,070	3,356	4,086	4,866
Occupational Therapy	12%	367	1,151	1,401	1,668
Speech Pathology	2%	61	192	234	278
Medical Social Services	1%	31	96	117	139
Home Health Aide	10%	306	959	1,168	1,390
Total	100%	3,056	9,588	11,675	13,903

**Source:** King County Agency Average

**Table E1.3: Visit Distribution Benchmarks from Approved King County Applications**

Agency	CN/Approval	SN	PT	OT	ST	MSW	HHA
AccentCare	CN#23-22 (10/27/23)	50%	32%	10%	2%	1%	5%
Universal Home Care	CN#23-32 (10/27/23)	40%	35%	12%	2%	1%	10%
Unity Home Health	CN#22-38 (10/28/22)	40%	35%	12%	2%	1%	10%
Wellspring Home Health	CN#21-35 (9/9/21)	40%	35%	12%	2%	1%	10%
<b>Average (Simple)</b>		<b>42.5%</b>	<b>34.25%</b>	<b>11.5%</b>	<b>2%</b>	<b>1%</b>	<b>8.75%</b>
<b>Aspire Serenity Projection</b>		<b>40%</b>	<b>35%</b>	<b>12%</b>	<b>2%</b>	<b>1%</b>	<b>10%</b>

**Methodology Note:**

The visit distribution percentages used in this application reflect the most common pattern observed across recently approved King County home health applications (Unity, Universal, and Wellspring all use identical distributions). While AccentCare uses a slightly different mix with higher skilled nursing utilization, the predominant pattern of 40% SN, 35% PT, 12% OT, 2% ST, 1% MSW, and 10% HHA represents the established standard for King County operations.

**Source:** Washington State Department of Health Certificate of Need approved applications for King County home health agencies, 2021-2023.

## Exhibit E-2: Revenue Projections and Assumptions

**Table E2.1: Revenue Rates per Visit**

Discipline	Rate per Visit
Skilled Nursing	\$250
Physical Therapy	\$213
Occupational Therapy	\$219
Speech Pathology	\$249
Medical Social Services	\$235
Home Health Aide	\$128

**Source:** Gross charge rates based on analysis of recently approved King County home health agencies, including AccentCare (CN#23-22), Universal Home Care (CN#23-32), Unity Home Health (CN#22-38), and Wellspring Home Health (CN#21-35). These represent standard billing rates before payer-specific contractual adjustments.

**Table E2.2: Gross Revenue by Service**

Service	2026	2027	2028	2029	Calculation Method
Skilled Nursing	\$305,595	\$958,761	\$1,167,534	\$1,390,282	Visits × \$250 rate
Physical Therapy	\$227,821	\$714,756	\$870,396	\$1,036,455	Visits × \$213 rate
Occupational Therapy	\$80,310	\$251,962	\$306,828	\$365,366	Visits × \$219 rate
Speech Pathology	\$15,219	\$47,746	\$58,143	\$69,236	Visits × \$249 rate
Medical Social Services	\$7,181	\$22,531	\$27,437	\$32,672	Visits × \$235 rate
Home Health Aide	\$39,116	\$122,721	\$149,444	\$177,956	Visits × \$128 rate
<b>Total</b>	<b>\$675,242</b>	<b>\$2,118,478</b>	<b>\$2,579,782</b>	<b>\$3,071,967</b>	<b>Sum of all services</b>

**Table E2.3: Payer Mix and Revenue Distribution**

Payer Category	Percentage	2026	2027	2028	2029
Medicare	78%	\$526,688	\$1,652,413	\$2,012,230	\$2,396,134
Medicaid	5%	\$33,762	\$105,924	\$128,989	\$153,598
Commercial/Other	17%	\$114,791	\$360,141	\$438,563	\$522,234
<b>Total Gross Revenue</b>	<b>100%</b>	<b>\$675,242</b>	<b>\$2,118,478</b>	<b>\$2,579,782</b>	<b>\$3,071,967</b>

**Source:** King County Agency Average

**Table E2.4: Revenue Deductions**

Deduction Type	Rate/Method	2026	2027	2028	2029
Medicare Contractual	7% of Medicare gross	\$36,868	\$115,669	\$140,856	\$167,729
Medicaid Contractual	54% of Medicaid gross	\$18,232	\$57,199	\$69,654	\$82,943
Commercial Contractual	36% of Commercial gross	\$41,325	\$129,651	\$157,883	\$188,004
Bad Debt	1.0% of total gross	\$6,752	\$21,185	\$25,798	\$30,720
Charity Care	1.35% of total gross	\$9,116	\$28,599	\$34,827	\$41,472
<b>Total Deductions</b>		<b>\$112,293</b>	<b>\$352,303</b>	<b>\$429,018</b>	<b>\$510,868</b>
<b>Net Revenue</b>		<b>\$562,949</b>	<b>\$1,766,175</b>	<b>\$2,150,764</b>	<b>\$2,561,099</b>

**Source:** King County Agency Average



## Exhibit E-3: Operating Expense Assumptions

Operating expense assumptions are based on benchmark analysis of recently approved Washington State home health agencies. Unless otherwise noted, per-visit expense rates and operational assumptions are derived from analysis of Unity Home Health (CN#22-38), Universal Home Care (CN#23-32), Wellspring Home Health (CN#21-35), and AccentCare (CN#23-22). The following tables detail projected operating costs for the four-year projection period.

**Table E3.1: Full-Time Equivalent (FTE) Staffing Projections by Staff Category**

Staff Category	FTEs per 1,000 Visits	2026	2027	2028	2029
<b>Direct Employees</b>					
Registered Nurses	1.01	1.23	3.87	4.72	5.62
Home Health Aides	0.77	0.24	0.74	0.90	1.07
Administrator		1.00	1.00	1.00	1.00
Director of Clinical Services		1.00	1.00	1.00	1.00
Administrative Staff		1.00	1.00	1.00	1.00
<b>Contracted Services (FTE Equivalent)</b>					
Physical Therapists	0.86	0.92	2.89	3.51	4.18
Occupational Therapists	0.82	0.30	0.94	1.15	1.37
Speech Therapists	0.84	0.05	0.16	0.20	0.23
Medical Social Worker	0.86	0.03	0.08	0.10	0.12
<b>Total FTEs</b>		<b>5.77</b>	<b>11.68</b>	<b>13.58</b>	<b>15.59</b>

**Table E3.2: Employee Salaries**

Employee Position	Salaries Per FTE	2026 (4 mos.)	2027	2028	2029
<b>Direct Care Staff</b>					
Skilled Nursing	\$ 115,170	\$ 142,189	\$ 446,099	\$ 543,238	\$ 646,880
Home Health Aide	43,600	10,259	32,188	39,196	46,675
<b>Administrative Staff</b>					
Administrator	120,000	40,000	120,000	120,000	120,000
Director of Clinical Services	120,000	40,000	120,000	120,000	120,000
Administrative Assistant	48,000	16,000	48,000	48,000	48,000
<b>Total Salaries</b>		<b>248,449</b>	<b>766,286</b>	<b>870,434</b>	<b>981,554</b>

**Source:** Median hourly wages from May 2024 BLS OEWS data for the Seattle-Tacoma-Bellevue area.

**Table E3.3: Contracted Services Visit Distribution**

<b>Discipline</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
Physical Therapy	1,070	3,356	4,086	4,866
Occupational Therapy	367	1,151	1,401	1,668
Speech Pathology	61	192	234	278
Medical Social Services	31	96	117	139
<b>Total</b>	<b>3,056</b>	<b>9,588</b>	<b>11,675</b>	<b>13,903</b>

**Table E3.4: Contracted Clinical Services**

<b>Service Type</b>	<b>Rates Per Visit</b>	<b>2026 (4 mos.)</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
Physical Therapy	\$ 90	\$ 96,262	\$ 302,010	\$ 367,773	\$ 437,939
Occupational Therapy	95	34,838	109,299	133,099	158,492
Speech Pathology	100	6,112	19,175	23,351	27,806
Medical Social Services	90	2,750	8,629	10,508	12,513
<b>Total</b>		<b>139,962</b>	<b>439,113</b>	<b>534,730</b>	<b>636,749</b>

**Source:** Estimated using prevailing market rates for contract services in King County, Washington.

**Table E3.5: Other Operating Expenses Assumptions**

Expense Category	Assumption
Benefits	30.2% of salaries
Supplies	\$ 4.20 per visit
Information Technology	\$ 24,000/year
Equipment	\$ 6,000/year
Maintenance	\$ 1,000/year
Purchased Services	\$ 10.15 per visit
Mileage & Travel	\$ 5.50 per visit
Marketing /Advertising	Progressive investment in referral development
Education & Training	Staff continuing education and compliance
Insurance	Professional liability, general liability
Licenses and Fees	In-home services license renewal (\$4,641 biennially)
Other Expenses	\$1.20 per visit
B & O Tax	1.5% of net revenue
Depreciation	Straight-line method per IRS guidelines

**Table E3.6: Depreciation Worksheet**

Capital Expenditures	Cost	Useful Life (Years)	Monthly Depreciation
Office Furniture	\$ 2,450	7	\$ 29
Office Equipment	4,622	5	77
Sales Tax (included in asset cost)	1,400	N/A	N/A
<b>Total Capital Assets</b>	<b>8,472</b>		<b>106</b>

Year	# of Months	Depreciation (Furniture)	Depreciation (Equipment)	Total
2026	4	\$ 116	\$ 308	\$ 424
2027	12	348	924	1,272
2028	12	348	924	1,272
2029	12	348	924	1,272

## **Exhibit F: Site Control Documentation**

## Exhibit F-1: Property Deed

Instrument Number: 20170802000854 Document:WD Rec: \$76.00 Page-1 of 3  
Record Date:8/2/2017 2:45 PM  
King County, WA

611161574 (3/72)  
INSURED BY  
FIDELITY NATIONAL TITLE

When recorded return to:  
Hazel Gumiran-Alejandro and Leon Alejandro  
27305 110th Ave SE  
Kent, WA 98030

  
**20170802000854**  
WARRANTY DEED Rec: \$76.00  
8/2/2017 2:45 PM  
KING COUNTY, WA

**E2881092**  
EXCISE TAX AFFIDAVITS  
8/2/2017 2:45 PM KING COUNTY, WA  
Selling Price:\$700,000.00  
Tax Amount:\$12,465.00

### STATUTORY WARRANTY DEED

THE GRANTOR(S) ~~Estate of Carl Magnuson~~ Roxanne E. Van Cluck, personal representative for the  
Estate of Carl A. Magnuson, deceased  
for and in consideration of Ten And No/100 Dollars (\$10.00) and other good and valuable  
consideration  
in hand paid, conveys, and warrants to Hazel Gumiran-Alejandro and Leon Alejandro, a married couple  
and Jean Gumiran and Santiago Ludan, , a married couple

the following described real estate, situated in the County of King, State of Washington:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

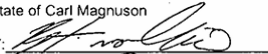
Abbreviated Legal: (Required if full legal not inserted above.)

LT.(S) 2 OF KING COUNTY SHORT PLAT NO. 785069, RECORDING NO. 8710010795 - KING  
COUNTY

Tax Parcel Number(s): 322205-9185-09,

Dated: 7.23.17

Estate of Carl Magnuson

BY: 

Roxanne E. Van Cluck, personal representative for the estate of  
Carl Magnuson, deceased

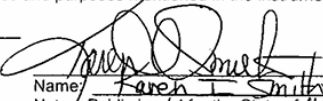
STATUTORY WARRANTY DEED  
(continued)

State of Washington  
County of Pierce

I certify that I know or have satisfactory evidence that Roxanne E Von Guck

is/are the person(s) who appeared before me, and said person acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was authorized to execute the instrument and acknowledged it as the Personal representative of Estate of Carl Magnuson to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: 7/23/17

  
Name: Karen I. Smith  
Notary Public in and for the State of Washington  
Residing at: Auburn, WA  
My appointment expires: 1/29/20



**EXHIBIT "A"**  
Legal Description

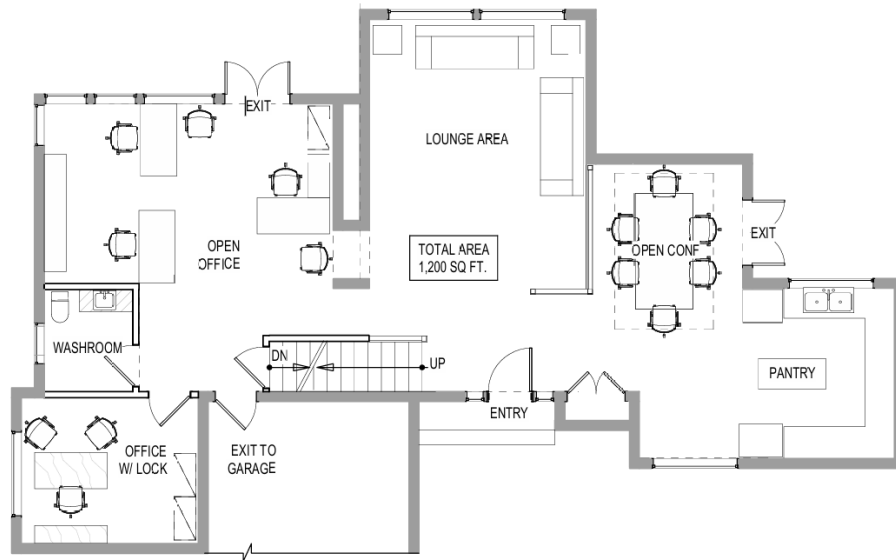
For APN/Parcel ID(s): 322205-9185-09

LOT(S) 2 OF KING COUNTY SHORT PLAT NO. 785069 RECORDED UNDER RECORDING NO. 8710010795, RECORDS OF KING COUNTY, WASHINGTON, BEING A PORTION OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 32, TOWNSHIP 22 NORTH, RANGE 5 EAST, W.M., IN KING COUNTY, WASHINGTON;

TOGETHER WITH AN EASEMENT FOR INGRESS AND EGRESS OVER TRACT X OF SAID SHORT PLAT.

SITUATE IN THE COUNTY OF KING, STATE OF WASHINGTON.

## Exhibit F-2: Office Floor Plan



**1** FLOOR PLAN - ASHHC OFFICE  
NTS



Aspire Serinity Home Health Care Inc.  
27305 110th Ave. SE Kent, WA 98030



## **Exhibit G: Financing Commitment Letters**

Hazeline V. Gumiran  
714 S 38<sup>th</sup> Ct  
Renton, WA 98055  
(206) 372-2960  
hvgumiran@gmail.com

**Date:** September 26, 2025

---

**Department of Health**  
Certificate of Need Program  
PO Box 47852  
Olympia, WA 98504-7852

**Dear Certificate of Need Program Staff:**

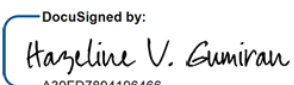
I, Hazeline V. Gumiran, Co-Owner of Aspire Serenity Home Health Care, Inc., a proposed Medicare- and Medicaid-certified home health agency that will serve King County, Washington.

I am committing up to \$50,000 of my personal funds to support the start-up and operations of the agency.

The funds will be available as needed and deposited into the agency's business account once the Certificate of Need is approved.

I understand the importance of demonstrating financial readiness and am fully committed to ensuring that Aspire Serenity Home Health Care, Inc. is adequately capitalized to meet regulatory requirements and deliver high-quality patient care.

Please do not hesitate to contact me with any questions or require additional information.

Sincerely,   
A39FD7894196466...  
Hazeline V. Gumiran MSN, AGPCNP-BC  
Co-Owner  
Aspire Serenity Home Health Care, Inc.

Karen Lopez  
604 Alvord Ave N  
Kent, WA 98030  
(206) 829-0474  
[karenjane\\_lopez@yahoo.com](mailto:karenjane_lopez@yahoo.com)

**Date:** September 26, 2025

---

**Department of Health**

Certificate of Need Program  
PO Box 47852  
Olympia, WA 98504-7852

**Dear Certificate of Need Program Staff:**

I, Karen Lopez, Co-Owner of Aspire Serenity Home Health Care, Inc., a proposed Medicare- and Medicaid-certified home health agency that will serve King County, Washington.


I am committing up to \$50,000 of my personal funds to support the start-up and operations of the agency.

The funds will be available as needed and deposited into the agency's business account once the Certificate of Need is approved.

I understand the importance of demonstrating financial readiness and am fully committed to ensuring that Aspire Serenity Home Health Care, Inc. is adequately capitalized to meet regulatory requirements and deliver high-quality patient care.

Please do not hesitate to contact me with any questions or require additional information.

Sincerely,

  
Karen Lopez, BSN, RN  
Co-Owner

Aspire Serenity Home Health Care, Inc.

Amy Gumiran  
233 E. Wacker Drive Apt 401  
Chicago IL 60601  
(312) 804-5406  
[azendros@gmail.com](mailto:azendros@gmail.com)

**Date:** September 25, 2025

---

**Department of Health**

Certificate of Need Program  
PO Box 47852  
Olympia, WA 98504-7852

**Dear Certificate of Need Program Staff:**

I, Amy Gumiran, Co-Owner of Aspire Serenity Home Health Care, Inc., a proposed Medicare- and Medicaid-certified home health agency that will serve King County, Washington.

I am committing up to \$50,000 of my personal funds to support the start-up and operations of the agency.

The funds will be available as needed and deposited into the agency's business account once the Certificate of Need is approved.

I understand the importance of demonstrating financial readiness. I am fully committed to ensuring that Aspire Serenity Home Health Care, Inc. is adequately capitalized to meet regulatory requirements and deliver high-quality patient care.

Please do not hesitate to contact me with any questions or require additional information.

Sincerely,

  
Amy Gumiran BSN, RN  
Co-Owner

Aspire Serenity Home Health Care, Inc.

Liezel C. Gumiran  
21234 1<sup>st</sup> pl s  
Des Moines Wa. 98198  
(253) 205-7708  
liezelgumiran@gmail.com

**Date:** September 25, 2025

---

**Department of Health**

Certificate of Need Program  
PO Box 47852  
Olympia, WA 98504-7852

**Dear Certificate of Need Program Staff:**

I, Liezel C. Gumiran, Co-Owner of Aspire Serenity Home Health Care, Inc., a proposed Medicare- and Medicaid-certified home health agency that will serve King County, Washington.

I am committing up to \$50,000 of my personal funds to support the start-up and operations of the agency.

The funds will be available as needed and deposited into the agency's business account once the Certificate of Need is approved.

I understand the importance of demonstrating financial readiness. I am fully committed to ensuring that Aspire Serenity Home Health Care, Inc. is adequately capitalized to meet regulatory requirements and deliver high-quality patient care.

Please do not hesitate to contact me with any questions or require additional information.

Sincerely,



Liezel C. Gumiran BSN, RN  
Co-Owner

Aspire Serenity Home Health Care, Inc.

Xerxes Theo Lopez  
753 Hilltop Ave n  
Kent Washington 98031  
(206) 4539098  
lopezxerxes2383@gmail.com

**Date:** September 25, 2025

---

**Department of Health**  
Certificate of Need Program  
PO Box 47852  
Olympia, WA 98504-7852

**Dear Certificate of Need Program Staff:**

I, Xerxes Theo Lopez, Co-Owner of Aspire Serenity Home Health Care, Inc., a proposed Medicare- and Medicaid-certified home health agency that will serve King County, Washington.

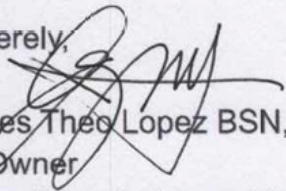
I am committing up to \$50,000 of my personal funds to support the start-up and operations of the agency.

The funds will be available as needed and deposited into the agency's business account once the Certificate of Need is approved.

I understand the importance of demonstrating financial readiness. I am fully committed to ensuring that Aspire Serenity Home Health Care, Inc. is adequately capitalized to meet regulatory requirements and deliver high-quality patient care.

Please do not hesitate to contact me with any questions or require additional information.

Sincerely,

  
Xerxes Theo Lopez BSN, RN  
Co-Owner  
Aspire Serenity Home Health Care, Inc.

Alphie Garcia  
19611 SE 260<sup>th</sup> St.  
Covington Wa. 98042  
(253) 285-9345  
alphiegarcia8471@gmail.com

**Date:** September 25, 2025

---

**Department of Health**

Certificate of Need Program  
PO Box 47852  
Olympia, WA 98504-7852

**Dear Certificate of Need Program Staff:**

I, Alphie Garcia, Co-Owner of Aspire Serenity Home Health Care, Inc., a proposed Medicare- and Medicaid-certified home health agency that will serve King County, Washington.

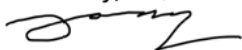
I am committing up to \$50,000 of my personal funds to support the start-up and operations of the agency.

The funds will be available as needed and deposited into the agency's business account once the Certificate of Need is approved.

I understand the importance of demonstrating financial readiness. I am fully committed to ensuring that Aspire Serenity Home Health Care, Inc. is adequately capitalized to meet regulatory requirements and deliver high-quality patient care.

Please do not hesitate to contact me with any questions or require additional information.

Sincerely,



Alphie Garcia BSN, RN

Co-Owner

Aspire Serenity Home Health Care, Inc.