



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**  
*Olympia, Washington 98504*

August 7, 2020

Sarah Cameron, Vice President, Strategy and Planning  
Providence Home and Community Care  
2811 South 102<sup>nd</sup> Street, Suite 220  
Tukwila, WA 98168

Lisa Crockett, Executive Director, Strategy & Planning  
Providence Health & Services  
7515 Terminal Street SW  
Tumwater, WA 98501

Sent via email: [Sarah.Cameron@providence.org](mailto:Sarah.Cameron@providence.org) and [Lisa.Crockett@providence.org](mailto:Lisa.Crockett@providence.org)

**RE: Certificate of Need Application #20-24**

Dear Ms. Cameron and Ms. Crockett:

We have completed review of the Certificate of Need application submitted by Providence Health & Services-Oregon dba Providence Home Health. The application proposes to establish Medicare and Medicaid-certified home health services in Clark County, within Washington State. Attached is a written evaluation of the application.

For the reasons stated in the attached decision, the application is consistent with the applicable criteria of the Certificate of Need Program, provided Providence Health & Services-Oregon dba Providence Home Health agrees to the following in its entirety.

**Project Description:**

This Certificate of Need approves Providence Health & Services-Oregon dba Providence Home Health to provide Medicare and Medicaid-certified home health services from its existing agency in Portland, Oregon to the residents of Clark County, Washington. Home health services provided directly by the agency include: skilled nursing, physical therapy, occupational therapy, speech therapy, certified home health aide services, medical social work services, and IV therapy.

**Conditions:**

1. Approval of the project description as stated above. Providence Health & Services-Oregon dba Providence Home Health further agrees that any change to the project as described in the project description is a new project that requires a new certificate of need.

2. Providence Health & Services-Oregon dba Providence Home Health will maintain Medicare and Medicaid certification regardless of ownership.
3. Prior to providing Medicare and Medicaid home health services in Clark County, Providence Health & Services-Oregon dba Providence Home Health shall provide the Certificate of Need Program with a copy of active Washington State credentials for Susan Murtha, RN, MBA, Director of Home Health or documentation that the Director of Home Health's duties do not require a credential.
4. Providence Health & Services-Oregon dba Providence Home Health shall provide the Certificate of Need Program with a copy of the forms it is sending the fiscal intermediary, National Government Services.
5. Prior to providing Medicare and Medicaid home health services in Clark County, Providence Health & Services-Oregon dba Providence Home Health shall provide the Certificate of Need Program with updated copies of the below policies which include Clark County Washington.
  - Admission Criteria
  - Admission Process
  - Financial Assistance Patient Services Policy
6. The service area for this Medicare and Medicaid-certified home health agency is Clark County. Providence Health & Services-Oregon dba Providence Home Health must provide home health services to the entire county for which this Certificate of Need is granted.

**Approved Costs:**

The approved capital expenditure for the establishment of the Clark County home health agency is \$0.

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

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

Send your written response to the Certificate of Need Program, at one of the following addresses.

Sarah Cameron, Vice President, Strategy and Planning  
Lisa Crockett, Executive Director, Strategy & Planning  
CN #20-24  
August 7, 2020  
Page 3 of 3

Mailing Address:

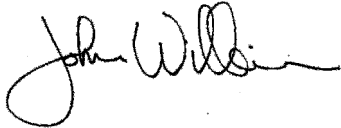
Department of Health  
Certificate of Need Program  
Mail Stop 47852  
Olympia, WA 98504-7852

Physical Address:

Department of Health  
Certificate of Need Program  
111 Israel Road SE  
Tumwater, WA 98501

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

Sincerely,

A handwritten signature in black ink, appearing to read "John Williams". The signature is fluid and cursive, with the first name "John" and last name "Williams" clearly distinguishable.

John Williams, Executive Director  
Office of Community Health Systems

Attachment

**EVALUATION DATED AUGUST 7, 2020 FOR A CERTIFICATE OF NEED APPLICATION PROPOSING TO EXPAND MEDICARE AND MEDICAID CERTIFIED HOME HEALTH SERVICES TO CLARK COUNTY, PROVIDENCE HEALTH & SERVICES-OREGON dba PROVIDENCE HOME HEALTH**

**APPLICANT DESCRIPTION**

**Providence Health & Services-Oregon dba Providence Home Health**

Providence Health & Services-Oregon dba Providence Home Health is a not-for-profit Catholic network of hospitals, care centers, health plans, physicians, clinics, home health care, and affiliated services. The health system includes 51 hospitals across seven states, and numerous other non-acute facilities, supportive housing and educational services in the states of Alaska, Washington, Montana, Oregon, California, New Mexico, and Texas. [Source: Providence Health & Services website and Application p8]

On July 1, 2016, Providence Health & Services and St. Joseph Health System, a California non-profit corporation, became affiliated. The new affiliation created a new “super-parent,” Providence St. Joseph Health, a Washington non-profit corporation. After the affiliation, Providence Health & Services remains a viable corporation, as well as any and all subsidiaries and dbas of Providence Health & Services that fall under that corporate umbrella. This affiliation does not change the name or corporate structure of Providence Health & Services or Providence Home Health. [Source: Application, p8]

For this application, Providence Health & Services-Oregon dba Providence Home Health is the applicant and will be referenced in this evaluation as “Providence.”

**PROJECT DESCRIPTION**

**Providence Health & Services-Oregon dba Providence Home Health**

Providence currently operates a Medicare and Medicaid certified home health agency based out of its existing office at 4400 NE Halsey Street, Building 1, Suite 160, in Portland, Oregon [97213] within Multnomah County. Providence is proposing to expand its service area by providing Medicare and Medicaid home health services to the residents of adjacent Clark County, Washington. [Source: Application p14]

Services to be provided in Clark County include skilled nursing care, physical therapy, occupational therapy, speech therapy, medical social work, home health aide services, and IV therapy services. [Source: Application, p13]

Given that Providence is already located in and serving adjacent counties, Providence expects no delays to expand home health services to Clark County. If approved, Providence would begin providing Medicare and Medicaid home health services for Clark County residents upon CN approval. [Source: Application, p22 and February 28, 2020, screening response, p4]

The estimated capital expenditure for the project is \$0. Since the project is a service area expansion of an existing agency there is only minor office equipment proposed and included in start-up costs. [Source: Application, p13]

**APPLICABILITY OF CERTIFICATE OF NEED LAW**

This application is subject to Certificate of Need review as the construction, establishment, or other development of a health care facility under RCW 70.38.105(4)(a) and WAC 246-310-020(1)(a).

## **EVALUATION CRITERIA**

WAC 246-310-200(1)(a)-(d) identifies the four determinations that the department must make for each application. WAC 246-310-200(2) provides additional direction in how the department is to make its determinations. It states:

*“Criteria contained in this section and in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240 shall be used by the department in making the required determinations.*

*(a) In the use of criteria for making the required determinations, the department shall consider:*

- (i) The consistency of the proposed project with service or facility standards contained in this chapter;*
- (ii) In the event the standards contained in this chapter do not address in sufficient detail for a required determination the services or facilities for health services proposed, the department may consider standards not in conflict with those standards in accordance with subsection (2)(b) of this section; and*
- (iii) The relationship of the proposed project to the long-range plan (if any) of the person proposing the project.”*

In the event WAC 246-310 does not contain service or facility standards in sufficient detail to make the required determinations, WAC 246-310-200(2)(b) identifies the types of standards the department may consider in making its required determinations. Specifically WAC 246-310-200(2)(b) states:

*“The department may consider any of the following in its use of criteria for making the required determinations:*

- (i) Nationally recognized standards from professional organizations;*
- (ii) Standards developed by professional organizations in Washington State;*
- (iii) Federal Medicare and Medicaid certification requirements;*
- (iv) State licensing requirements;*
- (v) Applicable standards developed by other individuals, groups, or organizations with recognized expertise related to a proposed undertaking; and*
- (vi) The written findings and recommendations of individuals, groups, or organizations with recognized expertise related to a proposed undertaking, with whom the department consults during the review of an application.”*

To obtain Certificate of Need approval, the applicant must demonstrate compliance with the criteria found in WAC 246-310-210 (need) including applicable portions of the 1987 Washington State Health plan; 246-310-220 (financial feasibility); 246-310-230 (structure and process of care); 246-310-240 (cost containment).

## **TYPE OF REVIEW**

This application was submitted on October 23, 2019. On July 23, 2019, Eden Home Health of Clark, LLC (Eden) had already submitted an application proposing to establish a Medicare and Medicaid-certified home health agency in Clark County. Since both applicants proposed projects in the Clark County planning area, they were reviewed concurrently under the regular timeline outlined in WAC 246-310-160.

On August 4, 2020, the department determined critical information was omitted within the Eden application that would result in a delay in the release of the combined decision. As a result, the department bifurcated the two applications and continued with this evaluation for the Providence project. The timeline below includes both applications, and then shows the bifurcation and completion dates for the Providence project.

## **APPLICATION CHRONOLOGY**

<b>Action</b>	<b>Eden</b>	<b>Providence</b>
Letter of Intent Received	July 23, 2019	October 23, 2019
Application Received	October 22, 2019	December 20, 2019
Department's pre-review activities <ul style="list-style-type: none"><li>• DOH 1<sup>st</sup> Screening Letter Sent</li><li>• Applicant's Responses Received</li></ul>	November 12, 2019 February 27, 2020	January 14, 2020 February 28, 2020
<ul style="list-style-type: none"><li>• DOH 2<sup>st</sup> Screening Letter Sent</li><li>• Applicant's Responses Received</li></ul>	March 20, 2020 April 24, 2020	March 20, 2020 April 8, 2020
Beginning of Review	May 6, 2020	
Public Hearing Conducted	None Requested or Conducted	
Public Comments Deadline	June 10, 2020	
Rebuttal Comments Deadline	June 24, 2020	
Bifurcation of Applications	August 4, 2020	
Department's Anticipated Decision		August 10, 2020
Department's Actual Decision		August 7, 2020

## **AFFECTED PERSONS**

Affected persons are defined under WAC 246-310-010(2). In order to qualify as an affected person, someone must first qualify as an “interested person,” defined under WAC 246-310-010(34). However, under concurrent review, each applicant is an affected person for the other application. Even though the Eden decision will be released at a later date, Eden continues to qualify as affected person for the Providence project.

## **SOURCE INFORMATION REVIEWED**

- Providence's Certificate of Need application received December 20, 2019
- Providence's first screening response received February 28, 2020
- Providence's second screening response received April 8, 2020
- 1987 Washington State Health Plan
- Office of Financial Management Population Data 2017
- Department of Health Integrated Licensing and Regulatory System database [ILRS]
- Licensing and/or survey data provided by the Department of Health's Office of Health Systems Oversight
- Licensing data provided by the Medical Quality Assurance Commission, Nursing Quality Assurance Commission, and Health Systems Quality Assurance Office of Customer Service
- Providence's website at <https://www.providence.org/en>
- CMS QCOR Compliance website: [https://qcor.cms.gov/index\\_new.jsp](https://qcor.cms.gov/index_new.jsp)
- Washington Secretary of State Corporation data

## **CONCLUSIONS**

### **Providence Health & Services-Oregon dba Providence Home Health**

For the reasons stated in this evaluation, the application submitted by Providence proposing to expand Medicare and Medicaid-certified home health services from its existing agency in Portland, Oregon to the residents of Clark County, Washington, is consistent with applicable criteria of the Certificate of Need Program, provided Providence agrees to the following in its entirety.

**Project Description**

This Certificate of Need approves Providence Health & Services-Oregon dba Providence Home Health to provide Medicare and Medicaid-certified home health services from its existing agency in Portland, Oregon to the residents of Clark County, Washington. Home health services provided directly by the agency include: skilled nursing, physical therapy, occupational therapy, speech therapy, certified home health aide services, medical social work services, and IV therapy.

**Conditions:**

1. Approval of the project description as stated above. Providence Health & Services-Oregon dba Providence Home Health further agrees that any change to the project as described in the project description is a new project that requires a new certificate of need.
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6. The service area for this Medicare and Medicaid-certified home health agency is Clark County. Providence Health & Services-Oregon dba Providence Home Health must provide home health services to the entire county for which this certificate of need is granted.

**Approved Costs:**

The approved capital expenditure for the establishment of the Clark County home health agency is \$0.

## **CRITERIA DETERMINATIONS**

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

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that the Providence Health & Services-Oregon dba Providence Home Health project **met** the applicable need criteria in WAC 246-310-210.

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

WAC 246-310 does not contain specific WAC 246-310-210(1) need criteria as identified in WAC 246-310-200(2)(a)(i). To assist with the determination of numeric need for home health agencies, the department uses the numeric methodology contained in the 1987 Washington State Health Plan.

#### **Home Health Numeric Methodology-1987 Washington State Health Plan (SHP)**

The SHP methodology is a five-step process, outlined generally below, that projects the number of home health visits in a planning area. [Source: SHP, pB-35]

Step one: Project the population of the planning area, broken down by age cohort

Age Cohort
0-64
65-79
80+

Step two: Project the number of home health patients

This is done by multiplying each projected population age cohort by their corresponding use rate.

Age Cohort	Use Rate
0-64	0.005
65-79	0.044
80+	0.183

Step three: Project number of patient visits

This is done by multiplying each age cohorts' number of patients by their corresponding number of visits.

Age Cohort	Use Rate	Visits
0-64	0.005	10
65-79	0.044	14
80+	0.183	21

Step four: Determine the projected home health agencies need

This is done by dividing the total projected number of visits by 10,000, which is considered the "target minimum operating volume for a home health agency." The resulting number represents the maximum projected number of agencies needed in a planning area. The SHP states fractions are rounded down to the nearest whole number.



Step five: Subtract the existing number of home health agencies in a planning area

The fifth and final step in the numeric methodology is to subtract the existing number of home health agencies in a planning area from the projected number of agencies needed. This results in the net number of agencies needed for the planning area.

**Providence Health & Services-Oregon dba Providence Home Health**

Providence provided a numeric methodology based on the five steps described above and concluded that Clark County had a net need of seven home health agencies in year 2022. A summary of Providence's numeric methodology is shown in the following table. [Source: Application, pp16-19]

**Department's Table 1  
Providence Numeric Need Methodology for Year 2022**

Estimated home health agency gross need	14.06
Subtract # of Medicare and Medicaid home health agencies	(7)
Net need for Medicare and Medicaid home health agencies	7.06
<b>Total net need</b>	<b>7</b>

As shown in the table above, Providence estimated a net need for seven Medicare and Medicaid home health agency by the end of projection year 2022.

Public Comments

None

Rebuttal Comments

None

Department Evaluation

The SHP methodology is a five-step process that projects the number of home health visits in a planning area. [Source: SHP, pB-35]

Step one: Project the population of the planning area, broken down by age cohort

**Department's Table 2  
Numeric Need Methodology for Clark County  
Step One – Project Planning Area Population by Age Cohort**

Age Cohort	2020	2021	2022
0-64	417,273	421,901	426,529
65-79	64,681	67,002	69,323
80+	17,444	18,684	19,924

[Source: OFM "Projections of the Population by Age and Sex for Growth Management, 2017 GMA Projections - Medium Series"]

Step two: Project the number of home health patients

This is done by multiplying each projected population age cohort by their corresponding use rate.

**Department's Table 3**  
**Numeric Need Methodology for Clark County**  
**Step Two – Projected Number of Home Health Patients**

Age Cohort	Use Rate	2020	2021	2022
0-64	0.005	2,086	2,110	2,133
65-79	0.044	2,846	2,948	3,050
80+	0.183	3,192	3,419	3,646

Step three: Project number of patient visits

This is done by multiplying each age cohorts' number of patients by their corresponding number of visits.

**Department's Table 4**  
**Numeric Need Methodology for Clark County**  
**Step Three – Projected Number of Home Health Visits**

Age Cohort	Use Rate	Visits	2020	2021	2022
0-64	0.005	10	20,864	21,095	21,326
65-79	0.044	14	39,843	41,273	42,703
80+	0.183	21	67,037	71,803	76,568
<b>Totals</b>			<b>127,744</b>	<b>134,171</b>	<b>140,597</b>

Step four: Determine the projected home health agencies need

This is done by dividing the total projected number of visits by 10,000, which is considered the "target minimum operating volume for a home health agency". The resulting number represents the maximum projected number of agencies needed in a planning area. The SHP states fractions are rounded down to the nearest whole number.

**Department's Table 5**  
**Numeric Need Methodology for Clark County**  
**Step Four – Projected Number of Home Health Agencies Needed**

Age Cohort	Use Rate	Visits	2020	2021	2022
0-64	0.005	10	20,864	21,095	21,326
65-79	0.044	14	39,843	41,273	42,703
80+	0.183	21	67,037	71,803	76,568
<b>Totals</b>			<b>127,744</b>	<b>134,171</b>	<b>140,597</b>
<b>Target Minimum Operating Volume</b>			<b>10,000</b>	<b>10,000</b>	<b>10,000</b>
<b>Number of Agencies</b>			<b>12.77</b>	<b>13.42</b>	<b>14.06</b>
<b>Number of Agencies Needed</b>			<b>12</b>	<b>13</b>	<b>14</b>

Step five: Subtract the existing number of home health agencies in a planning area

The fifth and final step in the numeric methodology is to subtract the existing number of home health agencies in a planning area from the projected number of agencies needed. This results in the net number of agencies needed for the planning area.

The following analysis of which agencies are sufficiently available and accessible will be used in order to determine which will be counted in the supply.

The department started with a listing of licensed in-home services agencies, which had 1,043 licenses.

Next, the department eliminated any licenses that had a status of: closed, denied licensure, expired, revoked, or suspended. This left 489 in-home services licenses with a status of active or pending.

Then, any that did not list home health as an agency category or that was not serving Clark County was eliminated, leaving 39 licenses. Then, using the definition in the 1987 Washington State Health Plan for a home health agency which states, “*Home health agency means an entity coordinating or providing the organized delivery of home health services. Home health services means the provision of nursing services along with at least one other therapeutic service or with a supervised home health aide service to ill or disabled persons in their residences on a part-time or intermittent basis, as approved by a physician.*” [Source: SHP, pB-34] This factor resulted in elimination of 11 licenses based on the service categories listed on each agency’s license, leaving 28 home health agencies.

Of the remaining 28 agencies, eight will not be counted in the supply because information either in the department’s internal database<sup>1</sup>, the agency’s most recent two annual CN utilization surveys, or the agency’s public website identify that the agency does not fit the 1987 SHP definition of a home health agency. These agencies are listed in the following table with some notes identifying the rationale behind its exclusion.

**Department’s Table 6**  
**Services’ Analysis for Clark County**  
**Determining the Existing Supply**

Agency Name	WA DOH License Number	Rationale for Exclusion
Avail Home Health	IHS.FS.00000231	Based on the most recent (2018) response to CN survey, in 2017 Avail Home Health stated that “ <i>Avail does not provide visits.</i> ” And had 23 admissions in 2017 for “ <i>All counties</i> ”, with 28 counties listed. [Source: CN survey, 2018]
Beam for Seniors - Capital Place	IHS.FS.60674651	This agency did not respond to the last several CN surveys. And based on the website provided with the IHS license application, there is no mention of home health services or any services available or accessible to persons outside of its retirement community. [Source: Beam’s website, 2020]
Chesterfield Health Services	IHS.FS.00000252	This agency did not respond to the last several CN surveys. And based on its website, although there are nursing services offered, therapy services are “ <i>arranged</i> ”. Thus, this agency does not fit the 1987 SHP definition of a home health agency. [Source: Chesterfield Health’s website, 2020]
Divine Home Health Care Inc.	IHS.FS.60803573	This agency did not respond to the last several CN surveys. And based on its website, there are no therapy services offered. Thus, this agency does not fit the 1987 SHP definition of a home health agency. [Source: Divine’s website, 2020]
Guardian Home Care	IHS.FS.60266397	This agency did not respond to the last several CN surveys. And based on the website provided with the

<sup>1</sup> Integrated Licensing and Regulatory System (ILRS).

Agency Name	WA DOH License Number	Rationale for Exclusion
		IHS license application, there are no nursing or therapy services offered. Thus, this agency does not fit the 1987 SHP definition of a home health agency. [Source: Amada's website, 2020]
Rehab Without Walls	IHS.FS.60263077	This agency did not respond to the last several CN surveys. And based on its website, there are no nursing services offered. Thus, this agency does not fit the 1987 SHP definition of a home health agency. [Source: Rehab Without Walls' website, 2020]
Ro Health	IHS.FS.60610351	This agency did not respond to the last several CN surveys. And based on the website provided with the IHS license application, its services focus on patients that are medically complex. Thus, this agency does not fit the 1987 SHP definition of a home health agency. [Source: Amada's website, 2020]
Vancouver Comfort Keepers	IHS.FS.60450910	This agency did not respond to the last several CN surveys. And based on the website associated with the email provided with the IHS license application, the only services provided are ones associated with home care. Thus, this agency does not fit the 1987 SHP definition of a home health agency. [Source: Comfort Keeper's website, 2020]

Of the remaining 20 licenses the below seven are determined not available and accessible to the entire population of the Clark County planning area. And thus will be excluded from the supply. The rationale for excluding these seven agencies is shown in the table below.

**Department's Table 7**  
**Availability and Accessibility for Clark County**  
**Determining the Existing Supply**

Agency Name	WA DOH License Number	Rationale for Exclusion
Ashley House	IHS.FS.00000227	Services only available to children, teens, and young adults. [Source: Ashley House website, Our Services, 2020]
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Services only available to members of the health maintenance organization. [Source: Kaiser's website, main page, 2020]
Maxim Healthcare Services	IHS.FS.00000375	This agency did not respond to the last several CN surveys. And based on its website, only its Portland-based office with a separate license, serves Clark County. Thus, this agency is not considered available and accessible to the residents of Clark County. [Source: Maxim's website, 2020]
Nuclear Care Partners LLC	IHS.FS.60670421	Services only available to former atomic workers. [Source: Nuclear Care Partners' website, Service Area Washington, 2020]

Agency Name	WA DOH License Number	Rationale for Exclusion
Popes Kids Place	IHS.FS.60083889	Services only available to medically fragile children and young adults. [Source: Pope's Place's website, main page, 2020]
Seattle Children's Hospital Home Care Services	IHS.FS.00000097	Services only available to children from infancy through young adulthood. [Source: Seattle Children's website, 2020]
United Energy Workers Healthcare, Corp	IHS.FS.60593988	Services only available to persons who qualify for the energy employees' occupational illness compensation program or the responsible energy code alliance benefits. [Source: United Energy Workers Healthcare's website, About Us, 2020 and CN's 2019 Survey]

Exclusion of the seven agencies listed above results in 14 agencies.

In 2018 and 2019, the department sent utilization surveys to all home health agencies that were licensed. The survey requested historical admissions and visits for the preceding years (2017 and 2018 respectively). The below agencies returned surveys for data in either or both year 2017 and 2018 which evidence either none or very limited service to Clark County residents, the need methodology assumes each agency counted is providing 10,000 patient visits annually. These agencies are determined not available and accessible to the entire population of the Clark County planning area. And thus will be excluded from the supply.

**Department's Table 8**  
**Availability and Accessibility for Clark County**  
**Determining the Existing Supply**

Agency Name	WA DOH License Number	Survey Information
Critical Nurse Staffing LLC	IHS.FS.60852239	In 2017 zero Clark County admits In 2018 zero Clark County admits [Source: CN surveys, 2018 and 2019]
Interim Healthcare of Spokane, Inc	IHS.FS.00000345	In 2017 zero Clark County admits No 2018 data provided [Source: CN survey, 2018]
Right At Home	IHS.FS.00000096	In 2017 did not serve Clark, only King and Pierce No 2018 data provided [Source: CN survey, 2018]
Total Care	IHS.FS.00000452	In 2017 seven admits for Clark, Cowlitz, and Skamania counties combined No 2018 data provided [Source: CN survey, 2018]
Vancouver Home Healthcare Agency LLC	IHS.FS.60660459	In 2017 one Clark County admits In 2018 zero Clark County admits [Source: CN surveys, 2018 and 2019]

Exclusion of the five agencies above, results in a total of eight agencies for Clark County. The following table shows the remaining eight licenses, all of which represent the existing supply of home health agencies serving the residents of Clark County.

**Department's Table 9  
The Existing Supply for Clark County**

Agency Name	WA DOH License Number	Analysis
Aveanna Healthcare	IHS.FS.00000422	CN approved Although this agency at first glance appears to only serve pediatric patients, a thorough review of its website shows home health nursing and therapy services for adults is also available.
Community Home Health and Hospice	IHS.FS.00000262	CN approved Survey data: In 2017 1,443 Clark admits
Healthy Living at Home - Vancouver LLC	IHS.FS.60814521	CN approved Survey data: In 2017 zero Clark admits, new agency In 2018 zero Clark admits
Kindred at Home	IHS.FS.00000300	CN approved
Maxim Healthcare Services	IHS.FS.60282684	Although this agency did not respond to the last several CN surveys. Information on their DOH license and website appear to qualify it to be counted in the existing supply.
PeaceHealth Hospice and PeaceHealth Homecare	IHS.FS.60331226	CN approved
Providence Home Health (applicant)	IHS.FS.60108399	Survey data: In 2017, 150 Clark admits In 2018, 264 Clark admits
Touchmark at Fairway Village, LLC HH and HC	IHS.FS.00000454	CN approved

As shown in the preceding table, one of the agencies is the applicant for this review and will be counted in the existing supply.

**Department's Table 10**  
**Numeric Need Methodology for Clark County**  
**Step Five – Subtract the Existing Supply**

Age Cohort	Use Rate	Visits	2020	2021	2022
0-64	0.005	10	20,864	21,095	21,326
65-79	0.044	14	39,843	41,273	42,703
80+	0.183	21	67,037	71,803	76,568
Totals			127,744	134,171	140,597
Target Minimum Operating Volume			10,000	10,000	10,000
Number of Agencies			12.77	13.42	14.06
Number of Gross Agencies Needed			12	13	14
Number of Existing Agencies			8	8	8
<b>Net Agencies Needed</b>			<b>4</b>	<b>5</b>	<b>6</b>

Providence submitted its application in December of 2019. And based its application on experience in an adjacent county and projected to year 2023.

Providence anticipates providing Medicare and Medicaid home health services in Clark County by the end of year 2020. Taking this operational timeline into consideration, time spent for this review, and the completed utilization data, for the department methodology base year is 2019; projected year is 2022.

The following table is a summary of the factors used in the department's numeric home health methodology for Clark County.

**Department's Table 11**  
**Department's Numeric Methodology Assumptions and Data**

<b>Assumption</b>	<b>Data Used</b>
Planning Area	Clark County
Population Estimates and Forecasts	Age Group: 0 – 85+ OFM Population Data released year 2017, medium series: Current Year 2019 – 489,882 Projected Year 2022 – 515,776
Utilization by Age Cohort	Age 0-64 = 0.005 Age 65 – 79 = 0.044 Age 80+ = 0.183
Number of Visits by Age Cohort	Age 0-64 = 10 visits Age 65 – 79 = 14 visits Age 80+ = 21 visits
Existing Number of Providers	Eight providers based on the preceding analysis

A summary of the department's numeric methodology is presented in the preceding table. The methodology and supporting data is provided in Appendix A attached to this evaluation.



**Department's Table 12**  
**Summary of Department of Health**  
**Clark County Home Health Need Projection**

	2019	2020	2021	2022	2023
Total Number of Patient Visits	123,278	127,744	134,171	140,597	147,023
Divided by 10,000	12.33	12.77	13.42	14.06	14.70
Rounded Down	12	12	13	14	14
Existing Number of Agencies	8	8	8	8	8
<b>Net Need</b>	<b>4</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>6</b>

As shown in the preceding table, need for an additional four home health providers is projected in current year 2020, which increases to six in projection year 2022. Based solely on the numeric methodology, need for additional home health agencies is demonstrated.

In addition to the numeric need methodology, the department must determine whether other services and agencies of the type proposed are not or will not be sufficiently available and accessible to meet that need.

**Providence Health & Services-Oregon dba Providence Home Health**

Providence provided the following statements related to this sub-criteria.

*“Of the seven Medicare/Medicaid certified home health agencies in Clark County, only four have provided Medicare Fee for Service visits since 2015. According to their Web site, Aveanna Healthcare (Pediatric Services of America) provides pediatric care only. Kaiser Permanente provides services only to its members. According to data available from Berg Data Solutions, Healthy Living at Home has had no discernible presence in Clark County since 2015.*

*Timely access to home health services provides a key measure of overall access. Based on 2018 data, timely access to home health services in Clark County was far below state and national averages. The four Medicare/Medicaid certified agencies that provided Medicare FFS visits in 2018 reported timeliness outcomes below state and national averages for speed of admission from hospital discharge to home health agency. This suggests that Clark County would benefit from the proposed Providence Home Health agency.” [Source: Application, p24]*

*“Washington State Timeliness of Care*

*Providence Home Health has not conducted peer-reviewed research to identify and understand the factors that account for differences in the timeliness of care when comparing Washington State agencies to national averages. Given this lack of formal research, Providence cannot state definitively the factors attributable to Washington State agencies performing differently than national averages.*

*Based on our knowledge of the health care industry and, specifically, home health care, we hypothesize a number factors may contribute to the differences in timeliness of care between Washington State agencies and the national average. These factors include the following:*

- *As a Certificate of Need state, Washington may have fewer home health providers per capita compared to non-Certificate of Need states. Having fewer providers may result in a slightly lower than average start of care time, which would impact the overall timeliness of care.*



- *Washington has a significant number of veterans, both active and retired, with many patients having insurance coverage through the Veterans Administration (VA). Based on our experience, receiving orders back from the VA system can be challenging, which may contribute to delays in receiving timely access to home health care for some patients.*
- *In comparison to other states, Washington also has a high Medicaid population with only a few providers – including Providence – accepting all insurance types. A high Medicaid population, coupled with some home health agencies focusing on providing home health services to patients with commercial insurance, may adversely impact the timeliness of care for the Medicaid population, decreasing the overall average.*

#### *Providence Timeliness of Care Initiatives*

*As noted in our screening responses dated February 28, 2020, Providence Home Health's timeliness of care data is better than the existing home health providers in Clark County and better than the Washington State average. While Providence Home Health does not yet perform better than the national average, we continue to strive toward improving timeliness of care and have a robust Quality Assurance and Performance Improvement ("QAPI") program, as noted in the CN application and as provided in Exhibit 26. The Manager of Clinical and Quality Education, along with the Home Health Director, Medical Director, Home Health Operation Managers, supervisors, and primary interdisciplinary teams, are responsible for assuring Providence continues to monitor the quality of service it provides and, as needed, develops performance improvement projects.*

*Timeliness of care is one of the quality of care indicators that is monitored by QAPI. The current Providence Home Health efforts to improve timeliness of care include, but are not limited to, the following:*

- *Providence Home Health reviews every "Start of Care" for timeliness as part of the documentation review process. Any concerns that arise are reviewed and used to improve workflows.*
- *Providence Home Health works to ensure staff correctly and accurately record data that informs timeliness of care. This training is particularly important as we align and standardize our EPIC electronic medical record.*

#### *Timeliness of Care in Clark County*

*As Providence Home Health looks toward the expansion of services beyond Oregon into Clark County, we will continue to build on the existing QAPI performance improvement efforts and also will evaluate additional steps that may need to be taken in Washington State. Expanding access to home health services by approving the Providence Home Health certificate of need application will be one important step toward improving timeliness of care. Continuing to strive to provide access for veterans and Medicaid patients also remains core to Providence's mission to provide care for all patients, regardless of the type of insurance. Overall, Providence Home Health remains committed to making ongoing progress toward the timeliness of care." [Source: April 8, 2020, screening response, pp1-2]*

#### Public Comments

None

#### Rebuttal Comments

None

### Department Evaluation

Providence is proposing its Clark County home health services would be provided through its Portland, Oregon agency located across the Columbia River. Since home health services are provided in the patient's home or current residence, the physical location of the home health agency is not a determining factor in this review.

Providence's assertion that Clark County's below average timeliness in access to Medicare and Medicaid home health services is indicative of a need for additional agencies is reasonable. It is also supported by the department's numeric need methodology which shows a need for six agencies by 2022.

Typically the department reviews the number of home health visits by agencies counted in the supply against the projected number of visits to further assess availability and accessibility. Historical visits information is only available to the department through its use of annual surveys. Since there was a very limited number of completed surveys returned in recent years, even by CN approved agencies, the department did not conduct this type of review for this project. Rather, the department takes into consideration the lack of public comments in opposition to the addition of a new provider in the county.

The department concludes that the numeric methodology supports need for additional home health agencies in Clark County. The numeric methodology and preceding analysis demonstrate that the applicant could be approved. Providence provided a reasonable rationale for its project. Based on the information above, the department concludes that Providence demonstrated need for its proposed project. Providence **meets this sub-criterion**.

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

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

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

Medicare certification is a measure of an applicant's willingness to serve the elderly. With limited exceptions, Medicare is coverage for individuals age 65 and over. It is also well recognized that women live longer than men and therefore more likely to be on Medicare longer.

Medicaid certification is a measure of an applicant's willingness to serve low income persons and may include individuals with disabilities.

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

With the passage of the Affordable Care Act, the amount of charity care is expected to decrease, but not disappear.

**Providence Health & Services-Oregon dba Providence Home Health**

Providence provided copies of the following policies used for its Oregon home health agency that would be adapted to include home health services in Clark County. [Source: Application, Exhibits 15 and 16, February 28, 2020, screening response, Exhibits 31 and 32]

Draft Admission Criteria Policy  
Draft Admission Process Policy  
Nondiscrimination Policy and Patient Handout  
Draft Charity Care Policy

Providence provided the following statements related to this sub-criteria.

*“As a long-established provider, Providence has deep roots in the Clark County community and a strong reputation for serving the needs of all. In alignment with our Mission and commitment to our community, the proposed home health agency will serve all patients requiring home health services in Clark County, with an emphasis on underserved populations, especially the poor and vulnerable. Providence Home Health intends to provide a full range of home health services to all appropriate patients, regardless of insurance status or ability to pay.*

*In addition, the Providence Mission reaches beyond the walls of care settings to touch lives in the places where relief, comfort, and care are needed. One important way Providence does this is through providing community benefit. These investments not only support the health and wellbeing of our patients, but the whole community. Through programs and donations, Providence’s community benefit connects families with preventive care to keep them healthy, fills gaps in community services, and provides opportunities that bring hope in difficult times. Providence provides significant community benefit in the form of free and discounted care; community health, grants, and donations; education and research programs; unfunded government-sponsored medical care; and subsidized services. In 2018, Providence provided \$617 million in community benefit in Washington and \$278 million in community benefit in Oregon.”* [Source: Application, p25]

*“Following CN approval, Providence Home Health will update the policies to reference the provision of home health services in Washington, not only Oregon.”* [Source: Application, p26]

*“Upon CN approval to provide home health services in Clark County, Providence Health & Services - Oregon will adopt this updated policy [Exhibit 32], which meets both Oregon and Washington State charity care requirements.”* [Source: February 28, 2020, screening response, p15]

Providence currently provides Medicare and Medicaid certified home health services in Oregon and provided its historical (2018) sources of revenue by payer from its Oregon agency. Providence also provided its projected sources of revenue by payer for Clark County. Following are both the historical and projected the payer mixes. [Source: Application, p30]

**Department's Table 13  
Providence's Payer Mixes**

<b>Revenue Source</b>	<b>2018 Oregon Historical</b>	<b>2020 – 2023 Clark County Projection</b>
Medicare	82.5%	82.5%
Medicaid	8.2%	8.2%
Commercial	8.5%	8.5%
Self-Pay	0.2%	0.2%
Other (L&I, TRICARE, VA)	0.6%	0.6%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Providence provided the following statement regarding its projected payer mix. [Source: Application, p 29]

*“The payer mix is modeled to remain the same for the first three full years of operation. The projected payer mix is based on the most recent full year of data for Providence Home Health.”*

Public Comments

None

Rebuttal Comments

None

Department Evaluation

Providence has been providing Medicare and Medicaid home health services to the residents of Oregon through its existing agency. Healthcare services have been available to low-income, racial and ethnic minorities, handicapped, and other underserved groups.

Providence submitted its Oregon Admission Process Policy which describes the process Providence uses to admit patients to its home health agency. Providence also submitted its system-wide Nondiscrimination Policy which includes language to ensure all patients would be admitted for treatment without discrimination. The policy states: *“Consistent with Providence's Mission and Core Values, it is the policy of Providence to not discriminate against, exclude, or treat differently any individuals accessing any Providence Health Program or Activity on any basis prohibited by local, state or federal laws, including but not limited to on the basis of race, color, national origin, age, Disability, Handicap, or sex, as those terms are defined under federal law and rules. Where applicable, federal statutory protections for religious freedom and conscience are applied. It is also Providence's policy to provide free aids and language assistance services to individuals with a Disability, Handicap, or Limited English Proficiency who are accessing a Providence Health Programs or Activity. Such services may include providing Qualified Bilingual/Multilingual Staff, Qualified Interpreters, and Qualified Translators free of charge.”* Providence has stated it will update its Oregon policies to reference Washington State and the Clark County service area, and to meet Washington State requirements.

Providence's current Medicare income for its Oregon agency is 82.5% of total revenues; and Medicaid income is 8.2% of revenue. Additionally, Providence's financial data provided in the application shows anticipated revenues from both Medicare and Medicaid for Clark County services.

Providence is currently providing Medicare and Medicaid home health services in a number of counties throughout Oregon. It anticipates all payer mixes by percent of revenue to remain the same for at least the first three years of operation providing Medicare and Medicaid home health services to Clark County residents. Although basing projected revenues on service in another state, Washington State's Clark County borders Oregon and is adjacent to several counties Providence is using for this basis.

Providence also provided a copy of a draft charity care policy which will be adopted if a CN is granted to Providence for home health services for Clark County. The policy provides the circumstances that a patient may qualify for charity care and outlines the process to be used to obtain charity care. The policy also includes the non-discrimination language, which states: "*Providence Home Health will not discriminate on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law when making financial assistance determinations.*" The pro forma financial documents provided in the application include anticipated charity care costs as a deduction of revenue.

If this project is approved, the department would attach a condition requiring the applicant to provide final Admission Criteria, Admission Process, and Charity Care policies that meet State and CN requirements. Based on the information provided in the application, the department concludes Providence **meets this sub-criterion.**

- (3) The applicant has substantiated any of the following special needs and circumstances the proposed project is to serve.

  - (a) The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers providing a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas.
  - (b) The special needs and circumstances of biomedical and behavioral research projects designed to meet a national need and for which local conditions offer special advantages.
  - (c) The special needs and circumstances of osteopathic hospitals and non-allopathic services.
- (4) The project will not have an adverse effect on health professional schools and training programs. The assessment of the conformance of a project with this criterion shall include consideration of:

  - (a) The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided.
  - (b) If proposed health services are to be available in a limited number of facilities, the extent to which the health professions schools serving the area will have access to the services for training purposes.
- (5) The project is needed to meet the special needs and circumstances of enrolled members or reasonably anticipated new members of a health maintenance organization or proposed health maintenance organization and the services proposed are not available from nonhealth maintenance organization providers or other health maintenance organizations in a reasonable and cost-effective manner consistent with the basic method of operation of the health maintenance organization or proposed health maintenance organization.

### Department Evaluation

The criteria under WAC 246-310-210(3), (4), and (5) do not apply to this application.

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

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that the Providence Health & Services-Oregon dba Providence Home Health project **met** the applicable financial feasibility criteria in WAC 246-310-220.

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

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

### **Providence Health & Services-Oregon dba Providence Home Health**

Providence currently provides home health services in the states of Oregon and Washington. For Washington State, Providence provides home health services to the residents of Clark, Columbia, Cowlitz, Klickitat, and Skamania counties through its home health agency located in Portland, Oregon. This project proposes that the Clark County home health services would be provided from the Portland office. Providence provided the assumptions used to determine the projected number of patients and visits for the proposed Clark County operations. These assumptions are restated below. [Source: Application, pp22-23]

#### ***“The Project (Clark County Home Health Forecast):***

- *The project is assumed to start as of July 1, 2020 or upon CN approval.*
- *Given the level of projected unmet need by 2022 in Clark County (140,597 visits), total project utilization is assumed to reach capacity of one agency (10,000) by 2023 with moderate ramp-up assumed in prior years.*
- *Total need was based on the standard use rate assumed by the Washington State Health Plan:*
  - *Age Cohort 0-64 – use rate of 0.005*
  - *Age Cohort 65-79 – use rate of 0.044*
  - *Age Cohort 80+ – use rate of 0.183*
- *Utilization forecasts by discipline are then estimated using the following distribution of visits based on the current YTD 2019 levels for the existing operations of Providence Home Health:*
  - *Skilled Nursing – 44.4%*
  - *Physical Therapy – 32.7%*
  - *Occupational Therapy – 11.8%*
  - *Home Health Aide – 5.4%*
  - *Speech Therapy – 3.1%*
  - *Social Workers – 2.6%*

#### ***Existing Operations (without “The Project”):***

- *Current operations based on Providence Home Health – Portland.*
- *2019 Forecast “base” visit volume of 242,640.*

- 2020 visit volume based on 6% year-over-year growth rate in-line with current budgeted expectations for total existing volume.
- 2021-2023 visit volume based on 2% annual growth rate.
- Inflation is excluded from the forecast (both with and without the project)”

Based on the preceding assumptions, Providence provided the following projections for utilization of the home health agency. [Source: February 28, 2020, screening response, p4]

*Applicant's Table*

<b>Table 1. Providence Home Health Visits and Unduplicated Home Health Patients 2016-2019 (Revised)</b>				
	Historicals			Annualized
Providence Home Health (without project)	2016	2017	2018	2019
Home Health Visits	231,289	235,945	240,420	242,640
Unduplicated Home Health Patients	11,153	13,048	10,845	12,132

If this project is approved, the new home health agency would be operated under Providence's agency located in Portland, Oregon.

Providence also provided its assumptions used to project the start-up costs, revenues, and expenses for the agency. [Source: Application, Exhibit 18]

## Applicant's Table

### Revenue and Expense Assumptions (Details)

A	B	C	D
Category/Item	General Assumptions (Forecasted Years 2020-2023)	Assumptions for THE Clark Project (If Different)	Additional Notes
Home Visits	6% growth in 2020 + 2% increased volume per year		
<b>GROSS PATIENT REVENUE (GPR)</b>			
Medicare Fee for Service	Gross Patient Revenue (GPR) per visit by payer type x estimated number of visits, based on 2019 YTD actual GPR/visit		
Medicare Managed Care			
Medicaid			
Medicaid Managed Care			
Commercial			
Other			
Self Pay			
<b>TOTAL CONTRACTUAL ALLOWANCES</b>	Revenue Deductions per visit by payer type x estimated number of visits, based on 2019 YTD actual Deductions/visit		
Bad Debt	0.35% of total GSR based on 2016-2018 average		
Charity Care	0.54% of GPR based on 2020 budget and historical average		
Other Operating Revenue	\$2.81 / visit - based on 2020 forecasted expectation	No assumed additional Other Operating Revenue for Clark	Includes other inter-affiliate transfers for reimbursement of services provided to entities internal to Providence
<b>SALARIES &amp; BENEFITS</b>			
Registered Nurse (RN)	Total FTE count based on average number of FTEs needed to support visit volume; Salaries calculated as FTEs by discipline (based on 2019 YTD mix) x average wage rates by discipline x 2,080 hours (full-time equivalent)		
LPN			
Home Health Aide			
Administrative and Clerical			Includes Admin, Medical Director, and Business & Clerical
Physical Therapist (PT)			
Occupational Therapist (OT)			
Social Worker (MSW)			
Speech Therapist (ST)			
Management/Supervisor			
Other		No assumed additional expense for Clark	
Agency		No assumed additional expense for Clark	
Employee Benefits	27.5% of total employed comp based on 2018 level		
<b>TOTAL SALARIES &amp; BENEFITS</b>			
<b>PROFESSIONAL FEES</b>			
Legal and Professional	No assumed Legal and Professional fees at op. unit		
<b>TOTAL PROFESSIONAL FEES</b>			
<b>SUPPLIES</b>			
Medical Supplies	\$4.59 / visit based on historical average	Includes start up costs of \$641	
Non Medical Supplies	\$0.04 / visit based on historical average		
Pharmacy Supplies	\$0.02 / visit based on historical average		
Office Supplies	\$0.06 / visit based on historical average	Includes start up costs of \$200	
Other Supplies	\$0.02 / visit based on historical average		Includes minor housekeeping supplies, food supplies, etc.
<b>PURCHASED SERVICES</b>			
Management Fees	\$6.22 / visit based on 2019 annualized actual		
Print and Publications	\$0.41 / visit based on 2019 annualized actual	Includes start up costs of \$1,125	
Advertising and Marketing	\$0.0031 / visit based on 2019 annualized actual	Includes start up costs of \$750	
Telephone and Wireless	\$0.96 / visit based on 2019 annualized actual		
Translation Services	\$0.7 / visit based on 2019 annualized actual		
Maintenance Services	\$0.07 / visit based on 2019 annualized actual		
Other Purchased Services	\$0.97 / visit based on 2019 annualized actual	Includes Epic set-up and Legal Fees for start up costs of \$18,720	Includes utilities and other purchased healthcare services such as records management, security, answering services, internal catering, etc.
<b>TOTAL PURCHASED SERVICES</b>			
<b>OTHER EXPENSES</b>			
Mileage	\$4.93 / visit based on 2019 annualized actual		
Travel	\$0.08 / visit based on 2019 annualized actual		
Training & Education	\$0.12 / visit based on 2019 annualized actual		
Equipment (PC, Printers, etc.)	\$0.48 / visit based on 2019 annualized actual	Includes start up costs of \$2,000	
Dues and Memberships	\$0.01 / visit based on 2019 annualized actual		
Lease Expense	\$2.56 / visit based on 2019 annualized actual		
Equipment Lease	\$0.04 / visit based on 2019 annualized actual		
Licensing	\$0.04 / visit based on 2019 annualized actual	Includes start up costs of \$750; on-going \$120/Clinician Addition	
Other Miscellaneous Expenses	\$0.03 / visit based on 2019 annualized actual		Includes Taxes, postage, and minor recruitment expenses.
<b>NON-OPERATING EXPENSES</b>			
Depreciation	Assets fully depreciated in 2020		
Allocated System Expense	Estimated at 7% of NOR		

A = Expense or revenue line item.

B = General assumptions for AS IS (without project) and for The Project (unless otherwise noted in column C).

C = Additional assumptions that apply to The Project (Clark County) only. For example: agency start-up costs.

D = Additional notes to explain column B assumptions.

Source: Providence



### Applicant's Table

Start-up Cost Assumptions (Clark County Project)		
	Start-up Costs	Basis of Assumption
<b>Supplies:</b>		
Medical Supplies	\$ 641	Update car stock for clinicians working in Clark County at \$148 per RN and Therapists; \$86 per Aide; Increase medical supplies in inventory and creams/lotions (\$100).
Office Supplies	\$ 200	Paper for printer, additional pens/post its for touchdown area, flip charts for planning
<b>Purchased Services:</b>		
Printing and Publications	\$ 1,125	Admit Packets (\$5 x 150 = \$750); 300 Brochures (\$1.25 each x 300 = \$375)
Advertising and Marketing	\$ 750	Update Website (5 hours x \$50 = \$250); Mailings to physician's offices and facilities (\$1.00 x 500 = \$500)
<b>Other Expense:</b>		
Equipment (PC, Printers, etc.)	\$ 2,000	1 computer in office for touchdown at \$1,000 to include all peripherals (screen, keyboard, etc.); Additional printer for growth at \$1,000
Licensing (clinicians)	640	New licenses for clinicians to work in Clark County (\$120 x 3 = \$360); SW licensing \$100 x 1 = \$100; RN \$90 x 2 = \$180. All Providence Chaplains are Clinical Pastoral Education certified so do not need a license
Other Miscellaneous Expenses		
- EPIC set up	\$ 16,000	1 Epic analyst for a 2.5 weeks (\$100 x 40 x 2.5 = \$10,000), Contract setup (~8 hrs. * \$75 = \$600), reports (8 hrs. x \$75 = \$600), chg of acctg reports (2x 40 x \$60 = \$4,800)
- Legal/Regulatory	\$ 2,720	Updating any contracts with providers. Review of policies for State regulatory requirements. Legal - 8 hours at \$250 per hour = \$2,000; Compliance 8 hours at \$90 per hour = \$720

Source Providence

Based on the preceding assumptions, Providence provided its projected revenue, expenses, and net income for the Clark County agency for projection years 2020 through 2023. Projections are summarized in the following table. [Source: Application, Exhibit 18]

**Department's Table 14**  
**Providence's Clark County Projected Revenues and Expenses Summary**  
**Years 2020 through 2023**

	CY 2020 (Partial Year)	CY 2021	CY 2022	CY 2023
Net Revenue	\$717,691	\$1,794,233	\$2,153,080	\$2,392,311
Total Expenses	\$579,071	\$1,410,724	\$1,758,169	\$1,986,112
<b>Net Profit / (Loss)</b>	<b>\$138,619</b>	<b>\$383,509</b>	<b>\$394,910</b>	<b>\$406,198</b>

Providence also provided its projected revenue, expenses, and net income for Providence Home Health which is planned to be providing Medicare and Medicaid home health services in multiple Oregon counties and Washington State's Clark County. The following table shows projection years 2020 through 2023. Projections are summarized in the following table. [Source: Application, Exhibit 18]

**Department's Table 15**  
**Providence's Oregon Home Health Operations and Clark County**  
**Projected Revenues and Expenses Summary**  
**Years 2020 through 2023**

	CY 2020	CY 2021	CY 2022	CY 2023
Net Revenue	\$62,970,041	\$65,291,857	\$66,920,656	\$68,455,238
Total Expenses	\$59,332,490	\$61,335,234	\$62,881,169	\$64,331,572
<b>Net Profit / (Loss)</b>	<b>\$3,637,551</b>	<b>\$3,956,623</b>	<b>\$4,039,486</b>	<b>\$4,123,666</b>

Providence also provided the projected cash flow pro forma for years 2020 through 2023. Included is the existing Oregon operations combined with Clark County, shown in the following table. [Source: Application Exhibit 19]

*Applicant's Table*

<b>Providence Home Health Cash Flow Proforma, 2020-2023</b>				
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Cash flows from Operating Activities:				
Net Income (Loss) from Operations	3,637,551	3,956,623	4,039,486	4,123,666
Adjustments to Reconcile Net Income to Cash Provided by Operations:				
Depreciation and Amortization	1,055	-	-	-
Change in Accounts Receivable	(510,205)	(280,222)	(196,047)	(184,567)
Change in Accounts Payable & Accrued Expenses	340,023	16,495	71,873	76,531
Change in Accrued Compensation	133,697	6,486	28,261	30,092
Total Adjustments	(35,430)	(257,241)	(95,913)	(77,944)
<b>Net Cash Provided by Operations</b>	<b>3,602,122</b>	<b>3,699,382</b>	<b>3,943,574</b>	<b>4,045,722</b>
Cash Flows from Investing Activities:				
<b>Net Cash Provided by Investing Activities</b>				
Cash Flows from Financing Activities:				
Cash (To)/From Affiliates	(3,602,122)	(3,699,382)	(3,943,574)	(4,045,722)
<b>Net Cash Provided by Financing Activities</b>	<b>(3,602,122)</b>	<b>(3,699,382)</b>	<b>(3,943,574)</b>	<b>(4,045,722)</b>
Net Increase (Decrease) in Cash	-	-	-	-
Cash Balance at Beginning of Year	-	-	-	-
<b>Cash Balance at End of Year</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

Source: Providence

Please note that Providence does not hold cash flow statements at the facility level, and Providence does not routinely use facility level cash flow statements as part of its financial analysis when evaluating new business ventures. With that said, for purposes of this Application and to satisfy the Department's questions relating to cash flow statements, Providence has prepared a cash flow statement. This cash flow statement was solely created for the Department's review of this Application.

Providence additionally provided the projected balance sheets for the existing Oregon operations combined with Clark County. The following table summarizes years 2020 through 2023. [Source: Application, Exhibit 19]

**Department's Table 16**  
**Providence's Oregon Home Health Operations and Clark County**  
**Balance Sheets' Summary**  
**Years 2020 through 2023**

<b>ASSETS</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Current Assets	\$7,560,736	\$7,840,958	\$8,037,005	\$8,221,572
Property & Equipment	\$0	\$0	\$0	\$0
Other Assets	\$0	\$0	\$0	\$0
<b>Total Assets</b>	<b>\$7,560,736</b>	<b>\$7,840,958</b>	<b>\$8,037,005</b>	<b>\$8,221,572</b>
<b>LIABILITIES</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Current Liabilities	\$4,799,372	\$4,822,354	\$4,922,488	\$5,029,111
Long Term Liabilities	\$0	\$0	\$0	\$0
Net Assets	\$2,761,363	\$3,018,604	\$3,114,517	\$3,192,461
<b>Total Liabilities &amp; Net Assets</b>	<b>\$7,560,735</b>	<b>\$7,840,958</b>	<b>\$8,037,005</b>	<b>\$8,221,572</b>

Public Comments

None

Rebuttal Comments

None

Department Evaluation

Utilization Assumptions

An applicant's utilization assumptions are the foundation for the financial review under this sub-criterion. The department first reviewed the assumptions used by Providence to determine the projected number of patients and visits by discipline for the addition of Clark County to the existing agency. Providence based its discipline mix and projected number of patients on its experience from operating its Oregon agency that serves parts of Southwest Washington State. The projected number of visits for Clark County services is 20 visits per patient based on its existing operations.

The department concludes that Providence's utilization assumptions are reasonable.

Pro Forma Financial Statements

The applicant provided pro forma financial statements, including the revenue and expense statements, balance sheets, and cash flow statements, which allowed the department to evaluate the financial viability of the proposal.

Providence based its anticipated revenue and expenses for its Clark County expansion on the assumptions referenced earlier. Providence also used its current operations as a basis for the anticipated revenue, expenses, and payer mix. From its experience, Providence expects a conservative start up, which still results in a net profit for Clark County. Since Clark County would be operated under Providence Home Health, Providence also provided its projected revenues and expenses for the agency as a whole. Those projections show a growing net profit in years 2020 through 2023.

The home health agency would be co-located with Providence's existing hospice and home health operations in Portland, Oregon. Providence provided copies of the titles to the sites, which are already owned by Providence. The office site is 4400 Northeast Halsey Street, Building 1, Suite 160, Portland, Oregon 97213; and the licensed site is 6410 Northeast Halsey Street, Suite 300, Portland, Oregon, 97213.

Providence also provided an internal rent expense allocation line item, "Lease Expense" in the pro forma to show how the Clark County operation would be billed for the space. The rent escalation is accounted for in the corresponding assumption provided by Providence and is reasonable.

Providence provided a job description for the Medical Director, Dr. Ruth Medak, MD. She is currently the medical director for the Oregon operations and would also provide these services for the Clark operations. The medical director job description identified the roles and responsibilities of both the home health agency and its medical director, and the projected revenue and expense statements identify all costs associated with employing anticipated staff. [Source: Application, p10, Exhibits 7 and 8]

The department also reviewed the projected balance sheets for Providence's Clark County operations including Oregon operations. As previously stated, the purpose of the balance sheet is to review the financial status of the home health agency at a specific point in time. The balance sheet shows what the home health agency owns (assets) and how much it owes (liabilities), as well as the amount invested in the business (equity).

Table 16 summarizes the projected balance sheets provided by the applicant. Projected balance sheets provided in the review shows the agency is expecting to balance assets and liabilities through the projection period.

Based on the information above, the department concludes that the immediate and long-range operating costs of the project can be met. **This sub-criterion is met.**

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

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

### **Providence Health & Services-Oregon dba Providence Home Health**

Providence states that there are no capital costs to expand its Medicare and Medicaid-certified home health services from its Portland operations to Clark County Washington. Further, Providence provided the following statements related to this sub-criterion.

*"There is no impact on capital costs, as no capital is required for this project."* [Source: Application, p27]

*"Providence Home Health is an existing facility with annual patient home visits of more than 240,000 visits in 2018. While Providence Home Health does not carry reserves, it has sufficient cash from*

operations from its existing business to ensure the costs of operations are covered until Medicare reimbursement is received for proposed home health agency covering Clark County.” [Source: Application, p34]

“This option [the project] allows Providence Home Health to better utilize and leverage fixed costs, and spread those fixed costs over a larger service area and set of services. (A)

From a cost and operational efficiency perspective, the project may incur minimal operating expense losses in the early startup period before it reaches sufficient volume to cover fixed and variable costs. (N)” [Source: Application, p45]

Providence provided the following tables showing anticipated and historical (from year 2019 of its existing operations) costs and charges per visit. Additionally, Providence anticipates costs and charges per visit will remain the same with the expansion to Clark County. [Source: February 28, 2020, screening response, p6]

***Applicant's Table***

**Table 13. Providence Home Health Actual Costs and Charges per Visit (Revised)**

Home Health Agency - Actuals (2019)		
Discipline	Costs per Visit	Charges per Visit
RN/LPN	\$ 238	\$ 285
Physical Therapy	\$ 222	\$ 266
Home Health Aide	\$ 117	\$ 140
Speech Therapy	\$ 309	\$ 369
Occupational Therapy	\$ 237	\$ 283
Medical Social Work	\$ 276	\$ 329
Other (Radiologist Tech, Pharmacist)	\$ 372	\$ 445
Payer Source	Costs	Charges
Medicare Fee for Service	\$ 67.98	\$ 80.63
Medicare Managed Care	\$ 119.04	\$ 141.18
Medicaid	\$ 1.69	\$ 2.00
Medicaid Managed Care	\$ 20.25	\$ 24.02
Commercial	\$ 19.72	\$ 23.39
Self Pay	\$ 0.19	\$ 0.23
Other (Other Gov't - Tricare and VA)	\$ 1.53	\$ 1.82
<b>TOTAL</b>	<b>\$ 230.41</b>	<b>\$ 273.27</b>

Source: Providence

*Applicant's Table*

Table 14. Providence Home Health Anticipated Costs by Payer Type (Revised)		
Home Health Agency - Forecast		
Discipline	Costs per Visit	Charges per Visit
RN/LPN	\$ 238	\$ 285
Physical Therapy	\$ 222	\$ 266
Home Health Aide	\$ 117	\$ 140
Speech Therapy	\$ 309	\$ 369
Occupational Therapy	\$ 237	\$ 283
Medical Social Work	\$ 276	\$ 329
Other (Radiologist Tech, Pharmacist)	\$ 372	\$ 445
Payer Source	Costs	Charges
Medicare Fee for Service	\$ 67.98	\$ 80.63
Medicare Managed Care	\$ 119.04	\$ 141.18
Medicaid	\$ 1.69	\$ 2.00
Medicaid Managed Care	\$ 20.25	\$ 24.02
Commercial	\$ 19.72	\$ 23.39
Self Pay	\$ 0.19	\$ 0.23
Other (Other Gov't - Tricare and VA)	\$ 1.53	\$ 1.82
<b>TOTAL</b>	<b>\$ 230.41</b>	<b>\$ 273.27</b>
Source: Providence		

*“The anticipated costs are assumed to be the same as the actual costs.”* [Source: Application, p31]

Public Comments

None

Rebuttal Comments

None

Department Evaluation

Given that the Portland Oregon office is adjacent to Clark County in Washington State, the expectation by Providence that there are not capital expenditures for this project are reasonable. Providence provided a projected payer mix for this project that is based on its existing operations, see the following table.

**Department's Table 17  
Projected Payer Mix Comparison**

Source	Providence
Medicare	82.5%
Medicaid	8.2%
Other	9.3%

This anticipated payer mix is in line with similar projects reviewed by the department in the past. Being that there is no expected capital expenditure, and that this project has the potential to make more efficient use of fixed costs the department does not expect an unreasonable impact on costs and charges for healthcare services in Clark County as a result of this project. Providence's project **meets this sub-criterion**.

(3) The project can be appropriately financed.

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

Department Evaluation

There is no capital expenditure associated with this project. This sub-criterion does not apply.

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

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that the Providence Health & Services-Oregon dba Providence Home Health project **met** the applicable structure and process of care criteria in WAC 246-310-230.

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

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

**Providence Health & Services-Oregon dba Providence Home Health**

Providence currently provides Medicare and Medicaid certified home health services several counties in Oregon. With this project, Providence would provide the same services in adjacent Clark County through its Oregon agency. Providence provided a table showing its historical and anticipated FTEs with and without the project for years 2019 through 2023. The information is summarized in the following table. [Source: February 28, 2020, screening response, p7]

**Department's Table 18  
Providence's Historical, Current and Proposed  
FTEs for Years 2019 - 2023**

<b>Staff</b>	<b>2019 Existing</b>	<b>2020 With Clark</b>	<b>2021 With Clark</b>	<b>2022 With Clark</b>	<b>2023 With Clark</b>
RN/LPN	151.9	160.6	166.0	170.0	173.8
Physical Therapy	86.6	91.8	95.2	97.6	99.8
Home Health Aide	14.7	15.6	16.1	16.6	17.0
Speech Therapy	10.3	10.9	11.3	11.5	11.8
Occupational Therapy	33.7	35.7	37.0	37.8	38.7
Medical Social Work	9.0	9.6	9.8	10.1	10.3
Administrative/Clerical	61.8	65.2	67.0	68.6	70.2
Management/Supervisor	26.6	27.9	28.7	29.8	30.6
Other	2.4	2.5	2.6	2.6	2.7
<b>Total</b>	<b>397.0</b>	<b>419.7</b>	<b>433.6</b>	<b>444.5</b>	<b>454.9</b>



Providence also provided a breakdown of historical (2018) and anticipated ratios for key staffing areas. The staffing ratios are not expected to change as a result of the expansion to Clark County. [Source: Application, p35]

**Department's Table 19  
Providence's Clark County  
2018 and Proposed Staffing Ratios**

Type of Staff	Staff to Visit Ratio
RN	4.00
LPN	4.75
Physical Therapy	4.00
Home Health Aide	4.75
Speech Therapy	3.25
Occupational Therapy	4.00
Medical Social Work	3.00

Providence provided the following statement as to how these staffing ratios compare to other staffing standards. [Source: Application, pp35-36]

*“To develop a comparison, Providence reviewed recently approved home health applications and compared those ratios to the ratios provided in Table 15 [18].*

*Providence found its ratios were consistent with recent home health CN applications.<sup>11</sup>”*

Additionally Providence provided the following statements related to this sub-criterion.

*“1. Providence Home Health Currently Has Staff Who Reside in Clark County.*

*Providence Home Health employs more than 400 clinical and administrative staff out of its Portland offices, with a number of staff residing in Clark County. Providence Home Health has the existing infrastructure to begin serving Clark County immediately upon CN approval. Minor administrative and office-based staff are needed to begin service. The care team that is already providing service closest to the border with Clark County can be repositioned to ensure service capacity in Clark County in the early period of operations. For staff who are not already licensed (or in the process of being licensed) in Washington State, Providence intends to pursue the licensure of staff upon CN approval.*

*2. Providence Health & Services Has Well-Established Human Resource Capabilities*

*Providence has a strong infrastructure, reputation, and track record for recruiting and retaining personnel. Providence offers a competitive wage scale, a generous benefit package, and a professionally rewarding work setting. Being a large and established provider of health care services, Providence has multiple resources available to assist with the identification and recruitment of appropriate and qualified personnel. These resources include:*

- Experienced system and local talent acquisition teams to recruit qualified staff.*
- Strong success in recruiting for critical-to-fill positions with recruiters who offer support on a national as well as local level.*
- Career listings on the Providence Web site and job listings on multiple search engines and listing sites (e.g. Indeed, Career Builders, Monster, NW Jobs).*



- *Educational programs with local colleges and universities, as well as the University of Providence Bachelor of Science Nursing Program.*

### *3. Providence Home Health is Successful at Retaining Employees*

*Providence Home Health currently employs more than 400 staff members and has been highly effective in retaining current staff by offering attractive pay and benefits, maintaining a robust orientation and training program, offering ongoing education and development opportunities, engaging staff in Providence's critical mission, and by focusing on retention as a key priority.*

*With retention as a central strategic priority, Providence Home Health invests heavily in recruiting and retaining the best employees to serve our communities. Providence has an established Employee Training and Development program that includes but is not limited to the following: robust department orientation, clinical and safety training, initial and ongoing competencies assessments, and performance evaluations. Please see Exhibit 23 for a copy of the Employee Training and Development Policy.” [Source: Application, pp36-37]*

*“As noted in the Application in response to Question 4 in the structure and process of care section of the Department's application form, Providence Home Health is well positioned to address any barriers related to recruiting staff for the proposed agency.<sup>6</sup> Having the appropriate level of staff will ensure timely patient care for residents in Clark County seeking home health services. As shown in updated Table 10 (above), Providence Home Health maintains timeliness of care rates that are higher than all other Clark County home health agencies and higher than the Washington State Average.*

*Given the following factors noted in the Application, and reiterated below, we do not foresee facing any barriers to ensuring that the Clark County home health agency will be appropriately staffed to ensure timely, high-quality patient care.” [Source: February 28, 2020, screening response, p10]*

Providence provided the following information related to their medical director.

*“Providence Home Health employs Ruth Medak, M.D. as the Medical Director through Providence Health & Services – Oregon. Please see Exhibit 8 for a copy of the Providence Home Health Medical Director job description. Once this CN application is approved, the job description will be amended to include the oversight duties relating to Clark County. Since Dr. Medak is an employee of Providence, no contract is required.” [Source: Application, p10]*

#### Public Comments

None

#### Rebuttal Comments

None

#### Department Evaluation

Providence is currently licensed by the Washington State Department of Health to provide home health services to Clark, Columbia, Cowlitz, Klickitat, and Skamania counties. This project proposes to expand the Clark County services to include both Medicare and Medicaid patients. Providence is additionally licensed in Oregon to serve multiple counties Medicare and Medicaid-certified home health services.

As a current Medicare and Medicaid-certified home health provider, Providence has an understanding of the appropriate staffing necessary to expand its Medicare and Medicaid-certified home health services into Clark County. Since the Clark County agency will be co-located with Providence's existing home health operations, Providence provided both existing operations' FTEs and showed any increases necessary to expand into Clark County. Specific to the Clark County services, Providence expects to add by year three a total of 35.1 FTEs, for a total of 454.9 FTEs by the end of year three. Providence also identified a projected staffing ratio that is based on the existing operations 2018 ratios. These ratios are reasonable and consistent with data provided in past home health applications reviewed by the program.

Providence identified its existing medical director and provided a valid job description. Providence intends to use the strategies it has successfully used in the past for recruitment and retention of staff and some of its current staff already reside in Clark County. The strategies identified by Providence are consistent with those of other applicants reviewed and approved by the department. Additionally, the pro forma identifies all costs associated with this staffing plan.

Information provided in the application demonstrates that Providence is an established provider of home health services in the Columbia Valley. Based on the above information, the department concludes that Providence has the ability and expertise to recruit and retain a sufficient supply of qualified staff for this project. **This sub-criterion is met.**

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

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

#### **Providence Health & Services-Oregon dba Providence Home Health**

Providence provided the following statements related to this sub-criterion.

*"Providence Home Health has deep roots in the community and has been providing home health services for more than four decades. Providence Home Health has the capabilities to meet the service demands for the project. Once the project is approved, Providence Home Health will work to make any necessary adjustments or amendments to agreements in order to provide the full spectrum of home health services in Clark County. In cases where the expansion of ancillary services into Clark County is not possible with the existing provider, Providence Home Health will develop new relationships to meet the needs of home health patients in Clark County."* [Source: Application, p38]

*"Providence Home Health has deep roots in the community and has well-established existing ancillary and support services. Providence Home Health has relationships with other home based services which provide a unique ability to get patients the services that they need. The existing ancillary and support services include, but are not limited to, the following:*

- *Home Medical Equipment: Providence has its own Home Medical Equipment (HME) department. For patients who do not fall under the Medicare Prospective Payment System*

(PPS), we can provide HME through our internal department. For the Medicare PPS patients, we have close working relationships with other HME providers in the Portland area to provide HME.

- *Dieticians: Providence Home Services has dieticians on staff, which allows the Providence Home Health staff to consult with a dietician as needed. Dieticians work closely with the home health staff whenever a patient has enteral feedings to ensure that the patient is getting proper nutrients.*
- *Respiratory Therapists: Providence Home Services has a respiratory department that employs respiratory therapists. This allows the home health staff to consult with a respiratory therapist as needed.*
- *Palliative Care: Providence Home Services has a partnership with the Palliative Care Department as well. Physicians and nurse practitioners in the Palliative Care Department work with our home health palliative care team to assist with symptom management, along with ensuring patients are receiving care consistent with the patient's stated goals of care.*
- *Specialty Pharmacy and Home Infusion: Providence Home Health works closely with our home infusion RN team and has close working relationships with both our infusion pharmacy and specialty pharmacy.*
- *Hospice and Chaplain Services: Providence Home Health partners with Providence Hospice if a patient has the need for a chaplain.”* [Source: February 28, 2020, screening response, pp8-9]

#### Public Comments

None

#### Rebuttal Comments

None

#### Department Evaluation

Providence is currently providing Medicare and Medicaid-certified home health services in Washington State. And proposes to serve Medicare and Medicaid patients residing in Clark County through an existing agency in Oregon State. Providence also has existing relationships with the necessary vendors to provide Medicare and Medicaid-certified home health services. And proposes to build on these existing relationships. Based on the information reviewed in the application, the department concludes Providence **meets this sub-criterion**.

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

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

As part of this review, the department must also conclude that the proposed services provided by an applicant would be provided in a manner that ensures safe and adequate care to the public.<sup>2</sup> To accomplish this task, the department reviews the quality of care compliance history for all

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<sup>2</sup> WAC 246-310-230(5).

Washington State and out-of-state healthcare facilities owned, operated, or managed by an applicant, its parent company, or its subsidiaries.

**Providence Health & Services-Oregon dba Providence Home Health**

In response to this sub criterion, Providence reported no history of adverse actions.

*“There are no such convictions or denial or revocation of licenses, so this question is not applicable.”*  
[Source: Application, p40]

Providence provided the following information related to the background experience and qualifications of the applicant. [Source: Application, pp40-42]

*“Providence was one of the early providers of health care services when the Sisters of Providence came to Vancouver in the 1850s. More than a century later, Providence continues to provide services to everyone, regardless of age, ethnicity, gender, or ability to pay, with a special focus on providing care to the poor and vulnerable in our community. Over the years, Providence Home Health has grown and provides a full complement of clinical staff, including Registered Nurses, Physical Therapist, Occupational Therapist, Speech and Language Therapists, Social Workers, and Home Health Aides.*

*As the demographics of our community have changed, Providence has responded to these needs by developing new resources. For example, Providence has developed specialty teams, such as Palliative Care, Mental Health Nursing, and Speech Language Therapist with special training in augmentative communication for the most vulnerable patients who have no other means of communicating their most basic needs. Providence continues to assess the needs of the community and develop new and innovative ways to meet those needs.*

*Providence Home Health currently serves patients in Clackamas, Clatsop, Columbia, Hood River, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, and Yamhill. Providence Home Health provides more than 240,000 patients visits annually and approximately 12,000 unique patients annually across Northern Oregon and Southwest Washington. Providence Home Health in Oregon employs approximately 400 clinical and administrative staff.*

*Providence Home Health has remained a leader in the industry and actively participates in the Oregon State Association for Home Care, the Washington State Association for Home Care, and the National Association for Home Care.*

- *Our Director of Home Health (Susan Murtha, RN, MBA) is a registered nurse with 30 years' experience, including 19 years of clinical experience in home health nursing. Ms. Murtha has more than 15 years' experience in management and executive roles. Ms. Murtha is licensed in Oregon and would seek licensure in Washington upon CN approval. Please see Exhibit 27 for a copy of Ms. Murtha's Oregon credentials.*
- *Our Chief of Home Health, WA and OR, Nancy Rickerson, Ph.D., OTR/L, has 38 years of clinical experience with 12 years of home health experience and multidisciplinary clinical leadership. She received her doctorate in organization and educational leadership and policy. Please see Exhibit 28 for a copy of Ms. Rickerson's Washington provider credentials.*

- *Our Medical Director (Ruth Medak, MD) is a Doctor of Medicine with more than 35 years of experience and has served as Medical Director for Providence since 2012. Dr. Medak is board certified in Internal Medicine and is board certified in Hospice and Palliative Medicine. Please see Exhibit 7 for a copy of Dr. Medak's Oregon Provider Credentials.*

*Providence, more generally, has deep roots in the broader community, offering an array of services. In Oregon alone, Providence has eight acute care settings, 48 primary care locations, 143 specialty clinic locations, and well-established home health and hospice agencies, as well as numerous urgent care locations. In Clark County, Providence has four primary care clinics (including specialties such as cardiology, gastroenterology, occupational health, podiatry, and behavioral health services), and one urgent clinic.*

*Providence has established strong relationships in the Clark County community, both in the health delivery sector as well as with community support organizations. We are proud to support many organizations in the community that have a mission in caring for the poor and the vulnerable, which is in alignment with the Providence mission. Some of these organizations include: Share House, YMCA, Free Clinic of Southwest Washington, Children's Center, CDM Caregiving Services, Evergreen Habitat for Humanity, and the Council for the Homeless.*

*As noted above, Providence employs a state-of-the art-Epic Electronic Health Record ('EHR') system, having established Epic in most care settings, including recently bringing Providence Home Health onto the same Epic instance. This is a notable differentiator in the home health care space. This places Providence Home Health in a position to ensure continuity of care, avoidance of unnecessary duplication of services, opportunities to improve quality of care, and improved communication among providers and also between providers and patients. Epic allows one chart to follow the patient through the continuum of care."*

Providence also submitted information on the several types of staff training it provides including but not limited to: new employee orientation training, monthly, annual trainings, as well as incentive materials. These trainings are meant "to ensure all staff receive adequate training, including training to meet Medicare criteria." [Source: Application, p37]

Providence included the following statement related to its methods for assessing customer satisfaction and quality improvement.

*"Providence Home Health has an established Quality Assurance and Performance Improvement ("QAPI") program that employs a number of methods and processes in assessing customer satisfaction and quality improvement. The Providence Home Health Manager of Clinical and Quality Education is responsible for facilitating the QAPI program for Providence Home Health. The Manager of Clinical and Quality Education, along with the Home Health Director, Medical Director, Home Health Operation Managers, supervisors, and primary interdisciplinary teams, are responsible for assuring Providence continues to monitor the quality of service it provides and develops performance improvement projects. The Home Services Leadership Council, as delegated by the Governing Body, is responsible for the oversight of the QAPI program. Finally, Providence Home Health instills in its staff that every staff member of our agency has a responsibility in ensuring that we have a robust and effective QAPI program. Please see Exhibit 26 for a copy of the QAPI program.*

*Providence Home Health has a robust QAPI program. The QAPI program focuses on identifying areas of improvement in patient/family outcomes, process of care, home health services, non-clinical operations, and patient safety. Improvement opportunities are identified and prioritized, including but not limited to: safety, clinical excellence, and improved patient and employee satisfaction. We believe by making quality one of the top focuses at Providence Home Health, the QAPI program has produced notable improvement.”* [Source: Application, pp37-38]

Providence provided copies of the following:

- Employee Training and Development Policy and Procedure [Source: Application, Exhibit 23]
- A past home health and hospice aide education calendar [Source: Application, Exhibit 24]
- Providence Home Services Clinical Ladder Handbook [Source: Application, Exhibit 25]
- Quality Assurance and Performance Improvement Policy and Procedure [Source: Application, Exhibit 26]

#### Public Comments

None

#### Rebuttal Comments

None

#### Department Evaluation

##### Washington State Survey Data

The eight Providence hospitals currently operating include Providence Holy Family Hospital, Providence St Joseph’s Hospital, Providence Mount Carmel Hospital, Providence Centralia Hospital, Providence Sacred Heart Medical Center and Children’s Hospital, Providence St Mary Medical Center, Providence St Peter Hospital, and Providence Regional Medical Center Everett. Swedish Health Services and Western Health Connect also operate under the Providence umbrella – their Washington State hospitals include Swedish Edmonds, Swedish First Hill, Swedish Issaquah, Swedish Cherry Hill, and Kadlec Regional Medical Center.

The department also reviewed the survey deficiency history for year 2017 through current for all Providence and Providence-affiliated hospitals and in-home services agencies located in Washington State. Of the Washington State hospitals, 13 had surveys in the last several years. Any deficiencies were corrected with no outstanding compliance issues.

In addition to the hospitals above, the department also reviewed the compliance history for 12 in-home service agency licenses. Using its own internal database, the survey data showed that 13 surveys have been conducted and completed by Washington State surveyors since year 2017. All surveys resulted in no significant non-compliance issues. [Source: ILRS survey data and Department of Health Office of Health Systems Oversight]

##### CMS Survey Data

Using the Center for Medicare and Medicaid Services Quality, Certification & Oversight Reports (QCOR) website, the department reviewed the historical survey information for the operational Providence home health and hospice agencies. A Providence in-home services QCOR review shows that the 36 existing agencies have been surveyed 48 times since 2017. None of the surveys since 2017 resulted in condition level findings and the majority had no deficiencies.

Providence provided the name and professional license number for its existing medical director, Dr. Ruth Medak. The department confirmed using data from the Washington State Medical Quality Assurance Commission and the Oregon Medical board that Dr. Medak is currently licensed in Washington and Oregon states.

In addition, the department reviewed the compliance history for key home health staff, which includes the Director of Home Health and the Chief of Home Health. A summary of the staff review is below.

**Department's Table 20  
Providence's Staff**

Name	Credential #	Status	Role
Susan Murtha, RN, MBA	090000375RN	Oregon Active	Director of Home Health
Nancy Rickerson, Ph.D., OTR/L	MD09230	Washington Active	Chief of Home Health
Ruth Medak, MD	OT00000687	Oregon Active	Medical Director
Ruth Medak, MD	MD60931396	Washington Active	Medical Director

Given the compliance history of the facilities Providence owns or operates, as well as that of the agency's key staff, the department concludes there is reasonable assurance the home health agency expansion would be operated in conformance with applicable state and federal licensing and certification requirements. Based on the information reviewed, the department concludes **this sub criterion is met.**

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

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

**Providence Health & Services-Oregon dba Providence Home Health**

Providence provided the following statement related to this sub criterion. [Source: Application, p39]

*“As an established provider in the community, Providence Home Health works closely with local hospitals, physicians, and other providers to ensure continuity of care, while also avoiding fragmentation. Providence Home Health will leverage its existing relationships, both inside and outside of Clark County, to build additional relationships, as needed, to ensure a full spectrum of care. In cases where Providence Home Health has an existing relationship that does not include Clark County, where applicable Providence Home Health will amend those contracts or agreements to include the new service areas.*

*Current relationships include but are not limited to the following:*

- ***Providence Hospitals:*** *Providence Home Health collaborates closely with all Providence hospitals to support seamless care coordination and continuity from the acute care setting back*

*to the home environment to decrease the likelihood of unnecessary hospital readmissions and enhance the patient and family experience of care.*

- ***Home Medical Equipment and Specialty Pharmacy Services:*** *Providence Home Health collaborates closely with both Providence Home Medical Equipment (HME) and Specialty Pharmacy Services to ensure patients are connected and receiving the care and services needed in the home setting.*
- ***Primary Care Clinics:*** *Providence Home Health has strong working relationships with Providence Medical Group (“PMG”) primary care clinics in Clark County. PMG has a total of four primary care clinics in Clark County, with the first clinic opening in 2009.*

*Avoiding fragmentation in care delivery is a key reason why Providence is requesting Certificate of Need approval. Providence offers exceptional inpatient and specialty care in the metro Portland service area, such that many Clark County residents seek specialty care in Portland with Providence. As these residents return to their homes, Providence aims to maintain continuity of care ensuring availability of Providence primary care and ambulatory care services and, as care needs change, a seamless transition to home-based and home health services.*

*Not only does Providence Home Health have strong existing relationships in the community, we recently implemented the Epic Electronic Health Record in our Hospice and Home Health services, which is a very valuable tool to help decrease the risk of fragmentation, improve the quality and timeliness of communication between caregivers, and enhance the overall level of clinical excellence offered.”*

Additionally, Providence’s admissions policy and procedure ensures Providence patients’ care is sustained and well informed.

#### Public Comments

None

#### Rebuttal Comments

None

#### Department Evaluation

Information provided in Providence’s application demonstrates that it has the basic infrastructure in place to expand or establish Medicare and Medicaid-certified home health services to Clark County.

For this sub-criterion, the department must also consider the outcome of the financial feasibility section of this review. If a project is denied under WAC 246-310-220(1), (2), or (3), then the project must also be denied under this sub-criterion. This result is based on the department’s reasoning that if a project is not deemed financially feasible, the project has the potential to cause unwarranted fragmentation of services in the planning area if approved. Based on the information provided and conclusions in earlier parts of this evaluation, Providence **meets this sub-criterion**.

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



### **Providence Health & Services-Oregon dba Providence Home Health**

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

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

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that the Providence Health & Services-Oregon dba Providence Home Health project **met** the applicable cost containment criteria in WAC 246-310-240.

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

To determine if a proposed project is the best alternative, in terms of cost, efficiency, or effectiveness, the department takes a multi-step approach. First the department determines if the application has met the other criteria of WAC 246-310-210 thru 230. If the project has failed to meet one or more of these criteria then the project cannot be considered to be the best alternative in terms of cost, efficiency, or effectiveness as a result the application would fail this sub-criterion.

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

If there are multiple applications, the department's assessment is to apply any service or facility superiority criteria contained throughout WAC 246-310 related to the specific project type. The adopted superiority criteria are objective measures used to compare competing projects and make the determination between two or more approvable projects which is the best alternative. If WAC 246-310 does not contain any service or facility type superiority criteria as directed by WAC 246-310-200(2) (a)(i), then the department would look to WAC 246-310-240(2)(a)(ii) and (b) for criteria to make the assessment of the competing proposals. If there are no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b), then using its experience and expertise, the department would assess the competing projects and determine which project should be approved.

### **Providence Health & Services-Oregon dba Providence Home Health**

#### **Step One**

For this project, Providence met the applicable review criteria under WAC 246-310-210, 220, and 230. Therefore, the department moves to step two below.

#### **Step Two**

Before submitting this application, Providence considered the following three options. The options and Providence's rationale for rejecting them is below. [Source: Application, p43]

*“Providence Home Health is requesting CN approval to operate a Medicare and Medicaid certified home health agency in Clark County in Washington. The home health agency will be based out of Providence Home Health's Portland office located in Washington County. Operating a new agency will help address the unmet need for home health care in Clark County.*

*As part of its due diligence, and in deciding to submit this application, Providence Home Health explored the following alternatives: (1) status quo: ‘do nothing or postpone action,’ (2) the requested project: seek CN approval for a home health agency, (3) partner and create a joint venture and seek CN approval for a home health agency.*

*The three alternatives were evaluated using the following decision criteria: access to health care services; quality of care; cost and operating efficiency; staffing impacts; and legal restrictions. Each alternative identifies advantages (A), disadvantages (D), or neutrality (N) in the tables below.*

*Based upon evaluation of the above decision criteria, the requested project is the best alternative for addressing the clear and significant need for a new home health agency in Clark County.”*

Providence provided the following tables to demonstrate its analysis. [Source: Application, pp43-46]

***Applicant’s Tables***

<b>Table 19. Alternative Analysis: Access to Health Care Services</b>	
<b>Option</b>	<b>Advantages/Disadvantages</b>
Status Quo: “Do nothing”	There is no advantage to maintaining the status quo in terms of improving access. (D)

	The principal disadvantage is that the status quo does nothing to address the quantitative need for an additional home health agency in Clark County. Consequently, it does not address access to care issues that currently exist. (D)
Requested Project: seek CN approval for a home health agency	The requested project addresses current and future access issues identified in Clark County. (A)  From an improved access perspective, there are no disadvantages. (A)
Create a joint venture for a new home health agency	Depending on the partnership, this alternative would have the potential to meet current and future access issues identified in Clark County. (A)  Partnering with another entity should not adversely impact access to services under the assumption that the project would remain similar to the proposed project. (N)

*Applicant's Tables*

<b>Table 20. Alternative Analysis: Quality of Care</b>	
<b>Option</b>	<b>Advantages/Disadvantages</b>
Status Quo: "Do nothing"	<p>There is no advantage from a quality of care perspective. However, there are no current quality of care issues. (N)</p> <p>The principal disadvantage with maintaining the status quo is the impact on quality of care as it relates to timeliness. Access to care in a timely fashion is linked directly to clinical quality outcomes, including metrics like readmissions and unnecessary hospital utilization. (D)</p>
Requested Project: seek CN approval for a home health agency	The requested project meets and promotes quality and continuity of care in Clark County. (A)
Create a joint venture for a new home health agency	Partnering with another entity will not likely adversely impact quality of care when compared to the proposed project, although it adds additional layers of operational complexity. (N)

<b>Table 21. Alternative Analysis: Cost and Operating Efficiency</b>	
<b>Option</b>	<b>Advantages/Disadvantages</b>
Status Quo: "Do nothing"	<p>With this option, there would be no impacts on costs. (N)</p> <p>The principal disadvantage is that by maintaining the status quo, there are no improvements to cost efficiencies. (D)</p>
Requested Project: seek CN approval for a home health agency	<p>This option allows Providence Home Health to better utilize and leverage fixed costs, and spread those fixed costs over a larger service area and set of services. (A)</p> <p>From a cost and operational efficiency perspective, the project may incur minimal operating expense losses in the early startup period before it reaches sufficient volume to cover fixed and variable costs. (N)</p>
Create a joint venture for a new home health agency	<p>Partnering with another entity will likely decrease the overall start up operating losses that Providence Home Health may face. But if there are operating losses in the first year, there is no reason to believe they would be less under a joint venture (N).</p> <p>A partnership would increase operating complexity and may add other partnership-related costs. In this scenario, costs may increase due additional efforts required to establish the governance and ownership structure, establish a new staffing structure, and accommodate partner preferences on how to deliver care. (D)</p>

### *Applicant's Tables*

<b>Table 22. Alternative Analysis: Staffing Impacts</b>	
<b>Option</b>	<b>Advantages/Disadvantages</b>
Status Quo: "Do nothing"	<p>The principal advantage is the avoidance of hiring/employing additional staff. (A)</p> <p>There are no disadvantages from a staffing point of view. (N)</p> <p>This option will not add to community job growth and economic development. (D)</p>

Requested Project: seek CN approval for a home health agency	<p>This option creates new jobs, which benefits Clark County and provides opportunities for the specialization of staff dedicated to efficient delivery of home health services. (A)</p> <p>From a staffing impacts perspective, there are no disadvantages as Providence Home Health has a solid track record of being able to hire and retain high quality staff. (N)</p>
Create a joint venture for a new home health agency	<p>Partnering with another entity would create less staffing flexibility from the perspective of Providence Home Health. In this scenario, Providence Home Health would have to build and establish additional management processes and structures, and may have to negotiate new compensation benefit packages for clinical staff. (D)</p>

<b>Table 23. Alternative Analysis: Legal Restrictions</b>	
<b>Option</b>	<b>Advantages/Disadvantages</b>
Status Quo: "Do nothing"	There are no legal restrictions to continuing present operations. (A)
Requested Project: seek CN approval for a home health agency	<p>From a legal restrictions perspective, there are no advantages. (N)</p> <p>The principal disadvantage is that it requires CN approval, which requires time and expense. (D)</p>
Create a joint venture for a new home health agency	<p>Partnering with another entity introduces a high degree of operational complexity, as under this scenario, a completely new governance structure would have to be established along with obtaining agreement on operational processes. (D)</p> <p>The principal disadvantage is that it requires CN approval, which requires time and expense. (D)</p>

### Step Three

This step is applicable only when there are two or more approvable projects. Since the Providence application was bifurcated from the Eden Home Health of Clark, LLC application, it is not being reviewed with any other applicant. Therefore, this step does not apply to this review.

### Public Comments

None

## Rebuttal Comments

None

## Department Evaluation

The department concluded in the need section of this evaluation that Clark County could accommodate another home health agency. Providence provided a discussion of options considered, including not submitting this application and a joint venture. Since there are no estimated capital costs to establish the Clark County home health agency, the services can be provided with very little financial impact to the applicant or the community. Providence's rejection of options other than the one proposed in this application is appropriate. The department did not identify any alternative that was a superior alternative in terms of cost, efficiency, or effectiveness that is available or practicable.

**This sub-criterion is met.**

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

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

## Department Evaluation

This proposal does not involve construction. There is no estimated capital cost to establish the proposed home health agency. This sub-criterion does not apply to this project.

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

## **Providence Health & Services-Oregon dba Providence Home Health**

Providence provided the following statement related to this sub criterion. [Source: Application, p47]

*"The requested project responds to a clear, demonstrated quantitative need in Clark County. The proposed home health agency will allow Providence Home Health to redeploy employees already based in Clark County to serve patients who are in need of home health services.*

*Furthermore, as an integrated health care delivery system, coordinating care transitions between internal Providence caregivers (i.e. from Providence physicians based in Clark County or from Providence hospitals in Oregon for patients returning home to Clark County) will streamline communication channels and expedite access to care. As a not-for-profit entity, any savings or margin Providence Home Health makes can be allocated back toward patient care.*

*Home health promotes efficiency as it shifts care from expensive hospital settings to lower cost, home-based settings. For patients who choose home health, they may forgo more expensive curative treatments and seek the best possible care experience focused on personalized care plans. Finally, home health promotes efficiency by reducing both hospital readmission and preventable ER visits."*

## Public Comments

None

## Rebuttal Comments

None

#### Department Evaluation

Providence provided sound and reasonable rationale for expanding Medicare and Medicaid-certified home health services into Clark County. If approved, this project has the potential to improve delivery of necessary in-home services to Clark County residents. **This sub-criterion is met.**

# APPENDIX A

# 1987 State Health Plan Methodology - Home Health

County: Clark

2019	Age Cohort	* County Population	* SHP Formula	* Number of Visits	= Projected Number of Visits
	0-64	411,278	0.005	10	20,564
	65-79	61,780	0.044	14	38,056
	80+	16,825	0.183	21	64,658
	TOTAL:				123,278
	Number of Expected Visits per Agency:				10,000
	Projected Number of Needed Agencies:				12.33
2020	Age Cohort	* County Population	* SHP Formula	* Number of Visits	= Projected Number of Visits
	0-64	417,273	0.005	10	20,864
	65-79	64,681	0.044	14	39,843
	80+	17,444	0.183	21	67,037
	TOTAL:				127,744
	Number of Expected Visits per Agency:				10,000
	Projected Number of Needed Agencies:				12.77
2021	Age Cohort	* County Population	* SHP Formula	* Number of Visits	= Projected Number of Visits
	0-64	421,901	0.005	10	21,095
	65-79	67,002	0.044	14	41,273
	80+	18,684	0.183	21	71,803
	TOTAL:				134,171
	Number of Expected Visits per Agency:				10,000
	Projected Number of Needed Agencies:				13.42
2022	Age Cohort	* County Population	* SHP Formula	* Number of Visits	= Projected Number of Visits
	0-64	426,529	0.005	10	21,326
	65-79	69,323	0.044	14	42,703
	80+	19,924	0.183	21	76,568
	TOTAL:				140,597
	Number of Expected Visits per Agency:				10,000
	Projected Number of Needed Agencies:				14.06
2023	Age Cohort	* County Population	* SHP Formula	* Number of Visits	= Projected Number of Visits
	0-64	431,158	0.005	10	21,558
	65-79	71,643	0.044	14	44,132
	80+	21,164	0.183	21	81,333
	TOTAL:				147,023
	Number of Expected Visits per Agency:				10,000
	Projected Number of Needed Agencies:				14.70



**County: Clark**

source: OFM "Projections of the Population by Age and Sex for Growth Management, 2017 GMA Projections - Medium Series"

Age	2010	2015	2020	2025	2030	2035	2040
<b>Total</b>	<b>425,363</b>	<b>451,820</b>	<b>499,398</b>	<b>540,343</b>	<b>576,880</b>	<b>611,968</b>	<b>643,551</b>
<b>0-4</b>	29,429	27,739	30,533	33,103	34,761	35,650	36,127
<b>5-9</b>	31,139	30,868	31,519	33,536	35,893	37,658	38,428
<b>10-14</b>	32,840	32,499	35,160	34,407	36,117	38,642	40,349
<b>15-19</b>	30,021	30,601	33,427	34,913	33,692	35,300	37,696
<b>20-24</b>	24,383	27,866	29,225	30,261	31,356	30,166	31,464
<b>25-29</b>	26,418	26,506	31,238	33,929	34,997	36,040	34,525
<b>30-34</b>	28,467	29,241	34,195	36,676	38,856	39,878	40,714
<b>35-39</b>	29,691	29,668	32,992	37,465	39,689	41,950	42,824
<b>40-44</b>	29,997	30,306	32,610	35,021	39,243	41,660	43,912
<b>45-49</b>	31,452	30,703	32,559	33,988	36,152	40,459	42,957
<b>50-54</b>	30,440	31,812	31,909	33,408	34,584	36,821	41,110
<b>55-59</b>	28,119	31,102	32,202	32,122	33,444	34,621	36,796
<b>60-64</b>	24,257	28,385	29,704	31,585	31,419	32,799	33,993
<b>65-69</b>	16,888	23,646	27,118	29,251	31,028	30,993	32,355
<b>70-74</b>	11,194	16,129	22,762	26,006	28,023	29,918	29,970
<b>75-79</b>	7,916	10,400	14,801	21,028	24,005	26,046	28,061
<b>80-84</b>	6,304	6,948	8,845	12,781	18,300	20,995	23,035
<b>85+</b>	6,408	7,401	8,599	10,863	15,321	22,372	29,235

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
<b>0-64</b>	376,653	378,782	380,910	383,039	385,167	387,296	393,291	399,287	405,282	411,278	417,273	421,901	426,529	431,158	435,786	440,414
<b>65-79</b>	35,998	38,834	41,669	44,505	47,340	50,176	53,077	55,978	58,879	61,780	64,681	67,002	69,323	71,643	73,964	76,285
<b>80+</b>	12,712	13,039	13,366	13,694	14,021	14,348	14,967	15,587	16,206	16,825	17,444	18,684	19,924	21,164	22,404	23,644
<b>Total</b>	425,363	430,654	435,946	441,237	446,529	451,820	461,336	470,851	480,367	489,882	499,398	507,587	515,776	523,965	532,154	540,343