



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

September 28, 2020

Jamie Brown, Eden Hospice at Whatcom County  
Sent via email: [jbrown3@eden-health.com](mailto:jbrown3@eden-health.com)

RE: Certificate of Need Application #20-37 Eden Hospice at Whatcom County, LLC

Dear Ms. Brown:

We have completed review of the Certificate of Need application submitted by Eden Hospice at Whatcom County, LLC proposing to establish Medicare and Medicaid certified hospice services in Whatcom County, within Washington State. Enclosed is a written evaluation of the application.

For the reasons stated in the enclosed decision, the application is consistent with the applicable criteria of the Certificate of Need Program, provided Eden Hospice at Whatcom County, LLC agrees to the following in its entirety.

**Project Description:**

This certificate approves the establishment of Medicare and Medicaid certified hospice services to the residents of Whatcom County. The new hospice agency will be located at 316 East McLeod Road, #101 in Bellingham [98226], within Whatcom County. Hospice services provided for Whatcom County residents include physician and clinical services, nursing care, symptom control and pain relief management, respite care, home health aide and homemaker services, physical, speech and occupational therapy, social worker services, dietary counseling, grief and loss counseling.

**Conditions:**

1. Approval of the project description as stated above. EmpRes Healthcare Group, Inc. 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. Prior to providing Medicare and Medicaid certified hospice services to Whatcom County residents, EmpRes Healthcare Group, Inc. will provide a listing of its key staff to Certificate of Need Program for its review. The listing of key staff shall include the name and professional license number.
3. EmpRes Healthcare Group, Inc. will maintain Medicare and Medicaid certification regardless of ownership.

4. The approved service area for the Medicare and Medicaid certified hospice services is Whatcom County. Consistent with Washington Administrative Code 246-310-290(13), EmpRes Healthcare Group must provide services to residents of the entire county, regardless of age, for which the Certificate of Need is granted.
5. Prior to providing Medicare and Medicaid certified hospice services to the residents of Whatcom County, the applicant will provide a copy of the final Charity Care policy consistent with the draft policy provided in the application.
6. Prior to providing Medicare and Medicaid certified hospice services to the residents of Whatcom County, the applicant will provide a copy of the final Admission Policy consistent with the draft policy provided in the application.
7. Prior to providing Medicare and Medicaid certified hospice services to the residents of Whatcom County, the applicant will provide a copy of the final Intake/Referral Policy consistent with the draft policy provided in the application.
8. Prior to providing Medicare and Medicaid certified hospice services to the residents of Whatcom County, the applicant will provide a copy of the executed Lease Agreement consistent with the draft agreement provided in the application.
9. Prior to providing Medicare and Medicaid certified hospice services to the residents of Whatcom County, the applicant will provide a copy of the executed Medical Director Agreement and job description consistent with the draft agreement provided in the application.
10. Prior to providing Medicare and Medicaid certified hospice services to the residents of Whatcom County, the applicant will provide a listing of ancillary and support agreements established for the hospice agency.

**Approved Costs:**

There is no capital expenditure associated with this project.

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 this e-mail address:

[fslcon@doh.wa.gov](mailto:fslcon@doh.wa.gov).

Jamie Brown, Eden Hospice at Whatcom County  
Certificate of Need Application #20-37  
September 28, 2020  
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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 "Eric Hernandez", written over a light blue horizontal line.

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

Enclosure

**EVALUATION DATED SEPTEMBER 28, 2020, FOR THE TWO CERTIFICATE OF NEED APPLICATIONS PROPOSING TO ESTABLISH MEDICARE AND MEDICAID CERTIFIED HOSPICE SERVICES IN WHATCOM COUNTY**

- **EMPRES HEALTHCARE GROUP, INC (EDEN HOSPICE AT WHATCOM COUNTY, LLC)**
- **NORTHWEST HOSPICE, LLC (SIGNATURE HOSPICE BELLINGHAM, LLC)**

**APPLICANT DESCRIPTIONS**

Eden Hospice at Whatcom County, LLC

EmpRes Healthcare Group, Inc. owns 100% of EmpRes Home Health and Hospice, LLC, which owns 100% of EmpRes Hospice, LLC. This application was submitted by Eden Hospice at Whatcom County, LLC which is 100% owned by EmpRes Hospice, LLC. [source: Application, Appendix 4] For this project, EmpRes Healthcare Group, Inc. is the applicant.

If a Certificate of Need is issued for this project, the department recognizes that the In Home Service license could be issued to Eden Hospice at Whatcom County, LLC. For this review, references to the applicant will identify “Eden Hospice at Whatcom County, LLC.”

Currently, the applicant owns and operates four in home service agencies in Washington State.<sup>1</sup> This application was submitted by the applicant to establish a hospice agency in the year 2019 hospice concurrent review cycle two.

Signature Hospice Bellingham, LLC

Northwest Hospice, LLC owns 100% of Signature Hospice, LLC, a Washington State corporation. Northwest Hospice, LLC is owned by Avamere Group, LLC (85%) and Robert Thomas (15%). [source: Application, Exhibit 2 and March 30, 2020, screening response, p1] For this project, Avamere Group, LLC is the applicant.

If a Certificate of Need is issued for this project, the department recognizes that the In Home Service license could be issued to Signature Hospice Bellingham, LLC. For this review, references to the application will identify “Signature Hospice Bellingham, LLC.”

Currently, Signature Hospice, LLC does not own or operate any healthcare facilities in Washington State. However, for the year 2019 hospice concurrent review cycles one and two, Signature Hospice submitted three separate Certificate of Need applications to establish agencies within the state.<sup>2</sup>

**PROJECT DESCRIPTIONS**

Under the Medicare payment system, hospice care benefits may consist of the following services: doctor services, nursing care, medical equipment, medical supplies, prescription medication, hospice aide and homemaker services, physical, occupational, and speech-language pathology services, social worker services, dietary counseling, grief and loss counseling for patients and family, short term inpatient care,

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<sup>1</sup> Four agencies are: EmpRes Home Health of Bellingham [IHS #60491681], EmpRes Home Care of Bellingham, [IHS #60651755], Eden Home Health of King County, LLC [IHS #60871865], and Eden Home Health of Spokane County [IHS #61014910]. On September 11, 2020, EmpRes Healthcare Group was issued CN #1857 approving the establishment of a home health agency in Clark County. As of the writing of this evaluation, the Clark County facility is not yet operational.

<sup>2</sup> Signature Hospice, LLC applications submitted for King County in cycle 1 and Pierce County and Whatcom County for cycle 2.

short-term respite care, and any other Medicare-covered services needed to manage terminal illness and related conditions, as recommended by the hospice team.<sup>3</sup>

#### Eden Hospice at Whatcom County, LLC

This projects requests the establishment of a new hospice agency in Whatcom County at 316 East McLeod Road, #101, in Bellingham [98226]. The new agency would be co-located with an existing home health agency known as EmpRes Home Health of Bellingham. [source: Application, pdf14 and April 20, 2020, screening responses, p3]

Hospice services to be provided directly by the new agency include:

- Nursing care
- Medical social worker
- Speech-language pathology services
- Physical and occupational therapies
- Home care aide
- Case management
- Medical appliances and supplies, including drugs and biologicals
- Bereavement services for the family for 13 months
- 24-hour continuous care in the home at critical periods
- Inpatient (nursing home) respite care to relieve home caregiver as necessary

Services to be provided by the new agency under contract include:

- Dietary
- Pastoral Care
- Medical Director
- Inpatient hospital care for procedures necessary for pain control and acute and chronic system management

If approved, Eden Hospice at Whatcom County intends to begin providing Medicare and Medicaid hospice services to the residents of Whatcom County within 3-6 months of approval. For this application, the applicant assumed a Certificate of Need approval date of mid-September 2020. Based on that timeline, Eden Hospice at Whatcom County would be providing Medicare and Medicaid hospice services in the county on January 1, 2021. [source: Application, p16] For this project, full calendar year one of the project is 2021 and full calendar year three is 2023.

Eden Hospice at Whatcom County stated that there is no capital expenditure associated with this project; however, the applicant has identified approximately \$100,000 in start-up costs that would be used to fund working capital if needed. [source: Application, pdf46 and April 20, 2020, screening response, pdf16]

#### Signature Hospice Bellingham, LLC

This projects requests the establishment of a new hospice agency in Whatcom County that would be co-located with its currently operational Medicare and Medicaid home health agency. The address for the hospice agency is 459 Stuart Avenue in Bellingham [98226]. The applicant provided the following information regarding the co-location. [source: Application, pdf9]

*“Avamere Home Health Care, LLC “tenant” (Signature Healthcare at Home) currently leases an office location in Bellingham, WA for home health services. This is a large office space with separate entrances and more than enough office space to support both the existing home health and the proposed hospice agency.”*

The applicant provided a table identifying the services to be provided through the hospice agency, either directly or contracted. The table is recreated below. [source: Application, pdf10]

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<sup>3</sup> Medicare Hospice Benefits, page 8 Centers for Medicare & Medicaid Services. CMS Product No. 02154, Revised March 2020.

***Applicant's Table of Services***

<b><i>Service</i></b>	<b><i>Medicare Hospice</i></b>	<b><i>Direct</i></b>	<b><i>Contracted</i></b>
<i>Nursing Care/RN</i>	<i>Required</i>	<i>X</i>	
<i>Medical Director</i>	<i>Required</i>	<i>X</i>	
<i>Speech-Language pathology service</i>	<i>Required</i>		<i>X</i>
<i>Physical and Occupational Therapy</i>	<i>Required</i>		<i>X</i>
<i>Social Services</i>	<i>Required</i>	<i>X</i>	
<i>Dietary</i>	<i>Required</i>		<i>X</i>
<i>Pastoral Care</i>	<i>Required</i>	<i>X</i>	
<i>Home Care Aide</i>	<i>Required</i>	<i>X</i>	
<i>Interdisciplinary Team</i>	<i>Required</i>	<i>X</i>	
<i>Case Management</i>	<i>Required</i>	<i>X</i>	
<i>Medical Supplies, including drugs and biologicals</i>	<i>Required</i>		<i>X</i>
<i>Inpatient hospital care for procedures necessary for pain control and acute and chronic</i>	<i>Required</i>		<i>X</i>
<i>Inpatient (nursing home) Respite Care</i>	<i>Required</i>		<i>X</i>
<i>Medical Social Worker counseling</i>	<i>Required</i>	<i>X</i>	
<i>Bereavement Services for family members</i>	<i>Required</i>	<i>X</i>	
<i>Volunteer Coordinator</i>	<i>Required</i>	<i>X</i>	
<i>Other: music, pets, massage, reiki</i>			<i>X</i>

If approved, Signature Hospice Bellingham intends to begin providing Medicare and Medicaid hospice services to the residents of Whatcom County within 3-6 months of approval. For this application, Signature Hospice Bellingham assumed a Certificate of Need approval date of mid-September 2020 and, Signature Hospice Bellingham would be providing Medicare and Medicaid hospice services the county on January 1, 2021. [source: Application, pdf11-12] Based on the timeline identified by the applicant, full calendar year one of the project is 2021 and full calendar year three is 2023.

Signature Hospice Bellingham identified an estimated capital expenditure of \$28,032 for this project. The costs are for IT equipment, furniture, signage, and an initial inventory of supplies for the agency. There are no construction costs for this project. [source: Application, pdf23]

**APPLICABILITY OF CERTIFICATE OF NEED LAW**

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

**EVALUATION CRITERIA**

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

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

**TYPE OF REVIEW**

As directed under WAC 246-310-290(3) the department accepted these two applications under the 2019 cycle 2 concurrent review timeline for a hospice agency in Whatcom County. A chronological summary of the review is below.

**APPLICATION CHRONOLOGY**

<b>Action</b>	<b>Eden Hospice at Whatcom County</b>	<b>Signature Hospice Bellingham, LLC</b>
Letter of Intent Submitted	December 24, 2019	December 27, 2019
Application Submitted	January 30, 2020	January 31, 2020
Department’s pre-review activities: <ul style="list-style-type: none"> <li>• DOH 1st Screening Letter</li> <li>• Applicant’s Responses Received<sup>4</sup></li> </ul>	February 28, 2020  April 20, 2020	February 28, 2020  March 30, 2020
Beginning of Review	April 27, 2020	
No Public Hearing Requested or Conducted	June 11, 2020	
Public Comments Due	July 13, 2020	
Rebuttal Comments Due	September 28, 2020	
Department's Anticipated Decision Date	September 28, 2020	
Department’s Actual Decision Date	September 28, 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).

During a concurrent review, each applicant is an affected person for the other application(s). In addition to each applicant, the following entity requested affected person status.

PeaceHealth St. Joseph Hospital’s Whatcom Hospice – is an existing hospice agency located at 2800 Douglas Avenue in Bellingham, within Whatcom County [98225]. The hospice agency is approved to provide Medicare and Medicaid hospice services to residents of Whatcom County. Whatcom Hospice qualifies for interested person status for this Whatcom County concurrent review. Since public comments were provided by Whatcom Hospice during this concurrent review, the hospice agency also qualifies as an affected person for these projects.

**SOURCE INFORMATION REVIEWED**

- Eden Hospice at Whatcom County, LLC Certificate of Need application received January 30, 2020
- Eden Hospice at Whatcom County, LLC screening responses received April 20, 2020

<sup>4</sup> Under the published concurrent review schedule for hospice cycle 2, screening responses must be submitted on or before March 31, 2020. Prior to that date, the governor signed a proclamation allowing a 30-day extension to the cycle 2 hospice review timeline. Specific to the Whatcom County projects, the extension allowed applicants to submit screening responses on April 30, rather than March 31. The department notified both applicants of the extension on March 31, 2020.

## **SOURCE INFORMATION REVIEWED (continued)**

- Signature Hospice at Bellingham, LLC Certificate of Need application received January 31, 2020
- Signature Hospice at Bellingham, LLC screening responses received March 30, 2020
- Public comments received on or before June 11, 2020
- Eden Hospice at Whatcom County, LLC rebuttal comments received July 10, 2020
- Signature Hospice at Bellingham, LLC rebuttal comments received July 14, 2020
- VSED Resources Northwest rebuttal comments received July 10, 2020
- Licensing and/or survey data provided by the Department of Health's Office of Health Systems Oversight
- Department of Health Integrated Licensing and Regulatory System database [ILRS]
- Licensing data provided by the Medical Quality Assurance Commission, Nursing Quality Assurance Commission, and Health Systems Quality Assurance Office of Customer Service
- Eden Hospice at Whatcom County's website at: <https://www.empres.com>
- Signature Hospice Bellingham's website at: <https://signaturehch.com>
- CMS QCOR Compliance website: [https://qcor.cms.gov/index\\_new.jsp](https://qcor.cms.gov/index_new.jsp)
- Medicare Hospice Benefits Centers for Medicare & Medicaid Services. CMS Product No. 02154, Revised March 2020
- Washington State Secretary of State corporation data

## **CONCLUSIONS**

### **Eden Hospice at Whatcom County, LLC**

For the reasons stated in this evaluation, the application submitted by EmpRes Healthcare Group, Inc. dba Eden Hospice at Whatcom County, LLC proposing to establish a Medicare and Medicaid certified hospice agency in Whatcom County is consistent with applicable criteria of the Certificate of Need Program, provided the applicant agrees to the following in its entirety.

#### **Project Description:**

This certificate approves the establishment of Medicare and Medicaid certified hospice services to the residents of Whatcom County. The new hospice agency will be located at 316 East McLeod Road, #101 in Bellingham [98226], within Whatcom County. Hospice services provided for Whatcom County residents include physician and clinical services, nursing care, symptom control and pain relief management, respite care, home health aide and homemaker services, physical, speech and occupational therapy, social worker services, dietary counseling, grief and loss counseling.

#### **Conditions:**

1. Approval of the project description as stated above. EmpRes Healthcare Group, Inc. 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. Prior to providing Medicare and Medicaid certified hospice services to Whatcom County residents, EmpRes Healthcare Group, Inc. will provide a listing of its key staff to Certificate of Need Program for its review. The listing of key staff shall include the name and professional license number.
3. EmpRes Healthcare Group, Inc. will maintain Medicare and Medicaid certification regardless of ownership.



4. The approved service area for the Medicare and Medicaid certified hospice services is Whatcom County. Consistent with Washington Administrative Code 246-310-290(13), EmpRes Healthcare Group must provide services to residents of the entire county, regardless of age, for which the Certificate of Need is granted.
5. Prior to providing Medicare and Medicaid certified hospice services to the residents of Whatcom County, the applicant will provide a copy of the final Charity Care policy consistent with the draft policy provided in the application.
6. Prior to providing Medicare and Medicaid certified hospice services to the residents of Whatcom County, the applicant will provide a copy of the final Admission Policy consistent with the draft policy provided in the application.
7. Prior to providing Medicare and Medicaid certified hospice services to the residents of Whatcom County, the applicant will provide a copy of the final Intake/Referral Policy consistent with the draft policy provided in the application.
8. Prior to providing Medicare and Medicaid certified hospice services to the residents of Whatcom County, the applicant will provide a copy of the executed Lease Agreement consistent with the draft agreement provided in the application.
9. Prior to providing Medicare and Medicaid certified hospice services to the residents of Whatcom County, the applicant will provide a copy of the executed Medical Director Agreement and job description consistent with the draft agreement provided in the application.
10. Prior to providing Medicare and Medicaid certified hospice services to the residents of Whatcom County, the applicant will provide a listing of ancillary and support agreements established for the hospice agency.

Approved Costs:

There is no capital expenditure associated with this project.

**Signature Hospice Bellingham, LLC**

For the reasons stated in this evaluation, the application submitted on behalf of Signature Hospice Bellingham, LLC proposing to establish a Medicare and Medicaid certified hospice agency in Whatcom County is not consistent with applicable review criteria of the Certificate of Need Program and a Certificate of Need is denied.

## CRITERIA DETERMINATIONS

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

#### Eden Hospice at Whatcom County, LLC

Based on the source information reviewed, the department concludes that Eden Hospice at Whatcom County has met the need criteria in WAC 246-310-210, and any applicable criteria in WAC 246-310-290.

#### Signature Hospice Bellingham, LLC

Based on the source information reviewed, the department concludes that Signature Hospice Bellingham, LLC has met the need criteria in WAC 246-310-210, and any applicable criteria in WAC 246-310-290.

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

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

The numeric need methodology outlined in WAC 246-310-290(8) uses hospice admission statistics, death statistics, and county-level population projections to predict where hospice services will be needed in Washington State. If a planning area shows an average daily census of 35 unserved hospice patients three years after the application submission year, there is numeric need and the planning area is “open” for applications. The department published the final and corrected version of the step-by-step methodology in November 2019 – it is attached to this evaluation as Appendix A.

#### Eden Hospice at Whatcom County, LLC

To demonstrate numeric need for its project, the applicant provided two separate need methodologies and the following explanation for submitting both methodologies. [source: Application, pdf22]

*“Eden Hospice at Whatcom County has carried out the DOH hospice need methodology (initial), and a second analysis modifying the provisional methodology to correct the Whatcom County existing capacity calculation that overstates Whatcom Hospice (PeaceHealth) by 20%. This capacity adjustment is necessary that demonstrate the scale of the current and projected shortfall in hospice care in the Whatcom County service area.”*

Below is a summary of the results of both methodologies.

#### Methodology #1

This is the department’s year 2019 numeric need methodology posted to the department’s website. The numeric methodology projected a need for less than one hospice agency in Whatcom County for year 2021. [source: Application, pdf22-26]

#### Methodology #2

The applicant provided the following specific information for including this ‘adjusted’ methodology. [source: Application, pdf27]

*“As noted in the introductory paragraph to the DOH Hospice Need methodology, calculating hospice need for Whatcom County requires adjustments to the methodology to produce an accurate projection of Need. The Method 1 analysis makes several simplifying assumptions to provide a high-level assessment of hospice need three years into the future. The methodology is focused on analyzing need in metropolitan counties, which with the exception of Whatcom County, have **multiple** hospice agencies*

servicing residents. For non-metropolitan counties, special adjustments are made to address the development of hospice capacity in rural areas.

In Washington, Whatcom County is the only county among 12 counties with a population greater than 100,000 residents – 2020 population forecast of 212,914 residents -- having only one hospice. Within the “small metro designation” in Washington, only Franklin and Chelan, with 2020 populations of less than 100,000 persons report only a single hospice in the county. In Whatcom County, the lack of choice of hospice agencies creates **unmet need** population cohorts – this unmet need is due to access to care barriers that are unique when compared with hospice need for other metropolitan counties that the DOH Need Methodology was designed to measure. The population cohorts are characterized by having lower admission rates than the statewide average admission rates for the under age 65 and age 65 and older population cohorts and more significantly have lower ALOS per hospice stay that can be directly attribute to the choice issue.

The technical reason for revising the DOH Hospice Need Methodology is to address the error in projecting the existing capacity of hospice agencies in terms of Need. Hospice capacity must be defined as days of hospice care, which is the principal way that hospice agencies are paid. It is not admissions. As is shown in Method 2, the low ALOS for hospice patients in Whatcom County results in the capacity of the Whatcom Hospice agency being dramatically overstated. Patients in Whatcom County have the 5th lowest ALOS among Washington hospices. When compared with hospices in other metropolitan counties, patients have a choice of lower or higher ALOS. Exhibits 1 – 6 (at the end of the narrative) document that ALOS is constrained by the capability of Whatcom Hospice to meet requests for hospice services.” Footnote #7 associated with the information above states: “Small metro” definition by National Center for Health Statistics 2013 Urban – Rural Classification Scheme.”

For its revised methodology, comparison tables were provided for demonstrative purposes. The comparison table showing the results of the revised methodology is recreated below.

Department’s Methodology Step 8

<i>Year 2021 ADC</i>	<i>Year 2020 Agencies Needed</i>
30.4	0.87

Applicant’s Revised Methodology Step 8

<i>Year 2021 ADC</i>	<i>Year 2020 Agencies Needed</i>
41.1	1.2

Public Comment

None

Rebuttal Comment

None

**Department Evaluation**

The department’s evaluation of each applicant’s numeric methodology is presented after the discussion of Signature Hospice, Bellingham’s project below.

Signature Hospice Bellingham, LLC

Signature Hospice provided the department’s year 2019 numeric need methodology posted to the department’s website. The numeric methodology projected a need for less than one hospice agency in Whatcom County for year 2021. [source: Application, pdf13-16]

Public Comment

None

Rebuttal Comment

None

**Department Evaluation of Numeric Need for the Whatcom County Hospice Projects**

The department’s 2019 methodology was posted in October 2019, then corrected, updated, and the final methodology was posted in November 2019. The methodology relies on historical data; and projects to year 2021. The numeric methodology follows the Washington Administrative Code standards as written.

Each applicant acknowledged that the numeric methodology posted to the department’s website does not identify a need for another Medicare and Medicaid certified hospice agency in Whatcom County through projection year 2021. The results of the numeric methodology are shown in the table below.

**Department’s Table 1**  
**Whatcom County Hospice Methodology Projection Summary for Year 2021**

Year 2021 - Unmet Patient Days divided by 365	30
Year 2021 - Number of Agencies Needed (divide by 35)	0

In conclusion, the numeric methodology is a population-based assessment used to determine the projected need for hospice services in a county (planning area) for a specific projection year. Based solely on the numeric methodology applied by the department, there is no demonstrated need for a hospice agency in Whatcom County. The department concludes that neither applicant demonstrated numeric need for the project.

Though numeric need is not met, this does not preclude the approval of either project, consistent with WAC 246-310-290(12). In the event that the applicant(s) satisfy all other applicable review criteria, the project(s) will be assessed under that sub-criterion, which provides for an exception to numeric need under limited circumstances. Therefore, the review for WAC 246-310-290(12) is completed at the end of this evaluation.

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

Eden Hospice at Whatcom County, LLC

Eden Hospice at Whatcom County provided the following information related to WAC 246-310-290(12) referenced above. Below is a restatement of the information provided. [source: April 20, 2020, screening response, pp7-9]

*“Eden Hospice at Whatcom County, LLC prepared an application and program that meets all applicable review criteria and standards with the exception of numeric need, meeting twice with the Department for technical consultation on the preparation of the certificate of need application.*

- 1) *Eden Hospice at Whatcom County, LLC has developed Admission Policies and Charity Care policies to assure that Medicare and Medicaid patients as well as Pediatric patients will be served by the agency.*

- 2) *Eden Hospice at Whatcom County, LLC, has identified in its pro forma and in its assumptions that approximately 85% of patients will be Medicare, 10% Medicaid and 5% other payers.*
- 3) *Eden Hospice at Whatcom County, LLC is co-locating with EmpRes Home Health of Bellingham, LLC, which currently serves Medicare and Medicaid patients and will have the same Admission Policies and Charity Care policy as Eden Hospice at Whatcom County, LLC (see page 48, Appendix 15 Admission Criteria Policy and Appendix 16 Admission Policy (Corrected and Included with this response) and Appendix 17 Charity Care Policy.*

*A specific population is underserved*

*Eden Hospice of Whatcom County commits to serving underserved populations within Whatcom County:*

- 1) *Absence of Choice for 212,944 residents in Whatcom County: Whatcom County with a projected 2020 population of 212,944 persons is the only county of the 12 counties in Washington State with a population greater than 100,000 persons with only one hospice choice (page 9).*
- 2) *Lower Use of Hospice Services Due to Absence of Choice: This absence of choice has resulted in lower use of hospice services in Whatcom County than the statewide or nationwide averages. In 2018, Whatcom County admits were 4% below the statewide average and 5% below the CMS Medicare national rate! This variance decreased the health of hospice patients and increased healthcare costs for patients, families and insurers (page 9).*
- 3) *There are at least nine special populations that Eden will focus on developing culturally competent and specialty outreach services. These populations include the following:*
  - a) *Residents seeking to choose a non-religiously affiliated, secular hospice provider (See Attachment 11)*
  - b) *Native American tribe members – approximately 6,000 residents in Whatcom County as well as the Nooksack Indian Tribe that operates an ambulatory care clinic in Deming for its 2,000 members. Other tribes including the Samish and Semiahmoo tribes also provide health services to Whatcom County Native American residents. Together services are provided to over 3% of the Whatcom County population who identify themselves as American Indian and Alaska Native in origin Federally Qualified Health Center patients.*
  - c) *Rural resident – organizations such as Unity Care NW and the Nooksack Indian Tribe serve over 14,500 rural or low- or moderate-income individuals (page 37)*
  - d) *Ethnic diversity populations – 19% of residents are in this category (page 37)*
  - e) *Home Health patients – EmpRes currently refers 32 patients annually with wait times approaching 14 days and CMS reported wait times of 6 or more days for 12% of all Fee for Service home health patients (Exhibit 5, Page 284).*
  - f) *Skilled Nursing Facility and Home Care clients*
  - g) *Veterans – Over 13,000 Veterans reside in Whatcom County (page 38)*
  - h) *Medicare-Medicaid Dual Eligible patients in Whatcom County – approximately 13% of the Medicare population and 7% of the Medicaid population that have a 17% lower use of hospices as measured by death per 1,000 beneficiaries when compared to Washington State dual eligible patients (see Attachment 6 and Attachment 7 (Exhibit 8 and Exhibit 9 respectively).*
  - i) *Pediatric Patients – represent a small-volume, high-need population segment that Eden commits to collaborating efforts with Whatcom Hospice to serve.”*

*Signature Hospice Bellingham, LLC*

*Signature Hospice Bellingham provided the following information related to WAC 246-310-290(12) referenced above. Below is a restatement of the information provided. [source: March 30, 2020, screening response, p11]*

*“In our application we show compliance with WAC 246-310-290(12).*

*As stated in our application, we intend to serve Medicare and Medicaid patients as well as remote and underserved populations. Our existing home health agencies currently serve the remote and underserved populations, like Lummi Island.*

*We plan to be physically located in Bellingham, at the existing home health location. By using the state calculation, the methodology shows an average daily census unmet of 25 in 2020 and 30 unmet ADC in 2021. While the department’s statistical analysis doesn’t show the required need of 35 unmet ADC in Whatcom, we would produce a counter point that the methodology is restrictive. First it takes ALOS in Washington which is well below the national average of 76.1 days. If we took that national average and utilized Washington’s methodology Whatcom would show a need of 31 ADC in 2020 & 38.5 in 2021. The disadvantage of the methodology is **waiting to show the need** based on low utilization and restrictive statistical analysis.”*

### Public Comments

All of the public comments submitted during this concurrent review focus on the community’s access to specific hospice services. Many of the letters did not specify preference of one applicant over the other. While each letter is considered in this review, below is excerpts from a few of the letters that specified no preference for either applicant.

#### Donna Starr, Bellingham

*“Please help us get more hospice care in Bellingham, Washington. Our facility is wonderful, but limited in bed space, keeping near death people in the hospital. It is not only cost prohibitive, but the patient does not get the care and environment needed tin which to end their lives. Bellingham has a growing aged population and I have had two friends ending their lives because of severe strokes in our current Peacehealth facility. It was a wonderful experience for families to be able to have their loved ones have such personal care. We need another such facility.”*

#### Jo Maas, Bellingham

*“I am writing in support of allowing the addition of another Medicare and Medicaid certified hospice program in Bellingham, Washington (Whatcom County) The need for in-home end of life care is growing in our county and our single provider, Peace Health, has not always been able to address the growing in-home need.*

*I understand that two applications for a Certificate of Need have been requested, EmpRes Healthcare Group and Avamere Group, LLC. I believe that consideration should be given to one of these as soon as possible. Thank you.”*

#### Jane E. Kletka, RN, FCN, Bellingham

*“We do need another hospice in Bellingham in order to better serve the community beyond the scope of the current hospice in Bellingham which does not address Death with Dignity and to allow that choice. Employees and volunteers are not allowed to offer this choice because it is not in line with Peace Health philosophy or standards.*

*I have been a volunteer with the Bellingham Hospice and found that to be true, I was not allowed to follow up with a hospice client if the request was made. As an RN for many years I have cared for patients with end of life issues and always tried to honor their requests for hospice care and death with dignity if they chose to go that route. Yes, Bellingham, WA does need another hospice facility. Thank you.”*

Linda Schonborn, Ferndale

*"I have been a resident of Whatcom County for over 10 years. My husband and I moved here to be closer to our son, daughter-in-law, and their 3 boys who have lived here 14 years. We are retired and love this area. It is home for us for the duration.*

*It has recently come to my attention that hospice care in Whatcom County may be falling behind with public needs. As you know, I am sure, there are tremendous public benefits to having adequate hospice care at the end of life. Home support for the individual, their loved ones and friends is provided through Hospice. This support is so needed, sought after and appreciated at a time of such sadness and stress. It is invaluable to people going through this emotionally draining ordeal.*

*I understand that Eden Health and Signature Health have applied for a Certificate of Need to start another hospice program here in Whatcom County. These being secular entities they would be a perfect addition to the program we currently have. The new provider would only be for home health, not an in house facility. I hope you will grant the certificate so this program can get started. Our county will only grow in need for this service and the sooner we make it available the better for our residents. I hope you agree that this entity is needed locally and please issue the Certificate of Need."*

Micki Jackson, Bellingham

*"I am a long-time resident of Whatcom County and have been an early champion for the introduction and implementation of in-patient and out-patient palliative care in our community, with an upstream goal of earlier access and increased use of hospice for all patients who might choose that care model at their end-of-life. My activities, collaborating with a spectrum of individuals and organizations, include community education and awareness initiatives for advance care planning (ACP) for all adults over 18 years of age.*

*In my role in Whatcom County on ACP and EoL issues, I became aware that PeaceHealth Whatcom Hospice was not meeting community needs regarding timely access to at-home hospice for new patients in 2019, and into 2020.*

Access Barriers to Timely Access to Hospice

*PeaceHealth referred hospice-eligible patients to home health agencies during an extended period of time in 2019 because they were unable to provide the services for which they were CMS-certified because of inadequate staffing, and other organizational problems.*

*I sit on the health committee for the Bellingham/Whatcom County chapter of a national organization that is involved in legislative initiatives that can affect all residents of our country. Our local chair of the health committee invited a representative of Whatcom Hospice to speak to the health committee on January 20, 2020; the hospice administrative director was unable to attend, but suggested that the Whatcom Hospice Nurse Manager (WHNM) speak to our group.*

*The WHNM verified that community "conversations" were accurate...that PeaceHealth had not been able to meet hospice need (access) demands "over the past many months," attributing the access barrier to the initiation of the PeaceHealth out-patient palliative care program because they began referring an "unexpected number" of eligible patients to hospice ... "numbers which no one could have predicted."*

*Per WHNM: "Our goal was to always provide access within 24-48 hours, which until last spring we usually achieved." She explained that, "PeaceHealth out-patient palliative care started about 1½ years*

*ago, seeing people in their homes, they began making referrals to hospice...the palliative care census increased, so hospice census did, too...a year ago hospice had a census of 100-105, it is now at 160." She purported that Whatcom Hospice could support (at that time) a patient census of 170, so there was "no need for a second provider in the county."*

*Yet, as a committee member pointed out, the access delays were occurring even when the patient census was at 160.*

#### *Patient Need for Hospice Will Only Increase*

*In 2018, 16.9% of Whatcom County was 65 or older (approx. 38,141) which represents a **43.2% growth since 2010** when there were 26,640 Whatcom seniors. One local statistician estimates that hospice need in 2021 could be approximately 250 patients, not only because of the older demographic, but in part because of greater patient awareness/education of hospice care model benefits.*

#### *Ongoing Access Barriers*

*As of June, 2020, community members report timely access to at-home hospice continues to be a barrier for some patients, with delays of up to two weeks.*

#### *Average Length of Stay*

*Whatcom County is the 5th lowest county in Washington state hospices for ALOS. One reason for the low ALOS is attributed to delayed access.*

*While I cannot speak directly to the qualifications/expertise of Signature or Eden, I believe that if their CoN application meets the Washington State Department of Health criteria, one or both should be given every consideration to provide hospice services in Whatcom County. Not only would patients and families have a choice of hospice providers, they would not be subjected to unacceptable delays in access to compassionate EoL care in their place of residence. (Research shows that 80% of people would prefer to die at home. Yet, only about 20% die at home.)*

*In summation, my husband had benefit of Whatcom Hospice at home beginning December 5, 2013. The frontline care was outstanding. He was discharged from St. Joseph's Hospital directly to hospice-at-home. He died on December 11 – 6 days later. What if we had been told there was a two week delay for at-home hospice?*

*Whatcom County deserves another hospice provider as soon as possible."*

#### *Rebecca Rech Cutler, Bellingham*

*"I am a nurse living in Whatcom County, with nearly 35 years' experience in home health, hospice, palliative care, and rehabilitation nursing. Prior to my current employment at the Veterans' Health Administration, I worked at Whatcom Hospice.*

*My volunteer work includes collaboration with Health Ministries Network, where I function as a faith community nurse, with a focus on Advance Care Planning, educating the public on the merits of end-of-life planning, which includes increasing awareness of palliative and hospice care.*

*Because of my professional and volunteer involvement in Whatcom County, news reached me that PeaceHealth Whatcom Hospice was not meeting patient and family needs regarding timely access to at-home hospice for new patients for months in 2019, which continues into 2020.*



*There are over 13,000 veterans living in Whatcom County -- every one of them that may choose at-home hospice has earned the right to a timely, dignified, seamless transition to that care model. Patient need for hospice will continue to increase, for many reasons, but one is the growing 65 and older age cohort in Whatcom County.*

*As of June 2020, time access barriers to at-home hospice for new patients still exist, with delays reported of up to two weeks in some cases.*

*My comment is not in direct support for either Eden or Signature, but if their Certificate of Need applications meet the necessary criteria established by the Washington State Department Health review analysts, I encourage WDOH to grant an application because our community clearly needs an additional hospice service provider. While the time access barriers to at-home hospice, that have been on-going, are unacceptable in any case, Signature or Eden would be viewed by many as offering a secular model to end-of-life care, which is important to many of our diverse patients and families who reside here.*

*Whatcom County residents deserve a choice in hospice care providers -- the history of on-going delayed access warrants an affirmative decision to enable that to happen as soon as possible."*

Reverend Nancy Simmers, VSED Task Force of Whatcom County

*"This letter of comment with reference to the Certificate of Need Applications by Eden Hospice of Whatcom County and Signature Hospice of Bellingham dated April 2020 comes from the VSED Task Force of Whatcom County.*

*VSED is Voluntary Stopping Eating and Drinking. Our Task Force's mission is to '...strive to increase community awareness of VSED as a conscious end-of-life choice, to further its availability and access, and to provide a safe and compassionate environment in which to die.'*

*People who do not qualify for or who choose not to use Washington State's Death With Dignity Law are most likely to use VSED. Preserving autonomy and control at the end of life is seen as one of the last cornerstones of quality of life in situations of anticipated or unbearable suffering or unacceptable burden. Additionally, for those with certain diagnoses who often find it difficult to qualify for hospice or Death With Dignity (ALS, Alzheimer's, MS), VSED may be the only option to exert this autonomy.*

*Because policies at PeaceHealth St. Joseph Medical Center, the only hospital in What County, are governed by its Catholic religious heritage; and because Whatcom Hospice is owned and operated by Peace Health, their current Hospice is unable to provide services to people who wish to use VSED until death is imminent. If an individual lacks the family or community support to die at home, a motel is the only option.*

*Neither of the Certificate of Need applications recently submitted addresses these issues, nor does either indicate whether staff or policies would support VSED by offering information, referrals, and on-site care.*

*We would like these concerns addressed by the applicants and their plans amended to include solutions."*

Sheri Lambert, Bellingham

*"I am a retired Radiological Technologist and have lived in Whatcom County for decades. Because of my long career here, I am very familiar with our region, our healthcare organizations, and the fact that*

*our population is growing larger -- plus, older, and more diverse. I am the chairperson of the health committee for the local chapter of a large, highly respected national organization whose purpose is advocating for myriad legislation issues that affect us all, including quality healthcare.*

*Because of my community involvement, I became aware that PeaceHealth Whatcom Hospice failed to meet community needs regarding timely access to at-home hospice for new patients at least as early as Spring 2019, leading into 2020. Some delays were at a minimum 14-days' duration. As of this date, delays continue, depending on the patient census on any given day. As we know, hospice-eligible patients often die in less than two weeks.*

*PeaceHealth began an out-patient palliative care program approximately two years ago, which quite logically increased patient referrals to hospice. Since hospice is a Medicare- and Medicaid-covered benefit under CMS rules, PeaceHealth should have foreseen a growth in the hospice patient census and planned accordingly. People in our community, including medical professionals, view this as an organizational failure. Patient need for hospice will continue to increase because of our aging demographic, and because of greater patient awareness of the benefits of hospice.*

*In addition to the unacceptable time delay barriers that at-home hospice patients are experiencing, I support an additional hospice service provider in Whatcom County because many people want hospice, but prefer that a secular organization provide the care. With only one hospital and one hospice in Whatcom County, operated by the same group, we have a substantial population that is essentially under served.*

*All indicators are, demand for hospice, especially at one's place of residence, will increase in the coming months and years. Our community deserves timely, seamless access to at-home hospice for anyone who chooses that type of care. Out of respect for our diverse population, we must have a non-sectarian hospice provider in Whatcom County.*

*I look forward to a second hospice service provider in Whatcom County, to better serve our community on quality end-of-life care as soon as possible.”*

Sharon Somers-Hill, RN, Blaine

*“My name is Sharon Somers-Hill and I have been an RN since the seventies. After graduating in Vancouver Canada, I began my nursing career in ICU and the newly-opened heart surgical unit at Stanford Medical Center in California, then spent time in recovery and surgical units before moving to home health and hospice where I worked for a number of years as a team manager and admissions nursing assessing patients for eligibility for hospice care in Southern California. I have been a licensed RN in Canada, New Zealand, and the US.*

*Having worked in hospice companies in California one of the most important factors was always whether a patient could have appropriate and timely access to the hospice of their choice in the place of the patients choice, at home or in a facility, at the time when they needed it in accordance with Medicare Guidelines and the order from their PCP or physician to help establish eligibility. That required quick and compassionate response by a hospice company and their staff.*

*In my experience now working for 6 years with frail and sick elders in transition from their homes and facilities in Whatcom County and others in Western WA, I have found that there were occasions when I came across a patient who was possibly eligible for hospice in Whatcom or who in fact had an order from their doctor to assess eligibility for their hospice care, only to find when I called the current hospice that there was no nurse available sometimes for a number of days to contact to begin the process*

*of determining eligibility or to do the assessment which includes visiting the patient and family and doing an assessment for eligibility after getting doctors order.*

*I am amazed that this has been going on now for at least the 6 years I have been licensed in WA State. And it is not only my experience but I hear others tell me that they have problems connecting with the current hospice for one reason or another. This could lead to great stress for the patient and family at a critical time in their lives and depending on the situation could place even more undue stress on patients and families. Please note Hospice Medicare guidelines specifically state that access to hospice should be available 24/7 for patient and family contact. I have been told by a hospice nurse here that their requests and admission numbers are increasing rapidly and sometimes they are unable to respond appropriately.*

*I am not trying to compare California or any other state to WA State, but the Hospice Medicare guidelines should be the same in any state and be able to be followed in every state. And in places where there are more options of choice of hospice companies, the patients can often be admitted more quickly and efficiently with more companies and staff available to respond to patient needs as soon [as] needed. And if a patient and or family are not happy with one hospice, they have the CHOICE to go elsewhere. There is no choice for patients in Whatcom County at present.*

*[Though] admission requirements are that a company provide 24/7 accessibility there have been times when after being told by a doctor that a patient may be eligible for hospice that there has been no admission nurse or staff available to respond to the call for help from hospice. After working in other states where nurses go out within minutes or a very few hours of the referral to hospice, I have found the situation in Whatcom frustrating not just for myself, but for the patients who at the end of life not only deserve better but need less stress not more. For a family to be told that no hospice nurse is available to explain hospice and to assess patients for eligibility can add stress. Allowing more hospice companies to practice in Whatcom is absolutely crucial to access to care and is valuable in that health care professionals will be able to offer prospective patients more than one option that is not bound by philosophical or a single faith-based criteria. In my previous work it would have been considered a conflict of interest to only suggest one hospice. All nurses in hospice and other home care agencies were encouraged to offer at least 3 options for hospice care to avoid the conflict of interest and so that patients could have a choice in their healthcare options. Without a choice in Whatcom now and with times when staff are not available patients are left without accessibility to hospice care that is possible in most states and which should be available 24/7.*

*When I worked elsewhere hospice was an open and inviting service where ongoing training and relaying information and education was an important aspect and responsibility of the hospice staff to convey to the community and non-hospice healthcare care professionals. In other words seminars and community based education were an essential part of hospice to help understand the benefits of hospice for patients and family. As we all know there is a lot of hesitation regarding hospice services and what happens if and when we are "admitted to hospice." The more the public and other staff know the more easily patients who need hospice can be admitted and receive the benefits available to them. I have included some information from the website of one hospice that is country wide.*

*I have suggested to the current hospice that there was interest in training and in-service programs at a facility. I am not talking about huge costs events, just small informative training sessions for facilities or small group homes to update the ongoing rotating staff in these facilities. It was not followed up. Training new staff is key to quality response. I have met Directors of facilities who know nothing about hospice and no one knew until the last minute. This is not the way to handle patient care and especially access to care.*

*I have tried to refer patients the current hospice as I had done in the past in other states only to find that there was a lack of openness to nurses calling and asking if a patient could be visited or assessed for eligibility after getting a doctor's order. I feel that some patients waited longer than they needed to for hospice as possible referrals and information was not readily accepted by hospice staff. Of course one needs a doctor's order, but many times nurses know more about the patient status than the PCP does and can convey information to both the PCP and the hospice company in a confidential and professional way. When health care professionals work together there is a much better outcome for patients and families.*

*In an article entitled "Is the Pope In Charge of Your Hospital Bed" by Sarah Christopherson in the July /Aug Newsletter of the NWHN.org, she says there are concerns about health care for women in general. But she also comments on "concerns about end of life options, "particularly in states with "death with dignity protections." It states, "What we have seen in states like Oregon and Washington is that Catholic Hospitals will forbid their staff from even providing information about their options and certainly from providing any referrals to groups that might help a patient take advantage of them."*

*I have personally spoken to an RN at the current hospice in Whatcom County and she confirms that as nurses they cannot be present or support death with dignity in ways that she would like and which are in keeping with desire for caring for patients during that difficult time. This is another clear reason why we need choice of care and competition in health care of all types in Whatcom County. As a former Faith Community Nurse who has working inclusively and in various churches, I feel all faiths and persuasions need to be respected and that our care cannot reflect one faith or another, but should be inclusive and compassionate toward all persuasions. No one faith or religious organization should be in charge of our hospital bed, or our experience and choices at the end of our life. This should include not only hospice but in all areas of healthcare. We deserve choice in our health care and in how we choose to die. The author goes on to say, "Also there have been issues with LGBTQT individuals' health care" saying their desires for procedures have been refused. Access to Choice is the answer to all these issues.*

*Community Education Programs are vital to the use and acceptance of hospice and Hospice Medicare Benefits that can make the difference between a good death and a stressful and difficult death. Earlier access to hospice helps patients who are facing death who need time to adjust to major changes. Staff available in the hospice guidelines are specifically to help patients adjust to a new reality; social workers, chaplains, music therapy, volunteer programs, caregivers, and RN care, plus inclusive and broad-based referrals to outside resources related to patients desire, not the hospices' philosophy, need to [be] available to us all in our time of need. Compassionate and informed nurses if allowed can offer support for all types of end of life choices and care no matter what the person's faith or religious persuasion. Choice at the end of life is essential for quality of life and access to all care options. Compassionate choices does not limit options. Effective hospice care should be timely that is when the patient needs it. And access to care means all options are available to patients. We need choice in all areas of Whatcom County which at present are acknowledged to be underserved in many areas of care.*

*Allowing both new companies to begin practicing in Whatcom alongside the current hospice would be the best choice I feel to avoid conflict of interest when referring and to let their clients/patients and the market decide which of the then 3 hospices will continue due to best practices and or best standards of practice. Instead of protecting a hospice which is currently not providing inclusive, efficient, quality, and accessible care, why not open the doors to a new way of finding the best provider and that is by the ability to be competitive in the market place. The Certificate of Need is outdated according to many writers and I include one example with this letter. Only then will Whatcom county residents be assured*

*of the best care options through choice and competition instead of the monopoly we have now, which is not providing the care and services we need for the future.”*

Some of the public comments focused specifically on the Signature Hospice at Bellingham project. Below are excerpts from a few of those letters.

Robert Anderson, Whatcom County resident

*“I am supporting the Signature application as a retired health care professional and resident now of Whatcom County. In the past few years I have been involved in advocacy and planning to enhance access to essential health care services in the County, especially for residents of Lummi Island. I note that Whatcom Hospice Services, an affiliate of Peace Health, does a fine job providing hospice care both in home and at their residential hospice program. But I do believe with the fast growing aging population in Whatcom County and the challenge to provide immediate access to this essential service when needed, that an additional licensed hospice provider is important to assure access. Staff availability for one provider, an ongoing challenge even for established organizations can result in a delay in hospice assessment and enrollment at a critical time in a patient and family’s life.*

*Reviewing the data for Whatcom County I don’t think more than two providers are needed to assure this access to care and I believe Signature’s hospice experience in other areas of the State and west coast qualifies them well for this license. They have the systems, training and philosophy of care so essential for this complex type of care.*

*For these reasons I offer my full support and encourage your approval of their application.”*

Chris Hawk, MD Lummi Tribal Health Center

*“We are writing in support of Signature Healthcare's application to provide hospice services in Whatcom County. I serve as the Community Medicine Physician for Lummi Nation working closely with the providers at the Lummi Tribal Health Center. At times, we have been in need of hospice services for our patients but found ourselves waiting for assistance due to a lack of available services.*

*We have worked closely with Signature Healthcare over the years to provide excellent care for our homebound patients and trust their abilities to provide outstanding hospice services as well. Having Signature Home Health available to assist at this important time of patient care would be much appreciated and support them in their effort.”*

Linda Johnston, Blaine

*“I would like to offer this letter of support on behalf of Signature Healthcare at Home in their effort to establish themselves as a certified hospice care agency. Prior to taking on the role of fulltime caregiver for my Mother and moving her from Colorado to live with my husband and myself, I worked in the healthcare field. In addition, I volunteered and was on the Board of Brave Heart in Sitka, Alaska, just prior to moving to Washington. Brave Heart is a volunteer organization focusing on the needs of local Elders and Hospice Services.*

*My experience with Signature Healthcare was from the position of primary caregiver to my Mother, their patient. Without exception, all interactions with Nurses, Therapists, CNA's and office staff were positive, supportive and compassionate. Great care was always taken to be respectful and kind when responding to and working with my Mother and her medical and emotional needs. My Mother and I found a great deal of comfort from her primary nurse who was a consummate professional, highly skilled and able to address Mom's medical issues.*

*I am confident that all the attributes I have outlined above will transition seamlessly into the Hospice Care arena. I, once again, wish to state my wholehearted support for Signature Healthcare's application to your Certificate of Need Program.”*

Bradley Jackson, Whatcom County

*“I suffered a severe bout of congestive heart failure with acute pulmonary failure on January 26, 2020. I was a home health patient under the expert care of Signature Healthcare at home beginning February 3, 2020. Signature Healthcare at home begin services promptly after I returned home. Nursing, OT and PT were professional and extremely competent. They took the time to explain why they provide the type of care they do and educated me with compassion and empathy. During my experience with Signature Healthcare at Home, Covid-19 increased in numbers in our community. They always had my family and my health as their main concern wearing masks and practicing infection control measures. They communicated with my Doctor frequently relaying results of my labs, vital signs and daily weight. This effective communication with my Doctor assisted to facilitate changes to my medications efficiently. My ambulatory skills and endurance improved significantly while on service!*

*My wife is a Geriatric Care Nurse with 47 years of experience as an RN. She concurs that my team was professional, efficient and compassionate. She and I are immensely grateful to this agency of professionals and we would fully support this company having hospice services in this community. I believe this high level of care will translate to the Hospice community and betterment of our local county.”*

Karen Printy, Mound Minnesota on behalf mother & father residing in Whatcom County

*“My name is Karen Printy, my husband and I live near Minneapolis, Minnesota. My extended family lives in Washington State including my parents (my Mom passed away four years ago).*

*Two years ago my Dad had knee replacement surgery and required in home physical therapy following his procedure. That's when we met and worked with Jeff Vander Linden, a physical therapist with Signature Healthcare at Home. I cannot say enough positive things about our experience with them. They walked with us through a very difficult and scary time. My Dad was having some serious symptoms and we completely relied on the wisdom and help we received from Jeff. My Dad needed be back in the hospital, we found out he had congestive heart failure and stage four kidney disease. At the end of my Mom's life, she was on hospice and it too was a wonderful experience. I'm in awe of hospice workers, it truly is a gift from God to help people and their families through those last days, and to help them finish those conversations they never started but should have....or to say goodbye when the time is near.*

*I would highly recommend and support the approval that Signature Healthcare at Home be allowed to offer Hospice Care services, especially to the Whatcom County Washington area. I know I would absolutely, without hesitation call on them if and when our family needed this type of care in the future. Thank you and wishing you all the best. “*

Vincent Paterson, on behalf of self, sister, and mother residing in Whatcom County

*“I am writing this letter on behalf of myself, Leslie Kaeufer (my sister) and Dorothy Caruso (my mother) in support of the creation of a Home Hospice division for Signature Health at Home. We three wish to express our complete support of this addition to their wonderful services.*

*My mother, Dorothy Caruso, of Blaine, Washington fell victim to two unfortunate situations. Mom is almost 89 years old. In late February, she fell and broke her left femur. While in the hospital or possibly during her stay in the rehabilitation center, she contracted COVID 19. Mom was visited regularly by professionals from Signature Healthcare at Home who not only monitored her successful recuperation*

*from the virus but also instructed my sister and Mother in exercises to rehabilitate Mom through her recovery post operatively. Erica also set up a video conference call between Mom and her Doctor. She helped us set up appointments for Mom's doctor visits and further x-rays.*

*Because of the virus, I was not able to travel from my home in Los Angeles. I am the eldest son and was an emotional wreck. I felt helpless, distant and extremely sad. The use of facetime and video conferencing was extremely helpful for all of us. Everyone we dealt with at Signature was compassionate, intelligent and extremely helpful. Everyone was also dependable, reliable and a joy. These are the qualities one looks for in those who work in Hospice as well. Though not in the medical or Hospice profession, I have assisted many friends and relatives during their deaths. I have encountered good Hospice home workers and not so good ones. This makes all the difference not only to the person who is transitioning, but also for the friends and family who are by their sides. The care, compassion, gentleness, humor and sincerity we have witnessed from those who work at Signature Healthcare at Home, confirms my belief that they would be excellent providers of Home Hospice services.*

*Thank you for taking the time to read our thoughts and full support for Signature Healthcare at Home. We could not be happier with their service. Please feel free to contact any of us for further details.”*

#### Rebuttal Comment

Both applicants and an affected person submitted rebuttal responses to the public comments referenced above. Those comments are restated below.

#### Eden Hospice at Whatcom County Rebuttal Comments

*“In supporting the public testimony phase of the hospice concurrent review in Whatcom County, Eden avoided contacting patients and patient family members to avoid either actual or perceived HIPAA patient privacy concerns. 45 CFR 164.501, 164.508(a)(3), the HIPAA Privacy Rule gives individuals important controls over whether and how their protected health information is used and disclosed for marketing purposes. With limited exceptions, the Rule requires an individual’s written authorization before a use or disclosure of his or her protected health information can be made for marketing. So as not to interfere with core health care functions, the Rule distinguishes marketing communications from those communications about goods and services that are essential for quality health care. (More detailed information is included in HIPAA Marketing Constraints is provided in Attachment 1). This rule is extraordinarily complex, and the Program has shown sensitivity to even the appearance of a potential HIPAA privacy violation. For that reason, Eden has chosen to not request testimonial support from patients or families associated with EmpRes programs.*

*Eden also chose to not request general testimonial letters. Instead Eden directed its efforts toward general CN rules surrounding access such as the charity care policy requirement and the hospice-specific criteria associated with a superiority analysis of two or more applications such as providing Pediatric services or low income dual eligible (Medicare-Medicaid patients) outreach. Eden did contact agencies and individuals to identify a more complete understanding of need and areas where Eden would make CN commitments associated with identified need, e.g., Eden Hospice at Whatcom County actively participating in the We Honor Veterans Program if the CN is approved.*

*Eden also acknowledges and appreciates the commitment and capabilities of the many individuals and organizations that took time to meet with Eden and Signature and present evidence-based testimony on need and the best way to meet hospice need in Whatcom County. We will briefly outline these efforts because they pertain to our rebuttal comments on testimony.*

*The public involvement effort related to this project began in January 2018 when 120 individuals met to participate in a panel discussion about hospice and death with dignity in a meeting convened by Marie Eaton, director of the Palliative Care Institute at Western Washington University, and Sandy Stork, founder of Bellingham's branch of the international group Death Café (Reference application).*

*All told, since January 2018 approximately 150 individuals and organizations have participated in discussing hospice need in Whatcom County. As required by CN rules, Eden will focus its comments on the testimony submitted during the public comment period of this application.*

*The public testimony phase of the concurrent review resulted in 28 separate submittals of information and opinion. Together, the pre-CN meetings, the applications and testimony provide a substantial information base to carry out a thorough need analysis and superiority review. During the certificate of need process, Eden reached out to a number of individuals to inform these individuals and organization representatives initially to fully understand Need and subsequently to inform individuals about how they could express their views about Need for hospice services in the regulatory process.*

*Again, Eden commends Whatcom Hospice for its transparency in providing current information on its program utilization and describing its inability to meet rapidly increasing need despite its best plans and efforts.*

*The Eden Hospice CN application projected an unmet need exceeding a 41-patient census in 2021 (page 32 of application) while the State methodology calculated need at 30 (submitted by Whatcom Hospice page 32). Whatcom Hospice rejects this low calculated need with its own submitted testimony that states that Whatcom Hospice average daily census was 164 – 170 patients (pages 33 and 35 of testimony) on May 31, 2020. Whatcom Hospice states: “We are confidently staffed and ready to grow 15% over the next three to six months” (page 33 of testimony), which would result in an average daily census of approximately 187 – 196 patients at year-end, 2020. Projecting forward to year-end 2021 (see testimony, page 35 graph) results in unmet need that is completely consistent with the Eden projection methodology.*

*The reasons for need falling below the 35-patient unmet need provisional standard (before applying exceptions) in the State methodology have been outlined in our application but more importantly, have been identified by Whatcom Hospice, informed individuals and organizations that have submitted testimony and can be relied on in rebuttal.*

*Whatcom Hospice has submitted public testimony that it has been unable to meet hospice need. “This implementation created some short-term delays in access to care for hospice while we trained our staff and completed the implementation process.” (Dhillon, Gurpreet, Service Line Director for Whatcom Hospice, February 7, Page 25)*

*Rebuttal Response: As noted in the prior section, the unmet need is estimated in 2020 to be 15% by year-end 2020. This of course excludes unmet need due to other barriers to access related to the Whatcom Hospice Division of PeaceHealth religious-related restrictions such as not supporting the Washington State Death with Dignity statutory provisions. These restrictions lead to actual or perceived loss of health care control associated with end of life decisions as will be noted in subsequent sections of this rebuttal or other barriers related to actual or perceived sectarian-based beliefs.*

*Community Members – General Need [This section of the rebuttal statements quoted public comments that have already been entered into this record.]*

*Rebuttal Response: Eden committed to contact the Whatcom County Veterans Affairs Committee for outreach after approval of the CN application (pages 8 and 38) of the application; Eden is a paying*



*member the National Hospice and Palliative Care Organization (NHPCO). Eden will actively participate and employ the tenets of the NHPCO We Honor Veterans Program. Currently EmpRes Home Health of Bellingham, LLC provides Veterans grief support groups. Eden Hospice at Whatcom County committed to participating in the We Honor Veterans Program upon approval of the CN (Page 44 of the application). There is no cost to hospice providers that participate in this program. Eden will consult with the County Veterans Affairs Committee to determine the most appropriate outreach approaches that are consistent with the NHPCO We Honor Veterans Program (see Public Testimony Page 8 and Application pages 38 and 44).*

*Participation in the We Honor Veterans Program includes incorporating best practices outreach and treatment programs for all Veterans such as the LGBTQ community. These best practices for Veterans are directly transferable the entire hospice population, Slides 31 and 32 (See Attachment 2) are directly applicable to testimony issues that were raised that Eden is addressing with rebuttal responses – Outreach to Veterans and Access associated with Choice with a Secular Agency and Death with Dignity (next section).*

*Community Members – Choice: Secular Agency and Death with Dignity Compliance [This section of the rebuttal statements quoted public comments that have already been entered into this record.]*

*Rebuttal Response: Eden Hospice did address Choice and Death with Dignity in response to Screening Question 17 (Superiority, page 13):*

*“Eden currently does not operate hospices in states with similar statutes. Eden has reached out to consultants serving Washington State hospices and has confirmed that many hospices have policies addressing this issue as follows: The hospice will counsel patients on whatever end-of-life issue that the hospice patient brings up and will facilitate a referral to a physician who will follow the death with dignity protocol. While these hospices will not administer assisted suicide medications, they will allow their staff to be present at the time of death but not require their attendance, consistent with the statute. In any case Eden Hospice will develop policies and provide services that are consistent with Death with Dignity statutory provisions and respectful of the many community cultures in a manner that does not create a barrier to the community in accessing hospice services.”*

*As noted in the subsection: Choice and Death with Dignity Requirements within the Hospice Continuum of Care, which is part of Section B. Exception to the General Hospice Need Methodology, Eden will provide culturally competent services described in Attachment 2 to all residents of Whatcom County, not only Veterans.*

*Testimony was provided by rural residents’ testimony on pages 2, 41, 47, 62 and 59. Whatcom County is composed of numerous rural areas as documented by testimony.*

*Rebuttal Response: As noted in the application, Eden Hospice of Whatcom County selected Gilson Giroto, DO as the Medical Director of the Whatcom county Eden home health agency. He is also a part-time Urgent Care Physician for Skagit Regional Hospital Urgent Care Clinics (which also serves south Whatcom County). Dr. Giroto’s career in this region has spanned many years which has allowed him to develop a well-rooted understanding of the region and its healthcare issues – including the most rural regions. His reputation is stellar, and he is a solid presence in the communities he serves. Dr. Giroto is also well versed in managing palliative and end of life patients. Dr. Giroto will continue to support Eden’s valuable outreach efforts and actively participate as Medical Director in Eden’s outreach in both rural and urban communities. As provided in testimony Eden Hospice at Whatcom County, Eden will have outreach coordinators whose responsibilities are to improve access to hospice services throughout Whatcom County.*

*In the more rural areas of Whatcom, hospice patients and their families may face perceived and/or actual barriers to hospice healthcare options. This barrier is fully active because the only choice*

*available in hospice is a secular hospice restricted by religious doctrine. For many patients in hospice (and other areas of healthcare) this creates a significant disconnect. Eden, being non-secular, is open to all patients and their partners and Eden's doctors and staff understand and respect the needs to express life issues naturally, openly, honestly and without judgment. Many of the hospice cohorts in rural areas can benefit from culturally competent hospice outreach and services.*

*As an example, in the United States, LGBTQ veterans have experienced discrimination in hospice – so much so that the “We Honor Veterans” program has an entire section devoted to their LGBTQ Veteran Hospice Community. The “We Honor Veterans” program is fully operational in Eden’s Arizona hospice program. Of course, Eden Whatcom will become a proud member of the “We Honor Veterans” hospice program and embrace the many excellent educational and practical tools the program offers – including, of course, LGBTQ. Eden Whatcom has had conversations with the “We Honor Veterans” program and fully supports that being a member of the “We Honor Veterans” a condition of the CoN Hospice License.*

*Eden’s approach to rural health outreach and specific culturally competent services distinguishes Eden from its competitor under Superiority guidelines.*

*Services to Low Income and Dual Eligible Medicare and Medicaid Patients- Susan Gwynn (see page 15) identified low income as a barrier for parents of a Pediatric patient.*

*Rebuttal Response: Eden Health at Whatcom County has developed an expansive charity care policy to assure that inability to pay is not a barrier for medically indigent and low income patients to receive hospice services (Charity Care policy and discounted fee schedule provided in the application (Page 183) in Attachment 16. This distinguishes Eden from its competitor under Superiority guidelines.*

*Native American Services- Page 15 provided a letter from a Community Medicine Physician associated with the Lummi Tribal Health Center applauding the efforts of Signature in providing home health access to the Center.*

*Rebuttal Response: When approved, Eden will work through its outreach coordinators, management staff and its Medical Director (see prior discussion under rural health in this subsection) to provide hospice services to the Tribal Health Center on Lummi Island as well as outreach to Nooksack, Samish, and Semiahmoo tribes (see page 7 of public testimony).*

*Choice and Death with Dignity Requirements within the Hospice Continuum of Care - Public Testimony was provided on Choice and Death with Dignity Requirements within the hospice continuum of services on pages 24, 53, and 55 – 59.*

*Rebuttal Response: Eden Hospice at Whatcom County provided its approach and commitment to “choice” and “honoring the Death with Dignity statutory requirements” as discussed in rebuttal responses in the preceding Subsection A.”*

#### Signature Hospice at Bellingham Rebuttal Comments

*“Signature Healthcare at Home was excited to see the public support for an additional Hospice CON for Whatcom County. The frequent experiences with delays in Hospice care we see in the market is what influenced Signature to apply for a CON, despite the state's methodology showing no need. It is encouraging to see the public speak out concerning the public frustration with access to Hospice services and delays in start of hospice care. We hold a high level of respect for the team at the Department of Health but in this case, we respectfully disagree with the methodology for Whatcom County. We strongly believe that restricting Hospice services in Whatcom County to one provider violates the Whatcom County resident’s right to choose for hospice service.*

*Much of the public support was focused on having a non-denominational choice for hospice service. Signature is a non-denominational health care provider and provides access to chaplain services. Signature Hospice Bellingham will support any spiritual need of its patients including the State of Washington's Death with Dignity laws. Signature has extensive experience with Death with Dignity laws. Our current hospice operations in Oregon have supported similar laws in Oregon and recently updated our Death with Dignity policy. We have included a copy of the current Signature Death with Dignity internal policy for review by the public.*

*With the methodology being right on the cusp of dictating a need, 30 ADC unmet/35 required ADC = .857 agencies needed, we believe it is in the best interest of the county and its occupants to award a Hospice Certificate of Need. It is clear the community feels the same way. We hope that the community outcry outweighs the math of the methodology in this situation."*

#### Reverend Nancy Simmers, VSED Resources Northwest Rebuttal Comments

*"In our Letter of Comment, written June 5, 2020, we emphasized that people who do not qualify for or who choose not to use Washington State's Death With Dignity Law are most likely to use VSED. Preserving autonomy and control at the end of life is one of the last cornerstones of quality of life, especially in situations of anticipated or unbearable suffering or unacceptable burden. VSED may be the only option to express this autonomy for people who have certain diagnoses that do not qualify for hospice or Death With Dignity (ALS, Alzheimer's, Huntington's, Parkinson's, MS).*

*Our concerns are two-fold:*

- 1) Access to Compassionate EOL Care - Because policies at PeaceHealth St. Joseph Medical Center, the only hospital in Whatcom County, are governed by its Catholic religious heritage and because Whatcom Hospice is owned and operated by Peace Health, their current hospice program is unable to provide services to people who wish to use VSED until the person is in a coma. This deprives the person and his/her family end-of-life nursing care as well as anticipatory end-of-life teaching and emotional support. Access to these services only after death is imminent, denies essential support to both a dying person and their family.*
- 2) A Safe, Compassionate Site in which to Die - If a person lives in a nursing care facility, its agency policies can prohibit him/her from ending life by VSED. Further, these policies can allow caregivers to decline to follow this person's wishes not to be fed or given fluids. Clients, unable to be cared for at home, have had to move from a Care Facility to a motel, an impersonal and inadequate option.*

*Neither Certificate of Need applicant addresses these issues, nor does either indicate whether staff or policies would support VSED by offering information, referrals, and on-site care. We respectfully ask that the Washington State Department of Health ask the two applicants to address these two concerns and that their plans be amended to include solutions before further action is taken or a decision finalized. Should one of these applicants, approved by the Washington Department of Health, provide documentation and policies to address these concerns, we would be happy to lend our support to their endeavors."*

#### Department Evaluation for Eden Hospice at Whatcom County and Signature Hospice Bellingham

The department considers the rationale and assumptions relied upon by each applicant to establish additional Medicare and Medicaid hospice services in Whatcom County to be reasonable and comprehensive.

The department notes that all letters submitted by community members for these two projects expressed support of another provider in the county. Many of the letters identified need for hospice services for

specific underserved populations not currently served by the existing provider. Many of the letters expressed concerns regarding long ‘first-visit’ response time of the existing provider.

Reverend Simmers, a representative of the VSED Task Force of Whatcom County provided both public comment and rebuttal comment identifying need for an additional provider in the county that could offer services not provided by the existing hospice agency. While the specific services identified in the public comments and rebuttal are not required to be provided by a Medicare and Medicaid certified hospice agency, both applicants expressed interest in connecting with these underserved patients.

Whatcom County is not the geographically largest or most populated county in the state, however, documentation provided in the applications show it is the only county of its size that has only one provider available to serve all residents.

The approval of an additional provider in the planning area will result in an additional hospice option for many terminally ill home health patients in the area. Based on the information above, the department concludes that both applicants provided complete rationale to support their respective project and the statements in the applications support need for this project. **This sub-criterion is met.**

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

To evaluate this sub-criterion, the department evaluates an applicant’s admission policies, willingness to serve Medicare and Medicaid patients, and 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 do 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.

#### Eden Hospice at Whatcom County, LLC

For this sub-criterion, Eden Hospice at Whatcom County provided copies of the following policies. [source: Application, Appendices 14, 16, and 17 and April 20, 2020, screening response, Attachment 4]

Admission Policy – the stated purpose of this policy is “[t]o keep acceptance of patients consistent with Eden Hospice’ mission and scope of services based on the reasonable expectation that the patient’s care and service needs can be appropriately and safely met in the patient’s place of residence.” This

policy states that patients will be admitted if they meet the admission criteria, and then identifies the admission criteria. The policy also provides the following non-discrimination and eligibility language: *“Hospice does not base eligibility for participation on the patient’s race, color, creed, sex, age, disability (mental or physical), communicable disease, or place of national origin. The patient meets the eligibility criteria for Medicare, Medicaid, private Hospice benefit or meets the Eden Hospice Charity Care eligibility criteria. The Agency accepts patients based on their care needs. The Agency considers the adequacy and suitability of staff and the resources required to provide the service. A reasonable expectation exists that the Agency can adequately take care of the patient at home. The Agency accepts patients based on a patient’s ability to pay for hospice services, either through state or federal assistance programs, private insurance, personal assets or the Eden Hospice Charity Care eligibility criteria.”* The policy also provides information regarding the admission process.

Charity Care – the stated purpose of this policy is *“[t]o keep acceptance of patients consistent with Eden Hospice’ mission and scope of services based on the reasonable expectation that the patient’s care and service needs can be appropriately and safely met in the patient’s place of residence.”* The policy also includes the following non-discrimination language: *“[h]ospice does not base eligibility for participation on the patient’s race, color, creed, sex, age, disability (mental or physical), communicable disease, or place of national origin.”* The policy also provides the procedure to determine if a patient qualifies for charity care.

Intake / Referral Policy – the policy provides the following stated purpose and specific language regarding accessibility to hospice care. *“The Hospice intake process is an important first step in a potential hospice patient's experience, to guarantee the Agency can provide applicable care, treatment, and services to the patient. The Agency’s intake process functions 24 hours a day, seven days a week. This process strives to enable same day admissions.”* The policy also outlines the procedures the agency would use to accept a patient for hospice services.

In addition, Eden Hospice at Whatcom County provided the following statements regarding types of patients to be served by the hospice agency. [source: Application, pdf15 and April 20, 2020, screening response, pdf3-4]

*“The proposed hospice will serve Whatcom County patients requiring end-of-life care and support and those who have elected to avail themselves of the Medicare hospice, Medicaid or private plans that are similar in organization, benefits, and payment arrangement.*

*Table 1 presents the expected age range of the population to be served. The Commercial, Medicaid and Private Pay categories generally include patients under age 65. However, there is assumed to be patients over age 65 who do not qualify for Medicare such as international patients or undocumented patients. A sensitivity analysis was carried out and the overall percentage (TOTAL) of patients served by age range for the Commercial Population did not change with the Age 65 and older population varying from 5% to 10%. The Age 65 and Older population estimates are based on the 2018 edition of the NHPCO Facts and Figures report prepared on July 2, 2019. Regarding the Under the Age 65 NHPCO estimate, it should be noted that the Apple Medicaid statistics indicate that there are 6.6% dual eligible enrollees in the North Sound region that includes Whatcom County as of 2019. Dual eligible (Medicare and Medicaid) clients are generally younger than the Medicare only population.”* Footnote #1: *“Enrollees in Medical Programs By County Report, 201905, Report Number: CLNT-10422.0. Data Source: ODS Data Warehouse. Kevin Cornell – (360) 725-1423”*

Applicant's Table 1

Table 1	
Percentage of Patients Served by Age	
	<b>By Payer Source</b>
Commercial, Medicaid Private Pay	<b>15%</b>
Under Age 65	95%
Age 65 and Older	5%
<b>Medicare*</b>	<b>85%</b>
Under Age 65	5%
Age 65 - 74	18%
Age 75 - 84	30%
Age 85 and Older	48%
<b>TOTAL</b>	<b>By Patients Served</b>
Under Age 65	19%
Age 65 - 74	15%
Age 75 - 84	25%
Age 85 and Older	40%
	100%
* Percentages Rounded	

*“All age groups will be served by the project. There are not age restrictions as noted in the Admission Policy (See Appendix 15. 3. J, Page 181). Regarding Pediatric patients, our research was informed by an interview with Sonjia Hauser, who had many years’ experience in managing a community hospice service operated by PeaceHealth with an average daily census of approximately 225 patients. She noted that approximately 1% of her agency’s hospice average daily census was made up of Pediatric patients. In addition, we met with a trainer associated with ELNEC (see footnote below) to discuss services in the Puget Sound area. Upon approval of our agency application we will engage in collaboration with Whatcom Hospice to support community hospice support for children and their families.”* Footnote #2: *“Eden has reviewed Pediatric hospice requirements with a trainer associated with The End-of-Life Nursing Education Consortium (ELNEC) which offers Pediatric hospice training services in the Puget Sound area and upon approval of the CoN will utilize these support services as required after meeting with Whatcom Hospice.”*

Eden Hospice at Whatcom County provided the following payer mix for the Whatcom County hospice services. [source: Application, pdf48]

**Department’s Table 2**  
**Eden Hospice at Whatcom County**  
**Projected Payer Mix and Percentage**

<b>Payer</b>	<b>Percent</b>
Medicare & Medicare Managed Care	85.0%
Medicaid	10.0%
Commercial, TriCare, Private Pay, etc.	5.0%
<b>Total</b>	<b>100.0%</b>

The applicant provided the following information regarding assumptions used to determine the projected payer mix above. [source: Application, pdf48 and April 20, 2020, screening response, pdf10]

*“The payer mix is modeled to remain the same for the first three years of operation. The projected payer mix is based on the assumptions in other similar counties in Washington State including Clark County, Clallam County and Snohomish County.*

*In developing the projected payer mix, Eden first looked at the Eden Home Health agency payer mix as well as existing Eden hospices; and then reviewed payer mix assumptions applied in other Washington State settings by applicants whose hospice applications were recently approved including Clallam County (Olympic Medical Center), a suburban/rural county, Snohomish County (Envision Hospice of Snohomish County), an urban county and Clark County (Providence Hospital), which will compete with PeaceHealth.*

*The statement “The projected payer mix is based on the assumptions in other similar counties in Washington State including Clark County, Clallam County, and Snohomish County” needs some clarification. In reviewing the three other geographic area payer mix assumptions, Eden found some variation in the mix of Medicare and commercial payers but similarities in the percentage of Medicaid as a component of the payer mix. As a result, Eden selected a payer mix of 10% for Medicaid and 5% for commercial insurance other than Medicare managed care. This matches the experience of other large regional hospice providers and assures that the Eden project is financially viable while still serving its community share of Medicaid patients, which include dual eligible patients that for Payer purposes are classified as Medicare patients even though they qualify and receive for Medicaid supplemental support based on various definitions of indigence.”*

Eden Hospice at Whatcom County provided the following statements regarding hours of operation and patient access to services outside of the hours of operation. [source: Application, pdf54]

*“The intended hours of operation will be from 8:00 a.m.-5:00 p.m. daily for regular office hours, with 24/7 access to nursing, including nursing visits.”*

#### Public Comment

None

#### Rebuttal Comment

None

#### **Department Evaluation**

The applicant has been providing Medicare and Medicaid home health services to the residents of several Washington State counties, including Whatcom County, through existing agencies. Healthcare services have been available to low-income, racial and ethnic minorities, handicapped and other underserved groups. The applicant does not provide hospice services in Washington State.

The Intake Referral Policy and Admissions Policy describes the process and criteria that would be used to admit a patient to its proposed hospice agency. The Admissions Policy includes extensive language to ensure all patients would be admitted for treatment without discrimination. The Admission Policy and documentation provided in the application are clear that the proposed hospice agency would be available to all residents of the services area, include pediatric patients. The Intake Referral Policy also includes language regarding accessibility to hospice care.

The applicant anticipates its Whatcom County agency’s combined Medicare and Medicaid revenues to be 95% of total revenues and commercial/other to make up the remaining 5% of revenues. The applicant also provided pro forma financial statements that show each of these revenues are anticipated in

projections for the hospice agency. These percentages of revenues are not expected to change over time.

The applicant also provided a copy of a charity care policy that will be used at its Whatcom County hospice agency. The policy provides the circumstances that a patient may qualify for charity care and where to access information about appealing a charity care determination. The pro forma financial statements provided by Eden also include charity care as a deduction of revenue.

The Admission, Charity Care, and Intake/Referral policies provided in the application do not include any identifying logo or header on them to connect to either the applicant or Eden Hospice at Whatcom County. As a result, the department must conclude that the policies are drafts. If this project is approved, the department would include conditions requiring the applicant to provide final Admission, Charity Care, and Intake/Referral policies consistent with the draft policies provided in the application.

Based on the information above, the department concludes that with written agreement to the condition in the conclusion section of this evaluation, the Eden Hospice at Whatcom County project **meets this sub-criterion**.

#### Signature Hospice Bellingham, LLC

For this sub-criterion, Signature Hospice Bellingham provided a copy of the following policies. [source: Application, Exhibit 12 and March 30, 2020, screening response, Attachment 9 & Attachment 10]

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

Charity Care – the stated purpose of this policy is “*to identify the criteria to be applied when accepting patients for charity care.*” The policy provides the procedure to determine if a patient qualifies for charity care. The policy includes a sliding scale with household income threshold amounts that would be used to determine charity care qualifications for a patient. The policy identifies that the Executive Director/Administrator, along with the Clinical Director, will determine the appropriate sliding fee schedule to be implemented.

Intake Process – the stated purpose of this document is “*to establish the process for acceptance and entry of patients into hospice.*” The policy states that referrals are accepted 24/7 and personnel will be available 24/7 to accept patients into hospice. It outlines the procedures the agency would use to accept a patient for hospice services.

In addition, Signature Hospice Bellingham provided the following statements regarding types of patients to be served by the hospice agency. [source: Application, pdf17 and March 30, 2020, screening response, pdf8]

*“Signature Hospice Bellingham, LLC will serve all patients eligible for hospice services under the requirements for eligibility without discrimination. This will include patients of all ages regardless of a payor source or living situation. Hospice services are “palliative” and not curative. Patients certified terminally ill and electing the hospice benefit do increase with age, with about 64.2% of Medicare hospice patients being over 80 years old, as seen in Exhibit 10.*



*In addition, we do provide 24/7 medical interpretive services for patient care in over 200 different languages and use this service while providing care for all limited English-speaking patients and their caregivers. Our approach to hospice care is patient-centered holistic care incorporating patient goals for comfort, companionship, relief, peace, and resolution of burdensome symptoms at the end-of-life.*

*Signature Hospice Bellingham, LLC plans on serving any patient that needs hospice services regardless of race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, or place of national origin. Therefore, we anticipate that we will provide hospice services for people between the ages of 0-100+, as Signature Hospice provides hospice services to anyone who needs it.”*

Signature Hospice Bellingham provided the following payer mix for the Whatcom County hospice services. [source: Application, pdf26]

**Department’s Table 3  
Signature Hospice Bellingham  
Projected Payer Mix and Percentage**

<b>Payer</b>	<b>Percent</b>
Medicare (including VA)	97.0%
Medicaid	2.0%
Private Pay	1.0%
<b>Total</b>	<b>100.0%</b>

Signature Hospice Bellingham provided the following statements regarding hours of operation and patient access to services outside of the hours of operation. [source: Application, pdf30]

*“Signature Hospice Bellingham, LLC will intend to operate a business office from 8am-5pm Monday-Friday. There will be access to a physician, and nurse 24/7 for all patients and families.”*

Public Comment

Eden Hospice at Whatcom County provided public comments in the form of comparison of its application with the Signature Hospice Bellingham application specific to this sub-criterion. The department created the table below to show the comparison.

<b>Topic: Admission/Intake Policy</b>	
<b>Eden Hospice</b>	<b>Signature Hospice</b>
Eden’s intake process functions 24 hours a day, seven days a week and strives to enable same day admission.	Signature does not clarify how many days (or weeks) it will take to determine if the patient can be admitted. (SR).

<b>Topic: Charity Care</b>	
<b>Eden Hospice</b>	<b>Signature Hospice</b>
Eden will admit patients who are unable to pay for hospice; Eden’s sliding fee scale offers patients and families a realistic payment approach. (Application page 183) Income Level of 200% or less -- 100% discount level Income Level of 201% to 300% -- 75% discount level Income Level of 301% to 400% -- 50% discount level	Signature admissions policy for charity care is also based on sliding scale, but compared to Eden, Signature’s sliding scale results in access barriers for families and patients who live in poverty. Income Level of 100% or less – Nominal Fee Income Level of 125% - 20% pay (80% discount level) Income Level of 150% - 40% pay (60% discount) Income Level of 175% - 60% pay (40% discount) Income Level of 200% - 80% pay (20% discount)
<b>Topic: Specific Populations-Pediatric</b>	
<b>Eden Hospice</b>	<b>Signature Hospice</b>
Both Eden and Signature commit that patients will be accepted for care without discrimination on the basis of race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, place of national origin, income level, or other underserved groups.  However, Eden is committed to providing <i>specialized pediatric hospice care</i> and the specialized training required to ensure all children under the age of 18 have the best care for their age bracket. Eden, upon approval, will collaborate with Whatcom Hospice to support Pediatric hospice services within Whatcom County to improve access and availability. Eden has also reviewed Pediatric hospice capability with a Puget Sound-based educational consultant and has reviewed Pediatric hospice requirements with a trainer associated with The End-of-Life Nursing Education Consortium (ELNEC) which offers Pediatric hospice training services in the Puget Sound and will use this resource as needed to meet the Eden commitment. Training services such as those identified are provided through corporate support.	Signature, like Eden serves all ages but Signature does not have a commitment to the specialized area of pediatric hospice services, which is also one of the services discussed in allowing the Program to approve projects when pre-application numerical need is not explicitly achieved.
<b>Topic: Specific Underserved Population-Tribal</b>	
<b>Eden Hospice</b>	<b>Signature Hospice</b>
Eden is committed to develop specific outreach services for the underserved - at least nine special population groups including but not limited to the Lummi, Nooksack, Samish, and Semiahmoo tribes. Eden’s application demonstrated committed to special populations: [see page 8 of application]. These outreach services are provided by the community liaison staff that are included as staff expense elements on the pro forma. Improving access through outreach these underserved residents specifically addresses the general access and availability criteria that supports the Program in approving projects when pre-application numerical need is not explicitly achieved.	Signature states “Our existing home health agencies currently serve the remote and underserved populations, like Lummi Island.” There is no mention of reaching out to the underserved populations beyond Lummi Island.

<b>Topic: Specific Underserved Population-Veterans</b>	
<b>Eden Hospice</b>	<b>Signature Hospice</b>
<p>Eden - over 13,000 veterans reside in Whatcom County and veterans are considered underserved. EmpRes and Eden are already affiliated with the National Hospice and Palliative Care Organization (NHPCO) and actively employs the tenets of the <b>NHPCO We Honor Veterans Program</b>.</p> <p>Currently EmpRes Home Health of Bellingham, LLC provides Veterans grief support groups. Eden will consult with the County Veterans Affairs Committee to determine the most appropriate level of involvement with the HPCO We Honor Veterans Program (see Application pages 8 and 38).</p> <p>Also, Eden serves many veterans through their existing home health services which provides a strong continuum of care for our great veterans. Page 44 on Veterans Advisory Committee.</p>	<p>Signature only mentions veterans in terms of “Revenue” [Application pg. 24]. There is no recognition of Veterans (other than a source of revenue) except as detailed below in the Surveys’ provided:</p> <ul style="list-style-type: none"> <li>• <i>Specifically, for 1 of 6 sample patients whose payer source included Medicaid or Veterans Affairs (VA), the agency did not ensure the comprehensive assessment was updated as required. (Patient identifier: 11.)</i> [See SR page 302]</li> <li>• <i>This ELEMENT is not met as evidenced by: Based on interview and record review, it was determined that the home health agency (HHA) : had not conducted home health aide supervisory visits at least every 14 days as required for 1 of 6 sample patients whose payer source included Medicaid or Veterans Affairs (VA). (Patient identifier: 10.)</i> [See SR page 303]</li> <li>• <i>This ELEMENT is not met as evidenced by: Based on interview and record review, it was determined the registered nurse (RN) did not conduct an on-site visit to the location where the patient received care no less frequently than every 60 days in order to observe and assess each aide while he or she was performing care. Specifically, for 4 of 4 sample patients whose payer source included Medicaid or veterans’ affairs (VA) and received aide-only services, on-site supervisory visits were either not completed or completed when the aide was not ' present. (Patient identifiers: 7, 8, 11, and 13.</i> [See SR page 305]</li> </ul>
<b>Topic: Specific Underserved Population-Dual Eligible</b>	
<b>Eden Hospice</b>	<b>Signature Hospice</b>
<p>Eden’s Application demonstrated, through significant research, that dual-eligible patients in Whatcom County are woefully underserved when compared to the national average. Eden will reach out to this special population which represents approximately 13% of the Whatcom service area Medicare Dual Eligible population or 6,056 enrollees in 2018. Outreach will take place through the community liaison staff with the expense for this commitment provided on the pro forma.</p> <p>Improving access through outreach to dual eligible residents specifically addresses the general access and availability criteria that supports the Program in approving projects when pre-application numerical need is not explicitly achieved.</p>	<p>Signature did not mention that this significantly underserved segment of the patient population that faces serious access barrier when compared to the national average for hospice deaths per 1,000 Medicare enrollees.</p>

Rebuttal Comment  
None

## **Department Evaluation**

The Admission Policy provided by the applicant describes the process Signature Hospice Bellingham would use to admit a patient to its hospice agency. The policy includes language to ensure all patients will be admitted for treatment without discrimination. While the policy does not specifically state that pediatric patients would be served at the agency, it does not definitively exclude them.

The Admission and Charity Care policies are typically used in conjunction. The Charity Care Policy does not specifically include non-discrimination language to ensure all patients eligible for hospice services could be served by the new agency. With no non-discrimination language specific to pediatric patients, the department expects pediatric patients would be served by the new hospice agency. The Charity Care Policy provides the process to obtain charity care.

Signature Hospice Bellingham anticipates its combined Medicare and Medicaid revenues for the proposed hospice agency will be approximately 99.0% of its total revenues. While Signature Hospice Bellingham's payer mix for combined Medicare and Medicaid is consistent with past hospice applications reviewed by the department, Eden Hospice at Whatcom County expressed concerns about availability and accessibility to underserved groups within the county. The comparison table provided by Eden Hospice at Whatcom County demonstrated that Signature Hospice Bellingham's project intends to be available and accessible to residents of the county. However, it also shows that Eden Hospice at Whatcom County's project targets the specific underserved groups located within the county. Signature Hospice Bellingham does not provide rebuttal statements to dispute the comparison table provided in public comment.

The pro forma financial statements provided by Signature Hospice Bellingham also include charity care as a deduction of revenue.

Based on the information above, the department concludes that the Signature Hospice Bellingham project **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**

This sub-criterion under WAC 246-310-210(3), (4), and (5) is not applicable for these applications.

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

### Eden Hospice at Whatcom County, LLC

Based on the source information reviewed, the department concludes that Eden Hospice at Whatcom County has met the financial feasibility criteria in WAC 246-310-220 and any applicable criteria in WAC 246-310-290.

### Signature Hospice Bellingham, LLC

Based on the source information reviewed, the department concludes that Signature Hospice Bellingham, LLC has not met the financial feasibility criteria in WAC 246-310-220 and any applicable criteria in WAC 246-310-290.

#### *(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.

To evaluate this sub-criterion, the department reviews the assumptions provided by an applicant, projected revenue and expense (income) statements, and projected balance sheets. The assumptions are the foundation for the projected statements. The income statement is a financial statement that reports a company's financial performance over a specific period—either historical or projected. Projected financial performance is assessed by giving a summary of how the business expects its revenues to cover its expenses for both operating and non-operating activities. It also projects the net profit or loss incurred over a specific accounting period.<sup>5</sup>

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

As a part of its review, the department must determine that a project is financially feasible – not just as a stand-alone entity, but also as an addition to its own existing operations, if applicable. To complete its review, the department may request an applicant to provide projected financial information for the parent corporation if the proposed agency would be operated under the parent.

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<sup>5</sup> One purpose behind the income statement is to allow key decision makers to evaluate the company's current situation and make changes as needed. Creditors use these statements to make a decision on loans it might make to the company. Stock investors use these statements to determine whether the company represents a good investment.

### Eden Hospice at Whatcom County, LLC

Eden Hospice at Whatcom County, LLC does not own or operate any healthcare facilities in Washington State, however its parent corporation, EmpRes Healthcare Group, Inc. has created subsidiaries to operate home health and hospice agencies in Washington and other states. Other than this application for Whatcom County, EmpRes Healthcare Group, Inc. or its subsidiaries no other application was submitted to establish a Medicare and Medicaid certified hospice agency for the year 2019 hospice concurrent review cycles. [source: Application, Appendix 8]

Eden at Whatcom County provided the assumptions used to determine the projected number of patients and visits for the proposed Whatcom County hospice agency. The assumptions are restated below. [source: April 20, 2020, screening response, pdf6-7]

#### “Unduplicated Patients:

*Subsection 8 – c, page 43, identifies the following:*

- 1. Whatcom County has hospice admits 4% below the calculated admission expectation for 2018 using the State Methodology (see page 29, Table 6 – E and the accompanying discussion). This is further confirmed by Exhibit 1, which shows hospice use in Whatcom County is 5% below the national average of admissions per 1,000 deaths for the Medicare population (see page 259).*
- 2. Hospice patients referred from home health having to wait 6 days or more for entry into hospice 12% of the time – this is a major access barrier (see Exhibit 5, Page 284).*
- 3. The existing hospice capacity is an access barrier because the percentage of direct admits from St. Joseph to Whatcom Hospice has declined by 14% from 2015 – 2018 to 66% compared to a national average of 79% (see Exhibit 4, Page 283).*
- 4. Eden has completed a study of Dual Eligible (Medicare and Medicaid) patients that shows that Dual Eligible patients in Whatcom County face an access barrier when compared to with the national average for hospice deaths per 1,000 Medicare enrollees. Exhibit 8 shows that the hospice death rate for all Medicare enrollees in Whatcom County is 587 deaths per 1,000 enrollees which is 99% of the national death rate of 597 deaths per 1,000 enrollees, but the Whatcom County Dual Eligible death rate of 455 deaths per 1,000 persons is only 82% of the national Dual Eligible death rate of 554 deaths per 1,000 enrollees. Eden will reach out to this special population which represents approximately 13% of the Whatcom service area Medicare Dual Eligible population or 6,056 enrollees in 2018.*
- 5. As a community-based, non-sectarian hospice agency, Eden Hospice will support patients pursuing their “death with dignity” options as available under Washington law. As part of this effort, Eden will reach out to End of Life Washington for their advice and support in policy development, staff training and in locating needed resources. This will increase utilization.*

*Together, these various access barriers lead to unmet hospice need as shown in Table 8 – R of 249 patients in 2021 (see page 30). This patient need would increase for 2021 and 2022 with increases and aging of the population but is difficult to calculate given that an assumption must be made on death rates. However, the 249 patient need calculation is sufficient to support the Table 12 calculations for unduplicated patients from the sources listed above.*

#### Mean Length of Stay

- 1. Whatcom Hospice has a state methodology average length of stay of 55.7 days versus the statewide hospice need calculated average of 60.13 days (see page 29). This 55.7-day hospice length of stay is at least 33% lower than the CMS calculated average length of stay for Whatcom Medicare patients (see Exhibit 2, Page 281).*

*For this reason, the length of stay in Table 12 was adjusted slightly higher to reflect the expected longer length of stay for more rapid referral of home health patients from EmpRes Home Health of Bellingham. Median Length of Stay*

*Median length of stay remained unchanged at the national level. This metric is not used in the pro forma or need calculations.”*

Based on the assumptions above, Eden Hospice at Whatcom County provided its projected utilization shown in the recreated table above. [source: Application, Appendix 22 and April 20, 2020, screening response, Attachment 3]

***Applicant’s Updated Table 12 Recreated  
Whatcom County Utilization Projections***

	<i>Year 1-2021</i>	<i>Year 2-2022</i>	<i>Year 3-2023</i>
<i>Admissions (unduplicated)</i>	<i>81</i>	<i>180</i>	<i>276</i>
<i>Average Length of Stay</i>	<i>60.2</i>	<i>61.2</i>	<i>61.2</i>
<i>Median Length of Stay</i>	<i>18</i>	<i>18</i>	<i>18</i>
<i>Average Daily Census</i>	<i>13.4</i>	<i>30.2</i>	<i>46.3</i>
<i>Patient Days</i>	<i>4,875</i>	<i>11,019</i>	<i>16,888</i>

If this project is approved, the new hospice agency in Whatcom County would be operated separately from both its direct owner/parent (EmpRes, LLC) and its parent EmpRes Healthcare Group, Inc. To assist in this evaluation, the applicant provided a pro forma financial statements for the Whatcom County hospice agency alone. The pro forma statements provided are listed below.

- Pro forma Operating Statement Whatcom County only; and
- Pro forma Balance Sheet for Whatcom County only.

Eden Hospice at Whatcom County also provided its assumptions used to project the pro forma statements within the statements. [source: April 20, 2020, screening response, pdf8 & pdf16 and Attachment 8 & Attachment 9]

*“Eden Hospice at Whatcom County, LLC, has identified in its pro forma and in its assumptions that approximately 85% of patients will be Medicare, 10% Medicaid and 5% other payers.*

*Patient Days by Level of Care*

- *Routine Home Care 0-60 = 46% of hospice days*
- *Routine Home Care 61+ = 52% of hospice days*
- *Respite Care = 1% of hospice days*
- *General Inpatient Care = 0.5% of hospice days*
- *Continuous Care = 0.5% of hospice days*

*Per Patient Day Rate*

- *Routine Home Care 0-60 = \$207.69 per day average Medicare, Medicaid, and Commercial*
- *Routine Home Care 61+ = \$164.14 per day average Medicare, Medicaid, and Commercial*
- *Respite Care = \$476.39 per day average Medicare, Medicaid, and Commercial*
- *General Inpatient Care = \$1,080.62 per day average Medicare, Medicaid, and Commercial*
- *Continuous Care = \$62.07 per day average Medicare, Medicaid, and Commercial*

*Gross Revenue*

- *Medicare = Rate Per Day x Monthly Census x 85% x Days in Month*
- *Medicaid = Rate Per Day x Monthly Census x 10% x Days in Month*

- *Commercial = Rate Per Day x Monthly Census x 5% x Days in Month.*

#### Deductions from Revenue

- *Sequestration (contractual adjustments) = assumed to be 2% of Medicare revenue by category*
- *Charity Care = assumed to be 1.5% of gross revenue*
- *Bad Debt = assumed at 1% of gross revenue*

#### Direct Care Expenses

##### Ancillary Expenses

- *Home Health Pharmacy Expense = \$5 Expense per Hospice Day*
- *Lab Expense = \$0.12 Expense per Hospice Day*
- *XRay Expense = \$0.089 Expense per Hospice Day*
- *Patient Transport/Ambulance \$0.40 Expense per Hospice Day*
- *HH Equipment Rent Expense = \$5.25 Expense per Hospice Day*

##### Home Service Expenses

- *HH Mileage Nurse = \$3.22 Expense per Hospice Day*
- *HH Medical Supplies = \$2.00 Expense per Hospice Day*
- *RN, hospice aide, spiritual counselor, quality assurance coordinator, social services = FTE times annual compensation*
- *Hospice GIP Expense = \$864.20 per hospice day by category*
- *Hospice Respite Expense = \$381.11 per hospice day by category and adjustments*
- *Hospice SNF Room and Board Expense = \$229.35 per hospice day by category and adjustments*
- *Hospice Miles-Spiritual and Bereavement Coordinator = \$4.5 per hospice day*
- *Home Health Mileage-Social Services = \$0.60 per hospice day*
- *Total Employee Benefits and Taxes-Direct = 30% of wages*

##### Contract Expenses

- *Physical Therapy, Speech Therapy = \$0.05 Expense per Hospice Day*
- *Occupational Therapy = \$0.03 Expense per Hospice Day*
- *Dietary = \$0.09 Expense per Hospice Day*
- *Medical Director = \$7.00 Expense per Hospice Day*

##### Operating Support Expenses

- *Natural gas, electricity water, and sewer = covered in total lease amount*

##### Administration and General Expenses

- *Hospice Director of Patient Care, Hospice Clinical Administration, Administrator, Community Relations, Volunteer Coordinator = see staffing summary expense*
- *Business Office Wages = Lump sum by year manager and support*
- *Total employee benefits and taxes = 30% of wages*

##### Contract Services

- *Office supplies, employee recruitment, telephone/internet, housekeeping, laundry purchases services, marketing expense, public relations = lump sum by year*
- *Telephone and communications = \$1.50 per hospice day*
- *Licenses/Permits = \$1,642 annually*



- *Business Taxes = 1.9% of net revenue*
- *Bank charges = 0.15% of net revenue*

Other Expenses

- *Property / Casualty Insurance = 0.05% of net revenue*
- *Liability Insurance = 0.7% of net revenue*
- *Management Fees – EHC FAC (allocated costs) = 5% of net revenue*
- *Building Lease = \$434.50 per month / \$5,214 annual lease costs for common area maintenance and insurance is included in the lease expense.*

*No leasehold depreciation or interest expense and income tax applied.”*

Based on the assumption above, below is a summary of the projected Revenue and Expense Statement for the Whatcom County hospice agency. [source: Application, Appendix 12 & Appendix 22]

**Department’s Table 4  
Eden Hospice at Whatcom County  
Revenue and Expense Statement for Projected Years 2021 through 2023**

	<b>CY 2021</b>	<b>CY 2022</b>	<b>CY 2023</b>
Net Revenue	\$922,003	\$2,084,064	\$3,194,147
Total Expenses	\$1,006,029	\$1,628,100	\$2,580,284
<b>Net Profit / (Loss)</b>	<b>(\$84,026)</b>	<b>\$455,964</b>	<b>\$613,863</b>

Eden Hospice at Whatcom County also provided the projected balance sheets for the proposed Whatcom County hospice agency. The three-year summary is shown in the tables on the following page. [source: April 20, 2020, screening response, Attachment 3]

**Department’s Table 5  
Eden Hospice at Whatcom County  
Balance Sheet for Projected Years 2021 through 2023**

**Year 2021**

<b>Assets</b>		<b>Liabilities</b>	
Current Assets	\$59,547	Current Liabilities	\$43,573
Property & Equipment	\$0	Long Term Debt	\$0
Other Assets	\$0	<b>Total Liabilities and Long Term Debt</b>	<b>\$43,573</b>
		Equity	\$15,974
<b>Total Assets</b>	<b>\$59,547</b>	<b>Total Liabilities and Equity</b>	<b>\$59,547</b>

**Year 2022**

<b>Assets</b>		<b>Liabilities</b>	
Current Assets	\$441,962	Current Liabilities	\$70,021
Property & Equipment	\$0	Long Term Debt	\$0
Other Assets	\$0	<b>Total Liabilities and Long Term Debt</b>	<b>\$70,021</b>
		Equity	\$371,941
<b>Total Assets</b>	<b>\$441,962</b>	<b>Total Liabilities and Equity</b>	<b>\$441,962</b>

**Year 2023**

<b>Assets</b>		<b>Liabilities</b>	
Current Assets	\$1,095,979	Current Liabilities	\$110,176
Property & Equipment	\$0	Long Term Debt	\$0
Other Assets	\$0	<b>Total Liabilities and Long Term Debt</b>	<b>\$110,176</b>
		Equity	\$985,803
<b>Total Assets</b>	<b>\$1,095,979</b>	<b>Total Liabilities and Equity</b>	<b>\$1,095,979</b>

Eden Hospice at Whatcom County will be operated under the EmpRes Healthcare Group, Inc. subsidiary known as EmpRes Hospice. As requested, the applicant provided combined pro forma Balance Sheets for projection years 2021 through 2023 with and without approval of this project. Below is a summary of year three—2023. [source: April 20, 2020, screening response, Attachment 9]

**Department’s Table 6  
EmpRes Hospice-with Whatcom County Hospice Agency Projected Year 2023**

<b>Assets</b>		<b>Liabilities</b>	
Current Assets	\$2,519,587	Current Liabilities	\$387,738
Property & Equipment	\$0	Long Term Debt	\$0
Other Assets	\$0	<b>Total Liabilities and Long Term Debt</b>	<b>\$387,738</b>
		Equity	\$2,131,849
<b>Total Assets</b>	<b>\$2,519,587</b>	<b>Total Liabilities and Equity</b>	<b>\$2,519,587</b>

The applicant provided the following clarification regarding the pro forma Balance Sheet summarized above. [source: April 20, 2020, screening response, pdf18]

*“Attachment 9 provides the “With and Without” Balance Sheet for Eden hospice services. Historically, the “With and Without” Income Statement was required in hospital certificate of need applications to measure the inflationary impact of adding a new service to a hospital operation. As most applicants submitting hospice certificate of need applications have noted, hospice services make up a small portion of their overall healthcare organization and there is no formal entity within the applicants’ organizations where a “Without” Income Statement and Balance Sheet is used to present operational results. Applicants desire to comply with the Department’s request and have prepared pro forma income statements and balance sheets on a hypothetical construct of hospice entities within their overall organization; but such a hypothetical entity does not actually exist and is not normally prepared for either internal or external use (external use would imply that the Pro Forma is prepared in a manner consistent with GAAP standards). Nevertheless, Eden has prepared a “With and Without” financial pro forma for the Department’s use.”*

Public Comment

None

Rebuttal Comment

None

**Department Evaluation**

Utilization Assumptions

An applicant’s utilization assumptions are the foundation for the financial review under this sub-criterion. The applicant does not currently operate a hospice agency in Washington State. With no

specific Washington State hospice experience, the applicant based its projected utilization of the hospice agency on specific factors:

- A review of the historical referrals for the existing Whatcom County agency. The review shows hospice use in Whatcom County is below the national average.
- The applicant conducted a study of Medicare and Medicaid patients within the county which revealed a barrier to access hospice care because there is one provider in the county.
- Average length of stay at 60.13 days from CMS data and used in the Washington State numeric methodology.
- Based on the factors above, the three year average daily census calculates to 13.4 in year one and increases to 30.2 in year two, and 46.3 in year three.

The department concludes that Eden Hospice at Whatcom County's utilization assumptions are reasonable.

### Pro Forma Financial Statements

The applicant provided pro forma Revenue and Expenses Statements for the Whatcom County agency that enabled the department to evaluate the financial viability of the proposed hospice agency. The proposed agency would be operated under the EmpRes Healthcare Group, Inc. subsidiary known as EmpRes Hospice. Because it would be the only hospice agency owned by the applicant for Washington State, combined Revenue and Expense statements were not provided. The applicant provided a balance sheet for the Whatcom County agency only and a combined balance sheet for the EmpRes Hospice subsidiary with the proposed Whatcom County agency. As a result, the projection years identified by the applicant are 2021 through 2023. This approach is acceptable for this project.

Eden Hospice at Whatcom County based its anticipated revenue and expenses for its new hospice agency on the assumptions referenced earlier. Eden Hospice at Whatcom County also used its operational experience of western Washington skilled nursing facilities and home health agencies as a basis for the anticipated revenue, expenses, and payer mix. From its experience, Eden Hospice at Whatcom County expects a conservative start up, which results in a net loss for its Whatcom County agency in the first full year of operation. Subsequent years (2022 and 2023) show a growing net profit.

The proposed hospice agency would be co-located with a home health agency owned by the applicant and located in Whatcom County. Eden Hospice at Whatcom provided a copy of the draft sub-lease agreement between EmpRes Home Health of Bellingham, LLC and Eden Hospice at Whatcom County, LLC for the space and single-line drawings of the office space to be used within the larger facility. Given that the sub-lease agreement is not executed, Eden Hospice at Whatcom also provided a 'Letter of Intent' signed by both entities confirming that the draft agreement would be executed if this project is approved.

Eden Hospice at Whatcom also accounted for the lease expenses in its projected revenue and expense statements as the "Building Lease" line item. The anticipated rent amounts match those in the draft lease agreement. [source: April 20, 2020 screening response, Attachment 1, 2, and 3]

Eden Hospice at Whatcom provided a draft agreement for the Medical Director, Gilson R. Girotto, DO. The medical director agreement identifies the roles and responsibilities of both the hospice agency and its medical director, and the projected revenue and expense statements identify all costs associated with this agreement as the "Medical Director Fees" line item. [source: Application, Appendix 9 and April 20, 2020, screening response, Attachment 3]

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

The table above summarizes the projected balance sheets provided by the applicant. Projected balance sheets provided in the review show the proposed Whatcom County agency will be operated financially lean. This approach is typical of an ‘in home service’ agency that has little or no physical property ownership and no long term debt. A review of the combined balance sheet shows the same financially lean approach. Both projected balance sheets are acceptable for an in home service project.

After reviewing the information provided, the department concludes that conditions are necessary to ensure the agency’s draft lease agreement and draft medical director agreement are executed as presented in the draft documents submitted. The department concludes that the Eden Hospice at Whatcom County project, with written agreement to the conditions in the conclusion section of this evaluation, **meets this sub-criterion.**

Signature Hospice Bellingham, LLC

Signature Hospice Bellingham, LLC does not own or operate any healthcare facilities in Washington State, however its parent corporation, Northwest Hospice, LLC has created separate hospice corporations for the Washington State counties of Snohomish, Whatcom, and Pierce. Northwest Hospice, LLC also has separate corporations in the states of Utah, Oregon and Nebraska. [source: Application, Exhibit 4]

Signature Hospice Bellingham provided the assumptions used to determine the projected number of patients and visits for the proposed Whatcom County hospice agency. The assumptions are restated below. [source: Application, p19 and March 30, 2020, screening response, pdf9-10]

*“In response to the earlier question, the WA Certificate of Need program surveys all existing hospice providers in the state, then applies the survey data to the hospice need methodology in WAC 246-310-290. For Whatcom County, the projected unmet ADC is 30 by 2021. With the needed number of agencies being 0.86 to address this unmet ADC, we would assume that the state of Washington will approve one agency for the Certificate of Need.*

*However, we took a slightly different approach to our Census projections in Table 14. We based our first-year census growth on previous, similar sized Signature startups in other states and combined that with a logical reading of the census growth based on the Department of Health’s Methodology.*

*Upon review of the formulas used in Table 13 [of the application], it was discovered that the information needed revision to adequately adjust through all projected years. We have provided an updated Table 13 [in the screening responses], which shows consistent data through years 2021 to 2023.*

***Applicant’s Updated Table 13 Recreated  
Whatcom County Utilization Projections***

	<b>Year 1-2021</b>	<b>Year 2-2022</b>	<b>Year 3-2023</b>
Admissions (unduplicated)	80	123	161
Average Length of Stay	66	71	75
Median Length of Stay	27	27	27
Average Daily Census	12.27	23.94	32.40
Patient Days	4,479.90	8,737.50	11,826.40

*In Table 13, the Projected Admissions for each year were based on a cumulative total of monthly admissions that we thought were realistic for the size of the start-up. The monthly number was rolled up in the P&L data sheet of Attachment 8 to give us our line item of “Additional Starts” for each year.*

*The Average Length of Stay was based on the Departments of Health's data on ALOS in addition to our own operational experience. We factored in an extra 6 days in 2021, 11 days in 2022, and 15 days in 2023. We based this statistical adjustment on community outreach, education and access to hospice care sooner for patients in need.*

*The Median Length of Stay of 28 days was taken directly from the 2019 median length of stay of our Portland agency.*

*The Average Daily Census for the year was the average of the monthly census for year. The monthly census was based on a formula used in our pro forma (P&L), which took the census of the previous month. The result of each month was averaged to get the Average Daily Census for the year.*

*The Patient Days was obtained by multiplying the Average Daily Census by 365 days.”*

Based on the assumptions above, Signature Hospice Bellingham provided its projected utilization shown in its Revised Table 13 above. [source: March 30, 2020, screening response, pdf10]

If this project is approved, the new hospice agency in Whatcom County would be operated separately from both its direct owner/parent (Northwest Hospice, LLC) and its parent Avamere Group, LLC. To assist in this evaluation, the applicant provided a pro forma financial statements for the Whatcom County hospice agency alone. The pro forma statements provided are below.

- Pro forma Operating Statement Whatcom County only; and
- Pro forma Balance Sheet for Whatcom County only.

Signature Hospice Bellingham also provided its assumptions used to project the pro forma financial statements. [source: March 30, 2020, screening response, Attachment 11]

#### Gross Revenue

- *Medicare = Rate Per Day x Monthly Census x 97% x Days in Month*
- *Medicaid = Rate Per Day x Monthly Census x 2% x Days in Month*
- *Commercial = Rate Per Day x Monthly Census x 1% x Days in Month.*

#### Deductions from Revenue

- *Sequestration (contractual adjustments) = assumed to be 2%*
- *Charity Care = assumed to be 2%*
- *Bad Debt = assumed at 1%*

#### Expenses-Direct Costs

- *RN, LPN, LVN, clinical manager, hospice aides, spiritual counseling, volunteer coordinator, MSW – FTE times annual compensation*
- *Payroll Tax for RN, LPN, LVN, clinical manager, hospice aides, spiritual counseling, volunteer coordinator, MSW – assumed to be 8%*
- *Benefits for RN, LPN, LVN, clinical manager, hospice aides, spiritual counseling, volunteer coordinator, MSW – assumed to be 13%*
- *Medical Director – Contract = FTE times annual compensation*
- *Pharmacy – \$8.00 / per patient day*

- DME – \$8.00 / per patient day
- Medical Supplies - \$3.00 / per patient day
- Mileage – \$13.00 / per patient day
- Other Direct Costs – 5% of total net revenue

Expenses-Administrative Costs

- Administrator – FTE times annual compensation
- Business office manager, intake, community liaison - FTE times annual compensation
- Salaries-Intake – FTE times annual compensation
- Salaries-Community Outreach Specialists – FTE times annual compensation
- Payroll Taxes– assumed to be 8%
- Benefits of Administrative – assumed to be 13%
- Mileage – \$1.00 / per patient day
- Advertising – assumed to be \$1,000/month
- Home office allocation – assumed to be 7% [calculated using net revenue]
- B&O Tax – assumed to be 2%
- Rent Expenses – assumed to be 10% of the total rent

While costs for other expenses were included in the statement, the formula for the costs were not identified, however, the applicant provided the description of the items that were included in the costs.

- IT and software maintenance includes tables, HCHB maintenance fees
- Purchased services includes contract labor, music therapy, massage therapy
- Supplies includes office supplies
- Telephone includes land line, internet, Efax

Based on the assumption above, below is a summary of the projected Revenue and Expense Statement for the Whatcom County hospice agency. [source: March 30, 2020, screening response, Attachment 11]

**Department’s Table 7  
Signature Hospice Bellingham  
Revenue and Expense Statement for Projected Years 2021 through 2023**

	CY 2021	CY 2022	CY 2023
Net Revenue	\$737,089	\$1,901,750	\$2,575,094
Total Expenses	\$873,529	\$1,691,718	\$2,205,529
<b>Net Profit / (Loss)</b>	<b>(\$136,440)</b>	<b>\$210,032</b>	<b>\$369,565</b>

Signature Hospice Bellingham also provided the projected balance sheets for the proposed Whatcom County hospice agency. The three-year summary is shown in the tables below. [source: March 30, 2020, screening response, Attachment 11]

**Department’s Table 8  
Signature Hospice Bellingham Balance Sheet for Projected Years 2021 through 2023**

Assets		Liabilities	
Current Assets	\$268,717	Current Liabilities	\$85,887
Property & Equipment	\$23,232	Long Term Debt	\$0
Other Assets	\$0	<b>Total Liabilities and Long Term Debt</b>	<b>\$85,887</b>
		Equity	\$206,062
<b>Total Assets</b>	<b>\$291,949</b>	<b>Total Liabilities and Equity</b>	<b>\$291,949</b>

**Year 2022**

<b>Assets</b>		<b>Liabilities</b>	
Current Assets	\$237,928	Current Liabilities	\$110,315
Property & Equipment	\$28,432	Long Term Debt	\$0
Other Assets	\$0	<b>Total Liabilities and Long Term Debt</b>	<b>\$110,315</b>
		Equity	\$156,044
<b>Total Assets</b>	<b>\$266,630</b>	<b>Total Liabilities and Equity</b>	<b>\$266,630</b>

**Year 2023**

<b>Assets</b>		<b>Liabilities</b>	
Current Assets	\$624,972	Current Liabilities	\$140,493
Property & Equipment	\$28,632	Long Term Debt	\$0
Other Assets	\$0	<b>Total Liabilities and Long Term Debt</b>	<b>\$140,493</b>
		Equity	\$513,110
<b>Total Assets</b>	<b>\$653,604</b>	<b>Total Liabilities and Equity</b>	<b>\$653,604</b>

\* years 2022 and 2023 do not add due to rounding.

Signature Hospice Bellingham provided the following information regarding the operations of the proposed Whatcom County agency. [source: March 30, 2020 screening response, pdf13]

*“Signature Hospice Bellingham, LLC will be a stand-alone LLC from the other projects submitted in Cycle 2. It will operate as its own entity. It will have its own PTAN, license number, payroll, revenue and expenses.”*

Signature Hospice Bellingham, LLC did not provide combined financial statements for Northwest Hospice, LLC as a whole, either with or without the project.

Public Comment

None

Rebuttal Comment

None

**Department Evaluation**

Utilization Assumptions

An applicant’s utilization assumptions are the foundation for the financial review under this sub-criterion. Signature Hospice Bellingham does not currently operate a hospice agency in Washington State. Neither Northwest Hospice, LLC nor Avamere Group, LLC operate hospice agencies in Washington State. Signature does operate home health agencies in Bellevue, Bellingham, and Federal Way.

With no specific Washington State hospice experience, the applicant based its projected utilization of the hospice agency on specific factors:

- Previous and similar-sized startups in other states that resulted in projected unduplicated admissions of 80 in year one; 123 in year two; and 161 in year three.
- Average length of stay in year one of 66 days, which increases to 71 in year two and 75 in year three. The increase is from CMS data and used in the Washington State numeric methodology average length of stay of 60.13 days, plus the applicant’s operational experience.

- The annual average daily census is calculated based on the average per month. Three year average daily census calculates to 12.27 in year one and increases to 23.94 in year two, and 32.40 in year three.
- Patient days is the result of multiplying the annual average daily census by 365 days. Based on the two factors above. Three year projected patient days is rounded to 4,480 in year one; 8,738 in year two; and 11,826 in year three.

Focusing on the projected average length of stay that is expected to increase each year, other than the statement that “*we factored in an extra 6 days in 2021, 11 days in 2022 and 15 days (per patient) in 2023. We based this statistical adjustment on community outreach, education and to hospice care sooner for patents in need,*” no other documentation is provided in the application to support the substantial annual increase. Using the numeric methodology’s statewide average length of stay is not required in an application. However, given that Signature Hospice does not own or operate any hospice agencies in Washington State, its assumptions that community outreach and education are optimistic, but maybe not impossible for year one of 66 days—which calculates to a 10% increase from the statewide average. However, years two and three calculate to an 18% and 25% increase, respectively. This is a significant increase and the rationale for this assumption is not sufficiently described or supported in the application. As a result, the department concludes that the applicant’s projected year two and three number of patients and patient days cannot be substantiated.

#### Pro Forma Financial Statements

The applicant provided pro forma Revenue and Expenses Statements for the Whatcom County agency that allowed the department to evaluate the financial viability of the proposed hospice agency alone. The applicant asserts that its proposed Whatcom County agency would be operated separately from its out-of-state hospice agencies and from its Washington State home health agencies. As a result, combined pro forma Revenue and Expense Statements were not provided.

Given that the department is unable to substantiate the utilization assumptions for this project, the foundation of the financial statements also cannot be substantiated and the department cannot complete its review of this project under this sub-criterion. For this reason, the department will not ‘pick apart’ each of the inconsistencies in the financial statements within this evaluation. However, a few of inconsistencies in the Revenue and Expense Statement are notable and identified below.

- Bad debt is appropriately included as a deduction from revenue. It is also included as an expense line item. Bad debt should not be deducted twice in the statement.
- The bad debt amounts shown in the deduction from revenue section and the expense line item are not the same.
- Subtracting bad debt twice in the statement results in a statement that does not add to the amounts shown.
- When reviewing the statement, year two (2022) is off by \$13,938. This amount cannot be solely attributed to bad debt deducted twice in the statement.

In summary, based on the information available, the department cannot complete the review of the immediate and long-range operating costs of the Signature Hospice Bellingham project. **This sub-criterion is not 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.

Eden Hospice at Whatcom County, LLC

There is no capital expenditure associated with this project. Eden Hospice at Whatcom County will make \$100,000 available as start-up costs to fund working capital as necessary.

Public Comment

None

Rebuttal Comment

None

**Department Evaluation**

This sub-criterion does not apply to this project because the only costs identified are start-up costs that are not included in the definition of capital expenditure in WAC 246-310-010(10).

Signature Hospice Bellingham, LLC

The capital expenditure for this project is \$28,032 and there are no construction costs, rather, all costs are associated with equipment, furniture and supplies. In response to this sub-criterion, Signature Hospice Bellingham provided the following statements. [source: Application, pdf23-24]

*“Capital expenditures were formulated based on the applicants experience in establishing new agencies. In 2019 the related entity to applicant, Signature Healthcare at Home, established two new home health agencies in Oregon. The cost estimates above are based on costs from both internal IT as well as external vendors.”*

Signature Hospice Bellingham estimated its start-up costs to be approximately \$50,000, of which \$21,968 was already expended in January 2020 for the review fee when the application was submitted. [source: Application, pdf24 and March 30, 2020, screening response, pdf6]

The applicant provided the following information regarding the assumptions used to determine the start-up costs. [source: March 30, 2020, screening response, pdf6-7]

*“We go into these assumptions more in Question 16 of the concurrent review, but the costs for equipment are based on the 2019 new office startups in Oregon by related entities. We looked at what was spent on the startups for items and used the data to assume the equipment startup costs of Whatcom County based on comparable start up size.*

*The Oregon Home Health agencies were used as a basis for Table 16 on page 23-24 of the application because it mainly involved equipment costs. Our vendors for equipment are the same, equipment costs are consistent whether in home health or hospice services and based on devices, data plans, staff in the agency. We felt we could use those past home health agencies to build the proposed hospice agency expenditures. In addition, the cost of furniture, phones, computers, printers, and tablets is mostly predetermined by our IT department and the set company vendors we have contracted with to provide*

*this equipment. The size of the Oregon agencies was similar in size to that of the proposed Washington agency, which is another reason why we felt we could use the information as a comparison.”*

Signature Hospice Bellingham also provided the following statements about how the project will cover the costs of operation until Medicare reimbursement is received. [source: Application, pdf27]

*“The project will be funded by Northwest Hospice, LLC until Signature Hospice Bellingham, LLC is fully functional and able to bill for service. Attached in Exhibit 14 is a copy of the bank letter which shows Northwest Hospice, LLC has sufficient funds to support this project as well as Exhibit 15 letter from the CFO Ron Odermott.”*

Signature Hospice Bellingham provided the following statements regarding the project’s impact on capital costs and operating costs and charges for healthcare services. [source: Application, pdf24]

*“The project impact on capital costs are stated above (Table 16). Signature Hospice Bellingham is anticipating \$50,000 startup costs including equipment and application review fee. This expenditure is being funded from cash on hand and will not impact charges for health services.”*

#### Public Comment

None

#### Rebuttal Comment

None

#### Department Evaluation

Signature Hospice Bellingham provided a letter from its Chief Financial Officer demonstrating its financial commitment to this project, including the projected capital expenditure and any start-up costs.

The department does not have an adopted standard on what constitutes an unreasonable impact on charges for health services. Medicare patients typically make up the largest percentage of patients served in hospice care. For the proposed agency, the applicant projected that 97.0% of its patients would be eligible for Medicare. Revenue from Medicare is projected to equal a similar percentage of total revenues through standard reimbursement totals and related discounts which are unlikely to increase with the completion of this project as proposed.

Given the applicant’s failure under sub-criterion (1) of WAC 246-310-220, the department must conclude that approval of this project may have an unreasonable impact on the costs and charges for health services in the planning area. Based on the information, the department concludes **this sub criterion is not met.**

#### (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.

#### Eden Hospice at Whatcom County, LLC

There is no capital expenditure associated with this project. However, the applicant identified approximately \$100,000 is available for start-up costs and provided historical financial statements to demonstrate the availability of funding for start-up.

Public Comment

None

Rebuttal Comment

None

**Department Evaluation**

This sub-criterion does not apply to this project.

Signature Hospice Bellingham, LLC

Signature Hospice Bellingham, LLC provided the following statements regarding the financing of the \$28,032 capital expenditure and the approximately \$50,000 in start-up costs for this project. [source: Application, pdf25]

*“Signature Hospice Bellingham, LLC and related entities currently have the capacity to fund this project without the utilization of long-term financing. Capital expenditures at startup and operating costs in the first year of operations can be funded by cash on hand and if needed intercompany transfers.*

*With a project of this size, management has elected to fund this project with available cash. Ownership did not consider any internal or external financing options for this project.*

*A letter from Key Bank was obtained that shows sufficient funds held in the account of Northwest Hospice, LLC for capital expenditures. In addition, a letter of commitment from Ron Odermott, Chief Financial Officer, is included to show the level of commitment the company has invested into the establishment and continued operations and success of a Hospice in Whatcom County.”*

The applicant also provided historical balance sheets for Avamere Group, LLC the parent of Northwest Hospice, LLC, which is the parent for Signature Hospice Bellingham. Years provided are 2016, 2017, and 2018. The historical documents are intended to demonstrate that the funds for this project are available. [source: Application, Exhibit 17]

Signature Hospice Bellingham provided a letter of financial commitment from the chief financial officer of Avamere Group, LLC. The letter commits to funding the *“financial capital needed to fund the launch and operations of Signature Hospice Bellingham, LLC in Whatcom County if the application is approved.”* [source: Application, Exhibit 15]

A second letter was provided from the senior client manager of Key Bank confirming Northwest Hospice, LLC current account balance on January 23, 2020, of approximately \$456,782. [source: Application, Exhibit 14]

Public Comment

None

Rebuttal Comment

None

**Department Evaluation**

The estimated capital expenditure for this project is \$28,032, which includes furniture, equipment, and miscellaneous costs. Signature Hospice Bellingham estimated its start-up costs to be approximately \$50,000, of which \$21,968 was already expended in January 2020 for the review fee when the application was submitted. [source: Application, pdf24 and March 30, 2020, screening response, pdf6]

The remaining \$21,968 was already expended by Signature Hospice Bellingham for the application review fee.

Signature Hospice Bellingham intends to finance this project using available reserves from its parent, Northwest Hospice, and provided a letter from its chief financial officer demonstrating financial commitment to this project. The letter provided support for the capital expenditure and any start-up costs. This approach is appropriate because documentation was provided to demonstrate assets are sufficient to cover this cost.

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

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

#### Eden Hospice at Whatcom County, LLC

Based on the source information reviewed, the department concludes that Eden Hospice at Whatcom County has met the structure and process of care criteria in WAC 246-310-230 and any applicable criteria in WAC 246-310-290.

#### Signature Hospice Bellingham, LLC

Based on the source information reviewed, the department concludes that Signature Hospice Bellingham, LLC has not met the structure and process of care criteria in WAC 246-310-230 and any applicable criteria in WAC 246-310-290.

#### *(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.

#### Eden Hospice at Whatcom County, LLC

To demonstrate compliance with this sub-criterion, Eden Hospice at Whatcom County provided its projected full time equivalents (FTEs) for the Whatcom County agency. The FTE table is on the following page. [source: Application, Appendix 22 and April 20, 2020, screening response, Attachment 3]

**Department's Table 9**  
**Eden Hospice at Whatcom County**  
**FTE Projections for Whatcom Hospice - Years 2021 - 2023**

FTE Type	Year 1-2021	Year 2-2022 Increase	Year 3-2023 Increase	Total FTEs
QAPI Nurse	0.50	0.00	0.00	<b>0.50</b>
Registered Nurse	1.34	1.68	1.61	<b>4.63</b>
Medical Social Worker	0.45	0.56	0.53	<b>1.54</b>
Hospice Aide	1.34	1.68	1.61	<b>4.63</b>
Spiritual Counselor	1.00	0.00	1.00	<b>2.00</b>
Administrator	0.50	0.00	0.00	<b>0.50</b>
Director of Patient Care	0.50	0.00	0.00	<b>0.50</b>
Clinical Manager	0.00	0.00	1.00	<b>1.00</b>
Business Office Manager	0.50	0.00	0.00	<b>0.50</b>
Clinical Support Specialist	1.00	0.00	1.00	<b>2.00</b>
Volunteer/Bereavement Coordinator	0.00	0.00	1.00	<b>1.00</b>
Community Liaison	1.00	0.00	1.00	<b>2.00</b>
<b>Total FTEs</b>	<b>8.13</b>	<b>3.92</b>	<b>8.75</b>	<b>20.80</b>

Eden Hospice at Whatcom County noted that following FTEs identified in the table above will be solely hospice FTEs: QAPI nurse, registered nurse, medical social worker, hospice aides, and spiritual counselor. The remaining FTEs will be shared 50/50 with the home health agency until the hospice agency reaches a certain average daily census.

Focusing on the concept of sharing staff with its operational home health agency, the applicant provided the following excerpt from its Employee Recruitment, Training, and Development Policy provided in Appendix 18 of the application. [source: April 20, 2020, screening response, pdf 11]

*“Appendix 18, EMPLOYEE RECRUITMENT, TRAINING AND DEVELOPMENT POLICY provides the overall framework for recruitment of staff ranging from advertising for new employees to posting positions for current personnel as well as encouraging referrals from existing employees. Page 191 within Appendix 18 provides the Continuing Education Programs Policy that provides how Eden addresses ongoing training and education.*

*Subsection 7 of this policy indicates that the Eden Hospice at Whatcom County will have an annual education plan focused on supporting the personnel requirements for the agency as well as using RELIAS, a national educational firm described in the response to Question 11.”*

In addition to the FTE table, Eden Hospice at Whatcom County clarified that the following FTEs will be under contract and are not included in the table: medical director and physical, occupational, and speech therapists.

Focusing on staffing ratios, the applicant provided the following table and statements. [source: Application, pdf51]

*Applicant's Staff / Patient Ratio Table-Recreated*

<b>Type of Staff</b>	<b>Staff / Patient Ratio</b>
Skilled Nursing (RN)	1:10
Physical Therapist	Contract only
Occupational Therapist	Contract only
Medical Social Worker	1:30
Spiritual Care Coordinator	1:40
Speech Therapist	Contract only
Home Health/Hospice Aide	1.10

*“Eden evaluated applications that had been approved in the 2018 and 2019 cycles in preparing staffing ratios. Table 16 provides comparative data based on a review of staffing tables and assumptions in the certificate of need applications that were evaluated.”*

Eden Hospice at Whatcom County provided the following statements regarding the recruitment and retention of staff. [source: Application, pdf52 and April 20, 2020, screening response, pdfs10-11]

*“Hospice services have been proven to reduce the demand for inpatient hospital services and the nursing and other ancillary staff needed to support hospital inpatients. As a result, hospice in general reduces the demand for hospital-based nursing staff by reducing hospital length of stay and reducing readmissions to acute care hospitals.*

*As a large multi-state organization, EmpRes and Eden have employees, visibility and contacts across numerous job markets. Specific to Whatcom County, EmpRes currently operates both a home health agency and a skilled nursing facility in Whatcom County so it has local knowledge and established relationships within Whatcom County for recruiting staff.*

*Eden Hospice at Whatcom County is an employee owned agency. This is an added recruitment advantage in several important aspects of staffing, recruitment and retention:*

- *EmpRes maintains a recruitment office to systematically recruit for employees (see Appendix 18).*
- *Staff mobility within and between labor markets supports recruitment and enhances overall retention efforts for employees stay in the EmpRes and Eden organizations (see Appendix 18).*
- *As an employee-owned organization, EmpRes and Eden experience lower turn-over rates than many other health care providers.*
- *Co-location of Eden Hospice with EmpRes Home Health of Bellingham will reduce the need for new employees particularly in the start-up years.*
- *The EmpRes commitment to Employees/Residents reflected in the company name is also reflected in management efforts to prioritize employees and residents as core to any success again reducing turnover and making EmpRes an attractive employer.*
- *EmpRes maintains an Employee Referral bonus program (see Appendix 18).”*

Eden Hospice at Whatcom County provided the following statements about its plans to ensure timely patient care in the event the new facility experienced barriers to staff recruitment. [source: April 20, 2020, screening response, pdf10]

*“Eden’s application on page 52 as well as the Training Program described in Appendix 18 represents the strategy that will be employed to serve Whatcom County hospice patients. In terms of shortages, emphasis should have been given to the advantages of co-locating hospice and home health agency staff within Whatcom County. Co-location expands the staff resource pool hours of care and improves staff retention, which in turn improves labor efficiency. With proper training support, the Eden Hospice at*

*Whatcom County can utilize home health employees by expanding the hours for part-time and full-time employees to meet overall hospice need. This improves continuity of care for the hospice patient who can continue in many cases to use the same personnel that served them in the home health agency; and it improves the care experience for both the patient and the staff throughout the difference phases of healthcare. Improved care experience for the staff directly translates into higher morale and lower staff turnover. This overall effort reduces the need for totally new hires, easing the staff shortage.*

*Co-location use of home health employees is supported by the EmpRes Learning Management System (LMS). EmpRes/Eden contracts with RELIAS that provides comprehensive training covering covering CE and CME requirements for licensed staff, compliance training, skills training and other offerings all geared to employees' personalized training programs.<sup>7</sup> Other training is also offered by Eden as part of the LMS (See response to Question 12)."*

Eden Hospice at Whatcom County also provided specific details on its staff recruitment and incentive programs. [source: Application, Appendix 18]

Public Comment

None

Rebuttal Comment

None

**Department Evaluation**

If approved, Eden Hospice at Whatcom County would be a new provider of Medicare and Medicaid hospice services for Whatcom County. To ensure its staffing ratios are reasonable, the applicant based them on ratios identified in past hospice applications. This approach is reasonable because most of the applicants base their staffing ratios on national standards.

As shown in the staff table above, 8.13 FTEs are needed in year one-2021 to serve the estimated average daily census of 13.14 patients. The number of FTEs increases to 20.08 by the end of full year three (2023) to serve an estimated average daily census of 46.30 patients.

The applicant also clarified that its medical director and therapy staff would be under contract, and are not included in the table above. This approach is reasonable.

For recruitment and retention of staff, Eden Hospice at Whatcom County intends to use the strategies its parent has successfully used in the past for recruitment and retention of staff for its out-of-state hospice agencies. The strategies identified by Eden Hospice at Whatcom County are consistent with those of other applicants reviewed and approved by the department.

Based on the information provided in the application, the department concludes that Eden Hospice at Whatcom County has the ability and expertise to recruit and retain a sufficient supply of qualified staff for this project. **This sub-criterion is met.**

Signature Hospice Bellingham, LLC

To demonstrate compliance with this sub-criterion, Signature Hospice Bellingham provided its projected full time equivalents (FTEs) for the Whatcom County agency. The FTE table is on the following page. [source: March 30, 2020, screening response, Attachment 11]

**Department's Table 10  
Signature Hospice Bellingham FTE Projections for Whatcom Hospice - Years 2021 - 2023**

<b>FTE Type</b>	<b>Year 1-2021</b>	<b>Year 2-2022 Increase</b>	<b>Year 3-2023 Increase</b>	<b>Total FTEs</b>
Registered Nurses	1.30	1.09	0.62	<b>3.01</b>
LPN/LVN	0.10	0.50	0.21	<b>0.81</b>
Clinical Manager	0.25	0.80	0.41	<b>1.46</b>
HHA (CCNA's)	0.82	0.75	0.59	<b>2.16</b>
Medical Director	0.20	0.15	0.05	<b>0.40</b>
Spiritual Counselor	0.13	0.67	0.28	<b>1.08</b>
Volunteer Coordinator	0.08	0.40	0.17	<b>0.65</b>
MSW	0.56	0.22	0.30	<b>1.08</b>
Administrator	1.00	0.00	0.00	<b>1.00</b>
Business Office	0.78	0.22	0.29	<b>1.29</b>
Intake	0.70	0.63	<b>(0.08)</b>	<b>1.25</b>
Community Outreach Specialists	0.67	0.91	0.42	<b>2.00</b>
<b>Total FTEs</b>	<b>6.59</b>	<b>6.34</b>	<b>3.26</b>	<b>16.19</b>

In addition to the table above, Signature Hospice Bellingham clarified that the medical director is an employee and is included in the table. Physical, occupational, and speech therapies are under contract and not included in the table.

Focusing on staffing ratios, the applicant provided the following table and statements. [source: Application, pdf28]

*Applicant's Staff / Patient Ratio Table-Recreated*

<b>Type of Staff</b>	<b>Staff / Patient Ratio</b>
Skilled Nursing (RN)	1:10
Physical Therapist	Contract
Occupational Therapist	Contract
Medical Social Worker	1:30
Spiritual Care Coordinator	1:30
Speech Therapist	Contract
Home Health/Hospice Aide	1.10
Other	Contract music, pet, and massage therapies

*“Signature is confident in our projected ratios based on quality outcomes and industry benchmarks as outlined by ACHC, NHPCO and HPNA. Further we compared our proposed staffing ratios with current and past Certificate of Need applicants in Washington, and in each case found our proposed ratios comparable to those approved projects.”*

Signature Hospice Bellingham provided the following statements regarding the recruitment and retention of necessary staff. [source: Application, p29]

*“Signature Healthcare at Home owns 29 locations in home health and hospice in four states. We have a strong and proven track record for recruiting and retaining staff. We offer competitive wages, generous benefit package, professional development and clinical ladder opportunities for continuing education and higher education opportunities with financial assistance. Signature Healthcare at Home*



*utilizes a variety of digital strategies and platforms like LinkedIn, Glassdoor, Indeed, Monster, Facebook, Career website & twitter to both actively network and recruit top talent.*

*Due to the nursing shortage we focus on partnering with academic institutions to build a pipeline and opportunities for preceptorship and clinical rotations.*

*We have a focus on retention and clinical safety which requires onboarding and ongoing competencies to ensure quality staff are prepared and knowledgeable. Signature Hospice Bellingham expects no problems finding qualified health manpower and management personnel. In addition, Signature Hospice Bellingham will have access to the recruiting department of Signature Healthcare at Home who brings experience and creative solutions to staffing.”*

Signature Hospice Bellingham provided the following statements about its plans to ensure timely patient care in the event the new facility experienced barriers to staff recruitment. [source: March 30, 2020, screening response, pdf 13]

*“We plan on cross-training all required disciplines, nursing, social work, and office staff from our Federal Way Home Health agency in order to provide timely hospice services. By ensuring that the staff are cross trained ahead of time, if we do encounter a staffing shortage, we will be able to take it in stride. This business practice has shown positive quality outcomes for our other operations with both lines of business. In addition, we have a strong recruiting department with focused nursing, physician and social worker sourcing tools. If necessary, we have established relationships with necessary recruiting firms.”*

Signature Hospice Bellingham also provided specific details on staff recruitment and incentive programs it has used in the past. [source: Application, Exhibit 19]

#### Public Comment

None

#### Rebuttal Comment

None

#### **Department Evaluation**

If approved, Signature Hospice Bellingham would be a new provider of Medicare and Medicaid hospice services for Whatcom County. To ensure its staffing ratios are reasonable, the applicant based them on national standards. This approach is reasonable.

As shown in the staff table above, 6.59 FTEs are needed in year one-2021 to serve the estimated average daily census of 12.27 patients. The number of FTEs increases to 16.19 by the end of full year three (2023) to serve an estimated average daily census of 32.40 patients.

The applicant also clarified that its medical director is an employee and included in the staff table above. Therapy staff would be under contract and not included in the table. This approach is reasonable.

For recruitment and retention of staff, Signature Hospice Bellingham intends to use the strategies its parent has successfully used in the past for recruitment and retention of staff for its out-of-state hospice agencies. The strategies identified by Signature Hospice Bellingham are consistent with those of other applicants reviewed and approved by the department.

Based on the information provided in the application, the department concludes that Signature Hospice Bellingham 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.

#### Eden Hospice at Whatcom County, LLC

In response to this sub-criterion, Eden Hospice at Whatcom County provided the following information. [source: Application, pdf54]

*“EmpRes has been a Whatcom County healthcare provider for 7 years. Its home-health agency, homecare agency, and skilled nursing facility is well established and provides existing ancillary and support services. The existing ancillary and support services include but are not limited to the following:*

- *Occupational Therapy, Physical Therapy, and Speech Therapy: EmpRes Home Health agency currently have these resources in place.*

*The relationships demonstrate that Eden Hospice at Whatcom County has the capabilities to meet the service demands for the project. Once the project is approved, Eden Hospice will work to make any necessary adjustments or amendments to the agreements in order to provide the full spectrum of hospice services in Whatcom County.”*

The applicant also provided a copy of the draft medical director agreement, along with the draft job description, to be used for the new Whatcom County hospice agency. The draft agreement is between Eden Hospice at Whatcom County, LLC and Gilson R. Giroto, MD. The agreement outlines roles and responsibilities for each and identifies compensation for the medical director. The draft agreement is effective for one year, with automatic annual renewals in perpetuity (evergreen clause). Eden Hospice at Whatcom County also provided document signed by both entities confirming the intent to execute the medical director agreement if this project is approved. [source: Application, Appendix 9 & Appendix 10, and April 20, 2020, screening response, pdf 17 and Attachment 2]

#### Public Comment

None

#### Rebuttal Comment

None

#### Department Evaluation

Eden Hospice at Whatcom County is not currently a Medicare and Medicaid hospice provider in Washington State; however the parent organization does operate hospice agencies in a number of other states. This project proposes to serve the Whatcom County patients from an office in the county and co-located with its home health office.

Eden Hospice at Whatcom County provided a listing of the types of ancillary and support agreements it would use for the new hospice agency. Given that the facility is not yet operational, the listing does

not identify every entity and no agreements have been finalized. Eden Hospice at Whatcom County provided a copy of its draft Medical Director Agreement and job description. Information provided in the application demonstrates that the proposed hospice agency would have the experience and likely access to all hospice ancillary and support services used by the facility.

Based on the information reviewed in the application, the department concludes that Eden Hospice at Whatcom County has the experience and expertise to establish appropriate ancillary and support relationships for the new hospice services in Whatcom County. If this project is approved, the department would include conditions related to the draft medical director agreement, including the job description, and the listing of ancillary and support services. With agreement to the specific conditions, the department concludes **this sub criterion is met.**

#### Signature Hospice Bellingham, LLC

In response to this sub-criterion, Signature Hospice Bellingham provided the following information. [source: Application, pdf28]

*“Signature Hospice Bellingham anticipates using many of the same support services as our sister companies, Avamere Bellingham Healthcare and Rehab and St. Francis of Bellingham, (both Avamere Group facilities), Signature Home Health in Bellingham currently utilize. Upon Certificate of Need approval Signature Hospice Bellingham will enter into new contracts with vendors to include, Physical, Occupational, Speech, dietary, pharmacy, inpatient, respite in addition to pet, massage or art therapy etc. In addition, Signature Hospice Bellingham will utilize the Avamere Health services management company for legal, IT, HR & accounting, and revenue cycle support.”*

Even though the medical director is an employee, a medical director agreement will be established for those services. A copy of the draft agreement was provided in the application, along with the job description. The draft agreement was initialed by both Jodhvir Sarai, MD and a representative of Signature Hospice Bellingham, LLC on March 13, 2020. The agreement outlines roles and responsibilities for each and includes the hourly compensation. The agreement is effective for one year, with automatic annual renewals in perpetuity (evergreen clause). [source: March 30, 2020, screening response, Attachment 1]

#### Public Comment

None

#### Rebuttal Comment

None

#### Department Evaluation

Signature Hospice Bellingham is not currently a Medicare and Medicaid hospice provider in Washington State; however the parent organization does operate hospice agencies in a number of other states. This project proposes to serve the Whatcom County patients from an office in the county and co-located with its home health office.

Signature Hospice Bellingham provided a listing of the types of ancillary and support agreements it would use for the new hospice agency. Given that the facility is not yet operational, the listing does not identify every entity and no agreements have been finalized. Even though the medical director will be an employee, a medical director agreement will be established for the new hospice agency. Signature Hospice Bellingham provided a copy of its draft Medical Director Agreement and job description. Information provided in the application demonstrates that the proposed hospice agency would have the experience and likely access to all hospice ancillary and support services used by the facility.

Based on the information reviewed in the application, the department concludes that Signature Hospice Bellingham has the experience and expertise to establish appropriate ancillary and support relationships for the new hospice services in Whatcom County. If this project is approved, the department would include conditions related to the draft medical director agreement, including the job description, and the listing of ancillary and support services. With agreement to the specific conditions, the department concludes **this sub criterion is met.**

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

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>6</sup> To accomplish this task, the department reviews the quality of care compliance history for all Washington State and out-of-state healthcare facilities owned, operated, or managed by an applicant, its parent company, or its subsidiaries.

#### Eden Hospice at Whatcom County, LLC

The applicant provided the following information to demonstrate compliance with this sub-criterion and the sub-criterion under WAC 246-310-230(5). [source: Application, pdf 55]

*"There are no such convictions or denial or revocation of licenses, so this question is not applicable."*

Eden Hospice at Whatcom County also provided the following discussion regarding its proposed assessment for customer satisfaction and quality improvement. [source: Application, pdf52-53]

*"Please see Appendix 19 for the Eden Hospice at Whatcom County Quality Assurance Performance Improvement (QAPI) Policy and Plan.*

*The primary goals of the organizational Quality Assurance Performance Improvement (QAPI) Plan are to continually and systematically plan, design, measure, assess, and improve performance of organization-wide key functions and processes relative to patient care, treatment, and services.*

*Element 1. D. vii. Addresses the methods for assessing customer satisfaction and quality improvement. CAHPS and Quality Results*

*1. To achieve this goal, the plan strives to:*

- a. Incorporate quality planning throughout the organization.*
- b. Collect data to monitor performance.*
- c. Provide a systematic mechanism for the organization's appropriate individuals, departments, and professions to function collaboratively in their Quality Assurance Performance Improvement (QAPI) efforts providing feedback and learning throughout the Agency.*
- d. Provide for an organization-wide program that assures the Agency designs processes (with special emphasis on design of new or revisions in established services) well and systematically measures, assesses, and improves its performance to achieve optimal patient health outcomes*

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<sup>6</sup> WAC 246-310-230(5).

*in a collaborative, cross-departmental, interdisciplinary approach. These processes include mechanisms to assess the needs and expectations of patients and their families, staff, and others. Process design contains the following focus elements:*

- i. Consistency with the organization’s mission, vision, values, goals, and objectives and plans.*
- ii. Meets the needs of individuals served, staff, and others.*
- iii. Fosters the safety of patients and the quality of care, treatment, and services.*
- iv. Supports a culture of safety and quality.*
- v. Use of clinically sound and current data sources (e.g. use of practice/clinical guidelines, information from relevant literature and clinical standards).*
- vi. Is based upon best practices as evidenced by accrediting bodies.*
- vii. Incorporates available information from internal sources and other organizations about the occurrence of medical errors and sentinel events to reduce the risk of similar events in this organization.*
- viii. Utilizes reports generated from OASIS data, including the following OASIS reports:*
  - Outcome-Based Quality Monitoring (OBQM) Potentially Avoidable Events Report and Patient Listing.*
  - Outcome-Based Quality Improvement (OBQI) Outcome Report.*
  - Error Summary Report.*
  - Utilizes the results of Quality Assurance Performance Improvement (QAPI), patient safety and risk reduction activities.*
  - Management of change and Quality Assurance Performance Improvement (QAPI) supports both safety and quality through the Agency.”*

**Public Comment**

None

**Rebuttal Comment**

None

**Department Evaluation**

**Washington State Healthcare Facilities**

The new hospice agency would be the only hospice agency in Washington State owned and operated under the parent.

The department reviewed the survey deficiency history for year 2017 through current for all Eden Hospice at Whatcom County and its affiliated in-home services agency licenses serving residents in Washington State. Using its internal database the department found that five 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 all operational Eden Hospice at Whatcom County and affiliated in-home services agencies and nursing homes. The department’s QCOR review shows that its existing agencies and facilities have been surveyed 1,542 times since year 2017. The following table summarizes the department’s findings.

**Department's Table 11**  
**Eden Hospice at Whatcom County and Affiliated In-Home Services**  
**Federal Survey Summary Record Year 2017 to Current**

Service Type	State	# of Agencies / Facilities	Standard Surveys	Complaint Surveys	Deficiency Information
Home Health	Arizona	2	3	0	No deficiencies
	California	1	2	1	10 standard deficiencies
	Idaho	2	1	0	14 standard deficiencies
	Nevada	1	1	0	No deficiencies
	Washington	4**	4	0	2 standard deficiencies
Hospice	Arizona	2*	1	0	No deficiencies
<b>Totals</b>			<b>12</b>	<b>1</b>	<b>26 standard</b>

\* One of the Arizona hospice agencies is no longer operational.

\*\* Two of the Washington home health agencies do not have any surveys reported on the CMS website yet as they are too new.

Since year 2017, none of the home health agencies surveyed resulted in condition level findings; and all standard deficiencies were resolved through a plan of correction or follow-up survey. The one hospice agency that was surveyed in Arizona had no deficiencies in either of its surveys.

Review of affiliated nursing homes' record show a notable total number of immediate jeopardy findings since year 2017. However, nursing homes are surveyed using a unique scale, which rates deficiencies on severity and scope of harm. This is in part due, to the fact that in-home services agencies function very differently than a nursing home. And the in-home services' survey findings are a far better metric to assess how the proposed Whatcom County agency might perform if approved. Additionally, of the 1,529 surveys of 54 Eden nursing homes, a minority of facilities that had immediate jeopardy findings.

The applicant provided the name and professional license number for its proposed medical director, Gilson R. Giroto, MD. Using data from the Washington State Medical Quality Assurance Commission the department confirmed that Dr. Giroto has an active license with no enforcement action in Washington State. The applicant also identified two registered nurses that would act as administrator and director of patient care services: Rebecca Shantel Swaen and Cynthia N. Kral, respectively. Again, using data from the Washington State Medical Quality Assurance Commission the department confirmed that both RNs have an active license with no enforcement action in Washington State. Since this is a new agency, additional staff have not yet been identified.

Given the compliance history of the facilities associated with the applicant, as well as that of the agency's proposed medical director and key staff, there is reasonable assurance the proposed hospice agency would be operated in conformance with applicable state and federal licensing and certification requirements.

However, a condition is necessary to ensure the agency's commitment to qualified staff is met. The department concludes that the Eden Hospice at Whatcom County project, with written agreement to the condition in the conclusion section of this evaluation, **meets this sub-criterion.**

Signature Hospice Bellingham, LLC

The applicant provided the following information to demonstrate compliance with this sub-criterion and the sub-criterion under WAC 246-310-230(5). [source: Application, pdf 31]

*“Northwest Hospice, LLC and Avamere Home Health Care, LLC dba Signature Healthcare at Home does not have any history of criminal convictions or denial or revocation of license to operate a healthcare facility or decertification of a Medicare or Medicaid service program.*

*However, per our Legal Counsel, in March 2010 a related party of Avamere Group, LLC, called Belair Rehab, LLC, had its skilled nursing facility license terminated in Tacoma. The facility, which contained a ventilator unit operated by a third party, ALS, was unable to clear surveys related to the operations and compliance of the vent unit. Since that time, the State has licensed both a memory care and several SNFs to be operated by Avamere Group.”*

Signature Hospice Bellingham also provided the following information regarding its proposed staff training and quality improvement. [source: Application, pdf30 and Exhibit 20]

*“See attached Exhibit 20 for 2020 Training Plan for Staff.”*

Exhibit 20 referenced above is a listing of specific training and schedule for staff. The listing includes course names and hours needed for each staff type. Below are the headings within the document.

All Staff Orientation-Non Clinical Coursework	Hospice Medical Director
Staff with Patient Contact Orientation	Home Health and Hospice Aides
Hospice Field Staff	Home Health and Hospice State mandatory Reporting
Hospice RN/LPN	Hospice Volunteer (In-Person)
Hospice Nurse Practitioner	Annual Staff Education

**Public Comment**

None

**Rebuttal Comment**

None

**Department Evaluation**

As stated in the ‘Applicant Description’ section of this evaluation, Northwest Hospice, LLC owns 100% of Signature Hospice, LLC, a Washington State corporation. Northwest Hospice, LLC is owned by Avamere Group, LLC (85%) and Robert Thomas (15%). For this project, Avamere Group, LLC is considered the applicant.

Avamere Group, LLC operates its ‘in home service’ healthcare facilities, such as home health and hospice agencies, under the Signature name. The nursing homes and community based or assisted living facilities are operated under the Avamere name. The table below shows the states where the applicant has healthcare facilities.

**Department’s Table 12  
Home Health or Hospice Agencies-Total 17**

State	# of Facilities	State	# of Facilities
Idaho	6	Utah	3
Oregon	5	Washington	3

**Nursing Homes or Assisted Living Facilities-Total 64<sup>7</sup>**

State	# of Facilities
Arizona	1
Colorado	2
Idaho	1
Nebraska	1
Nevada	1

State	# of Facilities
New Mexico	3
Oregon	39
Utah	1
Washington	15

Washington State Healthcare Facilities

Focusing on the in home service agencies, the department reviewed the survey history using the Center for Medicare and Medicaid Services (CMS) Quality, Certification & Oversight Reports (QCOR) website. The review included full years 2017 through 2019 and partial year 2020. Of the 17 total facilities, three are located in Washington State.

**Department's Table 13**

Home Health/Hospice		
Year(s) Surveyed	Facility Name	Type of Survey
2018	Signature Home Health-Bellevue	Federal
2017	Signature Home Health-Bellingham	Federal
2017 2020	Signature Home Health-Federal Way	Federal

All three facilities had been surveyed at least once in the 3+ year review. None of the three had been cited for more than 5 standards and all citations focused on record keeping and policies, rather than patient care. None of the citations required a follow up visit.

Avamere Group also owns and operates a total of 64 nursing homes or assisted living facilities, and of those, 15 are located in Washington State. Using the CMS QCOR website and full years 2017 through 2019 and partial year 2020, the surveys showed that 9 of the facilities had been surveyed during the timeframe and all had at least one survey where deficiencies were noted. Many of the surveys had severity and scope of level F or below. While a plan of corrections from the nursing home is required, no actual harm was found. For those facilities that had a level G and above citations, only two facilities had a level J or K citation. The remedy for these citations is a plan of correction and follow up surveys. All Washington State facilities are in substantial compliance.

Out-of-State Healthcare Facilities

Of the 17 total in home services facilities, 14 are located in the states of Idaho, Oregon, or Utah and six had not experienced any surveys for full years 2017 through 2019 and partial year 2020. For the remaining 8 agencies surveyed, all had less than 8 deficiencies and many had zero deficiencies. One facility—Signature Hospice located in Payette, Idaho—had 15 standard citations in its year 2019 survey. The citations focused on record keeping and policies. No follow up surveys were necessary for any of the 15 citations.

For the out-of-state nursing homes and assisted living facilities, the department again used CMS QCOR data for full years 2017 through 2019 and partial year 2020 for its review. Of the 64 total facilities, 49 are located in the states of Arizona, Colorado, Idaho, Nebraska, Nevada, New Mexico, Oregon, and

<sup>7</sup> Within this application, Signature Hospice identified a total of 63 nursing homes/assisted living facilities. During the quality of care review for this project, staff found 64 facilities. The facility not identified in the application is Avamere Twin Oaks of Sweet Home, a nursing home located in Sweet Home, Oregon.



Utah, and of those 25 had surveys between 2017 through partial year 2020. All facilities surveyed had deficiencies noted, however, many of the surveys had severity and scope of level F or below. While a plan of corrections from the nursing home is required, no actual harm was found. For those facilities that had a level G and above citations, five facilities had a level J or K citation. The remedy for these citations is a plan of correction and follow up surveys. All out-of-state facilities are in substantial compliance.

Signature Hospice Bellingham provided the name and professional license number for the proposed medical director, Jodhvir Sing Sarai, MD. Using data from the Medical Quality Assurance Commission, the department found that Dr. Sarai is compliant with state licensure and has no enforcement actions on their license. Additional key staff identified Jeffrey Scott Vander Linden, a licensed physical therapist that will be the administrator and Rae Mikaiil Wilhite, a licensed registered nurse that will be the clinical manager. Both are in compliance with state licensure with no enforcement action.

Given that Signature Hospice proposes a new facility, other staff have not been identified. If this project is approved, the department would attach a condition requiring Signature Hospice to provide the name and professional license number of its hospice agency staff prior to providing services.

In review of this sub-criterion, the department considered the total compliance history of the parent, Avamere Group, and the facilities owned and operated by them or any subsidiaries. The department also considered the compliance history of the proposed medical director that would be associated with the facility and any known staff of the proposed agency. The department concludes that Avamere Group, through its subsidiary of Signature Hospice has been operating in compliance with applicable state and federal licensing and certification requirements. The department also concludes there is reasonable assurance that the applicant's establishment of a new hospice agency in Washington State would not cause a negative effect on the compliance history of Avamere Group. The department concludes that this project **meets this sub-criterion**.

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

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 applications.

#### Eden Hospice at Whatcom County, LLC

The applicant provided the following information under this sub-criterion. [source: Application, pdf55]  
*“As an established provider in the community, Eden Hospice already works closely with local hospitals, physicians, and other providers to ensure continuity of care while avoiding fragmentation of care. EmpRes will leverage its existing relationships, both inside and outside of Whatcom County, and wherever necessary build additional relationships as needed to ensure a full spectrum of care.*

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

- *Hospital: Eden Hospice will establish an agreement with PeaceHealth to make available inpatient services and Whatcom Hospice House available to hospice patients.*
- *Respite Care: Eden Hospice will work with Evergreen at Bellingham, LLC and other SNFs in Whatcom County and surrounding counties.*

- *Long Term Care facilities: Eden Hospice will work with Evergreen at Bellingham, LLC and other SNFs in Whatcom County and surrounding counties.*
- *Pharmacy Benefit Manager: EmpRes has an agreement with.*
- *Home Medical Equipment and Specialty Pharmacy Services*
- *Oncology Cancer Center: Eden Hospice will develop strong working relationships with PeaceHealth St. Joseph Cancer Center programs.*
- *Primary Care Clinics: Eden Hospice will develop additional relationships with primary care clinics including the clinics identified in this certificate of need application.”*

Public Comment

None

Rebuttal Comment

None

**Department Evaluation**

Certificate of Need evaluations take into account any public comments submitted during a review. For these two projects, all of the public comment focused on need for an additional hospice agency in Whatcom County. Many comments did not indicate a preference of applicant to be approved.

Eden Hospice at Whatcom County provided a listing of potential referral sources for its proposed hospice agency and also submitted statements assuring that referral sources would be sought in the county.

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

Based on the information above, the department concludes that approval of the Eden Hospice at Whatcom County project would not result in unwarranted fragmentation of hospice services in the planning area. **This sub-criterion is met.**

Signature Hospice Bellingham, LLC

The applicant provided the following statement under this sub-criterion. [source: Application, pdf30]

*“In addition to our sister companies as noted above we will seek out preferred partnerships with local hospitals, physician groups, skilled nursing, memory care and community-based care (assisted living), and senior communities. We will look for respite, GIP and continuous care partners to ensure timely and seamless care transitions for ease and comfort for patients and families when necessary.”*

Public Comment

None

Rebuttal Comment

None

**Department Evaluation**

Certificate of Need evaluations take into account any public comments submitted during a review. For these two projects, all of the public comment focused on need for an additional hospice agency in

Whatcom County. While many comments did not indicate a preference of applicant to be approved, a number of public comments specifically support approval of this project submitted by Signature Hospice Bellingham.

Signature Hospice Bellingham did not provide a listing of potential referral sources for its proposed hospice agency; rather the applicant provided statements that it would seek referral sources in the county.

To evaluate this sub-criterion, the department also considers its own analysis and conclusions of this project as related to WACs 246-310-210, 220, and 230. For this project, the department could not substantiate the information provided in WAC 246-310-220(1), financial feasibility. For those reasons, the department concludes that approval of Signature Hospice Bellingham's project may result in unwarranted fragmentation of hospice services in the planning area. **This sub-criterion is not met.**

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

Eden Hospice at Whatcom County, LLC

This sub-criterion is addressed in sub-section (3) above and **is met for** Eden Hospice at Whatcom County, LLC.

Signature Hospice Bellingham, LLC

This sub-criterion is addressed in sub-section (3) above and **is met for** Signature Hospice Bellingham, LLC.

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

Eden Hospice at Whatcom County, LLC

Based on the source information reviewed, the department concludes that Eden Hospice at Whatcom County has met the cost containment criteria in WAC 246-310-240 and any applicable criteria in WAC 246-310-290.

Signature Hospice Bellingham, LLC

Based on the source information reviewed, the department concludes that Signature Hospice Bellingham, LLC has not met the cost containment criteria in WAC 246-310-240 and any applicable criteria in WAC 246-310-290.

- (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.

WAC 246-310-290(10) provides the following direction for review this sub-criterion of applications for hospice agencies. It states:

*“In addition to demonstrating numeric need under subsection (7) of this section, applicants must meet the following certificate of need requirements:*

- (a) Determination of need under WAC 246-310-210;*
- (b) Determination of financial feasibility under WAC 246-310-220;*
- (c) Criteria for structure and process of care under WAC 246-310-230; and*
- (d) Determination of cost containment under WAC 246-310-240.”*

If there are multiple applications, the department’s assessment is to apply any service or facility superiority criteria in WAC 246-310-290(11) provides the superiority criteria used to compare competing projects and make the determination between two or more approvable projects, which is the best alternative.

### Eden Hospice at Whatcom County, LLC

#### Step One

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

#### Step Two

The applicant provided a detailed discussion of alternatives considered and rejected prior to submission of this application. Alternatives considered include ‘do nothing’ and ‘develop a joint venture with a community partner to collaborate to operate a hospice agency.’ Both alternatives were rejected and Eden Hospice at Whatcom County submitted this application.

During the screening of this application, the department asked Eden Hospice at Whatcom County to provide a discussion of the advantages and disadvantages of waiting to submit an application for Whatcom County when the need methodology calculates numeric need for a new agency. The applicant provided an extensive discussion in response to the request. To summarize, many factors led to the applicant’s decision to submit this application even though the methodology shows no numeric need. The statements below are a brief summary of the rationale provided by the applicant. [source: April 20, 2020, screening response p12]

*“The single advantage of waiting to file a certificate of need application to a later year when the department’s methodology calculates a numeric need of least a 35 patient census is that it eliminates having to justify the certificate of need using the exceptions criteria under WAC 246-310-290(12). The evidence-based premise for filing at this time is that there is a clear need that exceeds a hospice average daily census of 35 patients if documented access and availability barriers to patients were removed. These barriers were further discussed in the response to Question 8. An additional reason for filing at this time is that a second applicant that also serves the community has identified sufficient need to file a hospice application for Whatcom County.”*

#### Public Comment

None

#### Rebuttal Comment

None

### **Department Evaluation**

The options rejected by Eden Hospice at Whatcom County, including the option to delay submission of an application until numeric need for an additional agency is demonstrated, are appropriate. The department did not identify any superior alternatives in terms of cost, efficiency, or effectiveness that is available or practicable for the applicant.

Since there are no construction costs necessary to establish hospice services in Whatcom County, the department acknowledges that hospice services can be provided with very little financial impact to the applicant or the community.

Eden Hospice at Whatcom County also provided comprehensive rationale regarding the staff efficiency and appropriateness of hospice care for patients who request it. Further, the information provided by the applicant related to system impacts and hospice care is accurate and reasonable.

The department concludes approval of Eden Hospice at Whatcom County's application can be considered an available alternative for Whatcom County. **This sub-criterion is met.**

### **Signature Hospice Bellingham, LLC**

#### **Step One**

For this project, Signature Hospice Bellingham did not meet the applicable review criteria under WAC 246-310-220 and -230. Therefore, the department does not further evaluate this project under WAC 246-310-240.

- (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 for Eden Hospice at Whatcom County, LLC**

There is no capital expenditure associated with project and the project does not require construction. This sub-criterion does not apply.

- (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.*

### **Eden Hospice at Whatcom County, LLC**

The applicant provided the following statement related to this sub criterion. [source: Application, p64]

*“Low hospice lengths of stay in Washington and Whatcom County, plus 2017 revisions to CMS payment formulas for hospice care, substantially reduce the potential for exceeding Medicare cost caps.*

*... the Eden Hospice will provide a non-sectarian choice for hospice services that is available in every other Washington State metropolitan county with a population over 100,000 persons.*

*Hospice promotes efficiency as it shifts care from expensive hospital settings to lower cost, homebased settings. For patients who choose hospice, they forgo more expensive curative treatments and seek the best possible care experience focused on personalized goals, pain and symptom alleviation, and comfort through end of life. The analysis prepared by Providence in its approved CoN that was based on*

*Medicare claims data, demonstrated the cost-effectiveness of hospice care and estimated savings of over \$99 million across Washington State if all Medicare beneficiaries who died in 2017 without hospice instead benefited from five weeks of hospice. In this new choice of hospice environment, more patients will be enrolled in hospice care and enrolled more rapidly. The evidence presented in this application documents that health care costs related to emergency room visits and hospital admissions can be reduced by providing palliative care in the hospice setting.*

*The Eden Hospice project will co-locate with the EmpRes home health agency. This co-location approach will not only eliminate capital costs and reduce operating overhead, but it will improve continuity of care and facilitate rapid enrollment of hospice and skilled nursing facility patients based on existing referral relationships established by EmpRes home health. In addition, Eden Home Health will reach out to 8 special population cohorts to increase hospice awareness and enrollment (see page 36).”*

#### Public Comment

Many of the letters of support focused on need for an additional provider in the county because there is currently one provider. Those letters were addressed in the need section of this evaluation. While they are not restated here, the comments are also considered under this sub-criterion.

#### Rebuttal Comment

None

#### Department Evaluation

Eden Hospice at Whatcom County provided sound and reasonable rationale for establish Medicare and Medicaid-certified hospice services into Whatcom County. If approved, this project has the potential to improve delivery of necessary in-home services to Whatcom County residents.

During the review of these two projects, the sole provider of Medicare and Medicaid hospice services in Whatcom County provided public comments. PeaceHealth’s Whatcom Hospice acknowledges in its comments that the numeric methodology does not calculate need for a second agency in the county. The public comments also focus on the hospice services currently provided by Whatcom Hospice and the current and future growth of the hospice agency. Whatcom Hospice’s public comments do not refute the assertions made by both applicants about patients experiencing lengthy waits for hospice visits/services nor do the public comments dispute that some hospice services are not available by Whatcom Hospice.

For the reasons stated above, the department concludes that this project has the potential to improve delivery of necessary in-home services to Whatcom County residents. **This sub-criterion is met.**

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

As previously stated, the numeric methodology shows no need for an additional hospice provider in Whatcom County. WAC 246-310-290(12) allows the department to approve a hospice application absent numeric need provided specific criteria is met. Below is a restatement of the criteria and the department’s conclusions.

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

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

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

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

- (i) *All applicable review criteria and standards with the exception of numeric need have been met;*
  - (ii) *The applicant commits to serving Medicare and Medicaid patients; and*
  - (iii) *A specific population is underserved; or*
  - (iv) *The population of the county is low enough that the methodology has not projected need in five years, and the population of the county is not sufficient to meet an ADC of thirty-five.*
- (b) *If more than one applicant applies in a planning area, the department will give preference to a hospice agency that proposes to be physically located within the planning area.*
- (c) *The department has sole discretion to grant or deny application(s) submitted under this subsection.”*

For these two applications, the sub-criterion under 12(a)(i),(ii), and (iii) apply. Sub-criterion (iv) will not be discussed in this evaluation because even though numeric need has not been projected in Whatcom County for years for years 2015 through 2019, the numeric methodology currently projects an ADC of 30 unserved hospice patients for year 2021. If a county shows an ADC of 35 or above, there is numeric need. Given the projected population growth in the county, the department cannot conclude in this evaluation that the population of the county is not sufficient to meet an ADC of 35 in future methodologies as required for WAC 246-310-290(12)(a)(iv).

- (a) *The department will consider if the applicant meets the following criteria:*
- (i) *All applicable review criteria and standards with the exception of numeric need have been met;*

Eden Hospice at Whatcom County, LLC

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

Signature Hospice Bellingham, LLC

For this project, Signature Hospice Bellingham did not meet the applicable review criteria under WAC 246-310-220, 230, and 240. The application will not be further evaluated under WAC 246-310-290(12).

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

Eden Hospice at Whatcom County, LLC

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

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

Eden Hospice at Whatcom County, LLC

For this project, Eden Hospice at Whatcom County provided extensive discussion and documentation regarding underserved populations in the county. The documentation and discussion was evaluated in WAC 246-310-210(2). Specifically, the applicant discussed underserved populations for:

- residents seeking non-religious affiliated hospice services;

- Native American members associated with Lummi, Nooksack, Samish, and Semiahmoo tribes, as well as Alaska Native patients that qualify for hospice services;<sup>8</sup> and
- pediatric patients, which represent a small volume, but a high need for hospice services.

Noted in the evaluation under WAC 246-310-210(2), in its public comments the existing hospice provider did not dispute whether there is need for an additional hospice provider in Whatcom County. Nor did the existing provider dispute Eden Hospice at Whatcom County's assertions that there is a specific underserved population in the county.

Based on the information provided in the application and the public comments submitted by community members, the department concludes that Eden Hospice at Whatcom County demonstrated that an additional Medicare and Medicaid certified hospice agency should be approved for Whatcom County absent numeric need. **This sub-criterion is met.**

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<sup>8</sup> Lummi Nation is located west of Bellingham and south of the Canadian border. Nooksack tribe is located along the Nooksack River near the town of Deming, within Whatcom County. Samish Indian Nation is headquartered in Anacortes on Fidalgo Island, within Skagit County. Other Samish members are enrolled in the Lummi Nation and the Swinomish Tribe. Semiahmoo First Nation is located between White Rock British Columbia, Canada and the Peace Arch Provincial Park, in northern Whatcom County. [sources: Wikipedia.org]



# APPENDIX A

## Department of Health 2019-2020 Hospice Numeric Need Methodology Admissions - Summarized

**0-64 Total Admissions by County**

Sum of 0-64 Row Labels	Column Labels		
	2016	2017	2018
Adams	6	4	6
Asotin	10	7	6
Benton	106	110	118
Chelan	35	44	34
Clallam	6	14	16
Clark	310	282	336
Columbia	0	1	1
Cowlitz	105	124	107
Douglas	19	19	10
Ferry	3	7	6
Franklin	16	15	30
Garfield	0	1	1
Grant	42	44	41
Grays Harbor	66	72	35
Island	32	35	38
Jefferson	15	14	21
King	906	862	1,009
Kitsap	132	104	180
Kittitas	20	46	15
Klickitat	30	17	10
Lewis	53	45	56
Lincoln	4	3	7
Mason	18	34	14
Okanogan	35	34	21
Pacific	15	17	13
Pend Oreille	11	8	8
Pierce	453	419	543
San Juan	11	3	6
Skagit	62	61	48
Skamania	14	4	2
Snohomish	366	339	422
Spokane	367	397	400
Stevens	13	25	30
Thurston	132	144	114
Wahkiakum	0	1	2
Walla Walla	45	45	24
Whatcom	122	139	117
Whitman	9	29	19
Yakima	179	188	248
<b>Grand Total</b>	<b>3,768</b>	<b>3,757</b>	<b>4,114</b>

**65+ Total Admissions by County**

Sum of 65+ Row Labels	Column Labels		
	2016	2017	2018
Adams	25	30	34
Asotin	47	85	121
Benton	751	875	887
Chelan	305	319	386
Clallam	110	143	187
Clark	1,737	1,898	2,124
Columbia	19	17	23
Cowlitz	645	695	600
Douglas	102	129	136
Ferry	18	37	29
Franklin	110	122	155
Garfield	3	1	2
Grant	179	216	261
Grays Harbor	264	292	180
Island	195	364	348
Jefferson	120	167	155
King	6,510	6,739	6,359
Kitsap	938	1,156	1,021
Kittitas	79	134	135
Klickitat	72	82	81
Lewis	378	420	1,164
Lincoln	17	22	29
Mason	191	232	161
Okanogan	133	132	148
Pacific	99	106	72
Pend Oreille	56	55	53
Pierce	3,401	3,356	3,175
San Juan	70	70	79
Skagit	591	616	680
Skamania	35	21	20
Snohomish	2,228	2,084	2,636
Spokane	2,176	2,467	2,248
Stevens	120	128	121
Thurston	880	899	936
Wahkiakum	5	4	5
Walla Walla	273	276	227
Whatcom	712	766	770
Whitman	207	248	227
Yakima	937	962	977
<b>Grand Total</b>	<b>24,738</b>	<b>26,365</b>	<b>26,951</b>

**Total Admissions by County - Not Adjusted for New Approvals**

Column1	Total 2016	Total 2017	Total 2018	Average
Adams	31	34	40	35.00
Asotin	57	92	127	92.00
Benton	857	985	1,005	949.00
Chelan	340	363	420	374.33
Clallam	116	157	203	158.67
Clark	2,047	2,180	2,460	2,229.00
Columbia	19	18	24	20.33
Cowlitz	750	819	707	758.67
Douglas	121	148	146	138.33
Ferry	21	44	35	33.33
Franklin	126	137	185	149.33
Garfield	3	2	3	2.67
Grant	221	260	302	261.00
Grays Harbor	330	364	215	303.00
Island	227	399	386	337.33
Jefferson	135	181	176	164.00
King	7,416	7,601	7,368	7,461.67
Kitsap	1,070	1,260	1,201	1,177.00
Kittitas	99	180	150	143.00
Klickitat	102	99	91	97.33
Lewis	431	465	1,220	705.33
Lincoln	21	25	36	27.33
Mason	209	266	175	216.67
Okanogan	168	166	169	167.67
Pacific	114	123	85	107.33
Pend Oreille	67	63	61	63.67
Pierce	3,854	3,775	3,718	3,782.33
San Juan	81	73	85	79.67
Skagit	653	677	728	686.00
Skamania	49	25	22	32.00
Snohomish	2,594	2,423	3,058	2,691.67
Spokane	2,543	2,864	2,648	2,684.83
Stevens	133	153	151	145.67
Thurston	1,012	1,043	1,050	1,035.00
Wahkiakum	5	5	7	5.67
Walla Walla	318	321	251	296.67
Whatcom	834	905	887	875.33
Whitman	216	277	246	246.17
Yakima	1,116	1,150	1,225	1,163.67

**Total Admissions by County - Adjusted for New  
Adjusted Cells Highlighted in YELLOW**

Column1	Total 2016	Total 2017	Total 2018	Average
Adams	31	34	40	35.00
Asotin	57	92	127	92.00
Benton	857	985	1,005	949.00
Chelan	340	363	420	374.33
Clallam	116	157	416	229.50
Clark	2,047	2,180	2,460	2,229.00
Columbia	19	18	24	20.33
Cowlitz	750	819	707	758.67
Douglas	121	148	146	138.33
Ferry	21	44	35	33.33
Franklin	126	137	185	149.33
Garfield	3	2	3	2.67
Grant	221	260	302	261.00
Grays Harbor	330	364	215	303.00
Island	227	399	386	337.33
Jefferson	135	181	176	164.00
King	7,629	7,796	7,581	7,668.17
Kitsap	1,070	1,260	1,201	1,177.00
Kittitas	99	180	150	143.00
Klickitat	102	291	280	224.00
Lewis	431	465	1,220	705.33
Lincoln	21	25	36	27.33
Mason	209	266	175	216.67
Okanogan	168	166	169	167.67
Pacific	114	123	85	107.33
Pend Oreille	67	63	61	63.67
Pierce	3,854	3,775	3,718	3,782.33
San Juan	81	73	85	79.67
Skagit	653	677	728	686.00
Skamania	49	25	22	32.00
Snohomish	2,594	2,423	3,908	2,975.00
Spokane	2,543	2,864	2,648	2,684.83
Stevens	133	153	151	145.67
Thurston	1,012	1,043	1,475	1,176.67
Wahkiakum	5	5	7	5.67
Walla Walla	318	321	251	296.67
Whatcom	834	905	887	875.33
Whitman	216	277	246	246.17
Yakima	1,116	1,150	1,225	1,163.67

**Agencies that have operated for <3 years:**

Wesley Homes Hospice - approved in 2015, operational since 2017 in King County. 2018 volumes exceed "default" - no adjustment for 2018.  
 Heart of Hospice - approved in August 2017. Operational since August 2017 in Klickitat County.  
 Envision Hospice - approved in September 2018 for Thurston County.

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Continuum Care of Snohomish - approved in July 2019 for Snohomish County.  
Olympic Medical Center - approved in September 2019 for Clallam County  
Symbol Healthcare - approved in November 2019 for Thurston County  
Heart of Hospice - approved in November 2019 for Snohomish County  
Envision Hospice - approved in November 2019 for Snohomish County  
Glacier Peak Healthcare - approved in November 2019 for Snohomish County

Calculation for "default values" per WAC 246-310-290(7)(b), assumption of 35 ADC, 60.13 ALOS per CMS

$35 \text{ ADC} * 365 \text{ days per year} = 12,775 \text{ default patient days}$   
 $12,775 \text{ patient days} / 60.13 \text{ ALOS} = 212.5 \text{ default admissions}$   
212.5 Default

For affected counties, the actual volumes from these recently approved agencies will be subtracted, and default values will be added.

Note: Kindred Hospice in Whitman and Spokane Counties did not respond to the department's survey. As a result, the average of 2016 and 2017 data was used as a proxy for 2018.

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**WAC246-310-290(8)(a) Step 1:**

**Calculate the following two statewide predicted hospice use rates using department of health survey and vital statistics data:**

WAC 246-310-290(8)(a)(i) The percentage of patients age sixty-five and over who will use hospice services. This percentage is calculated by dividing the average number of unduplicated admissions over the last three years for patients sixty five and over by the average number of past three years statewide total deaths age sixty-five and over.

WAC246-310-290(8)(a)(ii) The percentage of patients under sixty-five who will use hospice services. This percentage is calculated by dividing the average number of unduplicated admissions over the last three years for patients under sixty-five by the average number of past three years statewide total of deaths under sixty-five.

Hospice admissions ages 0-64	
Year	Admissions
2016	3,768
2017	3,757
2018	4,114
<b>average: 3,880</b>	

Deaths ages 0-64	
Year	Deaths
2016	13,557
2017	14,113
2018	14,055
<b>average: 13,908</b>	

Use Rates	
0-64	27.89%
65+	61.56%

Hospice admissions ages 65+	
Year	Admissions
2016	24,738
2017	26,365
2018	26,951
<b>average: 26,018</b>	

Deaths ages 65+	
Year	Deaths
2016	41,104
2017	42,918
2018	42,773
<b>average: 42,265</b>	

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**WAC246-310-290(8)(b) Step 2:**

Calculate the average number of total resident deaths over the last three years for each planning area by age cohort.

<b>0-64</b>				
<b>County</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2016-2018 Average Deaths</b>
Adams	34	38	28	33
Asotin	50	49	52	50
Benton	352	385	331	356
Chelan	123	124	130	126
Clallam	172	180	191	181
Clark	781	883	874	846
Columbia	12	19	6	12
Cowlitz	290	351	300	314
Douglas	56	71	51	59
Ferry	20	30	28	26
Franklin	115	133	145	131
Garfield	4	6	5	5
Grant	191	203	195	196
Grays Harbor	233	238	227	233
Island	134	166	135	145
Jefferson	69	69	64	67
King	3,204	3,256	3,264	3,241
Kitsap	518	485	515	506
Kittitas	59	91	68	73
Klickitat	50	63	58	57
Lewis	194	210	227	210
Lincoln	26	20	25	24
Mason	164	169	158	164
Okanogan	110	119	103	111
Pacific	59	88	64	70
Pend Oreille	35	34	43	37
Pierce	1,883	1,936	1,964	1,928
San Juan	36	18	19	24
Skagit	248	271	231	250
Skamania	39	16	27	27
Snohomish	1,440	1,483	1,533	1,485
Spokane	1,168	1,147	1,177	1,164
Stevens	103	96	113	104
Thurston	485	530	554	523
Wahkiakum	10	3	13	9
Walla Walla	123	123	110	119
Whatcom	365	367	360	364
Whitman	42	57	66	55
Yakima	560	586	601	582

<b>65+</b>				
<b>County</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2016-2018 Average Deaths</b>
Adams	92	78	72	81
Asotin	192	190	214	199
Benton	1,075	1,081	1,125	1,094
Chelan	535	556	573	555
Clallam	762	842	871	825
Clark	2,589	2,579	2,767	2,645
Columbia	48	116	43	69
Cowlitz	863	917	840	873
Douglas	227	232	255	238
Ferry	64	60	55	60
Franklin	242	284	278	268
Garfield	20	17	30	22
Grant	479	509	524	504
Grays Harbor	606	622	647	625
Island	565	630	675	623
Jefferson	293	308	336	312
King	9,766	10,039	9,917	9,907
Kitsap	1,704	1,780	1,713	1,732
Kittitas	243	237	239	240
Klickitat	145	151	158	151
Lewis	676	721	730	709
Lincoln	102	105	94	100
Mason	494	550	526	523
Okanogan	303	350	332	328
Pacific	222	262	279	254
Pend Oreille	120	133	130	128
Pierce	4,751	5,019	4,926	4,899
San Juan	126	115	114	118
Skagit	979	1,007	1,001	996
Skamania	64	65	56	62
Snohomish	3,857	4,118	4,055	4,010
Spokane	3,356	3,527	3,556	3,480
Stevens	336	376	373	362
Thurston	1,661	1,768	1,823	1,751
Wahkiakum	39	37	33	36
Walla Walla	485	501	445	477
Whatcom	1,353	1,329	1,252	1,311
Whitman	212	236	199	216
Yakima	1,458	1,471	1,517	1,482

**Source:**  
Self-Report Provider Utilization Surveys for Years 2016-2018  
Vital Statistics Death Data for Years 2016-2018  
Prepared by DOH Program Staff

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**WAC246-310-290(8)(c) Step 3.**

Multiply each hospice use rate determined in Step 1 by the planning areas' average total resident deaths determined in Step 2, separated by age cohort.

0-64		
County	2016-2018 Average Deaths	Projected Patients: 27.90% of Deaths
Adams	33	9
Asotin	50	14
Benton	356	99
Chelan	126	35
Clallam	181	50
Clark	846	236
Columbia	12	3
Cowlitz	314	87
Douglas	59	17
Ferry	26	7
Franklin	131	37
Garfield	5	1
Grant	196	55
Grays Harbor	233	65
Island	145	40
Jefferson	67	19
King	3,241	904
Kitsap	506	141
Kittitas	73	20
Klickitat	57	16
Lewis	210	59
Lincoln	24	7
Mason	164	46
Okanogan	111	31
Pacific	70	20
Pend Oreille	37	10
Pierce	1,928	538
San Juan	24	7
Skagit	250	70
Skamania	27	8
Snohomish	1,485	414
Spokane	1,164	325
Stevens	104	29
Thurston	523	146
Wahkiakum	9	2
Walla Walla	119	33
Whatcom	364	102
Whitman	55	15
Yakima	582	162

65+		
County	2016-2018 Average Deaths	Projected Patients: 61.56% of Deaths
Adams	81	50
Asotin	199	122
Benton	1,094	673
Chelan	555	341
Clallam	825	508
Clark	2,645	1,628
Columbia	69	42
Cowlitz	873	538
Douglas	238	147
Ferry	60	37
Franklin	268	165
Garfield	22	14
Grant	504	310
Grays Harbor	625	385
Island	623	384
Jefferson	312	192
King	9,907	6,099
Kitsap	1,732	1,066
Kittitas	240	148
Klickitat	151	93
Lewis	709	436
Lincoln	100	62
Mason	523	322
Okanogan	328	202
Pacific	254	157
Pend Oreille	128	79
Pierce	4,899	3,016
San Juan	118	73
Skagit	996	613
Skamania	62	38
Snohomish	4,010	2,469
Spokane	3,480	2,142
Stevens	362	223
Thurston	1,751	1,078
Wahkiakum	36	22
Walla Walla	477	294
Whatcom	1,311	807
Whitman	216	133
Yakima	1,482	912

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**WAC246-310-290(8)(d) Step 4:**

Using the projected patients calculated in Step 3, calculate a use rate by dividing projected patients by the three-year historical average population by county. Use this rate to determine the potential volume of hospice use by the projected population by age cohort using Office of Financial Management (OFM) data.

<b>0-64</b>								
<b>County</b>	<b>Projected Patients</b>	<b>2016-2018 Average Population</b>	<b>2019 projected population</b>	<b>2020 projected population</b>	<b>2021 projected population</b>	<b>2019 potential volume</b>	<b>2020 potential volume</b>	<b>2021 potential volume</b>
Adams	9	17,899	18,160	18,291	18,456	9	10	10
Asotin	14	16,842	16,715	16,652	16,596	14	14	14
Benton	99	165,123	167,984	169,415	171,026	101	102	103
Chelan	35	61,755	62,227	62,463	62,512	35	35	35
Clallam	50	52,605	52,494	52,439	52,233	50	50	50
Clark	236	399,287	411,278	417,273	421,901	243	247	249
Columbia	3	2,905	2,822	2,780	2,745	3	3	3
Cowlitz	87	85,617	85,817	85,917	85,843	88	88	88
Douglas	17	34,335	35,130	35,527	35,803	17	17	17
Ferry	7	5,731	5,628	5,577	5,541	7	7	7
Franklin	37	83,832	88,012	90,102	92,443	38	39	40
Garfield	1	1,623	1,581	1,560	1,541	1	1	1
Grant	55	83,784	86,033	87,158	88,240	56	57	58
Grays Harbor	65	58,246	57,387	56,958	56,679	64	63	63
Island	40	62,814	63,114	63,264	63,280	41	41	41
Jefferson	19	20,670	20,705	20,722	20,636	19	19	19
King	904	1,841,848	1,885,115	1,906,749	1,918,470	925	936	942
Kitsap	141	215,543	218,538	220,035	220,614	143	144	144
Kittitas	20	37,330	38,453	39,015	39,286	21	21	21
Klickitat	16	15,955	15,702	15,575	15,439	16	16	15
Lewis	59	62,097	62,700	63,001	63,164	59	60	60
Lincoln	7	7,982	7,864	7,805	7,751	7	6	6
Mason	46	49,652	50,632	51,122	51,397	47	47	47
Okanogan	31	32,726	32,364	32,183	32,087	31	30	30
Pacific	20	14,830	14,545	14,403	14,322	19	19	19
Pend Oreille	10	9,952	9,859	9,812	9,769	10	10	10
Pierce	538	738,738	756,339	765,139	769,918	551	557	560
San Juan	7	11,084	10,863	10,753	10,730	7	7	7
Skagit	70	99,346	100,807	101,537	101,887	71	71	72
Skamania	8	9,260	9,248	9,242	9,223	8	8	8
Snohomish	414	683,800	705,787	716,781	721,527	428	434	437
Spokane	325	418,875	423,256	425,447	426,740	328	330	331
Stevens	29	34,343	34,109	33,992	33,917	29	29	29
Thurston	146	231,571	238,190	241,500	243,867	150	152	154
Wahkiakum	2	2,612	2,498	2,441	2,405	2	2	2
Walla Walla	33	50,328	50,763	50,981	51,028	33	34	34
Whatcom	102	180,629	185,418	187,812	189,267	104	106	106
Whitman	15	43,051	43,222	43,308	43,315	15	15	15
Yakima	162	219,328	222,774	224,497	225,822	165	166	167

**Source:**  
Self-Report Provider Utilization Surveys for Years 2016-2018  
Vital Statistics Death Data for Years 2016-2018  
Prepared by DOH Program Staff

**Department of Health**  
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*including corrections received by 10/31/19*



**WAC246-310-290(8)(d) Step 4:**

Using the projected patients calculated in Step 3, calculate a use rate by dividing projected patients by the three-year historical average population by county. Use this rate to determine the potential volume of hospice use by the projected population by age cohort using Office of Financial Management (OFM) data.

<b>65+</b>								
County	Projected Patients	2016-2018 Average Population	2019 projected population	2020 projected population	2021 projected population	2019 potential volume	2020 potential volume	2021 potential volume
Adams	50	2,000	2,227	2,341	2,383	55	58	59
Asotin	122	5,426	5,812	6,005	6,175	131	135	139
Benton	673	28,657	30,986	32,150	33,373	728	755	784
Chelan	341	14,811	15,876	16,408	17,052	366	378	393
Clallam	508	20,867	21,800	22,267	22,901	531	542	557
Clark	1628	71,564	78,605	82,125	85,686	1,788	1,869	1,950
Columbia	42	1,169	1,236	1,269	1,287	45	46	47
Cowlitz	538	20,505	22,148	22,969	23,719	581	602	622
Douglas	147	7,213	7,976	8,358	8,666	162	170	176
Ferry	37	2,022	2,168	2,241	2,289	39	41	42
Franklin	165	8,343	9,188	9,610	10,083	182	190	199
Garfield	14	620	645	658	669	14	15	15
Grant	310	13,628	14,861	15,477	16,071	338	352	366
Grays Harbor	385	15,064	16,123	16,653	17,133	412	425	438
Island	384	19,163	20,239	20,777	21,412	405	416	429
Jefferson	192	10,916	11,588	11,924	12,323	204	210	217
King	6099	282,395	310,572	324,660	337,771	6,707	7,012	7,295
Kitsap	1066	49,743	53,833	55,878	58,185	1,154	1,198	1,247
Kittitas	148	7,055	7,647	7,943	8,266	160	166	173
Klickitat	93	5,310	5,829	6,088	6,268	102	107	110
Lewis	436	15,987	16,808	17,219	17,697	459	470	483
Lincoln	62	2,755	2,891	2,959	3,039	65	66	68
Mason	322	14,717	15,905	16,499	17,167	348	361	376
Okanogan	202	9,624	10,475	10,901	11,210	220	229	235
Pacific	157	6,421	6,747	6,910	7,035	165	168	172
Pend Oreille	79	3,560	3,925	4,107	4,239	87	91	94
Pierce	3016	119,836	130,688	136,114	142,422	3,289	3,425	3,584
San Juan	73	5,322	5,768	5,991	6,174	79	82	85
Skagit	613	25,308	27,881	29,168	30,314	675	706	734
Skamania	38	2,414	2,670	2,798	2,923	42	44	46
Snohomish	2469	107,560	119,333	125,219	131,978	2,739	2,874	3,029
Spokane	2142	80,834	87,852	91,361	94,670	2,328	2,421	2,509
Stevens	223	10,407	11,360	11,837	12,214	243	253	261
Thurston	1078	46,608	50,757	52,832	54,900	1,174	1,222	1,269
Wahkiakum	22	1,379	1,503	1,565	1,580	24	25	26
Walla Walla	294	10,881	11,006	11,068	11,350	297	299	306
Whatcom	807	37,426	40,902	42,640	44,217	882	920	954
Whitman	133	4,948	5,526	5,815	6,008	148	156	161
Yakima	912	35,809	37,530	38,391	39,475	956	978	1,006

**Source:**  
Self-Report Provider Utilization Surveys for Years 2016-2018  
Vital Statistics Death Data for Years 2016-2018  
Prepared by DOH Program Staff



**Department of Health**  
**2019-2020 Hospice Numeric Need Methodology**  
*including corrections received by 10/31/19*



**WAC246-310-290(8)(e) Step 5:**

Combine the two age cohorts. Subtract the average of the most recent three years hospice capacity in each planning area from the projected volumes calculated in Step 4 to determine the number of projected admissions beyond the planning area capacity.

County	2019 potential volume	2020 potential volume	2021 potential volume	Current Capacity	2019 Admits (Unmet)	2020 Admits (Unmet)	2021 Admits (Unmet)
Adams	65	68	69	35.00	30	33	34
Asotin	145	149	153	92.00	53	57	61
Benton	829	857	887	949.00	(120)	(92)	(62)
Chelan	401	414	429	374.33	27	39	54
Clallam	581	592	607	229.50	351	363	378
Clark	2,032	2,115	2,199	2,229.00	(197)	(114)	(30)
Columbia	48	49	50	20.33	28	29	30
Cowlitz	668	690	710	758.67	(90)	(69)	(49)
Douglas	179	187	193	138.33	41	49	55
Ferry	47	48	49	33.33	13	14	15
Franklin	220	229	240	149.33	71	80	90
Garfield	16	16	16	2.67	13	13	13
Grant	395	409	424	261.00	134	148	163
Grays Harbor	476	489	501	303.00	173	186	198
Island	446	457	470	337.33	109	119	132
Jefferson	223	229	236	164.00	59	65	72
King	7,633	7,948	8,237	7,668.17	(35)	280	568
Kitsap	1,297	1,342	1,392	1,177.00	120	165	215
Kittitas	181	187	194	143.00	38	44	51
Klickitat	118	122	125	224.00	(106)	(102)	(99)
Lewis	518	530	543	705.33	(187)	(176)	(163)
Lincoln	71	73	75	27.33	44	45	47
Mason	395	408	423	216.67	178	192	206
Okanogan	251	259	266	167.67	83	92	98
Pacific	184	188	190	107.33	76	80	83
Pend Oreille	97	101	104	63.67	33	37	40
Pierce	3,839	3,982	4,144	3,782.33	57	200	362
San Juan	86	89	91	79.67	6	9	11
Skagit	746	778	806	686.00	60	92	120
Skamania	50	52	54	32.00	18	20	22
Snohomish	3,166	3,308	3,466	2,975.00	191	333	491
Spokane	2,656	2,751	2,839	2,684.83	(29)	66	155
Stevens	272	282	290	145.67	126	136	144
Thurston	1,324	1,374	1,423	1,176.67	147	197	246
Wahkiakum	27	28	28	5.67	21	22	22
Walla Walla	330	332	340	296.67	34	36	43
Whatcom	986	1,025	1,060	875.33	111	150	185
Whitman	164	171	177	246.17	(82)	(75)	(70)
Yakima	1,121	1,144	1,173	1,163.67	(43)	(19)	9

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**WAC246-310-290(8)(f) Step 6:**

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

County	2019 Admits (Unmet)	2020 Admits (Unmet)	2021 Admits (Unmet)	Step 6 (Admits * ALOS) = Unmet Patient Days			
				Statewide ALOS	2019 Patient Days (unmet)	2020 Patient Days (unmet)	2021 Patient Days (unmet)
Adams	30	33	34	60.13	1,788	1,962	2,029
Asotin	53	57	61	60.13	3,182	3,441	3,668
Benton	(120)	(92)	(62)	60.13	(7,216)	(5,519)	(3,733)
Chelan	27	39	54	60.13	1,622	2,368	3,262
Clallam	351	363	378	60.13	21,133	21,813	22,728
Clark	(197)	(114)	(30)	60.13	(11,876)	(6,847)	(1,811)
Columbia	28	29	30	60.13	1,679	1,749	1,785
Cowlitz	(90)	(69)	(49)	60.13	(5,429)	(4,128)	(2,949)
Douglas	41	49	55	60.13	2,442	2,920	3,304
Ferry	13	14	15	60.13	792	868	918
Franklin	71	80	90	60.13	4,252	4,809	5,433
Garfield	13	13	13	60.13	782	797	811
Grant	134	148	163	60.13	8,031	8,919	9,775
Grays Harbor	173	186	198	60.13	10,387	11,171	11,889
Island	109	119	132	60.13	6,529	7,182	7,948
Jefferson	59	65	72	60.13	3,543	3,900	4,317
King	(35)	280	568	60.13	(2,127)	16,807	34,179
Kitsap	120	165	215	60.13	7,228	9,924	12,921
Kittitas	38	44	51	60.13	2,272	2,663	3,077
Klickitat	(106)	(102)	(99)	60.13	(6,380)	(6,114)	(5,932)
Lewis	(187)	(176)	(163)	60.13	(11,257)	(10,566)	(9,773)
Lincoln	44	45	47	60.13	2,645	2,733	2,839
Mason	178	192	206	60.13	10,707	11,516	12,411
Okanogan	83	92	98	60.13	4,982	5,510	5,894
Pacific	76	80	83	60.13	4,595	4,823	4,999
Pend Oreille	33	37	40	60.13	2,002	2,241	2,414
Pierce	57	200	362	60.13	3,419	12,015	21,768
San Juan	6	9	11	60.13	357	537	687
Skagit	60	92	120	60.13	3,608	5,513	7,197
Skamania	18	20	22	60.13	1,058	1,179	1,296
Snohomish	191	333	491	60.13	11,506	20,029	29,529
Spokane	(29)	66	155	60.13	(1,727)	3,966	9,299
Stevens	126	136	144	60.13	7,587	8,194	8,676
Thurston	147	197	246	60.13	8,841	11,851	14,815
Wahkiakum	21	22	22	60.13	1,264	1,322	1,335
Walla Walla	34	36	43	60.13	2,027	2,137	2,597
Whatcom	111	150	185	60.13	6,681	9,016	11,111
Whitman	(82)	(75)	(70)	60.13	(4,961)	(4,493)	(4,181)
Yakima	(43)	(19)	9	60.13	(2,556)	(1,161)	558

**Source:**  
Self-Report Provider Utilization Surveys for Years 2016-2018  
Vital Statistics Death Data for Years 2016-2018  
Prepared by DOH Program Staff

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**WAC246-310-290(8)(g) Step 7:**

Divide the unmet patient days from Step 6 by 365 to determine the unmet need ADC.

County				Step 7 (Patient Days / 365) = Unmet ADC		
	2019 Patient Days (unmet)	2020 Patient Days (unmet)	2021 Patient Days (unmet)	2019 ADC (unmet)	2020 ADC (unmet)	2021 ADC (unmet)
Adams	1,788	1,962	2,029	5	5	6
Asotin	3,182	3,441	3,668	9	9	10
Benton	(7,216)	(5,519)	(3,733)	(20)	(15)	(10)
Chelan	1,622	2,368	3,262	4	6	9
Ciallam	21,133	21,813	22,728	58	60	62
Clark	(11,876)	(6,847)	(1,811)	(33)	(19)	(5)
Columbia	1,679	1,749	1,785	5	5	5
Cowlitz	(5,429)	(4,128)	(2,949)	(15)	(11)	(8)
Douglas	2,442	2,920	3,304	7	8	9
Ferry	792	868	918	2	2	3
Franklin	4,252	4,809	5,433	12	13	15
Garfield	782	797	811	2	2	2
Grant	8,031	8,919	9,775	22	24	27
Grays Harbor	10,387	11,171	11,889	28	31	33
Island	6,529	7,182	7,948	18	20	22
Jefferson	3,543	3,900	4,317	10	11	12
King	(2,127)	16,807	34,179	(6)	46	94
Kitsap	7,228	9,924	12,921	20	27	35
Kittitas	2,272	2,663	3,077	6	7	8
Klickitat	(6,380)	(6,114)	(5,932)	(17)	(17)	(16)
Lewis	(11,257)	(10,566)	(9,773)	(31)	(29)	(27)
Lincoln	2,645	2,733	2,839	7	7	8
Mason	10,707	11,516	12,411	29	32	34
Okanogan	4,982	5,510	5,894	14	15	16
Pacific	4,595	4,823	4,999	13	13	14
Pend Oreille	2,002	2,241	2,414	5	6	7
Pierce	3,419	12,015	21,768	9	33	60
San Juan	357	537	687	1	1	2
Skagit	3,608	5,513	7,197	10	15	20
Skamania	1,058	1,179	1,296	3	3	4
Snohomish	11,506	20,029	29,529	32	55	81
Spokane	(1,727)	3,966	9,299	(5)	11	25
Stevens	7,587	8,194	8,676	21	22	24
Thurston	8,841	11,851	14,815	24	32	41
Wahkiakum	1,264	1,322	1,335	3	4	4
Walla Walla	2,027	2,137	2,597	6	6	7
Whatcom	6,681	9,016	11,111	18	25	30
Whitman	(4,961)	(4,493)	(4,181)	(14)	(12)	(11)
Yakima	(2,556)	(1,161)	558	(7)	(3)	2

**Department of Health**  
**2019-2020 Hospice Numeric Need Methodology**  
*including corrections received by 10/31/19*



Highlighted counties have pending applications from the 2018 concurrent review. If you are interested in applying in one of these counties, please contact the CN program for more information.

**WAC246-310-290(8)(h) Step 8:**

Determine the number of hospice agencies in the planning area that could support the unmet need with an ADC of thirty-five.

Application Year

County	Step 7 (Patient Days / 365) = Unmet ADC			Step 8 - Numeric Need	
	2019 ADC (unmet)	2020 ADC (unmet)	2021 ADC (unmet)	Numeric Need?	Agencies Needed?
Adams	5	5	6	FALSE	FALSE
Asotin	9	9	10	FALSE	FALSE
Benton	(20)	(15)	(10)	FALSE	FALSE
Chelan	4	6	9	FALSE	FALSE
Clallam	58	60	62	TRUE	1.78
Clark	(33)	(19)	(5)	FALSE	FALSE
Columbia	5	5	5	FALSE	FALSE
Cowlitz	(15)	(11)	(8)	FALSE	FALSE
Douglas	7	8	9	FALSE	FALSE
Ferry	2	2	3	FALSE	FALSE
Franklin	12	13	15	FALSE	FALSE
Garfield	2	2	2	FALSE	FALSE
Grant	22	24	27	FALSE	FALSE
Grays Harbor	28	31	33	FALSE	FALSE
Island	18	20	22	FALSE	FALSE
Jefferson	10	11	12	FALSE	FALSE
King	(6)	46	94	TRUE	2.68
Kitsap	20	27	35	TRUE	1.01
Kittitas	6	7	8	FALSE	FALSE
Klickitat	(17)	(17)	(16)	FALSE	FALSE
Lewis	(31)	(29)	(27)	FALSE	FALSE
Lincoln	7	7	8	FALSE	FALSE
Mason	29	32	34	FALSE	FALSE
Okanogan	14	15	16	FALSE	FALSE
Pacific	13	13	14	FALSE	FALSE
Pend Oreille	5	6	7	FALSE	FALSE
Pierce	9	33	60	TRUE	1.70
San Juan	1	1	2	FALSE	FALSE
Skagit	10	15	20	FALSE	FALSE
Skamania	3	3	4	FALSE	FALSE
Snohomish	32	55	81	TRUE	2.31
Spokane	(5)	11	25	FALSE	FALSE
Stevens	21	22	24	FALSE	FALSE
Thurston	24	32	41	TRUE	1.16
Wahkiakum	3	4	4	FALSE	FALSE
Walla Walla	6	6	7	FALSE	FALSE
Whatcom	18	25	30	FALSE	FALSE
Whitman	(14)	(12)	(11)	FALSE	FALSE
Yakima	(7)	(3)	2	FALSE	FALSE

**Department of Health  
2019-2020 Hospice Numeric Need Methodology  
0-64 Population Projection**

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2016-2018 Average Population
Adams	17,637	17,768	17,899	18,029	18,160	18,291	18,456	18,622	18,787	18,953	19,118	17,899
Asotin	16,969	16,906	16,842	16,779	16,715	16,652	16,596	16,540	16,485	16,429	16,373	16,842
Benton	162,262	163,693	165,123	166,554	167,984	169,415	171,026	172,638	174,249	175,861	177,472	165,123
Chelan	61,284	61,520	61,755	61,991	62,227	62,463	62,512	62,562	62,611	62,661	62,710	61,755
Clallam	52,716	52,661	52,605	52,550	52,494	52,439	52,233	52,027	51,821	51,615	51,409	52,605
Clark	387,296	393,291	399,287	405,282	411,278	417,273	421,901	426,529	431,158	435,786	440,414	399,287
Columbia	2,988	2,947	2,905	2,863	2,822	2,780	2,745	2,710	2,675	2,640	2,605	2,905
Cowlitz	85,417	85,517	85,617	85,717	85,817	85,917	85,843	85,769	85,695	85,621	85,547	85,617
Douglas	33,540	33,938	34,335	34,732	35,130	35,527	35,803	36,080	36,356	36,633	36,909	34,335
Ferry	5,834	5,782	5,731	5,680	5,628	5,577	5,541	5,506	5,470	5,435	5,399	5,731
Franklin	79,651	81,742	83,832	85,922	88,012	90,102	92,443	94,784	97,124	99,465	101,806	83,832
Garfield	1,665	1,644	1,623	1,602	1,581	1,560	1,541	1,522	1,502	1,483	1,464	1,623
Grant	81,535	82,660	83,784	84,909	86,033	87,158	88,240	89,322	90,403	91,485	92,567	83,784
Grays Harbor	59,105	58,675	58,246	57,817	57,387	56,958	56,679	56,401	56,122	55,844	55,565	58,246
Island	62,514	62,664	62,814	62,964	63,114	63,264	63,280	63,296	63,312	63,328	63,344	62,814
Jefferson	20,636	20,653	20,670	20,688	20,705	20,722	20,636	20,550	20,463	20,377	20,291	20,670
King	1,798,581	1,820,215	1,841,848	1,863,482	1,885,115	1,906,749	1,918,470	1,930,192	1,941,913	1,953,635	1,965,356	1,841,848
Kitsap	212,548	214,045	215,543	217,040	218,538	220,035	220,614	221,192	221,771	222,349	222,928	215,543
Kittitas	36,206	36,768	37,330	37,892	38,453	39,015	39,286	39,556	39,827	40,097	40,368	37,330
Klickitat	16,208	16,082	15,955	15,828	15,702	15,575	15,439	15,304	15,168	15,033	14,897	15,955
Lewis	61,494	61,796	62,097	62,398	62,700	63,001	63,164	63,327	63,491	63,654	63,817	62,097
Lincoln	8,101	8,042	7,982	7,923	7,864	7,805	7,751	7,698	7,644	7,591	7,537	7,982
Mason	48,672	49,162	49,652	50,142	50,632	51,122	51,397	51,672	51,946	52,221	52,496	49,652
Okanogan	33,087	32,906	32,726	32,545	32,364	32,183	32,087	31,991	31,896	31,800	31,704	32,726
Pacific	15,115	14,972	14,830	14,688	14,545	14,403	14,322	14,242	14,161	14,081	14,000	14,830
Pend Oreille	10,045	9,998	9,952	9,905	9,859	9,812	9,769	9,727	9,684	9,642	9,599	9,952
Pierce	721,137	729,937	738,738	747,538	756,339	765,139	769,918	774,696	779,475	784,253	789,032	738,738
San Juan	11,305	11,194	11,084	10,974	10,863	10,753	10,730	10,707	10,684	10,661	10,638	11,084
Skagit	97,885	98,616	99,346	100,076	100,807	101,537	101,887	102,236	102,586	102,935	103,285	99,346
Skamania	9,272	9,266	9,260	9,254	9,248	9,242	9,223	9,205	9,186	9,168	9,149	9,260
Snohomish	661,812	672,806	683,800	694,793	705,787	716,781	721,527	726,273	731,019	735,765	740,511	683,800
Spokane	414,493	416,684	418,875	421,066	423,256	425,447	426,740	428,033	429,326	430,619	431,912	418,875
Stevens	34,576	34,459	34,343	34,226	34,109	33,992	33,917	33,841	33,766	33,690	33,615	34,343
Thurston	224,951	228,261	231,571	234,880	238,190	241,500	243,867	246,235	248,602	250,970	253,337	231,571
Wahkiakum	2,726	2,669	2,612	2,555	2,498	2,441	2,405	2,368	2,332	2,295	2,259	2,612
Walla Walla	49,893	50,111	50,328	50,546	50,763	50,981	51,028	51,075	51,121	51,168	51,215	50,328
Whatcom	175,840	178,234	180,629	183,023	185,418	187,812	189,267	190,722	192,178	193,633	195,088	180,629
Whitman	42,880	42,965	43,051	43,137	43,222	43,308	43,315	43,322	43,330	43,337	43,344	43,051
Yakima	215,882	217,605	219,328	221,051	222,774	224,497	225,822	227,147	228,473	229,798	231,123	219,328

**Source:**  
Self-Report Provider Utilization Surveys for Years 2016-2018  
Vital Statistics Death Data for Years 2016-2018  
Prepared by DOH Program Staff

**Department of Health  
2019-2020 Hospice Numeric Need Methodology  
65+ Population Projection**

County	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2016-2018 Average Population
Adams	1,773	1,887	2,000	2,114	2,227	2,341	2,383	2,424	2,466	2,507	2,549	2,000
Asotin	5,041	5,233	5,426	5,619	5,812	6,005	6,175	6,344	6,514	6,683	6,853	5,426
Benton	26,328	27,492	28,657	29,821	30,986	32,150	33,373	34,597	35,820	37,044	38,267	28,657
Chelan	13,746	14,279	14,811	15,343	15,876	16,408	17,052	17,695	18,339	18,982	19,626	14,811
Clallam	19,934	20,401	20,867	21,334	21,800	22,267	22,901	23,535	24,168	24,802	25,436	20,867
Clark	64,524	68,044	71,564	75,085	78,605	82,125	85,686	89,247	92,807	96,368	99,929	71,564
Columbia	1,102	1,135	1,169	1,202	1,236	1,269	1,287	1,304	1,322	1,339	1,357	1,169
Cowlitz	18,863	19,684	20,505	21,326	22,148	22,969	23,719	24,470	25,220	25,971	26,721	20,505
Douglas	6,450	6,831	7,213	7,595	7,976	8,358	8,666	8,974	9,283	9,591	9,899	7,213
Ferry	1,876	1,949	2,022	2,095	2,168	2,241	2,289	2,337	2,386	2,434	2,482	2,022
Franklin	7,499	7,921	8,343	8,765	9,188	9,610	10,083	10,557	11,030	11,504	11,977	8,343
Garfield	595	607	620	633	645	658	669	680	692	703	714	620
Grant	12,395	13,011	13,628	14,244	14,861	15,477	16,071	16,665	17,258	17,852	18,446	13,628
Grays Harbor	14,005	14,535	15,064	15,594	16,123	16,653	17,133	17,612	18,092	18,571	19,051	15,064
Island	18,086	18,625	19,163	19,701	20,239	20,777	21,412	22,047	22,682	23,317	23,952	19,163
Jefferson	10,244	10,580	10,916	11,252	11,588	11,924	12,323	12,722	13,121	13,520	13,919	10,916
King	254,219	268,307	282,395	296,484	310,572	324,660	337,771	350,881	363,992	377,102	390,213	282,395
Kitsap	45,652	47,697	49,743	51,788	53,833	55,878	58,185	60,492	62,800	65,107	67,414	49,743
Kittitas	6,464	6,760	7,055	7,351	7,647	7,943	8,266	8,589	8,911	9,234	9,557	7,055
Klickitat	4,792	5,051	5,310	5,570	5,829	6,088	6,268	6,448	6,627	6,807	6,987	5,310
Lewis	15,166	15,576	15,987	16,398	16,808	17,219	17,697	18,175	18,652	19,130	19,608	15,987
Lincoln	2,619	2,687	2,755	2,823	2,891	2,959	3,039	3,119	3,200	3,280	3,360	2,755
Mason	13,528	14,123	14,717	15,311	15,905	16,499	17,167	17,836	18,504	19,173	19,841	14,717
Okanogan	8,773	9,198	9,624	10,050	10,475	10,901	11,210	11,519	11,827	12,136	12,445	9,624
Pacific	6,095	6,258	6,421	6,584	6,747	6,910	7,035	7,159	7,284	7,408	7,533	6,421
Pend Oreille	3,195	3,378	3,560	3,742	3,925	4,107	4,239	4,371	4,504	4,636	4,768	3,560
Pierce	108,983	114,409	119,836	125,262	130,688	136,114	142,422	148,729	155,037	161,344	167,652	119,836
San Juan	4,876	5,099	5,322	5,545	5,768	5,991	6,174	6,357	6,541	6,724	6,907	5,322
Skagit	22,735	24,021	25,308	26,595	27,881	29,168	30,314	31,460	32,607	33,753	34,899	25,308
Skamania	2,158	2,286	2,414	2,542	2,670	2,798	2,923	3,048	3,172	3,297	3,422	2,414
Snohomish	95,788	101,674	107,560	113,447	119,333	125,219	131,978	138,737	145,495	152,254	159,013	107,560
Spokane	73,817	77,325	80,834	84,343	87,852	91,361	94,670	97,979	101,288	104,597	107,906	80,834
Stevens	9,454	9,930	10,407	10,884	11,360	11,837	12,214	12,591	12,969	13,346	13,723	10,407
Thurston	42,459	44,534	46,608	48,683	50,757	52,832	54,900	56,967	59,035	61,102	63,170	46,608
Wahkiakum	1,254	1,316	1,379	1,441	1,503	1,565	1,580	1,595	1,611	1,626	1,641	1,379
Walla Walla	10,757	10,819	10,881	10,944	11,006	11,068	11,350	11,632	11,915	12,197	12,479	10,881
Whatcom	33,950	35,688	37,426	39,164	40,902	42,640	44,217	45,794	47,372	48,949	50,526	37,426
Whitman	4,370	4,659	4,948	5,237	5,526	5,815	6,008	6,201	6,395	6,588	6,781	4,948
Yakima	34,088	34,949	35,809	36,670	37,530	38,391	39,475	40,559	41,643	42,727	43,811	35,809

**Source:**  
Self-Report Provider Utilization Surveys for Years 2016-2018  
Vital Statistics Death Data for Years 2016-2018  
Prepared by DOH Program Staff

**Department of Health  
2019-2020 Hospice Numeric Need Methodology  
Death Data - FINAL**

County	0-64			65+		
	2016	2017	2018	2016	2017	2018
ADAMS	34	38	28	92	78	72
ASOTIN	50	49	52	192	190	214
BENTON	352	385	331	1,075	1,081	1,125
CHELAN	123	124	130	535	556	573
CLALLAM	172	180	191	762	842	871
CLARK	781	883	874	2,589	2,579	2,767
COLUMBIA	12	19	6	48	116	43
COWLITZ	290	351	300	863	917	840
DOUGLAS	56	71	51	227	232	255
FERRY	20	30	28	64	60	55
FRANKLIN	115	133	145	242	284	278
GARFIELD	4	6	5	20	17	30
GRANT	191	203	195	479	509	524
GRAYS HARBOR	233	238	227	606	622	647
ISLAND	134	166	135	565	630	675
JEFFERSON	69	69	64	293	308	336
KING	3,204	3,256	3,264	9,766	10,039	9,917
KITSAP	518	485	515	1,704	1,780	1,713
KITTITAS	59	91	68	243	237	239
Klickitat	50	63	58	145	151	158
LEWIS	194	210	227	676	721	730
LINCOLN	26	20	25	102	105	94
MASON	164	169	158	494	550	526
OKANOGAN	110	119	103	303	350	332
PACIFIC	59	88	64	222	262	279
PEND OREILLE	35	34	43	120	133	130
PIERCE	1,883	1,936	1,964	4,751	5,019	4,926
SAN JUAN	36	18	19	126	115	114
SKAGIT	248	271	231	979	1,007	1,001
SKAMANIA	39	16	27	64	65	56
SNOHOMISH	1,440	1,483	1,533	3,857	4,118	4,055
SPOKANE	1,168	1,147	1,177	3,356	3,527	3,556
STEVENS	103	96	113	336	376	373
THURSTON	485	530	554	1,661	1,768	1,823
WAHKIAKUM	10	3	13	39	37	33
WALLA WALLA	123	123	110	485	501	445
WHATCOM	365	367	360	1,353	1,329	1,252
WHITMAN	42	57	66	212	236	199
YAKIMA	560	586	601	1,458	1,471	1,517

**Department of Health**  
**2019-2020 Hospice Numeric Need Methodology**  
**Survey Responses**

Agency Name	License Number	County	Year	0-64	65+
Assured Home Health and Hospice (Central Basin/Assured Hospice)	IHS.FS.60092413	Adams	2016	6	25
Assured Home Health and Hospice (Central Basin/Assured Hospice)	IHS.FS.60092413	Grant	2016	42	176
Assured Home Health and Hospice (Central Basin/Assured Hospice)	IHS.FS.60092413	Lincoln	2016	4	16
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Clallam	2016	6	110
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Jefferson	2016	1	6
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Lewis	2016	25	229
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Mason	2016	3	52
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Thurston	2016	30	240
Astria Home Health and Hospice (Yakima Regional Home Health and Hospice)	IHS.FS.60097245	Yakima	2016	6	88
Central Washington Hospital Home Care Services	IHS.FS.00000250	Chelan	2016	35	305
Central Washington Hospital Home Care Services	IHS.FS.00000250	Douglas	2016	19	97
Community Home Health and Hospice CHHH Community Home Care Hospice	IHS.FS.00000262	Clark	2016	78	364
Community Home Health and Hospice CHHH Community Home Care Hospice	IHS.FS.00000262	Cowlitz	2016	98	583
Community Home Health and Hospice CHHH Community Home Care Hospice	IHS.FS.00000262	Wahkiakum	2016	0	5
Elite Home Health and Hospice	IHS.FS.60384078	Asotin	2016	10	47
Elite Home Health and Hospice	IHS.FS.60384078	Garfield	2016	0	3
Evergreen Health Home Care Services	IHS.FS.00000278	Island	2016	0	7
Evergreen Health Home Care Services	IHS.FS.00000278	King	2016	292	2227
Evergreen Health Home Care Services	IHS.FS.00000278	Snohomish	2016	85	727
Franciscan Hospice	IHS.FS.00000287	King	2016	106	1140
Franciscan Hospice	IHS.FS.00000287	Kitsap	2016	45	486
Franciscan Hospice	IHS.FS.00000287	Pierce	2016	232	2499
Frontier Home Health and Hospice (Okanogan Regional)	IHS.FS.60379608	Douglas	2016	0	5
Frontier Home Health and Hospice (Okanogan Regional)	IHS.FS.60379608	Grant	2016	0	3
Frontier Home Health and Hospice (Okanogan Regional)	IHS.FS.60379608	Okanogan	2016	35	133
Gentiva Hospice (Odyssey Hospice)	IHS.FS.60330209	King	2016	24	346
Harbors Home Health and Hospice	IHS.FS.00000306	Grays Harbor	2016	66	264
Harbors Home Health and Hospice	IHS.FS.00000306	Pacific	2016	15	99
Heart of Hospice	IHS.FS.00000185	Skamania	2016	9	13
Heart of Hospice	IHS.FS.00000185	Klickitat	2016	3	25
Heartlinks Hospice and Palliative Care (Lower Valley Hospice)	IHS.FS.00000369	Benton	2016	4	107
Heartlinks Hospice and Palliative Care (Lower Valley Hospice)	IHS.FS.00000369	Yakima	2016	12	165
Home Health Care of Whidbey General Hospital (Whidbey General)	IHS.FS.00000323	Island	2016	11	99
Homecare and Hospice Southwest (Hospice SW)	IHS.FS.60331226	Clark	2016	168	976
Homecare and Hospice Southwest (Hospice SW)	IHS.FS.60331226	Cowlitz	2016	6	39
Homecare and Hospice Southwest (Hospice SW)	IHS.FS.60331226	Skamania	2016	1	5
Horizon Hospice	IHS.FS.00000332	Spokane	2016	28	350
Hospice of Kitsap County	IHS.FS.00000335	Kitsap	2016	0	0
Hospice of Spokane	IHS.FS.00000337	Ferry	2016	3	18
Hospice of Spokane	IHS.FS.00000337	Lincoln	2016	0	1
Hospice of Spokane	IHS.FS.00000337	Pend Oreille	2016	11	56
Hospice of Spokane	IHS.FS.00000337	Spokane	2016	315	1620
Hospice of Spokane	IHS.FS.00000337	Stevens	2016	13	120
Hospice of Spokane	IHS.FS.00000337	Whitman	2016	0	1
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	Island	2016	13	61
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	San Juan	2016	11	70
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	Skagit	2016	62	591
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	Snohomish	2016	7	96
Jefferson Healthcare Home Health and Hospice (Hospice of Jefferson County)	IHS.FS.00000349	Jefferson	2016	14	114
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Clark	2016	64	397
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Cowlitz	2016	1	23
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Skamania	2016	0	0
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	King	2016	38	567
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	Kitsap	2016	23	119
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	Pierce	2016	39	229
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	Snohomish	2016	6	110
Kindred Hospice (Gentiva Hospice)	IHS.FS.60308060	Spokane	2016	24	206
Kindred Hospice (Gentiva Hospice)	IHS.FS.60308060	Whitman	2016	9	206
Kittitas Valley Home Health and Hospice	IHS.FS.00000320	Kittitas	2016	20	79
Klickitat Valley Home Health & Hospice (Klickitat Valley Health)	IHS.FS.00000361	Klickitat	2016	5	31
Kline Galland Community Based Services	IHS.FS.60103742	King	2016	20	305
Memorial Home Care Services	IHS.FS.00000376	Yakima	2016	161	684
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60639376	King	2016	24	111
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60639377	Kitsap	2016	64	333
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60639378	Pierce	2016	182	673
Providence Hospice (Hospice of the Gorge)	IHS.FS.60201476	Klickitat	2016	22	16
Providence Hospice (Hospice of the Gorge)	IHS.FS.60201476	Skamania	2016	4	17
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Island	2016	8	28
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	King	2016	0	0
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Snohomish	2016	265	1288
Providence Hospice of Seattle	IHS.FS.00000336	King	2016	402	1814
Providence Hospice of Seattle	IHS.FS.00000336	Snohomish	2016	3	7
Providence SoundHomeCare and Hospice	IHS.FS.00000420	Lewis	2016	28	149
Providence SoundHomeCare and Hospice	IHS.FS.00000420	Mason	2016	15	139
Providence SoundHomeCare and Hospice	IHS.FS.00000420	Thurston	2016	102	640
Tri-Cities Chaplaincy	IHS.FS.00000456	Benton	2016	102	644
Tri-Cities Chaplaincy	IHS.FS.00000456	Franklin	2016	16	110
Walla Walla Community Hospice	IHS.FS.60480441	Columbia	2016	0	19
Walla Walla Community Hospice	IHS.FS.60480441	Walla Walla	2016	45	273
Wesley Homes	IHS.FS.60276500	King	2016	0	0



**Department of Health  
2019-2020 Hospice Numeric Need Methodology  
Survey Responses**

Agency Name	License Number	County	Year	0-64	65+
Whatcom Hospice (Peacehealth)	IHS.FS.00000471	Whatcom	2016	122	712
Assured Home Health and Hospice (Central Basin/Assured Hospice)	IHS.FS.60092413	Adams	2017	4	30
Assured Home Health and Hospice (Central Basin/Assured Hospice)	IHS.FS.60092413	Grant	2017	44	209
Assured Home Health and Hospice (Central Basin/Assured Hospice)	IHS.FS.60092413	Lincoln	2017	3	22
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Clallam	2017	14	143
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Jefferson	2017	1	14
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Lewis	2017	17	257
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Mason	2017	8	43
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Thurston	2017	39	235
Astria Home Health and Hospice (Yakima Regional Home Health and Hospice)	IHS.FS.60097245	Yakima	2017	11	48
Central Washington Hospital Home Care Services	IHS.FS.00000250	Chelan	2017	44	319
Central Washington Hospital Home Care Services	IHS.FS.00000250	Douglas	2017	18	119
Community Home Health and Hospice CHHH Community Home Care Hospice	IHS.FS.00000262	Clark	2017	67	419
Community Home Health and Hospice CHHH Community Home Care Hospice	IHS.FS.00000262	Cowlitz	2017	116	630
Community Home Health and Hospice CHHH Community Home Care Hospice	IHS.FS.00000262	Wahkiakum	2017	1	4
Elite Home Health and Hospice	IHS.FS.60384078	Asotin	2017	7	85
Elite Home Health and Hospice	IHS.FS.60384078	Garfield	2017	1	1
Evergreen Health Home Care Services	IHS.FS.00000278	Island	2017	0	7
Evergreen Health Home Care Services	IHS.FS.00000278	King	2017	272	2393
Evergreen Health Home Care Services	IHS.FS.00000278	Snohomish	2017	82	478
Franciscan Hospice	IHS.FS.00000287	King	2017	90	1115
Franciscan Hospice	IHS.FS.00000287	Kitsap	2017	64	796
Franciscan Hospice	IHS.FS.00000287	Pierce	2017	181	2242
Frontier Home Health and Hospice (Okanogan Regional)	IHS.FS.60379608	Douglas	2017	1	10
Frontier Home Health and Hospice (Okanogan Regional)	IHS.FS.60379608	Grant	2017	0	7
Frontier Home Health and Hospice (Okanogan Regional)	IHS.FS.60379608	Okanogan	2017	34	132
Gentiva Hospice (Odyssey Hospice)	IHS.FS.60330209	King	2017	14	375
Harbors Home Health and Hospice	IHS.FS.00000306	Grays Harbor	2017	72	292
Harbors Home Health and Hospice	IHS.FS.00000306	Pacific	2017	17	106
Heart of Hospice	IHS.FS.00000185	Skamania	2017	2	11
Heart of Hospice	IHS.FS.00000185	Klickitat	2017	1	20
Heartlinks Hospice and Palliative Care (Lower Valley Hospice)	IHS.FS.00000369	Benton	2017	12	130
Heartlinks Hospice and Palliative Care (Lower Valley Hospice)	IHS.FS.00000369	Yakima	2017	28	197
Home Health Care of Whidbey General Hospital (Whidbey General)	IHS.FS.00000323	Island	2017	21	248
Homecare and Hospice Southwest (Hospice SW)	IHS.FS.60331226	Clark	2017	165	1064
Homecare and Hospice Southwest (Hospice SW)	IHS.FS.60331226	Cowlitz	2017	7	47
Homecare and Hospice Southwest (Hospice SW)	IHS.FS.60331226	Skamania	2017	0	0
Horizon Hospice	IHS.FS.00000332	Spokane	2017	35	420
Hospice of Kitsap County	IHS.FS.00000335	Kitsap	2017	0	0
Hospice of Spokane	IHS.FS.00000337	Ferry	2017	7	37
Hospice of Spokane	IHS.FS.00000337	Lincoln	2017	0	0
Hospice of Spokane	IHS.FS.00000337	Pend Oreille	2017	8	55
Hospice of Spokane	IHS.FS.00000337	Spokane	2017	340	1722
Hospice of Spokane	IHS.FS.00000337	Stevens	2017	25	128
Hospice of Spokane	IHS.FS.00000337	Whitman	2017	0	1
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	Island	2017	11	77
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	San Juan	2017	3	70
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	Skagit	2017	61	616
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	Snohomish	2017	7	83
Jefferson Healthcare Home Health and Hospice (Hospice of Jefferson County)	IHS.FS.00000349	Jefferson	2017	13	153
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Clark	2017	50	415
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Cowlitz	2017	1	18
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Skamania	2017	0	0
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	King	2017	38	487
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	Kitsap	2017	7	107
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	Pierce	2017	27	189
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	Snohomish	2017	2	68
Kindred Hospice (Gentiva Hospice)	IHS.FS.60308060	Spokane	2017	22	325
Kindred Hospice (Gentiva Hospice)	IHS.FS.60308060	Whitman	2017	29	247
Kittitas Valley Home Health and Hospice	IHS.FS.00000320	Kittitas	2017	46	134
Klickitat Valley Home Health & Hospice (Klickitat Valley Health)	IHS.FS.00000361	Klickitat	2017	11	33
Kline Galland Community Based Services	IHS.FS.60103742	King	2017	13	301
Memorial Home Care Services	IHS.FS.00000376	Yakima	2017	149	717
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60639376	King	2017	42	149
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60639377	Kitsap	2017	33	253
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60639378	Pierce	2017	211	925
Providence Hospice (Hospice of the Gorge)	IHS.FS.60201476	Klickitat	2017	5	29
Providence Hospice (Hospice of the Gorge)	IHS.FS.60201476	Skamania	2017	2	10
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Island	2017	3	32
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	King	2017	5	14
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Snohomish	2017	238	1440
Providence Hospice of Seattle	IHS.FS.00000336	King	2017	387	1888
Providence Hospice of Seattle	IHS.FS.00000336	Snohomish	2017	10	15
Providence SoundHomeCare and Hospice	IHS.FS.00000420	Lewis	2017	28	163
Providence SoundHomeCare and Hospice	IHS.FS.00000420	Mason	2017	26	189
Providence SoundHomeCare and Hospice	IHS.FS.00000420	Thurston	2017	105	664
Tri-Cities Chaplaincy	IHS.FS.00000456	Benton	2017	98	745
Tri-Cities Chaplaincy	IHS.FS.00000456	Franklin	2017	15	122
Walla Walla Community Hospice	IHS.FS.60480441	Columbia	2017	1	17
Walla Walla Community Hospice	IHS.FS.60480441	Walla Walla	2017	45	276

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Agency Name	License Number	County	Year	0-64	65+
Wesley Homes	IHS.FS.60276500	King	2017		17
Whatcom Hospice (Peacehealth)	IHS.FS.00000471	Whatcom	2017	139	766
Assured Home Health and Hospice (Central Basin/Assured Hospice)	IHS.FS.60092413	Adams	2018	6	34
Assured Home Health and Hospice (Central Basin/Assured Hospice)	IHS.FS.60092413	Grant	2018	40	254
Assured Home Health and Hospice (Central Basin/Assured Hospice)	IHS.FS.60092413	Lincoln	2018	6	28
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Clallam	2018	16	186
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Jefferson	2018	1	11
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Lewis	2018	35	280
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Mason	2018	4	44
Assured Home Health, Hospice & Home Care	IHS.FS.00000229	Thurston	2018	24	273
Astria Home Health and Hospice (Yakima Regional Home Health and Hospice)	IHS.FS.60097245	Yakima	2018	41	8
Central Washington Hospital Home Care Services	IHS.FS.00000250	Chelan	2018	34	386
Central Washington Hospital Home Care Services	IHS.FS.00000250	Douglas	2018	10	133
Community Home Health and Hospice CHHH Community Home Care Hospice	IHS.FS.00000262	Clark	2018	54	383
Community Home Health and Hospice CHHH Community Home Care Hospice	IHS.FS.00000262	Cowlitz	2018	87	524
Community Home Health and Hospice CHHH Community Home Care Hospice	IHS.FS.00000262	Wahkiakum	2018	2	5
Elite Home Health and Hospice	IHS.FS.60384078	Asotin	2018	6	121
Elite Home Health and Hospice	IHS.FS.60384078	Garfield	2018	1	2
Evergreen Health Home Care Services	IHS.FS.00000278	Island	2018	1	9
Evergreen Health Home Care Services	IHS.FS.00000278	King	2018	348	1989
Evergreen Health Home Care Services	IHS.FS.00000278	Snohomish	2018	79	690
Franciscan Hospice	IHS.FS.00000287	King	2018	102	921
Franciscan Hospice	IHS.FS.00000287	Kitsap	2018	141	693
Franciscan Hospice	IHS.FS.00000287	Pierce	2018	331	2110
Frontier Home Health and Hospice (Okanogan Regional)	IHS.FS.60379608	Douglas	2018	0	3
Frontier Home Health and Hospice (Okanogan Regional)	IHS.FS.60379608	Grant	2018	1	7
Frontier Home Health and Hospice (Okanogan Regional)	IHS.FS.60379608	Okanogan	2018	21	148
Gentiva Hospice (Odyssey Hospice)	IHS.FS.60330209	King	2018	37	180
Harbors Home Health and Hospice	IHS.FS.00000306	Grays Harbor	2018	35	180
Harbors Home Health and Hospice	IHS.FS.00000306	Pacific	2018	13	71
Heart of Hospice	IHS.FS.00000185	Skamania	2018	0	10
Heart of Hospice	IHS.FS.00000185	Klickitat	2018	1	23
Heartlinks Hospice and Palliative Care (Lower Valley Hospice)	IHS.FS.00000369	Benton	2018	6	137
Heartlinks Hospice and Palliative Care (Lower Valley Hospice)	IHS.FS.00000369	Yakima	2018	24	219
Home Health Care of Whidbey General Hospital (Whidbey General)	IHS.FS.00000323	Island	2018	20	235
Homecare and Hospice Southwest (Hospice SW)	IHS.FS.60331226	Clark	2018	243	1305
Homecare and Hospice Southwest (Hospice SW)	IHS.FS.60331226	Cowlitz	2018	20	76
Homecare and Hospice Southwest (Hospice SW)	IHS.FS.60331226	Skamania	2018	1	1
Horizon Hospice	IHS.FS.00000332	Spokane	2018	31	389
Hospice of Kitsap County	IHS.FS.00000335	Kitsap	2018	0	0
Hospice of Spokane	IHS.FS.00000337	Ferry	2018	6	29
Hospice of Spokane	IHS.FS.00000337	Lincoln	2018	1	1
Hospice of Spokane	IHS.FS.00000337	Pend Oreille	2018	8	53
Hospice of Spokane	IHS.FS.00000337	Spokane	2018	346	1593
Hospice of Spokane	IHS.FS.00000337	Stevens	2018	30	121
Hospice of Spokane	IHS.FS.00000337	Whitman	2018	none reported	none reported
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	Island	2018	6	60
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	San Juan	2018	6	79
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	Skagit	2018	48	680
Hospice of the Northwest (Skagit Hospice Service)	IHS.FS.00000437	Snohomish	2018	2	67
Jefferson Healthcare Home Health and Hospice (Hospice of Jefferson County)	IHS.FS.00000349	Jefferson	2018	20	144
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Clark	2018	39	436
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Cowlitz	2018	none reported	none reported
Kaiser Permanente Continuing Care Services	IHS.FS.00000353	Skamania	2018	none reported	none reported
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	King	2018	25	416
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	Kitsap	2018	14	96
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	Pierce	2018	35	198
Kaiser Permanente Home Health and Hospice (Group Health)	IHS.FS.00000305	Snohomish	2018	14	94
Kindred Hospice (Gentiva Hospice)	IHS.FS.60308060	Spokane	2018	23	265.5
Kindred Hospice (Gentiva Hospice)	IHS.FS.60308060	Whitman	2018	19	226.5
Kittitas Valley Home Health and Hospice	IHS.FS.00000320	Kittitas	2018	15	135
Klickitat Valley Home Health & Hospice (Klickitat Valley Health)	IHS.FS.00000361	Klickitat	2018	5	40
Kline Galland Community Based Services	IHS.FS.60103742	King	2018	29	368
Memorial Home Care Services	IHS.FS.00000376	Yakima	2018	183	750
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60639376	King	2018	32	158
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60639377	Kitsap	2018	25	232
MultiCare Home Health, Hospice and Palliative Care	IHS.FS.60639378	Pierce	2018	177	867
Providence Hospice (Hospice of the Gorge)	IHS.FS.60201476	Klickitat	2018	4	18
Providence Hospice (Hospice of the Gorge)	IHS.FS.60201476	Skamania	2018	1	9
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Island	2018	11	44
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	King	2018	none reported	none reported
Providence Hospice and Home Care of Snohomish County	IHS.FS.00000418	Snohomish	2018	316	1772
Providence Hospice of Seattle	IHS.FS.00000336	King	2018	407	1959
Providence Hospice of Seattle	IHS.FS.00000336	Snohomish	2018	11	13
Providence SoundHomeCare and Hospice	IHS.FS.00000420	Lewis	2018	21	884
Providence SoundHomeCare and Hospice	IHS.FS.00000420	Mason	2018	10	117
Providence SoundHomeCare and Hospice	IHS.FS.00000420	Thurston	2018	90	663
Tri-Cities Chaplaincy	IHS.FS.00000456	Benton	2018	112	750
Tri-Cities Chaplaincy	IHS.FS.00000456	Franklin	2018	30	155
Walla Walla Community Hospice	IHS.FS.60480441	Columbia	2018	1	23

Source:  
Self-Report Provider Utilization Surveys for Years 2016-2018  
Vital Statistics Death Data for Years 2016-2018  
Prepared by DOH Program Staff

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Agency Name	License Number	County	Year	0-64	65+
Walla Walla Community Hospice	IHS.FS.60480441	Walla Walla	2018	24	227
Wesley Homes	IHS.FS.60276500	King	2018	29	368
Whatcom Hospice (Peacehealth)	IHS.FS.00000471	Whatcom	2018	117	770
IRREGULAR-COMMUNITY HOME HEALTH & HOSPICE	IHS.FS.00000262	Pacific	2018	0	1
IRREGULAR-MULTICARE	IHS.FS.60639376	Clallam	2018	0	1

Note: Kindred Hospice in Whitman and Spokane Counties did not respond to the department's survey. As a result, the average of 2016 and 2017 data was used as a proxy for 2018.