



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

August 30, 2012

CERTIFIED MAIL # 7011 1570 0002 7808 7327

Victor Ometu, Administrator
VOTO Health Care, Inc.
1213 – 68th Loop Southeast
Auburn, Washington 98092

Re: CN #12-30

Dear Mr. Ometu:

We have completed our review of the Certificate of Need application submitted by VOTO Health Care, Inc. proposing to establish a Medicare certified and Medicaid eligible home health agency to serve King County. Enclosed is a written evaluation of the application. For the reasons stated in this evaluation, the application submitted is consistent with applicable criteria of the Certificate of Need Program, provided VOTO Health Care, Inc. agrees to the following in its entirety.

Project Description:

This certificate approves the establishment of a Medicare certified and Medicaid eligible home health agency in King County. Home health services to be provided directly by the home health agency includes skilled nursing, occupational therapy, and home health aide. Contracted services include physical and speech therapies, and medical social services. Both Medicare and Medicaid patients will be served by the home health agency.

Conditions:

1. VOTO Health Care, Inc. agrees with the project description stated above. VOTO Health Care, 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. VOTO Health Care, Inc.'s Medicare certified and Medicaid eligible home health agency shall be available to provide home health services to all residents of King County.
3. Before commencement of the project, VOTO Health Care, Inc. will provide to the department for review and approval an executed Medical Director Agreement. The executed Medical Director Agreement must be consistent with the draft agreement provided in the application.



Victor Ometu, Administrator
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Approved Costs:

There is no capital expenditure associated with this project.

You have two options, either accept or reject the above in its entirety. If you accept the above in its entirety, your application will be approved and a Certificate of Need sent to you. If you reject any provision of the above, you must identify that provision, and your application will be denied because approval would not be consistent with applicable Certificate of Need review criteria. Please notify the Department of Health within 20 days of the date of this letter whether you accept the above in its entirety. Your written response should be sent to the Certificate of Need Program, at one of the following addresses.

Mailing Address:

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

Other Than By Mail:

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

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

Sincerely,



Steven M. Saxe, FACHE
Director, Health Professions and Facilities

Enclosure

cc: Department of Health, Investigations and Inspections Office
Lisa Grundl, Health Facilities Planning and Development

**EVALUATION DATED AUGUST 30, 2012, OF THE CERTIFICATE OF NEED
APPLICATION SUBMITTED BY VOTO HEALTH CARE, INC PROPOSING TO
ESTABLISH A MEDICARE CERTIFIED AND MEDICAID ELIGIBLE HOME HEALTH
AGENCY IN KING COUNTY**

APPLICANT DESCRIPTION

VOTO Health Care, Inc. (VOTO) is a for-profit corporation currently located at 1213 – 68th Loop Southeast in the city of Auburn, within King County. VOTO is owned by the following five individuals, each with 20% ownership.

Name	Role/Title
Victor Ometu	President
Samuel Ezeonwu	Vice President
Florence Nabagenyi	Treasurer
Frederick Egwuatu	Secretary
Anthony Okpara	Board of Director Chairperson

VOTO does not own or operate any other healthcare facilities in Washington State. As of the writing of this evaluation, VOTO is in the process of establishing a home health agency in Portland, Oregon.¹
[source: Application, pp1-2, p3]

VOTO obtained Washington State home health licensure from the Department of Health in year 2007, and continued to provide home health services through year 2010. In 2010, VOTO elected to stop accepting new admissions to its licensed only home health agency and focus its efforts on the development of a Medicare certified and Medicaid eligible agency for King County. Within this application, VOTO stated that it would again provide licensed only home health services in King County in approximately in June 2012. VOTO was on the schedule for a Joint Commission survey of its home health agency in June. [source: May 7, 2012, supplemental information, p2]

PROJECT DESCRIPTION

VOTO proposes to establish a Medicare certified and Medicaid eligible home health agency in King County.² If this project is approved, VOTO will relocate its agency to a new site at 5211 Olive Avenue Southeast in Auburn, within King County. The agency would operate under the name of VOTO Health Care, Inc. [source: Application, p1]

Home health services to be provided include skilled nursing, occupational therapy, and home health aide. VOTO intends to provide physical therapy, speech therapy, and medical social services under contract with a local provider. [source: Application, p6]

¹ VOTO expects to obtain Oregon State licensure and Medicare/Medicaid approval by the end of calendar year 2012. [source: May 7, 2012, supplemental information, p1]

² A Medicare certified home health agency is also Medicaid eligible, therefore, this evaluation will refer to the proposed agency as Medicare certified with the understating it will also obtain a Medicaid contract. Home health agencies that are not Medicare certified will be referred to as 'licensed only.'

Since VOTO had been providing licensed only home health services from years 2007 through 2010 and expects to be providing 'licensed only' home health services again in June 2012, there is no new equipment to be purchased for this project. As a result, VOTO identifies its estimated capital expenditure at zero. [source: Application, p6 & p18]

If this project is approved, VOTO anticipates commencement and completion by the end of year 2012. Under this timeline, while the agency would become operational as a licensed only agency in year 2012, year 2013 would be the facility's first full calendar year of operation with Medicare certification. [source: Application, p7]

APPLICABILITY OF CERTIFICATE OF NEED LAW

This project is subject to Certificate of Need review as the establishment of a new healthcare facility under the provisions of Revised Code of Washington (RCW) 70.38.105(4)(a) and Washington Administrative Code (WAC) 246-310-020(1)(a).

CRITERIA EVALUATION

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

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

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

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

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

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

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

WAC 246-310 does not contain service or facility specific criteria for home health projects. 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); and 246-310-240 (cost containment).³ Consistent with WAC 246-310-200(2)(b), the home health agency projection methodology and standards found in the 1987 State Health Plan, Volume II, Section (4)(d) is used to assist in the evaluation of home health applications.

APPLICATION CHRONOLOGY

Applications for home health agencies are not submitted under a published concurrent review cycle. A chronologic summary of the review for this application is shown below.

Action	VOTO Health Care, Inc.
Letter of Intent Submitted	December 15, 2012
Application Submitted	April 2, 2012
Department's pre-review activities including screening and responses	April 3, 2012, to May 10, 2012
Beginning of Review	May 11, 2012
End of Public Comment/No Public Hearing Conducted	June 15, 2012
Rebuttal Comments Received	July 2, 2012
Department's Anticipated Decision Date	August 16, 2012
Department's Actual Decision Date	August 30, 2012

AFFECTED PERSONS

Washington Administrative Code 246-310-010(2) defines 'affected person' as:

"...an interested person who:

- (a) Is located or resides in the applicant's health service area;*
- (b) Testified at a public hearing or submitted written evidence; and*
- (c) Requested in writing to be informed of the department's decision."*

During the review of this project, no entities sought or received affected person status.

SOURCE INFORMATION REVIEWED

- VOTO Health Care, Inc.'s Certificate of Need application submitted April 2, 2012
- VOTO Health Care, Inc.'s supplemental information received May 7, 2012 and May 21, 2012
- Public comment received during the course of the review
- VOTO Health Care, Inc.'s rebuttal documents received July 2, 2012
- Licensing and/or survey data provided by the Department of Health's Investigations and Inspections Office
- Office of Financial Management population data released May 2012
- Certificate of Need historical files

³ Each criterion contains certain sub-criteria. The following sub-criteria are not discussed in this evaluation because they are not relevant to this project: WAC 246-310-210(3), (4), (5), and (6); WAC 246-310-220(3); and WAC 246-310-240(2).

CONCLUSION

For the reasons stated in this evaluation, the application submitted by VOTO Health Care, Inc. proposing to establish a new Medicare certified home health agency to serve the residents of King County is consistent with the applicable criteria of the Certificate of Need Program, provided VOTO Health Care, Inc. agrees to the following in its entirety.

Project Description:

This certificate approves the establishment of a Medicare certified and Medicaid eligible home health agency in King County. Home health services to be provided directly by the home health agency includes skilled nursing, occupational therapy, and home health aide. Contracted services include physical and speech therapies, and medical social services.

Conditions:

1. VOTO Health Care, Inc. agrees with the project description stated above. VOTO Health Care, 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. VOTO Health Care, Inc.'s Medicare certified and Medicaid eligible home health agency shall be available to provide home health services to all residents of King County.
3. Before commencement of the project, VOTO Health Care, Inc. will provide to the department for review and approval an executed Medical Director Agreement. The executed Medical Director Agreement must be consistent with the draft agreement provided in the application.

Approved Costs:

There is no capital expenditure associated with this project.

A. Need (WAC 246-310-210) and Home Health Need Method (SHP)

Based on the source information reviewed and provided the applicant agrees to the conditions identified in the 'conclusion' section of this evaluation, the department concludes that VOTO Health Care, Inc.'s project has met the need criteria in WAC 246-310-210(1) and (2) and the home health agency methodology and standards outlined in the 1987 State Health Plan, Volume II, Section (4)(d).

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

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

Home Health Numeric Methodology-1987 SHP

The SHP methodology is a multiple step process that projects the number of home health visits in a planning area. The method uses the following elements:

- projected population of the planning area, broken down by age groups [0-64; 65-79; & 80+];
- estimated home health use rates per age group; and
- the number of visits per age group.

The total projected number of visits is then divided by 10,000, which is considered the 'target minimum operating volume' for a home health agency. The resulting number represents the maximum projected number of agencies needed in a planning area. The SHP states fractions are rounded down to the nearest whole number. [source: SHP, pB-35]

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

VOTO Health Care, Inc.'s Numeric Methodology

On March 15, 2012, the department released a Certificate of Need evaluation for an application proposing to establish a Medicare certified home health agency in King County. Within that decision, the department included its application of the home health numeric methodology. For this project, VOTO restated the department's numeric methodology that concluded need for an additional seven home health providers in year 2012; the need increases to eight in year 2014.

The next portion of this evaluation will focus on the department's application of the numeric methodology.

Department's Numeric Methodology

The department used the SHP methodology to assist in determining need for home health agencies in King County. According to department records, there are a total 45 providers of healthcare services to the residents of King County.

The next step is to determine the whether the agencies are considered either licensed only or Medicare certified home health agencies. On May 24, 2012, the department sent a utilization survey to all 45 agencies. The survey requested specific information related to the provision of home health services in King County. Six surveys were returned unopened/undeliverable. For those agencies, the department concluded they were no longer in business in Washington State, and they are not counted as available home health agencies.⁴

For the remaining 39 providers, the department determined 3 agencies do not provide home health services based on either the provider's response to the utilization survey or a review of the provider's website.⁵

For the remaining 36 providers, the department determined that they provide home health services, either Medicare certified or licensed only, to residents of King County. For some providers, services are provided to a select age group. Examples of this are Children's Country Home who provides services to pediatric patients only; and Home Health Care Services-Timber Ridge, a licensed only agency that provides home health services to only residents of the Type A CCRC nursing home. While both of these examples are a select group, the numeric methodology includes both pediatric patients and residents of a CCRC, so the two providers in the example should appropriately be counted. The table on the following page only the 36 home health agencies that will be counted in the department's numeric methodology.

⁴ The six providers are Community Home Health and Palliative Care, EKL Health, Family Best Care, Health Empowerment, Home Care Assistance, and Renton In Home Services.

⁵ The three providers are: Estelita Su Homecare, Providence Elder Care, and Chesterfield Health Services., Inc.

**Table 1
Health Care Agencies Serving King County**

Name	City Location	Medicare Certified
Alpha Life Plus	Bellevue	No
American Healthcare Services	Seattle	No
Amicable Health Care	Woodinville	No
Andelcare	Bellevue	No
Ashley House/Enumclaw	Enumclaw	No
Blossom Health Care	Kent	No
BrightStar Healthcare	Bellevue	No
Children's Country Home	Woodinville	No
Family Resource Home Care	Seattle	No
Fedelta Care Solutions	Seattle	No
Health People	Bellevue	No
Home Health Care Services-Timber Ridge	Issaquah	No
Kays Home Health Services	Covington	No
Maxim Healthcare Services / 2branches	Bellevue / Mercer Isl.	No
New Care Concepts	Seattle	No
Right at Home	Seattle	No
Seattle Children's Hospital HC Services	Bothell	No
Visions Home Health Care	Kirkland	No
VOTO Health Care (the applicant)	Auburn	No
Walgreens Infusion and Respiratory Services	Tukwila	No
Wilderness Shores	Maple Valley	No
Amenity Home Health Care	Seattle	Yes
Brookdale Senior Living	Federal Way	Yes
Careage Home Health	Bellevue	Yes
Evergreen Home Health and Hospice	Kirkland	Yes
Franciscan Home Health	Tacoma	Yes
Gentiva Health Services	Kent	Yes
Group Health Home Health and Hospice	Seattle	Yes
Harvard Partners	Kirkland	Yes
Highline Home Care Services	Tukwila	Yes
Kline Galland Home Health	Seattle	Yes
MultiCare Health System	Tacoma	Yes
Providence Home Services	Renton	Yes
Sea Mar Community Health Centers	Seattle	Yes
Signature Home Health	Bellevue	Yes
Wesley Homes Community Health Services	Des Moines	Yes

A summary of the department's methodology is presented below. Appendix A attached to this evaluation shows the complete methodology.

Table 2
Summary of Department of Health
King County Home Health Need Projection

	2013	2014	2015
Total Number of Patient Visits	438,812.07	445,667.66	452,527.66
Divided by 10,000	43.88	44.57	45.25
Rounded Down	43	44	45
Existing Number of Agencies	36	36	36
Net Need	7	8	9

As shown in the table above, need for an additional seven home health providers is projected in year 2013, which increases to nine in year 2015. No public comments were submitted for this sub-criterion.

Based solely on the numeric methodology, need for an additional home health agency is demonstrated.

As required under WAC 246-310-210(1), an applicant must also demonstrate that the existing providers are not available or accessible to meet the projected need. To complement its need methodology, VOTO provided the key factors that it believes contribute to a demonstration that the existing providers may not be accessible to meet the projected need in King County. [source: May 7, 2012, supplemental information, pp6-7] An excerpt of VOTO's rationale is restated below.

"...in its March 15, 2012, CN decision approving the Kline Galland proposal to establish a Medicare certified home health agency in King County, the department analyzed the ability of existing providers to meet community need and concluded that existing providers at their current capacity will not be sufficiently available to meet the projected need. Since that decision, the department has released another decision on April 23, 2012. This decision also makes the same statement related to the existing providers. Both decisions were reached after taking into account the capacity of the existing providers in the planning area, including VOTO Health Care, and subtracting the projected number of agencies and visits. In both instances, VOTO Health Care was identified as a licensed only agency providing 10,000 visits per year. Even with all of the volume, the department determined that there is still as many as 69,000 visits in year 2013 that would still be un-served."

No public comments were submitted for this sub-criterion.

Department's Evaluation

To assist in its evaluation of the availability of the existing providers, the department reviewed capacity and current patient volumes for the home health providers in the planning area. The department identified a total of 36 home health providers serving King County. Of the 36 providers, 21 are "licensed only" agencies and 15 are Medicare certified agencies. On May 24, 2012, the department sent a utilization survey to the 36 agencies requesting 2011 home health utilization data, average daily census, and maximum capacity. Of the 36 surveys, responses were

received from 3 home health providers.⁶ Two of the responses concluded that their agency was not a home health agency.⁷ The table below is a summary of the remaining one survey response received by the department.

Table 3
Summary King County Home Health Patients and Visits for Year 2010

Name	Medicare Certified	# of Patients for Full Capacity	ADC	Average # of visits/pt	Maximum Capacity⁸
Careage Home Health	Yes	200 pts	150	12-15	2,250 pts

The department recognizes that this utilization survey return rate is abysmal. Another approach that can be used to determine whether existing providers would be available and accessible to meet the projected need is to assume that all 36 agencies operating in King County are providing at least 10,000 visits annually. Since only one of the 36 agencies provided a response to the utilization survey, it is difficult to determine the exact number of visits for any of the remaining agencies.

Using the baseline that all 36 agencies are providing 10,000 visits per year, the department subtracted 360,000 visits from the projections. The remainder is the un-served number of visits shown by year.

Table 4
Estimated Un-Services Visits for Years 2012 through 2014

Year	SHP Projected Number of Visits	Minus Existing Agency Visits	Un-served # of Visits
2013	438,812	360,000	(78,812)
2014	445,668	360,000	(85,668)
2015	452,528	360,000	(95,528)

The conclusions above assume all 36 agencies are providing 10,000 visits per year, and would continue to provide at least the same number of visits in year 2013, 2014, and 2015. Under this assumption, there are a projected 78,812 un-served visits in year 2013, increasing to 95,528 by the end of year 2015. Since VOTO is included in the 36 existing agencies, it is also assumed to be providing 10,000 visits in years 2013 through 2015.

Since January 2012, the department has issued three Certificates of Need approving three separate providers for establishment of an additional Medicare certified home health agencies in King County.⁹ The table above also assumes each of these three agencies would provide 10,000 visits in year 2012 through 2015. This approach demonstrates that the existing home health agencies could continue increasing patients and visits even with additional Medicare certified providers in the planning area.

⁶ When an agency does not return a utilization survey, the department concludes that agency has made the determination that the proposed project will either not impact them or any impact the proposed new agency will have is not significant.

⁷ The two facilities that provided the self-determination that they are not a home health agency are Providence Elder Place and Chesterfield Services.

⁸ Maximum capacity in this table is calculated by multiplying the number of home health patients considered to be full capacity [question #6] by the average number of visits per patient [question #8].

⁹ CN #1466 issued to Kline Galland Home Health on April 2, 2012; CN #1471 issued to Franciscan Home Health on May 7, 2012, and CN #1479 issued to Brookdale Senior Living on June 19, 2012.

Based on the department's evaluation the department concludes that existing providers at their current capacity will not be sufficiently available to meet the projected need. **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.

According to the department's internal data base, VOTO obtained state licensure for its home health agency effective June 1, 2012. As a result, VOTO currently provides licensed only home health services to the residents of King County. To determine whether all residents of the service area would have access to the proposed home health services, the department requires applicants to provide a copy of its current or proposed admission policy. 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 any assurances regarding access to treatment.

VOTO provided a copy of the Admission Policy currently used for the licensed only agency. The Admission Policy includes the necessary language to demonstrate that all residents of the service area would have access to VOTO's home health services. [source: May 7, 2012, supplemental information, Attachment 2]

To determine whether the elderly would have access or continue to have access to the proposed services, the department uses Medicare certification as the measure to make that determination.

As a licensed only agency, VOTO does not currently provide services to Medicare eligible patients. For this project, a review of the policies demonstrates VOTO's intent to begin providing these services. Additionally, data provided in the application identifies the facility's financial pro forma includes Medicare revenues. VOTO provided the expected sources of revenue for the home health agency, which includes approximately 70% Medicare. [source: May 7, 2012, supplemental information, p6 and Attachments 2 & 3]

To determine whether low-income residents would have access to the proposed services, the department uses the facility's Medicaid eligibility or contracting with Medicaid as the measure to make that determination.

VOTO does not currently provide services to Medicaid eligible patients. For this project, a review of the policies demonstrates VOTO's intent to begin providing these services. Data provided in the application identifies the facility's financial pro forma includes Medicaid revenues. VOTO provided the expected sources of revenue for the home health agency, which includes approximately 8% Medicaid. [source: May 7, 2012, supplemental information, p6 and Attachments 2 & 3]

A facility's charity care policy should confirm that all residents of the service area including low-income, racial and ethnic minorities, handicapped and other underserved groups have, or would have, access to healthcare services of the applicant. The policy should also include the process one must use to access charity care at the facility.

VOTO provided a copy of its Charity Care Policy that is used for the licensed only home health agency. The policy includes the necessary language to demonstrate that all residents of the service area including low-income, racial and ethnic minorities, handicapped and other underserved groups have, or would have, access to VOTO's charity care. The policy outlines the process a patient must use to access charity care. Additionally, VOTO included charity care as a deduction from revenue within its pro forma financial statements. [source: May 7, 2012, supplemental information, Attachment 3 and May 21, 2012, supplemental information, Attachment 3]

No public comments were submitted for this sub-criterion.

Department's Evaluation

As an existing licensed only home health provide, VOTO has all of its policies and procedures in place to provide services in King County. Additionally, VOTO's financial information confirms the agency's intent to offer services to all residents of the service area. If this project is approved, to ensure that VOTO would be available to all residents of the service area, the department would attach a condition requiring this availability. Provided that the applicant agrees to the availability condition, the department concludes that all residents of the service area would have access to the proposed home health services. **This sub-criterion is met.**

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

Based on the source information reviewed and provided that the applicant agrees to the conditions identified in the 'conclusion' section of this evaluation, the department concludes that VOTO Health Care, Inc.'s project has met the financial feasibility criteria in WAC 246-310-220.

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

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

To evaluate this sub-criterion, the department first reviewed the assumptions used by VOTO to determine the projected number of patients and patient days it would serve for King County. Since VOTO provided licensed only home health services in King County for approximately 3 years then ceased providing those services to focus on obtaining Medicare certification, VOTO hired Margaret Shepherd, a former home health agency owner turned consultant, to assist with determining patient and patient day projections. The consultant advised VOTO to keep the number of patients and visits projections conservative to ensure that the agency would be financially stable during the start up phase. VOTO's assumptions are summarized below. [source: May 7, 2012, supplemental information, pp5-6]

- The projected number of unduplicated patients was determined based on the requirements for admission under Medicare Conditions of Participation and historical visit data for existing King County home health agencies.

- VOTO calculated it would serve an average of 13.5 patients per month in the first year. This number is consistent with the number of patients VOTO served for the 3 years it provided licensed only home health services. The 13.5 patients per month resulted in approximately 161 patients in year one.
- VOTO assumed a 20% growth in years 2 and 3 based on the additional Medicare and Medicaid patients that would be served.
- Based on VOTO's review of the department's recent home health agency approvals, VOTO calculated the projected number of visits per patient to be 15.
- Using its 3-year history as a licensed only agency in King County, VOTO provided a percentage breakdown of patients by discipline.
 - Skilled nursing at 45%
 - Speech, physical, and occupational therapies at 43%
 - Home health aide services at 10%
 - Medical social services at 2%
- Using its 3-year history, VOTO projected its average daily visits to be 6.6 in year one, 7.9 in year two, and 9.5 in year three.

If approved, VOTO anticipates commencement and completion by the end of year 2012. Under this timeline, year 2013 would be the facility's first full calendar year of operation and 2015 would be year three. VOTO's projected its patients and patient days, revenue, expenses, and net income per patient visit using calendar years. The table below shows the projected patients and patient days for calendar years one through three. [source: May 7, 2012, supplemental information, p6]

**Table 5
Calendar Years 2013 through 2015
Projected Patients and Patient Days**

	Year 2013	Year 2014	Year 2015
# of Patients	161	193	232
# of Visits Per Patient	15	15	15
# of Home Health Visits Per Fiscal Year	2,415	2,895	3,480
Average Daily Visits	6.6	7.9	9.5

The department compared VOTO's 15 projected number of visits per patient with the average number of visits for the eight of the 14 Medicare certified home health agencies identified in Table 2 of this evaluation.¹⁰ The average number of visits per patient for those agencies is 13.5. Based on this comparison, the department concludes that the assumptions relied on by VOTO to project its projected patients and patient days—including its projected number of visits—are reasonable.

VOTO used its projected patients and patient days shown in the table above to prepare its pro-forma income statements for the proposed home health agency. The assumptions used by VOTO as the basis for projecting its revenues and expenses are summarized below. [source: May 7, 2012 supplemental information, p11]

¹⁰ The department's comparison was based on 2010 utilization data provided by eight agencies during its recent review of three home health projects in King County. This data was used because the department received only one response to its May 2012 request for 2011 utilization data during the review of this application.

- Expenses include costs related to patient care, such as wages for nursing, therapies, home health aides, and medical supplies.
- Expenses also include all costs not associated with direct patient care, which includes administrator, director of nursing, medical director, case managers and all clerical staff.
- Employee benefits and payroll taxes are computed at 20% of salaries
- Travel costs are computed at \$0.555/mile.
- Lease costs, medical director costs, and utilities, are based on existing contracts/agreements or existing expenses
- Other expenses include advertising, taxes, depreciation, dues/subscriptions, staff education and training, insurance, legal and profession fees, and supplies [including office supplies].
- Deductions from revenue include 8.9% in contractual allowances, 0.5% in bad debt, and 4.0% in charity care.

After reviewing the assumptions relied on by VOTO to project its revenue and expenses, the department concludes that they are reasonable to project its financial viability.

VOTO projected its revenue and expenses using fiscal years. The table below shows the revenues, expenses, and net income based on the patient projections shown in the table above. [source: May 7, 2012, supplemental information,]

Table 6
Calendar Years 2013 through 2015
Projected Revenue and Expense Statements

	Year 2013	Year 2014	Year 2015
Net Revenue	\$ 416,470	\$ 499,244	\$ 600,130
Total Expenses	\$ 365,583	\$ 407,159	\$ 457,831
Net Profit /(Loss)	\$ 50,887	\$ 92,085	\$ 142,299
Net Revenue Patient Per Visit	\$ 172.45	\$ 172.45	\$ 172.45
Operating Expenses Per Patient Visit	\$ 151.38	\$ 140.64	\$ 131.56
Net Profit (Loss) Per Patient Visit	\$ 21.07	\$ 31.81	\$ 40.89

The 'Net Revenue' line item is gross revenue minus any deductions for charity care, bad debt, and contractual allowances. The 'Total Expenses' line item includes salaries/wages, depreciation, and all other expenses for operation of a home health agency. As shown in the table above, VOTO projected it would be operating at a small profit in year one, which increases in years two and three.

If this project is approved, VOTO intends to move the home health agency to new space within Auburn. The rental expenses included in the table above take into account the costs for the new space. VOTO provided a copy of its executed lease agreement for the new site. The agreement is between Fred and Florence Egwuatu (landlord) and VOTO Health Care, Inc. (tenant). The lease was signed and dated for June 1, 2011, and is valid until June 30, 2018.¹¹ All costs associated with the lease of space are identified in the agreement and substantiated in the pro forma Revenue and Expense Statements provided in the application. [source: Application, Exhibit 1 and May 7, 2012, supplemental information, Attachment 3]

¹¹ It is noted that the landlord is the secretary and treasurer of VOTO Health Care, Inc.

VOTO identified Sunida Bintasan, MD as the medical director for the proposed home health agency and provided a draft medical director agreement for the services. The draft agreement is for three years. After three years, the agreement may be renewed with negotiation of terms. All costs associated with the medical director are identified in the draft and substantiated in the pro forma Revenue and Expense Statements provided in the application. [source: May 21, 2012, supplemental information, Attachment 1]

Given that the medical director agreement is in draft form, if this project is approved, the department would attach a condition to the approval requiring VOTO to provide a copy of the executed medical director agreement consistent with the draft agreement provided in the application.

In addition to the projected Revenue and Expense Statements, VOTO provided the projected Balance Sheets using calendar years 2013, 2014, and 2015. Calendar year one (2013) and three (2015) are shown below. [source: May 7, 2012, supplemental information, Attachment 3]

Tables 7
VOTO Health Care, Inc. Forecasted Balance Sheets
Calendar Year One - 2013

Assets		Liabilities	
Current Assets	\$ 70,883	Current Liabilities	\$ 19,997
Fixed Assets	\$ 0	Long Term Debt	\$ 0
Board Designated Assets	\$ 0	Equity	\$ 50,886
Total Assets	\$ 70,883	Total Liabilities and Equity	\$ 70,883

Calendar Year Three - 2015

Assets		Liabilities	
Current Assets	\$ 310,614	Current Liabilities	\$ 25,344
Fixed Assets	\$ 0	Long Term Debt	\$ 0
Board Designated Assets	\$ 0	Equity	\$ 285,270
Total Assets	\$ 310,614	Total Liabilities and Equity	\$ 310,614

It is noted in the balance sheet above that VOTO does not attribute any dollars to fixed assets, board designated assets, or long term debt. VOTO provided the following explanation for no dollars attributed to these line items. [source: May 7, 2012, supplemental information]

“Consistent with Generally Accepted Accounting Procedures (GAAP), since only the equipment necessary for the establishment of the home health agency would be expensed and not capitalized, there are no fixed assets to claim in the pro forma balance sheet. Also, since there is no capital expenditure, there is also no need for long term debt.”

As shown in the balance sheets above, VOTO intends to operate the home health agency with little liability, which is typical of this type of service. However, it is clear that VOTO would be financially stable through calendar year 2015.

In addition to the pro forma Revenue and Expense Statements (Table 7) and the pro forma Balance Sheets (Table 8), VOTO’s projections identify approximately \$150,000 in start up costs would be

required. VOTO provided documentation of the availability of funds to cover operating deficits, if necessary. [source: May 21, 2012, supplemental information, Attachment 2]

During the review of this project, one person submitted comments related to this sub-criterion. Specifically, the comments focused on the financial projections and whether the applicant demonstrated sufficient financial resources to cover start up costs. [source: May 15, 2012, public comment]

VOTO provided rebuttal comments in response to the issues raised above. Specifically, VOTO reiterated the factors it used for its financial projections and pointed to the documentation provided to demonstrate the availability of addition funds by the owning individuals to cover any startup costs. [source: July 2, 2012, rebuttal documents, pp1-6]

Department's Evaluation

VOTO addressed the issues raised during public comment by directing the department to supplemental information provided in the application in response to the department's screening. There are no un-addressed issues remaining. Based on the source information provided and VOTO's agreement to the condition related to the medical director agreement, the department concludes that the immediate and long range capital and operating costs of the project can be met. **This sub-criterion is met.**

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

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

VOTO states no capital expenditure is associated with this project and since the agency would be located within existing space, there are no construction costs. [source: Application, Exhibit 1]

VOTO anticipates the majority of its revenue would come from Medicare. Medicare pays for home health care on a perspective payment system (PPS) basis. The table below shows the expected payer mix for the proposed home health agency. [source: May 7, 2012, supplemental information, p6]

**Table 8
VOTO Health Care, Inc. Payer Mix**

Payer Source	Percentage
Medicare	70%
Medicaid	8%
Commercial Insurance/All Other	22%
Total	100%

Since the applicant expects that majority of its payer source would be from Medicare, the proposed project is not expected to have any impact on the operating costs and charges for home health services in the planning area, because Medicare payments are prospective payments.

No public comments were submitted for this sub-criterion. Based on the above information, the department's conclusion regarding this sub-criterion follows.

Department's Evaluation

Based on the information reviewed, the department concludes that the costs of this project will probably not result in an unreasonable impact to the costs and charges for health care services within the services area. **This sub-criterion is met.**

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

Based on the source information reviewed and the applicant's agreement to the conditions identified in the 'conclusion' section of this evaluation, the department concludes that VOTO Health Care, Inc.'s project has met the structure and process of care criteria in WAC 246-310-230.

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

WAC 246-310 does not contain specific WAC 246-310-230(1) criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that directs what specific staffing patterns or numbers of FTEs (full time equivalents) that should be employed for projects of this type or size.

In June 2012, VOTO obtained Washington State licensure and is operating as a licensed only home health agency. To demonstrate compliance with this sub-criterion, VOTO submitted its current and projected number of FTEs for its home health agency. The table below summarizes VOTO's FTEs beginning in year 2013 through 2015. [source: May 7, 2012, supplemental information, p4]

Table 9
Calendar Years 2013 through 2015
VOTO Health Care FTEs

Staff	Year 2013	Year 2014 Increase	Year 2015 Increase	Total
Director	1.00	0.00	0.00	1.00
Office Manager	1.00	0.00	0.00	1.00
Home Health Aides	0.29	0.06	0.07	0.42
Registered Nurses	1.31	0.26	0.31	1.88
Occupational Therapists	0.29	0.06	0.07	0.42
Total FTEs	3.89	0.38	0.45	4.72

Additionally, VOTO provided a breakdown of FTEs that would be under contract. The table on the following page summarizes VOTO's contracted FTEs beginning in year 2013 through 2015. [source: May 7, 2012, supplemental information, p4]

Table 10
Calendar Years 2013 through 2015
VOTO Health Care Contracted FTEs

Staff	Year 2013	Year 2014 Increase	Year 2015 Increase	Total
Medical Director	0.10	0.00	0.00	0.10
Medical Social Worker	0.06	0.01	0.01	0.08
Physical Therapists	0.90	0.18	0.22	1.30
Speech Therapists	0.06	0.01	0.01	0.08
Total Contracted FTEs	1.12	0.20	0.24	1.56

To further demonstrate compliance with this sub-criterion, VOTO provided the following statements. [source: May 7, 2012, supplemental information, p13]

VOTO Health has assumed quite conservative utilization projections for the first three years of operation and fully expects that the RN staffing we have projected will be able to meet this level of service. Our nurse to visit staffing ratio [of 1.2 FTEs per 1,000 visits] is in line with all other CN applications and was developed through expert consultation with Margaret Shepherd Associates. While we only have 1.31[RN] FTEs in the first year, these FTEs can be filled by several registered nurses, strategically located to cost effectively cover the large geographic area of King County. Importantly, our administrator will also be a registered nurse with home health experience and can also assist in providing direct patient care during the start-up phase of our agency."

VOTO identified Sunida Bintasan, MD as the medical director for the home health agency and provided a draft medical director agreement for the services. The draft agreement is for three years. After three years, the agreement may be renewed with negotiation of terms. [source: May 21, 2012, supplemental information, Attachment 1]

No public comments were submitted for this sub-criterion.

Department's Evaluation

VOTO provided a draft medical director agreement and the department previously stated that a condition related to the draft is necessary. Provided that VOTO would agree to the condition, the department concludes that the necessary staff is available or can be recruited. **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) 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 relationships, ancillary and support services should be for a project of this type and size. Therefore, using its experience and expertise the department assessed the materials contained in the application.

VOTO recently obtained state licensure for home health services. As an existing provider, VOTO must have ancillary and support services already in place. To address the sub-criterion, VOTO provided the following statements. [source: May 7, 2012, supplemental information, p14]

“Currently, we have successfully completed the commercial [payer] only credentialing process with Aetna Insurance Company, United Healthcare, Inc., Care Centrix, and Group Health Cooperative. We also have established relations with Supplemental Health, a healthcare staffing agency. We intend to begin working with the discharge planners in each of the King County hospitals and nursing homes as [we] approach Medicare certification.”

No public comments were submitted for this sub-criterion.

Department’s Evaluation

Based on the information, the department concludes that there is reasonable assurance the proposed home health agency will have appropriate ancillary and support services. **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. As part of its review, the department must conclude that the proposed service would be operated in a manner that ensures safe and adequate care to the public.¹² 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 previously stated, VOTO does not own or operate any other healthcare facilities in Washington State. VOTO intends to obtain licensure for a home health agency in Oregon State by the end of year 2012; however, as of the writing of this evaluation, the Oregon State licensure process is not complete.

For Washington State, VOTO had been a licensed only home health agency from year 2007 through 2010. The Department of Health’s Investigations and Inspections Office (IIO) conducts quality of care and compliance surveys for home health agencies. Records indicate that since 2007, IIO completed two compliance surveys for VOTO’s home health agency. Both surveys revealed minor deficiencies typical for a home health agency and VOTO submitted acceptable plans of corrections and implemented the required actions. At this time, VOTO has not completed its Joint Commission accreditation. [source: facility survey data provided by the Investigations and Inspections Office]

As a licensed only home health agency, VOTO would have the majority of its key management staff hired. VOTO identified Sunida Bintasan, MD as the medical director for the home health agency. A review of Dr. Bintasan’s compliance history did not show any current or past enforcement actions. [source: Compliance history provided by Medical Quality Assurance Commission]

¹² Also WAC 246-310-230(5).

VOTO also identified its medical social worker [contract employee], occupational therapists, and two registered nurses that have been retained. [source: May 7, 2012, supplemental information, p13] A review of the compliance history for these individuals did not show any current or past enforcement actions. [source: Compliance history provided by Medical Quality Assurance Commission]

VOTO also provided a copy of the following documents currently used for the licensed only agency that would continue to be used for the Medicare certified agency. [source: May 7, 2012, supplemental information, Attachment 5]

- Agency In-Service and Education Policy used for staff continuing education and training
- Patient Satisfaction/Perception of Care Policy used to collect data from patients related to the home health agency.
- Quality Assessment Performance Improvement Plan used to capture significant outcomes of care and assess planning and coordination of care.

No public comments were submitted for this sub-criterion.

Department's Evaluation

Given the compliance history of VOTO Health Care, Inc., its medical director, the current staff associated with the agency, and the policies and procedures already in place, the department concludes there is reasonable assurance VOTO's home health agency in King County would be operated in conformance with state and federal regulations. **This sub-criterion is met.**

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

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

To demonstrate compliance with this sub-criterion, VOTO provided the following statements. [source: Application, p27]

"VOTO became a licensed only home health provider in 2007. A key reason for the business decision to seek Medicare certification is specifically to ensure that the full range of home health services could be provided to patients in a comprehensive and efficient manner. Receiving CN approval will allow VOTO Health to achieve this goal. VOTO Health has been on a long journey to seek accreditation and Medicare certification and through this process has worked closely with local physicians, hospital, and other providers and will continue to do so to ensure patients' comprehensive home health needs are met."

VOTO also states that it intends to become an integral part of a healthcare delivery system that promotes continuity of care in the most appropriate and cost-effective setting for all payer classes of patients. [source: Application, p27]

Documents provided in the application suggest that VOTO was part of the existing health system in King County in years 2007 through 2010, and intends to become part of the health care system if this project is approved. Additionally, nothing in the documents provided by VOTO and reviewed by staff suggests that approval of this project would change these relationships.

No public comments were submitted for this sub-criterion.

Department's Evaluation

Based on the source information provided above, the department concludes that approval of this project would not cause unwarranted fragmentation of the existing healthcare system. **This sub-criterion is met.**

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

This sub-criterion is evaluated in sub-section (3) above, and no public comments were submitted for this sub-criterion for any of the three applications. Based on the above information, the department's concludes that **this sub-criterion is met.**

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

Based on the source information reviewed and the applicant's agreement with the conditions identified in the 'conclusion' section of this evaluation, the department concludes that VOTO Health Care, Inc.'s project has met the cost containment criteria in WAC 246-310-230.

- (1) Superior alternatives, in terms of cost, efficiency, or effectiveness, are not available or practicable.
To determine if a proposed project is the best alternative, the department takes a multi-step approach. Step one determines if the application has met the other criteria of WAC 246-310-210 thru 230. If it has failed to meet one or more of these criteria then the project is determined not to be the best alternative, and would fail this sub-criterion.

If the project met the applicable criteria, the department would move to step two in the process and assess the other options the applicant or applicants considered prior to submitting the application under review. If the department determines the proposed project is better or equal to other options the applicant considered before submitting their application, the determination is either made that this criterion is met (regular or expedited reviews), or in the case of projects under concurrent review, move on to step three.

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

Step One

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

Step Two

Before submitting this application, VOTO considered and rejected two alternatives. The two alternatives and VOTO's rationale for rejections are discussed below. [source: Application, p30 and May 7, 2012, supplemental information, p15]

- Do nothing
VOTO wants to offer a full range of home health services to all patients residing in King County. This requires prior Certificate of Need approval before serving Medicare and Medicaid patients. From this standpoint, to do nothing is not an option.
- Contract with an existing home health agency in King County
VOTO rejected this option because under a contract, VOTO is not providing the home health services to the patient; rather, another agency provides the direct patient care. VOTO believes it provides quality care and the residents of King County would benefit from the home health services provided directly by the agency.

Step Three

This step is used to determine between two or more approvable projects which is the best alternative. Step three is not evaluated under this sub-criterion for this project.

Department's Evaluation

Taking into account the results of the numeric need methodology and the information provided by VOTO within its application, the department concludes that the establishment of a Medicare certified home health agency by VOTO is the best alternative for the community. Based on the source information reviewed and the applicant's agreement to the conditions identified in the 'conclusion' section of this evaluation, **this sub-criterion is met.**

APPENDIX A

**State Health Plan Home Health Methodology-King County
VOTO Health Care, Inc. (Application #12-30)**

Step 1-Population by Age Cohort	2010	2011	2012	2013	2014	2015
0-64	1,720,570	1,728,592	1,736,615	1,744,637	1,752,660	1,760,682
65-79	147,947	155,812	163,676	171,543	179,407	187,272
80+	62,732	63,152	63,571	63,989	64,408	64,828
Step 2-Projected Home Health Patients by Age Cohort						
0-64 X 0.005	8,602.85	8,642.96	8,683.08	8,723.19	8,763.30	8,803.41
65-79 X 0.044	6,509.67	6,855.73	7,201.74	7,547.89	7,893.91	8,239.97
80+ X 0.183	11,479.96	11,556.82	11,633.49	11,709.99	11,786.66	11,863.52
Step 3-Projected Home Health visits by age cohort						
0-64	8,602.85	8,642.96	8,683.08	8,723.19	8,763.30	8,803.41
Multiplier	10	10	10	10	10	10
Subtotal 0-64	86,028.50	86,429.60	86,830.75	87,231.85	87,633.00	88,034.10
65-79						
Multiplier	14	14	14	14	14	14
Subtotal 65-79	91,135.35	95,980.19	100,824.42	105,670.49	110,514.71	115,359.55
80+						
Multiplier	21	21	21	21	21	21
Subtotal 80+	241,079.08	242,693.14	244,303.35	245,909.73	247,519.94	249,134.00
Total Projected Home Health Visits	418,242.93	425,102.93	431,958.52	438,812.07	445,667.66	452,527.66
Step 4-Gross Need (Step 3 Total Visits /10,000)	41.82	42.51	43.20	43.88	44.57	45.25
Step 5- No. of Home Health Agencies	36	36	36	36	36	36
Step 6 Net Need (Per Method, Fractions are rounded down)	5	6	7	7	8	9

A negative number means there is a surplus

**State Health Plan Home Health Methodology-King County
VOTO Health Care, Inc. (Application #12-30)**

Population by age group by year						
	2010	2011	2012	2013	2014	2015
Total County Population	1,931,249	1,947,556	1,963,862	1,980,169	1,996,475	2,012,782
Population 0-64	1,720,570	1,728,592	1,736,615	1,744,637	1,752,660	1,760,682
Population 65-79						
65-69	67,317	71,882	76,447	81,013	85,578	90,143
70-74	45,430	47,985	50,539	53,094	55,648	58,203
75-79	35,200	35,945	36,690	37,436	38,181	38,926
Total Population 65-79	147,947	155,812	163,676	171,543	179,407	187,272
Population 80 +						
80-84	28,948	28,879	28,810	28,740	28,671	28,602
85+	33,784	34,273	34,761	35,249	35,737	36,226
Total Population 80+	62,732	63,152	63,571	63,989	64,408	64,828
Pop. Calc. test back	1,931,249	1,947,556	1,963,862	1,980,169	1,996,475	2,012,782