



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

September 6, 2013

CERTIFIED MAIL # 7011 1570 0002 7802 6517

Dan Dietz, President and CEO  
CHI National Home Care  
1700 Edison Drive, #300  
Milford, Ohio 45150

RE: CN13-13

Dear Mr. Dietz:

Enclosed is Certificate of Need #1510 issued to Catholic Health Initiatives National Home Care approving the establishment of a Medicare certified and Medicaid eligible home health agency to serve the residents of Pierce County.

The certificate is not approval for any other local, federal, or state statutes, rules, or regulations. Such a project may also need Department of Health approval for a construction plan and facility licensing or certification, as well as other federal or local jurisdiction permits.

The Certificate of Need is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the certificate for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration. You cannot begin a project after the expiration date.

This decision may be appealed. Any affected person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610.

A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:

Adjudicative Service Unit  
Mail Stop 47879  
Olympia, WA 98504-7879

Other Than By Mail

Department of Health  
Adjudicative Service Unit  
111 Israel Road SE  
Tumwater, WA 98501

We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return.

If you have any question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steven M. Saxe".

Steven M. Saxe, FACHE, Director

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office  
Karen Stricklett, Department of Health, Customer Service Office



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

**Certificate of Need #1510 is issued to:**

**Legal Name of Applicant:** Catholic Health Initiative National Home Care  
**Address of Applicant:** 1700 Edison Drive, Suite 300, Milford, Ohio 45150  
**Type of Service:** Home Health Agency  
**Facility Name:** CHI National Home Care Pierce Home Health  
**Facility Address:** 2901 Bridgeport Way West, University Place, WA 98466 - 4631

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD  
AND EVALUATION DATED August 22, 2013, (CN App #13-13)**

**PROJECT DESCRIPTION:**

This certificate approves the establishment of a Medicare certified and Medicaid eligible home health agency to serve the residents of Pierce County. Services provided by the home health agency includes health aide services, short term and intermittent skilled nursing care, physical therapy, occupational therapy; and speech therapy services to patients in their place of residence:

**Service Area**  
Pierce County

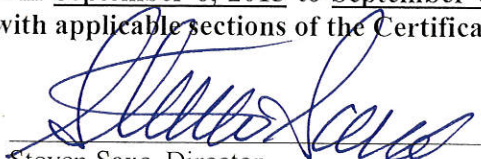
**Conditions:**  
See page #2

**Approved Capital Expenditure**

The approved capital expenditure associated with this project is \$97,984

This Certificate authorizes commencement of the project from September 6, 2013 to September 6, 2015, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

**Date Certificate Issued:** September 6, 2013

  
Steven Saxe, Director

**This Certificate is not transferable.**

## **CN #1510 Conditions**

1. Approval of the project description as stated above. Catholic Health Initiatives National Home Care 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 home health services, Catholic Health Initiatives National Home Care will provide an executed copy of the admission for care and services policy for the department's review and approval. The executed admission for care and services policy must be consistent with the draft provided in the application
3. Prior to providing home health services, Catholic Health Initiatives National Home Care will provide an executed copy of the charity care, uninsured/underinsure patient discount policy for the department's review and approval. The executed charity care, uninsured/underinsure patient discount policy must be consistent with the draft provided in the application.
4. Prior to providing services, Catholic Health Initiatives National Home Care will provide an executed copy of the lease agreement for the department's review and approval. The executed lease agreement must be consistent with the draft copy provided in the application.
5. Prior to providing home health services, Catholic Health Initiatives National Home Care will provide an executed copy of the medical director agreement provided within the application for the department's review and approval. The executed medical directors agreement must be consistent with the draft provided in the application