



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 • Olympia, Washington 98504-7852

October 2, 2019

CERTIFIED MAIL # 7017 3310 0001 0575 1355

Lorraine Wall, RN, MSN
Hospital Chief Operating Officer
Clallam County Public Hospital District #2 dba
Olympic Medical Center
939 Caroline Street
Port Angeles, WA 98362

Ralph Parker
Clallam County Public Hospital District #2 dba
Olympic Medical Center
939 Caroline Street
Port Angeles, WA 98362

RE: CN Certificate of Need (CN) #1816 – Clallam County Public Hospital District #2 dba Olympic Medical Center

Enclosed is Certificate of Need #1816 in response to approval of application #19-42 issued to Clallam County Public Hospital District #2 dba Olympic Medical Center. This certificate approves the establishment of Olympic Medical Hospice, a Medicare and Medicaid certificated hospice agency in Clallam County.

The certificate is not an 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.

Lorraine Wall
Ralph Parker
Certificate of Need Application #19-42
October 2, 2019
Page 2 of 2

This decision may be appealed. The appeal options are listed below.

Appeal Option 1:

Any person with standing may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington Administrative Code 246-310-560. A reconsideration request must be received within 28 calendar days from the date of the decision at one of the following addresses:

Mailing Address:

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

Physical Address:

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

Appeal Option 2:

Any 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:

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

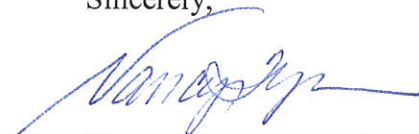
Physical Address

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 questions, please contact the Certificate of Need Program at (360) 236-2955.

Sincerely,



Nancy Tyson, Executive Director
Health Facilities and Certificate of Need

Enclosure



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 #1816 is issued to:

Applicant's Legal Name: Clallam County Public Hospital District #2 dba Olympic Medical Center
Applicant's Address: 939 Caroline Street, Port Angeles, Washington 98362
Facility Type: Hospice
Project Type: Hospice
Facility Name: Olympic Medical Hospice
Facility Address: 801 East Front Street, Port Angeles, Washington 98362

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S
RECORD AND EVALUATION DATED SEPTEMBER 20, 2019 (CN APP # 19-42)**

Project Description

This certificate approves the establishment of a Medicare and Medicaid certified hospice agency in Port Angeles, within Clallam County. Hospice services provided at the new agency include physician and clinical services, nursing care, medical equipment and supplies, symptoms control and pain relief management, hospital based short-term care, respite care, home health aide and homemaker services, physical, speech and occupational therapy, social worker services, dietary counseling, grief and loss counseling. Respite care and outpatient drugs are each subject to a small co-payment and other services are covered in full. Hospice staff would be available 24/7 for emergencies. Additional hospice services include inpatient hospice services to nursing home residents. Olympic Medical Center will provide all services directly except dietary and pastoral care that would be contracted.

Service Area

Clallam County

Conditions

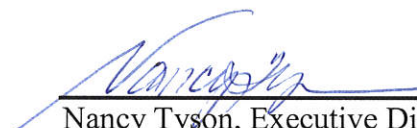
The conditions are identified on page 2 of this certificate

Approved Capital Expenditure

The approved capital expenditure for the project is \$136,300 that is solely related to office equipment and furnishings.

This Certificate authorizes commencement of the project from October 2, 2019 to October 2, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: October 2, 2019



Nancy Tyson, Executive Director
Health Facilities and Certificate of Need
Washington State Department of Health

This Certificate is not transferable

Certificate of Need #1816

Page Two

Conditions

1. Approval of the project description as stated above. Clallam County Public Hospital District No. 2 dba Olympic Medical Center 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. Clallam County Public Hospital District No. 2 dba Olympic Medical Center shall finance the project using cash reserves as described in the application.
3. Prior to providing Medicare and Medicaid certified hospice services, Clallam County Public hospital District No. 2 dba Olympia Medical Center will provide a copy of the final job description for the Medical Director. The final document will identify the medical director and shall be consistent with the draft document provided in the application.
4. Prior to providing Medicare and Medicaid certified hospice services, Clallam County Public Hospital District No. 2 dba Olympic Medical Center 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.
5. Clallam County Public Hospital District No. 2 dba Olympic Medical Center will maintain Medicare and Medicaid certification regardless of ownership.
6. The services are for the Medicare and Medicaid certified hospice agency is Clallam County. Consistent with Washington Administrative Code 246-310-290(13), Olympic Medical Hospice must provide services to the entire county for which the certificate of need is granted.