



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

December 11, 2019

CERTIFIED MAIL # 7016 3010 0001 0575 0525

Sarah Cameron, Vice President, Strategy and Planning  
Providence Home and Community Care  
2811 South 102nd St, Suite 220  
Tukwila, WA 98168

**RE: Certificate of Need Application #19-44, Providence Hospice**

Dear Ms. Cameron:

Enclosed is Certificate of Need #1829 issued to Providence Health & Services-Oregon d/b/a Providence Hospice to expand Medicare/Medicaid hospice services to Clark 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.

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,



Nathan Weed, Director  
Community Health Systems

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 #1829 is issued to:**

**Applicant's Legal Name:** Providence Health & Services-Oregon  
**Applicant's Address:** 4400 NE Halsey Street, Building 1, Suite. 160,  
Portland, OR 97213  
**Facility Type** Hospice  
**Project Type** Hospice  
**Facility Name:** Providence Hospice  
**Facility Address:** 4400 NE Halsey Street, Building 1, Suite. 160,  
Portland, OR 97213

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S  
RECORD AND EVALUATION DATED DECEMBER 5, 2019 (CN APP # 19-44 )**

**Project Description**

This certificate approves the establishment of a Medicare and Medicaid certified hospice agency to serve Clark County. Hospice services provided through this expanded agency will include physician and clinical services, nursing care, medical equipment and supplies, symptoms control and pain relief management, inpatient care, 24-hour continuous care, respite care, home care aide and homemaker services, physical, speech and occupational therapy, social worker services, dietary counseling, and bereavement counseling. The hospice agency would offer 24/7 access to nursing services.

**Service Area**  
Clark County

**Conditions**


1. Approval of the project description as stated above. Providence Health & Services-Oregon dba Providence Hospice further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Providence Health & Services-Oregon dba Providence Hospice will sustain adherence to the published policy stating that, regardless of age, the proposed agency will admit and provide the appropriate hospice related care.
3. Prior to Providence Health & Services-Oregon dba Providence Hospice providing services, the Medical Director, Dr. Ruth Medak, must return their Washington State medical license to Active status pursuant to WAC 246-310-040.
4. Prior to Providence Health & Services-Oregon dba Providence Hospice providing services, the Admissions Policy shall be updated to include Clark County.
5. Prior to Providence Health & Services-Oregon dba Providence Hospice providing services, the draft charity care policy shall be executed.
6. Providence Health & Services-Oregon dba Providence Hospice will maintain Medicare and Medicaid certification regardless of ownership.
7. The service area for this Medicare and Medicaid certified hospice agency is Clark County. Consistent with Washington Administrative Code 246-310-290(13), Providence Health & Services-Oregon dba Providence Hospice must provide services to the entire county for which the certificate of need is granted.

**Approved Capital Expenditure**

There is no capital expenditure associated with this project

**This Certificate authorizes commencement of the project from December 11, 2019 to December 11, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued: December 11, 2019**

  
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Nathan Weed, Director  
Community Health Systems  
Washington State Department of Health

**This Certificate is not transferable**