



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

August 18, 2020

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

Lisa Crockett, Executive Director, Strategy & Planning
Providence Health & Services
7515 Terminal Street SW
Tumwater, WA 98501

Sent via email: Sarah.Cameron@providence.org and Lisa.Crockett@providence.org

RE: Certificate of Need Application #20-24

Dear Ms. Cameron and Ms. Crockett:

Enclosed is Certificate of Need #1852 issued to Providence Health & Services-Oregon. The certificate approves expansion of Medicare and Medicaid-certified home health services to Clark County, within Washington State.

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:

Sarah Cameron, Vice President, Strategy and Planning
Lisa Crockett, Executive Director, Strategy & Planning
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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:

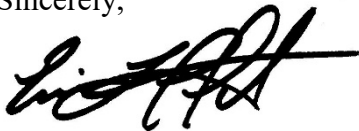
Mailing Address:
Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

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,



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

Attachment



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 #1852 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 Home Health
Project Type Home Health
Facility Name: Providence Home Health
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 AUGUST 7, 2020 (CN APP # 20-24)

Project Description

This Certificate of Need approves Providence Health & Services-Oregon dba Providence Home Health to provide Medicare and Medicaid-certified home health services from its existing agency in Portland, Oregon to the residents of Clark County, Washington. Home health services provided directly by the agency include: skilled nursing, physical therapy, occupational therapy, speech therapy, certified home health aide services, medical social work services, and IV therapy.

Service Area
Clark County

Conditions

1. Approval of the project description as stated above. Providence Health & Services-Oregon dba Providence Home Health 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 Home Health will maintain Medicare and Medicaid certification regardless of ownership.
3. Prior to providing Medicare and Medicaid home health services in Clark County, Providence Health & Services-Oregon dba Providence Home Health shall provide the Certificate of Need Program with a copy of active Washington State credentials for Susan Murtha, RN, MBA, Director of Home Health or documentation that the Director of Home Health's duties do not require a credential.
4. Providence Health & Services-Oregon dba Providence Home Health shall provide the Certificate of Need Program with a copy of the forms it is sending the fiscal intermediary, National Government Services.
5. Prior to providing Medicare and Medicaid home health services in Clark County, Providence Health & Services-Oregon dba Providence Home Health shall provide the Certificate of Need Program with updated copies of the below policies which include Clark County Washington.
 - Admission Criteria
 - Admission Process
 - Financial Assistance Patient Services Policy
6. The service area for this Medicare and Medicaid-certified home health agency is Clark County. Providence Health & Services-Oregon dba Providence Home Health must provide home health services to the entire county for which this certificate of need is granted.

Approved Capital Expenditure

The approved capital expenditure for the establishment of the Clark County home health agency is \$0.

This Certificate authorizes commencement of the project from August 18, 2020 to August 18, 2022 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: August 18, 2020

Eric Hernandez, Program Manager
Community Health Systems

This Certificate is not transferable