



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

June 25, 2021

Joseph Scrivens, Chief Executive Officer
Bethany of the Northwest
1902 120th Place SE, Suite 201
Everett, WA 98208

Sent via email: Joseph Scrivens, JosephS@bethanynw.org

RE: Certificate of Need Application #21-15 – Certificate of Need #1893

Joseph Scrivens:

Enclosed is Certificate of Need #1893 issued to Bethany Home Health LLC dba Bethany Home Health approving the expansion of its existing services to include Medicare and Medicaid-certified home health services for the residents of Snohomish 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

Joseph Scrivens, Bethany of the Northwest
Certificate of Need Application #21-15
Certificate of Need #1893
June 25, 2021
Page 2 of 2

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

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 #1893 is issued to:

Applicant's Legal Name: Bethany Home Health LLC
Applicant's Address: 1902 120th Place SE, Suite 201, Everett, Washington 98208
Facility Type Home Health
Project Type Home Health
Facility Name: Bethany Home Health
Facility Address: 1902 120th Place SE, Suite 201, Everett, Washington 98208

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED JUNE 10, 2021 (CN APP # 21-15)

Project Description

This Certificate of Need approves Bethany Home Health LLC dba Bethany Home Health to expand its existing services to include Medicare and Medicaid-certified home health services to the residents of Snohomish County, Washington from its office in Everett. Home Health services provided to Snohomish County residents include skilled nursing, physical, occupational, and speech therapies, medical social services, home health aide services, medical director services, respite care, and IV therapy. Services may be provided directly or under contract.

Service Area

Snohomish County

Conditions

Five conditions are listed on page two.

Approved Capital Expenditure

There is no capital expenditure associated with this project.

This Certificate authorizes commencement of the project from June 25, 2021 to June 25, 2023 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 25, 2021

A handwritten signature in black ink, appearing to read "Eric Hernandez", written over a horizontal line.

Eric Hernandez, Program Manager
Community Health Systems

This Certificate is not transferable

Certificate of Need #1893 Page Two Conditions

1. Approval of the project description as stated above. Bethany Home Health LLC dba Bethany 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. Bethany Home Health LLC dba Bethany Home Health will obtain and maintain Medicare and Medicaid certification.
3. Prior to providing Medicare and Medicaid-certified home health services to Snohomish County residents, Bethany Home Health LLC dba Bethany Home Health will provide a listing of its credentialed staff to the Certificate of Need Program for review. The listing shall include each staff person's name and professional license number.
4. Prior to providing Medicare and Medicaid-certified home health services to Snohomish County residents, Bethany Home Health LLC dba Bethany Home Health will provide the Certificate of Need Program with final versions of its below listed policies. The final policies must be consistent with the drafts provided in the application.
 - In-service Education Policy and Procedure
 - Patient Education Policy and Procedure
 - Patient Satisfaction Survey Policy and Procedure
 - Quality Assessment & Improvement Plan Policy and Procedure
 - Charity Care Policy and Procedure
 - Patients Complaints and Grievances Policy and Procedure
 - Admission Policy and Procedure
 - Face to Face Encounter Policy and Procedure
5. The service area for this Medicare and Medicaid-certified home health agency is Snohomish County. Bethany Home Health LLC dba Bethany Home Health must provide home health services to the entire county for which this Certificate of Need is granted.