



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

December 29, 2017

CERTIFIED MAIL # 7016 3010 0001 0575 0853

Sherie Stewart, Chief Operating Officer
Envision Home Health of Washington
1345 West 1600 North, #202
Orem, Utah 84057

RE: Certificate of Need Application #18-03

Dear Ms. Stewart:

Enclosed is Certificate of Need #1626 issued to Envision Home Health of Washington approving the establishment of Medicare and Medicaid home health services in 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. 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 Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steve Bowman, PhD, MHA
Director, 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 #1626 is issued to:

Legal Name of Applicant: Envision Home Health of Washington
Address of Applicant: 1345 West 1600 North, #202
Orem, Utah 84057
Type of Service: Medicare and Medicaid Home Health Services
Facility Name: Envision Home Health of Washington
Facility Address: 801 South 150th Street, #102
Burien, Washington 98166

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S
RECORD AND EVALUATION DATED DECEMBER 22, 2017 (CN App #18-03)**

Project Description

This Certificate of Need approves Envision Home Health of Washington for the other establishment of a health care facility by expanding their King County Medicare and Medicaid certified home health agency to serve Pierce County. Services to be provided in Pierce County include skilled nursing care, physical therapy, occupational therapy, speech therapy, medical social work, respite services, and home health aide services.

Service Area
Pierce County

Conditions

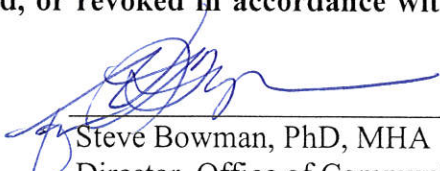
Conditions Identified on Page Two

Approved Capital Expenditure

The approved capital expenditure for the project is \$12,000. The costs are for additional office equipment and furniture needed to support the additional staff required to expand the King County agency.

This Certificate authorizes commencement of the project from December 29, 2017 to December 29, 2019 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: December 29, 2017



Steve Bowman, PhD, MHA
Director, Office of Community Health Systems

This Certificate is not transferable

Certificate of Need #1626

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Conditions

1. Approval of the project description as stated above. Envision Home Health of Washington 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. Envision Home Health of Washington shall finance the project using the financing as described in the application.
3. Envision Home Health of Washington will provide charity care in compliance with its charity care policies provided in the application.
4. Envision Home Health of Washington will maintain Medicare and Medicaid certification regardless of ownership.