



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

September 6, 2017

CERTIFIED MAIL # 7014 2120 0002 7589 9353

Steve Morris, CEO
Inspiring Hospice Partners of Oregon
Dba Heart of Hospice
2621 Wasco Street
Hood River, OR 97031

RE: Certificate of Need Application #17-10

Dear Mr. Morris:

Enclosed is Certificate of Need #1614 issued to Inspiring Hospice Partners of Oregon dba Heart of Hospice approving the establishment of a Medicare and Medicaid certified hospice agency in Klickitat 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 #1614 is issued to:

Legal Name of Applicant: Inspiring Hospice Partners of Oregon dba Heart of Hospice, LLC
Address of Applicant: 2621 Wasco Street, Hood River, Oregon 97031
Type of Service: Medicare and Medicaid certified hospice
Facility Name: Heart of Hospice, LLC
Facility Address: 2621 Wasco Street, Hood River, Oregon 97031

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S
RECORD AND EVALUATION DATED AUGUST 21, 2017 (CN App #17-10)**

Project Description

This certificate approves Inspiring Hospice Partners of Oregon dba Heart of Hospice, LLC to establish a Medicare and Medicaid certified hospice agency in Klickitat County. Services will include the following 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 and occupational therapy, social worker services, dietary counseling, grief and loss counseling. Hospice staff will be available 24/7 for emergencies.

Service Area
Klickitat County

Conditions
Conditions Identified on Page Two

Approved Capital Expenditure
There is no capital expenditure associated with this project

This Certificate authorizes commencement of the project from September 6, 2017 to September 6, 2019 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: September 6, 2017

A handwritten signature in blue ink, appearing to read 'Steve Bowman', written over a horizontal line.

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

This Certificate is not transferable

Certificate of Need #1614

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Conditions

1. Inspiring Hospice Partners of Oregon dba Heart of Hospice, LLC agrees with the project description as stated above. Inspiring Hospice Partners of Oregon dba Heart of Hospice, LLC 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. Inspiring Hospice Partners of Oregon dba Heart of Hospice, LLC will maintain Medicare and Medicaid certification regardless of ownership.
3. Inspiring Hospice Partners of Oregon dba Heart of Hospice, LLC will provide services throughout the entire Klickitat County service area.
4. Prior to providing services, Inspiring Hospice Partners of Oregon dba Heart of Hospice, LLC will provide a copy of an updated non-discrimination policy that is consistent with the policy statement as provided in the application but updated to reflect the appropriate agency contact person/Section 504 Coordinator.