



State of Washington
Department of Health

March 29, 2017

CERTIFIED MAIL # 7009 0000 5565 5565 0321

Jordan Winters, Project Manager
Encore Home Health, LLC
1220 – 20th Street SE, Suite 310
Salem, OR 97302

RE: CN 16-30

Dear Mr. Winters:

Enclosed is Certificate of Need #1595 issued to Encore Home Health, LLC approving the establishment of a Medicare/Medicaid certified home health agency in Kitsap 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:

Jordan Winters, Project Manager
Encore Home Health, LLC
CN Application #16-30
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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:

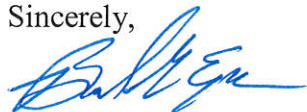
Mailing Address:
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Physical Address:
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,



Bart Eggen, Deputy 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 #1595 is issued to:

Legal Name of Applicant: Encore Home Health, LLC
Address of Applicant: 1220 20th Street SE, Suite 310, Salem, Oregon 97302
Type of Service: Home Health Agency
Facility Name: Encore Home Health, LLC
Facility Address: 12169 Country Meadows Lane NW
Silverdale, Washington 98383

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED MARCH 20, 2017, (CN App #16-30)

PROJECT DESCRIPTION

This Certificate of Need approves Encore Home Health, LLC to establish a Medicare/Medicaid certified home health agency in Silverdale to serve the residents of Kitsap County. Encore Home Health, LLC will provide physical therapy, skilled nursing care, and certified home health aide services. Occupational therapy, speech therapy, and medical social work services will be provided through contract services. Encore Home Health, LLC could provide occupational therapy, speech therapy, and medical social work services through the company

Service Area
Kitsap County

Conditions
Conditions identified on page two

Approved Capital Expenditure
The approved capital expenditure for this project is \$78,250.

This Certificate authorizes commencement of the project from March 29, 2017 to March 29, 2019, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: March 29, 2017


Bart Eggen, Deputy Director
Office of Community Health Systems

This Certificate is not transferable.

Certificate of Need #1595

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Conditions

1. Encore Home Health, LLC agrees with the project description. Encore Home Health, LLC further agrees that any changes to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Prior to providing services, Encore Home Health, LLC will provide copies of the fiscal intermediary forms as stated on page 29 of the application for the department's review and approval. The fiscal intermediary forms must be consistent with the forms Encore Home Health, LLC provided to National Government Services.
3. Prior to providing services, Encore Home Health, LLC will provide a copy of the management agreement for the department's review and approval. Copy of the approved document must be consistent with the information provided in the application.
4. Prior to providing services, Encore Home Health, LLC will provide a copy of the medical director's independent contractor agreement for the department's review and approval. Copy of the approved document must be consistent with the draft document provided in the application.
5. Prior to providing services, Encore Home Health, LLC will provide the approved versions of the adopted policies listed below for the department's review and approval. Copies of the approved versions of the adopted policies must be consistent with the draft policies provided in the application.
 - Admission Information Provided to Patients
 - Admission Information Policy
 - Non Discrimination Policy
 - Charity Care Policy
 - In-Service Policy Procedure and Education
 - Home Health Care CAHPS Survey
 - Continuing Education Policy
6. Prior to providing services, Encore Home Health, LLC will provide an executed copy of the sublease agreement for the department's review and approval. The executed sublease agreement must be consistent with the information provided in the application.