



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

September 13, 2019

CERTIFIED MAIL # 7018 2290 0001 8591 8674

Dapo Amosun, President, Owner  
Amicable Healthcare, Inc.  
15220 32nd Avenue, South Suite B  
SeaTac, Washington 98188

RE: Certificate of Need Application #19-52

Dear Mr. Amosun:

Enclosed is Certificate of Need #1812 issued to Amicable Healthcare, Inc. approving the establishment of a Medicare certified/Medicaid eligible home health agency in King 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

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

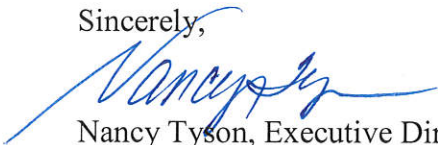
Physical Address

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,



Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
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 #1812 is issued to:**

**Applicant's Legal Name:** Amicable Healthcare, Inc.  
**Applicant's Address:** 15220 32<sup>nd</sup> Avenue South, Suite B, SeaTac, Washington 98188  
**Facility Type:** Home Health  
**Project Type:** Home Health  
**Facility Name:** Amicable Home Health  
**Facility Address:** 15220 32<sup>nd</sup> Avenue South, Suite B, SeaTac, Washington 98188

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED SEPTEMBER 6, 2019 (CN APP # 19-52 )**

**Project Description**

Establish a Medicare and Medicaid certified home health agency to serve the residents of King County. Services proposed to be directly provided by Amicable Home Health include in-home skilled nursing, medical social work, home health aide and respite services. Additional contracted services include physical, occupational, and speech therapies.

**Service Area**

King County

**Conditions**

1. Approval of the project description as state above. Amicable Healthcare, Inc. 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. Amicable Healthcare, Inc. shall finance this project consistent with the financing described in the application.
3. Amicable Healthcare, Inc. will maintain Medicare and Medicaid certification regardless of ownership.
4. Amicable Healthcare, Inc. will provide charity care in compliance with its charity care policies provided in the application.
5. Prior to providing Medicare and Medicaid certified home health services, Amicable Healthcare, Inc. will provide the name and credential number for staff of the home health agency.
6. Prior to providing Medicare and Medicaid certified home health services, Amicable Healthcare, Inc. will submit the executed Partial Space Lease Agreement for review. The executed agreement must be consistent with the draft provided in the application.
7. Prior to providing Medicare and Medicaid certified home health services, Amicable Healthcare, Inc. will submit the executed Physician Advisor Agreement for review. The executed agreement must be consistent with the draft provided in the application.

**Approved Capital Expenditure**

The approved capital expenditure for this project is \$24,000.

**This Certificate authorizes commencement of the project from September 13, 2019 to September 13, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued: September 13, 2019**

  
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Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

**This Certificate is not transferable**