



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

July 21, 2020

Sierra Foster, Interim Chief Operating Officer
SHC Medical Center – Toppenish
502 West 4th Avenue
Toppenish, WA 98948-0672

RE: Determination of Reviewability #20-17

Sent via email to sierra.foster@astria.health

Dear Ms. Foster:

Enclosed is Certificate of Need (CN) #1845 approving SHC Medical Center – Toppenish’s exemption request to add 47 psychiatric beds to Astria Toppenish Hospital located in Yakima 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. 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

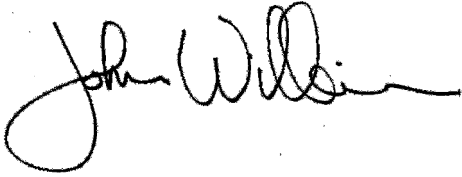
Physical Address:
Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

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.

Sierra Foster, Interim Chief Operating Officer
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If you have any questions, please contact our office at (360) 236-2955.

Sincerely,

A handwritten signature in black ink, appearing to read "John Williams". The signature is fluid and cursive, with a large initial "J" and "W".

John Williams, Executive Director
Community Health Systems

Enclosure