



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

October 6, 2015

CERTIFIED MAIL # 7015 0640 0000 6441 5652

Jill Force, Executive Vice President
Springstone, LLC
101 South 5th Street, #3850
Louisville, Kentucky 40202

RE: Certificate of Need Application #15-20

Dear Ms. Force:

Thank you for your September 30, 2015, letter agreeing to the conditions associated with our approval of Springstone, LLC's application to establish a 72-bed psychiatric hospital in Clark County, within Washington State.

Because of the size of the construction project, the Department of Health may not issue a Certificate of Need until it receives a copy of the approved Conditional Use Permit.¹ However, the department may commit to issuing a Certificate of Need. This letter serves as that commitment. Once Springstone, LLC provides the department with a copy of a determination of non-significance or final environmental impact statement pertaining to the site for the hospital, the department will issue a Certificate of Need for the project with the conditions identified in the September 23, 2015, approval.

This "Intent to Issue" commitment is not approval for any other local, federal, or state statutes, rules, or regulations. This project may also need Department of Health approval for its construction plan and facility licensing or certification, as well as other federal or local jurisdiction permits.

This decision may be appealed. The date of this letter starts the 28-day time period for requesting appeals unless otherwise specified in rule.² The appeal options are listed below.

¹ Washington Administrative Code 246-03-030(4).

² Washington Administrative Code 246-310-560 and 246-310-610.

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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,



Steven M. Saxe, FACHE
Director, Office of Community Health Systems