



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

August 4, 2016

CERTIFIED MAIL # 7009 0960 0000 5565 0710

Alex Town, VP of Finance  
Tri-State Memorial Hospital  
1221 Highland Avenue  
PO Box 189  
Clarkston, WA 99403

RE: CN Application #16-14A

Dear Mr. Town:

Enclosed is Certificate of Need #1584 issued to Tri-State Memorial Hospital approving the establishment of a two-operating room ambulatory surgery center in Clarkston, within Asotin 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

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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,



Bart Eggen, Acting 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 #1584 is issued to:**

**Legal Name of Applicant:** Tri-State Memorial Hospital  
**Address of Applicant:** 1221 Highland Avenue PO Box 189, Clarkston, WA 99403  
**Type of Service:** Ambulatory Surgery Center  
**Facility Name:** Tri-State Memorial Hospital Interventional Pain Consultants  
**Facility Address:** 1119 Highland Avenue, Suite B, Clarkston, WA 99403

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED AUGUST 4, 2016 (CN App #16-14A)**

**Project Description**

This certificate approves the establishment of a two-operating room ambulatory surgery center in Clarkston, within Asotin County. The surgery center would serve patients who require interventional pain management surgical services that can be appropriately performed in an outpatient setting.

**Service Area**  
Asotin County

**Conditions**


Conditions are identified on page 2

**Approved Capital Expenditure**

The approved capital expenditure for this project is \$2,771,148

This Certificate authorizes commencement of the project from August 4, 2016 to August 4, 2018 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

**Date Certificate Issued:** August 4, 2016

  
Bart Eggen, Acting Director  
Office of Community Health Systems

**This Certificate is not transferable**



## **Certificate of Need #1584**

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#### **Conditions**

1. Tri-State Memorial Hospital agrees with the project description as stated above. Tri-State Memorial Hospital 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. Prior to providing services at TSMH IPC, Tri-State Memorial Hospital will submit an admission policy to the department for review and approval that is specific to TSMH IPC. This policy must address the admitting process and appropriate candidates for outpatient surgery.
3. Prior to providing services at TSMH IPC, Tri-State Memorial Hospital will submit an updated charity care policy that specifically references outpatient surgical services, and specifically references TSMH IPC.
4. Tri-State Memorial Hospital will provide charity care at TSMH IPC in compliance with the updated charity care policy as identified in condition #2. Tri-State Memorial Hospital will use reasonable efforts to provide charity care at the ambulatory surgery center in an amount consistent with the most recent three-year average of Tri-State Memorial Hospital's historical charity care. For years 2012-2014, this amount is 1.51%. Tri-State Memorial Hospital will maintain records at the ambulatory surgery center documenting the amount of charity care it provides, and demonstrating its compliance with its charity care policy.
5. Tri-State Memorial Hospital agrees that TSMH IPC will maintain Medicare and Medicaid certification, regardless of facility ownership.
6. Tri-State Memorial Hospital shall finance the project using cash reserves as described in the application.