STUDEBAKER | NAULT

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RECEIVED
By CERTIFICATE OF NEED PROGRAM at 2:13 pm, Aug 28, 2020

August 21, 2020

DOR21-06

VIA U.S. MAIL

Eric Hernandez, Program Manager
Department of Health
Certificate of Need Program
111 Israel Road S.E.
Tumwater, WA 98501

Also sent via email: eric.hernandez@doh.wa.gov

Re: Central Washington Eye Clinic, PLLC

Dear Mr. Hernandez:

On behalf of Central Washington Eye Clinic, PLLC, please find enclosed an "Ambulatory Surgery Center/Facility Certificate of Need Determination of Reviewability Packet" regarding its surgery center being established in September 2020. Central Washington Eye Clinic, PLLC is mailing a check for the review fee in the amount of $1,925 directly and payable to the Department of Health.

Please advise us at your earliest convenience whether this application is deemed complete. If the Department of Health requires additional information for this application, please promptly advise. Thank you in advance for your consideration. We look forward to working with you on this matter.

Regards,

STUDEBAKER NAULT, PLLC

Emily R. Studebaker

Enclosure
cc: Abel Li, M.D.

Ambulatory Surgery Center/Facility Certificate of Need Determination of Reviewability Packet

Contents:

1. 260-014 Contents List/Mailing Information.................... 1 Page
2. 260-014 Definitions.. 2 Pages
3. 260-014 Instructions... 1 Page
4. 260-014 Determination of Reviewability Form................. 1 Page
5. RCW/WAC and Website Links... 1 Page

Submission Instructions:
Provide either a paper or electronic version of the form.

To be accepted, the form must include:

- A completed and signed Certificate of Need form, including the face sheet
- A check or money order for the review fee of **$1,925** payable to **Department of Health.**
- Mail or deliver the form and review fee to:

Mailing Address:

Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852

Other Than By Mail:

Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, Washington 98501

Contact Us:
Certificate of Need Program Office 360-236-2955

Definitions

The Certificate of Need (CN) Program will use the information you provide to determine if your project meets the applicable review criteria. These criteria are included in state law and rules. Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310.

"Primary purpose" is defined as the majority of income or patient visits for the site,* inclusive of all clinical services provided at the site, are derived from the specialty or multi-specialty surgical services. Department of Health website, frequently asked questions, informed by the licensing rules definition for ambulatory surgical facility.

*The site subject to a determination of reviewability is limited to a specific, physical address where an entity under single ownership provides or will provide specialty or multispecialty surgical services. A site whose "primary purpose" is specialty or multispecialty surgical services is required to obtain a certificate of need.

"Ambulatory surgical facility" or **"ASF"** means any free-standing entity, including an ambulatory surgery center that operates primarily for the purpose of performing surgical procedures to treat patients not requiring hospitalization. This term does not include a facility in the offices of private physicians or dentists, whether for individual or group practice, if the privilege of using the facility is not extended to physicians or dentists outside the individual or group practice. WAC 246-310-010(5)

"Ambulatory surgical center" or **"ASC"** is also a term for a facility that provides ambulatory surgical procedures. The Centers for Medicare and Medicaid use this term for billing purposes. CN review is not required for an ambulatory surgical center unless it also fits the definition of an ambulatory surgical facility in WAC 246-310-010(5).

"Ambulatory surgical facility" or **"ASF"** as defined by licensing rules, and relied on by the CN Program for consistency, means any distinct entity that operates for the primary purpose of providing specialty or multispecialty outpatient surgical services in which patients are admitted to and discharged from the facility within twenty-four hours and do not require inpatient hospitalization, whether or not the facility is certified under Title XVIII of the federal Social Security Act. An ambulatory surgical facility includes one or more surgical suites that are adjacent to and within the same building as, but not in, the office of a practitioner in an individual or group practice, if the primary purpose of the one or more surgical suites is to provide specialty or multispecialty outpatient surgical services, irrespective of the types of anesthesia administered in the one or more surgical suites. An ambulatory surgical facility that is adjacent to and within the same building as the office of a practitioner in an individual or group practice may include a surgical suite that shares a reception area, restroom, waiting room, or wall with the office of the practitioner in an individual or group practice. WAC 246-330-010(5)

"Change of ownership" as defined by licensing rules, and relied on by the CN Program, is defined as (a) A sole proprietor who transfers all or part of the ambulatory surgical

facility's ownership to another person or persons; (b) The addition, removal, or substitution of a person as a general, managing, or controlling partner in an ambulatory surgical facility owned by a partnership where the tax identification number of that ownership changes; or (c) A corporation that transfers all or part of the corporate stock which represents the ambulatory surgical facility's ownership to another person where the tax identification number of that ownership changes. WAC 246-330-010(8)

"Person" means an individual, a trust or estate, a partnership, any public or private corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district. WAC 246-310-010(42)

Instructions

General Instructions:

- Include a table of contents for sections and appendices/exhibits
- Number **all** pages consecutively
- **Do not** bind or 3-hole punch the application.
- Make the narrative information complete and to the point.
- If any sections are not large enough to contain your response, please attach additional pages as necessary. Ensure that any attached pages are clearly labeled with the applicable question or section.

- If any of the documents provided in the form are in draft format, a draft is acceptable only if it includes the following elements:
  a. identifies all entities associated with the agreement,
  b. outlines all roles and responsibilities of all entities,
  c. identifies all costs associated with the agreement, and
  d. includes all exhibits that are referenced in the agreement.
  e. any agreements in draft form must include a document signed by both entities committing to execute the agreement as submitted following CN approval.

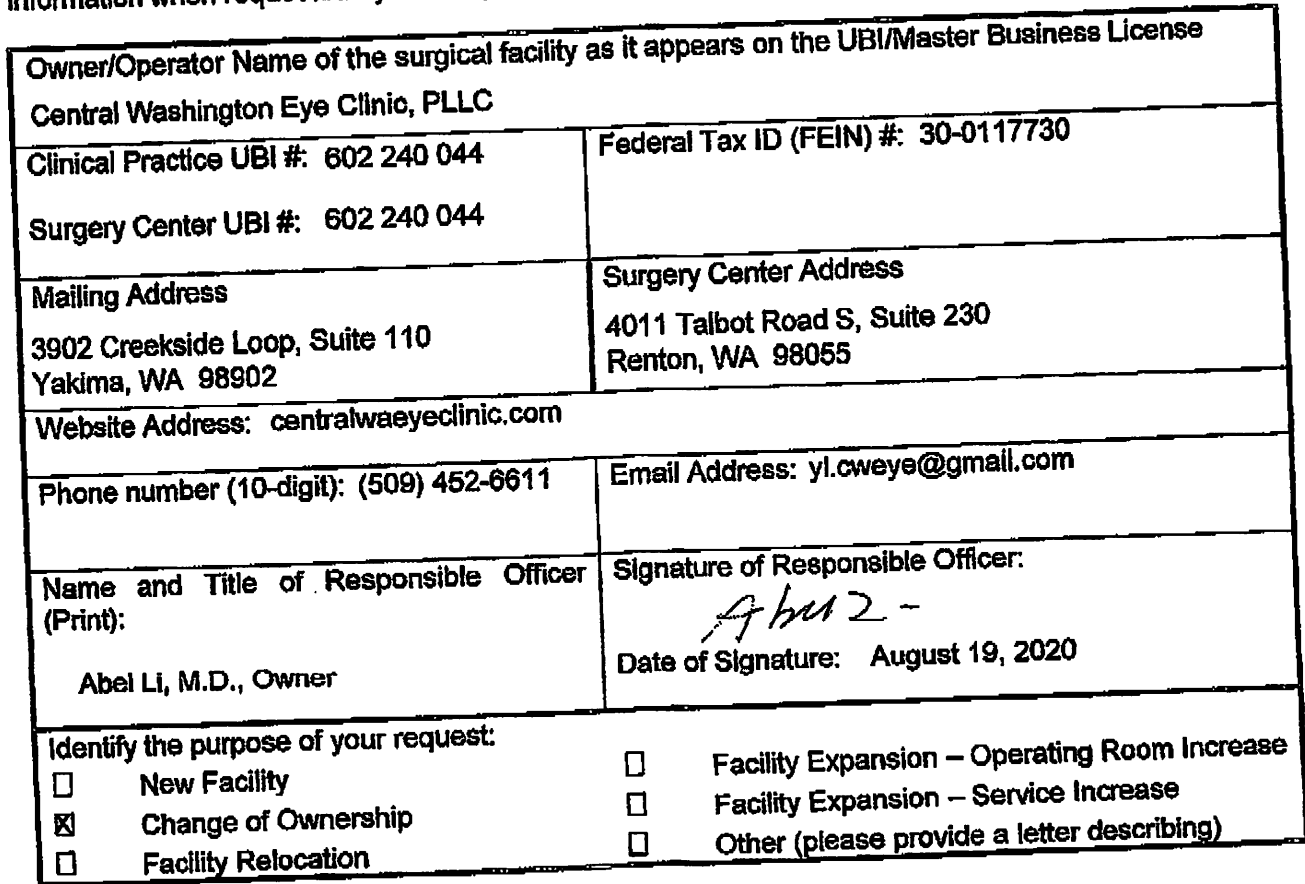
Do not skip any questions. If you believe a question is not applicable to your project, provide rationale as to why it is not applicable.

Certificate of Need
Determination of Reviewability
Ambulatory Surgical Facility and Ambulatory Surgery Center
(Do not use this form for any other type of ASC/F project)

Certificate of Need submissions must include a fee in accordance with Washington Administrative Code (WAC) 246-310-990.

The Department of Health (department) will use this form to determine whether my ambulatory surgical center or facility requires a Certificate of Need under state law and rules. Criteria and consideration used to make the required determinations are Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310. I certify that the statements in the submissions are correct to the best of my knowledge and belief. I understand that any misrepresentation, misleading statements, evasion, or suppression of material fact in this application may be used to take actions identified in WAC 246-310-500.

My signature authorizes the department to verify any responses provided. The department will use such information as appropriate to further program purposes. The department may disclose this information when requested by a third party to the extent allowed by law.



Owner/Operator Name of the surgical facility as it appears on the UBI/Master Business License Central Washington Eye Clinic, PLLC	
Clinical Practice UBI #: 602 240 044 Surgery Center UBI #: 602 240 044	Federal Tax ID (FEIN) #: 30-0117730
Mailing Address 3902 Creekside Loop, Suite 110 Yakima, WA 98902	Surgery Center Address 4011 Talbot Road S, Suite 230 Renton, WA 98055
Website Address: centralwaeyeclinic.com	
Phone number (10-digit): (509) 452-6611	Email Address: yl.cweye@gmail.com
Name and Title of Responsible Officer (Print): Abel Li, M.D., Owner	Signature of Responsible Officer: [signature] Date of Signature: August 19, 2020
Identify the purpose of your request: ☐ New Facility ☒ Change of Ownership ☐ Facility Relocation	☐ Facility Expansion – Operating Room Increase ☐ Facility Expansion – Service Increase ☐ Other (please provide a letter describing)

Existing Facility Status, complete for all applications concerning existing facilities

1. The CN Program previously determined the facility was not subject to CN Review (if yes, attach DOR letter)

☒ Yes ☐ No

Surgical Facility Owner/Operator Information

2. Provide a copy of any applicable governance documents, including operating agreements, shareholder agreements or corporate governing documents.

Facility Information

3. Although you are not required to apply for an ASF license before a CN determination is issued, have you or do you intend to, apply for a license?*

☐ Yes ☒ No The operating room is exempt from licensure under Chapter 70.230 RCW pursuant to RCW 70.230.040(3).

*Your answer to this question will allow the CN program to effectively coordinate the licensure process with other DOH offices.

4.

Number of existing operating and procedure rooms:	1
Number of new operating and procedure rooms:	0
Total:	1

Clinical and Surgical Services

5. Check all surgical procedures currently performed in the facility.

☐ Ear, Nose, & Throat
☐ Plastic Surgery
☐ Orthopedics
☒ Ophthalmology
☐ Other (describe)
☐ Gynecology
☐ Gastroenterology
☐ Podiatry
☐
☐ Oral Surgery
☐ Maxillo facial
☐ General Surgery
☐ Urology

☐ This is a new facility, no surgical procedures are currently performed

Check all new surgical procedures proposed to performed in the facility

☐ Ear, Nose, & Throat
☐ Plastic Surgery
☐ Orthopedics
☒ Ophthalmology
☐ Other (describe)
☐ Gynecology
☐ Gastroenterology
☐ Podiatry
☐
☐ Oral Surgery
☐ Maxillo facial
☐ General Surgery
☐ Urology

6. A facility that receives more than 50% of their income or 50% of their visits from surgeries is subject to CN requirements. In order to determine if your project is subject to CN review, please provide the current (existing facility) or proposed (new facility) percentages of income and visits for clinical and surgical services. Include all assumptions used to determine the percentages provided.

	Most recent full year of operation at current surgical site	Projected first full year of operation after the change in location
Total revenue for clinical services provided at this site.	N/A	$2.7 million
Total revenue for this site.	N/A	$3.8 million
Total clinical patient visits for this site.	N/A	13,600
Total surgical visits at this site.	N/A	1,400
Total patient visits at this site.	N/A	15,000

The above reflects the current percentages of revenue and patient visits for clinical and surgical services.

Certificate of Need Program Revised Code of Washington (RCW) and Washington Administrative Code (WAC)

Certificate of Need Program laws RCW 70.38

Certificate of Need Program rules WAC 246-310

WAC Reference	Title/Topic
246-310-010	Certificate of Need Program —Definitions
246-310-270	Certificate of Need Program —Ambulatory Surgery

Licensing Resources:
Ambulatory Surgical Facilities Laws, RCW 70.230
Ambulatory Surgical Facilities Rules, WAC 246-330
Ambulatory Surgical Facilities Program Web Page

Construction Review Services Resources:
Construction Review Services Program Web Page
Phone: (360) 236-2944
Email: CRS@doh.wa.gov

GOVERNANCE DOCUMENTS

Filed
Secretary of State
State of Washington
Date Filed: 10/17/2019
Effective Date: 10/17/2019
UBI #: 602 240 044

Annual Report

BUSINESS INFORMATION

Business Name:
CENTRAL WASHINGTON EYE CLINIC, PLLC

UBI Number:
602 240 044

Business Type:
WA PROFESSIONAL LIMITED LIABILITY COMPANY

Business Status:
ACTIVE

Principal Office Street Address:
3902 CREEKSIDE LOOP, SUITE 110, YAKIMA, WA, 98902-4876, UNITED STATES

Principal Office Mailing Address:

Expiration Date:
10/31/2020

Jurisdiction:
UNITED STATES, WASHINGTON

Formation/Registration Date:
10/09/2002

Period of Duration:
PERPETUAL

Inactive Date:

Nature of Business:
HEALTH CARE, SOCIAL ASSISTANCE & SERVICE ORGANIZATION

REGISTERED AGENT CONSENT

To change your Registered Agent, please delete the current Registered Agent below.
Registered Agent Consent (Check One):

I am the Registered Agent. Use my Contact Information.

I am not the Registered Agent. I declare under penalty of perjury that the WA Professional Limited Liability Company has in its records a signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the WA Professional Limited Liability Company must keep the signed consent document in its records, and must produce the document on request.

RCW 23.95.415 requires that all businesses in Washington State have a Registered Agent.

Some of this information is prepopulated from information previously provided. Please make changes as necessary to provide accurate information.

REGISTERED AGENT RCW 23.95.410

Registered Agent Name	Street Address	Mailing Address
KR SERVICES, LLC	1201 3RD AVE, SUITE 3200, SEATTLE, WA, 98101-3276, USA	1201 3RD AVE, SUITE 3200, SEATTLE, WA, 98101-3276, USA

PRINCIPAL OFFICE

Phone:

Email:
MKUMMERT@KELLERROHRBACK.COM

Street Address:
3902 CREEKSIDE LOOP, SUITE 110, YAKIMA, WA, 98902-4876, USA

Mailing Address:

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		ABEL	LI, M.D.

NATURE OF BUSINESS

- HEALTH CARE, SOCIAL ASSISTANCE & SERVICE ORGANIZATION

EFFECTIVE DATE

Effective Date:
10/17/2019

CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?
NO
2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?
NO
3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?
NO

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:
 * This company owns land, buildings or other real estate in Washington State,
 AND
 * Answered "YES" to questions 2 or 3 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.
For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit www.dor.wa.gov/REET

RETURN ADDRESS FOR THIS FILING

Attention:
Email:
Address:

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

AUTHORIZED PERSON

☑ I am an authorized person.

Person Type:
ENTITY

First Name:
MICHELE

Last Name:
KUMMERT

Entity Name:
KR SERVICES, LLC

Title:
REGISTERED AGENT

☑ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.