



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

March 12, 2021

John Solheim, CEO
RCCH Trios Health, LLC dba Trios Health
3810 Plaza Way
Kennewick, WA 99338

Via email: John.Solheim@trioshealth.org

RE: Certificate of Need Application #20-52 – Certificate of Need #1877

Mr. Solheim:

Enclosed is Certificate of Need #1877 issued to RCCH Trios Health, LLC. The certificate is for the consolidation of all acute beds on to the Southridge Campus within Kennewick, ultimately discontinuing use of the Auburn Campus. The bed consolidation is approved under the provisions of Revised Code of Washington 70.38.105(4)(e) and Washington Administrative Code 246-310-020(1)(c).

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

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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 the Certificate of Need Program at (360) 236-2955.

Sincerely,



Eric Hernandez, Program Manager
Certificate of Need
Office of Community Health Systems

Attachment



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 #1877 is issued to:

Applicant's Legal Name: RCCH Trios Health, LLC dba Trios Health
Applicant's Address: 3810 Plaza Way, Kennewick, Washington 99338
Facility Type Acute Care Hospital
Project Type Acute Care Hospital
Facility Name: Trios Southridge Hospital
Facility Address: 3810 Plaza Way, Kennewick, Washington 99338

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED FEBRUARY 4, 2021 (CN APP # 20-52)

Project Description

This certificate approves the consolidation of all hospital beds on to the Southridge Campus in two phases, ultimately discontinuing use of the Auburn Campus. The project relocates the services provided at Trios Health but does not increase the total number of acute care beds or change the services offered.

| Current | | | |
|--------------------------------------|-------------------|---------------|--------------|
| Campus | Southridge | Auburn | total |
| General Medical Surgical | 74 | 27 | 101 |
| Intermediate Care Nursery – Level II | 0 | 10 | 10 |
| Total | 74 | 37 | 111 |
| Phase 1 | | | |
| Campus | Southridge | Auburn | total |
| General Medical Surgical | 84 | 0 | 84 |
| Intermediate Care Nursery – Level II | 10 | 0 | 10 |
| Total | 94 | 0 | 94 |
| Phase 2 | | | |
| Campus | Southridge | Auburn | total |
| General Medical Surgical | 101 | 0 | 101 |
| Intermediate Care Nursery – Level II | 10 | 0 | 10 |
| Total | 111 | 0 | 111 |

Service Area
Benton County

Condition

1. Approval of the project description as stated above. RCCH Trios Health LLC dba Trios Health 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. RCCH Trios Health LLC dba Trios Health will provide charity care in compliance with its charity care policies reviewed and approved by the Department of Health, or any subsequent policies reviewed and approved by the Department of Health. Trios Health will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by hospitals in the Central Region. Currently, this amount is 1.31% gross revenue and 3.50% of adjusted revenue. Trios Health will maintain records of charity care applications received and the dollar amount of charity care discounts granted. The department requires these records to be available upon request.
3. RCCH Trios Health LLC dba Trios Health will finance this project through its parent, LifePoint Health, consistent with the description in the application.

Approved Capital Expenditure

The approved capital expenditure for this project is \$27,036,801.

This Certificate authorizes commencement of the project from March 12, 2021 to March 12, 2023 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: March 12, 2021

Eric Hernandez, Program Manager
Community Health Systems

This Certificate is not transferable