



Application Instructions

Certificate of Need Application-Hospital Change of Use Exemption

Hospitals Licensed Under RCW 70.41 Proposing Psychiatric Beds

The department will use the information in your application to determine if your project meets the applicable exemption criteria. These criteria are included in state law and rules. (RCW 78.38 and WAC 246-310)

General Instructions:

- Signatures must original
- Submit an **original and an electronic (pdf) version**

Application Submission:

- Applications for this exemption will be accepted between July 1, 2014 and June 30, 2015 only. Any application received after June 30, 2015 will be returned.

To be accepted, the exemption application must include:

- A completed and signed Certificate of Need Exemption application
- The exemption review fee of **\$1,925**. Make check payable to ***Department of Health***

Send application to:

Mailing Address:

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

Physical Address:

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

If you have questions, call (360) 236-2955



Official Use Only-Date Received:

**Certificate of Need Application-Hospital Change of Use Exemption
Hospitals Licensed Under RCW 70.41 Proposing Psychiatric Beds**
(Do Not Use this form for any other type of hospital project)

To be accepted Certificate of Need applications must include the appropriate fee (WAC 246-310-990.)

This is an application for a Certificate of Need under state law and rules. (RCW Chapter 70.38 and WAC 246-310). I hereby certify that the statements in this application 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 of Health 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.

Applicants(s)

Owner:	Operator (If different than Owner):
Legal Name of Owner:	Legal Name of Operator:
Address of Owner:	Address of Operator:
Name and Title of Responsible Officer: (Print)	Name and Title of Responsible Officer: (Print)
Signature of Responsible Officer	Signature of Responsible Officer
Date:	Date:
Telephone:	Telephone:

I. Project Information

A. Facility Information

1. Name of Facility: _____

Address: _____

B. Current Capacity Breakdown

1. Provide the following Licensed Bed information:

	Current	Proposed
a. 24 hr. assigned and set-up (Acute Med/Surg)	_____	_____
b. 24 hr. assignable-not set-up (Acute Med/Surg)		
These are spaces that meet licensure standards and the hospital has ready access to required movable equipment.	_____	_____
c. Dedicated or PPS exempt Psychiatric	_____	_____
d. Dedicated or PPS exempt Rehabilitation	_____	_____
e. Long Term Care/Nursing Home Beds	_____	_____
f. Neonatal Intermediate Care Nursery Level II	_____	_____
g. Neonatal Intensive Care Nursery Level III	_____	_____
h. Neonatal Intensive Care Nursery Level IV	_____	_____
Total Licensed Beds (sum of above)	_____	_____
Banked LTC/Nursing Home Beds (Unlicensed)	_____	_____
Swing Beds (as defined by Medicare. Beds from "a" above may also be swing beds)	_____	_____

C. Project Implementation

Intended Project Start Date: _____ Intended Project Completion Date: _____

Note: If this exemption is approved, the project must commence within two years of the exemption issue date unless granted one six-month extension. Commencement is defined in WAC 246-310-010(13) to mean:

"Commencement of the project" means whichever of the following occurs first: In the case of a construction project, giving notice to proceed with construction to a contractor for a construction project provided applicable permits have been applied for or obtained within sixty days of the notice; beginning site preparation or development; excavating or starting the foundation for a construction project; or beginning alterations, modification, improvement, extension, or expansion of an existing building. In the case of other projects, initiating a health service."

D. Involuntary Treatment Services

I attest that by checking the following box, the facility will be seeking certification from the Department of Social and Health Services to become a provider of Involuntary Treatment Act (ITA) services.

ITA Certification Checkbox: