



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

May 16, 2014

Hospital Administrators:

On April 4, 2014 Second Substitute Senate Bill 6312 concerning behavioral health and chemical dependency treatment services was signed into law by Governor Inslee. The bill includes a temporary change in Certificate of Need requirements for hospitals licensed under RCW chapter 70.41.

What Changes:

For state fiscal year 2015 (July 1, 2014 through June 30, 2015), full Certificate of Need review is suspended for acute care hospitals to change the use of existing licensed beds to psychiatric care that includes involuntary treatment services.

Although the statute is silent about returning the use of these exempt psychiatric beds back to their previous use, the department will permit the hospitals to return the use of these exempt psychiatric beds back to their previous use without a full Certificate of Need review. To do so the hospital would submit a *Return Exempt Psychiatric Beds to Previous Licensed Status Under RCW 70.41* discussed later in this letter.

What Does Not Change:

- A full CoN application and review is required if beds are being added to your hospital's licensed bed count to provide psychiatric care.

What You Need To Do and What We Will Do:

- Prior to changing the use of licensed beds to psychiatric care, complete and submit a *Hospital Change of Use Exemption Hospitals Licensed Under RCW 70.41 Proposing Psychiatric Beds* application. For your convenience, a copy of the application has been attached. See Attachment A. Processing the complete exemption application will take 30 days or less. The current exemption fee is \$1,925 per application.

The project approved by the exemption must commence¹ within two years of the exemption issue date unless granted one six-month extension by the department. If the hospital does not commence the exempt project within the timeline, a full Certificate of Need would be required under today's law.

- To return exempt psychiatric beds back to their previous use, complete and submit a *Return Exempt Psychiatric Beds to Previous Licensed Status Under RCW 70.41*. For your

¹ 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."

convenience, a copy of this application has been attached. See Attachment B. Processing the complete exemption application will take 30 days or less. The current exemption fee is \$1,925.

Other Considerations:

- The hospital will need to meet the physical plant standards for providing psychiatric care. This may require alterations or construction at your hospital to be completed before the change in use of the beds to psychiatric care. Contact Department of Health Construction Review Services at 360.236.2944 for more information.
- The hospital will need to meet any staffing requirements for providing psychiatric care in the hospital. This may require the hospital to hire or contract for certain types of staff to meet licensing, CMS certification, and Involuntary Treatment Act services requirements. Contact Department of Health Hospital Licensing at 360.236.2937 and Department of Social & Health Services- Behavioral Health and Recovery at 360 735.1687 for more information.

If you have any questions about the Certificate of Need process for these psychiatric beds, please contact our office at 306.236.2955.

Sincerely,

A handwritten signature in blue ink that reads "Janis R. Sigman". The signature is written in a cursive, flowing style.

Janis R. Sigman, Manager
Certificate of Need Program
Office of Community Health Systems

ATTACHMANT A

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:

ATTACHMANT B

Application Instructions Certificate of Need Application-Hospital Change of Use Exemption Return Exempt Psychiatric Beds to Previous Licensed Status Under RCW 70.41

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 should be submitted a minimum of 30 days prior to any change in bed use.

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:

<p>Certificate of Need Application-Hospital Change of Use Exemption Return Exempt Psychiatric Beds to Previous Licensed Status under RCW 70.41 (Do Not Use this form for any other type of hospital project)</p>	
<p>To be accepted Certificate of Need applications must include the appropriate fee (WAC 246-310-990.)</p>	
<p>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.</p>	
<p>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.</p>	
<p>Applicants(s)</p>	
<p>Owner:</p>	<p>Operator (If different than Owner):</p>
<p>Legal Name of Owner:</p>	<p>Legal Name of Operator:</p>
<p>Address of Owner:</p>	<p>Address of Operator:</p>
<p>Name and Title of Responsible Officer: (Print)</p>	<p>Name and Title of Responsible Officer: (Print)</p>
<p>Signature of Responsible Officer</p>	<p>Signature of Responsible Officer</p>
<p>Date:</p>	<p>Date:</p>
<p>Telephone:</p>	<p>Telephone:</p>

I. Project Information

A. Facility Information

1. Name of Facility: _____

Address: _____

B. Current Capacity Breakdown

1. Provide the following Bed Capacity information:

	Current	Proposed
a. 24 hr. assigned and set-up (general Medical/Surgical)	_____	_____
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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	_____	_____
Swing Beds (as defined by Medicare-may also be included in a above)	_____	_____

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