



FOR DEPARTMENT USE ONLY
<i>Date Stamp Here</i>
Fee Received: _____
Check #: _____
Initials _____

NURSING HOME ALTERNATIVE USE BED BANKING EXTENSION NOTICE

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW), 70.38.111 Washington Administrative Code (WAC) 246-310-395 and WAC 246-310-580.

Alternate Use Bed Banking Extension notices must be submitted with a fee in accordance with WAC 246-310-990 and the completed invoice on page 2 of this form.

This notice is made for Nursing Home Bed Banking for Alternative Use-Extension in accordance with provisions in RCW 70.38, WAC 246-310-395 and WAC 246-310-580, rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this notice are correct to the best of my knowledge and belief.

Name of the Nursing Home (facility)

Name of the facility's Licensee

Print Name of person making the request

Telephone Number

Title of person making the request

Relationship to licensee

I understand that any evasion or suppression of material facts, misrepresentation, false statements or misleading statements regarding any of the information contained in this notice shall be grounds for actions under the provisions of WAC 246-310-500 and forfeiture of the beds.

Signature of Licensee

Date

Address:

Invoice for Submission of Alternate Use Bed Banking Extension Request

1. This form must be accompanied by a check payable to: ***The Department of Health*** for the review fee as identified below.
2. Complete the following prior to submission for review:

REVIEW FEE: _____ (Refer to fee schedule)

APPLICANT NAME: _____

DATE OF SUBMISSION: _____ CHECK NUMBER: _____

3. Mail **Original**, signed notice and payment to:

**Department of Health
Certificate of Need Program
310 Israel Road SE
Tumwater, Washington 98501
or
Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852**

CERTIFICATE OF NEED FEE SCHEDULE

Effective 7/1/08

Application Fees

An application for a certificate of need under chapter 246-310-990 WAC must include payment of a fee consisting of the following:

- A review fee based on the facility/project type.
- If more than one facility/project type applies to an application, the review fee for each type of facility/project must be included.

Facility/Project Type	Review Fee
Ambulatory Surgical Centers/Facilities	\$17,392
Amendments to Issued Certificates of Need	\$10,961
Emergency Review	\$7,055
Exemption Requests (Non-Refundable Fee)	
• Continuing Care Retirement Communities (CCRCs)/Health Maintenance Organization (HMOs)	\$7,055
• Bed Banking/Conversions	\$ 1,147
• Determinations of Non-Reviewability	\$ 1,639
• Hospice care center	\$ 1,476
• Nursing Home Replacement/Renovation Authorizations	\$ 1,476
• Nursing Home Capital Threshold under RCW 70.38.105(4)(e) (excluding replacement/renovation authorizations)	\$1,476
• Rural Hospital/Rural Health Care Facility	\$1,476
Extensions (Non-Refundable Fee)	
• Bed Banking	\$656
• Certificate of Need/Replacement-Renovation Authorization Validity Period	\$656
Home Health Agency	\$21,001
Hospice Agency	\$18,704
Hospice Care Centers	\$10,961
Hospital (excluding Transitional Care Units-TCUs, Ambulatory Surgical Center/Facilities, Home Health, Hospice, and Kidney Disease Treatment Centers)	\$34,457
Kidney Disease Treatment Centers	\$21,331
Nursing Homes (including CCRCs and TCUs)	\$39,380

Fees for Amending Pending Applications

The fee for amending a pending certificate of need application-is determined as follows:-

- If an amendment to a pending certificate of need application results in the addition of one or more facility/project types the review for each additional facility/project type must accompany the amendment application;
- If an amendment to a pending certificate of need application results in the removal of one or more facility/project types the department shall refund to the applicant the difference between the review fee previously paid and the review fee applicable to the new facility/project type;
- If an amendment to a pending certificate of need application results in any other change as identified in WAC 246-310-100, a fee of \$1,756 must accompany the amendment application.

Refunds

- If a certificate of need application is returned by the department under WAC 246-310-090 (2)(b) or (e), the department shall refund 75% of the review fees paid.
- If an applicant submits a written request to withdraw a certificate of need application before the beginning of review, the department shall refund 75% of the review fees paid by the applicant.
- If an applicant submits a written request to withdraw certificate of need application after the beginning of review, but before the beginning of the ex parte period the department shall refund 50% of all review fees paid.
- If an applicant submits a written request to withdraw an application after the beginning of the ex parte period the department shall not refund any of the review fees paid.
- Review fees for exemptions and extensions are nonrefundable.

a) If the building owner has a secured interest in the bed rights, an **original** written statement signed by the building owner indicating the building owner's approval of the bed reduction extension,

OR

b) If the building owner does not have a secured interest in the bed rights, a copy of the notice sent to the building owner by the licensee informing the building owner of the planned bed reduction extension.

6. If the purpose of banking the beds was to provide an alternate service(s), please identify the date the alternate service was implemented.

7. If the alternate service has not been implemented, please explain in detail what steps have been taken toward implementing the alternate service(s).

8. If the answer to question 7 is nothing or nothing currently, please explain why.

9. If the answer to question 7 is nothing or nothing currently, please explain why the department should grant the extension request when the alternate service has not been implemented.

By submitting this extension request, I understand that the Certificate of Need statute permits only one extension. At the end of any approved extension timeline, I must either re-license the beds for patient care within the same nursing facility or relinquish the beds.