



FOR DEPARTMENT USE ONLY

Date Stamp Here

Fee Received: _____

Check #: _____

Initials _____

NURSING HOME ALTERNATIVE BED BANKING CONVERSION 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 and Washington Administrative Code (WAC) 246-310-395.

Alternate Use Bed Banking Conversion 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 Conversion in accordance with provisions in RCW 70.38 and WAC 246-310-395, 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:

Expected Date of Conversion

Invoice for Submission of Alternate Use Bed Banking-Conversion Notice

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

REVIEW FEE: \$_____ (refer to fee schedule)

APPLICANT NAME: _____

DATE OF SUBMISSION:_____CHECK NUMBER:_____

4. Mail **ORIGINAL**, signed notice and payment to:

Physical Address:

**Department of Health
Certificate of Need Program
310 Israel Road SE
Tumwater, WA 98501**

Mailing Address:

**Department of Health
Certificate of Need Program
P O Box 47852
Olympia WA 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.

WASHINGTON STATE CERTIFICATE OF NEED PROGRAM
RCW 70.38 AND WAC 246-310

ALTERNATE USE BED BANKING CONVERSION NOTICE REQUIREMENTS

Note: Conversion notices shall be submitted to the Department of Health and a copy to the Department of Social and Health Services a minimum of ninety days prior to the effective date of the bed conversion unless construction is required to convert the beds back. In the event the beds are not converted back to nursing home beds within sixty days of the date stated in the notice, a new notice must be resubmitted a minimum of ninety days prior to the effective date of the licensure modification.

If construction is required to convert beds back to nursing home bed use, the notice shall be submitted to the Department of Health and a copy to the Department of Social and Health Services a minimum of one year prior to the effective date of the bed conversion. The same life and safety code requirements as existed at the time the nursing home voluntarily reduced its licensed beds shall be complied with unless waivers from such requirements were issued, in which case the converted beds shall reflect the conditions or standards that then existed pursuant to the approved waivers. In the event the beds are not converted back to nursing home beds within sixty days of the date stated in the notice, a new notice of intent must be resubmitted a minimum of one year prior to the effective date of the licensure modification.

The term "construction," as used in relationship to Alternate Use Bed Banking Conversion, is limited to those projects that are expected to equal or exceed the expenditure minimum amount. Currently this figure is \$2,000,000.

Information Requirements:

1. Construction is: _____ is not _____ required to convert the beds.
2. For the entire facility, please provide a current facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
3. For the entire facility, please provide a floor diagram of the current facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.
4. For the entire facility, please provide a facility room listing showing each room and each one to be converted, its room number, its use, the number of beds in each room, and whether the room is to be Medicare certified.
5. For the entire facility, please provide a floor diagram of the facility showing each room and each one to be converted, its room number, its use, the number of beds in each room and whether the room is to be Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.

