

Certificate of Need-Exemption
Nursing Home Bed Replacement or Renovation Authorization Notice
(Do Not Use this form for any other type of nursing home 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.

Project Type:

Replacement: _____ Renovation: _____

Applicants(s)

Licensee:

Legal Name of Licensee:

Building Owner:

Legal Name of Building Owner:

Address of Licensee:

Address of Building Owner:

Facility:

Name of Nursing Home (facility) being Replaced or Renovated:

Address of Nursing Home (facility) being Replaced or Renovated:

Name and Title of Responsible Officer: **(Print)**

Signature of Responsible Officer

Relationship to licensee:

Estimated Capital Expenditure:

Date:

Telephone:

Notice Instructions

Nursing Home Bed Replacement or Renovation Authorizations

The department will use the information in your application to determine if your project meets the applicable review criteria. These criteria are included in state law and rules. (RCW 78.38, WAC 246-310-044, and WAC 246-310-397)

General Instructions:

- Completed Sections I and II for all projects
- Complete Section III for Replacement projects
- Complete Section IV for Renovation projects

Notice: If the nursing home being replaced is going to close, that closure must not occur until the Replacement Authorization is issued.

Number of Copies:

- Submit an **original and an electronic (pdf) version**
- All subsequent submissions associated with this notice must be submitted with an **original and an electronic (pdf) version**.

To be accepted, the application must include:

- A completed and signed Certificate of Need application face sheet
- The review fee of **\$1,733**. 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

Other than by mail:

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

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

I. Applicant and Building Owner Information:

The exemption request must be submitted to the department a minimum of thirty days **prior to** commencing there placement or renovation project. If the nursing home being replaced is going to close, that closure must not occur until the Replacement Authorization is issued.

The definition of "**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 such 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. (WAC246-310-010).

The definition of "**Licensee**" means an entity or individual licensed by the Department of Health or the Department of Social and Health Services. For purposes of nursing home projects, licensee refers to the operating entity and those persons specifically named in the license application as defined under chapter 388-97. (WAC 246-310-010).

1. Documentation that the applicant is the existing licensee of the nursing home and has been for at least one year immediately preceding the replacement/renovation project notice. Submission of a copy of the nursing home's current license and the previous year's license will be sufficient. To be accepted there must be at least one year between the issued/effective dates of the license.
2. Submit an affidavit from the applicant (existing licensee) that they intend to be the licensee at the replacement or renovated facility at the project's completion. This affidavit **must** include a statement that the applicant acknowledges the project cannot be completed if the applicant is not the licensee at the time the project is completed except as allowed for under the provisions of RCW 70.38.115(14).(Sample affidavit attached.)
3. If the licensee is not the building owner, does the building owner have a secured interest in the nursing home bed rights?
4. If building owner does have a secured interest the bed rights, an **original** written statement signed by the building owner indicating the building owner's approval of the replacement/renovation. This written approval must also include a statement acknowledging that in the event the licensee is unable to complete the replacement or renovation project, the building owner will only be permitted to complete the project as referenced in RCW 70.38.115(14)
5. 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 replacement/renovation. This written notice must also include a statement acknowledging that in the event the licensee is unable to complete the replacement or renovation project, the building owner will only be permitted to complete the project as referenced in RCW70.38.115(14)

II. Current Facility Information

1. Name of Facility to be replaced or renovated: _____
2. Street: _____ City: _____ Zip: _____
3. County where facility is currently located: _____
4. Number of beds currently licensed: _____
5. Number of beds banked under the alternate use provisions of WAC 246-310-395: _____

6. Medicare Provider Number: _____

7. Medicaid Provider Number: _____

III. Replacement Project Information

1. Site address of the proposed replacement facility. If the site address of the proposed replacement facility is not available, provide the legal description of the property:

Street: _____ City: _____ Zip: _____

2. County where the replacement facility is to be located: _____

3. The number of beds proposed to be licensed at the replacement nursing home. This number cannot exceed number of licensed beds. _____

4. Documentation must be submitted indicating that the nursing home beds being replaced will not be used for nursing home services once the replacement beds are licensed.

5. Total estimated capital expenditures. This figure will be used by the Department of Social and Health Services as part of the rate calculation: \$ _____.

6. Timetable for implementing the proposed project. This information is used to monitor an approved project as required by WAC 246-310-590. It may also be used for actions stated in WAC 246-310-580 and WAC 246-310-600.

Activity	Date
Funds necessary to undertake the project obtained	
Preliminary drawings submitted to Department of Health's Construction Review Services (CRS)	
Final drawings and specifications submitted to CRS	
Construction contract awarded	
50% of construction completed (based on dollar value of the construction contract awarded)	
Construction completed	
License obtained	
Facility operating—serving residents	

IV. Renovation Project Information

1. The number of beds proposed to be licensed at the renovated nursing home. This number cannot exceed number of licensed beds. _____

2. Total estimated capital expenditures. This figure will be used by the Department of Social and Health Services as part of the rate calculation: \$ _____.

3. Timetable for implementing the proposed project. This information is used to monitor an approved project as required by WAC 246-310-590. It may also be used for actions stated in WAC 246-310-580 and WAC 246-310-600.

Activity	Date
Funds necessary to undertake the project obtained	
Preliminary drawings submitted to Department of Health's Construction Review Services (CRS)	
Final drawings and specifications submitted to CRS	
Construction contract awarded	
50% of construction completed (based on dollar value of the construction contract awarded)	
Construction completed	
License obtained	
Facility operating—serving residents	

Note: If the captions in the above table do not match events in the renovation project, please provide a listing of those project events with the projected completion dates.

Sample Affidavit

SAMPLE

STATE OF WASHINGTON
COUNTY OF _____

Affidavit of **Name of Person** Here

_____, being first duly sworn, on oath deposes and says:

1. I am (this paragraph tells who you are and what you related to the project for which you are doing the affidavit. For example, you would give your job title, description, etc., and how long you have been in that position and why you are qualified to give this information.)
2. (This paragraph is broken down into paragraphs telling what you need to provide to the department for the Replacement Authorization.)
3. (This paragraph must be included in the affidavit)

As the current licensee of the facility to be replaced or renovated, **I understand that:**

- I must be the licensee at the replaced or renovated facility;
- The project cannot be completed if I do not intend to be the licensee at the replaced or renovated facility; and
- If the building owner does not have a secured interest in the beds, the building owner has been notified and understands that they cannot complete the project if I, as the licensee, am unable to complete the project.

Date: _____ Signature: _____

SUBSCRIBED AND SWORN before me this _____ day of _____, year

NOTARY PUBLIC in and for the State
of Washington, residing at _____
My commission expires: _____

*(Must have notary
seal affixed to document)*