Ambulatory Surgery Center/Facility Certificate of Need Determination of Reviewability Packet

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Submission Instructions:
Provide either a paper or electronic version of the form.

To be accepted, the form must include:
- A completed and signed Certificate of Need form, including the face sheet
- A check or money order for the review fee of $1,925 payable to Department of Health.
- Mail or deliver the form and review fee 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

Contact Us:
Certificate of Need Program Office 360-236-2955
Definitions

The Certificate of Need (CN) Program will use the information you provide to determine if your project meets the applicable review criteria. These criteria are included in state law and rules. Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310.

“Primary purpose” is defined as the majority of income or patient visits for the site,* inclusive of all clinical services provided at the site, are derived from the specialty or multispecialty surgical services. Department of Health website, frequently asked questions, informed by the licensing rules definition for ambulatory surgical facility.

*The site subject to a determination of reviewability is limited to a specific, physical address where an entity under single ownership provides or will provide specialty or multispecialty surgical services. A site whose “primary purpose” is specialty or multispecialty surgical services is required to obtain a certificate of need.

"Ambulatory surgical facility" or “ASF” means any free-standing entity, including an ambulatory surgery center that operates primarily for the purpose of performing surgical procedures to treat patients not requiring hospitalization. This term does not include a facility in the offices of private physicians or dentists, whether for individual or group practice, if the privilege of using the facility is not extended to physicians or dentists outside the individual or group practice. WAC 246-310-010(5)

“Ambulatory surgical center” or “ASC” is also a term for a facility that provides ambulatory surgical procedures. The Centers for Medicare and Medicaid use this term for billing purposes. CN review is not required for an ambulatory surgical center unless it also fits the definition of an ambulatory surgical facility in WAC 246-310-010(5).

"Ambulatory surgical facility" or “ASF” as defined by licensing rules, and relied on by the CN Program for consistency, means any distinct entity that operates for the primary purpose of providing specialty or multispecialty outpatient surgical services in which patients are admitted to and discharged from the facility within twenty-four hours and do not require inpatient hospitalization, whether or not the facility is certified under Title XVIII of the federal Social Security Act. An ambulatory surgical facility includes one or more surgical suites that are adjacent to and within the same building as, but not in, the office of a practitioner in an individual or group practice, if the primary purpose of the one or more surgical suites is to provide specialty or multispecialty outpatient surgical services, irrespective of the types of anesthesia administered in the one or more surgical suites. An ambulatory surgical facility that is adjacent to and within the same building as the office of a practitioner in an individual or group practice may include a surgical suite that shares a reception area, restroom, waiting room, or wall with the office of the practitioner in an individual or group practice. WAC 246-330-010(5)

"Change of ownership" as defined by licensing rules, and relied on by the CN Program, is defined as (a) A sole proprietor who transfers all or part of the ambulatory surgical
facility's ownership to another person or persons; (b) The addition, removal, or substitution of a person as a general, managing, or controlling partner in an ambulatory surgical facility owned by a partnership where the tax identification number of that ownership changes; or (c) A corporation that transfers all or part of the corporate stock which represents the ambulatory surgical facility's ownership to another person where the tax identification number of that ownership changes. WAC 246-330-010(8)

“Person” means an individual, a trust or estate, a partnership, any public or private corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district. WAC 246-310-010(42)
Instructions

General Instructions:
- Include a table of contents for sections and appendices/exhibits
- Number all pages consecutively
- **Do not** bind or 3-hole punch the application.
- Make the narrative information complete and to the point.
- If any sections are not large enough to contain your response, please attach additional pages as necessary. Ensure that any attached pages are clearly labeled with the applicable question or section.

- If any of the documents provided in the form are in draft format, a draft is acceptable only if it includes the following elements:
  a. identifies all entities associated with the agreement,
  b. outlines all roles and responsibilities of all entities,
  c. identifies all costs associated with the agreement, and
  d. includes all exhibits that are referenced in the agreement.
  e. any agreements in draft form must include a document signed by both entities committing to execute the agreement as submitted following CN approval.

Do not skip any questions. If you believe a question is not applicable to your project, provide rationale as to why it is not applicable.
Certificate of Need
Determination of Reviewability
Ambulatory Surgical Facility and Ambulatory Surgery Center
(Do not use this form for any other type of ASC/F project)

Certificate of Need submissions must include a fee in accordance with Washington Administrative Code (WAC) 246-310-990.

The Department of Health (department) will use this form to determine whether my ambulatory surgical center or facility requires a Certificate of Need under state law and rules. Criteria and consideration used to make the required determinations are Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310. I certify that the statements in the submissions 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 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.

| Owner/Operator Name of the surgical facility as it appears on the UBI/Master Business License |
| Clinical Practice UBI #: | Federal Tax ID (FEIN) # |
| Surgery Center UBI #: |
| Mailing Address | Surgery Center Address |
| Website Address: |
| Phone number (10-digit): | Email Address: |
| Name and Title of Responsible Officer (Print): | Signature of Responsible Officer: |
| Date of Signature: |

Identify the purpose of your request:
- ☐ New Facility
- ☐ Change of Ownership
- ☐ Facility Relocation
- ☐ Facility Expansion – Operating Room Increase
- ☐ Facility Expansion – Service Increase
- ☐ Other (please provide a letter describing)
**Existing Facility Status**, complete for all applications concerning existing facilities

1. The CN Program previously determined the facility was not subject to CN Review (if yes, attach DOR letter)
   
   [ ] Yes  [ ] No

**Surgical Facility Owner/Operator Information**

2. Provide a copy of any applicable governance documents, including operating agreements, shareholder agreements or corporate governing documents.

**Facility Information**

3. Although you are not required to apply for an ASF license before a CN determination is issued, have you or do you intend to, apply for a license?*
   
   [ ] Yes  [ ] No

*Your answer to this question will allow the CN program to effectively coordinate the licensure process with other DOH offices.

4.

<table>
<thead>
<tr>
<th>Number of existing operating and procedure rooms:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Number of new operating and procedure rooms:</td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
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</tbody>
</table>

**Clinical and Surgical Services**

5. Check all surgical procedures currently performed in the facility.

   - [ ] Ear, Nose, & Throat
   - [ ] Plastic Surgery
   - [ ] Orthopedics
   - [ ] Ophthalmology
   - [ ] Other (describe)

   This is a new facility, no surgical procedures are currently performed

Check all new surgical procedures proposed to performed in the facility

   - [ ] Ear, Nose, & Throat
   - [ ] Plastic Surgery
   - [ ] Orthopedics
   - [ ] Ophthalmology
   - [ ] Other (describe)
6. A facility that receives more than 50% of their income or 50% of their visits from surgeries is subject to CN requirements. In order to determine if your project is subject to CN review, please provide the current (existing facility) or proposed (new facility) percentages of income and visits for clinical and surgical services. Include all assumptions used to determine the percentages provided.

<table>
<thead>
<tr>
<th></th>
<th>Most recent full year of operation at current surgical site</th>
<th>Projected first full year of operation after the change in location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenue for clinical services provided at this site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total revenue for this site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total clinical patient visits for this site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total surgical visits at this site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total patient visits at this site.</td>
<td></td>
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</tbody>
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Certificate of Need Program Revised Code of Washington (RCW) and Washington Administrative Code (WAC)

Certificate of Need Program laws **RCW 70.38**

Certificate of Need Program rules **WAC 246-310**

<table>
<thead>
<tr>
<th>WAC Reference</th>
<th>Title/Topic</th>
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<tbody>
<tr>
<td>246-310-010</td>
<td>Certificate of Need Program —Definitions</td>
</tr>
<tr>
<td>246-310-270</td>
<td>Certificate of Need Program —Ambulatory Surgery</td>
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</tbody>
</table>

**Licensing Resources:**

- Ambulatory Surgical Facilities Laws, RCW 70.230
- Ambulatory Surgical Facilities Rules, WAC 246-330
- Ambulatory Surgical Facilities Program Web Page

**Construction Review Services Resources:**

- Construction Review Services Program Web Page
- Phone: (360) 236-2944
- Email: CRS@doh.wa.gov