



Hospital Psychiatric-Bed Addition Exemption Certificate of Need Hospitals Licensed Under RCW 70.41 Proposing Psychiatric Beds Determination of Reviewability Packet

Contents:

- 1. 260-017 Contents List/Mailing Information 1 Page
- 2. 260-017 Determination of Reviewability Form 3 Pages
- 3. RCW/WAC and Website Links 1 Page

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Submission Instructions:

- One electronic (pdf) version, including any applicable attachments.
- Applications for this exemption will be accepted until June 30, 2023 only. Any application received after June 30, 2023 will be returned unless the exemption statute is extended.
- A check or money order for the exemption review fee of \$1,925, payable to Department of Health.

Include copy of the signed cover sheet with the fee if you submit the application and fee separately. This allows us to connect your application to your fee. We also strongly encourage sending payment with a tracking number.

Mail or deliver the exemption and review fee 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 S.E.
Tumwater, Washington 98501

Contact Us:

Certificate of Need Program Office 360-236-2955 or FSLCON@doh.wa.gov.



Official Use Only
Date Received:

Certificate of Need Hospital Psychiatric-Bed Addition Exemption
Hospitals Licensed Under RCW 70.41
Proposing Psychiatric-Bed Addition
Exemption Under Authority of RCW 70.38.260(2)
(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.)

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington ([RCW 70.38](#) and [WAC 246-310](#)), rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

Applicant(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 and Email:	Telephone and Email:

Facility Information

1. Name of Facility: _____

2. Facility Address: _____

3. Facility's credential number: HAC.FS. _____

4. Provide a breakdown of the current number of licensed beds in the table below.

Bed Designation	Current
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 currently possesses the required moveable 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 Long Term Care/Nursing Home Beds (unlicensed)	
Swing Beds (as defined by Medicare. Beds from "a" above may also be swing beds)	

Project Information

1. Exempt psychiatric beds to be added: _____

2. Has this facility ever been granted an exemption from Certificate of Need review for the addition of psychiatric beds? Yes No

If yes, provide the Certificate of Need number: _____

3. Project's anticipated timeline

Event	Month/Day/Year
Assumed Project Exemption Granted Date	
Anticipated Project Commencement Date	
Anticipated Project Completion Date	

Note: If this exemption is approved, the project must commence within two years of the exemption issue date.

Commencement is defined in WAC 246-310-010(13):

“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.

Project Completion is defined in WAC 246-310-010(47):

“Project Completion” for projects requiring construction, means the date the facility is licensed. For projects not requiring construction, project completion means initiating the health service.

4. Change In Use Of Exempt Psychiatric Beds

I attest that by initialing below, the licensee understands that beds added under this exemption must remain psychiatric beds unless a Certificate of Need is granted to change their use or the hospital voluntarily reduces its licensed capacity.

Acknowledgement, initial here: _____

Certificate of Need Program Revised Code of Washington (RCW) and Washington Administrative Code (WAC)

Certificate of Need Program statute [RCW 70.38](#)

Certificate of Need Program regulations [WAC 246-310](#)

References	Title/Topic
RCW 70.38.260	Certain hospitals not subject to certificate of need requirements for the addition of the number of new psychiatric beds
WAC 246-310-010	Certificate of Need Program definitions

Licensing Resources:

[Hospital Licensing and Regulation Statute, RCW 70.41](#)

[Hospital Licensing Regulations, WAC 246-320](#)

[Hospital Program Web Page](#)

[Private Psychiatric Hospital Licensing and Regulation Statute, RCW 71.12](#)

[Private Psychiatric Hospital Licensing Regulations, WAC 246-322](#)

[Private Psychiatric Hospital Program Web Page](#)

Construction Review Services Resources:

[Construction Review Services Program Web Page](#)

Phone: 360-236-2944

Email: CRS@doh.wa.gov