



# Nursing Home Alternative Use Bed Banking Certificate of Need Application Packet

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### Submission Instructions:

One electronic copy of your application, including any application addendum – no paper copy is required. A check or money order for the review fee of **\$1,347** payable to **Department of Health**.

If you submit the application and fee separately include a copy of the signed cover sheet with the fee. This allows us to connect your application to your fee. We also strongly encourage sending payment with a tracking number. **Do not** submit a copy of your check with your application; your application documents are publicly disclosable.

Submit the application and review fee to:

#### Mailing Address:

Department of Health  
Certificate of Need Program  
P O Box 47852  
Olympia, Washington 98504-7852

#### In Person:

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

#### Email:

FSLCON@doh.wa.gov

### Contact Us:

Certificate of Need Program Office 360-236-2955 or [FSLCON@doh.wa.gov](mailto:FSLCON@doh.wa.gov)



## Application Instructions

The Certificate of Need Program will use the information in your application to determine if your project meets the applicable exemption criteria found in [chapter 70.38 RCW](#) and [chapter 246-310 WAC](#).

### General Instructions:

- Include a table of contents for application sections and appendices/exhibits
- Number **all** pages consecutively
- Make the narrative information complete and to the point.
- Cite all data sources.
- Provide copies of articles, studies, etc. cited in the application.
- Place extensive supporting data in an appendix.
- Under no circumstance should your application contain any patient identifying information.

**Do not skip any questions in this application. If you believe a question is not applicable to your project, explain why it is not applicable.**

**Answer the following questions in a manner that makes sense for your project. In some cases, a table may make more sense than a narrative. The department will follow up in screening if there are questions.**

Program staff members are available to provide technical assistance (TA) at no cost to you before submitting your application. While TA isn't required, it's highly recommended and can make any required review easier. To request a TA meeting, call 360-236-2955 or [email us at FSLCON@doh.wa.gov](mailto:FSLCON@doh.wa.gov).



Certificate of Need Application
Alternative Use Bed Banking Application / Notice

The following information will be used to evaluate the conformance of the project with all applicable exemption criteria contained in RCW 70.38.111 and WAC 246-310-395.

Alternate Use Bed Banking notices must include appropriate fee in accordance with WAC 246-310-990.

This notice is made for Nursing Home Bed Banking for Alternative Use in accordance with provisions in chapter 70.38 RCW 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

Printed Name of person making the request

Title of person making the request

Relationship to Licensee

Telephone Number

Email address

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

Email address

Address



**Required Information:**

1. For the entire facility, provide a **current** facility room listing including each room, its room number, its use, and the number of beds in each room.
2. For the entire facility, provide a floor diagram of the **current** facility room listing including each room, its room number, its use, the number of beds in each room. Note: The diagrams provided must be clearly readable.
3. For the entire facility, provide a **proposed** facility room listing including each room, its room number, its use, and the number of beds in each room.
4. For the entire facility, provide a floor diagram of the **proposed** facility room listing including each room, its room number, its use, the number of beds in each room. Note: The diagrams provided must be clearly readable.
5. Complete the table below for the beds proposed to be banked. Note that the purpose of the beds being banked must be consistent with alternate uses outlined in [RCW 70.38.111\(9\)\(a\)](#) and [chapter 246-310 WAC](#). (Additional space provided on page 7; add pages as necessary.)

Room Number	Current # of Beds in Room (Before Bed Banking)	# of Beds to Bank	Purpose of Proposed Bed Banking	# of Beds Remaining in Room (if any)
<b>Total</b>				

**Note:** "Enhance the quality of life for residents" means, for the purposes of voluntary bed banking, those services or facility modifications, which have a direct and immediate benefit to the residents. These shall include, but not be limited to: Resident activity and therapy facilities; family visiting rooms; spiritual rooms and dining areas. These services or facility modifications shall not include those that do not have direct and immediate benefit to the residents, such as: Modifications to staff offices; meeting rooms; and other staff facilities. ([WAC 246-310-010\(20\)](#))



6. Is the existing licensee the building owner?

Yes \_\_\_\_\_ No \_\_\_\_\_ **(If yes, go to question 9; if no, go to question 7)**

7. Does the building owner have a secured interest in the nursing home bed rights?

Yes \_\_\_\_\_ No \_\_\_\_\_ **(If yes, go to question 8a; if no, go to question 8b)**

8. If the existing nursing home licensee is not the building owner, the licensee must provide:

- a. If the building owner has a secured interest in the bed rights, submit an **original** written statement signed by the building owner indicating the building owner’s approval of the bed reduction.
- b. If the building owner does not have a secured interest in the bed rights, submit a copy of the notice sent to the building owner by the licensee informing the building owner of the planned bed reduction.

9. Proposed Timetables for Project Implementation. Fill in fields appropriate to this project.

- This project was completed within the last 30 days of this submission. **All activities** listed below are complete and I am notifying DOH of the project as required under WAC 246-310-395(1). I understand that if my project is not approved, I may be required to forfeit the beds that I have deactivated.

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 Department of Health’s CRS	
Construction contract awarded	
50% of construction completed (based on dollar value of the construction contract awarded)	
Construction completed	
Licensure approval obtained	
Facility operating-serving residents	

**NOTE:** If the above table does not identify project events applicable to this project and the change from nursing home beds to the proposed alternate use, provide a listing of those project events with the projected completion dates. This information is used when evaluating potential future extension requests.



By submitting this request, the licensee reserves the rights to convert the banked beds back to nursing home care within the same nursing facility provided:

1. The facility has remained in continuous operation; and
2. The facility has not been purchased or leased; and
3. The use of the alternative use has otherwise continued to qualify for bed banking.

I further understand the initial time period for the bed banking is four years. Prior to the end of the four years, I must either convert the beds back to nursing home care as outlined in [WAC 246-310-395](#) or request an extension as outlined in [WAC 246-310-580](#) for one an additional four-year period.

**To complete this bed banking:**

For facilities licensed under [chapter 18.51 RCW](#) the licensee must proceed with de-licensing the beds with the Department of Social and Health Services (DSHS).

For facilities licensed under [chapter 70.41 RCW](#) the licensee must proceed with de-licensing the beds with the Department of Health (DOH).

Following receipt of the facility's modified license, the Department of Health will notify you of the bed banking expiration date.





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

Certificate of Need Program laws [chapter 70.38 RCW](#)

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

Certificate of Need [Frequently Asked Questions](#)

Nursing Home Alternative Use Bed Banking rules and statutes:

RCW Reference	Title/Topic
<a href="#">Chapter 18.51</a>	Nursing homes
<a href="#">70.38.111</a>	Certificates of need—Exemptions
<a href="#">Chapter 70.41</a>	Hospital licensing and regulation
WAC Reference	Title/Topic
<a href="#">246-310-010</a>	Definitions
<a href="#">246-310-395</a>	Nursing home bed banking for alternative use notice requirements
<a href="#">246-310-500</a>	Issuance, suspension, denial, revocation, and transfer of a certificate of need.
<a href="#">246-310-580</a>	Validity and extensions.
<a href="#">246-310-990</a>	Certificate of need review fees.

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