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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Certificate of Need Application- New 16-Bed Psychiatric Hospital Exemption Psychiatric Hospitals Licensed Under RCW 71.12 (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.)	
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.	
Applicants(s)	
Owner:	Operator (If different than Owner):
Legal Name of Owner: <i>Geriatric Psychiatry Services, LLC</i>	Legal Name of Operator:
Address of Owner: <i>185 S. State Street Suite 1300 Salt Lake City, UT 84111</i>	Address of Operator:
Name and Title of Responsible Officer: (Print) <i>Kirk Olsen, President</i>	Name and Title of Responsible Officer: (Print)
Signature of Responsible Officer <i>Kirk Olsen</i>	Signature of Responsible Officer
Date: <i>20 June 2019</i>	Date:
Telephone: <i>801 560 3571</i>	Telephone:

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Certificate of Need Program
P.O. Box 47852
Olympia, Washington 98502-7852

Application Instructions Certificate of Need Application-New 16-Bed Psychiatric Hospital Exemption Psychiatric Hospitals Licensed Under RCW 71.12 Proposing

The department will use the information in your application to determine if your project meets the applicable exemption criteria. These criteria are included in state law and rules. (RCW 70.38 and WAC 246-310)

General Instructions:

- Signatures must be original
- Submit an **original and an electronic (pdf) version**

Application Submission:

- Applications for this exemption will be accepted between May 5, 2017 and June 30, 2019 only. Any application received after June 30, 2019 will be returned.

To be accepted, the exemption application must include:

- A completed and signed Certificate of Need Exemption application
- The exemption review fee of **\$1,925**. 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

Physical Address:

Department of Health
Certificate of Need Program
111 Israel Road S.E.
Tumwater, Washington 98501

If you have questions, call 360-236-2955

I. Project Information

A. Facility Information

1. Name of Proposed Facility: Sana Behavioral Hospital - Tri Cities
Address:
7319 W. Hood Pl Kennewick, WA 99336

B. Proposed Number of Total Beds: 16

C. Number of Beds Dedicated to Patients On Involuntary Commitment Orders.

The number of beds listed below may not exceed sixteen.

1. Number of beds dedicated to patients on a 90-day commitment order: 1

2. Number of beds dedicated to patients on a 180-day commitment order: 0

D. Project Implementation

Intended Project Start Date: 11/2019 Intended Project Completion Date: 9/2020

Note: If this exemption is approved, the project must commence within two years of the exemption issue date unless granted one six-month extension.

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

"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."

E. Bed Additions

I attest that by checking the following box, the facility understands that a Certificate of Need will be required to add beds beyond the number granted under this exemption.

Bed Addition Checkbox:

