



**Nursing Home Bed Renovation Authorization Notice
Certificate of Need Application Packet**

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

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 **\$1,733** 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

Application Instructions

The Certificate of Need Program will use the information in your application to determine if your project meets the applicable notice 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.
- **Provide a detailed listing of the assumptions you used for all of your utilization and financial projections, as well as the bases for these assumptions.**
- Under no circumstance should your application contain any patient identifying information.
- Use **non-inflated** dollars for **all** cost projections
- **Do not** include a general inflation rate for these dollar amounts.
- **Do** include current contract cost increases such as union contract staff salary increases. You must identify each contractual increase in the description of assumptions included in the application.
- **Do not** include a capital expenditure contingency.
- If any of the documents provided in the application are in draft form, a draft is only acceptable 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,
 - d. includes all exhibits that are referenced in the agreement, and
 - 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 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 Exemption Nursing Home Bed Renovation Authorization Notice

This is a notice to the Certificate of Need Program under state law and rules. ([Chapter 70.38 RCW](#) and [chapter 246-310 WAC](#)). I hereby certify that the statements in this notice 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 notice may be used to take actions identified in [WAC 246-310-500](#).

Nursing Home Bed Renovation notices must be submitted with a fee in accordance with [WAC 246-310-990](#).

The notice must be submitted to the department a minimum of 30 days **prior to** commencement of the project. If the nursing home being replaced is going to close, that closure must occur after the Renovation Authorization is issued.

Legal Name of **Licensee**

Email address of **Licensee**

Address of **Licensee**

Legal Name of **Building Owner**

Address of **Building Owner**

Name of **Facility** being renovated

Address of **Facility** being renovated

Name and Title of **Responsible Officer**

Signature of **Responsible Officer**

Relationship to Licensee

Date

Telephone of **Responsible Officer**

Email address of **Responsible Officer**

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 to the extent allowed by law.

Per [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.

*Per [WAC 246-310-010](#)(35) “**licensee**” means an entity or individual licensed by the department of health or the department of social and health services. For the 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](#).*

Applicant and Building Owner Information:

1. Provide documentation that the applicant is the existing licensee of the nursing home and has been for at least one year immediately preceding the replacement project notice. Submission of a copy of the nursing home's current license and the previous year's license is 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 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). (Refer to sample affidavit on page 7 of this document.)
3. If the licensee is not the building owner, does the building owner have a secured interest in the nursing home bed rights?
Yes____ No ____ **(If yes, go to question 3a; if no, go to question 3b)**
 - a. If building owner does have a secured interest the bed rights, submit an **original** statement signed by the building owner indicating the building owner's approval of the replacement. This written approval must also include a statement acknowledging that in the event the licensee is unable to complete the replacement project, the building owner will only be permitted to complete the project as referenced in [RCW 70.38.115](#)(14).
 - 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 renovation. This written notice must also include a statement acknowledging that in the event the licensee is unable to complete the renovation project, the building owner will only be permitted to complete the project as referenced in [RCW 70.38.115](#)(14).



Current Facility Information:

1. Name of facility: _____
2. Address of facility: _____
Street City State 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: _____ Medicaid Provider Number: _____

Renovation Project Information:

1. The number of beds proposed to be licensed at the replacement 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. Complete a 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

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, **I understand that:**

- I must be the licensee at the replaced facility;
- The project cannot be completed if I do not intend to be the licensee at the replaced 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)*



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 Bed Renovation rules

| RCW Reference | Title/Topic |
|--------------------------------|--|
| 70.38.115 | Certificates of need—Procedures—Rules—Criteria for review—Conditional certificates of need—Concurrent review—Review periods—Hearing—Adjudicative proceeding—Amended certificates of need |
| WAC Reference | Title/Topic |
| 246-310-010 | Definitions |
| 246-310-397 | Nursing home bed replacement notice requirements. |
| 246-310-500 | Issuance, suspension, denial, revocation, and transfer of a certificate of need |
| 246-310-580 | Validity and extensions |
| 246-310-590 | Monitoring of approved projects. |
| 246-310-600 | Withdrawal of a certificate of need |
| 246-310-990 | Certificate of need review fees. |
| Chapter 388-97 | Nursing Homes |

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