

ASTRIA TOPPENISH HOSPITAL

RECEIVED

JUN 19 2020

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

June 12, 2020

Eric Hernandez, Manager
Certificate of Need Program
Community Health Systems
Department of Health
111 Israel Road
Tumwater, WA 98501-5447

DOR 20-17

Dear Mr. Hernandez,

Please find attached Astria Toppenish Hospital's application and review fee for a psychiatric bed addition exemption pursuant to RCW 70.38.260(2). We understand that the beds added under this exemption must remain psychiatric beds unless a Certificate of Need is granted to change their use or unless Toppenish voluntarily reduces its licensed bed capacity.

Thank you for your attention to this matter. Please contact me if you have any questions or need any further information.

Sincerely,



Sierra Foster
Interim Chief Operating Officer



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

Application Instructions Certificate of Need Application-Hospital Bed Addition Exemption Hospitals Licensed Under RCW 70.41 Proposing Psychiatric Beds

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



Washington State Department of

Health

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

Official Use Only-Date Received:

**Certificate of Need Application-Hospital Bed Addition Exemption
Hospitals Licensed Under RCW 70.41 Proposing Psychiatric Beds**
(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:

Legal Name of Owner:

SHC Medical Center - Toppenish

Operator (If different than Owner):

Legal Name of Operator:

Address of Owner:

502 West 4th Avenue
Toppenish, WA
98948-0672

Address of Operator:

Name and Title of Responsible Officer: **(Print)**

Sierra Foster
Interim Chief Operating Officer

Name and Title of Responsible Officer: **(Print)**

Signature of Responsible Officer

Signature of Responsible Officer

Date: 6/04/2020

Date:

Telephone: 509-837-1794

Telephone:

I. Project Information

A. Facility Information

1. Name of Facility: Astria Toppenish Hospital

Address:

502 West 4th Avenue, Toppenish, WA 98948-0672

B. Current Capacity Breakdown

1. Provide the following Licensed Bed information:

	Current
a. 24 hr. assigned and set-up (Acute Med/Surg)	<u>32</u>
b. 24 hr. assignable-not set-up (Acute Med/Surg)	<u>31</u>
These are spaces that meet licensure standards and the hospital currently possesses the required moveable equipment.	
c. Dedicated or PPS exempt Psychiatric	<u>15</u>
d. Dedicated or PPS exempt Rehabilitation	<u> </u>
e. Long Term Care/Nursing Home Beds	<u> </u>
f. Neonatal Intermediate Care Nursery Level II	<u> </u>
g. Neonatal Intensive Care Nursery Level III	<u> </u>
h. Neonatal Intensive Care Nursery Level IV	<u> </u>
Total Licensed Beds (sum of above)	<u>78</u>

Banked Long Term Care/Nursing Home Beds (Unlicensed)

Swing Beds (as defined by Medicare. Beds from "a" above may also be swing beds)

C: Exempt Psychiatric Beds To Be Added: 47

D. Project Implementation

Intended Project Start Date: 01/2021 Intended Project Completion Date: 01/2024

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. Change In Use Of Exempt Psychiatric Beds

I attest that by checking the following box, the facility 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. **Change in Use Checkbox:**