

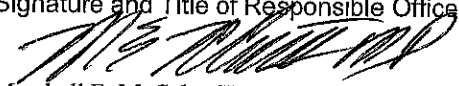


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**Certificate of Need Application
Ambulatory Surgical Facilities
Ambulatory Surgery Centers**

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code (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.

Signature and Title of Responsible Officer:  Marshall E. McCabe, III, M.D.	Phone Number: (360) 754-1735
Dated: September 3, 2024	Email Address: mmccabe@omsc.net
Legal Name of Applicant: Olympia Multi-specialty Clinic Ambulatory Procedures Center, P.L.L.C.	Number of Surgery Rooms requested – include operating room and procedure rooms: Olympia Multi-specialty Clinic Ambulatory Procedures Center is seeking approval to relocate its certificate of need exempt ASF and expand it from 2 ORs to 4 ORs
Address of Applicant: 3920 Capital Mall Drive S.W., Suite 300 Olympia, WA 98502	Estimated Capital Expenditure: \$5,371,554
Identify the Planning Area for this project as defined in <u>WAC 246-310-270(3)</u> : Thurston County Secondary Health Services Planning Area	

September 12, 2024

Marshall E. McCabe, MD
Olympia Multi-specialty Clinic Ambulatory Procedure Center, PLLC

Sent via email: estudebaker@studebakernault.com

RE: Certificate of Need Application #25-07 – Assignment Letter

Dr. McCabe:

The Certificate of Need program received Olympia Multi-specialty Clinic Ambulatory Procedure Center, PLLC's application proposing the relocation and expansion of an existing Certificate of Need-exempt ambulatory surgery center from one location in Thurston County to another location also in Thurston County. The application also proposes to convert the ambulatory surgery center from exempt to non-exempt status. The capital expenditure for the project is \$5,371,554. The application has been assigned to me for review

The department concludes that the application proposes a project significantly different from that proposed in your July 30, 2024, letter of intent because the capital expenditure identified in the application exceeds the estimated capital expenditure identified in the letter of intent by more than 12% or \$50,000. In this case, the application's capital expenditure exceeds the letter of intent's \$4,720,930 capital expenditure by \$650,624, or 13.78%.

Instead of returning the application to you as was stated in our August 29, 2024, acknowledgment of your letter of intent, the department will consider the application to be a new letter of intent and suspend action on it for 30 days from the date of receipt, or until Monday, October 7, 2024. Following the timeline outlined in [WAC 246-310-710](#), I will screen your application for completeness and request additional information as necessary by **Monday, October 28, 2024**.

For this project, I intend to take advantage of electronic communication as much as possible and will primarily use email for correspondence and Box.com for posting documents.

If you have any questions regarding the screening of your application, please call me at (564) 233-5689 or email me at randall.huyck@doh.wa.gov.

Sincerely,



Randy Huyck, Certificate of Need Analyst
Office of Community Health Systems