



Certificate of Need Program  
PO Box 47852  
Olympia WA, 98504-7852  
360-236-2955

## Hospice Agency Certificate of Need Instructions

The Certificate of Need (CN) Program will use the information in your application to determine if your project meets the applicable review criteria. These criteria are included in state law and rules. Revised Code of Washington ([RCW](#)) [70.38](#) and Washington Administrative Code ([WAC](#)) [246-310](#).

### General Instructions:

- 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 description of the basis used for all projections.
- Do not include a general inflation rate for any dollar amounts.
- Include known contract cost increases.
- 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:**
  - identifies all entities associated with the agreement,
  - outlines all roles and responsibilities of all entities,
  - identifies all costs associated with the agreement,
  - includes all exhibits that are referenced in the agreement, and
  - 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, provide rationale as to why it is not applicable.**

**Please answer the 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 [CN@doh.wa.gov](mailto:CN@doh.wa.gov).

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).