



Certificate of Need Program
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Addendum for Hospital Projects Certificate of Need Application

All Tertiary Services EXCEPT Percutaneous Coronary Intervention (PCI)

The following questions are applicable to ALL tertiary service projects except for elective PCI. There are service-specific sections that follow.

General Questions – Applicable to ALL Tertiary Service Projects except for PCI

Need

1. If there is a numeric need methodology specific to your service in WAC, provide the WAC-based methodology. If there is no numeric need methodology in WAC, provide and discuss a service-specific numeric need methodology supporting the approval of your project. Include all assumptions and data sources.
2. Are there any service/unit-specific policies or guidelines? If yes, provide copies of the policies/guidelines.

Financial Feasibility

3. Provide the proposed payer mix specific to the proposed unit or service. If this project represents the expansion of an existing unit, provide the current unit's payer mix for reference.

Payer Mix	Percentage by Revenue	Percentage by Patient
Medicare		
Medicaid		
Commercial		
Other Government (L&I, VA, etc.)		
Self-Pay		
Charity Care		
Other Payers (please list)		
Total		

4. Provide pro forma revenue and expense statements for the proposed unit or service. If this project proposes the expansion of an existing unit, provide both with and without the project.
5. If there is no capital expenditure for this project, explain why.

Structure and Process of Care

6. If applicable for the service proposed, provide the name and professional license number of the proposed medical director. If not already disclosed under [WAC 246-310-220\(1\)](#) above, identify if the medical director is an employee or under contract.
7. If the medical director is/will be an employee rather than under contract, provide the medical director's job description.
8. If the medical director is/will be under contract rather than an employee, provide the medical director contract.
9. Provide the names and professional license numbers of current and proposed credentialed staff for this service/unit.
10. If applicable for the service proposed, provide the existing or proposed transfer agreement with a local hospital.
11. Will the service/unit proposed comply with any state or national standards? If yes, provide the applicable standard, the rationale for selecting the standard selected, and a detailed discussion outlining how this project will comply with the standard.
12. After discharge, what steps are taken to ensure continuity of care for each patient?
13. If the proposed service type is already offered in the same planning area, provide a detailed description of the steps that will be taken to avoid unwarranted fragmentation of care within the existing healthcare system.

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