



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

## **Nursing Home Projects - Need**

Provide documentation to establish conformance of the project with applicable review criteria.

### **A. NEED: (WAC 246-310-210 and WAC 246-310-380 (6))**

1. Identify and analyze the unmet health service need and/or other problems to which this project is directed.
  - a. Describe the need of the people you plan to serve for the service you propose.
  - b. Address the need for nursing home beds based on the 45 beds per 1,000 population and Substitute House Bill 2098, which encourages the development of a broad array of home and community-based long-term care services as an alternative to nursing home care.
2. If your proposal exceeds the number of beds identified as needed in your county nursing home planning area as shown in WAC 246-310-380 (6), please discuss how the approval of beds beyond the projected need would further the policy that beds should be located reasonably close to the people they serve.
3. Provide utilization data for each of the last three full fiscal years, the current annualized full fiscal year, and the next three full fiscal years: (USE SCHEDULE A which is attached to these guidelines.)
4. In the case of any proposed conversion of beds from other service categories to nursing care beds, provide evidence that the conversion will not jeopardize the availability of service. Document the availability and accessibility of the services that are to be converted.
5. In the context of the criteria contained in WAC 246-310-210 (2) (a) and (b), please describe how the service will be available to the following: low-income individuals, racial and ethnic minorities, women, handicapped individuals, elderly, and other under-served individuals.
6. Does/will the facility require a pre-admission deposit? Please explain the intent and use of the deposit.
7. Please submit copies of the facility's admission agreement, policies, and procedures.
8. If you propose any special services including, but not limited to, heavy care, Alzheimer's care, respite care, and adult day care, please provide the following:
  - a. Describe the service in full detail.
  - b. Include program content, staffing by classification and FTE commitment, budget, and the amount of space dedicated to each service.
  - c. Document the need for any special services.

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).

9. If the purpose of the project is to correct existing structure, fire, and/or life-safety code deficiencies, or licensing, accreditation, or certification standards as provided for under provisions of WAC 246-310-480, provide a detailed description of the cited deficiencies and attach copies of the two most recent Fire Marshal's surveys and/or surveys conducted by the Survey Program, Aging and Adult Services Administration, Department of Social and Health Services, or other surveying agency.