

Existing Facility Status

Complete for all applications concerning existing facilities

- n/a*
1. The CN Program previously determined the facility was not subject to CN Review (if yes, attach DOR letter)

Yes No

- n/a*
2. If this request is for a change in ownership provide the following information:

Current facility's name	
Current facility's address	
Current facility's license number	ASF.FS.
Current facility's Certificate of Need status	<input type="checkbox"/> Exempt DOR#
	<input type="checkbox"/> Approved CN#
Anticipated change of ownership month and year	

3. If this request is for the relocation of an existing facility, provide the following information: *n/a*

Current facility's address	
Anticipated relocation month and year	

Facility Information

4. Although you are not required to apply for an ASF license before a CN determination is issued, have you or do you intend to, apply for a license?*
- Yes, intend to apply No
- Yes, here is the facility's license #ASF.FS. _____

*Your answer to this question will allow the CN program to effectively coordinate the licensure process with other DOH offices.

5.

Number of existing operating and procedure rooms:	<i>n/a</i>
Number of new operating and procedure rooms:	<i>1</i>
Total:	<i>1</i>

For Certificate of Need purposes operating and procedure rooms are one in the same.

Clinical and Surgical Services *n/a*

6. Check all surgical procedures currently performed in the facility.

Ear, Nose, & Throat Gynecology Oral Surgery

Plastic Surgery Gastroenterology Maxillo facial

Orthopedics Podiatry General Surgery

Ophthalmology Pain Management Urology

Other (describe)

- This is a new facility, no surgical procedures are currently performed

Check all new surgical procedures proposed to be performed in the facility

- | | | |
|---|---|--|
| <input type="checkbox"/> Ear, Nose, & Throat | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Oral Surgery |
| <input checked="" type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Maxillo facial |
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Podiatry | <input type="checkbox"/> General Surgery |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Other (describe) | | |

Primary Purpose of the Facility

n/a.

7. The Certificate of Need Program must understand how a facility operates in order to determine the facility's primary purpose. Typically, governance documents can aid the department in this understanding. These could be in the form of operating agreements, shareholder agreements, or corporate governing documents. Provide any documentation that could aid in this understanding.

n/a

8. A facility that receives more than 50% of their income or 50% of their visits from surgeries is subject to CN requirements. In order to determine if your project is subject to CN review, please provide the current (existing facility) and proposed (new facility) percentages of income and visits for clinical and surgical services. Include all assumptions used to determine the percentages provided.

This site's revenue	Most recent full year of operation Year: <u>2025</u>	Projected first full year of operation after the proposed changes Year: <u>2027</u>
Total revenue for clinical services	\$10,000	\$20,000
Total revenue for surgical services	no surgeries performed at site	\$900,000 +
Total revenue		

This site's patient visits	Most recent full year of operation Year: <u>2025</u>	Projected first full year of operation after the proposed changes Year: <u>2027</u>
Total clinical patient visits	160	200.
Total surgical patient visits	123	150.
Total patient visits		

**Certificate of Need Program Revised Code of Washington (RCW)
and Washington Administrative Code (WAC)**

Certificate of Need Program laws RCW 70.38

Certificate of Need Program rules WAC 246-310

References	Title/Topic
<u>246-310-010</u>	Certificate of Need Program —Definitions
<u>246-310-270</u>	Certificate of Need Program —Ambulatory Surgery
<u>Interpretive Statement CN 01-18</u>	Certificate of Need Program – Interpretation of WAC 246-310-010(5), Definition of Ambulatory Surgical Facility

Licensing Resources:

Ambulatory Surgical Facilities Laws, RCW 70.230

Ambulatory Surgical Facilities Rules, WAC 246-330

Ambulatory Surgical Facilities Program Web Page

Construction Review Services Resources:

Construction Review Services Program Web Page

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