DOR21-15

Received by the
Certificate of Need Program on
10/30/2020

Washington State Department of
Health
Certificate of Need Program
P.O. Box 47852
Olympia, Washington 98502-7852

Application Instructions
Certificate of Need Application-One Time Bed Addition Exemption
Psychiatric Hospitals Licensed Under RCW 71.12 Proposing to Add Beds

The department will use the information in your application to determine if your project meets the applicable exemption criteria. These criteria are included in state law and rules. (RCW 70.38 and WAC 246-310)

General Instructions:
- Signatures must be original
- Submit an **original and an electronic (pdf) version**

Application Submission:
- Applications for this exemption will be accepted between May 5, 2017 and June 30, 2019 only. Any application received after June 30, 2019 will be returned.

To be accepted, the exemption application must include:
- A completed and signed Certificate of Need Exemption application
- The exemption review fee of **$1,925**. Make check payable to *Department of Health*

Send application to:

Mailing Address:	Physical Address:
Department of Health	Department of Health
Certificate of Need Program	Certificate of Need Program
P.O. Box 47852	111 Israel Road S.E.
Olympia, Washington 98504-7852	Tumwater, Washington 98501

If you have questions, call 360-236-2955

Certificate of Need Application-One Time Bed Addition Exemption
Psychiatric Hospitals Licensed Under RCW 71.12 Proposing To Add Beds
(Do Not Use this form for any other type of hospital project)

To be accepted Certificate of Need applications must include the appropriate fee (WAC 246-310-990.)

This is an application for a Certificate of Need under state law and rules. (RCW Chapter 70.38 and WAC 246-310). I hereby certify that the statements in this application are correct to the best of my knowledge and belief. I understand that any misrepresentation, misleading statements, evasion, or suppression of material fact in this application may be used to take actions identified in WAC 246-310-500.

My signature authorizes the Department of Health to verify any responses provided. The department will use such information as appropriate to further program purposes. The department may disclose this information when requested by a third party to the extent allowed by law.

Applicants(s)

Owner:	Operator (If different than Owner):
Legal Name of Owner: Acadia Healthcare Company, Inc.	Legal Name of Operator: Cascade Behavioral Hospital, LLC
Address of Owner: 6100 Tower Circle, Suite 1000 Franklin, TN 37067	Address of Operator: 12844 Military Road S. Tukwila, WA 98168
Name and Title of Responsible Officer: (Print) John Hollinsworth	Name and Title of Responsible Officer: (Print) Christopher West, CEO
Signature of Responsible Officer	Signature of Responsible Officer
Date: 9/23/20	Date: 9/23/20
Telephone: 615-861-7334	Telephone: 206-248-4550

I. Project Information

A. Facility Information
1. Name of Facility: _Cascade Behavioral Hospital, LLC_
   Address: _12844 Military Road S., Tukwila, WA 98168_

B. Current Capacity Breakdown
1. Provide the following Licensed Bed information:

	Current
a. 24 hr. assigned and set-up	113
b. 24 hr. assignable-not set-up These are spaces that meet licensure standards and the hospital currently possesses the required moveable equipment.	0
c. Dedicated Chemical Dependency	24
Total Licensed Beds (sum of above)	137

C. Total Number of Exempt Beds To Be Added: _30_

D. Medicare and Medicaid Documentation
Provide the most recent two years fiscal year-end reports as required by RCW 70.170.100. To be eligible to add beds under this exemption, the payer mix must be a minimum of 50% based on patient days.

E. Commitment To Maintaining Payer Mix For Five Years
I attest that by checking the following box, the facility is making a commitment to maintain at least a 50% Medicare and Medicaid payer mix for at least 5 years after the beds become operational. **Payer Mix Checkbox:** ☑

F. Project Implementation
Intended Project Start Date: _09/2021_   Intended Project Completion Date: _____

Note: If this exemption is approved, the project must commence within two years of the exemption issue date unless granted one six-month extension.

Commencement is defined in WAC 246-310-010(13) to mean:

> "Commencement of the project" means whichever of the following occurs first: In the case of a construction project, giving notice to proceed with construction to a contractor for a construction project provided applicable permits have been applied for or obtained within sixty days of the notice; beginning site preparation or development; excavating or starting the foundation for a construction project; or beginning alterations, modification, improvement, extension, or expansion of an existing building. In the case of other projects, initiating a health service."

G. Change In Use Of Exempt Psychiatric Beds
I attest that by checking the following box, the facility understands that beds added under this exemption must remain psychiatric beds unless a Certificate of Need is granted to change their use or the hospital voluntarily reduces its licensed capacity. **Change In Use Checkbox:** ☑