



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

June 1, 2012

Robert Dickens, Chief Operating Officer
Auburn Regional Medical Center
Plaza One, 202 North Division Street
Auburn, Washington 98001-4908

Dear Mr. Dickens:

Thank you for your letter dated February 27, 2012, requesting a determination of non-reviewability regarding Auburn Regional Medical Center's (ARMC's) proposal to add four beds to its existing 10-bed level II rehabilitation unit. Below are the facts relied upon by the Certificate of Need Program in reaching its conclusion regarding ARMC's level II rehabilitation service bed addition.

FACTS

- As of the date of this letter, ARMC is approved to operate a 213-bed acute care hospital located at 202 North Division Street in the city of Auburn, within King County.
- The 213 beds are broken down as follows:

General Medical/Surgical	159
Level II Rehabilitation Unit ¹	10
Level II OB Services/Intermediate Care Nursery ²	6
Geropsychiatric ³	38
Total	213

- ARMC proposes to add four beds to its existing 10-bed level II rehabilitation unit, resulting in a 14-bed unit. The four beds would be reclassified from ARMC's post partum obstetrical beds included in the general medical surgical beds identified above.

¹ DOR #07-12 issued on November 9, 2006.

² CN #1228 issued on May 30, 2001.

³ CN #1402 issued September 24, 2009.

ANALYSIS

- Revised Code of Washington (RCW) 70.38.105(4) identifies the types of projects subject to prior Certificate of Need review and approval. Subsection (f) states that any new tertiary health service offered in or through a health care facility is subject to CON review.
- Washington Administrative Code (WAC) 246-310-020) also identifies the types of projects subject to prior Certificate of Need review and approval; subsection (4)(i) identifies the types of services included in the tertiary services review. Subsection (F) addresses rehabilitation services as follows:

Inpatient physical rehabilitation services level I. Level I rehabilitation services are services for persons with usually nonreversible, multiple function impairments of a moderate-to-severe complexity resulting in major changes in the patient's lifestyle and requiring intervention by several rehabilitation disciplines. Services are multidisciplinary, including such specialists as a rehabilitation nurse; and physical, occupational, and speech therapists; and vocational counseling; and a psychiatrist. The service is provided in a dedicated unit with a separate nurses station staffed by nurses with specialized training and/or experience in rehabilitation nursing. While the service may specialize (i.e., spinal cord injury, severe head trauma, etc.), the service is able to treat all persons within the designated diagnostic specialization regardless of the level of severity or complexity of the impairments and include the requirements as identified in chapter 246-976 WAC relating to level I trauma rehabilitation services;

CONCLUSION

Based on the above factual information and the Certificate of Need Program's rules and regulations cited above, the addition of four level II rehabilitation beds to ARMC's existing 10-bed unit is not subject to prior Certificate of Need review and approval. With the addition of four level II rehabilitation beds, ARMC's 213 acute care beds would be distributed as follows:

General Medical/Surgical	155
Level II Rehabilitation Unit	14
Level II OB Services/Intermediate Care Nursery	6
Geropsychiatric	38
Total	213

Reversion of the four beds back to general medical surgical use may require prior Certificate of Need review and approval depending on the rules in place at the time of the reversion request. At this time under current rules, reversion of the four beds back to general medical surgical use would not require prior Certificate of Need review.

APPEAL OPTIONS

This decision may be appealed. The two appeal options are listed below.

Appeal Option 1:

You or any interested or affected person may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington Administrative Code 246-310-560. A reconsideration request must be received within 28 calendar days from the date of the decision at one of the following addresses:

Mailing Address:

Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Other Than By Mail

Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

Appeal Option 2:

You or any affected person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:

Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Other Than By Mail

Department of Health
Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

Please call me at (360) 236-2957 if you have any questions regarding this determination.

Sincerely,



Karen Nidermayer, Analyst
Certificate of Need Program
Office of Certification and Technical Support