

WAC 246-310-830 Kidney disease treatment centers—Relocation of centers.

(1) When an existing kidney disease treatment center proposes to relocate any of its stations to another planning area, a new health care facility is considered to be established under WAC 246-310-020 (1)(a).

(2) When an existing kidney disease treatment center proposes to relocate a portion but not all of its stations within the same planning area, a new health care facility is considered to be established under WAC 246-310-020 (1)(a).

(3) When an existing kidney disease treatment center proposes to relocate a portion but not all of its stations to an existing center, it will be considered a station addition under WAC 246-310-020 (1)(e).

(4) When an entire existing kidney disease treatment center proposes to relocate all of its stations within the same planning area, a new health care facility is not considered to be established under WAC 246-310-020 (1)(a) if:

(a) The existing kidney disease treatment center ceases operation after the relocation;

(b) No new stations are added to the replacement kidney disease treatment center. The maximum treatment floor area square footage as defined in WAC 246-310-800 (11)(a) is limited to the number of certificate of need stations that were approved at the existing center;

(c) There is no break in service between the closure of the existing kidney disease treatment center and the operation of the replacement center;

(d) The existing center has been in operation for at least five years at its present location; and

(e) The existing kidney disease treatment center has not been purchased, sold, or leased within the past five years.

(5) Station use rates at new kidney disease treatment centers created by the total relocation of an existing center or the partial relocation of an existing center should not be a barrier to the addition of new stations projected as needed for the planning area. In 4.8 planning areas, the station use rate will be counted as 4.5 in-center patients per station. If the department has had to count the station use at 4.5 under the need methodology described in WAC 246-310-812(5), the center may not request additional stations at the new center for three years from the date the stations become operational or the center meets the 4.5 station use standard, whichever comes first. Data used to make this determination will be the most recent Network quarterly modality report available as of the letter of intent submission date.

(6) Station use rates at new kidney disease treatment centers created by the total relocation of an existing center or the partial relocation of an existing center should not be a barrier to the addition of new stations projected as needed for the planning area. In 3.2 planning areas, the station use rate will be counted as 3.2 in-center patients per station. If the department has had to count the station use at 3.2 under the need methodology described in WAC 246-310-812(6), the center may not request additional stations at the new center for three years from the date the stations become operational or the center meets the 3.2 station use standard, whichever comes first. Data used to make this determination will be the most recent Network quarterly modality report available as of the letter of intent submission date.

[Statutory Authority: RCW 70.38.135, 2023 c 48, and RCW 70.38.280. WSR 24-18-006, § 246-310-830, filed 8/22/24, effective 9/22/24. Statutory Authority: RCW 70.38.135. WSR 17-04-062, § 246-310-830, filed 1/27/17, effective 1/1/18.]