Title 247 WAC
HEALTH CARE FACILITIES AUTHORITY

Chapters
247-02 Organization, operations and procedures.
247-04 Determination of facilities as health care facilities.
247-06 Providing financial assistance to nursing homes.
247-12 Public records.
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Chapter 247-02 WAC
ORGANIZATION, OPERATIONS AND PROCEDURES

WAC 247-02-010 Purpose. The purpose of this chapter shall be to ensure compliance by the Washington health care facilities authority with the provisions of chapter 42.17 RCW (Initiative 276), and chapter 34.04 RCW.

WAC 247-02-020 Rules of interpretation. (1) All adjectives and adverbs, including but not limited to the words "adequate," "approved," "qualified," "reasonable," "reputable," "satisfactory," "sufficiently," and "suitable," as used in Title 247 WAC to qualify a person, procedure, process or otherwise shall be as determined by the authority or its designee.

(2) Where the word "shall" is used in Title 247 WAC, the subject rule or action to which the word relates is mandatory.

(3) Where the word "should" is used in Title 247 WAC, it indicates suggestion or recommendation but not a requirement.

(4) Where the word "may" is used in Title 247 WAC, the action or rule to which the word relates is permissive or discretionary.

(5) Words importing the singular number may also be applied to the plural of persons and things; words importing the plural may be applied to the singular; and words importing the masculine gender or relating to a man may also be extended to the feminine gender and be considered to relate equally to a woman.

WAC 247-02-030 Definitions. (1) "Act" means chapter 147, Laws of 1974 1st ex. sess., and chapter 70.37 RCW.

(2) "Washington health care facilities authority" and "authority" each mean the corporate and politic public body created by the act and also refer to the staff and employees of the authority.

The terms defined in the act shall have the same meaning when used in Title 247 WAC.

WAC 247-02-040 Description of organization. (1) The authority is a public entity established under the provisions of chapter 70.37 RCW, which exercises essential governmental functions.

(2) Members. The authority consists of the governor; the lieutenant governor; the insurance commissioner; the chairman of the Washington state hospital commission; and one public member appointed by the governor on the basis of his or her interest or expertise in health care delivery, and confirmed by the senate for a term of four years. If the public office of any of the first four mentioned members is abolished, the resulting vacancy on the authority shall be filled by the officer who shall succeed substantially to the powers and duties thereof.

(3) Officers. The officers of the authority shall be a chairman, who shall be the governor, and a secretary. The secretary shall hold office for two years, or until his or her successor is later elected, and shall be elected by a majority vote of the members from among themselves. Whenever a vacancy occurs in the office of secretary, the members of the authority shall elect a successor who shall serve out the remaining term.

(4) Authority staff: The staff of the authority shall consist of an executive director and such other employees as are determined by the authority as necessary to fulfill its responsibilities and duties. The executive director shall be the chief administrative officer of the authority and subject to its direction. All other staff shall be under his or her supervision and direction. The executive director shall keep a record of the proceedings of the authority and, when required by the authority, shall sign notes, contracts and other instruments. The executive director shall have custody of and be responsible for all moneys and securities of the authority and shall deposit all such moneys forthwith in such banks as the authority may designate from time to time.

(5) Administrative office: The administrative office of the authority shall be located at 504 E. 14th, Suite 130, Olympia, Washington 98504, which office shall be open each day for the transaction of business from 8:00 a.m. to 5:00 p.m. (Saturdays, Sundays and legal holidays excepted, and except for business relating to public records, which is governed by WAC 247-12-050).
(6) Address for communications: All communications with the authority, including but not limited to the submission of materials pertaining to its operations and these rules, requests for copies of the authority's decisions and other matters, shall be addressed as follows: Washington Health Care Facilities Authority, 504 E. 14th, Suite 130, Olympia, Washington 98504.

[Statutory Authority: RCW 73.37.050 [70.37.050]. 81-24-038 (Order 9, Resolution No. 81-1), § 247-02-040, filed 11/25/81. Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-02-040, filed 9/26/79.]

WAC 247-02-050 Operations and procedures. (1) Uniform procedure rules: Practice and procedure in and before the authority are governed by the uniform procedural rules codified in the Washington Administrative Code, WAC 1-08-005 through 1-08-590, as now or hereafter amended, which rules the authority adopts as its own, subject to any additional rules the authority may add from time to time. The authority reserves the right to make whatever determination is fair and equitable should any question not covered by its rules come before the authority, said determination to be in accordance with the spirit and intent of the law.

(2) Authority meetings: The meetings of the authority shall all be "special meetings" as that designation is applied in chapter 42.30 RCW. They may be called at any time and place by the chairman or a majority of the members of the authority. At least ten days' notice of all special meetings shall be given by delivering personally or by mail to each member a written notice specifying the time and place of the meeting and a copy of the agenda prepared by the executive director in consultation with the chairman, and by giving such notice to the public as may be required by law. If an emergency is deemed to exist, the chairman may shorten the notice period to not less than twenty-four hours. An executive session may be called by the chairman or by a majority of all members of the authority to consider the appointment, employment or dismissal of an officer or employee, and such other matters as are permitted by RCW 42.30.110.

(3) Quorum: Three members shall constitute a quorum, and the act of a majority of the members present at any meeting, if there is a quorum, shall be deemed the act of the authority except as specified hereafter in WAC 247-02-050(7).

(4) Chairman's voting rights: The chairman shall have the right to vote on all matters before the authority, just as any other authority member.

(5) Minutes of meetings: Minutes shall be kept of the proceedings of the authority.


(7) Form of authority action: The authority may act on the basis of a motion except when authorizing issuance of bonds pursuant to WAC 247-16-070 and when otherwise taking official and formal action with respect to the creation of special funds and the issuance and sale of bonds for a project of a participant, in which case the authority shall act by resolution. Such resolutions shall be adopted upon the affirmative vote of a majority of the members of the authority and shall be signed by a majority of the members of the authority. Motions shall be adopted upon the affirmative vote of a majority of a quorum of members present at any meeting. All bonds and coupons shall bear the facsimile signatures of the governor and executive director.

(8) Public participation in the meetings of the authority shall be as follows:

(a) Any person or organization wishing to make a formal presentation at a regularly scheduled meeting of the authority shall so notify the executive director in writing at least forty-eight hours prior to the time of the meeting.

(i) Such notification shall contain the name of the person, association, corporation or organization that desires to make a presentation; the address of such person and, if applicable, the address of the entity to be represented in the presentation; and the topic to be presented or discussed.

(ii) Permission to make a presentation to the authority shall be granted by the executive director as authorized by the authority.

(iii) Confirmation of permission to make a presentation to the authority shall be made, if at all possible, by the authority staff prior to the meeting of the authority and shall include the date and time of the meeting and time set for the formal presentation.

(b) The chairman of the authority shall have the discretion to recognize anyone in the audience who indicates in writing at the time of the meeting a desire to speak at such meeting, provided that remarks by any individual person shall be limited to five minutes unless a time extension is granted by the chairman.

[Statutory Authority: RCW 70.37.050. 82-19-064 (Order 12), § 247-02-050, filed 9/20/82; 81-24-038 (Order 9, Resolution No. 81-1), § 247-02-050, filed 11/25/81; 79-10-101 (Order 2, Resolution No. 79-3), § 247-02-050, filed 9/26/79.]

Chapter 247-04 WAC DETERMINATION OF FACILITIES AS HEALTH CARE FACILITIES

WAC

247-04-010 Purpose.

247-04-020 Facilities which are health care facilities.

247-04-030 Facilities which may be health care facilities.

247-04-040 Factors to be considered in determining whether health care use is a principal use.

WAC 247-04-010 Purpose. The purpose of this chapter shall be to provide guidance regarding the determination of facilities as health care facilities as defined for purposes of chapter 70.37 RCW, and the resulting eligibility for authority financial assistance. If a facility owned or operated by a participant (as defined in RCW 70.37.020(4)) is determined to be a health care facility, it shall be eligible for financing provided by the authority. If a facility is determined not to be a health care facility, then the authority shall not provide financing for such facility. If a facility is used for both health care and nonhealth care uses, then only those portions of the facility which are determined to be health care facilities shall be eligible for financing provided by the authority.

[Statutory Authority: RCW 70.37.050. 94-15-053, § 247-04-010, filed 7/15/94, effective 8/15/94.]
WAC 247-04-020 Facilities which are health care facilities. For the purposes of chapter 70.37 RCW, the term health care facility includes the following facilities which are constructed, purchased, acquired, leased, used, owned or operated by a participant (as defined in RCW 70.37.020(4)):

1. Hospices licensed under chapter 70.127 RCW;
2. Hospitals licensed under chapter 70.41 RCW;
3. Rural health facilities as defined in RCW 70.175.020;
4. Psychiatric hospitals licensed under chapter 71.12 RCW;
5. Nursing homes licensed under chapter 18.51 RCW (excluding any facility maintained by a participant as an independent nursing home);
6. Community mental health centers licensed under chapter 71.05 or 71.24 RCW;
7. Kidney disease treatment centers licensed under chapter 70.41 RCW;
8. Ambulatory diagnostic, treatment or surgical facilities licensed under chapter 70.41 RCW;
9. Drug and alcohol treatment facilities licensed under chapter 70.96A RCW;
10. Home health agencies licensed under chapter 70.127 RCW;
11. Abortion clinics;
12. Acupuncture clinics;
13. Asthma and allergy clinics;
14. Birthing centers;
15. Blood banks and blood centers;
16. Children's clinics or hospitals;
17. Chiropractic clinics;
18. Community health clinics or centers;
19. Comprehensive cancer centers;
20. Comprehensive community health centers;
21. Cosmetic surgery clinics;
22. Dental clinics;
23. Emergency hospitals;
24. Evaluation and treatment facilities for mentally ill persons;
25. Extended care facilities;
26. Eye banks;
27. Fertility clinics;
28. Foot and ankle clinics;
29. Freestanding ambulatory surgery centers;
30. Health maintenance organizations;
31. Homeopathic clinics;
32. Hypnotherapy centers;
33. Medical test sites;
34. Mental health clinics or centers;
35. Naturopathic clinics;
36. Optometry clinics;
37. Orthopedic clinics;
38. Osteopathic clinics;
39. Physical therapy clinics or centers;
40. Prosthetic and orthotic clinics;
41. Psychiatric clinics;
42. Skilled nursing facilities;
43. Sports medicine clinics; and
44. Women's health care clinics.

[Statutory Authority: RCW 70.37.050. 94-15-053, § 247-04-020, filed 7/15/94, effective 8/15/94.]

(2003 Ed.)

WAC 247-04-030 Facilities which may be health care facilities. (1) Upon investigation, at the request of a participant, the authority may determine other facilities (including land, structures, systems, machinery, equipment or other real or personal property or appurtenances useful for or associated with the delivery of inpatient or outpatient health care service or support for such care or any combination thereof) to be health care facilities for purposes of chapter 70.37 RCW, to the extent that the participant intends such health care activities to be a principal use of such facility. Such facilities may include the following, among others:

(a) Adult day care centers;
(b) Counseling centers;
(c) Family planning centers;
(d) Group care facilities for children with disabilities;
(e) Juvenile evaluation and treatment facilities;
(f) Occupational health clinics;
(g) Rehabilitation centers;
(h) Speech and hearing clinics; and
(i) Training centers for persons with developmental disabilities.

(2) A determination that a facility is a health care facility shall be based on both actual and intended use, as expressed by the participant in its request to the authority for such determination and other supporting documentation, including information responsive to the factors described in WAC 247-04-040 below and as may be required by executive director.

[Statutory Authority: RCW 70.37.050. 94-15-053, § 247-04-030, filed 7/15/94, effective 8/15/94.]

WAC 247-04-040 Factors to be considered in determining whether health care use is a principal use. (1) For purposes of this chapter, a use or intended use of a participant's facility, or portion thereof, shall be a principal use only if it is one that will utilize more than 10% of a facility.

(2) The authority may consider the following factors, among others, in determining whether a health care use is a principal use of a facility:

(a) The relative amounts of land or space in structures or improvements to be utilized for health care and nonhealth care uses;
(b) The relative fair market or rental value of facilities to be utilized for health care and nonhealth care uses; and
(c) The relative amounts of time a particular facility is utilized for health care and nonhealth care uses.

(3) Portions of a mixed-use facility that are common areas (such as hallways, lobby and reception areas and administrative offices) may be allocated between health care and nonhealth care uses on a pro rata basis using the same method of allocation used to allocate between health care and nonhealth care uses.

[Statutory Authority: RCW 70.37.050. 94-15-053, § 247-04-040, filed 7/15/94, effective 8/15/94.]

Chapter 247-06 WAC PROVIDING FINANCIAL ASSISTANCE TO NURSING HOMES

WAC 247-06-010 Purpose.

[Title 247 WAC—p. 3]
WAC 247-06-010 Purpose. The purpose of this chapter shall be to provide guidance regarding the circumstances under which a nursing home facility is a health care facility as defined for purposes of chapter 70.37 RCW, and the resulting eligibility for authority financing assistance. If the authority determines that a nursing home facility is an independent nursing home, then the nursing home is not a health care facility and is not eligible for authority financing assistance.

Factors to consider may include, but need not be limited to, the following:

(a) Whether the nursing home facility is physically attached or connected to a hospital or health care facility (other than another nursing home) and the nature of such attachment or connection; and

(b) Where the nursing home is located in relation to hospital and other health care facilities and whether it is on:
   (i) A single parcel of property;
   (ii) A municipally recognized multi parcel area; or
   (iii) A campus (i.e., hospital zoning or major institutional zoning).

(c) Control by related participant. This criterion relates to the extent to which the nonnursing home participant and the nursing home are under the control of the related participant and the nursing home. The closer the relationship between the related participant and the nursing home and the greater the level of control the related participant exercises over the nursing home, the more likely it is that a nexus exists between such participant and the nursing home sufficient to support the conclusion that the nursing home is not independent. Factors to consider may include, but need not be limited to, the following:
   (1) Whether the nursing home facility is physically integrated with the related participant's hospital or other health care facility or any other organization(s) of which the related participant is a part;
   (2) Physical proximity. This criterion relates to the physical relationship a nursing home facility has to other health care facilities. While physical attachment or connection of a nursing home to a hospital or other health care facility is not required under the act, such attachment or connection may be a strong indicator of the dependence that the nursing home facility may have on the facility to which it is connected. Factors to consider may include, but need not be limited to, the following:
      (a) Whether the nursing home facility is physically attached or connected to a hospital or health care facility (other than another nursing home) and the nature of such attachment or connection; and
      (b) Where the nursing home is located in relation to hospital and other health care facilities and whether it is on:
         (i) A single parcel of property;
         (ii) A municipally recognized multi parcel area; or
         (iii) A campus (i.e., hospital zoning or major institutional zoning).

(d) Coobligation or guaranty by a related nonnursing home participant on authority debt. The final criterion requires that a related nonnursing home participant be obligated on or give a guaranty on any bonds or other obligations to be issued by the authority, the proceeds of which will be used in the nursing home facility.

Factors to consider may include, but need not be limited to, the following:

(a) The extent to which the nonnursing home participant and the nursing home have common medical staff;

(b) Who employs the nursing home personnel;

(c) The extent to which the nonnursing home participant and the nursing home have a common or integrated admissions/transfer policy; and

(d) The extent to which the nonnursing home participant and the nursing home have common or integrated administrative and/or services.

WAC 247-06-030 Criteria for providing financing assistance to nursing homes. The criteria which will serve as the basis for the review and evaluation for determining whether a nursing home is not independent and thus qualifies for authority financing assistance shall include, but need not be limited to, the following:

(1) Control by related participant. This criterion relates to the nature of the relationship between the related participant and the nursing home and the level of organizational control the related participant exercises or will exercise over the nursing home. The closer the relationship between the related participant and the nursing home and the greater the level of control the related participant exercises over the nursing home, the more likely it is that a nexus exists between the participant and the nursing home sufficient to support the conclusion that the nursing home is not independent. Factors to consider may include, but need not be limited to, the following:

(a) Who the legal owner of the nursing home is;

(b) How the members of the board of trustees/directors of the nursing home and/or the related participant are chosen;

(c) How the management of the nursing home is chosen;

(d) How the nursing home budget is approved and whether the related participant has veto authority; and

(e) What entity holds the license to operate the nursing home.

(2) Physical proximity. This criterion relates to the physical relationship a nursing home facility has to other health care facilities. While physical attachment or connection of a nursing home to a hospital or other health care facility is not required under the act, such attachment or connection may be a strong indicator of the dependence that the nursing home facility may have on the facility to which it is connected. Factors to consider may include, but need not be limited to, the following:

(a) Whether the nursing home facility is physically attached or connected to a hospital or health care facility (other than another nursing home) and the nature of such attachment or connection; and

(b) Where the nursing home is located in relation to hospital and other health care facilities and whether it is on:

(c) Control by related participant. This criterion relates to the extent to which the nonnursing home participant and the nursing home are under the control of the related participant and the nursing home. The closer the relationship between the related participant and the nursing home and the greater the level of control the related participant exercises over the nursing home, the more likely it is that a nexus exists between such participant and the nursing home sufficient to support the conclusion that the nursing home is not independent. Factors to consider may include, but need not be limited to, the following:

(a) Whether the nursing home facility is physically integrated with the related participant's hospital or other health care facility or any other organization(s) of which the related participant is a part;

(b) Physical proximity. This criterion relates to the physical relationship a nursing home facility has to other health care facilities. While physical attachment or connection of a nursing home to a hospital or other health care facility is not required under the act, such attachment or connection may be a strong indicator of the dependence that the nursing home facility may have on the facility to which it is connected. Factors to consider may include, but need not be limited to, the following:

(a) Whether the nursing home facility is physically attached or connected to a hospital or health care facility (other than another nursing home) and the nature of such attachment or connection; and

(b) Where the nursing home is located in relation to hospital and other health care facilities and whether it is on:

(c) Control by related participant. This criterion relates to the nature of the relationship between the related participant and the nursing home and the level of organizational control the related participant exercises or will exercise over the nursing home. The closer the relationship between the related participant and the nursing home and the greater the level of control the related participant exercises over the nursing home, the more likely it is that a nexus exists between the participant and the nursing home sufficient to support the conclusion that the nursing home is not independent. Factors to consider may include, but need not be limited to, the following:

(a) Who the legal owner of the nursing home is;

(b) How the members of the board of trustees/directors of the nursing home and/or the related participant are chosen;

(c) How the management of the nursing home is chosen;

(d) How the nursing home budget is approved and whether the related participant has veto authority; and

(e) What entity holds the license to operate the nursing home.

(2) Physical proximity. This criterion relates to the physical relationship a nursing home facility has to other health care facilities. While physical attachment or connection of a nursing home to a hospital or other health care facility is not required under the act, such attachment or connection may be a strong indicator of the dependence that the nursing home facility may have on the facility to which it is connected. Factors to consider may include, but need not be limited to, the following:

(a) Whether the nursing home facility is physically attached or connected to a hospital or health care facility (other than another nursing home) and the nature of such attachment or connection; and

(b) Where the nursing home is located in relation to hospital and other health care facilities and whether it is on:

(c) Control by related participant. This criterion relates to the extent to which the nonnursing home participant and the nursing home are under the control of the related participant and the nursing home. The more highly integrated the operations of the nonnursing home participant and the nursing home are, the more likely it is that a nexus exists between such participant and the nursing home sufficient to support the conclusion that the nursing home is not independent. Factors to consider may include, but need not be limited to, the following:

(a) The extent to which the nonnursing home participant and the nursing home have a common medical staff;

(b) Who employs the nursing home personnel;

(c) The extent to which the nonnursing home participant and the nursing home have a common or integrated admissions/transfer policy; and

(d) The extent to which the nonnursing home participant and the nursing home have common or integrated administrative staff and/or services.

(4) Coobligation or guaranty by a related nonnursing home participant on authority debt. The final criterion requires that a related nonnursing home participant be obligated on or give a guaranty on any bonds or other obligations to be issued by the authority, the proceeds of which will be used in the nursing home facility.

Factors to consider may include, but need not be limited to, the following:

(a) The extent to which the nonnursing home participant and the nursing home have a common medical staff;

(b) Who employs the nursing home personnel;

(c) The extent to which the nonnursing home participant and the nursing home have a common or integrated admissions/transfer policy; and

(d) The extent to which the nonnursing home participant and the nursing home have common or integrated administrative staff and/or services.

Chapter 247-12 WAC
PUBLIC RECORDS

WAC

Purpose.

247-12-010
247-12-020
247-12-030
247-12-040
247-12-050
247-12-060
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Definitions.
Public records available.
Public records officer.
Office hours.
Requests for public records.
Copying.
Exemptions and denials of requested public records.
Review of denials of public records requests.
Protection of public records.
Records index.

(2003 Ed.)
WAC 247-12-010 Purpose. The purpose of this chapter shall be to ensure compliance by the Washington health care facilities authority with the provisions of RCW 42.17.250 through 42.17.340, dealing with public records.

[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-12-010, filed 9/26/79.]

WAC 247-12-020 Definitions. (1) "Public record" includes any writing containing information relating to the conduct of government or the performance of any governmental or propriety function prepared, owned, used or retained by any state or local agency, regardless of physical form or characteristics.

(2) "Writing" means handwriting, typewriting, printing, photostating, photographing and every other means of recording any form of communication or representation, including letters, words, pictures, sounds or symbols, or any combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums and other documents.

(3) "Washington health care facilities authority" and "authority" each refers to that state agency described in WAC 247-02-030.

[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-12-020, filed 9/26/79.]

WAC 247-12-030 Public records available. All public records of the authority are deemed to be available for public inspection and copying pursuant to these rules, except as otherwise provided by RCW 42.17.310.

[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-12-030, filed 9/26/79.]

WAC 247-12-040 Public records officer. The authority's public records shall be under the charge of the public records officer designated by the executive director of the authority. The person so designated shall be located in the administrative office of the authority. The public records officer shall be responsible for implementing the authority's rules and regulations regarding release of public records, coordinating the staff of the authority in this regard and generally ensuring compliance by the staff with the public records disclosure requirements of chapter 42.17 RCW.

[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-12-040, filed 9/26/79.]

WAC 247-12-050 Office hours. Public records shall be available for inspection and copying from 9:00 a.m. to noon and from 1:00 p.m. to 4:00 p.m., Monday through Friday, excluding legal holidays.

[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-12-050, filed 9/26/79.]

WAC 247-12-060 Requests for public records. In accordance with the requirements of chapter 42.17 RCW that agencies prevent unreasonable invasion of privacy, that they protect public records from damage or disorganization and that they prevent excessive interference with essential functions of the agency, public records may be inspected or copied or made available or published in any cases when there is reason to believe that disclosure of such details would be an invasion of personal privacy protected by chapter 42.17 RCW. The public records officer will fully justify such deletion in writing.

(3) All denials of requests for public records must be accompanied by a written statement specifying the reason for authorizing the withholding of the record and a brief explanation of how the exception applies to the record withheld.

[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-12-080, filed 9/26/79.]

WAC 247-12-070 Copying. No fee shall be charged for the inspection of public records. The authority shall charge a fee of 25 cents per page of copy for providing copies of public records and for use of the authority's copying equipment. This charge is the amount necessary to reimburse the authority for its actual costs incident to such copying.

[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-12-070, filed 9/26/79.]

WAC 247-12-080 Exemptions and denials of requested public records. (1) The authority reserves the right to determine that a public record requested in accordance with the procedures outlined in WAC 247-12-060 is exempt under the provisions of RCW 42.17.310.

(2) In addition, pursuant to RCW 42.17.260, the authority reserves the right to delete identifying details when it makes available or publishes any public record in any cases when there is reason to believe that disclosure of such details would be an invasion of personal privacy protected by chapter 42.17 RCW. The public records officer will fully justify such deletion in writing.

[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-12-070, filed 9/26/79.]
(2) Immediately after receiving a written request for review of a decision denying a public record, the public records officer or other staff member denying the request shall refer it to the executive director of the authority. The executive director may request that a special meeting of the authority be called as soon as legally possible to review the denial. In any case, the request shall be returned with a final decision within two business days following the original denial.

(3) Administrative remedies shall not be considered exhausted until the authority has returned the petition with a decision or until the close of the second business day following denial of inspection, whichever occurs first.

[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-12-080, filed 9/26/79.]

WAC 247-12-100 Protection of public records. In order that public records maintained on the premises of the authority may be protected from damage or disorganization as required by chapter 42.17 RCW, the following procedures and practices are hereby instituted:

(1) Upon receipt of a request by a member of the public for a public record, the public records officer or the staff member in the authority’s office receiving the request shall review the request for a public record and the requested public record to determine whether deletions from such record should be made or the request for such record should be denied pursuant to WAC 247-12-080.

(2) Only after a determination has been made that all or such portion of a public record as is not deleted may be inspected shall such public record or portion thereof be made available for inspection by a member of the public.

(3) Only the staff and members of the authority may open authority files to gain access to authority records for either authority business or to respond to a request for a public record.

(4) No public record of the authority may be taken from the premises of the authority by a member of the public.

(5) Public inspection of authority records shall be done only in such locations as are approved by the public records officer, which locations must provide an opportunity for authority staff members to ensure that no public record of the authority is damaged, destroyed, unreasonably disorganized or removed from its proper location or order by a member of the public.

(6) Public records of the authority may be copied only on the copying machines of the authority unless other arrangements are authorized by the public records officer.

[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-12-100, filed 9/26/79.]

WAC 247-12-101 Records index. (1) The authority has available to all persons a current index which provides identifying information as to the following records issued, adopted or promulgated since its inception:

(a) Final opinions, including concurring and dissenting opinions, as well as orders, made in the adjudication of cases;

(b) Those statements of policy and interpretations of policy statute and the constitution which have been adopted by the authority;

(c) Administrative staff manuals and instructions to staff that affect a member of the public;

(d) Planning policies and goals, and interim and final planning decisions;

(e) Factual staff reports and studies, factual consultants’ reports and studies, scientific reports and studies, and reports or surveys, whether conducted by public employees or others; and

(f) Correspondence, and materials referred to therein, by and with the commission relating to any regulatory, supervisory or enforcement responsibilities of the authority whereby the authority determines, or opines upon, or is asked to determine or opine upon the rights of the state, the public, a subdivision of state government or any private party.

(2) The current index promulgated by the authority shall be available to all persons under the same rules and on the same conditions as are applied to public records available for inspection.

[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-12-101, filed 9/26/79.]

Chapter 247-16 WAC

PROCEDURES AND FEES FOR PREPARATION AND PROCESSING OF APPLICATIONS FOR AUTHORITY ASSISTANCE

WAC 247-16-010 Purpose.
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER
247-16-080 Adoption of plan and system. [Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-16-080, filed 9/26/79.] Repealed by 81-24-038 (Order 9, Resolution No. 81-1), filed 11/25/81. Statutory Authority: RCW 73.37.050 [70.37.050].

WAC 247-16-010 Purpose. The purpose of this chapter shall be to set forth the procedures pursuant to which the authority determines those health care facilities to which the authority will give financial assistance.

[Statutory Authority: RCW 73.37.050 [70.37.050]. 81-24-038 (Order 9, Resolution No. 81-1), § 247-16-010, filed 11/25/81. Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-12-101, filed 9/26/79.]

WAC 247-16-020 Definitions. (1) "Applicant" means a participant which submits an application to the authority.

(2) "Application" means a formal request for the providing of bonds for the financing of a health care facility by the authority, in a format and containing such information as the authority shall specify in these rules or in the application instructions and which is signed and sworn to by a representative designated by formal action of the applicant’s governing board or equivalent.

(2003 Ed.)
Authority Assistance—Application

WAC 247-16-030 Applications for financial assistance. Because the needs of health care facilities in the state vary substantially, no application forms shall be provided by the authority. However, an applicant should furnish the following information to the authority, where applicable, with its request for financial assistance, and such other information as is deemed pertinent by the applicant or the executive director of the authority:

(a) Identification of applicant:
   (b) Names, titles and telephone numbers of chief executive officer, chief financial officer and person assigned responsibility for liaison with the authority;
   (c) Names, addresses and telephone numbers of applicant's legal counsel, outside accounting firm and financial consultant or investment banking firm (if any);
   (d) Description of applicant's legal structure (e.g., private nonprofit corporation, public district hospital). If private, describe type and ownership of stock, if any; how assets held and by whom; and attach copies of articles of incorporation or similar documentation;
   (e) If applicant is a private hospital, attach a copy of IRS determination of 501(c)(3) status;
   (f) Religious or other group affiliation, if any.

(b) Project for which financial assistance is sought (if applicable):
   (a) Legal name and address of applicant;
   (b) Names, titles and telephone numbers of chief executive officer, chief financial officer and person assigned responsibility for liaison with the authority;
   (c) Names, addresses and telephone numbers of applicant's legal counsel, outside accounting firm and financial consultant or investment banking firm (if any);
   (d) Description of applicant's legal structure (e.g., private nonprofit corporation, public district hospital). If private, describe type and ownership of stock, if any; how assets held and by whom; and attach copies of articles of incorporation or similar documentation;
   (e) If applicant is a private hospital, attach a copy of IRS determination of 501(c)(3) status;
   (f) Religious or other group affiliation, if any.

(c) Current status of planning for project and dates proposed for:
   (i) Completion of drawings for project, if necessary (attach copies if completed);
   (ii) Filing of environmental impact statement, if necessary;
   (iii) Entry into construction contract; and
   (iv) Completion or occupancy;
   (d) Recommendations of the appropriate regional health systems agency, and of the state hospital commission, or the current status of their respective reviews;
   (e) Current status of certificate of need for project. If certificate has been issued, attach copy;
   (f) Cost of project (including simple breakdown of costs of general construction, site work, utilities, equipment, land acquisition, architects' and other fees, contingency, interim interest, other);
   (g) Sources of funds for payment of project costs and dates of expected receipt (assistance from authority, interim financing, grants, funds on hand, interest and profit on interim investment of construction funds, other);
   (h) Amount of projected revenues to be derived from project, the sources of such revenues, when expected to begin, and a three-year projection;
   (i) Feasibility studies on project, if any (attach copy if one has been completed);
   (j) Proposed security for authority-issued bonds;
   (k) Contracts or preliminary arrangements with planners, architects, consultants, investment banking firm, if any, regarding project.

(3) Debt to be refinanced with authority assistance (if applicable):
   (a) Amount, date, maturity or maturities, interest rate or rates, prepayment penalties, if any, debt service and form of applicant's existing debt to be refinanced;
   (b) Source of revenue for payment of existing debt, security for debt and rating, if any, assigned to debt instruments at time of debt issuance;
   (c) Most recent decision and order of the state hospital commission on its annual review of the applicant's budget;
   (d) Holder of debt (if ascertainable);
   (e) Any negative debt service payment history;
   (f) Proposed security for new authority-issued debt;
   (g) Proposed date schedule for accomplishing debt refinancing.

(4) Finances of applicant:
   (a) Audited (if audited) financial statements for past three years;
   (b) Latest current financial statement;
   (c) Current year's budget of revenues, expenses and capital expenditures;
   (d) Projection of revenues, expenses, capital expenditures for next three-five years, including revenues and expenses of proposed project (if applicable);
   (e) Description of long-term debts of applicant, if not already given above, including date incurred, by whom held, debt service schedule, interest rate, form of debt, source of revenues for repayment, security for repayment;
   (f) Sources of hospital revenues (private patient, Medicare, Medicaid, welfare, Blue Cross, grants, etc.) and approximate dollar volumes and percentages of total revenues for each source in last three years.

(5) General:
   (a) Pending or threatened litigation or administrative actions with potential of material adverse effect on applicant;
   (b) Brief description of existing medical facilities, including number of beds, number of medical and other staff, categories of medical services offered, and laboratory and research facilities, if any;
   (c) Brief description of hospital expansion plans, if any, in next ten years;
   (d) Brief summary of statistics (last three years, if available) on percentage of bed occupancy and types and numbers of patients cared for (inpatient, outpatient, welfare, etc.);
   (e) Estimate of aggregate savings over the life of the proposed financing to be realized by applicant through authority financing by tax-exempt bonds as compared to financing through taxable obligations. Specify interest assumptions on which savings calculations based;
   (f) Describe means applicant proposes to use to ensure that savings from tax-exempt financing are passed on to patients of applicant.

WAC 247-16-035 Applications for equipment financing assistance. Because the needs of health care facilities in the state vary substantially, no application forms shall be pro-

[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-16-020, filed 9/26/79.]

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vided by the authority. However, an applicant should furnish the following information to the authority, where applicable, with its request for financial assistance, and such other information as is deemed pertinent by the applicant or the executive director of the authority:

(1) Identification of applicant:
(a) Legal name and address of applicant;
(b) Names, titles, and telephone numbers of chief executive officer, chief financial officer, and person assigned responsibility for liaison with the authority;
(c) Names, addresses, and telephone numbers of applicant’s legal counsel, outside accounting firm and financial consultant or investment banking firms (if any);
(d) Description of applicant’s legal structure (e.g., private nonprofit corporation, public district hospital). If private, describe type and ownership of stock, if any; how assets held and by whom; and attach copies of articles of incorporation or similar documentation;
(e) If applicant is a private hospital, attach a copy of IRS determination of 501(c)(3) status.

(2) Project for which financial assistance is sought (if applicable):
(a) Amount of financing sought;
(b) Description of equipment to be purchased with authority financial assistance;
(c) Current status of planning for equipment and dates proposed for purchase and installation;
(d) Current status of certificate of need for project. If certificate has been issued, attach copy;
(e) Cost of equipment (including installation);
(f) Sources of funds for payment of project costs and dates of expected receipt (assistance from authority, interim financing, grants, funds on hand, interest and profit on interim investment of construction funds, other);
(g) Contracts or preliminary arrangements with planners, architects, consultants, investment banking firm, if any, regarding project.

(3) Debt to be refinanced with authority assistance (if applicable):
(a) Amount, date, maturity or maturities, interest rate or rates, prepayment penalties, if any, debt service and form of applicant’s existing debt to be refinanced;
(b) Source of revenue for payment of existing debt, security for debt and rating, if any, assigned to debt instruments at time of debt issuance;
(c) Decision and order of the state hospital commission approving inclusion of the equipment item or items in applicant’s budget;
(d) Holder of debt (if ascertainable);
(e) Any negative debt service payment history;
(f) Proposed date schedule for accomplishing debt refinancing.

(4) Finances of applicant:
(a) Audited (if audited) financial statements for past year;
(b) Latest current financial statement;
(c) Current year’s budget of revenues, expenses and capital expenditures;
(d) Description of long-term debts of applicant, if not already given above, including date incurred, by whom held, debt service schedule, interest rate, form of debt, source of revenues for repayment, security for repayment;
(e) Sources of hospital revenues (private patient, Medicare, Medicaid, welfare, Blue Cross, grants, etc.) and approximate dollar volumes and percentages of total revenues for each source in last three years;
(f) Pending or threatened litigation or administrative actions with potential of material adverse effect on applicant;
(g) Feasibility studies on project, if any (attach copy if one has been completed).

[Statutory Authority: RCW 70.37.050. 83-01-061 (Order 14), § 247-16-035, filed 12/15/82.]

WAC 247-16-040 Fees. (1) Authorization to charge fees: The authority, pursuant to RCW 70.37.090, shall require applicants to pay fees and charges to the authority to provide it with funds for investigations, financial feasibility studies, expenses of issuance and sale of bonds, and other charges for services provided by the authority in connection with projects undertaken, as well as the operating and administrative expenses of the authority. In accordance with this authorization, an applicant shall pay to the authority such fees and charges as are necessary to meet any and all expenses incurred by the authority in connection with the processing of the application of the applicant, together with an annual service fee to defray expenses of the authority in administering and servicing the financial assistance provided to the applicant and other allocable expenses of the authority. The authority shall assess an annual fee of one-tenth of one percent of the outstanding and unredeemed bonds of each applicant. The initial annual fee shall be paid to the authority on the date of closing of each tax exempt note or bond issue and in every anniversary date thereafter: Provided, however, That the authority by an adopted motion may set a different fee schedule and may waive all or any part of the annual or application fee.

(2) Fee obligations of the applicants: An applicant shall submit with its application an initial remittance of $7,500.00, to be credited against the fees and charges imposed or to be imposed by the authority on such applicant pursuant to this section in connection with the processing of an application. The applicant shall pay such fees and charges as they are billed to it from time to time by the authority. These expenses may be reimbursed to the applicants from the bond proceeds if financing is consummated. In addition, the application shall contain an appropriate legal commitment to indemnify the authority against any expenses or costs incurred by it in connection with the processing of the applicant’s application and the completion of any project or plan and system subsequently approved and undertaken by the authority, as well as to pay the authority an annual service fee to defray expenses of the authority in administering and servicing the financial assistance provided to the applicant and other allocable expenses of the authority, which annual fee shall be imposed so long as financing is being provided by the authority to the applicant.

(3) Refund of excess fees: The authority will refund any surplus fees paid or deposited by an applicant or participant which exceed the actual application-processing expenses and authority-determined pro rata administrative and operating costs of the authority.
(4) All the costs and expenses of the authority shall be
paid from fees assessed pursuant to this section. No moneys
of the state of Washington shall be expended for such pur-
poses.
[Statutory Authority: RCW 73.37.050 [70.37.050]. 81-24-038 (Order 9,
Resolution No. 81-1), § 247-16-040, filed 11/25/81. Statutory Authority:
RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-16-040,
filed 9/26/79.]

WAC 247-16-050 Processing of application. An appli-
cation will be reviewed by the executive director and such
authority staff as he or she determines. Upon completion of
authority staff analysis and recommendations, such staff
analysis and recommendations and the application shall be
presented to the authority for appropriate action.
[Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution No.
79-3), § 247-16-050, filed 9/26/79.]

WAC 247-16-060 Priorities regarding applicant
funding. The authority will process health care facility appli-
cations for assistance in the order of their date of receipt. The
date of receipt shall be the date the health care facility applica-
tion together with the application fee is received by the
authority at its Olympia office.

The authority reserves the right to change priorities and
scheduling when the authority determines that a "first come,
first served" priority scheduling is detrimental to the sale of
another health care facility's bond issue or when conditions of
health and safety or public benefit require a different priority.
[Statutory Authority: RCW 73.37.050 [70.37.050]. 81-24-038 (Order 9,
Resolution No. 81-1), § 247-16-060, filed 11/25/81. Statutory Authority:
RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-16-060,
filed 9/26/79.]

WAC 247-16-070 Authority action on applications.
(1) The authority shall meet to review and consider the staff
analysis and recommendations and the application.

(2) The authority may approve an application and adopt
a resolution authorizing the issuance of bonds for the
requested financing where it determines:
(a) It is necessary or advisable for the benefit of the public
health for the authority to provide financing for the proposed
project;
(b) The applicant can reasonably be expected to achieve
successful completion of the health care facilities to be
financed by the authority;
(c) The proposed project and the issuance of bonds by the
authority for such project are economically feasible and can
be undertaken on terms economically satisfactory to the
authority;
(d) The proposed health care facility, if completed as
described in the application, will carry out the purposes and
policies of the act;
(e) The applicant has satisfied the authority that substan-
tially all of the savings realized by the applicant from the
availability of financing through tax-exempt bonds, as contrasted
to financing through taxable debt, will be passed on by the applicant to its patients;
(f) The applicant has reasonably satisfied the require-
ments of the act and these regulations; and

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(g) Other criteria that the authority has determined are
appropriate factors in its decision-making process have been
met.

(3) The authority may approve an application and a bond
resolution on a conditional basis where the criteria of WAC
247-16-070(2) have been met and pending satisfaction of
such other conditions or requirements as the authority shall
determine to be reasonable and necessary in order to carry out
the purposes, policies and requirements of the act and these
regulations. The applicant shall be notified in writing of such
conditions or requirements, which may include, but need not
be limited to, the amendment of an application or proposed
bond resolution in order to meet the availability of funds,
changes in costs, or other purposes or circumstances which
may enhance the ability of the authority or the applicant to
complete the project or better serve the purposes and policies
of the act. Upon the satisfaction of such additional conditions
or requirements, the application shall be deemed approved
pursuant to WAC 247-16-070(2).

(4) The authority may also deny an application; in such
event, it shall notify the applicant of such action, specifying
in writing the reasons for its denial.
[Statutory Authority: RCW 73.37.050 [70.37.050]. 81-24-038 (Order 9,
Resolution No. 81-1), § 247-16-070, filed 11/25/81. Statutory Authority:
RCW 70.37.050. 79-10-101 (Order 2, Resolution No. 79-3), § 247-16-070,
filed 9/26/79.]

WAC 247-16-090 Selection of investment banking
firms as underwriters. (1) The applicants may select an
investment banking firm as senior managing underwriter for
its proposed financing, subject to review and approval by the
authority. In every instance, the senior manager selected must
be able to demonstrate a familiarity, competence and experience
in the structuring and sale of health care facility bonds. The
applicant shall notify the authority in writing of its proposed
senior manager selection fifteen days prior to the date it intends
to enter into a formal contractual agreement. The
authority will notify the applicant of its acceptance or rejec-
tion of the applicant's senior manager selection no later than
ten days after receipt of the applicant's notification. If
rejected, the authority will set forth the reasons for rejection,
and the applicant will then propose another senior manager,
subject to authority approval in the same manner.

(2) To provide balanced management knowledge and
sale distribution and to assure the most realistic bond terms
and interest, the authority reserves the right to name invest-
ment banking firms as co-managers of any authority bond
issue(s). The authority will not name an investment banking
firm or firms as a co-managing underwriter or co-managing
underwriters on bond issues of less than $10 million unless
the authority determines that special circumstances so
require. On issues of more than $10 million the authority will
name a co-manager or co-managers for each issue. The
authority will also review the division of the management fee
in each instance where a co-manager is named. While the
authority will actually select the co-managers, it will consider
recommendations from the applicant as to the selection of
any co-manager or co-managers.

In each instance, the applicant will be given a written
notification fifteen days prior to the authority's actual desig-
nation of an investment banking firm or firms as a co-manager on a particular bond issue.

[Statutory Authority: RCW 73.37.050 [70.37.050]. 81-24-038 (Order 9, Resolution No. 81-1), § 247-16-090, filed 11/25/81.]

WAC 247-16-100 Selection of a feasibility consultant.
The authority shall maintain a list of management and accounting firms which it deems qualified to conduct feasibility studies for the applicants. The applicant's selection of a firm from the approved list shall constitute authority approval. In the event an applicant wishes to select a firm not on the approved list, the authority will review the proposed firm's qualifications on a case-by-case basis, based on its familiarity, competence, and experience in health care management and accounting. The applicant shall not enter into any contractual agreement with a management or accounting firm not on the approved list until written approval has been granted by the authority.

[Statutory Authority: RCW 73.37.050 [70.37.050]. 81-24-038 (Order 9, Resolution No. 81-1), § 247-16-100, filed 11/25/81.]