

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12156-21

FID #: 210836

ISSUED TO: Alliance Healthcare Services, Inc.

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Acquire a mobile PET/CT scanner pursuant to the need determination in the 2021 SMFP/ Alamance County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Alliance Mobile PET/CT 2021
10 White Poplar Court
Elon, NC 27244

CAPITAL EXPENDITURE: \$1,998,630

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2022

This certificate is effective as of April 12, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. Alliance Healthcare Services, Inc. (herein after “the certificate holder”) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one mobile PET scanner pursuant to the need determination in the 2021 SMFP.
3. The certificate holder shall not acquire as part of this project any equipment that is not included in the project’s proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. Progress Reports:
 - a. Pursuant to G.S. § 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on July 1, 2022. The second progress report shall be due on November 1, 2022 and so forth.
5. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 11, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	05/15/2022
9	Equipment Ordered	05/15/2022
10	Equipment Installed	12/15/2022
11	Equipment Operational	12/15/2022
13	Licensure Obtained	12/20/2022
14	Services Offered	01/01/2023
16	Facility or Service Accredited	02/15/2023
17	First Annual Report Due*	04/01/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12159-21

FID #: 140236

ISSUED TO: Bio-Medical Applications of Fayetteville, Inc.

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than eight dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 57 stations upon completion of this project, Project ID# M-12105-21 (add 1) and Project ID# M-12129-21 (relocate 8)/ Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fayetteville Kidney Center
2560 Legion Road
Fayetteville, NC 28306

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2022

This certificate is effective as of April 12, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. Bio-Medical Applications of Fayetteville, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than eight in-center stations for a total of no more than 57 stations at Fayetteville Kidney Center upon completion of this project, Project ID #M-12105-21 (add one station) and Project ID #M-12129-21 (relocate eight stations to Fresenius Kidney Care Hope Mills).
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on August 1, 2022. The second progress report shall be due on November 1, 2022 and so forth.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 11, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
9	Equipment Ordered	09/30/2022
10	Equipment Installed	11/29/2022
11	Equipment Operational	12/13/2022
14	Services Offered	12/31/2022
15	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12166-21

FID #: 011019

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 44 stations upon completion of this project, Project ID# M-012106-21 (add 4) and Project ID# M-012129-21 (relocate 6)/ Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Services of West Fayetteville
6959 Nexus Court
Fayetteville, NC 28306

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2022

This certificate is effective as of April 26, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than six in-center stations for a total of no more than 44 stations at FMC Services of West Fayetteville upon completion of this project, Project ID #M-12106-21 (add four stations) and Project ID #M-12129-21 (relocate six stations to Fresenius Kidney Care Hope Mills).
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on August 1, 2022. The second progress report shall be due on November 1, 2022 and so forth.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 25, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
9	Equipment Ordered	09/17/2022
10	Equipment Installed	12/01/2022
11	Equipment Operational	12/15/2022
12	Building / Space Occupied	12/15/2022
14	Services Offered	12/31/2022
15	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12144-21

FID #: 943501

ISSUED TO: The Presbyterian Hospital
Novant Health, Inc.

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Develop no more than 15 acute care beds pursuant to the need determination in the 2021 SMFP for a total of no more than 512 acute care beds upon completion of this project, Project ID #F-8765-11 (add 14 beds), and Project ID #F-11625-18 (relocate 36 beds to develop Novant Health Ballantyne Medical Center) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Presbyterian Medical Center
200 Hawthorne Lane
Charlotte, NC 28204

CAPITAL EXPENDITURE: \$289,369

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of April 29, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. The Presbyterian Hospital and Novant Health, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than 15 additional acute care beds at Novant Health Presbyterian Medical Center for a total of no more than 512 acute care beds upon completion of this project, Project ID #F-8765-11 (add 14 beds), and Project ID #F-11625-18 (relocate 36 beds to develop Novant Health Ballantyne Medical Center).
3. Upon completion of the project, Novant Health Presbyterian Medical Center shall be licensed for no more than 512 acute care beds.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on September 1, 2022. The second progress report shall be due on December 1, 2022, and so forth.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 7, 2022.

Timetable

	Milestone	Date
1	Construction / Renovation Contract(s) Executed	7/14/2023
2	Construction / Renovation Completed	8/15/2023
3	Services Offered (required)	9/1/2023
4	First Annual Report Due*	4/1/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12146-21

FID #: 923516

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Develop no more than 8 acute care beds pursuant to the need determination in the 2021 SMFP for a total of no more than 112 acute care beds upon project completion / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health University City
8800 North Tryon Street
Charlotte, NC 28262

CAPITAL EXPENDITURE: \$5,016,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of April 29, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than 8 additional acute care beds at Atrium Health University City pursuant to the need determination in the 2021 SMFP for a total of no more than 112 acute care beds upon project completion.**
- 3. Upon completion of the project, Atrium Health University City shall be licensed for no more than 112 acute care beds.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on September 1, 2022. The second progress report shall be due on December 1, 2022, and so forth.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 7. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 13, 2022.

Timetable

	Milestone	Date
1	Drawings Completed	7/1/2022
2	Construction / Renovation Contract(s) Executed	8/1/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	10/1/2022
4	50% of Construction / Renovation Completed	12/1/2022
5	75% of Construction / Renovation Completed	2/1/2023
6	Construction / Renovation Completed	3/1/2023
7	Equipment Ordered	10/1/2022
8	Equipment Installed	2/1/2023
9	Equipment Operational	3/1/2023
10	Building / Space Occupied	4/1/2023
11	Services Offered (required)	4/1/2023
12	First Annual Report Due	4/1/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12147-21

FID #: 110878

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Develop no more than 25 acute care beds pursuant to the need determination in the 2021 SMFP for a total of no more than 303 acute care beds upon completion of this project, Project ID #F-11622-18 (add 38 beds), and Project ID #F-12009-20 (add 7 beds) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Pineville
10628 Park Road
Charlotte, NC 28210

CAPITAL EXPENDITURE: \$32,575,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of April 29, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than 25 additional acute care beds at Atrium Health Pineville pursuant to the need determination in the 2021 SMFP for a total of no more than 303 acute care beds upon completion of this project, Project ID #F-11622-18 (add 38 beds), and Project ID #F-12009-20 (add 7 beds).
3. Upon completion of the project, Atrium Health Pineville shall be licensed for no more than 303 acute care beds.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on September 1, 2022. The second progress report shall be due on December 1, 2022, and so forth.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 13, 2022.

Timetable

	Milestone	Date
1	Drawings Completed	5/9/2022
2	Construction / Renovation Contract(s) Executed	8/5/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/5/2022
4	50% of Construction / Renovation Completed	1/8/2023
5	75% of Construction / Renovation Completed	3/8/2023
6	Construction / Renovation Completed	5/8/2023
7	Equipment Ordered	7/1/2022
8	Equipment Installed	6/1/2023
9	Equipment Operational	7/1/2023
10	Building / Space Occupied	7/1/2023
11	Services Offered (required)	7/1/2023
12	First Annual Report Due	4/1/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12149-21

FID #: 943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Develop no more than 75 acute care beds pursuant to the need determination in the 2021 SMFP for a total of 1,217 acute care beds upon completion of this project and Project ID #F-12008-20 (add 87 beds) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203

CAPITAL EXPENDITURE: \$120,474,107

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of April 29, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than 75 acute care beds at Carolinas Medical Center pursuant to the need determination in the 2021 SMFP for a total of 1,217 acute care beds upon completion of this project and Project ID #F-12008-20 (add 87 beds).
3. Upon completion of the project, Carolinas Medical Center shall be licensed for no more than 1,217 acute care beds.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on September 1, 2022. The second progress report shall be due on December 1, 2022, and so forth.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 13, 2022.

Timetable

Milestone		Date
1	Drawings Completed	6/5/2022
2	Construction / Renovation Contract(s) Executed	8/5/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	4/1/2023
4	50% of Construction / Renovation Completed	5/18/2024
5	75% of Construction / Renovation Completed	7/7/2025
6	Construction / Renovation Completed	9/29/2026
7	Equipment Ordered	7/31/2026
8	Equipment Installed	12/15/2026
9	Equipment Operational	1/31/2027
10	Building / Space Occupied	11/2/2026
11	Services Offered (required)	4/1/2027
12	First Annual Report Due	4/1/2029

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12143-21

FID #: 200732

ISSUED TO: Novant Health New Hanover Regional Medical Center, LLC

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Acquire one fixed PET Scanner pursuant to the need determination in the 2021 SMFP / New Hanover County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Scotts Hill Medical Center
151 Scotts Hill Medical Drive
Wilmington, NC 28411

CAPITAL EXPENDITURE: \$5,933,085

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2022

This certificate is effective as of April 26, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Novant Health, Inc. and Novant Health New Hanover Regional Medical Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire no more than one fixed PET scanner pursuant to the need determination in the 2021 SMFP, to be located at the Scotts Hill Cancer Center campus, for a total of no more than two fixed PET scanners, one at the Medical Mall campus and one at the Scotts Hill Cancer Center Hospital campus.**
- 3. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on August 1, 2022. The second progress report shall be due on November 1, 2022 and so forth.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 5, 2022.

(O-12143-43-21 Con't)

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	06/01/2022
4	Construction / Renovation Contract(s) Executed	07/01/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	09/01/2022
6	50% of Construction / Renovation Completed	11/01/2022
7	75% of Construction / Renovation Completed	01/01/2023
8	Construction / Renovation Completed	03/01/2023
9	Equipment Ordered	09/01/2022
10	Equipment Installed	03/01/2023
11	Equipment Operational	03/08/2023
12	Building / Space Occupied	03/15/2023
13	Licensure Obtained	03/22/2023
14	Services Offered	04/01/2023
17	First Annual Report Due*	01/02/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12164-21

FID #: 956008

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 12 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 50 stations upon completion of this project and Project ID #J-012133-21 (relocate 12)/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA of Raleigh Dialysis
3943 New Bern Avenue
Raleigh, NC 27610

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2022

This certificate is effective as of April 5, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall develop no more than 12 in-center stations for a total of no more than 50 stations at BMA of Raleigh Dialysis upon completion of this project and Project ID # J-12133-21 (Relocate no more than 12 dialysis stations to FKC Knightdale).**
3. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. **The certificate holder shall complete all sections of the Progress Report form.**
 - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on August 1, 2022. The second progress report shall be due on December 1, 2022 and so forth.**
4. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on &.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
9	Equipment Ordered	9/17/2023
14	Services Offered	12/31/2023