



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

May 11, 2017

Elizabeth Kirkman  
2709 Water Ridge Parkway  
Suite 200  
Charlotte, NC 28217

**No Review**

**Record #:** 2254  
**Facility Name:** Carolinas HealthCare System NorthEast  
**FID #:** 943049  
**Business Name:** The Charlotte Mecklenburg Hospital Authority  
**Business #:** 1770  
**Project Description:** Renovate Emergency Department  
**County:** Cabarrus

Dear Ms. Kirkman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of May 5, 2017 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

However, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented in your correspondence. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the

**HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

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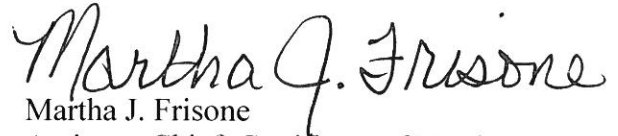
original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Gregory F. Yakaboski  
Project Analyst



Martha J. Frisone  
Assistant Chief, Certificate of Need

cc: Construction Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR  
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR



Carolinus HealthCare System



May 5, 2017

Ms. Martha Frisone, Assistant Chief  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
809 Ruggles Drive  
Raleigh, NC 27603

**RE: No Review Request to Verify Non-Reviewability of Project to Renovate The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinus HealthCare System NorthEast's Emergency Department**

Dear Ms. Frisone:

The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinus HealthCare System NorthEast ("CHS NE") proposes to do aesthetic upgrades to its existing Emergency Department located on the main campus in Concord, NC, Cabarrus County.

CHS NE plans to do aesthetic upgrades to the existing Emergency Department including: painting and flooring, nursing station upgrades, existing medical gas system in the trauma bays upgrades, LED lighting upgrades and adding concealed sprinkler heads per facility standards. The proposed capital cost is under \$2,000,000 (see Attachment). Through this letter, CHS NE requests confirmation from the Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section (the "Agency") that the aesthetic project described herein is not subject to certificate of need review.

This proposed project does not trigger any of the new institutional health service definitions in N.C. Gen. Stat. § 131E-176(16). The construction costs associated with aesthetic upgrades to the CHS NE Emergency Department will not exceed \$2,000,000, and thus will not trigger the capital cost threshold in N.C. Gen. Stat. § 131E-176(16)(b).

Based on the above facts, CHS NE requests that you confirm in writing that CHS NE's aesthetic upgrade project is exempt from certificate of need review and that we may proceed as planned with this project.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth V. Kirkman". The signature is written in a cursive, flowing style.

Elizabeth V. Kirkman  
Assistant Vice-President  
CHS Strategic Services Group

cc: Phyllis Wingate, President, CHS NE

Attachment

**PROPOSED TOTAL CAPITAL COST OF PROJECT**

**Project name:** CHSNE ED/Clinical Aesthetics Project

**Provider/Company:** Wright McGraw Beyer Architects

|  |                    |
|--|--------------------|
| (1) Purchase price of land                               | 0                  |
| (2) Closing costs  | 0                  |
| (3) Site Preparation                                     | 0                  |
| (4) Construction/Renovation Contract                     | 1,322,107          |
| (5) Landscaping  | 0                  |
| (6) Architect/Engineering Fees                           | 107,890            |
| (7) Medical Equipment                                    | 27,128             |
| (8) Non Medical Equipment                                | 0                  |
| (9) Furniture  | 63,822             |
| (10) Consultant Fees (CON Fees, Legal Fees, Design Fees) | 0                  |
| (11) Financing Costs                                     | 0                  |
| (12) Interest During Construction                        | 0                  |
| (13) Other (IS, Security, Internal Allocation)           | 462,547            |
| (14) <b>Total Capital Cost</b>                           | <b>\$1,983,494</b> |

*I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.*

  
(Signature of Licensed Architect or Engineer)

05.03.17  
DATE

