



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Vos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

RESPONSE REQUIRED

April 24, 2015

Peter Brunnick
1420 East Seventh Street
Charlotte, NC 28204

Conditional Approval

Project ID #: F-10370-15
Facility: East Mecklenburg Inpatient Unit at Aldersgate
Project Description: Relocate six (6) hospice inpatient beds from Levine & Dickson Hospice House in Huntersville to develop a freestanding hospice inpatient unit, the East Mecklenburg Inpatient Unit at Aldersgate in Charlotte, which is a change of scope for Project ID #F-10132-13 (add six hospice inpatient beds)
County: Mecklenburg
FID #: 150025

Dear Mr. Brunnick:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has conditionally approved the above referenced certificate of need application. This decision was made after a review of the applications submitted for this cycle and after consideration of the Certificate of Need Law, G.S. 131E-175 et. seq. and regulations promulgated there under, the State Medical Facilities Plan, and other applicable information. Attached to this letter are the required findings made with respect to your application. The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Further, the Agency shall not issue the certificate of need until all applicable conditions of approval have been met pursuant to G.S. 131E-187(a). The conditions are as follows:

1. Hospice and Palliative Care Charlotte Region d/b/a East Mecklenburg Inpatient Unit at Aldersgate shall materially comply with all representations made in the certificate of need application and supplemental information. In those instances where representations conflict, Hospice and Palliative Care Charlotte Region d/b/a East Mecklenburg Inpatient Unit at Aldersgate shall materially comply with the last-made representation.

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone 919-855-3873 • Fax 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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2. Hospice and Palliative Care Charlotte Region d/b/a East Mecklenburg Inpatient Unit at Aldersgate shall develop no more than six (6) hospice inpatient beds for a total of not more than six (6) hospice inpatient beds upon completion of this project and Project I.D. #F-10132-13.
3. Hospice and Palliative Care Charlotte Region d/b/a East Mecklenburg Inpatient Unit at Aldersgate shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VI of the application and that would otherwise require a certificate of need.
4. The total capital expenditure for both projects combined should be \$2,128,000.
5. Hospice and Palliative Care Charlotte Region d/b/a East Mecklenburg Inpatient Unit at Aldersgate 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.

Response to the above conditions should be submitted to the Agency no later than 35 days from the date of the decision. Failure to respond within this time period may result in the Agency making a determination not to issue a certificate of need for the project referenced above.

The conditional approval is valid only for a capital expenditure of \$103,000. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by G.S. 131E-176(16)(e).

The applicant should be aware that according to the Certificate of Need law any affected person shall have thirty (30) days after the date of decision to file a petition for a contested case on this approval. Further, if you are aggrieved by the conditions of the decision you may file a petition for a contested case hearing in accordance with G.S. 150B, Article 3, as amended. This petition must be filed with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 within thirty (30) days of the date of this decision. [Note: Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to OAH Clerk's Office (919-431-3000).]

G.S. 150B-23 provides that a party filing a petition must also serve a copy of the petition on all parties to the petition. Therefore, if you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

Emery Milliken
Department of Health and Human Services,
Office of Legal Affairs,
Adams Building – Room 154
2001 Mail Service Center
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Agency.

The certificate of need will not be issued before the completion of this 30 day period ending May 26, 2015. If a contested case request is received within the thirty (30) day period, the certificate will not be issued until the appeal is resolved (10A NCAC 14C .0208).

The timetable for completion of the project is the timetable outlined in the certificate of need application, unless an adjustment has been made by the Agency because the review period was extended. The timetable for this project is as follows:

Completion of Final Drawings _____	December 1, 2015
Approval of Site by Construction Section, DHSR _____	April 1, 2016
Contract Award _____	April 1, 2016
25% Completion of Construction _____	June 1, 2016
50% Completion of Construction _____	July 1, 2016
75% Completion of Construction _____	August 1, 2016
Completion of Construction _____	September 1, 2016
Occupancy/Offering of Service _____	October 1, 2016
Certification of Beds _____	October 1, 2016

If the decision is appealed, the timetable set forth in this letter will be adjusted accordingly before the Certificate of Need is issued. Please contact this office if any clarification of this decision is required.

Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,

Fatimah Wilson
Project Analyst

Lisa Pittman
Team Leader, Certificate of Need

Attachment

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR
Assistant Chief, Healthcare Planning

CERTIFICATE OF SERVICE

I hereby certify that I have served the foregoing notice of **conditional approval** on the following person by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelope addressed as follows:

Peter Brunnick
1420 East Seventh Street
Charlotte
Project ID #: F-10370-15
FID #: 150025

This the 24th day of April, 2015.

Fatimah Wilson
Project Analyst, Certificate of Need