



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

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Drexdal Pratt  
Division Director

**RESPONSE REQUIRED**

September 2, 2015

Laura MacFadden  
3600 Country Club Drive, Suite 201  
Winston-Salem, NC 27103

**Conditional Approval**

Project ID #: G-11051-15  
Facility: Novant Health Forsyth Medical Center  
Project Description: Replace and convert existing PET/CT scanner to a mobile PET/CT scanner pursuant to Policy TE-1 in the 2015 SMFP  
County: Forsyth  
FID #: 923174

Dear Ms. MacFadden:

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. Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center shall materially comply with all representations made in the certificate of need application.
2. Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center shall replace an existing fixed PET scanner with a mobile PET/CT scanner with transporting equipment to initially serve seven host sites, as designated in the CON application. The mobile PET/CT scanner shall be moved each week to provide PET/CT services to host sites and shall not, at any time, serve less than two host sites each week.



**Healthcare Planning and Certificate of Need Section**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone 919-855-3873 • Fax 919-715-4413

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

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

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3. Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center shall not change or add host sites unless it first obtains a determination from the Healthcare Planning and Certificate of Need Section authorizing the change in location of the equipment.
4. Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center shall not convert the mobile PET/CT scanner to a fixed PET/CT scanner unless it first obtains a determination from the Healthcare Planning and Certificate of Need Section authorizing the conversion. If converted to fixed, the fixed PET/CT must be located in Forsyth County.
5. The acquisition of the mobile PET/CT scanner shall constitute development of one mobile diagnostic program. The acquisition of the mobile PET/CT scanner shall not result in the creation of a diagnostic center located at any of the host sites or any other facility owned, operated or otherwise affiliated with Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center.
6. Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center shall not acquire, as part of the project, any equipment that is not included in the proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
7. Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section 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 \$2,548,643. 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 October 2, 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:

Ordering of Equipment \_\_\_\_\_ March 1, 2016  
Operation of Equipment \_\_\_\_\_ 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,

Celia C. Inman  
Project Analyst

Fatimah Wilson  
Team Leader, Certificate of Need

Martha J. Frisone  
Assistant Chief, 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:

Laura MacFadden  
3600 Country Club Drive, Suite 201  
Winston-Salem, NC 27103

Project ID #: G-11051-15  
FID #: 923174

This the 2<sup>nd</sup> day of September, 2015.

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Celia C. Inman  
Project Analyst, Certificate of Need