

**Certificate of Need
Certificates Issued
March 2018**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Review Status / Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure
Cumberland	M-011397-17	FMC Dialysis Services of North Ramsey	960411	ESRD	Add five dialysis stations for a total of 40 stations upon completion of this project and Project ID #M-11344-17 (relocate five stations to FKC Hope Mills)	10/1/2017	1/29/2018	3/1/2018	Conditional Approval	Tanya Rupp	Fatimah Wilson	\$0
Durham	J-011413-17	Durham West Dialysis	010285	ESRD	Add 4 dialysis stations for a total of 25 stations upon completion of this project, Project ID # J-10319-14 (relocate 3 stations), Project ID # J-10350-14 (add four stations), Project ID # J-11216-16 (relocate 7 stations), and Project ID # J-11273-16 (relocate 2 stations)	10/1/2017	2/9/2018	3/13/2018	Conditional Approval	Bernetta Thorne-Williams	Fatimah Wilson	\$0
Granville	K-011396-17	FMC Dialysis Services Neuse River	170422	ESRD	Relocate the entire dialysis facility to a new site in Oxford for a total of 25 stations	10/1/2017	12/28/2017	3/6/2018	Denied - Settlement	Celia Inman	Lisa Pittman	\$2,267,672
Hoke	N-011414-17	Lumbee River Dialysis	110715	ESRD	Add 5 dialysis stations for a total of 15 stations	10/1/2017	1/29/2018	3/1/2018	Conditional Approval	Tanya Rupp	Fatimah Wilson	\$48,464
Macon	A-011427-17	Angel Medical Center, Inc.	942938	HOSPITAL	Construct a replacement hospital facility	11/1/2017	2/14/2018	3/17/2018	Conditional Approval	Mike McKillip	Lisa Pittman	\$45,000,000
Mecklenburg	F-011400-17	BMA OF NORTH CHARLOTTE	955788	ESRD	Add ten dialysis stations for a total of 38 dialysis stations upon completion of this project and Project ID #F-11375-17 (relocate 12 stations to develop the new FKC Mallard Creek facility)	10/1/2017	2/19/2018	3/22/2018	Conditional Approval	Gloria Hale	Lisa Pittman	\$0
Mecklenburg	F-011417-17	Mint Hill Dialysis Center	070389	ESRD	Add 6 dialysis stations for a total of 22 stations upon completion of the project	10/1/2017	2/12/2018	3/19/2018	Conditional Approval	Gloria Hale	Lisa Pittman	\$963,620
Moore	H-011411-17	Dialysis Care of Moore County	944674	ESRD	Add two dialysis stations for a total of 25 stations	10/1/2017	1/31/2018	3/3/2018	Conditional Approval	Tanya Rupp	Lisa Pittman	\$0
New Hanover	O-011421-17	Bradley Creek Health Center at Carolina Bay	130064	NH	Develop 8 non-Medicaid certified adult care home beds pursuant to Policy LTC-1 in the NC SMFP	11/1/2017	1/29/2018	3/1/2018	Conditional Approval	Tanya Rupp	Fatimah Wilson	\$77,800
Onslow	P-011415-17	Southeastern Dialysis Center of Jacksonville	956056	ESRD	Add 2 dialysis stations for a total of 33 stations upon completion of this project, Project ID# P-10351-14 (add 5 stations), and Project ID# P-11326-17 (add 1 station)	10/1/2017	2/9/2018	3/13/2018	Conditional Approval	Jane Rhoe-Jones	Lisa Pittman	\$21,808
Onslow	P-011416-17	New River Dialysis	130178	ESRD	Add two dialysis stations for a total of 22 stations upon completion of this project and Project ID# P-11325-17 (add 2 stations)	10/1/2017	2/9/2018	3/13/2018	Conditional Approval	Jane Rhoe-Jones	Lisa Pittman	\$34,458
Wake	J-011402-17	ZEBULON KIDNEY CENTER	970505	ESRD	Add two dialysis stations for a total of 30 dialysis stations upon completion of the project	10/1/2017	2/9/2018	3/13/2018	Conditional Approval	Bernetta Thorne-Williams	Fatimah Wilson	\$0

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: M-11397-17

FID #: 960411

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
3390 Dunn Road
Eastover, NC 28312**

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Add no more than five dialysis stations for a total of no more than 40 stations upon completion of this project and Project I.D. #M-11344-17 (relocate five stations to FKC Hope Mills)/ Cumberland County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMC Dialysis Services of North Ramsey
130 Longview Drive
Fayetteville, NC 28311**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2018

This certificate is effective as of the 1st day of March, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc., d/b/a FMC Dialysis Services North Ramsey shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than five additional dialysis stations for a total of no more than 40 certified stations at FMC Dialysis Services North Ramsey upon completion of this project and Project ID #M-11344-17, which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 2, 2018.

TIMETABLE:

1.	Financing Obtained _____	September 15, 2017
2.	Equipment Ordered _____	October 17, 2018
3.	Equipment Installed _____	December 1, 2018
4.	Equipment Operational _____	December 15, 2018
5.	Services Offered _____	December 31, 2018
6.	Medicare and/or Medicaid Certification Obtained _____	December 31, 2018

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

**Project ID #: J-11413-17
FID #: 010285**

**ISSUED TO: DVA Renal Healthcare, Inc.
2321 West Morehead Street
Charlotte, NC 28208**

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Shall add no more than four dialysis stations to the existing facility for a total of no more than 25 stations upon completion of this project, Project I.D. #J-10319-14 (relocate three stations), Project I.D. #J-10350-14 (add four stations), Project I.D. #J-11216-16 (relocate seven stations) and Project I.D. #J-11273-16 (relocate two stations)/ Durham County

CONDITIONS: See Reverse Side

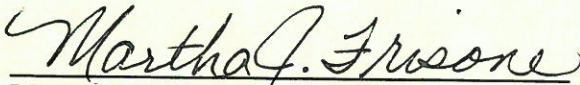
**PHYSICAL LOCATION: Durham West Dialysis
4307 Western Park Place
Durham, NC 27705**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 30, 2019

This certificate is effective as of the 13th day of March, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. d/b/a Durham West Dialysis shall materially comply with all representations made in the certificate of need application as conditioned.
2. Pursuant to the facility need determination in the July 2017 SDR, DVA Renal Healthcare, Inc. shall develop no more than four additional dialysis stations for a total of no more than 25 certified stations at Durham West Dialysis upon completion of this project, Project I.D. #J-10319-14 (relocate three stations), Project I.D. #J-10350-14 (add four stations), Project I.D. # J-11216-16 (relocate seven stations) and Project I.D. #J-11273-16 (relocate two stations).
3. DVA Renal Healthcare, Inc. d/b/a Durham West Dialysis 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 20, 2018.

TIMETABLE:

1. Services Offered _____ January 1, 2019
2. Medicare and/or Medicaid Certification Obtained _____ January 1, 2019

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: K-11396-17

FID #: 170422

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
3390 Dunn Road
Eastover, NC 28312**

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Relocate the entire dialysis facility to a new site in Oxford/ Granville County

CONDITIONS: See Reverse Side

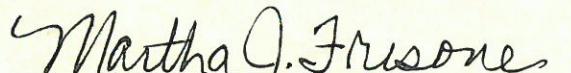
**PHYSICAL LOCATION: FMC Dialysis Services Neuse River
Industry Drive
Oxford, NC 27565**

MAXIMUM CAPITAL EXPENDITURE: \$2,267,672

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2018

This certificate is effective as of the 6th day of March, 2018



Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services Neuse River shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services Neuse River shall materially comply with the last made representation.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services Neuse River shall replace and relocate the facility and develop no more than 25 dialysis stations at the new FMC Neuse River location, which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Dialysis Services Neuse River shall install plumbing and electrical wiring through the walls for no more than 25 dialysis stations, which shall include any isolation or home hemodialysis stations.**

TIMETABLE:

1. **Financing Obtained _____ September 15, 2017**
2. **Drawings Completed _____ August 2, 2018**
3. **Construction/Renovation Contract(s) Executed _____ October 1, 2018**
4. **25% of Construction/Renovation Completed
(25% of the cost is in place) _____ November 30, 2018**
5. **50% of Construction/Renovation Completed _____ January 14, 2019**
6. **75% of Construction/Renovation Completed _____ March 15, 2019**
7. **Construction/Renovation Completed _____ May 14, 2019**
8. **Equipment Ordered _____ May 1, 2019**
9. **Equipment Installed _____ June 15, 2019**
10. **Equipment Operational _____ June 29, 2019**
11. **Services Offered _____ June 30, 2019**
12. **Medicare and/or Medicaid Certification Obtained _____ June 30, 2019**

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: N-11414-17

FID #: 110715

**ISSUED TO: Total Renal Care of North Carolina, LLC
2321 West Morehead Street
Charlotte, NC 28208**

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Add no more than five dialysis stations for a total of no more than 15 stations upon project completion/ Hoke County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Lumbee River Dialysis
11016 Red Springs Road
Red Springs, NC 28377**

MAXIMUM CAPITAL EXPENDITURE: \$48,464

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2018

This certificate is effective as of the 1st day of March, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Lumbee River Dialysis shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2017 SDR, Total Renal Care of North Carolina, LLC shall develop no more than five additional dialysis stations for a total of no more than 15 certified stations at Lumbee River Dialysis upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Bunn Dialysis shall install plumbing and electrical wiring through the walls for no more than five dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC d/b/a Lumbee River Dialysis 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 8, 2018.

TIMETABLE:

1. Services Offered _____ January 1, 2019
2. Medicare and/or Medicaid Certification Obtained _____ January 1, 2019

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: A-11427-17

FID #: 942938

ISSUED TO: Angel Medical Center, Inc.
428 Biltmore Avenue
Asheville, NC 28801

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Construct a replacement hospital with no more than 30 acute care beds, three shared operating rooms, and one gastrointestinal endoscopy procedure room/ Macon County

CONDITIONS: See Reverse Side

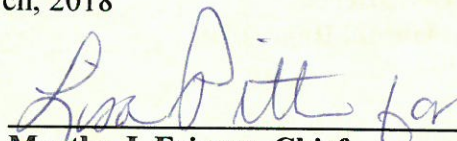
PHYSICAL LOCATION: Angel Medical Center
Intersection of US Highway 23/441 and Hunicutt Lane
Franklin, NC 28734

MAXIMUM CAPITAL EXPENDITURE: \$45,000,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2018

This certificate is effective as of the 17th day of March, 2018



Martha J. Frisone, Chief

CONDITIONS:

1. Angel Medical Center, Inc. shall materially comply with all representations made in the certificate of need application.
2. Angel Medical Center, Inc. shall develop a replacement hospital with no more than 30 acute care beds, three shared operating rooms, and one gastrointestinal endoscopy procedure room.
3. Angel Medical Center, Inc. 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. Angel Medical Center, Inc. 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.
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, Angel Medical Center, Inc. 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. Angel Medical Center, Inc. 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 5, 2018.

TIMETABLE:

1. Land Acquired _____ June 1, 2018
2. Construction/Renovation Contract(s) Executed _____ February 1, 2019
3. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ October 1, 2019
4. 50% of Construction/Renovation Completed _____ June 1, 2020
5. 75% of Construction/Renovation Completed _____ February 1, 2021
6. Construction/Renovation Completed _____ September 1, 2021
7. Services Offered _____ October 1, 2021
8. Final Annual Report Due _____ January 1, 2025

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: F-11400-17

FID #: 955788

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
3390 Dunn Road
Eastover, NC 28312**

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Add no more than ten dialysis stations for a total of no more than 38 dialysis stations upon completion of this project and Project ID #F-11375-17 (relocate 12 stations to develop the new FKC Mallard Creek facility)/ Mecklenburg County

CONDITIONS: See Reverse Side

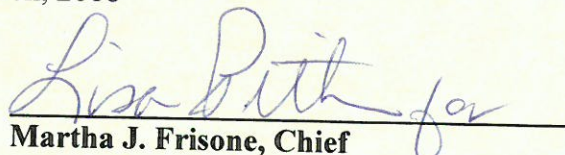
**PHYSICAL LOCATION: BMA of North Charlotte
5220 N. Tryon Street
Charlotte, NC 28213**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2018

This certificate is effective as of the 22nd day of March, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte shall materially comply with the last made representation.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte shall develop no more than 10 additional dialysis stations for a total of no more than 38 certified stations upon completion of the project and Project I.D. #F-11375-17 (relocate 12 stations to develop the new FKC Mallard Creek facility).**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte shall install plumbing and electrical wiring through the walls for 10 additional dialysis stations for a total of no more than 38 dialysis stations which shall include any home hemodialysis training or isolation stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte 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.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 22, 2018.

TIMETABLE:

Construction/Renovation Completed	_____	October 17, 2018
Services Offered	_____	December 31, 2018
Medicare and/or Medicaid Certification Obtained	_____	December 31, 2018

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: F-11417-17

FID #: 070389

**ISSUED TO: DVA Healthcare Renal Care, Inc.
2321 West Morehead Street
Charlotte, NC 28208**

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

**SCOPE: Add no more than 6 dialysis stations for a total of no more than 22 stations/
Mecklenburg County**

CONDITIONS: See Reverse Side

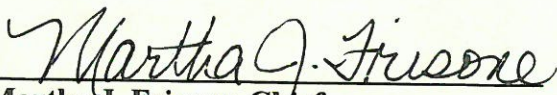
**PHYSICAL LOCATION: Mint Hill Dialysis Center
11308 Hawthorne Drive
Mint Hill, NC 28227**

MAXIMUM CAPITAL EXPENDITURE: \$963,620

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 31, 2018

This certificate is effective as of the 15th day of March, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis shall materially comply with all representations made in the certificate of need application.**
2. **DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis shall develop and operate no more than six additional dialysis stations for a total of 22 certified stations upon completion of the project which shall include any home hemodialysis training or isolation stations.**
3. **DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis shall install plumbing and electrical wiring through the walls for six additional dialysis stations for a total of 22 dialysis stations which shall include any home hemodialysis training or isolation stations.**
4. **DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis 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 the issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 20, 2018.

TIMETABLE:

Construction/Renovation Contract(s) Executed	_____	November 1, 2018
Services Offered	_____	January 1, 2019
Medicare and/or Medicaid Certification Obtained	_____	January 1, 2019

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: H-11411-17

FID #: 944674

**ISSUED TO: Total Renal Care of North Carolina, LLC
2321 West Morehead Street
Charlotte, NC 28208**

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

**SCOPE: Add no more than two dialysis stations for a total of no more than 25 stations/
Moore County**

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Dialysis Care of Moore County
16 Regional Drive
Pinehurst, NC 28374-8850**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2018

This certificate is effective as of the 3rd day of March, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Moore County shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Moore County shall develop no more than 2 additional dialysis stations for a total of no more than 25 certified stations at Dialysis Care of Moore County upon project completion, which shall include any home hemodialysis training or isolation stations.**
3. **Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Moore County 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 the issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 8, 2018.

TIMETABLE:

1. **Services Offered _____ January 1, 2019**
2. **Medicare and/or Medicaid Certification Obtained _____ January 1, 2019**

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: O-11421-17

FID #: 130064

**ISSUED TO: Carolina Bay of Wilmington, LLC
Carolina Bay Properties of Wilmington, LLC
Carolina Bay Healthcare Center of Wilmington, LLC
2334 South 41st Street
Wilmington, NC 28403**

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Develop eight non-Medicaid certified adult care home beds pursuant to Policy LTC-1 in the 2018 SMFP for a total of 30 nursing facility beds, 78 adult care home beds and 129 independent living units/ New Hanover County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Bradley Creek Healthcare Center at Carolina Bay
630 Carolina Bay Drive
Wilmington, NC 28403**

MAXIMUM CAPITAL EXPENDITURE: \$77,800

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2018

This certificate is effective as of the 1st day of March, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Carolina Bay of Wilmington, LLC, Carolina Bay Properties of Wilmington, LLC, Carolina Bay Healthcare Center of Wilmington, LLC d/b/a Bradley Creek Health Center at Carolina Bay shall materially comply with all representations made in the certificate of need application.
2. Carolina Bay of Wilmington, LLC, Carolina Bay Properties of Wilmington, LLC, Carolina Bay Healthcare Center of Wilmington, LLC d/b/a Bradley Creek Health Center at Carolina Bay shall develop no more than 8 Policy LTC-1 adult care home beds for a facility total of no more than 30 NF beds and 78 ACH beds upon completion of the project.
3. The 8 Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
4. The 8 Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The 8 new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.
6. 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, Bradley Creek Health Center at Carolina Bay 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. Bradley Creek Health Center at Carolina Bay 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 of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 2, 2018.

TIMETABLE:

1.	Construction/Renovation Contract(s) Executed _____	August 1, 2018
2.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	August 15, 2018
3.	50% of Construction/Renovation Completed _____	August 20, 2018
4.	75% of Construction/Renovation Completed _____	August 25, 2018
5.	Construction/Renovation Completed _____	September 1, 2018
6.	Equipment Ordered _____	July 1, 2018
7.	Equipment Installed _____	September 1, 2018
8.	Equipment Operational _____	September 1, 2018
9.	Building/Space Occupied _____	October 1, 2018
10.	Licensure Obtained _____	October 1, 2018
11.	Services Offered _____	October 1, 2018
12.	Final Annual Report Due _____	January 1, 2022

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: P-11415-17

FID #: 956056

ISSUED TO: Total Renal Care of North Carolina, LLC
2321 West Morehead Street
Charlotte, NC 28208

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Add no more than two dialysis stations for a total of no more than 33 stations upon completion of this project and Project I.D. #P-11326-17 (add one station)/ Onslow County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Southeastern Dialysis Center of Jacksonville
14 Office Park Drive
Jacksonville, NC 28546-7325

MAXIMUM CAPITAL EXPENDITURE: \$21,808

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2018

This certificate is effective as of the 13th day of March, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a SEDC-Jacksonville shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the 2017 SDR, Total Renal Care of North Carolina, LLC shall develop no more than two additional dialysis stations for a total of no more than 33 certified stations at SEDC-Jacksonville upon completion of this project and Project ID #P-11326 (add one station), which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a SEDC-Jacksonville 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 20, 2018.

TIMETABLE:

1. Services Offered _____ January 1, 2019
2. Medicare and/or Medicaid Certification Obtained _____ January 1, 2019

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: P-11416-17

FID #: 130178

**ISSUED TO: Total Renal Care of North Carolina, LLC
2321 West Morehead Street
Charlotte, NC 28208**

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Add no more than two dialysis stations for a total of no more than 22 stations upon completion of this project and Project I.D. #P-11325-17 (add two stations)/ Onslow County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: New River Dialysis
111 Yopp Road
Jacksonville, NC 28540**

MAXIMUM CAPITAL EXPENDITURE: \$34,458

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2018

This certificate is effective as of the 13th day of March, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the 2017 SDR, Total Renal Care of North Carolina, LLC shall develop no more than two additional dialysis stations for a total of no more than 22 certified stations at New River Dialysis upon completion of this project and Project ID #P-11325-17 (add two stations), which shall include any home hemodialysis training or isolation stations.**
3. **Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations for a total of no more than 22 dialysis stations which shall include any isolation stations.**
4. **Total Renal Care of North Carolina, LLC d/b/a New River Dialysis shall provide an updated letter of support and commitment from the medical director to replace the letter found in Exhibit I-3 that is dated February 15, 2017 (formerly submitted with Project ID# P-11325-17).**
5. **Total Renal Care of North Carolina, LLC d/b/a New River Dialysis 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 20, 2018.

TIMETABLE:

1. **Services Offered _____ January 1, 2019**
2. **Medicare and/or Medicaid Certification Obtained _____ January 1, 2019**

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

**Project ID #: J-11402-17
FID #: 970505**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
3390 Dunn Road
Eastover, NC 28312**

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Shall add no more than two dialysis stations for a total of no more than 30 dialysis stations upon completion of this project/ Wake County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Zebulon Kidney Center
465 Stratford Drive
Zebulon, NC 27597**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2018

This certificate is effective as of the 13th day of March, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Zebulon Kidney Center shall materially comply with all representations made in the certificate of need application as conditioned.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than two additional dialysis stations for a total of no more than 30 certified stations at Zebulon Kidney Center upon project completion which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Zebulon Kidney Center shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations, which shall include any isolation or home hemodialysis training stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a Zebulon Kidney Center 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 14, 2018.

TIMETABLE:

- | | |
|--|-------------------|
| 1. Equipment Ordered _____ | October 17, 2018 |
| 2. Equipment Operational _____ | December 15, 2018 |
| 3. Services Offered _____ | December 31, 2018 |
| 4. Medicare and/or Medicaid Certification Obtained _____ | December 31, 2018 |



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

March 6, 2018

Dee Jay Zerman
211 Friday Center Drive, Suite G014
Chapel Hill, NC 27517

Transmittal of Certificate of Need

Project ID #: P-11423-17
Facility: UNC Orthopedics at Goldsboro
Project Description: Develop a new diagnostic center
County: Wayne
FID #: 170471

Dear Ms. Zerman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Radiation Protection Section regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to N.C. Gen. Stat. §131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. **If you subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to N.C. Gen. Stat. §131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of 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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project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:


- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due May 15, 2018. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,


Jane Rhoe-Jones
Project Analyst


Martha J. Frisone
Chief, Healthcare Planning and
Certificate of Need Section

JRJ:MJF:vm

Enclosures

cc: Radiation Protection Section, DHSR
Sharetta Blackwell, Program Assistant Healthcare Planning, DHSR

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: P-11423-17

FID #: 170471

**ISSUED TO: UNC Physicians Network, LLC
211 Friday Center Drive, Suite G014
Chapel Hill, NC 27517**

Pursuant to N.C. Gen. Stat. §131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Develop a new diagnostic center/ Wayne County

CONDITIONS: See Reverse Side

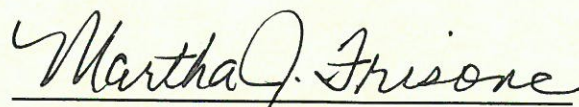
**PHYSICAL LOCATION: UNC Orthopedics at Goldsboro
2808 McLamb Place
Goldsboro, NC 27534**

MAXIMUM CAPITAL EXPENDITURE: \$5,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 15, 2018

This certificate is effective as of the 1st day of March, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **UNC Physicians Network, LLC shall materially comply with all representations made in the certificate of need application.**
2. **UNC Physicians Network, LLC, as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section F of the application or that would otherwise require a certificate of need.**
3. **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, UNC Physicians Network, LLC 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.**
4. **UNC Physicians Network, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 9, 2018.

TIMETABLE:

1. **Services Offered _____ May 5, 2018**
2. **Final Annual Report Due _____ August 1, 2021**