



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

Pat McCrory
Governor

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

Drexdal Pratt
Division Director

May 14, 2015

William McDonald
Health Systems Management, Inc.
P.O. Box 7710
Tifton, GA 31793

No Review

Facility: Miller Street Dialysis Center of Wake Forest University
Project Description: Add in-center peritoneal and nocturnal hemodialysis services to existing in-center hemodialysis service
County: Forsyth
FID #: 070671

Dear Mr. McDonald:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of May 12, 2015, 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

Moreover, 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 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.

Healthcare Planning and Certificate of Need Section

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

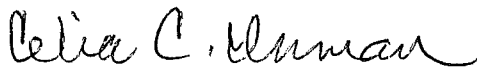
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Mr. McDonald
May 14, 2015
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Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Celia C. Inman
Project Analyst



Martha J. Frisone
Assistant Chief, Certificate of Need

cc: Construction Section, DHR
Acute and Home Care Licensure and Certification Section, DHR
Assistant Chief, Healthcare Planning

Health Systems Management, Inc.
PO Box 7710
Tifton, GA 31793



May 12, 2015

NC Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
Certificate of Need
809 Ruggles Drive
Raleigh, NC 27603

RE: Miller Street Dialysis Center of Wake Forest University
120 Miller Street
Winston-Salem, NC 27103

Ms. Celia Inman

Miller Street Dialysis Center of Wake Forest University (MSDC) is a 36 station ICH facility in Winston Salem, Forsyth County, NC. (CMS Letter Attached)

MSDC is asking for a letter of no review for the following request.

Miller Street Dialysis Center would like to add to its current In-Center Hemodialysis services the following:

1. Add – In-Center Nocturnal HD
2. Add – In-Center PD

The Forsyth County ESRD population as of the end of April 2015 is **515 ICH** and **114 Home PD** patients.

The need for availability of diverse services within the county is growing. I have attached a photo of a bay area at Miller Street Dialysis Center so that you may see a visual of how a designated area at the facility would handle the Nocturnal and In-Center PD patients. I have also attached a layout of the existing facility so that you could see that there is ample area for storage of the nocturnal beds.

Please give this request for the additional services at Miller Street Dialysis Center your most favorable consideration.

Respectfully,

William F. McDonald

Director of Development

Health Systems Management, Inc.

Agent for the Wake Forest University Health Sciences Dialysis Facilities

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Survey and Certification, Region VI

July 8, 2009

CMS Certification Number (CCN): 34-2667

Administrator
Miller Street Dialysis Center
120 Miller Street
Winston-Salem, NC 27103-2500

Dear Administrator:

We have reviewed your request for approval as a supplier of End-Stage Renal Disease (ESRD) services in the Medicare program. Your facility meets program requirements and is eligible for reimbursement under title XVIII of the Social Security Act. This approval is effective June 5, 2009. Your Medicare Administrative Contractor (MAC), Palmetto GBA, will be notified via email by form CMS-2007.

As requested, your facility was approved as a Renal Dialysis Facility to furnish hemodialysis. Our records indicate that you currently operate thirty-six (36) stations. If you believe that this determination is incorrect, you may ask that it be reconsidered. The request must be submitted in writing within 60 days of the date you receive this notice, in accordance with 42 C.F.R. 498.22, to:

David Wright, Associate Regional Administrator
CMS, Division of Survey & Certification
Attn: Dodjie Guioa, Non-Long Term Care Certification & Enforcement Branch
1301 Young Street, Room 833
Dallas, Texas 75202

You may submit with your request for reconsideration any information you believe to be pertinent to the determination. If you contemplate or experience a change in ownership, physical relocation, change in service or expansion of your facility, you must notify the State survey agency as soon as possible. Failure to do so may result in the suspension of program payments.

If you have any questions, please call Rachel McCarty at (214) 767-2082.

Sincerely,

A handwritten signature in black ink, appearing to read "Ginger Odle".

Ginger Odle, Manager
Non-Long Term Care Certification & Enforcement Branch

cc: Palmetto/NCarolina 18/NCarolina Medicaid/ESRD CMS CO/Network 6-fac # (336)721-4801

