



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

October 28, 2024

Kelly Ivey
kivey@pda-inc.net

Exempt from Review – Replacement Equipment

Record #: 4622
Date of Request: October 22, 2024
Facility Name: Maria Parham Health
FID #: 943326
Business Name: DLP Maria Parham Medical Center, LLC
Business #: 1178
Project Description: Replace existing linear accelerator
County: Vance

Dear Ms. Ivey:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(f). Therefore, you may proceed to acquire without a certificate of need a new linear accelerator to replace the existing linear accelerator. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Cynthia Bradford
Project Analyst

Micheala Mitchell
Chief

cc: Acute and Home Licensure and Certification Section, DHSR
Radiation Protection Section, DHSR

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

October 22, 2024

Delivered Via Email

Ms. Michaela Mitchell Chief
Mr. Mike McKillip, Team Leader
Ms. Cynthia Bradford, Analyst
Cynthia.Bradford@dhhs.nc.gov

Exempt from Review Request – Replacement Equipment

Facility Name: Maria Parham Health
FID#: 943326
Business Name: DLP Maria Parham Medical Center, LLC
Business #: 1179
Description: Replace existing linear accelerator located on the main hospital campus.
County: Vance

Dear Ms. Mitchell and Ms. Bradford,

Please accept this as required written notification on behalf of DLP Maria Parham Medical Center, LLC (“MPH”) that it intends to spend approximately \$4,618,000 to replace its existing linear accelerator located on its main campus.

Attachment A provides floor plans showing the location of the current vault and linear accelerator. As part of the project, MPH will remove and decommission the current linear accelerator and install new equipment in the same vault. The project will involve some construction and renovation to the 1,004 square feet area in the cancer center.

This project satisfies requirements for replacement equipment under N.C.G.S. 131E-184(f) which states that any capital expenditure exceeding the threshold set forth in G.S. 131 E-176(22a) may be exempt from CON review if all of the following conditions are met:

- (1) The equipment being replaced is located on the main campus.
- (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
- (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

At the date of this letter, the threshold set forth in G.S. 131 E-176(22a) for replacement equipment is \$3,089,400¹. **Attachment B** contains a summary of the proposed project costs, which exceed this threshold. The capital expenditure will not result in the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(22a).

¹ Per the letter released October 1, 2024, by Micheala Mitchell, Section Chief, Healthcare Planning and Certificate of Need.

MPH is a licensed acute care hospital, License No. H-0267. The renovation entails renovations of the main hospital building, on the "main campus" as defined by GS 131E-176(14n). In that main hospital building MPH provides clinical patient services and exercises financial and administrative control over the entire licensed health service facility. Administrative offices are in the same building illustrated in [Attachment A](#).

MPH received a Certificate of Need for the existing linear accelerator July 18, 2001; [see Attachment C](#).

We would appreciate your confirmation that this project is exempt from CON review. Thank you for your attention to this request. If you have questions, please let me know.

Sincerely,

Bert Beard

[Bert Beard \(Oct 22, 2024 11:45 EDT\)](#)

Burt Beard
President and CEO

Attachments:

- A. Proposed Floor Plan
- B. Summary Project Cost Estimate
- C. Copy of Original Linear Accelerator CON, Project ID# K-6296-00

ATTACHMENT A.1



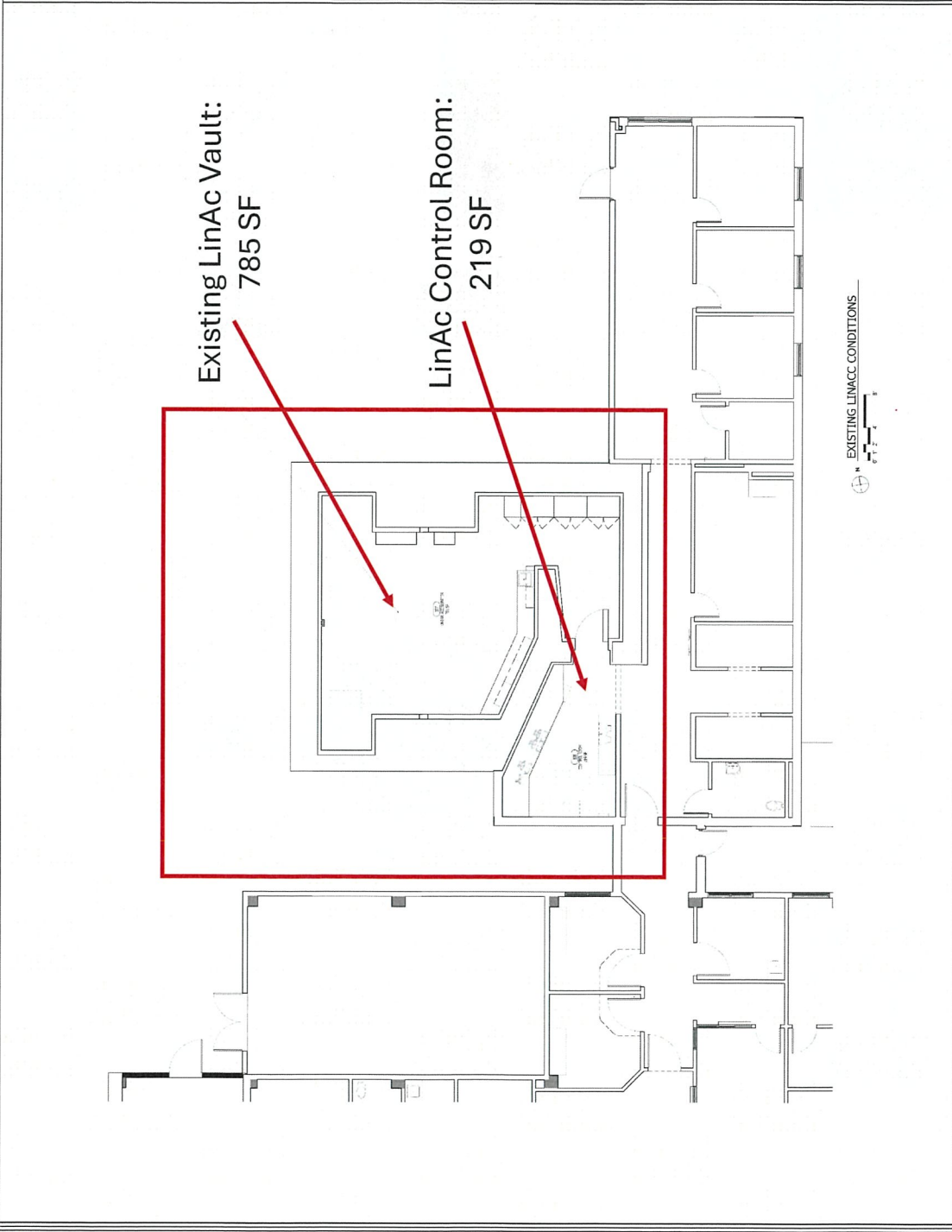
LINACC
REPLACEMENT
01

MARIA
PARHAM
HEALTH

566 RUIH CREEK
RD,
HENDERSON, NC
27536

Revision	Schedule
Number	Project

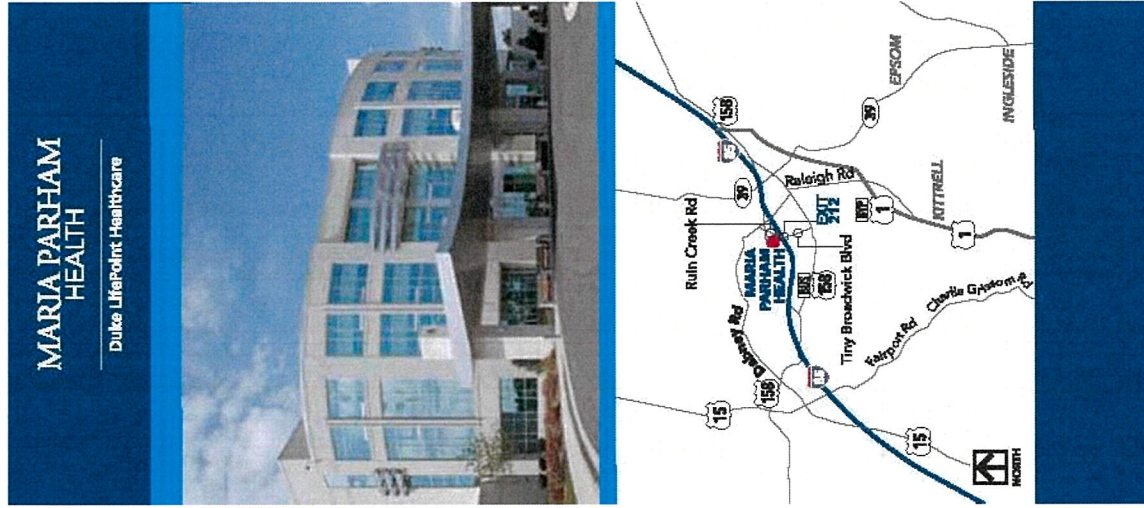
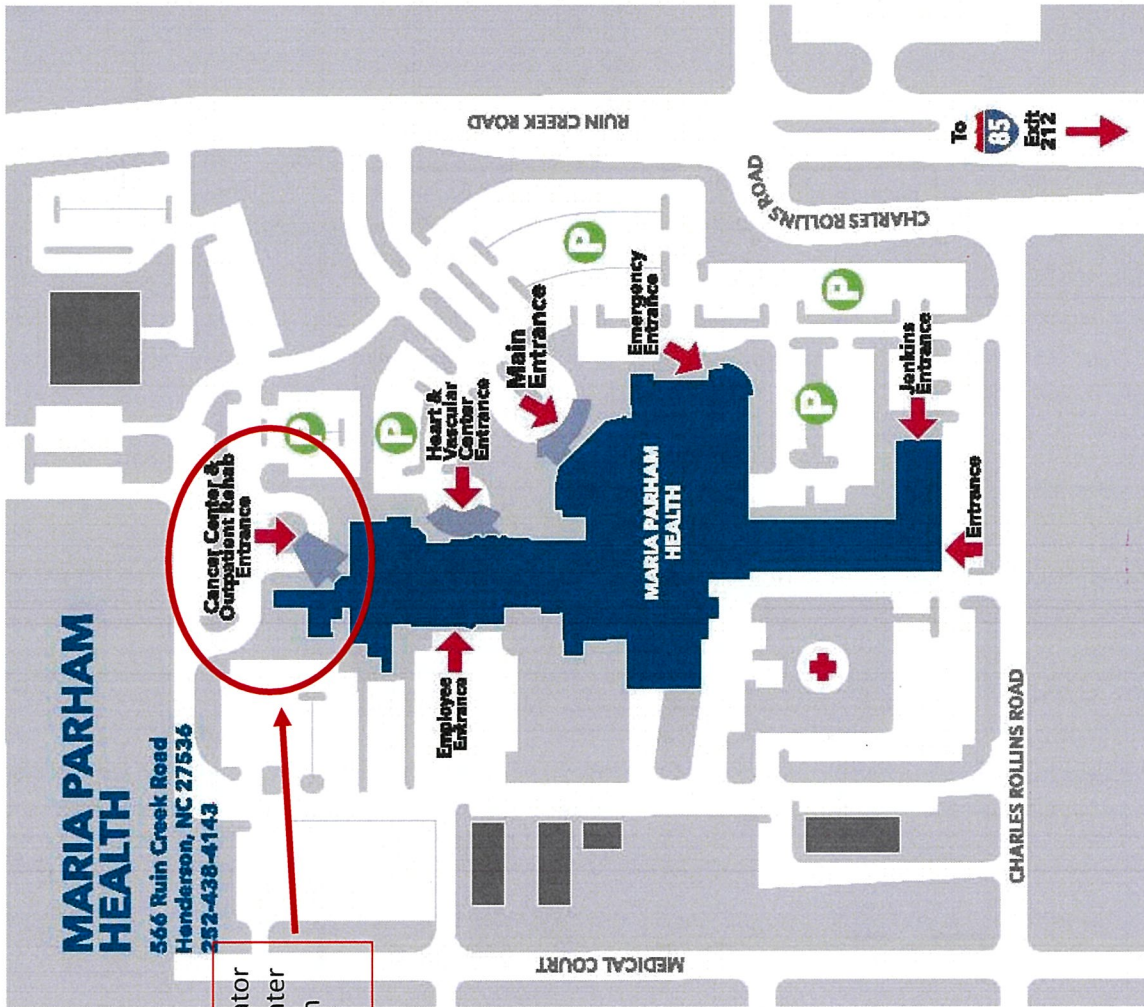
PROJECT NUMBER: 1001010
DATE: October 11, 2011
SHEET NUMBER: **A0.2**
PROJECT TITLE: LINACC REPLACEMENT



CONCEPT PLAN: NOT FOR CONSTRUCTION, PERMITTING, OR REGULATORY REVIEW

ATTACHMENT A.2

Existing Linear Accelerator Vault in the Cancer Center attached to the Main Campus Hospital



**MARIA PARHAM
HEALTH**

Duke LifePoint Healthcare

Projected Capital Cost Form: Exemption Request

Estimated Costs

Building Purchase Price	\$	
Purchase Price of Land	\$	
Closing Costs	\$	
Site Preparation	\$	
Construction / Renovation Contract(s)	\$	660,000
Architect / Engineering Fees	\$	140,000
Medical Equipment	\$	3,667,000
Non-Medical Equipment	\$	75,000
Furniture	\$	
Consultant Fees (specify)	\$	
Financing Costs	\$	10,000
Interest During Construction	\$	
Other (10% Contingency)	\$	66,000
Total Capital Costs	\$	4,618,000

Certification by a Licensed Architect or Engineer

I certify that, to the best of my knowledge, the projected capital cost for the proposed project is complete and correct.

Signature

Name / Title

Date

Certification by an Officer / Agent of the Proponent

I certify that, to the best of my knowledge, the projected capital cost for the proposed project is complete and correct. It is our intent to carry out the proposed project as described.

Michael Gordian

Signature

MICHAEL GORDIAN CFO

Name / Title

10/4/2024

Date

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Facility Services

CERTIFICATE OF NEED

for

Project Identification Number K-6296-00

FID# 943326

ISSUED TO: Maria Parham Hospital
566 Ruin Creek Road
Henderson, North Carolina 27536-2927

Pursuant to N.C. Gen. Stat. § 131E-175, et seq., 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. 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: Maria Parham Hospital shall construct a vault and support space for a linear accelerator, lease one linear accelerator, and purchase treatment planning and block cutting equipment/Vance County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Maria Parham Hospital
566 Ruin Creek Road, Henderson, NC 27536-2927

MAXIMUM CAPITAL EXPENDITURE: \$779,733.00

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 15, 2001

This certificate is effective as of the 18th day of July, 2001.

Lee B. Hoffmann by CLBAC
Chief, Certificate of Need Section
Division of Facility Services

CONDITIONS OF APPROVAL

1. Maria Parham Hospital, Inc., shall materially comply with all representations made in its certificate of need application, except as modified by the additional information submitted to the Agency dated April 10, 2001. In those instances in which the representations in the additional information differ from those in the application, Maria Parham Hospital, Inc., shall materially comply with the representations in the later documents.
2. Maria Parham Hospital, Inc., shall not acquire, as part of the project, any other equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.

TIMETABLE

1. Certificate of Need
 - (a) Date of Issuance of Certificate of Need (1-31 days) 6/21/01
2. Acquisition of Medical Equipment
 - (a) Equipment Ordered (Upgrade) 6/21/01
 - (b) Arrival of Equipment 8/21/01
 - (c) Operation of Equipment 9/21/01






DLP Maria Parham LinAc Exemption Request

Final Audit Report

2024-10-22

Created:	2024-10-22
By:	Kelly Ivey (kivey@pda-inc.net)
Status:	Signed
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"DLP Maria Parham LinAc Exemption Request" History

-  Document created by Kelly Ivey (kivey@pda-inc.net)
2024-10-22 - 1:55:12 PM GMT
-  Document emailed to Bert Beard (bert.beard@lpnt.net) for signature
2024-10-22 - 1:55:20 PM GMT
-  Email viewed by Bert Beard (bert.beard@lpnt.net)
2024-10-22 - 3:45:17 PM GMT
-  Document e-signed by Bert Beard (bert.beard@lpnt.net)
Signature Date: 2024-10-22 - 3:45:49 PM GMT - Time Source: server
-  Agreement completed.
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From: [Kelly Ivey](#)
To: [Bradford, Cynthia L](#); [Stancil, Tiffany C](#)
Cc: [Gordian Michael](#); [Nancy Lane](#)
Subject: [External] DLP Maria Parham - Linear Accelerator Exemption Request
Date: Tuesday, October 22, 2024 12:25:45 PM
Attachments: [DLP Maria Parham LinAc Exemption Request.PDF](#)

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Ms. Bradford,

On behalf of our client DLP Maria Parham Medical Center in Vance County, I am submitting this request for CON Exemption of a linear accelerator replacement. We appreciate your prompt attention to this matter.

Regards,

Kelly Ivey
kivey@pda-inc.net
919.754.0303
www.pdaconsultants.com

PDA



Take a Problem, Make it a Feature.

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