



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

December 19, 2025

James V. Chin

jvchin8589@gmail.com

No Review – Qualified Urban Ambulatory Surgical Facility

Record #: 5040

Date of Request: November 21, 2025

Facility Name: South Charlotte Surgery Center

Facility Address: 13430 Hoover Creek Boulevard
Charlotte NC 28273

Business Name: South Charlotte Surgery Center, PLLC

Business #: 3316

Project Description: Develop a qualified urban ambulatory surgical facility

County: Mecklenburg

Dear James V. Chin:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the development of a qualified urban ambulatory surgical facility. Pursuant to NCGS §131E-176(21a), a qualified urban ambulatory surgical facility is an ambulatory surgical facility that meets all of the following criteria:

- a. Is licensed by the Department to operate as an ambulatory surgical facility.
- b. Has a single specialty or multispecialty ambulatory surgical program.
- c. Is located in a county with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census.

Based on the representation in your request and the CON law **in effect on the date of this response to your request**, the project as described is not governed by, and therefore, does not currently require a certificate of need. 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.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. **As a reminder, it is unlawful to offer or develop a new institutional health service without first obtaining a certificate of need. The Department reserves the right to impose sanctions, including civil penalties and the revocation of a license, upon any entity that**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607

MAILING ADDRESS: 1915 Health Services Way, 2704 Mail Service Center, Raleigh, NC 27699-2704

www.ncdhs.gov/dhsr • TEL: 919-855-3873

offers or develops a new institutional health service without first obtaining a certificate of need.

Please do not hesitate to contact this office if you have any questions.

Sincerely,



Chalice L. Moore (Monitoring Project Analyst)
Project Analyst



Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR
Construction Section, DHSR
Healthcare Planning, DHSR

South Charlotte Surgery Center, PLLC.

November 25, 2025

Michaela Mitchell, JD
Section Chief, Healthcare Planning and CON Section
NC Department of Health and Human Services
Division of Health Service Regulation
809 Ruggies Drive, Edgerton Bldg
Raleigh, NC 27699-3878

Michaela.Mitchell@dhhs.nc.gov

Subject: Request for Certificate of Need Non Applicability Determination for establishing and operating an urban Ambulatory Surgery Facility (ASF) at 13430 Hoover Creek Blvd, Charlotte, NC 28273, Mecklenburg County.

Dear Ms. Mitchell:

On behalf of South Charlotte Surgery Center, PLLC (SCSC), we are requesting a Certificate of Need (CON) Non Applicability Determination (NAD) to establish and operate a multi specialty Ambulatory Surgery Facility at 13430 Hoover Creek Blvd, Charlotte, NC 28273, Mecklenburg County. This request is made pursuant to the amendments to SL 2023 7, which were removed and made effective on November 21, 2025, allowing Ambulatory Surgery Facilities to be developed in counties exceeding populations of 125,000 and exempting them from filing a Certificate of Need application with the NC Department of Health and Human Services (“the Department”).

These amended provisions require Qualified Urban Ambulatory Surgical Facilities (QUASF) to: Delineate between a QUASF and an ambulatory surgical facility.

As a QUASF, SCSC seeks to provide an ASF in Mecklenburg County, North Carolina, which exceeds the required population threshold of 125,000. The QUASF will provide both general and cardiovascular procedures.

Define a qualified urban ambulatory surgical facility as an ambulatory surgical facility that:

- Is licensed by the Department as an ambulatory surgical facility.
- Has a single specialty or multispecialty program.
- Is located in a county with a population greater than 125,000 according to the 2020 federal census or any subsequent federal decennial census.

SCSC will seek an ambulatory surgery facility license to provide general and cardiovascular surgical procedures. The facility will be located at 14210 Steele Creek Rd, 2nd Floor, Charlotte, NC 28273, in Mecklenburg County, and satisfies all criteria for an urban setting.

Exhibit A provides a map of the facility along with the latest U.S. Census population data for Mecklenburg County.

State that a qualified urban ambulatory surgical facility is not a health service facility.

SCSC is owned and operated by Dr. James Antezana, MD. It is a surgical group practice composed of surgeons. This NAD request is made with the intent to use the location exclusively as a QUASF. The facility is not owned by a health service entity utilized in other health service facilities.

Require a new qualified urban ambulatory surgical facility to submit an annual report demonstrating that self pay and Medicaid revenue are equal to at least 4%.

SCSC is committed to providing charitable care to patients regardless of their ability to pay. SCSC will comply with the Department's annual reporting requirements and provide documentation of charitable work equaling at least 4%. Exhibit B includes a copy of SCSC's Charity Care Program. Additionally, Dr. Antezana provides volunteer medical services through mission trips to South America in conjunction with the Catholic Diocese of Charleston, SC.

We trust the information above satisfies the requirements for our Qualified Urban Ambulatory Surgical Facility. Should you have any questions, please feel free to contact me or my consultant, James Chin (jvchin8589@gmail.com).

Sincerely,

<i>James Antezana, MD</i>	dotloop verified 11/25/25 4:57 PM BOT MJKM-0K4E-0S1U-K30G
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James Antezana, MD

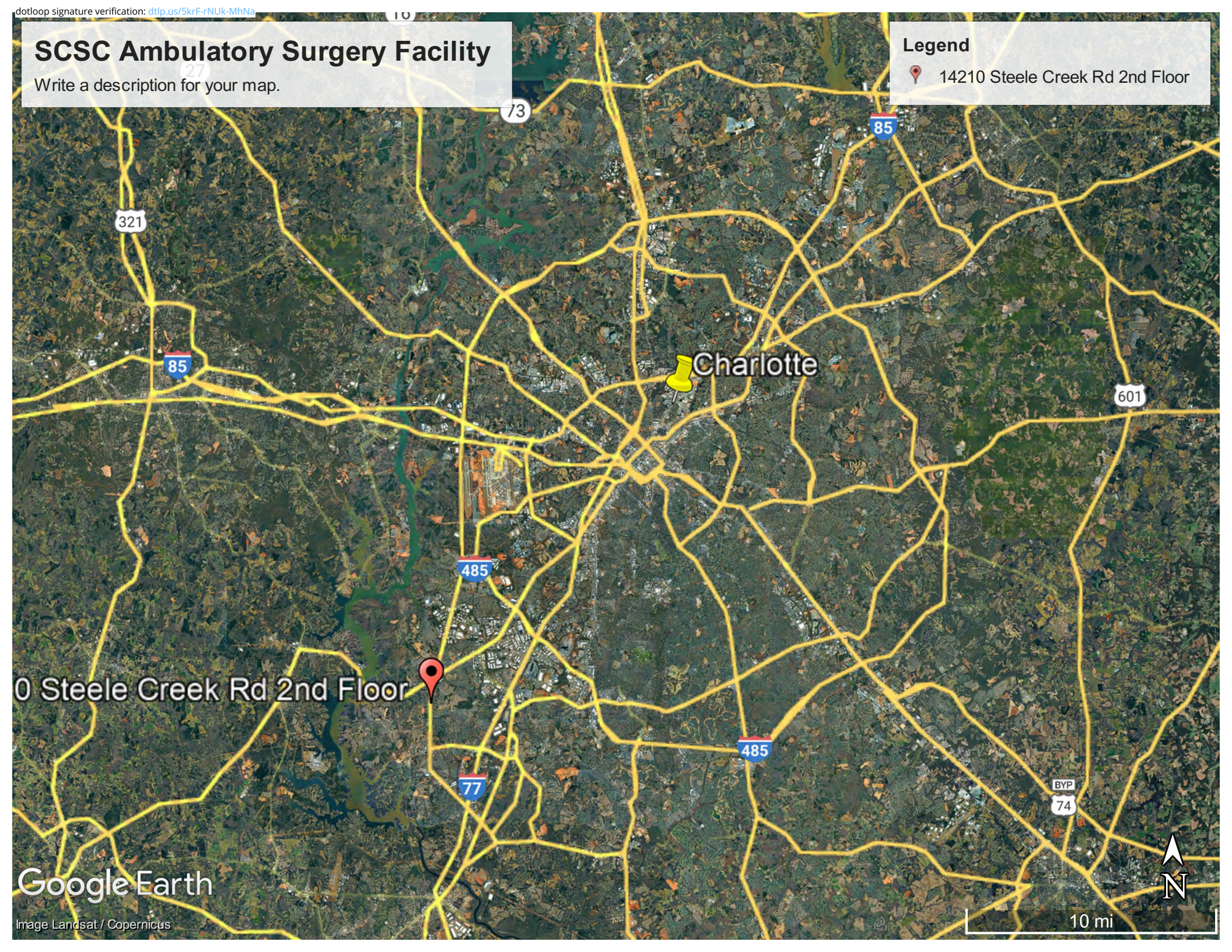
EXHIBIT A

SCSC Ambulatory Surgery Facility

Write a description for your map.

Legend

 14210 Steele Creek Rd 2nd Floor



Google Earth

Image Landsat / Copernicus



10 mi

Table: ACSDP1Y2017.DP05

	Mecklenburg County, North Carolina			
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	1,076,837	*****	1,076,837	(X)
Male	517,871	±500	48.1%	±0.1
Female	558,966	±500	51.9%	±0.1
Sex ratio (males per 100 females)	92.6	±0.2	(X)	(X)
Under 5 years	72,274	±140	6.7%	±0.1
5 to 9 years	73,254	±3,757	6.8%	±0.3
10 to 14 years	69,680	±3,746	6.5%	±0.3
15 to 19 years	68,524	±660	6.4%	±0.1
20 to 24 years	70,268	±759	6.5%	±0.1
25 to 34 years	181,936	±425	16.9%	±0.1
35 to 44 years	159,182	±856	14.8%	±0.1
45 to 54 years	146,420	±410	13.6%	±0.1
55 to 59 years	68,037	±2,806	6.3%	±0.3
60 to 64 years	49,439	±2,800	4.6%	±0.3
65 to 74 years	73,354	±620	6.8%	±0.1
75 to 84 years	31,957	±1,531	3.0%	±0.1
85 years and over	12,512	±1,507	1.2%	±0.1
Median age (years)	35.1	±0.1	(X)	(X)
Under 18 years	257,325	±114	23.9%	±0.1
16 years and over	847,519	±1,962	78.7%	±0.2
18 years and over	819,512	±114	76.1%	±0.1
21 years and over	781,232	±1,738	72.5%	±0.2
62 years and over	144,631	±2,087	13.4%	±0.2
65 years and over	117,823	±273	10.9%	±0.1
18 years and over	819,512	±114	819,512	(X)
Male	387,668	±456	47.3%	±0.1
Female	431,844	±421	52.7%	±0.1

Table: ACSDP1Y2017.DP05

	Mecklenburg County, North Carolina			
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
Sex ratio (males per 100 females)	89.8	±0.2	(X)	(X)
65 years and over	117,823	±273	117,823	(X)
Male	49,274	±293	41.8%	±0.3
Female	68,549	±452	58.2%	±0.3
Sex ratio (males per 100 females)	71.9	±0.9	(X)	(X)
RACE				
Total population	1,076,837	*****	1,076,837	(X)
One race	1,044,153	±5,296	97.0%	±0.5
Two or more races	32,684	±5,296	3.0%	±0.5
One race	1,044,153	±5,296	97.0%	±0.5
White	577,573	±6,699	53.6%	±0.6
Black or African American	337,103	±4,089	31.3%	±0.4
American Indian and Alaska Native	4,440	±1,581	0.4%	±0.1
Cherokee tribal grouping	0	±207	0.0%	±0.1
Chippewa tribal grouping	0	±207	0.0%	±0.1
Navajo tribal grouping	0	±207	0.0%	±0.1
Sioux tribal grouping	0	±207	0.0%	±0.1
Asian	61,859	±2,390	5.7%	±0.2
Asian Indian	27,480	±4,152	2.6%	±0.4
Chinese	6,009	±1,774	0.6%	±0.2
Filipino	1,551	±651	0.1%	±0.1
Japanese	391	±245	0.0%	±0.1
Korean	1,549	±930	0.1%	±0.1
Vietnamese	12,195	±3,702	1.1%	±0.3
Other Asian	12,684	±3,527	1.2%	±0.3
Native Hawaiian and Other Pacific Islander	440	±245	0.0%	±0.1

Table: ACSDP1Y2017.DP05

	Mecklenburg County, North Carolina			
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
Native Hawaiian	N	N	N	N
Guamanian or Chamorro	N	N	N	N
Samoan	N	N	N	N
Other Pacific Islander	N	N	N	N
Some other race	62,738	±6,295	5.8%	±0.6
Two or more races	32,684	±5,296	3.0%	±0.5
White and Black or African American	11,215	±2,558	1.0%	±0.2
White and American Indian and Alaska Native	3,849	±1,156	0.4%	±0.1
White and Asian	7,153	±2,033	0.7%	±0.2
Black or African American and American Indian and Alaska Native	2,264	±1,516	0.2%	±0.1
Race alone or in combination with one or more other races				
Total population	1,076,837	*****	1,076,837	(X)
White	604,075	±7,518	56.1%	±0.7
Black or African American	355,935	±1,895	33.1%	±0.2
American Indian and Alaska Native	14,121	±2,608	1.3%	±0.2
Asian	71,627	±902	6.7%	±0.1
Native Hawaiian and Other Pacific Islander	2,658	±1,028	0.2%	±0.1
Some other race	64,975	±6,451	6.0%	±0.6
HISPANIC OR LATINO AND RACE				
Total population	1,076,837	*****	1,076,837	(X)
Hispanic or Latino (of any race)	143,400	*****	13.3%	*****
Mexican	51,655	±6,081	4.8%	±0.6

Table: ACSDP1Y2017.DP05

	Mecklenburg County, North Carolina			
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
Puerto Rican	12,261	±2,872	1.1%	±0.3
Cuban	7,878	±3,404	0.7%	±0.3
Other Hispanic or Latino	71,606	±6,595	6.6%	±0.6
Not Hispanic or Latino	933,437	*****	86.7%	*****
White alone	503,802	±808	46.8%	±0.1
Black or African American alone	333,833	±3,914	31.0%	±0.4
American Indian and Alaska Native alone	2,083	±652	0.2%	±0.1
Asian alone	61,620	±2,319	5.7%	±0.2
Native Hawaiian and Other Pacific Islander alone	355	±232	0.0%	±0.1
Some other race alone	2,906	±1,070	0.3%	±0.1
Two or more races	28,838	±5,127	2.7%	±0.5
Two races including Some other race	668	±443	0.1%	±0.1
Two races excluding Some other race, and Three or more races	28,170	±5,044	2.6%	±0.5
Total housing units	443,743	±716	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	720,738	±6,186	720,738	(X)
Male	336,891	±4,115	46.7%	±0.3
Female	383,847	±3,608	53.3%	±0.3

EXHIBIT B

SOUTH CHARLOTTE SURGERY CENTER

SUBJECT: BUSINESS OFFICE	REFERENCE #17004
DEPARTMENT: QUALITY MANAGEMENT & IMPROVEMENT	PAGE:1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

As part of the mission of South Charlotte Surgery Center, promotion of health, relief of burdens of government, and volunteer and community services shall be implemented in a reasonable manner consistent with the maintenance of the economic well-being and fiscal soundness of the ASC. The South Charlotte Surgery Center will provide medically necessary health care services for patients in the ASC's service area, as defined by the surgery center from time to time. This policy complies with all applicable federal, state, and local laws, for use in circumstances in which financial assistance shall be offered to the surgery center's uninsured or underinsured patients on a nondiscriminatory basis to meet the need of the community. Only procedures listed on the ASC's Approved Procedure List will be considered for this care.

Requests for Charity Care will be reviewed and evaluated by any of the following personnel: Center Administrator and Business Manager.

PROCEDURE:

ASC Financial Assistance may be considered when:

1. It is determined that a patient does not have adequate South Charlotte Surgery Center Health Center for Outpatient Surgery.
2. The ASC and/or patient have attempted to obtain retroactive coverage through governmental Medical Assistance programs, and such coverage was not available or approved. This excludes those cases, however, where coverage was denied due to the failure of the patient to cooperate with the application/approval process.
3. Third party insurance coverage provides reimbursement for less than the total billed charges (deductibles, co-insurance amounts, pre-existing condition determination, and other coverage denials) and when the patient is unable to make payment for these amounts.

ELIGIBILITY:

Services eligible for charity care include services deemed medically necessary by South Charlotte Surgery Center.

Charity Care will be denied to patients who refuse to take reasonable actions necessary to obtain medical assistance available through outside health and welfare agencies, when referred by the surgery center or third-party vendor.

Patients who are uninsured, underinsured, ineligible for government assistance programs, or unable to pay based on their individual financial situation are eligible for charity care. Determinations of eligibility are made on a case-by-case basis and

SOUTH CHARLOTTE SURGERY CENTER

SUBJECT: BUSINESS OFFICE	REFERENCE #17004
DEPARTMENT: QUALITY MANAGEMENT & IMPROVEMENT	PAGE:2 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

may require appointments or discussion with the ASC’s Business Manager. South Charlotte Surgery Center provides assistance for deductibles, coinsurance, or co-payments in the form of free and/or discounted services. When determining patient eligibility, the South Charlotte Surgery Center does not take into account race, gender, age, sexual orientation, religious affiliation, social or immigrant status, or age of the patient’s account.

Additionally, the ASC may refer to or rely on external sources and/or other program enrollment resources in the case of patients lacking documentation that supports eligibility or individual circumstance. The ASC may provide free or discounted services when:

1. Patient is homeless
2. Patient is eligible for other state or local assistance programs that are unfunded
3. Patient is eligible for food stamps or subsidized school lunch program
4. Patient is eligible for assistance under the Crime Victims Act or Sexual Assault Act
5. Patient is eligible for a state-funded prescription medication program
6. Patient is deceased and without an estate
7. Patient files bankruptcy
8. Patient has a current Medicaid card

Patients will be required to assign or pay, to South Charlotte Surgery Center, all insurance payments or liability settlements designated as remuneration for medical expenses. Payments received on an account with a Charity Care Adjustment will be applied to the account and the adjustment reversed up to the amount of the Charity Care Adjustment.

APPLYING FOR FINANCIAL ASSISTANCE:

To be considered eligible for charity care, patients must cooperate with the surgery center to explore alternative means of assistance if necessary, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for a discount, charity care, or other private or public payment programs. In addition to completing an application, documentation that may need to be provided or reviewed including the following documentation:

1. Bank statements
2. Proof of income for applicant (and spouse if applicable); three most recent pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently supporting themselves

SOUTH CHARLOTTE SURGERY CENTER

SUBJECT: BUSINESS OFFICE	REFERENCE #17004
DEPARTMENT: QUALITY MANAGEMENT & IMPROVEMENT	PAGE:3 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

3. Copy of most recent tax return
4. Review of available assets or other financial resources
5. External, public sources which may be utilized, including credit scores

EVALUATION:

1. Charity Care Adjustment requests must have a Financial Assistance Application completed and submitted to the Patient Accounting Department for evaluation. All required verification/documentation must accompany the Financial Application. Failure to comply may result in a denial.
2. To qualify for Charity Care Adjustment, the applicant must meet the current income/asset guidelines as determined by the ASC.
3. For the purpose of reviewing a Financial Assistance Application, the following will apply:
 - A. **Member of the Household:** Will include all persons currently claimed on IRS Tax Return. In the event no tax return is filed, South Charlotte Surgery Center reserves the right to verify filing with the IRS. Employment of Household Members: Will include all forms of employment, including self-employment, for every household member.
 - B. **Gross Income:** The applicant must provide verification of gross income to insure that gross income is used in determining yearly income for the Financial Assistance Application. Gross income is the amount earned by employee, the net profit of a self-employed individual, or share (as stated in the federal tax return) of the net profit of a member of a partnership or corporation. Prescription expenses/medical expenses and medical insurance premiums paid by the patient will be allowed as a deduction from income.
 - C. **Other Income:** The applicant must provide all income received by all members of the household in applying for a Charity Care Adjustment, regardless of whether the income is used in the yearly income test. Failure to provide this information is reason for denial of a Charity Care Adjustment.
 - D. **Current Financial Status:** All monies for every member of the household are to be listed. Failure to provide this information is reason for denial of a Charity Care Adjustment. Other income and cash convertible assets will be used in the charity determination process.
4. If cash convertible asset information is exactly twice the amount of the patient portion of the South Charlotte Surgery Center bill or more, applicant is not eligible for assistance. If substantial hard assets exist, they will be considered.

SOUTH CHARLOTTE SURGERY CENTER

SUBJECT: BUSINESS OFFICE	REFERENCE #17004
DEPARTMENT: QUALITY MANAGEMENT & IMPROVEMENT	PAGE:4 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

5. Patients who can demonstrate their family income is at or below 200% of the federal poverty level may still be eligible for a 100% discount.
6. Applicants for a Charity Care Adjustment will be notified in writing of the approval or denial. An applicant may appeal a denial and request a reevaluation which will be processed as outlined in the appeal procedure. Upon denial of a Charity Care Adjustment, the patient will be responsible for immediate arrangements for the balance due, to prevent collection activity.
7. At the hospital's discretion, patients with family income exceeding 200% of the federal poverty level may still be eligible for discounts on an individual basis, taking into account extenuating circumstances, including financial or medical indigence or catastrophic infirmity. This will be a one-time consideration on claims greater than 25% of their gross income.
8. If an applicant is found to have withheld information requested in the Financial Assistance Application or given false information, an approved or pending Charity Care Adjustment may be reversed or denied.
9. If a Charity Care Adjustment is reversed on a patient account, the balance will be due immediately.
10. Once charity is approved, prior unpaid balances will be considered as charity going back two (2) years from the charity approval date. Patients who are in an active payment plan and apply and meet the charity guidelines, will have remaining payment plan balance adjusted as charity.

From: [Mitchell, Micheala L](#)
To: [Waller, Martha K](#)
Subject: FW: [External] Request for CON Non-Applicability Determination Letter for developing and operating a QUASF in Mecklenburg County. - UPDATED
Date: Tuesday, November 25, 2025 4:27:01 PM
Attachments: [SCSC NAD Request 11-25-25 \(Signed - electronic\) Corrected.pdf](#)

Martha,

Would you mind logging this and assigning it to Chalice?

Thank you!

Micheala Mitchell, JD
[NC Department of Health and Human Services](#)
[Division of Health Service Regulation](#)
Section Chief, Healthcare Planning and CON Section
809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704
Office: 919 855 3879
Micheala.Mitchell@dhhs.nc.gov

From: jvchin8589@gmail.com <jvchin8589@gmail.com>
Sent: Tuesday, November 25, 2025 4:22 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Cc: jantezanamd@scgvs.com; jvchin8589@gmail.com
Subject: [External] Request for CON Non-Applicability Determination Letter for developing and operating a QUASF in Mecklenburg County. - UPDATED

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Hello Michaela,

Please find South Charlotte Surgery Center's request for CON Non-applicability determination letter. The corrected letter should be named as: "SCSC NAD Request 11-25-25 (Signed - electronic) Corrected".

We appreciate your indulgence.

Happy Thanksgiving,
James Chin
803.447.1920

From: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Sent: Tuesday, November 25, 2025 11:26 AM
To: 'jvchin8589@gmail.com' <jvchin8589@gmail.com>
Cc: jantezanamd@scgvs.com
Subject: RE: [External] RE: Request for CON Non-Applicability Determination Letter for developing and operating a QUASF in Mecklenburg County.

Thanks for letting me know Mr. Chin.

Best,

Micheala

Micheala Mitchell, JD
[NC Department of Health and Human Services](#)
[Division of Health Service Regulation](#)
Section Chief, Healthcare Planning and CON Section
809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704
Office: 919 855 3879
Micheala.Mitchell@dhhs.nc.gov

From: jvchin8589@gmail.com <jvchin8589@gmail.com>
Sent: Tuesday, November 25, 2025 9:54 AM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Cc: jantezanamd@scgvs.com
Subject: [External] RE: Request for CON Non-Applicability Determination Letter for developing and operating a QUASF in Mecklenburg County.

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Dear Michaela, please disregard the email below and the attached letter. We erroneously used the incorrect letterhead, naming the wrong organization for this request. A revised letter will be sent to you shortly, naming “South Charlotte Surgery Center, PLLC” as the requesting organization for the QUASF. We apologize if this has caused any inconvenience to you..

Sincerely,
James V. Chin
803.447.1920

From: jvchin8589@gmail.com <jvchin8589@gmail.com>
Sent: Tuesday, November 25, 2025 9:25 AM
To: 'Mitchell, Micheala L' <Micheala.Mitchell@dhhs.nc.gov>
Cc: jantezanamd@scgvs.com; jvchin8589@gmail.com
Subject: Request for CON Non-Applicability Determination Letter for developing and operating a QUASF in Mecklenburg County.

Good Morning Ms. Mitchell,

Please find attached our letter requesting a CON Non-applicability for a proposed QUASF in Mecklenburg County.

If you have any questions, please feel free to contact me.

Sincerely,
James Chin
Consultant

803.447.1920

From: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Sent: Tuesday, October 28, 2025 2:53 PM
To: 'jvchin8589@gmail.com' <jvchin8589@gmail.com>
Subject: RE: [External] ASF certification - CON exempt

That's not a stupid question at all, Mr. Chin. You're also not a bother.

I probably should have worded my response better, but the Acute and Home Care Licensure and Certification and Construction sections will want to see **confirmation** from our section **that a certificate of need is not required** to develop the proposed QUASF. Our determination will be based on the information provided in the notice we receive from providers regarding their plans for development (ASF Name, specialty, location, etc.). Additionally, all of our letters contain a provision that states that our determinations are based upon the facts presented in the provider's notice to us.

Let me know if this helps.

Micheala Mitchell, JD
[NC Department of Health and Human Services](#)
[Division of Health Service Regulation](#)
Section Chief, Healthcare Planning and CON Section

809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704
Office: 919 855 3879
Micheala.Mitchell@dhhs.nc.gov

From: jvchin8589@gmail.com <jvchin8589@gmail.com>
Sent: Tuesday, October 28, 2025 11:48 AM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Cc: jvchin8589@gmail.com
Subject: RE: [External] ASF certification - CON exempt

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Hi Michaela,

This may be a stupid question, but when reviewing the definition of QUASF under section 3.1
\$\$ 131E-176 (21a)

The following criteria must be met (paraphrased):

- a. Is licensed by the Department to operate an ambulatory surgical facility,
- b. Has a single or multispecialty ambulatory surgical program,
- c. Located in a county with a... population greater than 125K.

Under a, how can an applicant seeking an ASF license first receive a license when they must first receive a letter of determination from your office if the applicant meets QUASF criteria in pursuit of obtaining a QUASF license?

I'm sorry to trouble you with this.

Regards,
James Chin
803.447.1920

From: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>

Sent: Monday, October 27, 2025 4:26 PM

To: 'jvchin8589@gmail.com' <jvchin8589@gmail.com>

Subject: RE: [External] ASF certification - CON exempt

Good afternoon Mr. Chin,

Thank you for reaching out to the Healthcare Planning and Certificate of Need Section of the Division of Health Service Regulation. Certificate of need (CON) provisions removing qualified urban ambulatory facilities from CON requirements become **effective on November 21,**

2025. These provisions, enacted in [SL-2023-7](#):

1. Delineate between a “qualified urban ambulatory surgical facility” and an ambulatory surgical facility.
2. Define a qualified urban ambulatory surgical facility as an ambulatory surgical facility that :
 - Is licensed by the department as an ambulatory surgical facility.
 - Has a single specialty or multispecialty program
 - Is located in a county with a population greater than 125,000 according to the 2020 federal census or any subsequent federal decennial census
3. State that a qualified urban ambulatory surgical facility is not a health service facility.
4. Require a new qualified urban ambulatory surgical facility to submit an annual report to the Department indicating that self-pay and Medicaid revenue equals at least 4%.

In accordance with N.C. G.S. § 131E-178 (c), **providers cannot commence construction of a qualified urban ambulatory surgical facility in advance of the effective date of the law.**

A CON application will not be required to develop a QUASF. However, **providers will likely be required to provide a determination letter from the Healthcare Planning and Certificate of Need Section to confirm that the proposed facility meets the QUASF requirements to the Acute Home Care Licensure and Certification and Constructions Sections.** Your client may request this letter by sending an email to me that includes information about the proposed QUASF, that includes the name, location, and specialty(ies) programs that the surgical facility will offer. Our office will respond to these requests on or after November 21, 2025 (the effective date of the new law).

If you have not done so already, please contact the Acute and Home Care Licensure and Certification Section for information about the qualified urban ambulatory surgical facility licensure process. Their contact information is located here:

<https://info.ncdhhs.gov/dhsr/ahc/floamsu.htm>. The Sonstruction Section may be reached at the following link: <https://info.ncdhhs.gov/dhsr/const/index.html>.

Best,

Micheala

Micheala Mitchell, JD

[NC Department of Health and Human Services](#)

[Division of Health Service Regulation](#)

Section Chief, Healthcare Planning and CON Section

809 Ruggles Drive, Edgerton Building

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From: jvchin8589@gmail.com <jvchin8589@gmail.com>
Sent: Monday, October 27, 2025 1:35 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Cc: jvchin8589@gmail.com
Subject: [External] ASF certification - CON exempt

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Hello Micheala,

I am inquiring on behalf of client interested in establishing and operating an ASF in a county exempt from CON certification. In that regard, can you please direct me to the department in charge for filing this application.

Thank you,
James Chin
803.447.1920

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