



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

CORRECTED
RESPONSE REQUIRED

March 29, 2016

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

Conditional Approval

Project ID #: F-11110-15
Facility: Novant Health Huntersville Medical Center
Project Description: Relocate 48 acute care beds and one operating room from Novant Health Presbyterian Medical Center to Novant Health Huntersville Medical Center for a total of 139 acute care beds and seven operating rooms upon project completion
County: Mecklenburg
FID #: 990440

Dear Ms. MacFadden:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has conditionally approved the above referenced certificate of need application. This decision was made after a review of the applications submitted for this cycle and after consideration of the Certificate of Need Law, G.S. 131E-175 et. seq. and regulations promulgated there under, the State Medical Facilities Plan, and other applicable information. Written notice of all findings and conclusions upon which the decision was based will be provided to the applicants within five business days after the date of the decision in accordance with G.S. 131E-186. The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Further, the Agency shall not issue the certificate of need until all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met pursuant to G.S. 131E-187(a). The conditions are as follows:

1. The Presbyterian Hospital d/b/a Novant Health Huntersville Medical Center shall materially comply with all representations made in its certificate of need application.

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

An Equal Opportunity/ Affirmative Action Employer



2. The Presbyterian Hospital d/b/a Novant Health Huntersville Medical Center shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
3. The Presbyterian Hospital d/b/a Novant Health Huntersville Medical Center shall relocate no more than 48 existing acute care beds and one existing operating room from Novant Health Presbyterian Medical Center to Novant Health Huntersville Medical Center for a total of no more than 139 acute care beds (127 general medical/surgical beds, eight intensive care beds and four intensive care level III neonatal beds) and seven operating rooms (one of which is a dedicated C-Section operating room), upon project completion.
4. The Presbyterian Hospital d/b/a Novant Health Huntersville Medical Center 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. Prior to issuance of the certificate of need, The Presbyterian Hospital d/b/a Novant Health Huntersville Medical 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.

Response to the above conditions should be submitted to the Agency no later than 35 days from the date of the decision. Failure to respond within this time period may result in the CON Section making a determination not to issue a certificate of need for the project referenced above.

The conditional approval is valid only for a capital expenditure of \$45,661,870. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by G.S. 131E-176(16)(e).

The applicant should be aware that according to the Certificate of Need Law any affected person shall have thirty (30) days after the date of decision to file a petition for a contested case on this approval. Further, if you are aggrieved by the conditions of the decision you may file a petition for a contested case hearing in accordance with G.S. 150B, Article 3, as amended. This petition must be filed with the Office of Administrative Hearings, P.O. Drawer 27447, Raleigh, North Carolina 27611-7447 within thirty (30) days of the date of this decision. [Note: Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to OAH Clerk's Office (919-431-3000).]

G.S. 150B-23 provides that a party filing a petition must also serve a copy of the petition on all parties to the petition. Therefore, if you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

Emery Milliken
Department of Health and Human Services,
Office of Legal Affairs,
Adams Building – Room 154
2001 MSC
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Agency.

The certificate of need will not be issued before the completion of this 30 day period ending April 28, 2016. If a contested case request is received within the thirty (30) day period, the certificate will not be issued until the appeal is resolved (10A NCAC 14C .0208).

The timetable for completion of the project is the timetable outlined in the certificate of need application, unless an adjustment has been made by the Agency because the review period was extended. The timetable for this project is as follows:

Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	September 30, 2016
50% Completion of Construction _____	August 1, 2018
Arrival of Equipment _____	May 1, 2019
Completion of Construction _____	June 1, 2019
Occupancy/Offering of Services _____	July 1, 2019
Operation of Equipment _____	July 1, 2019
Certification of Beds _____	June 25, 2019

If the decision is appealed, the timetable set forth in this letter will be adjusted accordingly before the certificate of need is issued. Please contact us if any clarification of this decision is required.

Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,

Bernetta Thorne-Williams
Project Analyst

Lisa Pittman
Team Leader, Certificate of Need

Attachment

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR
Kelli Fisk, Program Assistant, Healthcare Planning, DHSR

CERTIFICATE OF SERVICE

I hereby certify that I have served the foregoing notice of **conditional approval** on the following person by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelope addressed as follows:

Laura MacFadden
3600 Country Club Road, Suite 200
Winston-Salem, NC 27103
Project ID #: F-11110-15
FID #: 990440

This the 29th day of March, 2016.

Bernetta Thorne-Williams
Project Analyst, Certificate of Need