



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

**RESPONSE REQUIRED**

May 16, 2019

Elizabeth Kirkman  
2709 Water Ridge Parkway, Suite 200  
Charlotte, NC 28217

**Conditional Approval**

Project ID #: F-11658-19  
Facility: Atrium Health Mountain Island Emergency Department  
Project Description: Develop a satellite emergency department with diagnostic and treatment services essential to providing emergency care, including a CT scanner, ultrasound, x-ray, laboratory services and pharmacy services, to be operated as part of Atrium Health University  
County: Mecklenburg  
FID #: 190083

Approved Capital Expenditure: \$18,038,406  
Conditions of Approval: See Attachment A  
Approved Timetable: See Attachment B  
Last Date to Appeal: June 17, 2019  
Required State Agency Findings: Enclosed

Dear Ms. Kirkman:

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 review of the application or applications if the review was competitive, consideration of the Certificate of Need Law and regulations promulgated thereunder, the State Medical Facilities Plan, written comments if any, responses to comments if any, and other publicly applicable information.

The conditional approval is valid only for the approved capital expenditure shown above. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required based on N.C. Gen. Stat. §131E-176(16)(e).

The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Furthermore, the Agency shall not issue the certificate of need until all applicable conditions of approval have been met pursuant to N.C. Gen. Stat. §131E-187(a). **Response to the conditions in Attachment A 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 Agency making a determination not to issue a certificate of need for the project referenced above.**

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: 2704 Mail Service Center, Raleigh, NC 27699-2704  
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**Attachment A**  
**Conditions of Approval**

- 1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.**
- 2. The Charlotte-Mecklenburg Hospital Authority shall develop a hospital-based satellite emergency department, including 24/7 emergency services, a replacement CT scanner, ultrasound equipment, x-ray equipment, laboratory services, and pharmacy services.**
- 3. The Charlotte-Mecklenburg Hospital Authority 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. The Charlotte-Mecklenburg Hospital Authority 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, The Charlotte-Mecklenburg Hospital Authority 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. The Charlotte-Mecklenburg Hospital Authority 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.**

**Attachment B**  
**Approved Timetable**

1. Drawings Completed \_\_\_\_\_ March 13, 2020
2. Land Acquired \_\_\_\_\_ July 1, 2019
3. Construction/Renovation Contract(s) Executed \_\_\_\_\_ March 27, 2020
4. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ May 1, 2020
5. 50% of Construction/Renovation Completed \_\_\_\_\_ June 12, 2020
6. 75% of Construction/Renovation Completed \_\_\_\_\_ July 31, 2020
7. Construction/Renovation Completed \_\_\_\_\_ September 24, 2020
8. Equipment Ordered \_\_\_\_\_ October 29, 2019
9. Equipment Installed \_\_\_\_\_ October 29, 2020
10. Equipment Operational \_\_\_\_\_ December 18, 2020
11. Building/Space Occupied \_\_\_\_\_ January 1, 2021
12. Licensure Obtained \_\_\_\_\_ January 1, 2021
13. Services Offered \_\_\_\_\_ January 1, 2021
14. Facility or Service Accredited \_\_\_\_\_ January 1, 2021
15. Final Annual Report Due \_\_\_\_\_ March 30, 2024